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LOCALIZATION OF THE PARATHYROID ADENOMA.
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For the localization of the parathyroid adenoma, we routinely use scintigraphy, ultrasonography, computed tomography and selective venous sampling.

Scintigraphy was performed by subtracting the I-123 image from the Tl-201 image. It had high detectability when the adenoma was apart from the thyroid. Ultrasonography was performed using a real-time unit with 5MHz transducer. It was a simple and non-invasive method. It had high detectability when the adenoma was covered by the thyroid. Computed tomography always had high detectability, but the problems of the ionized radiation and side effects of the contrast media remained. Selective venous sampling was a very invasive method, but only this method could make really qualitative diagnosis.

Therefore, it was considered that the localization of the parathyroid adenoma should be performed as follows. Firstly, ultrasonography and scintigraphy should be performed, because they are not invasive and they have complementary roles with each other. Secondly, computed tomography should be added for ascertain. Selective venous sampling should be performed only in cases which could not be diagnosed by other method.
