## G) Lung, Heart and Blood Flow

## Clinical Significance of Radioaerosol Scanning in Lung Disease

H. Ito, S. Nomura and K. Torizuka

Department of Radiology

Y. Ishii, T. Mukai and T. Kosaka

Central Clinical Radioisotope Division

Kyoto University School of Medicine, Kyoto

133-Xe is one of the most useful nucleides both for inhalation and perfusion study in lung disease.

Also, clinical usefulness of radioaerosol scanning combined with perfusion scanning by 131-I-MAA has been established. By the difference of physical properties of gas and aerosol, the distribution of these materials in the lung is not similar.

We compared 99 mTc-albumin aerosol scanning with inhalation scanning by 133-xenon. The most characteristique patterns of aerosol scan were exessive deposition of aerosols and peripheral defect. In hypoventilated area where 133-xenon could enter by steady-state rebreathing, these patterns were showed. For example, in lung cancer having bronchial stenosis at 1-main

bronchus, aerosol scan showed exessive deposition at the left hilum and peripheral defect, while 133-xenon could enter more peripherally.

The distribution ratio of aerosols to r-lung and 1-lung was nearly equal to the ratio of inhaled 133-xenon.

We postulated that the exessive deposition would show relative ventilatory volume of the diseased lung, and that the cause of excessive deposition would be abrupt change of air flow rate at the site of bronchial stenosis.

Compared with 133-xenon inhalation study, we showed that aerosol scan would be useful in detecting the site of bronchial stenosis and in assessment of relatively decreased ventilation.

## "Hot" Spot on Aerosol Inhalation Scan: Its Significance

T. Isawa and K. Okubo

Department of Medicine, The Research Institute for Tuberculosis,

Leprosy and Cancer, Tohoku University, Sendai

Occurrence of an area of excessive radioactive deposition or a "hot" spot on the aerosol inhalation scan has been considered disadvantageous and prevented from a wide acceptance and clinical application of this procedure. The purpose of this paper is to show that this is a misconception.

Aerosol inhalation scans in normal subjects

shown uniform patterns of aerosol distribution nearly identical to their perfusion counterparts. Patients with obstructive airway disease show distinctly abnormal configurations, namely centrally located "hot" areas and irregular peripheral patchy distribution of aerosol or peripheral "hot" spots, and combination of each. The abnormal central and peripheral patterns correspond re-