
Two commercial kits for radioassay of thyroglobulin (Tg), a double-antibody RIA (A) and a solid-phase immunoradiometric assay (B) were studied in comparison with a double-antibody RIA developed by ourselves (C). Both showed satisfactory results in their reproducibility and stability of radioactive active reagents employed. In clinical samples with negligible anti-Tg activity, values obtained from these three assays correlated well each other, though B gave somewhat higher values than A or C at higher range. When determined by an "anti-Tg binding assay accompanied with A, anti-Tg was positive in as much as 40% of sera from thyroid patients who were negative for "thyroid test" (TRC). To examine effect of such small amount of anti-Tg, we added IgG with high TRC titer to the assay systems. As concentration of the IgG increased, apparent Tg value of A showed biphasic change; followed by upturn at higher range, whereas that of B showed monotonous decrease. These data indicate that although radioassays of Tg may be affected by small amount of anti-Tg which can not be screened by TRC, the presence of anti-Tg in such amount will not give falsely high values.

CHANGES IN SERUM THYROGLOBULIN IN PATIENTS WITH THYROID CANCER AFTER TOTAL THYROIDECTOMY. S. Morita, F. Matsuura, Y. Hayashi, A. Kobayashi, K. Kuma, H. Tamai, O. Fukino, and S. Nagataki. Kuma Hospital. Department of Psychosomatic Medicine. Faculty of Medicine, Kyushu University and the First Department of Internal Medicine, School of Medicine, Nagasaki University. Japan.

Changes in serum thyroglobulin (Tg) in patients with thyroid cancer or with Graves' disease after total thyroidectomy were observed. Subjects consisted of 19 cases with thyroid cancer, 3 cases with Graves' disease, and 1 case with adenometsotis goiter. Serum samples were collected before and 1, 2, 3, 4, 5, 7, 9, 12, 15, and 28 days after operation in these subjects. We measured thyroid hormones (T4, FreeT4, TSH, and serum Tg in each serum sample and investigated correlations between serum TSH and Tg. Conclusions are as follows: 1) serum Tg in patients with Graves' disease and adenometsotis goiter reached to highest values at 1st postoperative day and then decreased gradually in all cases (54%) recognizing positive trace of 131I-scintigraphy, serum Tg decreased and increased again. Serum Tg in these 7 cases showed another increase 9-12 days after thyroidectomy when serum TSH elevated to about 50mU/mL. 2) In 6 cases recognizing no trace of 131I-scintigraphy, serum Tg did not rise at all but decreased sharply.


Serum thyroglobulin (Tg) level was measured using the double antibody radioimmunoassay in twenty-five patients of metastasis from thyroid carcinoma previously submitted to total thyroidectomy and 1-131 ablation of residual thyroid tissue. The site of metastasis was lung in 10 cases, bone in 5 cases, bone and lung in 6 cases and lymph node in 1 cases. In six patients the scan was negative, but in these cases the clinical and/or radiological examination revealed the presence of non-functioning metastasis. The normal serum Tg level in the forty-four control subjects was ranged from 1.9 to 35.3 ng/ml (mean±SD). The serum Tg levels of four without metastasis by initial 1-131 within 5.7 ng/ml in the euthyroid state. Of seventeen cases with metastasis, serum Tg levels were greater than 70ng/ml in 15 and between 14 to 70ng/ml in 2. In these two cases, one case had lung metastasis and another had bone metastasis, none showed abnormal X-ray findings. The serum Tg levels were decreased in patients with residual metastasis during hypothyroidism. Measurements of serum Tg level is sensitive in detecting residual metastasis from thyroid carcinoma including negative 1-131.