
Radionuclide angiography is available as a routine examination for disturbance of peripheral circulation. This method, however, can not evaluate quantitatively the blood flow in the extremities. We tried to develop a Radionuclide plethysmography (RN-PL) for quantitative evaluation of peripheral circulation, after radionuclide angiography. The subjects: 40 patients with various vascular diseases (ASO, DM, TAO).

Method: Following the Tc-99m-RBC reaches equilibrium in the vascular system, venous occlusion in the thigh. Count rate increase in the leg because the arterial blood flows into occluded site. This increase of radioactivity was measured by scintillation and obtained time activity curve. From this curve arterial flow was calculated. Results; The blood flow in the calf were larger in the cases with well developing collateral circulation than in that of poor collaterals. RN-PL allow an important information about quantitative assessment of blood flow to the vascular configuration by RN-angiography.

TC-99M VENOGRAFM OF INFERIOR VENA CAVAL SYSTEM -INTERPRETATION OF COLLATERAL PATHWAYS IN VENOUS OBSTRUCTION. M. Mashimo, K. Suzuki, K. Nishimura and T. Miyamae. Saitama Medical School. Moroyama, Iruma, Saitama

TC-99m venography was performed on patients who were suspected clinically to have IVC obstruction or thromboembolic disease of pelvis. Seventy(169 studies) of 180 cases (317 studies) were abnormal. The sites of obstruction were classified as follows: (1) IVC, (2) common iliac vein, (3) common iliac vein to external iliac vein, (4) common iliac vein to femoral vein, (5) external iliac vein and (6) external iliac vein to femoral vein. We made the schemes of collateral pathways for each site of obstruction. The schemes are useful to identify the sites of obstruction in inferior vena cava system.

The clinical value of RI angiography with Tc-99m MAA or Tc-99m HSA on venous disturbances were discussed. The material consisted of 16 cases of superior vena caval syndrome, 1 of Budd-Chiari syndrome, 3 of lower extremity varices, 2 of persistent left superior vena cava and 2 of left inferior vena cava. On patient with obstructive condition, a comparative study of RI angiography and contrast venography was carried out in observing the localization, the length of obstruction and the collateral circulation. Especially in the SVC syndrome, in which a good correlation was estimated between the degree ofazygos obstruction and clinical symptoms, RI angiography showed clearly the status of the collaterals. Moreover, the repeat performance of RI angiography could be done and was of clinical value for the evaluation of irradiation and chemo-surgical treatment in SVC syndrome caused by lung cancer. The RI angiography was also easily utilized in detecting the venous anomaly without any subjective complaints of the patients.