

accidents, and, as contrast, in 4 patients with central nervous involvement.

The cerebral vascular accident patients were directed to  $^{99m}\text{Tc}$ -brain-scan and electroencephalography at one to two weeks' interval since the onset of acute stage, while some of them also underwent cerebral angiography.

In cerebral vascular accidents positive scan was obtained most frequently two to four weeks after onset of disease, and 57% of the total cases were positive on brain scintigram.

In addition to cerebral hemorrhage and subdural hematoma which were detectable at a relatively high rate, cerebral thrombosis could be detected in 36% of cases.

Diagnostic accuracy of brain scan and electroencephalography was nearly identical in that it was 46% by the former and 50 to 35% by the latter procedure.

Brain scan proved useful in visualizing localization and extent of neoplasms, whereas electroencephalography proved an efficient examination of choice in locating lesions, especially in the acute stage.

In cerebral hemorrhage, thrombosis, and vasculitis the scans might be obscured and ill-delineated with variable degrees of increased radioactivity, which well contrasted with those seen in cerebral neoplasm. As a whole, cerebral lesions were far more easily visualized in lateral than in anterior or posterior view.

Positive scan was persistent in cerebral vascular accidents even after resolution of clinical signs, and in less critical cases scan was positive.

Brain scan is a very helpful diagnostic ancillary in detecting localization of lesions in cerebral vascular accidents.

## Clinical Study of Myeloscintigram on the Brachial Plexus Injury

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Patients of brachial plexus Injury with root avulsion were examined by RISA-Myeloscintigram.

RISA was injected intrathecally on the lumbar region. A dose of 100  $\mu\text{Ci}$  per 0.2 ml of RISA mixed with 2~3 ml of spinal fluid at the time of Injection and Scanning was started 1~2 hours after the Injection.

The characteristic findings of leakage by myeloscintigram were present in 7 of 9 cases and of defect by hematom was shown in 1 case, 1 case is negative in myeloscintigram.

This was a safe procedure and relatively a simple examination with no disturbing side effects.