EVALUATION OF GRAFT PATENCY AND ISCHEMIA BEFORE AND AFTER AORTO CORONARY BYPASS SURGERY BY RADIONUCLEIDE CARDIAC ANGIOGRAPHY AND TL-201 MYOCARDIAL SCINTIGRAPHY.
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Radionuclide angiography (RNAG) with red blood cell labeled by Tc-99m were performed in 60 patients with mediastinal masses on plain chest radiograph. Forty one cases with vascular lesions and 19 cases with solid masses could be correctly diagnosed by RNAG. The vascular lesions included aneurysms, tortuosities, anomalies and others. In these cases contrast angiography could be avoided except for preoperative examination. The non-vascular masses could be imaged by RNAG except for 7 lower mediastinal ones, the images of which were obscured by the blood pool in the heart and great vessels. The innominate artery and SVC can be clearly imaged by RNAG and it is most useful for right upper mediastinal masses. RNAG is very useful in differential diagnosis between vascular and solid mediastinal masses.

DIFFERENTIAL DIAGNOSIS OF MEDIASTINAL ABNORMALITY WITH RADIONUCLEIDE ANGIOGRAPHY.
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In this study, the performance of the left ventricle was evaluated with the systolic time intervals which were calculated by RI angiography synchronized with ECG, PG, and carotid pulse. We studied performed in 129 subjects, 116 cases of heart disease and 13 normal case volunteers. The beginning of the LVET was set on the first descent point of the RI count of the time activity curve and the time from the Q wave of ECG to this descent point was regarded as the PEP. The end point of the LVET was placed on the transitional point from negative to positive on the differential curve of this curve. Use of the ECG, PG, and carotid pulse with which PEP and LVET are derived, as described by Weissler. The PEP is obtained indirectly by subtracting LVET from Q-II interval. The LVET is measured from the beginning of the upstroke to the dicrotic notch of the carotid pulse. The coefficient of correlation between the values of PEP and LVET calculated by RI technique and ECG in 13 normal cases were 0.76 and 0.86. The coefficient of correlation between the values of PEP and LVET calculated by these two methods in the almost subjects excluding valvular disease were very good.