

Studies on the Metabolism of the Thyroid Hormone by the Double Tracing Method (II)

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In the previous report we demonstrated the method of synthesis of 3', 5'-¹³¹I-T₄ by coupling DIT with DIHPPA Taurog's exchange labelling method of 3', 5'-¹²⁵I-T₄, and the technic of individual counting of ¹²⁵I & ¹³¹I.

In the course of work, satisfactory results were not obtained with the method of Taurog, in which T₄ sometimes decomposed and which was not so good yield.

The present report is referring to our improved labelling method of 3', 5'-¹²⁵I-T₄ and usefulness of ¹²⁵I/¹³¹I ratio on the identification of partially deiodinated metabolites of T₄.

1) Labelling method of 3', 5'-¹²⁵I-T₄.

In this procedure oxidated ¹²⁵I₂ in a small test tube by HCl and H₂O₂ is extracted with ethylether, which is then mixed with 50% ethanol solution of T₄ (ph 5) and incubated for exchange reaction in room temperature.

Points of excellence of this method are follows. a) The fraction of radioactivity which is brought to the exchange reaction mixture is very large; in this method 90-95%, Taurog's method 30-35%. b) The decomposition of T₄ does not occur. c) Very good yield; this method 70%, Taurog's method

25-30%. d) No particular apparatus is needed, etc.

2) Usage of ¹²⁵I/¹³¹I ratio on the identification of T₄ metabolites.

Paperchromatography and paperelectrophoresis are chiefly employed for the separation and identification of T₄ metabolites. But in these experiments the identifications have been sometimes very difficult. The adoption of ¹²⁵I/¹³¹I ratio made this much easier. This ¹²⁵I/¹³¹I ratio made this much easier. This ¹²⁵I/¹³¹I ratio is not the ratio of simple counts of ¹²⁵I and ¹³¹I but the ratio which is corrected by calculation as the ratio of initial mixture of both T₄ equal 1.0. Accordingly ¹²⁵I/¹³¹I ratio means the ratio of numbers of iodine atoms of 3', 5'-positions per those of 3,5-positions, Namely T₄: 1.0, T₃: 2.0, so on . . .

This ¹²⁵I/¹³¹I ratio was applied to the identification of T₄ metabolites in bile of rats which were injected both T₄ mixture. On two-dimensional paperchromatogram the ratio of T₄ and T₃ spots confirmed by standard compounds were 0.98 and 0.54 respectively. The ratio of TA₄ spot was 1.07. These values agreed with the theoretical values.

Revaluation of Triiodothyronine Suppression Test

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About 300 subjects with thyroid disorder have been examined T₃ (triiodothyronine)

There were some euthyroid patients whose suppression test in our clinic in these 6 years. ¹³¹I thyroidal uptake were not suppressed sufficiently after T₃ 100 ug per day treated for 6 days. It is reasonable to make sure whether all of euthyroid patients acquire suf-

ficient suppressibility after T₃ 100 ug per day for 6 days treatment or not, so this report intended to ascertain of the period of T₃ treatment when all euthyroid patients acquire the sufficient suppressibility.

Twenty-one nontoxic goitrous patients and ¹³¹I treated hyperthyroid patients were studied the change of the suppressibility in the

course of T_3 100ug per day administration.

The suppressibility was determined on 3rd and 6th day in each 26 of these patients (16 nontoxic goitrous patients and 10 ^{131}I treated hyperthyroid patients), and on 6th and 13th day in the other 9 patients (5 nontoxic goitrous patients and 4 ^{131}I treated hyperthyroid patients) during T_3 100ug per day treatment.

The following results were obtained;

1. In most all of nontoxic goitrous patients, the suppressibility increased gradually according as the prolongation of the period of T_3 administration.

The mean (\pm SE) of the suppressibility of 3rd day was $40.8 \pm 6.1\%$ and that of 6th day was $67.7 \pm 5.6\%$. Suppressibilities of all nontoxic goitrous patients on 13th day were more than 93.6%.

2. In treated hyperthyroid patients, the suppressibility was not changed by prolongation of T_3 treatment until 13 days.

From these results, it was suggested that the suppressibility after T_3 100 ug per day for 13 days would be more beneficial to evaluate the thyroid function precisely than for 3 or 6 days.

^{131}I Triiodothyronine Resin Sponge Uptake (R.S.U.) Test in Diagnosis of Thyroid Diseases (III)—Usefulness of R.S.U. test in Evaluation of Therapeutic Effect of ^{131}I and Mercaptoimidazole

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1) Of the hyperthyroid patients made euthyroid by ^{131}I treatment, 89% shows R.S.U. values within normal range, whereas only 55% of the same patients shows ^{131}I thyroidal uptake rate within normal range. The comparison of these figures attests to the usefulness of R.S.U. test in the evaluation of the therapeutic effect of ^{131}I .

2) The pattern of changes of R.S.U. after ^{131}I treatment can be divided into 5 groups: i) R.S.U. returns within normal range within 2 months after the treatment and remains normal thereafter. This pattern is seen most frequently. ii) R.S.U. becomes below normal for a short period of time 2 to 5 months after the treatment and then returns within normal range. iii) After once becoming normal, R.S.U. returns above the normal range several months later, with re-appearance of symptoms of hyperthyroidism. iv) After 2 to 3 months following the treat-

ment, R.S.U. remains at the border-line low levels without any signs of hypothyroidism and v) R.S.U. remains at border-line high levels without any signs of hyperthyroidism.

3) When R.S.U. remains high more than 3 months after ^{131}I treatment, it is most likely that the dose of ^{131}I is insufficient and the administration of the second dose is necessary.

4) Within 1 to 2 weeks after the administration of the therapeutic dose of ^{131}I , the R.S.U. value is often higher than the pretreatment level. The R.S.U. value becomes lower than before the administration of ^{131}I more than 4 weeks later in majority of cases.

5) R.S.U. is normal in the majority of cases of hyperthyroidism made euthyroid by Mercaptoimidazole treatment, whereas the thyroidal ^{131}I uptake rate is normal only in about the half of these cases.