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Inflammatory myofibroblastic tumour

To the Editors:

We read with great interest the article by CALABRESE *et al.* [1], recently published in the *European Resipiratory Journal*, in which the authors report two cases of pulmonary inflammatory myofibroblastic tumour with unusual uptake on octreoscan.

CALABRESE *et al.* [1] report that both the tumours revealed high uptake values (of 25 and 22) on [^{18}F]-2-fluoro-deoxy-D-glucose (FDG)-PET/computed tomography (CT). We agree with the findings of these authors as we also have experience of two cases of pulmonary inflammatory myofibroblastic tumour and found similar results on FDG-PET/CT scan (fig. 1) [2, 3]. We believe that the reason for such a high uptake in these benign tumours is probably the associated intense inflammation. This leads to increased metabolic activity, which in turn leads to high glucose uptake resulting in high uptake on FDG-PET/CT scan.

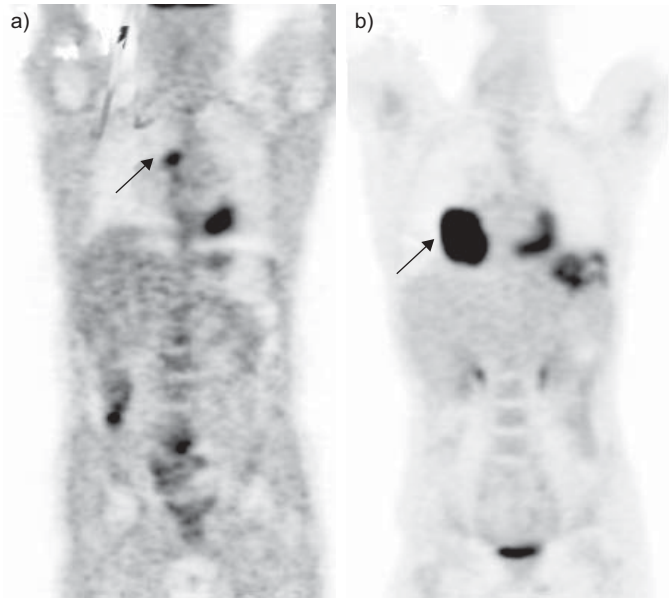

FIGURE 1. [^{18}F]-2-fluoro-deoxy-D-glucose (FDG)-PET scans of two cases of pulmonary inflammatory myofibroblastic tumour, demonstrating the tumour as an FDG avid area (arrows).

CALABRESE *et al.* [1] report these tumours to be positive on an octreoscan. In our own studies, we performed ^{68}Ga-DOTATOC PET/CT (^{68}Gallium-1,4,7,10-Tetraazacyclododecane-N^{I},N^{II},N^{III}, N^{IIII}- tetra acetic acid-(D)-Phel^{1}-Tyr^{3}-octreotide) on the patients, which has the same principle as octreoscan, but found no significant uptake in either patient [2, 3]. We request that the authors describe what they mean by high/low uptake on octreoscan in semi-quantitative terms of tumour to background ratio. We also request them to mention at what point of time the images were taken (4 or 24 h).

We would also like to mention that a previous study describes the uptake on octreoscan in these tumours [4]. DE RUITER *et al.* [4] described an inflammatory pseudotumour in the pterygo-palatine fossa that was detected on a somatostatin receptor scintigraphy. They ascribe this uptake to the upregulation of the somatostatin receptors in the inflammatory cells. CALABRESE *et al.* [1] have not mentioned this report in their manuscript or references.

CALABRESE *et al.* [1] have documented the presence of somatostatin receptors in the pulmonary inflammatory myofibroblastic tumour using immunohistochemistry. This is an interesting, objective finding as until now, only speculations were made for the positive uptake of these tumours on octreoscan. This may open up new investigative avenues for the functional imaging of these tumours using somatostatin receptor analogues as tracers.

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Statement of Interest: None declared.

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From the authors:

We thank T. Jindal, A. Kumar and R. Kumar for their interest in our previously published article [1]. They also experienced similar PET findings in two cases of pulmonary myofibroblastic tumours [2, 3].

Our ^{111}In-Diethylene triamine pentaacetic acid (DTPA)-D-Phe1 scans (octreoscan) with relative images were obtained in both cases at 4 and 24 h post-injection (planar whole-body images and single-photon emission computed tomography, as recommended by the guidelines of the European Association for Nuclear Medicine (EANM) and the Society for Nuclear Medicine (SNM) [4]). The tumour/background ratios were 3.8 and 2.5, respectively, calculated on the late (24 h) image.

We thank the authors for mentioning a previous report [5] which describes a pseudotumour with uptake on octreoscan; it seems to be quite interesting, even if in that case the tumour was present in the fossa pterygopalatina, secondary to an unclassified autoimmune disease, while in our two cases the pseudotumours were primary and localised in the lung. Based on octreoscan positivity, somatostatin receptor expression was suggested to be present but it was not demonstrated. This is the reason for our statement in the latter part of the manuscript: ''To our knowledge, these are the first documented cases of IMT with positive octreoscan and SSTR immunohistochemistry'' [1].

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Controlling asthma during pregnancy prevents asthma in children: a Berkson fallacy?

To the Editors:

Assessment of risk factors is absolutely essential to understanding how and why asthma develops in children. We read with great interest the study by MARTEL *et al.* [1], which was recently published in the *European Respiratory Journal*, and considered the association between mothers' asthma in pregnancy and their children's risk of developing the disease [1].