SCINTIGRAPHY OF NEUROBLASTOMA WITH 111I-METAIODOBENZYLGLUANIDINE (MIBG).
Kyushu Univ., Fukuoka

We previously reported that MIBG, an analogue of guanethidine, was a useful radiopharmaceutical for the detection of pheochromocytomas. This time, we present the accumulation of MIBG in neuroblastomas. 9 patients before or after surgery were examined. Scans were performed 48 hours after administration of 200-300 μCi of MIBG. Abnormal accumulation was demonstrated in 5 children (primary lesion 3 cases, liver metastasis 1 case, bone metastasis 1 case, skin metastasis 2 cases). 2 children, clinically free of tumor, did not show abnormal uptake. MIBG may be a useful diagnostic tracer for neuroblastoma.

THERAPY BY Tc-99m-MISA AND Tl-201 ARTERIAL INJECTION.
Department of Radiology Jikei Univ. Sch. of Med. Tokyo. 3rd Department of Internal Medicine Jikei Univ. Sch of Med.

Recently attention has been spotted on refractory diabetic gangrenes therapy by PGE1 (Prostaglandine E1). Up to now it has not been determined whether the best way to administrate PGE1 was intra-arterial injection (I.A.Inj.) or intra-venous injection (I.V.Inj.). Using Tl-201 and Tc-99m-MISA (Microsphere Albumin), we have compared the two ways of injecting PGE1. We have already reported the shunt rate measured by Tc-99m-MISA method was significantly higher in Diabetic with gangrenes than in those without gangrenes. The treatment of Diabetic gangrenes by PGE1 I.A.Inj. was successful and a frequent decrease in the shunt rates was observed, whereas PGE1 did not have any effect and the shunt rates was increased. Therefore PGE1 I.A.Inj. therapy was more effective than PGE1 I.V.Inj. in the treatment of diabetic gangrenes. This suggests that the shunt rates measured by the Tc-99m-MISA I.A.Inj. method can be taken as an objective index in the PGE1 therapeutic efficiency of diabetic gangrenes. There is no difference between Tl-201 I.A.Inj. method and Tc-99m-MISA I.A.Inj. method as to the formation of hot spot corresponding to diabetic gangrenes. But Tc-99m-MISA I.A.Inj. method was thought to be more suitable in the measurement of shunt rates useful for the observation of therapeutic processes, than the Tl-201 I.A.Inj. method.