Studies on Peripheral Circulatory Using Radioisotopes

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Gamma camera and a minicomputer system were used for the studies on the peripheral circulatory movement of xenon-133, which was injected in calf muscle of patients, to pursuit of the diffusion and its direction of flow.

Method:

After the injection of xenon-133 (200–800 μ Ci in 0.5 ml) in calf muscle, the images from gamma camera were recorded on disck-cartridge, displayed the distribution of radioactivity on CRT and also

R.O.I. curves were obtained in 2-10 second interval of 20 frames to 60 frames.

Result:

- (1) The direction of flow of injected xenon-133 in calf muscle was demonstrated clearly on the CRT-display, and the direction of movement was to the heart of the patient.
- (2) The R.O.I. curves showed the same results as displayed on the CRT.

Determinations of Regional Blood Flow in Gangrenous Lesions of Diabetics Using ¹³³Xe and a Scintillation Camera

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We previously reported on the measurement of the mean blood flow and the mean transit time through the capillary bed of the toes of diabetic patients with a scintillation counter, using ¹³³Xe or ^{99m}Tc labeled albumin. In the present study, determination of regional blood flow in the foot was made by the AOI method with a scintillation camera VTR on line system.

¹³³Xe saline solution was injected rapidly into the femoral artery of normal subjects and of patients with diabetes mellitus. A collimator equipped with a ratemeter and recorder was placed on the foot, and the changes of ¹³³Xe activities were recorded by the VTR for 30 minutes. Thereafter, the ¹³³Xe clearance curve in each area of interest

(AOI) was reproduced from the VTR. The curve was plotted semilogarithmically and was resolved by the peeling-off procedure into three components. The mean blood flow (MBF, ml./min./100 g.) was calculated as follows: MBF= $100 \times \lambda \times$ km, where λ is the tissue blood partition coefficient and Km is the mean fractional disappearance rate of ¹³³Xe.

Values for the MBF of the toes of diabetic patients with mild neuropathy averaged $11.5\pm$ 8.5 ml./min./100 g. and were significantly lower then those of the control subjects (Mean \pm SD= 22.1 ± 5.4 ml./min./100 g. P<0.05). Values for the MBF of the toes of one diabetic patient with severe neuropathy (63.7 ml./min./100 g.) and of three diabetic patients with gangrene or ulcer (30.8,