TSH responses to synthetic TRH despite their high basal TSH levels. Patients with Sheehan's syndrome revealed failure of serum TSH responses to synthetic TRH.

It can be concluded that TRH stimulation that

would be useful as a means of detecting early forms of hypothyroidism and hyperthyroism in the abscence of abnormalities in conventional indices of thyroid function.

Use of 123I for Thyroid Uptake and Scintigraphy

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Iodine-131 has long been used for the thyroid uptake test and thyroid scintigraphy in spite of its high gamma ray energy and its high radiation dose. Recently, cyclotron-produced 123I has become available in our country. The prupose of this study is to evaluate 123I for clinical use in place of ¹³¹I. The ¹²³I preparations were supplied by The Physics and Chemistry Research Institute, and The Nihon Medi-Physics Incorporation. The gamma ray spectrometry with a Ge (Li) detector proved small quantities of 121I and 124I in the former products, and those of 124I, 126I, 130I, and ¹³¹I in the latter products. Thyroid uptake tests were performed with the standard techniques at 3 and 24 hours after oral administration of radioiodine, and the thyroid scintigraphy were made by a rectilinear scanner or a scintillation camera. Thyroid uptakes of 123I did not coincide so well with 131I when the tests were performed one after another, but they coincided very well when patients were given both radioiodine simultaneously and measured by the double tracer technique. Thyroid scintigrams of 123I were as excellent as those of ¹³¹I except a few cases showed slight increment of the background density. The radioactivity of ¹²³I in the thyroid at 3 hours decays one third in 24 hours. Of 64 patients studied, 59 or 92% showed higher count rate in the thyroid region at 3 hours than 24 hours. The thyroid scintigram using ¹²³I, therefore, is better to be made in 3 to 6 hours while the radioactivity well remains in the thyroid tissue. Iodine-123 will soon become an useful agent for the thyroid studies in our country.