Response to Lee et al

To the Editor,

We agree that there have been several promising reports of radiolabeled white blood cell scintigraphy for diagnosis of endocarditis. However, in our experience, PET/CT is more convenient as a diagnostic modality as it has a rapid turnaround time and has improved spatial resolution compared with scintigraphy. PET also does not require blood handling and radiolabeling of WBCs. Additionally, in our experience, PET/CT can identify metastatic foci of infection, such as septic arthritis, vertebral osteomyelitis or muscle abscess, that were not found on CT or SPECT. We anticipate that the reported diagnostic accuracy of PET/CT for endocarditis will improve as more centers use dietary preparatory protocols, newer scanners with improved resolution, and

imaging earlier in the course of therapy (prior to prolonged antibiotic therapy).

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