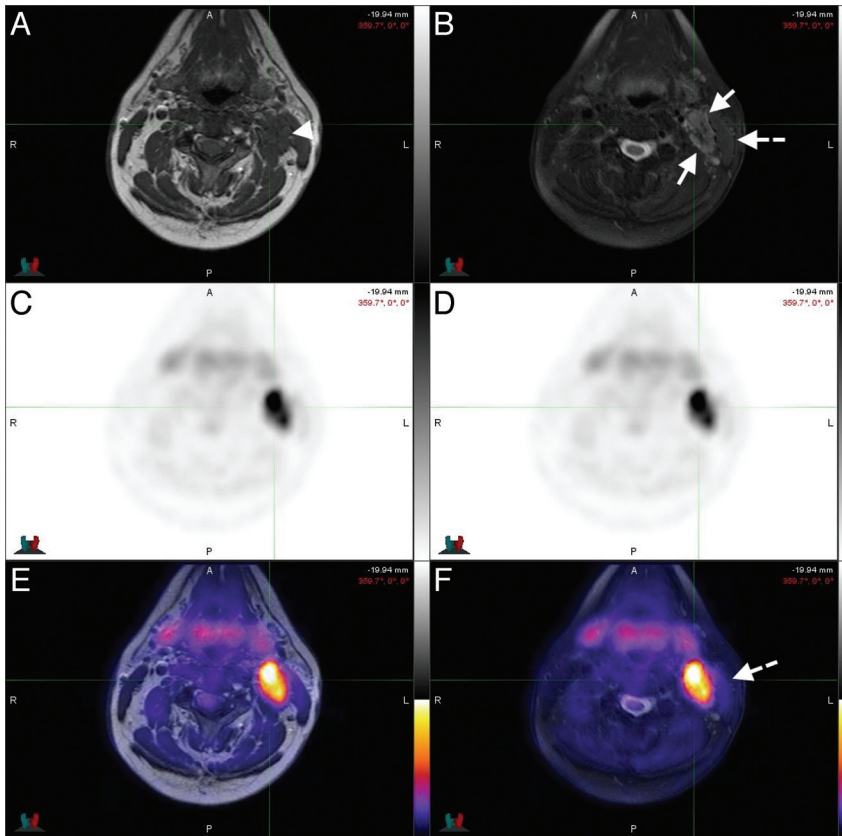


ON-LINE FIG 1. A 51-year-old man with adenocarcinoma of the neck and a positive lymph node after radiation therapy and chemotherapy. Axial T1 (A) and STIR (B) images in which a borderline lymph node, with regard to morphologic size, is visualized behind the left sternocleidomastoid (*arrowhead*). In the STIR image (*arrowhead*, B), a higher intensity of the lymph node already raises suspicion for metastatic involvement. PET images (C and D) and fusion images (E and F) confirm the suspicion of tumor involvement (*arrowhead*). Focal uptake of the posterior aspect of the larynx is also visualized, but the STIR image shows no pathologic finding to support it, suggesting a physiologic uptake.



ON-LINE FIG 2. A 46-year-old man with adenocarcinoma of the salivary gland status post chemotherapy. Axial T1 (A) and STIR (B) images in a patient with metastatic lymph nodes. While the T1-weighted image shows the obliteration of the left fatty plane behind the sternocleidomastoid muscle (*arrowhead*), raising suspicion for metastatic involvement, the STIR image allows the identification of 2 enlarged lymph nodes (*arrows*) with suspiciously high intensity. Although PET (C and D) and fusion images (E and F) suggest the presence of 2 lymph nodes with high ^{18}F -FDG uptake, the high soft-tissue resolution of MR imaging facilitates its recognition. Note as well a slightly higher intensity of the adjacent muscle (*dotted arrow*) associated with a minor asymmetry of the ^{18}F -FDG uptake compared with the right sternocleidomastoid muscle (*dotted arrows*).