ANALYSIS OF REGIONAL CEREBRAL BLOOD FLOW AND METABOLISM IN PATIENTS WITH CEREBRAL TUMOR USING POSITRON EMISSION TOMOGRAPHY.


Positron emission tomography enable to investigate not only regional cerebral blood flow but also regional cerebral metabolism in vivo. Using a high resolution positron emission tomograph (HEADTOME-III), we have been studying regional cerebral blood flow and metabolism in patients with a cerebral tumor, mainly glioma. In this study, 15 patients with cerebral glioma were studied with the 15O steady state inhalation technique and the F-18-fluorodeoxy glucose (18FDG) method. From this study, we were able to get the quantitative values of regional cerebral blood flow (rCBF), regional cerebral oxygen extraction fraction (rOEF), regional cerebral metabolic rate of 15O (rCMRO2), regional cerebral blood volume (rCBV) and regional cerebral metabolic rate of glucose (rCMRGlucose) about the tumor tissue and peritumoral tissue.

As the result, deference between oxygen and glucose metabolism was observed in tumor tissue. That is to say, in high grade glioma, low oxygen metabolism and high glucose metabolism were observed. This finding is in accordance with experimental tissue culture study.

We will present our results of the analysis.

INVESTIGATION OF REGIONAL CEREBRAL BLOOD FLOW AND GLUCOSE METABOLISM IN BRAIN TUMOR BY PET.

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It is important to know alteration of both regional cerebral blood flow and glucose metabolism in brain tumor for selection of adequate treatment. We performed PET in thirty patients with brain tumor (Glioma:18, Meningioma:19, Malignant lymphoma:2, Melanoma:1) using continuous inhalation 15O2 and 18O2 for regional cerebral blood flow (rCBF), oxygen extraction fraction (rOEF) and oxygen consumption (rCMRO2) and oral administration of 18C-glucose for regional distribution of glycogenic metabolites (r-GL). In benign glioma, r-CBF and r-GL decreased with coupling of them. But, in malignant glioma, they showed uncoupling phenomenon. The r-OEF in tumor area consistently exhibit a lower value than of the surrounding normal brain tissue. The positive correlation between glioma grade and glycogenic metabolites was found by 18C-glucose PET study. In many of tumor area, low perfusion, hypoxic metabolism and high glucose metabolites were observed. We think they showed lactic acid produced by anaerobic metabolism.

CEREBRAL BLOOD FLOW OF BRAIN TUMOR PATIENT.


Cerebral blood flow was measured in 18 brain tumor cases using Xe-133 inhalation and single photon emission computed tomography with TOMOMATIC 64. The tumors are meningioma (9), glioblastoma multiforme (4), glioma (3), neurinoma (1) and metastatic tumor (1). 8 men and 10 women were included in the group and their ages were from 22 to 73 years (mean 46.1 years). The locations of tumors were frontal (3), temporal (1), parietal (1), frontoparietal (2), parietooccipital (2), sphenoid ridge (3), petroclival (1), thalamus (1) and middle fossa (1). 5 patients were showing symptoms of increased intracranial pressure. Focal neurological deficits caused by the tumors were noted in 15 patients and the tumor stain was recognized on the cerebral angiogram in 9 patients. Cerebral blood flow studies showed abnormalities in 15 patients. Blood flow at tumor sites showed increase in 3, decrease in 11 and normal value in 4. Regarding the flow surrounding tumors, 4 showed low flow and low flow was noted in the portions remote from the tumor in 7 cases. The abnormalities of blood flow were improved following steroid administration or removal of tumors. There was no constant relation between nature and location of tumors and cerebral blood flow.