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CORRELATION BETWEEN CT AND RI-CISTERNOGRAPHY IN HYDROCEPHALUS. T. Yokota, A. Shinotsuka, T. Komatsu, E. Sunada, M. Matsuzawa, S. Hirabayashi, T. Kitahara and T. Hishida. Department of Radiology, Showa University School of Medicine. Tokyo.

We have studied if it is possible to distinguish NPH from hydrocephalus ex vacuo with CT findings alone. Twenty-five cases demonstrated ventricular dilatation with CT were chosen. On CT findings, the degrees of ventricular dilatation and cortical atrophy were noticed and were respectively classified into 3 grades. And combining the grades each other, the cases were diagnosed as NPH, intermediate pattern and atrophy. On the other hand, on RI-cisternography findings the presence or absence and the degrees of ventricular reflux and convexity block were noticed. And combining the findings, the cases were diagnosed in the same manner. The correlation between CT diagnosis and RI-cisternography diagnosis of each case was studied. The result is that most of cases diagnosed as NPH with RI-cisternography were also diagnosed as NPH with CT, but among the cases diagnosed as NPH with CT, only about a half of cases was diagnosed as NPH with RI-cisternography. The conclusion is that to differentiate NPH from intermediate pattern with CT only is difficult and RI-cisternography is necessary to estimate hydrocephalus.

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TRANSVERSE SECTION BRAIN SCANNING WITH TOMOGSCANNER II. H. Matsuda, T. Maeda, H. Mori and K. Hisada. Department of Nuclear Medicine, School of Medicine, Kanazawa University. Kanazawa.

Single photon emission radionuclide computed tomography (RCT) with Tomogscanner II has been used for about a year and has been added to routine brain scans in 140 cases. We found the RCT much more useful for detecting the lesions located in basal and middle zone and for evaluating the post-operated state, e.g. recurrence of tumor or residual hematoma, than conventional brain scans. Moreover, RCT was superior to X-ray CT in evaluating location and extension of the lesion in some cases.