DIAGNOSIS OF MALIGNANT AND BENIGN THYROID TUMORS BY SP-ECT WITH I-123. T. Miyamoto, M. Nakamura, A. Okamoto, H. Komaki, K. Sato, Y. Takahashi, and S. Hamada. Tenri Hospital, Radioisotope Division, 200 Mishima, Tenri City 632

SP-ECT with I-123 was applied for 18 patients with malignant and benign thyroid tumors. At 3 hours after administration of 200-500μCi, weight of both lobes was determined, and a weight ratio of the tumor and normal lobes (TL/NL) and a radioactivity ratio accumulated per g of tumor and surrounding normal tissues (T/N ratio) were calculated using the Maxi Star procedure reported previously.

The T/N ratios, which were obtained from either transaxial, sagittal or coronal images, were more than 0.20 for benign adenomas but less than 0.20 for malignant tumors. The TL/NL ratios estimated were higher in benign adenomas than in malignant tumors. It appears therefore that SP-ECT is useful in diagnosis of malignant and benign thyroid tumors.

EVALUATION OF 201TI-SCINTIGRAPHY (DELAYED SCAN), ULTRASONOGRAPHY, AND COMPUTED TOMOGRAPHY ON THYROID NODULES. H. Sawa, A. Sasaki, T. Okamura, K. Hamada, H. Ochi, Y. Nomura. Osaka City Medical School, Osaka.

We have reported that 201Tl scintigraphy, especially delayed scan is useful to differentiate malignant thyroid nodules from benign ones. We compared with ultrasonography (USG), X-ray Computed Tomography (CT), and 201Tl delayed scan, and studied the accuracy rate of each examinations. Histologically verified 245 cases of thyroid tumors were examined by 201Tl delayed scan, 129 cases among them by 201Tl delayed scan and USG, and 32 cases by three examinations. 201Tl delayed scan yielded a sensitivity of 82.6%, a specificity of 90.7%, and an accuracy rate of 86.1%. USG yielded a sensitivity of 74.3%, a specificity of 80.0% and an accuracy rate of 76.7%. Both 201Tl delayed scan and USG yielded a sensitivity of 94.6%, a specificity of 72.7%, and an accuracy rate of 85.3%. Thus 201Tl delayed scan and USG were useful to detect thyroid carcinomas. It was difficult to differentiate thyroid carcinomas from benign tumors by CT findings alone, but CT was useful to evaluate the extension of thyroid malignancy.


To evaluate the usefulness and accuracy of serum thyroglobulin levels (Tg) and Tl-201 images in diagnosis of thyroid carcinoma, retrospective review was made on records of 49 patients in whom total thyroidectomy was performed. Post-treatment tumor status was assessed by clinical findings, X-ray examinations and radiiodine images. The Tg in the 15 cases of no metastasis were 7.8±10.2 (mean±SD)ng/ml at the euthyroid status. Of the 49 patients, Tg in the 5 cases of lymph nodes metastasis were 57.0±52.6 ng/ml, 61.1±56.3 ng/ml in the 10 cases of lung metastasis, 632,8±143.38 ng/ml in the 8 cases of bone metastasis and 7290.9±82.52 ng/ml in the 11 cases of bone and lung metastasis. Of the 42 patients, 30 had lymph nodes, lung and/or bone metastasis, with positive Tl-201 image in one or more lesions in 25 patients, including the 8 patients with false negative I-131 images. Sensitivity by images with Tl-201 was 83.3% and 63.3% with I-131. In this study, the measurements of serum thyroglobulin levels and Tl-201 images were useful in detecting metastasis from thyroid carcinoma, including the patients with false negative I-131 images.