Even in the microcephalic infants, persistent chronic subdural hematoma is found and the use of radioisotope cisternography is presented for the evaluation of disturbed C.S.F. dynamics in these patients.

**Clinical Observation of R. I. Cisternography and C-T Scanning on Communicating Hydrocephalus**

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\(^{111}\text{In D.T.P.A.-Cisternography and C-T Scanning were Applied on 23 Cases of Communicating Hydrocephalus. In D.T.P.A.-Cisternography on 4 cases of Normal Pressure Hydrocephalus after lumbalpunction of 1 mCi in D.T.P.A., R.I. refluxes into the Ventricle within 3 hrs. It also stayed in the Ventricle for 24 hrs or 48 hrs, and did not flow into the subarachnoideal Space. C-T image of these Cases showed remarkable Venteicle enlargement. R.I.-Cisternography on the other 9 Cases of communicating Hydrocephalus, R.I. refluxed into the Ventricle once, but it streamed to the cerebral convexties afterward. C-T image on these Cases showed moderate Ventricle enlargement. \(^{111}\text{In R.I.-Cisternography on 3 Cases of cerebratroph, reflux of R.I. into the Ventricle was not observed, but it's concentration in the para-sagittalarea was delayed. In C-T image of these 3 Cases, marked atrophy and Ventricle enlargement were seen. In 2 Cases of porencephalus, findings of both C-T Scanning and R.I.-Cisternography were agreed.}

**Diagnostic Value of Radionuclide Cisternography and CT Cisternography**

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278 radionuclide cisternograms were obtained in neurosurgical diseases, such as communicating hydrocephalus after SAH, skull base tumor, developmental anomaly, CSF rhinorrhea, subdural hematoma, spinal lesion et al., these 6 years. Combined examination of radionuclide \((^{169}\text{Yb-DTPA})\) cisternography with CT cisternography was performed on 28 patients, who were devided 3 groups which were altered CSF dynamics, skull base tumors and developmental anomaly. CT cisternography using the water-soluble contrast medium metrizamide is superior to the radionuclide cisterno-