

### Experience with the use of $^{131}\text{I}$ BSP Kit

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BSP retention test using  $^{131}\text{I}$  BSP kit was carried out in 50 patients scheduled to undergo laparotomy, 27 for hepato-biliary surgery including 6 with jaundice, 19 for esophageal or gastric surgery (1 with jaundice), 2 for rectal and 2 for splenic (1 with jaundice).

Blood samples were withdrawn at 10 and 30 minutes following injection of 1 ml. of  $^{131}\text{I}$  BSP and cpm's were compared with the standard. In addition, in 20 patients a continuous scintigram was obtained by the use of a scinticamera of the hepatobiliary tract at 200 sec. interval.

**Results:** This technique proved to be free of

side-effects and easily accepted by the patients with minimum discomfort. The test was found to be sufficiently sensitive in predicting operative findings of the biliary stasis. Untoward effects in jaundiced cases were not found.

In some patients thyroid scintigram simultaneously obtained revealed an uptake if the dye and this should be taken into consideration. It was found that while 20 microcurie was sufficient to carry out BSP retention test, more than 50 microcurie should be injected in order to obtain an adequate scintigram.

### Studies on the Differential Diagnosis of Intrahepatic and Obstructive Jaundice by $^{198}\text{Au}$ -colloid Scintiscanning

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At the present stage, the diagnosis of obstructive jaundice is settled chiefly from the image of the scintigram by  $^{131}\text{I}$ -BSP and  $^{131}\text{I}$ -rose bengal. However, it is not easy to differentiate between intrahepatic and obstructive jaundice.

Now we studied sixty seven cases with the scintiscanning by  $^{198}\text{Au}$ -colloid, twenty one are

cholangitis, seventeen are obstructive jaundice, twenty four are acute hepatitis and five are sub-acute hepatitis, whose value of serum bilirubin are over five mg/dl.

The results are as follows; Cholangitis are, all cases, whose frontal square measure of the image are greater than the other, mean value is