

## Radioisotope Scanning of the Chronic Thyroiditis

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The present study reported was undertaken to study the scintigram of the chronic thyroiditis in comparison with the cancer. The scintigram employed were selected from over 2500 made over the past six years. We observed the scintigram of chronic thyroiditis in 31 patients pathologically diagnosed and that of thyroid cancer in 88 patients before operation. The findings of chronic thyroiditis were following, i) Asymmetric swelling with

lower activity in the area, ii) Symmetric swelling with lower activity in the area. In cancer, the point of differentiation with chronic thyroiditis is negative shadow with clear-cut margin. The difficult type for diagnosis was the scintigram of non-swelling with activity in the area.

We think that Scintigram is high by useful to differentiate chronic thyroiditis from cancer.

### RE-Examination of Cases Misdiagnosed by Thyroid Scintigraphy

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Diagnosis of struma, especially the malignant one, offers at times a very difficult problem.

Palpation and RI-scanning are both very reliable methods routinely used, but both methods are liable to give false information regarding not only differentiation between benign and malignant nature, but also thyroidal and extra-thyroidal origin.

Among the 370 cases diagnosed as thyroidal malignancy, 22 false positive cases of extra-thyroidal origin were found; i.e. 8 cases of laryngeal cancer, 2 cases of oesophagal cancer, 2 cases of lymph node metastasis, 3 cases of reticulosarcoma, 5 cases of median cervical cyst, and 1 case each of neurinoma, parathyroidal tumor, and blood cyst.

The cases, mentioned above, were palpatory positive for thyroidal disease, and positively supported by scintigraphic findings, such as total defect of unilateral lobe and partial defect with irregular boundary, which are routinely thought as positive signs for thy-

roidal origin.

Both cases 1 and 2 were mistakenly diagnosed as undifferentiated thyroid cancer at first examination and underwent radiation therapy without the expected effect. At post-mortem examination metastatic extension to this organ from larynx was proved pathologically.

As surgical operation, median cervical cyst, neurinoma, etc. can be removed by the same incision for thyroidal tumor, and thus cause no serious problem operatively, but unfortunately this is not the case in laryngeal and oesophageal cancer. The attitude of the surgeon and operational technique would be considerably different in these cases, and another chance for surgery must be sought.

In conclusion, it must be emphasized that possible existence of extra-thyroidal disease must be fully considered, before final diagnosis for thyroidal disease is made, even when thyroidal disease is strongly suggested.