ning of the pancreas.

(1) The pancreas image in the first few minutes after intravenously injection of $^{75}$Se-Selenomethionine (2 µCi/Kg body weight) shows higher degree of RI accumulation of the pancreas than the liver in some cases.

(2) It is possible to observe the peristaltic pattern of the pancreas that changes in shape, for example, from horse shoe form to inverted sigmoid form in the pancreas serial dynamic images.

(3) From both informations of the pancreas images in upright position and supine position, it is able to find out deformity and mobility of the pancreas relating to abnormality of the retroperitoneum or the liver.

(4) The best angle to separate the pancreas image from the liver image was 5° upward of inclination along body surface according to our experiences.

Clinical Application of Scinticamera

(2) Pancreatic Disease

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Clinical application of scinticamera was studied on 100 cases of pancreatic and extra-pancreatic diseases.

They (100 cases) were: 9 cases of pancreatic carcinoma, 2 cases of pancreatitis, 4 cases of combined operation cases of gastrectomy with pancreatico-duodenotomy and other 85 cases which were considered to be normal.

Results obtained were as follows:

1) Scinticamera image of all pancreatic carcinoma cases was shown and its classification was proposed.

2) Scinticamera image of extra-pancreatic diseases was shown with examples, which were decisively helpful for excluding intra-pancreatic diseases.

3) The causes of non-visualization of pancreas were studied.

4) The evaluation of clinical course and therapeutic effect could be made effectively on the case of pancreatitis by using scinticamera.

131I-Erythrosine B for Pancreas Scanning

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Erythrosine B, tetraiodo compound, is known as a contrast medium for the intravenous angiography.

Erythrosine B labeled with $^{131}$Iodine was tested as an agent for the pancreas scanning. $^{131}$I-Erythrosine B was administered 300–700 µCl to 8 patients intravenously and several scintiphotos were recorded for 24 hours by a scintillation camera.

The patients also scanned with $^{75}$Se-Selenomethionine and $^{131}$I Rose Bengal for visualisation of the pancreas and the gall bladder.

The pancreas was not successfully visualized by $^{131}$I-Erythrosine B.

The vague shadows in the pancreas lesion were obtained in only 3 cases, and completely negative in 5 cases.

Liver, kidneys, Urinary bladder and intestine were visualized.