

Letter to Editor

Uptake of prostate-specific membrane antigen-targeted ^{18}F -DCFPyL in avascular necrosis of the femoral head

Dear Editor,

We read the case report titled “Uptake of prostate-specific membrane antigen-targeted ^{18}F DCFPyL in avascular necrosis of the femoral head” by Torga *et al.*,^[1] with great interest in the October–December issue of *World Journal of Nuclear Medicine*. They published the case of prostate carcinoma patient who has avascular necrosis of hip by positron emission tomography (PET)-computed tomography with prostate-specific membrane antigen. In addition, they have reported that the lack of pathologic diagnosis is the main limitation of their article.

However, we know that magnetic resonance imaging (MRI) is the most important imaging modality and also a basal radiological imaging for the main avascular necrosis classifications (University of Pennsylvania, Ficat and Arlet).^[2,3] In addition, MRI is the most helpful imaging modality for suspicious bone metastatic lesions. Hence, we think that in future, while planning to assess the frequency with prostate-specific membrane antigen-targeted PET scans, MRI imaging should be used for confirmation of the bone lesions.

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Conflicts of interest

There are no conflicts of interest.

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