SPECT images using 99mTc(V)-DMS in lung metastasis of osteosarcoma

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Color images of single-photon emission computed tomography (SPECT) using technetium-99m(V) dimercaptosuccinic acid (99mTc(V)-DMS) were demonstrated in a patient with lung metastases from osteosarcoma. SPECT image using 99mTc(V)-DMS could be useful for the detection of lung metastasis from osteosarcoma.

Key words: osteosarcoma, SPECT, 99mTc(V)-DMS, lung metastasis

INTRODUCTION

We have reported before the potential of single-photon emission computed tomography (SPECT) using technetium-99m(V) dimercaptosuccinic acid (99m Tc(V)-DMS) in the early diagnosis of lung metastasis from osteosarcoma. But the previous images were not so clear. In this paper, we demonstrated the color images of SPECT using 99m Tc(V)-DMS which were useful in evaluating lung metastases from osteosarcoma.

METHODS

^{99m}Tc(V)-DMS was prepared as already reported.¹ Scintigrams were made 90 minutes after i.v. administration of 20 mCi ^{99m}Tc(V)-DMS. SPECT (Maxi 400T, GE) was performed with 64 different views over 360 degrees and 15 seconds each for every 5.6 degrees of rotation. No attenuation correction was made.

CASE REPORT

A 30-year-old man, who had suffered from left hip joint disarticulation due to osteosarcoma, complained of dyspnea and cough. A chest X-ray film showed well demarcated large tumors in the middle field of the left lung (Fig. 1). A ^{99m}Tc(V)-DMS scintigram showed hot spots in the left thoracic region but it

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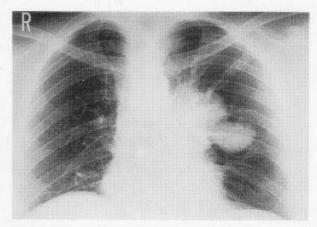


Fig. 1 Chest film showing abnormally large tumors in the middle field of the left lung.

was difficult to differentiate tumor uptake from the activity of the heart and great vessels (Fig. 2). SPECT images using ^{99m}Tc(V)-DMS (Fig. 3 and Fig. 4) revealed there were definite accumulations in the tumors that TCT scan demonstrated (Fig. 5). Lung metastases from osteosarcoma were confirmed by transbronchial lung biopsy.

DISCUSSION

Positive ^{99m}Tc(V)-DMS SPECT images in a patient with lung metastases from osteosarcoma were demonstrated. The areas in which ^{99m}Tc(V)-DMS accumulated coincided with tumors that TCT scan demonstrated.

It has been reported that because of the osteoid tissue in the tumor, some soft tissue and visceral metastases from osteosarcoma take up bone-seeking

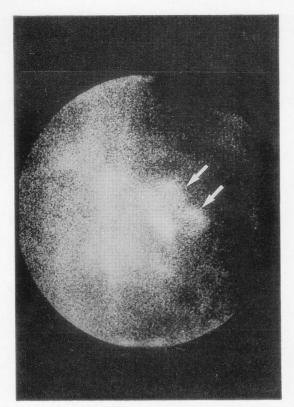


Fig. 2 99mTc(V)-DMS planer image showing hot spots in the left thoracic region but not clear due to high background radioactivity (arrows).

agents, and this has been utilized to improve the early diagnosis of lung metastases. However, plain chest radiograph appears more sensitive than bone scan for detecting lung metastasis from osteosarcoma.2

Incidentally, advances in instrument development and the development of new radiopharmaceuticals have provided encouraging results in the detection of neoplasm. SPECT is an investigative technique because it improves localization in depth, particularly in areas of significant background such as near the heart and great vessels,3 and newly developed 99mTc (V)-DMS, which has high affinity for the osseous tissue,4 is a promising tumor seeking agent.5

The usefulness of SPECT using 99mTc-MDP in

evaluating osteosarcoma metastasis in the lung is also reported.6 And we could also obtain clear images with SPECT using 99mTc(V)-DMS, although the comparison of the two 99mTc-compounds remains to be studied for the detection of lung metastasis from osteosarcoma.

It is not easy to predict the role that new radiopharmaceuticals will play in the future application of SPECT in oncology.3 This case suggested that SPECT using 99mTc(V)-DMS might be useful in detecting early lung metastasis from osterosarcoma even if it exists near the heart and great vessels, because nuclear images are based on biochemical changes which may proceed before morphologic changes.

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REFERENCES

- 1. Ohta H, Ishii M, Yoshizumi M, et al: Is ECT imaging with Tc(V)-99m dimercaptosuccinic acid useful to detect lung metastasis of osteosarcoma? Clin Nucl Med 10: 13-15, 1985
- 2. Kim EE, Haynie TP: Nuclear imaging in oncology, Connecticut, Appleton-Century-Crofts/Norwalk, 1984, pp. 158-164
- 3. Jarlitt PH, Ell PJ: Gamma camera emission tomography quality control and clinical applications, London, Current Medical Literature Ltd, 1984, pp. 5-
- Yokoyama A, Hata N, Horiuchi K, et al: The design of a pentavalent Tc-99m dimercaptosuccinate complex as a tumor imaging agent. Int J Nucl Med Biol 12: 273-279, 1985
- 5. Ohta H, Endo K, Fujita T, et al: Clinical evaluation of tumor imaging using Tc(V)-99m dimercaptosuccinic acid, a new tumor seeking agent. Nucl Med Commun 9: 105-116, 1988.
- 6. Kirk GA, Schulz EE: Usefulness of SPECT in evaluating osteosarcoma metastasis to the lung. Clin Nucl Med 12: 356-358, 1987

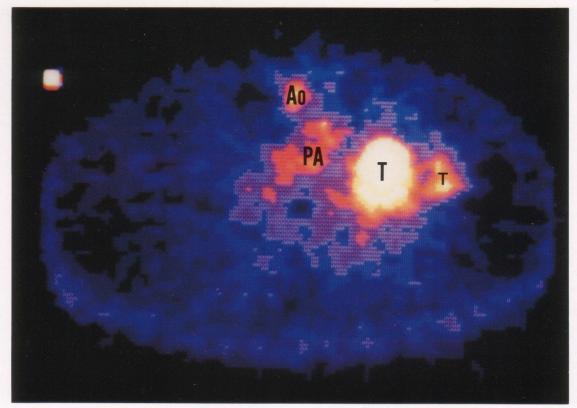


Fig. 3 Transverse section SPECT image of Fig. 2 (PA: pulmonary artery, Ao: ascending aorta, T: tumor).

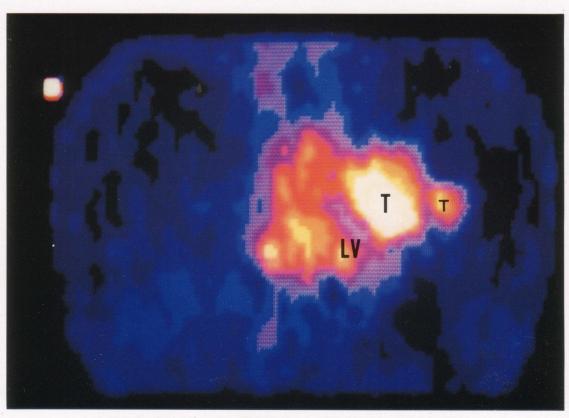


Fig. 4 Coronal section SPECT image of Fig. 2 (LV: left ventricle).

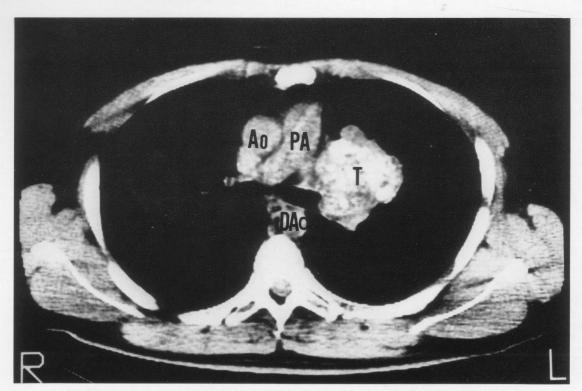


Fig. 5 TCT scan showing a large mass at the left hilum (DAo: descending aorta).