

# PRNC033

PRNC 33

PUERTO RICO NUCLEAR CENTER

The Renogram as a Tool for Evaluating Patients with  
Cancer of the Cervix Uteri

[OPERATED BY UNIVERSITY OF PUERTO RICO UNDER CONTRACT  
NO. AT (40-11-1852 FOR U. S. ATOMIC ENERGY COMMISSION

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THE RENOGAM AS A TOOL POR EVALUATING PATIENTS WITH  
CANCER OF THE CERVIX UTRRT

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San Haan, PUERTC RICO

Ramcisenare Laven

Abateat

?The renogram as tol for evaluating patients wih cancer of the cervix utert. ?The purpote of this saport iso went desi of the incuope reneyram in Ue eveivation ofthe patency of the urinary treet and renal

ran inpstimne aitr nant of the cervin, This cancer nthe fet reoplnste problem in women in Puerto Fecnsetee age of 41. Because in large number of patients the siense im dingnoned Tate the problers of

social tenrrasren ty the case becomes eriteal for managrornt Te mf importance for te wrgron to kaw the many cf the pateney ef the unaary wstream ?The rologet wants to know the siflerence between » blodked

tisiuey tint a sll faretuning ands blodked kitory that is out of ordre, an that he can decide when to do eco resive carpery, The renngrem diferentes a noafunetunirg Xney from a blodked kidney, whieh Gilersutiattinn i aoe amaze psable with the excretory azogeam,

Seeeeadty gatinte wih alvunced pelvic ewer, preferable cancer ofthe cervix, sage TEL mene selected

\* sbactnes Oncologie Monta -

w onthonatohipgume eid} wa injreted ancaveourly in a dove of Y ae per 8 kilograme  
wean Tis rvtmectiviy levee were followed vp cer cach reaal aven for half an war wring surface  
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SMaceral fuvetin in. both tess In te patente the uals wets at vasiare; one was normal by dhe  
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Rant the urinary ayauns on) be of three types 1 Hivae cme? coeeteny, werrlary, or bith, Compatioon  
are cronmatine gen uv the renogrent =i (3 inteaverear pyebaram lade ove to belive that the rene  
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sere mire rrocedare tor shoormalities of che ral apparatis beeaue it en be dune more easily.



Rerames

Valor del renograma como instrumento evaluador de cáncer del cuello uterino. El propósito de esta

memoria es analizar el rol del renograma en la evaluación del estado de patencia del sistema  
urinario

Si bien se realiza en pacientes con cáncer cervical. Este estudio de diagnóstico resalta el problema principal

de

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we S. RLeARNY AND ALL AoOWOCEE

clínico en la mayoría de los casos, pasada la edad de 40 años. Debido a que en un gran número  
de

pacientes la enfermedad se detecta tardíamente, el problema de diagnóstico ureteral por el  
tumor aumenta

su carácter. Es importante para el cirujano conocer el estado de apertura de las vías urinarias  
de

¿cómo, por qué parte, precisa conocer la diferencia entre un flujo que todavía funciona y un  
flujo

bloqueado que está estrechado, para decidir el momento oportuno de una intervención quirúrgica. El  
renograma

destaca la diferencia entre un flujo que funciona y un flujo bloqueado, lo cual no siempre puede  
ser

urográfico excretor,

"Para este estudio en piv pacientes con cáncer pélvico avanzado, de preferencia cáncer de la cervix  
e

1 estudio TI, del Hospital Oncológico 1 -Gonsslen Martine

Se inyectó en forma intravenosa Hipputove "I (Activo hipérico marcado con yodo-131) en una dosis de  
1 mg por 3 kilogramos de peso de la paciente. Se obtuvieron los niveles de la radiactividad sobre el eje  
real

durante media hora cuando cataba de escintileo de superficie. Se midió la actividad con  
intencionalmente

conectados con registrador de gráficas de banda, Se examinaron 24 pacientes, 18 de ellas con carcinoma  
de la

cervix y se ejerció de orina nocturna según fue requerido

" intravenosa Ocho enfermas tuvieron, en ambas pruebas,

funciones anormales. En dos pacientes se realizaron las pruebas previas para detectar discrepancias, una  
prueba

de autor con el renograma y anormal en el urterograma, y la otra con resultados opuestos. Hubo  
cuatro

pacientes en las que el renograma brindó mayor información acerca de la condición de los riñones: en dos  
casos

indiferentes irreversibles en un riñón con defectos reversibles en el otro contralateral y, en ambas, el  
examen

con rayos X presentó evidencia de hidronefrosis. En los otros dos casos, el renograma indicó ausencia de  
exere-

cia y función renal, mientras que el picnograma mostró ausencia de fusión de los cuernos de la vejiga completa

correlación

¿entre los 15 renogramas y pycnogramas, era uno de los exámenes que se relaciona con el piel

¿amon intravenoso y viceversa. En estos casos los tipos de astemia urica pueden ser de tres tipos: exere

torias, sereorins, o amnbat. La exaparación de las informaciones dadas por el reavanzamiento y el pilograma

intravenoso se lleva a la cuenta de que el trnograma puede ser de valor para juzgar tanto la obstrucción de patente

de los uréteres como la integridad funcional del parénquima renal. La frecuencia de compresión ureteral es

¿este grupo de pacientes con carcinoma de la cervix del útero, en el estudio TIL se de dos quintos. Es conocido-

¿en, el Pycnograma parece ser tan efectivo como el pielgrin intravenoso para revelar alteraciones de la excre-

ción renal y superior aún para la secreción renal, Para el diagnóstico de estos esta prueba parece ser más adecuada-

¿cuando como examen previo de antecedentes el aparato renal se debe «jue puede ser realizada con mayor

facilidad



Valor do renograma ns determinesto do cstedo do hacer uterine cervical. O objetivo vinado no [preventeeetudo ?analse rovalce do renograma wotipicn pars avaliatne & desobatrugho dus vias urinirian ç

{tunel renal em enfermine acometidas ie elncer cervical. Este tipo de chacer conti © princico problema neo-

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Fiseramae injegdes endavenonas de Tlipputope ?T (dei hipirico mareado com ido-I31) na dove de 1 pe

por 5 quilograma: de péso da enferma Os nives de radicatividade fora obwervados em cada uma das éreat

?intilmetros superficial, medindo-se a radkatividade por meio de aperlhon

Tigadoe a repatradores autoniticon de fits. Vinte e quatro pacientes foram extminadas, dae quaiia 18 apre-

tentavamn carcinoma cervical ox fase TIT; 15 apreutavamy Fangio repal ç exceqdo de urina norma, determi-

fades tanto atzavés do exame wotipico como do pielograms endovenowo Oito enfermas ruvelaram, em arabae

?4 provas, fungio anormal. Em das outrs, 8 exnunge variatam, tendo o renograms normal, poréa anormal

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S tper. Bere toe adveat of the renograas th

IENORANC IS CANCRR OF 1

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?rogram, en 1 ex, dano-teo reverso coin & outra pacient

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?how reverlveie no ovtza rns, evideneiando a raioe-X a existência de hideonetrose em ambrw ow

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dtva ausineia de fungdo renal. Verifrou-se comple rorrelagoeatre 13 renogranis ç pielogramas,

porém de

dda vito renogramas unt denxea de corelacionar-se ?out 0 respective pielogram endovenoe, e

viee-vere.

"esice do sistem urinio podem ser de (és tips nos sngutes eas exeregio, sree, 1 ambon A eom sragin dan ilormagics rnorsise pelo renngraina com ae dla piehranie enovenosn leva A ere que ©

Ten

fia  $\phi$  de valor tants para apterin sc a Uravbetrutin de ureters, cum a intesriiede fncionat do parkagui-renal freqifacin de comprosió urtérien, me whup. eurespanien w 40% entre pacientes com careinoma

?rina vervient na fase TH. 1 renogratsa ci noni, a aligiva ta eftivo «ant 0 ptlogrania endovenoso cra revelarpeetarbagies da vxergao femal @ ? superior jartsverogia renal. Relativamrnte & eapeeronn. éte

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Houve quatro aasos em que 0 renograma

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Patient wil ntructin of he Upper Urinary tne

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Gy of 2 patients Zinn Winkel ? i 1961 eoudsing

f Urinary? tract and renal function reported 852

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tual lines! proesbies for evaluating the renal fune=

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## Materials and methods

This study was done on 24 patients with documented  
else malignancy undergoing radiotherapy at the  
TF Gonaiiea Martner Onevloge Hospital Dingnoais  
As established by big. xn Tage extension of the  
fisas was determined according to accepted inter-  
national criteria for classifying epidermal of the  
fereis Ue tages. Additional information was obtained  
by radio laboratory examinations. blast chemistree,  
foal function testy, interventional p3elQeramt, A  
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The endographic attire were extracted at  
Clinical Applications Division of the Puerto Rico  
clear Center using indium 111 labelled orthoiodo

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Feats Squiis Relioparmarewrtiel Dyviion Th tech

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Pr dae of rasioutivity injected usualy ranges 10

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Tain etal" Wher hippuric aed is injected

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What occurs in few seconds and represents the vascularity of the kidneys, (Fig. 1, segment A) followed by a rapid rise of the curve during the next 3-5 minutes. This is the interval of active tubular excretion of the labelled substance from the Blood, (segment B or secretory phase). The flat portion of the

curve begins with the peak reached at B, and this in  
a plateau near background 15-20 minutes later. The  
latter portion, called segment (C) represents the excre-  
tory function, which is delayed when there is difficulty  
with the urinary outflow.

Twenty-four patients were examined, of which 18  
had carcinoma of the cervix were, age 35-55. Fifteen  
had normal renal function and excretion of urine as  
reflected by the renogram, the intravenous pyelogram  
and other clinical tests. All the abnormalities by

Te

Distribution of patients by stages?

ca CERVIX UTE

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Toul, ?

either the renogram or the pyelogram were found in  
the stage T1T group. In seven instances both tests  
the renogram and the pyelogram were abnormal;

there was one false negative and one false positive  
renogram when the renogram was evaluated in terms  
of the excretory urogram. The PSP (Table I) was  
done on 16 patients; 11 were normal and 5 abnormal;  
two of these were found abnormal by the X-ray of  
isotope examination, two had diastolic hypertension,  
and no explanation was found for the fifth case. In  
the group of 11 normal PSP, there were 3 abnormal  
detected by the renogram and the intravenous  
pyelogram,

Lack of visualization of the dye contrast media oc-  
curred in 2 instances. This was associated with non-  
functioning kidneys. The renograms showed a pattern

Table

CORRELATION OF RENOGAM WITH THE TETRA.

VENOUS PYELOGRAM BY STAGES

Normal terms

Statistical methods

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of abwent Kidney in these four cates. Hydronephioni  
?ecumed in 4 inmances, This was accompanied by  
tilater! Lack of Kidney function in two, and bilateral  
Tous of function in the other two.

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?The value ofthe isotope renogram to dteet impair  
iment of the excretory function in divesacs affecting  
?he upper urinary taet bas been well entabliahed frm  
the work of Taplin etal," Winter ef 8 amt

Donneberg: The problem of ureteral compression  
by carcinoma of the cervix is well known by the

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cervix uteri in 68.9% (100/145) of his  
tals found 85% correlation between the  
and the IVP.

? In this group of patients the renogram and the  
IVP showed a high degree of correlation 15/18 nor-  
mal, 7/7 aborts, one false negative and one false  
positive. A false positive in most instances is prob-  
ably due to positional factor; this can be backed

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Correlation between the PSP, renogram, and IVP  
wan bot good. The lesan of Ube urinary tract in eam  
or of the cervix ia primarily an obstructive phe-

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Aol cenogr, Bian ert, Tota eal futon

nomenon, but eoaner ot lave the seretory function of

?he rena parenchyma may bs impaired, and wisely

the vascular Row will ns» be affected

?The renogram ism tert tt can be easily pecforme,

can be done rapaly, is nontrautoatic, can be doe it



All patients, and has shown a high degree of correlation with other clinical tests. Also, since it may ever have information not obtainable by other means.

In two of this group of the four patients with hydronephrosis, the renogram added valuable information by showing unilateral and irreversible loss of kidney function with blocked but preserved contralateral kidneys (Fig. 2). This information cannot be obtained from the IVP alone. In another two cases (Fig. 3) the IVP showed no visualization, while the renogram showed this was due to lack of kidney functioning. A conclusion that cannot be reached on the basis of the IVP alone.

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## Summary

41. Twenty-four patients with cancer of the cervix were studied with the { hippuric acid renogram, intravenous pyelography, and aortography,

and

2? Eighteen patients had carcinoma cervix uteri. In all abnormalities detected by the roentgenogram and IVP belong to this group of patients

8. Approximately two fifths of the patients (7/1) showed signs of ureteral compression as shown by the roentgenogram or IVP.

4. Comparison between the roentgenogram and the IVP

value of the roentgenogram for detecting abnormal-

Qualities of urinary excretion and renal function

Inpatients with cancer of the cervix, particularly

stage T1L, in dissection

CES

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reprint for the Amara Journal of the Mel Stns, Va 24, Na. Nose 1984

THE ROLE OF CALCIUM ON ?THE INFESTINAL ABSORPTION OF  
VITAMIN By IN TROPICAL SPRUE.

By A. L. Reowcvrz Rosano, M.D.

17. Suraay, Mayor, MG, USA

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70;660 The American Journal of the Medical Sciences \* November, 1961

of vitamin B<sub>12</sub> is still unknown, Re- These differences were not significant  
only evidence, as has been reported and probably represent fluctuations in.  
which implies calcium plays a role coherent with the test results. Analysis of  
the absorption of vitamin B<sub>12</sub> by Glos, Grusbeck's cases of nontropical sprue  
Boyd and Stephens observed that shows only one person had a significant  
the percentage of vitamin B<sub>12</sub> absorption - rise in the urinary excretion of the  
Sedimentation coefficient of the serum, In  
vitamin B<sub>12</sub> was increased. He pointed out. In this instance, the urinary  
excretion of vitamin B<sub>12</sub> absorbed rose from a very low value of  
in the distal ileum via an intramural 1% to 20% with calcium  
excretion of the serum. Makenzie by  
mechanism, Herbert suggested that the enzyme with tropa) specific most likely  
factors bound the vitamin B<sub>12</sub> receptors - results from damage to the receptor  
5. Further studies in the rat have shown  
find the presence of calcium ions is common, as a part of the optical  
density of the copier, changes in the Gaeae (Batter

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TKovelts end Janowite!). The amount tently abpormat vitamin Brg absorp-  
Lhe on ial forthe tinal on, epg the Carag he re  
Absorption is Derefore, reduced. The tor ?may be permanent aod  
?once os of the fataoiuble inreparable in roany patient, This  
Shain further acceatustes the ine woud explain the persistence of in  
GBaency of cilchim absorption, For paired vitamin By» absorption and the  
Stesons ?ponding definte cucidation, Falla of calcium or itsinste factor  
Gerangements of caldium metabolism © improve absorption,  
Ge tcbical "sprue are. practically wn. Summary and Conclusions. The in-  
lesourn inspite of steatorthea testinal absorption of vitein Bua as  
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## DEMOSTRACION EXPERIMENTAL DE LA EXCHECTON DE SEROALBUMINA EN LAS GASTRITIS

Por: Dr. A. Rodriguez Olleros, F.A.C.P., FeA,C.O\*

De, 8, Teizarry\*\*

Mise MH. Riverat®

Los estudios, ya cldsicos de los autores alenanes, hab{an settalade 1a

presencia de albúmina en cantidades anormales en el jugo gástrico de  
Restropattas. Katsch (1) estudia y demuestra contenido anormal de albúmina  
en el jugo gástrico de las gastritis de las infecciones y las gastritis "serosas".  
Este autor y Balcer (2) han desarrollado un método a base de la turbidez  
que produce el sulfato de calcio en los líquidos biológicos

Citein (3) describe el síndrome de "Hipoproteína hiper-catabólica" con  
secuencia de la abundante excreción de seroalbumina en los casos de gastritis  
hipertrófica gigante. Butz (4) lo confirma. Norpoth, Sursan y Glecsges (5)  
Usando la electroforesis sobre papel, demuestran en el jugo gástrico albúmina  
de origen "inflamatorio". Heinkel, Preisser y Henning (6) comprueban que los  
pacientes de gastritis atrófica tienen una baja de la cifra de albúmina sérica  
de valor estadístico. Glass e Ishinort (7) con la técnica de la electroforesis  
sobre papel demuestran que los jugos gástricos de pacientes de gastritis  
superficial y gastritis "hipertrófica" contienen los productos de degradación de

la seroalbúmina.

Materiales y Métodos:

Se usaron perros sanos de peso aproximado de 30 libras. Los dos días previos al experimento se les administró 1/2 cc. de Lugol dos veces al día.

Tres perros se usaron para los estudios de control. A cada uno se le administró intravenosamente en ayunas, Albúmina I-131 "RISA" en cantidad de 26 µCi con albúmina a razón de 2.6 µCi x cc. Se obtuvo 1 cc de sangre para

Zontage a los diez minutos, estableciendo la distribución de actividad inicial  
Beel"fatens, ¿Se volvió a obtener sangre para contagio todos los días sucesivos  
Gurantee 8-10 días, siempre en ayunas. El día cuarto después de la inyección de  
fosa se hace la prueba de obtención del contenido gástrico. Se inyecta a cada  
perro en ayunas 1/2 cc de Histalog (25 miligramos). A los 25 minutos se ane  
Pesia con Neabotal 6 días intravenoso. Se incubó el estómago estando el perro  
En decbito de queterde y se extrae todo el contenido gástrico que se descarta.

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+ Gentry Nuclear de Puerto

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Página 12, Demostración experimental, etc.

desde entonces, durante 30 minutos exiguos, se recoge con aspiración  
continua 12 secreciones gástricas que se mide y se envía al conteo.

Se ha repetido la misma técnica en los siguientes tres grupos

1) dos perros a los que durante 64 días (9 semanas) se les administró  
por sonda 2 cc de Croscoca y 2 cc de Diol diariamente excepto los domingos.

Los perros desarrollaron 1a Lesión gastritis serosa: congestión,

Ataques de captación, edema y muy poco componente celular"

Terminado ese período se les inyectaba 26 µg de AISA y se procede como  
señalado en los controles.

2) 42 perros se les administró por sonda gástrica dos gramos de cincophen  
(atofén) suspendidos en agua, dos veces una semana.



?con este método (8) se produce una gastritis ulcerativa del cuerpo y del antro del estómago, Hay numerosas erosiones superficiales a sayordia de

Un milivetro de diámetro. La técnica propia con edentosa y sodoradamente {nfilada con nuevos filos.? (figuras 1 y 2).

EL lunes de la semana siguiente se inieté en ellos la prueba con "AISA" fen Ad6atica foroa que en los anteriores.

3) Tres perros a los que a través de un catéter ureteral inyecté y fijé en una sonda gástrica, se les instiló en la parte anterior del estómago, dos veces por semana, durante cinco semanas 3 cc de la solución en alcohol-feter, de aceite de croton al 0.57

Se procedió con ellos a través de "RISA" en igual forma que la anterior, Estos perros desarrollaron gastritis papilomatosa (1) (Figuras 3, 4, 5, 6, 2), Todos los animales de los tres grupos fueron sacrificados una vez terminado el experimento para el examen histopatológico del estómago.

## Resultados

?Tres animales del grupo control y 7 animales del grupo experimental fueron la población estudiada, Se determinó el tiempo de semi-desaparición de la albúmina I-131 y el nivel de I-131 en el jugo gástrico antes y después de realizada la gastritis experimental, Como control de esta prueba se hizo un estudio de fijación de yodo a la albúmina marcada y se determinó que

fen 10 dfar ls proseneia de 1-131 inorgénies coun resultado de Liberaeién

det yedo de la protefna era despreciable = grafico 1. Las curvas de desa~  
parteién sanguinea de la albGnina 1-131 sc determinaron cocando valores de  
Tadloactividad total y radioactividad de Le fraccién protefea encontréndose  
que el valor del yodo 1-131 libre en plagoa con relacisn de 1a radioactividad  
Total el dla que se tonb la muestra ghatrica fué 4.9%, (Tabla 1 y gráfico 11).  
Se aause que en el estado de equilibrie cuando se mestrea cl jugo gésteico

(1) Esta gastrieis ser descrita en trabajo separado de los Drs.

Rodriguez Olleres y L. Galindo.

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Drs. A. Rodrigues Olleres, Sexgio Irizarry

Figura 91 - Gastritis de Acofts en perro.

pétacsésén

Blandular, edena de 1a Idmina propia,

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bre. A. Rodrigues Olleros, Sergio Irizarry

Figura #2 = Gastritis de atoféa en perro;

Sleera superficial

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Figura #3 - Perro Normal - 6

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Dre, Rodriguez Olleros, Sergio Ixlearry

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Figura # 4 - Ferro 8 inst{lactones. Se ha perdido  
el paralelismo de las glándulas, comtensa  
a dilatarse las glindules auperfictales.  
Gastritis paptiomtosa con aceite de  
croten,

Dre. A. Rodriguez Olleros, Sergio Irizarry

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Figura 05 - 8 inset lactones; quti  
infiltración célula redendas y al  
coxinstilo.

Gastritis paptloantosa con acetate de

Dre. A. Rodrigue: Olleroe, Sergio Irizarry

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FRACCTON (X) 1-131 LIBAE EN SANGRE

AL TIEMPO DE MIENTREO DEL JUGO GASTRICO

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PAgina 03, Denestración experimental, etc.

1a albúmina circulante está acompañada al pasar por un defecto en la pared gástrica al lumen del estómago, de las fracciones de yodo libre y yodo proteico correspondientes a las que existen en 1a circulación. EL análisis del jugo gástrico no se hizo instantáneamente por lo que los valores del precipitado del jugo gástrico no son válidos para expresar el verdadero valor de radioactividad proteica al momento de la trasudación, Por eso el valor del nivel de I-131 fijo en proteínas trasudadas se puede obtener aplicando una corrección que se obtiene tomando como factor de corrección el  $\lambda$  de radioactividad proteica presente en la albúmina circulante (tabla I). La posibilidad es considerar 1a radioactividad total del jugo gástrico como indicadora de 1a actividad proteica ya que ambos fluyen en la misma dirección, Los

valores de I-131 en el jugo gástrico se expresan con radioactividad total 0 como radioactividad corregida, Los resultados de 3 grupos

4 e anteriores en los cuales se practicaron 3 tipos de gastritis aparecen

4 La siguiente tabla indica los animales 1, 2, 3 tratados con Diolcreosera, el 4 y 5 con atofin y el 6 y 7 con aceite Centon.

Tabla IE

Animal  $\neq$  ? TA/2 fas alb. T-131 1, dos 1-131 jugo gástrico 1/2 br.

Control = Experimental control Expertsencat

Act Tot. - Corren ot Curren.

1 (Canela) 9.0 6.2 0.16 2.29

2 (Blanca) 8.2 56 0.69 0.66 LAAT

3 (esencias) 6.0 42 0.57 0.433 0.60 0.58

4 (Barquillo) = 6.0 - = 1.03 -

5 (integro) - 6.2 - - 3 -

6 (ate) - 6.6 - - 4s -

7 (abaco) - aa - - 1 -

PROMEDTO 1 3.5 0.47 = 1.66 -

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Página ?4, Desostración experimental, etc,

La cantidad de jugo segregado ex

antes y después de 1a gastritis c6. pac

Tipe Gaseritis twat

Diol Creosote

Aveta 4

crotéa 6 -

PROMEDLO 66 al 116 at

GqeTTOd fue 0.47% dosis admintstrada y en los animales exretioentaine  
{RE 1,962, 51 promedie del volduen segregade on 1/2 hore ger tee deanae  
dee, control fue de 66 al y el voidaen segregade por los aniaales enneeie  
Deatzles £06 116 ol- Los valores antes y después del experincnto serie  
senate gates st cl arstice 111 - curvas efpleas 11/2 albGsinecdoe y  
BrSfico IVT 1/2 atbdmina 131 y actividad del Jugo gusceien?

pirgiminacifn. Gordon (9) en 1959 us6 enn este propésite al relietenL  
FrlorridonMe (P.V.P.) seivalado I-131 que si se elimina por sl tabe dnt

Te BesagaeLaRetearade se ftja en parte en el retfeulo endetelins porque  
Jegigetsualdad de sus eniéculas que evan cl I-131 hace que se'ehieteen  
a,{iferente velocidad tas de diferentes tanatos, y Einalecnte, sicenan  
Saiructura diferente @ la seroalbéaina sv conportanients frente a ie  
sucosa gastro-intestinal probablenente no sean ident inces

12 electroforesis acbre el papel ha stan el aétode utilicedo par  
Norpoth (5) y Henning (10), Glass (7) y Gulberg (11).

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MAL 1

Dtol-Creosora

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Ore

casznants protncnsosonA, y pest

acetm exer

71/2 Aibentna T+131

?TRASUDACION ALBUMINA T-131

uGo caszalco

aceite de Croton Atofan

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Pagina 5, Denostración experimental, etc.

Bete método ha sido croplenantado con la técnica de inmnoelectro~  
foresis por Oystese (12) y Murlisan (13). Estes autores han proporcio~  
nado exclentes dates sobre las vias de exereción y sobre lac diferentes  
fracciones de las proteinas sangufneas climinadas, Hurliman he denostrady  
que el estémago normal elimina my pequefia cantidad de seroalbinina y  
Blobulina. Solo en las gastritis andeidas y en los casos de anemia per=



Bickosa 1a presencia de estas sustancias puede detectarse mediante el  
Jugo gástrico, en los estómagos con normalidad clorhidro-péptica

Es necesario neutralizar con una solución buffer el Jugo gástrico según  
se va segregando». En el cáncer gástrico y en la gastritis, la cantidad  
de las mismas proteínas que se segregan en el estómago normal, aumentan  
considerablemente. En ese caso en la hiperproteinemia hipercatabólica que  
se produce por la pérdida del trazado electroforético tiene por  
característica el aumento proporcional que experimenta la banda de las  
globulinas.

Pero el método de 1a electroforesis es fundamentalmente cualitativo.

Beta era la línea para aplicarlo a nuestro proyecto.

En estos estudios se ha aplicado al estudio de las pérdidas de proteínas a través de la mucosa gastrointestinal la combinación de "RISA" intravenosa y la resina Amberlite CL. por vía oral (5 granos 4 veces al día).

Esta resina fija el I-131 y lo elimina en la excreta donde se dosifica.

Wan erabajado en este método Seejeedhoy (14), Jones, (15), Sum (16), Jiménez Díaz (17) y Lizoro (18). Con este método se recoge aproximadamente el 07, del I-131 que se elimina. Por lo tanto se elimina parte por la saliva y bilis y el resto por la mucosa gastrointestinal. La

Fazéa para no aplicar este método a nuestra Investigación ostroma en

Lo poco selectivo: que es cuando se quiere detrainar exclusivamente

A la Clisinactin gástrica.

Después de practicada la recogida directa del jugo gástrico segregado durante un período de tiempo igual para los animales de control como para los del experimento.

Los autores antes citados (7) (10) (13) (14) han comprobado que el jugo gástrico actúa: disveía en pocos minutos la albúmina segregada en la cavidad gástrica.

EL jugo gástrico de nuestros perros con controles como de experimento tenía un Ch 1-2. Por esto desistimos de precipitar la albúmina.

EL 1-131 de la albúmina segregada y luego hidrolizada estaba en forma de polipeptidos I-131, cisteína I-131 y I-131 libre, ibid 7, 10, 13, 14.

EL porcentaje de este I-131 en nuestros tres grupos de gastritis demuestra

una actividad subnormal en relación con los animales control. Las curvas de "turnover" del I-131 nos muestran evidencias de un paralelismo existente entre la curva del I-131 control y la obtenida en la precipitación de las proteínas del suero. Por esto puede afirmarse que el aumento del T-131 del jugo gástrico procede de la albúmina excretada por la mucosa.

Simultáneamente el turnover del I-131 del suero de nuestros perros gastríticos está francamente acelerado en comparación con los controles.

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Página #6, Demostración experimental, etc.

La concordancia de estos datos, jugn géeteich y suern, nes Leva a la cenelución de que en nucstras gasttitie experimentales csøS aumentaday 1a exereeién Je albdaina por el esténage.

Hab{ndose comprobado por los autores eitadns 1a pérdida de albémina en las gastritic huoanas hiperplfsicas, gigantes, atróficac ø incluso en las agudizaeioncs de las gastritis superficiales, la deenstractén per nosotros de pérdidas anoraales de albémina en clertes gastritis provecadas fen Los perros tiene valor para proyectarln en 1a elfntea,

Los porros sna probablemente tos animales de experimentación cen estémagn ois resistente » la agresiin.

2 euy probable que en los humases gastrftiens exvinicas, que coon cualquier humano que vive la medicina presente ingiere omm relative frecuencia sedicamentos que contienen aspirina y antirreumsticos en general, balsdmicos expectorantes, y minerales de Fe y Ca, sufran egudizaciones de su gastritis con aayeres pérdidas de albénina a través de su eucosa gaserica.

Este hipercatabolismo unido a las inadecuadas dietas en que se refuerzan

En estos pacientes para disminuir las molestias digestivas, son factores

Principales de la mala nutrición de gran parte de los gástricos crónicos.

RESUMEN

Se han dividido en 3 grupos de perros tres grupos de

1) "Seres? en excosota-Diol

2) "Eresiva? en atnfin

3) Faptinnatosa? en aceite de erotna

En todos ellos se ha realizado

con albina 1-131 x15 midiendo el!

por la suensa gástrica.

1a prueba de tnyeección inervavenosa

on suern'y la eliminacten

Los resultados se han comparado con perros normales resultando que los perros gástricos tienen un turnover más rápido y aumentan significativamente la excreción de albúmina I-131 por la mucosa gástrica probablemente de lo que se podría explicar a base del aumento en el volumen de jugo gástrico segregado.

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UPTAKE MEASUREMENTS: DETERMINATION OF THE PROBABLE MAXIMUM  
DEVIATION OF THE UPTAKE MEASUREMENT AT THIS LABORATORY

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Mrs. Hada Livia S. de Colén, Clinical Applications Division, PANC

Mrs. Zenaida Frias, Radiotherapy and Cancer Division, PRNC

In order to determine the maximum deviation in our uptake measurements  
a study was conducted on eight cooperative patients who were measured re-  
peatedly 24 hours after the administration of an oral dose of I-131. Each  
measurement was performed as if it were a new procedure; that is, the  
patient was moved out of the examining room and brought back in again

for each measurement. Phantom measurements were similarly done anew

each time and the instrument was changed from position and brought again  
to the measuring position for the phantom and patient each time as needed.

The technique used in this laboratory is based on the method published  
by Marshall Brucer, (1) 1959 which uses a combination of filters to measure

the phantom and patient's thyroid gland. One of these filters, filter A, 1/16 inch lead thickness filter, is attached to the lower end of the detector; its purpose being to stop weak secondary radiations coming from the body of the patient, and to allow primary gamma rays from the source (the thyroid gland and phantom) to reach the detector. The other filter, filter B, is a 3 x 4 inch Lead block which is applied over the source in the phantom and patient (thyroid gland) to cut off all primary radiations coming from the Source to obtain background counts

The measurement consists of 4 counting stops, two subtractions and a division which are related in Marchal Brucers' (1) formula to obtain the final results as follows:

$$\% \text{ uptake by the thyroid gland} = \frac{\text{Counts in patient with filter A} - \text{Counts in patient with filter B}}{\text{Counts in phantom with filter A} - \text{Counts in phantom with filter B}} \times 100$$

The phantom we use is a phantocube (plastic phantom) and the source consists of 1-131 capsules located at 3 cms depth in the phantom. The measuring distance is approximately 28 cms from the crystal and exactly

20 cms from the lower end of the detector to the skin of the patient or the outer surface of the phantom. The scintillation unit is a 2" x 2" sodium iodide crystal housed 3 inches within the detector and the aperture of the detector is 1.25 inches in diameter. The counting efficiency of

this system is of the order of 1000 counts per minute per microcurie at

20 cm from the lower end of the detector

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RESULTS.

72 measurements were performed in 8 patients. Each patient was measured several times and the series of measurements were individually analyzed for the mean, standard deviation and the maximum deviation from the mean.

The following table shows the data obtained in the eight patients examined.

Patients no. 1-8

Uptakes

Gadolinium 19.03 44.42 41.55 21.58 25.33 21.79 44.24 36.96

Dose

18.55 43.65 30.61 21,80 24,70 22. 38.08

18. 46.27 32.05 21.98 26.77 22. 38.58

18.48 66,28 30,55 20.92 29.35 21.46 42.98 38.56

18.43 45,62 29.88 20.57 25.32 22.06 43.29 37.49

18.82 45.12 26.91 20.61 25.08 23.26 38.66

19.06 46.02 30.98 20.26 25.72 23.27

18,26 42.80 30,61 21.81 25.38 22.89

16.27 2.86 31.47 20.31 25.36 22.26

reaw 28.61 44.52 30.62 21.05 25.01 22.42 43.75 37.99

5.0. 0.36 116 0,94 0,60 0,65 0.69 0.99 0.65

Max.

Dev. = 0,50 1.72 1.71 081 1,66 0.96 1.52 1.01

?The pooled standard deviation for the group wae 5: 0.77 and the maximum deviation that occurred vas | 1.72 unite of uptake, the pooled standard deviation may be considered as che probable saward variation that may occur in any one patient to be examined by this method.

T) Thyroid Radioiodine Uptake measurements 2 Standard System

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{T OF RADIATION THERAPY ON GASTROINTESTINAL ABSORPTION

(OF I-131 LACTIC ACID ISOTOPES).

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A. Acintron Rivera, Department of Medicine, University Hospital

Victor Marcial, Radiotherapy and Cancer Division, PRNC

Mrs. Myrna Rivera, Clinical Applications Division, PRNC

Miss Zenaida Freyre, Radiotherapy and Cancer Division, PRNC

Mrs. Carmen C. Villedas, Clinical Applications Division, PRNC

There are many factors which may induce malabsorption difficulties of the gastrointestinal tract. Direct irradiation of the intestine has been considered one of the many factors that can affect profoundly the wall of this organ and its function of absorption for a variety of foodstuffs. The alteration of gastrointestinal absorption by direct radiation of the intestine has been documented.

Rented in experimentsL animals (1,2,3,4,3,6,7)- This problem has not been studied in humans as extensively 45'in animils. There is evidence for and against radiation induced malabsorption to radiaactive labelled fat in the orks published by Keeves et al (8,9) end Goodrich and Hickan respectively (10),

This study was done in 20 patients of the Iseac Gonzdlez Martinez Oncologic Hospital with cancer of the cervix uteri undergoing radiation therapy with @ Cobait 60, ganna souree. Thin group of patients did not show evidence of malabsorption of I-131 oleic ackd in the baseline study done prior to the onset Of the radiation treatment. Nineteen patocats with carcinoma at extra abdominal Sites who were going £0 receive radiation therapy were studied as an external Control. None of these patients denonstrated malabsorption defects whem examined with I-13] oleie acid. I-131 oleie acid was aduinstered in capsule form to the tient in the fasting state and total blood and protela bound radloaceivity por ?timated circulating cotal blood volume was assayed three to five hours after the administration of the radioactive material. The higher percentage of the dose in the circulating blood voluse three to Live hours attter che adminietration of the tagged oleic acid was taken ae the absorption value.

?The normal baseline value for the group of patients with cancer of the cervix uteri was  $13.6 \pm 4.24$  total radioactivity and  $4.2 \pm 2.2\%$  protein bound radioactivity. The control group of patients with extra abdominal cancer showed a baseline value of  $12.8 \pm 3.4$  total radioactivity and  $3.8 \pm 2.1\%$  protein bound radioactivity.

?The criteria used to establish malabsorption for a patient during the study period of eight weeks following the initiation of radiation treatment was a value two standard deviations below the average value for normal  $13.6 - 2 \times 6.2$  or  $5.2\%$  dose per blood volume. The protein bound values had a high degree of correlation (90% for abdominals and 100% for normals), with total blood radioactivity values.

In the group of twenty patients with cancer of the cervix uteri, fourteen patients developed profound alterations of intestinal absorption as determined by the I-131 oleic acid technique. These alterations occurred at different intervals: three occurred two weeks after the beginning of radiotherapy, eight



in the fourth week, seven in the sixth week, and nine in the eighth week.

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ant ap eiNey Of wltérations in the rates of absorption that could be judge.

abnormal by this technique was present one or more times: ie scurve

Teroketienses twice in four patients; three Cites in three patients a four times

in one Patient. In the external control group of patients the alteration ta ch

rate of absorption that could be considered abnormal occurred only once on these

patients:

A simultaneous Vitamin A absorption study was attempted in some of these

patients in collaboration with Dr. A. A. Cintron Rivera, Serial comeat eee

TEES OE done in enough numbers on those patients to permit satisfactory

STS; thirteen patients were re-examined sometime during the study period;

four patients once; two patients twice; one patient three times and five patients

four times. Normal vitamin A tolerance curves were observed on seven patients

four of which were in the following six weeks. No good correlation was found

between I-131 oleic acid and vitamin A since five abnormal vitamin A curves

Sernglated with eleven abnormal oleic acid tests; and five abnormal oles acid

ThiMgs Gorrelated with nine sbnoraal vitamin levels. The following cable sivts  
the lack of correlation

abnormals for oleic acid and normal for vitamin A

Abnormals for vitamin A and normals for olete acid

Abnormais for oleic acid and vitamin

Normals for olete acid and vitamin »

The evidence found in this study favors the conclusion of Reeves and cox  
erste (21:12) who claim that radiation alters gastrointeseisal absorseton of  
Aids labelled fate and in at variance with the evidence given by Gesdree an,  
Esan (13) who found no evidence of malabsorption in patients, radreced ken a  
Cobait 60 ganae source.

frelistinary data on vitamin A absorption in a Limited auaber of observations  
Seatome of these patients 1s also suggestive of impairment of gastroleeeecicas  
Synction by radiation. Lov correlation between vitamin A and Sleie acid te nee  
Gfesurbing because it is probable that both substances are not necessarily  
absorbed in the sane way (16, 15).

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## TIROIDEA: CORRELACION ENTRE GUGRAMA E HISTORATOLOGIA

Por los Drs. Sergio Irizarry y Aldo Ly Lunaro

División de Aplicaciones Clínicas, Centro de Estudios

de Puerto Rico

Mucho se ha publicado ya sobre las características del gammagrama de tiroidea y su significado en el diagnóstico del adenoma de esa glándula. La correspondencia entre la actividad de una zona, nodular o no, y la anatomía patológica de ella ha sido objeto de numerosos estudios retrospectivos.

Ya en el año 48 Feitelberg y colaboradores hicieron mediciones

realizadas con un tubo de Geiger Muller blindado con plomo para dejarle un

pequeño espacio de apertura, tratando de comparar el que muestra perfil

de actividad con las características anatómicas patológicas de las distintas

zonas. Ellos describen ya, la causa que todavía actualmente encontramos

con la más importante es la falta de correspondencia entre

baja actividad y e?lulas indiferenciadas, que es 1a superprsci?n de planos de distinea intensidad de funcifn que pucde stewlar funei?n normal damde existe una soa frfa, De cualquier sanera elles describieren el m?tadn ono de utilidad para la sospecha de cejido neoplisico.

Este a?todn se vi? muy simplifcatede con la intreducei?n de ins ?scanners? que realizan autondticsnente 1a medici?n por emnas. Sn 1952 Daher y colaboradores deseriben 1a relack?n entre anonalidadcs wor fale gicas y 1a imagen del gammagrana.

A partir de entences se han qucedide les trabajos donde cada Centro de aplicaci?n de radteis?copes presenta su experiencia y Las resultades estadistics ebteniae:

Entre ellos pedrenos citar los de:

Perloutter, Slater y Attic del ate 1954 que en 85 n?dulos solitartes de 24 calientes ?ninguno a5 ealigno, en cambio entre los tibies lo cs el 20% y onere los frfos el 32

Johnson y BeLervaltes en 1955 que hallaron 31 de careinemas nfdules frfos, 10% en Ins tibine y ninguna en los calientes sobre



en total.

Greene en 1967 acepta siendo, dice, muy conservador entre los Erfos el 20% de eéncer y Manandn La ateneiAn? sobre la posibilidad de que el tejido funcional cubriera la neoplasia de un nódulo túbulo » caliente para lo cual sugiere se haga inhibición en tiznuina para ver si son independientes.

Groesbeck que sobre 253 casos operados da entre los eufuncionantes 3,6 de malignidad, entre los hipofuncionantes 14,2 y OF para los hiperfuncionantes.

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Página #2, Patología Tiroidea: etc.

Meadow en 1961 que establece diferencia entre nódulos neofuncionantes y hipofuncionantes dice que entre los primeros la incidencia de cáncer es del 38,2 en 26 casos.

Así Legar basta leer recientes publicaciones de Rose en 1963

y diseña en 1962, entre otros, que dan una correspondencia semejante entre  
Insuperfuncionante y careinosa.

ata conuntestén, ne trae ninguna gravedad en este campo, tiene Per  
eojete solamente prosuntar nuestra experiencia y los resultados obtenidos  
debido a la División de Aplicaciones Clínicas del Centro Sveclear  
de Puerto Rico.

Se han repasado 43 gammagramas de tiroides que se han realizado en  
¿cuántos períodos durante los años 1962, 63 y primera mitad del 64.

Conociendo el total de los pacientes los diagnósticos semicíclicos  
pueden agruparse en la siguiente manera

Diagnóstico Mín, Casos b

Nódulo gnteo 267 4s

Rocke difuso 1% Bb

Cáncer de Tireoides 66 2

Bocio polinodular ar 945

¿Tiroiditis 2 25

Restos de conducto tiregloso 9 2

Sin diagnóstico previo 88 Xe

EL estudio de los diagnósticos obtenidos en ese grupo de enfermos Heva

a hacer la siguiente clasificación.

tiagnéstice Hém. Casos 2h

rOculos frsos 105 9

Hédulor tibies ne 2a

Nédulos caltentes 7 3

Ceptacign uniforce 143 26

Captaciones irregulares 16 3

no clasficables

Entve los de captaci3n uniferne se comprenden bocies difusos y n3dulos

cibion que ne habiende sido eareades previanente no pueden diferenciarse

Sorel ganoageama del ceste del cejide glandular. 1 Glçine grupe coe

Por ie he captactoncs irregelares yen su sayer parte pactontes que habtan

reson ctados previmmente, que tenfan alg3n problesa de cuello que scracts

see tigorae desde el punte de vista tiroideo ain ser un process glanduierly

sevee en capeaci3n ca generel auy baja por diferentes motives no siendo

fanning? denostrativo, ofe.

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Página #3, Patología Tiroidea: etc,

Para realizar estos estudios se dispone de dos aparatos Nuclear

de conteo. Uno con un cristal de 2 x 2 pulgadas y un colimador con panel

de abeja de 19 orificios con boca de 1 3/4", Y el otro con un dispositivo

para "fotoscanning" al cual en la actualidad se le está agregando un tubo

de rayos X para hacer placas de localización simultánea, que tiene cristal

de 3 x 3 pulgadas con fondo de 2 3/4 pulgadas, con un gran blindaje y un

colimador semejante al anterior de 19 orificios. Ambos con el analizador

electrónico correspondiente,

Se coloca al paciente sentado con un almohadón bajo las nalgas:

habiendo dado 24 horas antes una dosis de alrededor de 50% 100 u

microcuries.

Se proyecta 1a imagen de 1a tiroides, con sus ancladuras, y el  
ioides y 1a horguills esternal cone puntas de referencia, sobre una  
naja de pliofile colocada trizontalmente sobre el cuello y esa teagen  
se transperta sobre el papel receptor del ?scanning? para localiza.

De todos esos pacientes estudiados se han seleccionado 64, que  
habiendo realizado tratamiento quimico tienen ademas efectuado el  
examen anatomo-patologico de 1a pieza correspondiente.

Entre ellos por el gannagrans podemos citar:

Nódulos fríos a

Nódulo tibio a

UAdulos calientes 4

Captación general baja 5

Captación irregular 3

Por otra parte la anamnesis patológica señala:

Procesos malignos 23 (362)

Procesos benignos 32 (502)

Tireoiditis de Hashimoto 4

Diagnósticos varios 3

Entre los benignos se diferencian 26 adenomas y 6 quistes  
hemorrágicos.

La correspondencia entre estas dos agrupaciones es la siguiente:

Nódulos fletos (31) + Procesos malignos 15 (97)

Procesos benignos 12 (91)

Procesos no tiroideos 3

(nódulos de enfriamiento  
de tiroideo)

Histología 1

Nódulos fibrosos (21) Procesos malignos 7 (32)

Procesos benignos 13 (zn)

Hashimoto = 1

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Página 4, Patología Tiroidea: etc,

Uw h d u t e s c a l t e n t e s ( 4 ) + P r o c e s o s s a l i g n e s 6

F r e c e s o s b e n i g n o s 3

H a s h i z o t e ' = 1

Estos resultados que en realidad no son tan definidos en 1a diferencia  
etación con los que relatan otros autores aunque los obtenidos  
en nuestro medio y esta acuerdo con el concepto aceptado de que las  
? causas más comunes de los nódulos benignos son el carcinoma y el quiste

hemorrágico. .

---Page Break---

The Use of Thyroid Trapping of Iodide as an Indicator for Absorption 1-131

Labeled Fat

<sup>131</sup>I-labelled fats - triolein or free oleic acid have been useful tools  
of examination of gastrointestinal digestion and absorption in patients

Suspected of having pancreatic steatorrhea or the malabsorption syndrome.

Although blood absorption curves have been used extensively, in practice they

may be difficult to follow on all patients since a substantial number of patients

with good intestinal absorption may absorb rather late, and be misrepresented as

malabsorbers if the blood curve is not followed long enough. For the hospitalized

patient the test may be run for over 10 hours if necessary but repeated numerous

venipunctures make the test less worthwhile. In the ambulatory patient it is

not possible to obtain samples beyond the 6th hour for obvious reasons.

In most laboratories the period of peak value of the curve is taken as

sufficient for valid results, this period falls within 4-6 hours after oral

administration of the tracer dose, it is estimated that the error for this

determination within 4-6 hours may be as high as 20% for individuals with no

malabsorption defects. Because of these difficulties and to avoid repeated

blood samplings over a period of many hours, a new approach was sought by

using a known physiologic function (iodide trapping by the thyroid gland) as

an indicator of another physiologic function = (gastrointestinal absorption).



Rationale and Method - [ $^{131}\text{I}$ ] labelled fats once absorbed are metabolized and  $^{131}\text{I}$  set free as iodide, This  $^{131}\text{I}$  labels the iodide pool from which approximately  $1/3$  is trapped by the thyroid gland and  $2/3$  excreted via the kidneys in a person with normal thyroid gland function. Regardless of the iodide trapping capacity of the thyroid gland, the fraction of  $^{131}\text{I}$  set free from absorbed fats and accumulated by the gland when related to the rate of thyroid uptake of  $^{131}\text{I}$  at 24 hours will give information about the total  $^{131}\text{I}$  absorbed from the iodide pool. Thus if the pre-determined thyroid 24 hours uptake for  $^{131}\text{I}$  is 50%, and a capsule of  $^{131}\text{I}$  labelled fat containing 100  $\mu\text{Ci}$  is administered, and the amount of  $^{131}\text{I}$  set free from fat and trapped by the thyroid gland is 25% of the administered dose of labelled fat, it is evident that the iodide pool must have contained 50  $\mu\text{Ci}$  of  $^{131}\text{I}$  set free from fat, from which 25  $\mu\text{Ci}$  accumulated in the thyroid gland.

By comparing the amount of  $^{131}\text{I}$  set free from absorbed fat and entering into the iodide pool to the amount administered the fraction absorbed can then be calculated:

Example:  $^{131}\text{I}$  in sim. Sol. 2h 100 = 1.1  $^{131}\text{I}$  fat absorbed 1s

Hence the amount of  $^{131}\text{I}$  fat absorbed is 25  $\mu\text{Ci}$

In this example 50  $\mu$ Ci  $^{131}\text{I}$  were present in the iodide pool and 100  $\mu$ Ci were administered, the absorption is 50%.

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The Use of Thyroid Trapping, etc. ~

Results: A group of 21 healthy Puerto Rico Nuclear Center employees were investigated. Thyroid gland uptake of  $^{131}\text{I}$  at 24 hours was determined for all subjects. The next morning after noting residual activity in the thyroid gland, a dose of  $^{131}\text{I}$  labeled fat was administered, blood samples were drawn 3 and 5 hours later for assay and thyroid uptake of the  $^{131}\text{I}$  set free from fat was determined 24 hours later. The assumption was made for practical purposes, that the peak of iodide trapping occurs at or about 24 hours and that the day to day variation is not great, (in this laboratory about 4 units of uptake).

26 hour radioiodine uptake was  $21\% \pm 1.6$ .

?The 24 hour radioiodine (Get free from Fat) uptake was  $13.7 \pm 3.9$ .

The ratio of I-131 from fat uptake to predetermined I-131 thyroid uptake is  $56.6 \pm 17.9$

Fat absorption - Blood curve - 4 dose per blood volume  $13.42 \pm 6.7$ .

+ This ratio times 100 reflects the same magnitude as that of the above formula.

Application to patients: A group of 7 patients have been examined by this technique and results correlated with blood levels at 5 hours. Four patients out of 17 showed low blood levels at 5 hours, but all of them

showed normal thyroid iodide levels from the I-131 set free from the absorbed labelled fat,

The technique can dissect out the group of Late absorbers from the group of early absorbers, when blood samples are collected, More patients

will be examined and special application of this technique should prove helpful in malnourished children and adults with various gastrointestinal disorders of digestion and absorption here in the tropics.

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## CANCER OF THE THYROID GLAND Review of seven patients Treated with I-131.

The clinical records of seven patients from the University of Colorado and University Hospitals were reviewed to summarize past experience with the treatment of thyroid carcinoma with I-131 during the past three years.

Prior to treatment the patients had complete clinical evaluations to determine the presence of residual thyroid tissue in the neck and metastases in bones and soft tissues. This was followed by radioisotope studies of the neck and other tissues to localize the areas with avidity for I-131. The procedure was carried out initially in all patients without the benefit of the thyroid stimulating hormone which increases the capacity of thyroid carcinoma to take up I-131. When the first attempt failed to localize I-131 containing cancer deposits, the procedure was then repeated with the aid of the thyroid stimulating hormone.

The therapy plan consisted of the oral administration of approximately 25 mc of T-131 to ambulatory patients, followed by clinical and radiotopic examinations at monthly or bimonthly intervals. Treatment was repeated as necessary until all radiotopic evidence of active metastases disappeared. After completion of a full course of therapy, follow-up was continued every three to six months.

Six of the seven patients were adults whose average age was 53 years, the oldest being 63. The seventh patient was a girl 16 years old. One patient was male and six were female. A mass in the neck was present in six patients; the disease was confined to the neck in only one patient while it was widely disseminated in the other six patients. Two of them had pathologic fractures of bone; two showed lung metastases, and two had both lung and bone metastases.

Four patients received only one dose of I-131 for an average of 25 weeks.

ALL of these four patients died within two years.

Three patients who are surviving received full therapeutic dose for the specific indication for which it was administered:

(2) 13 mCi <sup>131</sup>I given April 1961 to produce ablation of residual thyroid tissue in a patient with localized disease in the neck, whose disease had been treated and controlled by surgery.

(2) 105 mCi <sup>131</sup>I given in five doses (July 1962 to February 1964) to a 46 year old girl with bilateral clinical and pulmonary metastases caused remission of all neck manifestations and the pulmonary lesions are now diminishing.

(3) 125 mCi <sup>131</sup>I in seven doses (October 1960 - November 1961) given to a 63 year old female with multiple bone and soft tissue metastases and a pathologic fracture of the femur was followed by remission of all radioisotopically demonstrable metastases and healing of the fracture. A recurrence in September 1963 was treated with a dose of 25 mCi <sup>131</sup>I.

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