

15 January 1990

To the Editor,

I feel the need to bring to your attention an explanation concerning the article by Durak et al., entitled "A Case of Parathyroid Adenoma With Brown Tumors Diagnosed by ^{201}Tl - ^{99m}Tc Subtraction Scintigraphy" (*Turk J Pediatr* 31:151, 1989). In this paper, a 15-year-old girl with primary hyperparathyroidism due to a parathyroid adenoma, who was reported to have been diagnosed and treated at Hacettepe University Faculty of Medicine, was presented. From this case report, as far as we could understand, the main topic was the successful use of scintigraphy in confirming the definitive diagnosis, localizing the parathyroid adenoma and the detection of Brown tumor by ^{201}Tl uptake.

In fact, the patient (A.G., N.205850) was admitted to our clinic with complaints of fatigue and a swollen chin. The diagnosis of hyperparathyroidism was first suspected after the microscopic examination of the bone biopsy at our pathology department. Then, the patient was sent to the Hacettepe University Faculty of Medicine for parathyroid scintigraphy. The scintigraphic findings of the case were reported to be compatible with an ectopic parathyroid; but this finding was actually the result of thallium accumulation in the biopsy-diagnosed Brown tumor located at the right corpus of the mandible, as the primary lesion was due to an adenoma of the ectopic parathyroid gland.

On March 16, 1988, the patient was operated on, and a tumoral mass was found underneath the inferior pole of the right thyroid lobe between the trachea and esophagus. The other parathyroids were observed to be normal. Postoperatively, the inevitable complication, hypocalcemia, occurred which was managed by the administration of calcium gluconate, calcium lactate and vitamin D. The clinical symptoms and the bone lesions improved² dramatically following this regimen. The patient is still being followed by us.

To summarize: a. the diagnosis and the treatment of the patient, except for the scintigraphy, was carried out at Gazi University Faculty of Medicine.

b. Moreover, the diagnosis of Brown tumor was essentially established by bone biopsy before the scintigraphic study, and parathyroid adenoma was diagnosed by pathological examination of the surgical specimen. Therefore, we want to stress the conflict between the title and the content of this article.

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A reply to the above letter follows:

To the Editor,

The patient described in the article, "A Case of Parathyroid Adenoma With Brown Tumors Diagnosed by ^{201}Tl - $^{99\text{m}}\text{Tc}$ Subtraction Scintigraphy" was referred by the Department of Pediatrics of the Gazi University Faculty of Medicine to the Department of Nuclear Medicine of the Hacettepe University Faculty of Medicine with an epicrisis, and was admitted as an outpatient to be evaluated by parathyroid scintigraphy. There is no mention in our text about the treatment of the patient.

According to the epicrisis, it was also requested that a search be made for ectopic parathyroid tissue. ^{201}Tl - $^{99\text{m}}\text{Tc}$ Subtraction Scintigraphy (TTSS) was performed immediately, and a focal area of ^{201}Tl (^{201}Tl) accumulation was found below the inferior pole of the right thyroid lobe. This area was described in the beginning of the report, which was sent to the clinic. As stated in the letter dated January 15, 1990, the surgeon found the adenoma to be at exactly the same site as we had described.

There were also multiple sites of ^{201}Tl accumulation in the bones which were proven to be Brown tumors by biopsy. After a review of the literature on nuclear medicine, it appeared that the accumulation of ^{201}Tl in Brown tumors had not been reported up to that date (March, 1988). In other words, this finding was probably the first in the literature. But, in light of the epicrisis, it was also found necessary to inform the clinic about the possibility of an ectopic focus at the right half of the corpus mandibulae.

The originality of the finding relating to nuclear medicine was verbally conveyed to the patient's clinic but, the proposal of a collaborated publication of the case was not accepted. This refusal has ended the contact between the departments. Therefore, we were not able to inform the attending physician of the retrospective evaluation of the lesion on the mandibulae as a Brown tumor, and neither could we obtain further information on the patient's laboratory or clinical data. A year later, the same misinterpretation of a Brown tumor located at the sternum as an ectopic focus was published by Yang C J et al. in the *Journal of Nuclear Medicine* (30:1264,1989), and thus we missed the opportunity of publishing it earlier.

Returning to 1988, we decided to publish our own finding, emphasising only the nuclear medicine aspects, without any clinical concern. The originality of this report was only based on the ^{201}Tl uptake by Brown tumor, because TTSS in the detection of parathyroid adenoma is a well known procedure in clinical nuclear medicine.

Our department finds it appropriate to publish an original finding retrospectively, if it is not published by any other department after a certain time interval, for the benefit of those in the medical profession.

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