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Mr Maurice Kirk

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separate UK studies (Edinburgh<sup>8</sup> and Southampton<sup>9</sup>) that the use of these programmes reduces the likelihood of "over-calling" i.e. reporting a truly normal scan as being abnormal.

3.6 In my routine clinical work in Southampton using HMPAO SPECT imaging, I would not use this technique in patients with head injury. In my national teaching role, I emphasise that HMPAO SPECT has, as yet, no proven clinical role in head injury.

#### 4. Conclusions

4.1 My visual interpretation of the HMPAO SPECT scan undertaken on Mr Maurice Kirk does not show any convincing evidence of abnormality, in particular I do not feel there is anything untoward about the appearances of the perfusion to the frontal lobes of the brain. I thus regard this study as being within normal limits by simple visual assessment.

4.2 I believe there are major shortcomings in visual assessment of these HMPAO SPECT studies and the interpretation of these scans should be supported by appropriate computer software programmes.

4.3 HMPAO SPECT brain imaging is a powerful tool in the investigation of patients with dementia, epilepsy, and vascular brain disease, however it is not advocated as a clinical tool in patients with proven, or suspected, head injury.

Yours sincerely

**Dr Paul M Kemp**  
Consultant and Honorary Senior  
Lecturer in Nuclear Medicine

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