376

STUDY ON INTRAPELVIC LYMPHOSCINTIGRAPHY.
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Clinical utility of intrapelvic lymphoscintigraphy using Tc-99m-rhenium colloid was investigated on 53 patients. The radiocolloid was injected into ischiorectal fossa(39 cases) or prostatic gland(14 cases) and the following results were obtained. (1).There was no considerable difference between the two injection sites in distribution of pelvic lymph nodes. (2).Percent visualizations of each pelvic lymph nodes in 10 benign prostatic hypertrophies were calculated as followed: internal iliac node; 90%(rt.) or 80%(lt.), obturator node; 10%(rt.) or 30%(lt.), presacral node; 50% (rt.), 20%(m.) or 40%(lt.), common iliac node; 90%(rt.) or 70%(lt.), paraaortic node; 80%. (3).Malignant diseases(15 prostate cancers, 6 bladder cancers, 3 renal cancers, 4 testicular tumors and 7 cervical cancers.) demonstrated low frequency of visualization of the internal iliac node, and unilateral or bilateral non-visualized cases increased in number according to progression of disease. (4).No serious side effect was observed in our studies. These results demonstrated that intrapelvic lymphoscintigraphy especially by ischiorectal injection, with safe and simple procedure, could be of an additive value in the assessment for regional nodes in pelvic malignancies.

377

LYMPHOSCINTIGRAPHY IN UTERINE CERVICAL CANCER.
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Lymphoscintigraphy is based upon the mechanism of the transport of a radioactive colloid injected into subcutaneous tissues. When Tc-99m-Re was subcutaneously injected between the big and 2nd toes, the flow was through the lymphatic channels to the regional lymph node groups, i.e., the iliac and para-aortic glands. Lymph node images were taken in 90 cases of cervical cancer using a scinticamera 1.5 hrs. after colloid administration. 29 of the 90 cases received total hysterectomies and the lymph nodes were dissected, then pathologically assessed to determine the accuracy of the lymphoscintigraphic findings. The following results were obtained:
1) Iliac lymph node sensitivity: 95%
2) Iliac lymph node specificity: 79%
3)Para-aortic lymph node sensitivity: 100%
4)Para-aortic lymph node specificity: 76%
5)Accuracy: 80%. There was rather poor correlation between positive lymph node scans and the pathological results in the groups of patients with established diagnoses of carcinoma of the cervix. This is thought to have been due to the large number of patients who had inflammatory or hyperplastic changes in the primary lymph node groups.