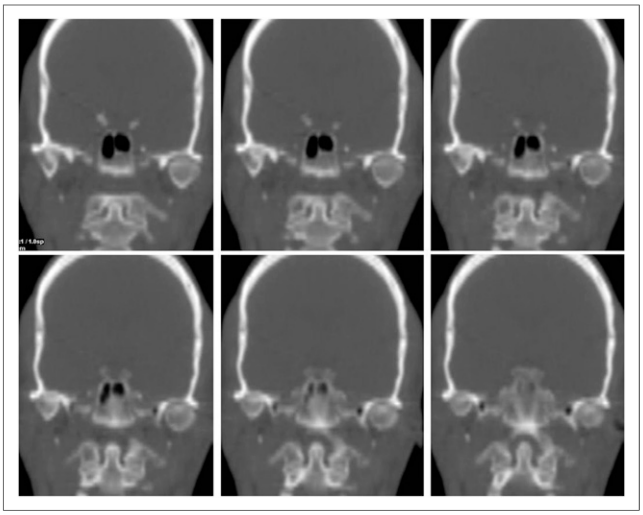

FIGURE 5. Serial low-dose CT coronal images show narrowed TMJ spaces with sclerosis that are worse on right side. CT scan was obtained immediately after SPECT scan using 4-slice, low-dose, spiral CT system, at 120 kV and 20 mA, with pitch of 1.75. CT slices were reconstructed at 2.5-mm thickness using standard kernel filter. Radiation dose of this low-dose CT is about 2.7 mSv.

condyles. A 10% or more difference in the radionuclide uptake between the left and right condyles with increased uptake ipsilateral to the CH is considered to be evidence of active, growing CH (*1*–*3*).

Normally, the condyles are nearly symmetric and CT is a useful tool to measure and evaluate condylar dimensions (*5*).

Degenerative or inflammatory arthropathies of TMJs may complicate evaluation of growth activity as these conditions manifest with inherently increased ^{99m}Tc-MDP uptake. However, this is generally not problematic as patients present with CH when they are relatively young (*1*). Degenerative bony changes occur more often and are more severe on the unaffected side than on the affected, hyperplastic side (*4*). The CT portion of SPECT/CT can be used to evaluate the underlying bony changes to confirm degenerative changes and rule out other possible causes of increased uptake, such as a tumor or trauma.

CONCLUSION

This case suggests that bone scan SPECT/CT provides an accurate means for the assessment of growth activity and detailed underlying anatomic information in a patient with CH. These are helpful not only for diagnosis but also for the choice of an appropriate treatment. Degenerative arthropathies of TMJs may complicate evaluation of comparative uptake, but these conditions are more common and more severe on the side contralateral to the CH.

DISCLOSURE

No potential conflict of interest relevant to this article was reported.

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Erratum

In Appendix A of the article "SNMMI and EANM Practice Guideline for Meckel Diverticulum Scintigraphy 2.0," by Spottswood et al. (*J Nucl Med Technol*. 2014;42:163–169), the pretreatment oral dose of ranitidine in adults referred for a Meckel scan was incorrectly stated to be 150 mg/kg. The correct dose is 150 mg. The authors regret the error.