^{99m}Tc-MDP bone scintigraphy and ^{18}F-FDG positron emission tomography in lung and prostate cancer patients: different affinity between lytic and sclerotic bone metastases

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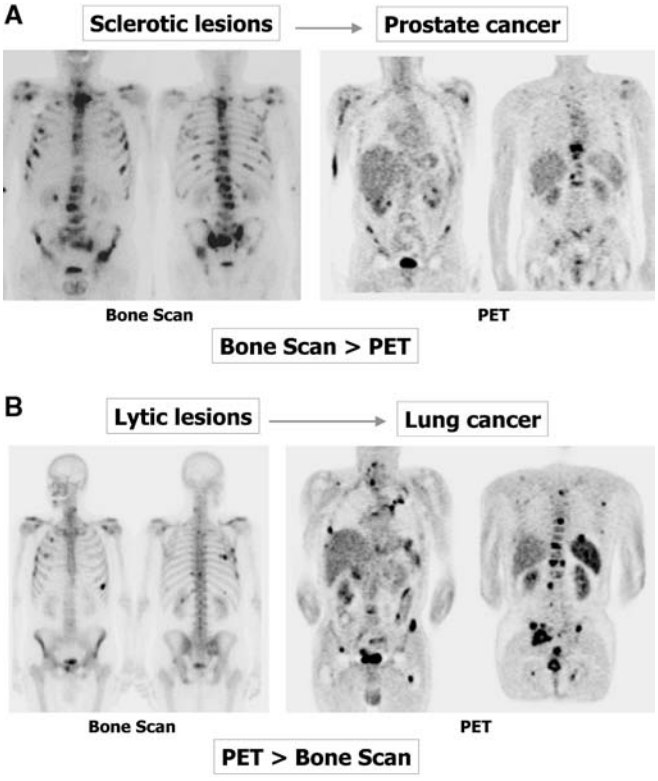
Published online: 19 November 2003

Eur J Nucl Med Mol Imaging (2003) 30:1714
DOI 10.1007/s00259-003-1370-3

The discrepancy between ^{99m}Tc-MDP bone scintigraphy and ^{18}F-FDG positron emission tomography in lung and prostate cancer is related to these radiotracers' mechanisms of uptake and retention [1, 2].

Slide A shows increased osteoblastic activity (mainly) within bone metastases of prostate cancer on ^{99m}Tc-MDP bone scintigraphy. Slide B shows increased utilization of deoxyglucose within the primary tumour and the very aggressive metastatic lesions of lung cancer on ^{18}F-FDG positron emission tomography.



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