



北京继续教育疑难病例分析展示

Interesting and Unusual Cases (13-18)

专家姓名: Leonard Freeman MD, PhD

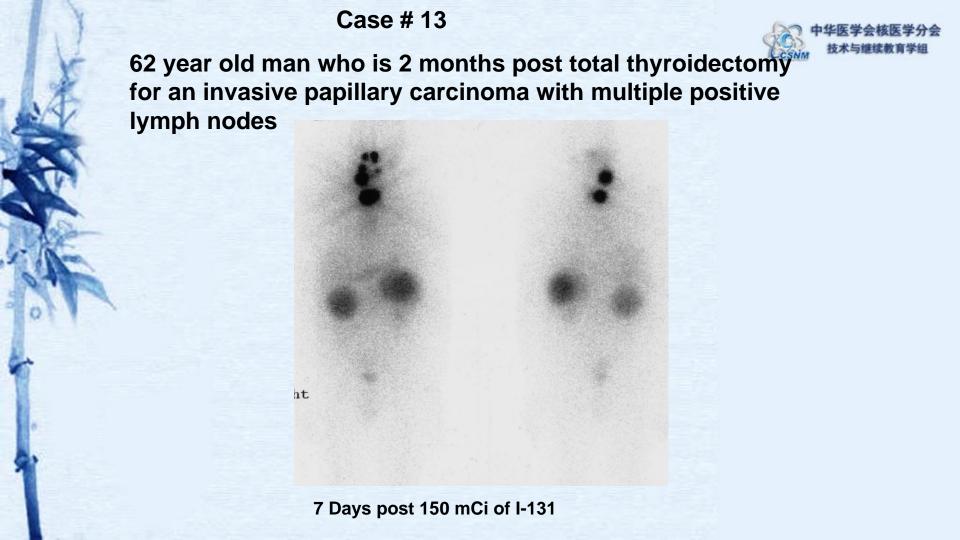
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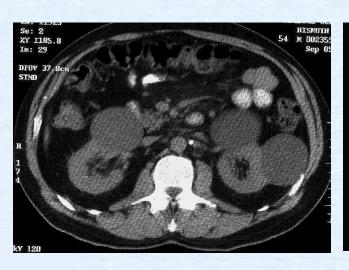




Albert Einstein College of Medicine
OF YESHIVA UNIVERSITY



- A---abdominal lymph node metastases
- B---uptake in bowel diverticuli
- C---uptake in renal cysts
- D---bilateral breast uptake







False-Positive Iodine-131 Body Scan Caused by a Large Renal Cyst

中华医学会核医学分会 技术与继续教育学组

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Focal I-131 accumulation is generally a reliable indicator of functioning thyroid tissue or a differentiated thyroid cancer metastasis. Normal accumulation of activity may be seen in areas such as the intestinal tract.

From the Departments of Nuclear Medicine and Diagnostic Radiology, Cedars-Sinal Medical Center, Los Angeles, California

Post-Therapy Iodine-131 Localization in Unsuspected Large Renal Cyst: Possible Mechanisms

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Boston, Massachusetts

Sensitive and specific, whole-body ¹³¹I scintigraphy remains an important technique for diagnosing metastases from differentiated papillary or folicular thyroid carcinoma. False-positive ¹³¹I localization is well recognized and can occur in a variety of conditions. We present a case of intense ¹³¹I localization in a previously unsuspected large renal cyst; the lesion was not visualized on routine preablation diagnostic ¹³¹I scintigraphy but was obvious on post-therapeutic whole-body imaging, underscoring the value of post-therape and partial properties of the properties of

activity within the renal cyst supports the concept that iodide is subject to an active secretory process by the renal tubule.

Key Words: thyroid carcinoma; iodine-131; renal cyst

J Nucl Med 1998: 39:2158-2161

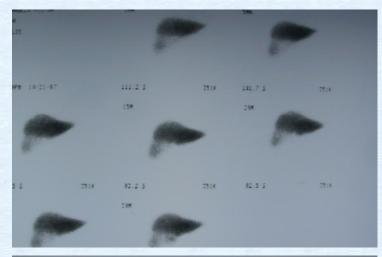
Whole-body ¹³¹I scintigraphy and monitoring of thyroglobulin levels remain the mainstays for follow-up of patients with well-differentiated papillary or follicular thyroid cancer. False-positive ¹³¹I localization on diagnostic scans has been well documented (*I*-9); it is important to recognize false-positive sites to avoid unnecessary ablation therapy. Radioiodine localization in a renal cyst during diagnostic ¹³¹I imaging has been described (*I*). We report marked radioiodine activity in an unknown large renal cyst visualized only on the postablation ¹³¹I scan.

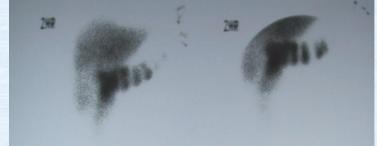
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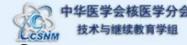
For correspondence contact: Elizabeth Cates, MD, Division of Nuclear Medicine, Department of Radiology, New England Medical Conter, 750 Washington St., NEMC #228, Boston, MA 02111. No reportist savalable.

Case # 14 44 year old woman with chronic upper abdominal pain and fatty food intolerance

^{99m}Tc-Mebrofenin (BRIDA)





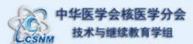


- A---cholecysto-colic fistula
- B---common bile duct obstruction
- C---post-operative ileus
- D---co-existant cystic and common duct obstruction

44 year old woman with chronic upper abdominal pain and fatty food intolerance



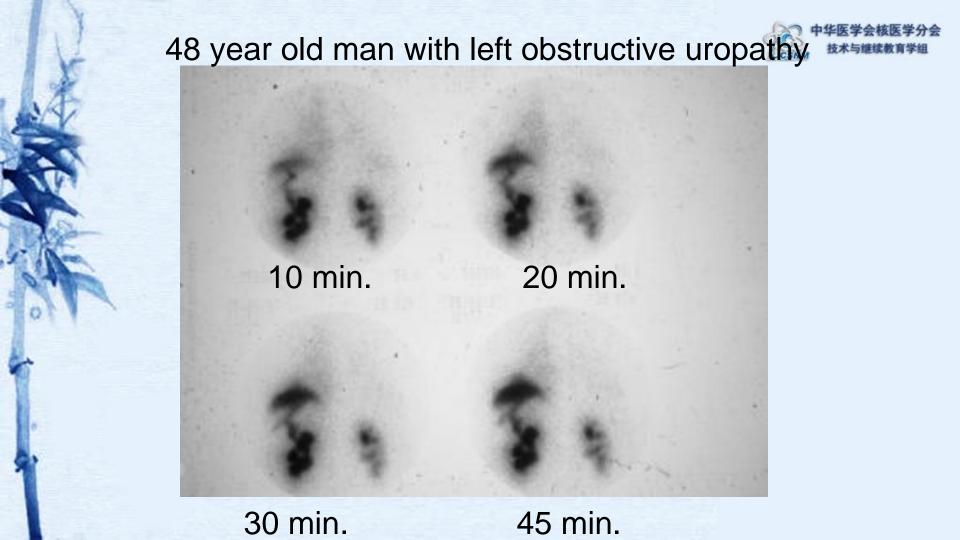


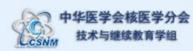


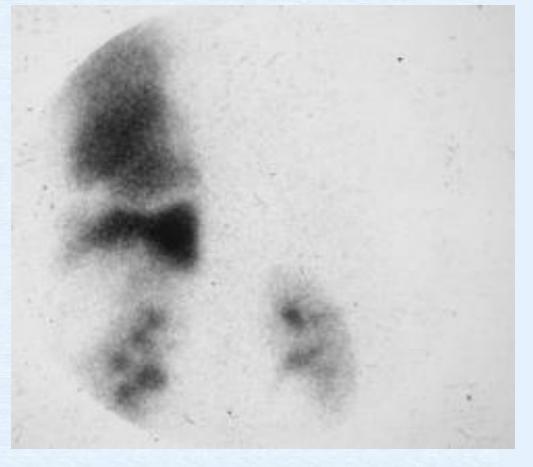
63 year old chinese man with prolonged jaundice











2 hour study

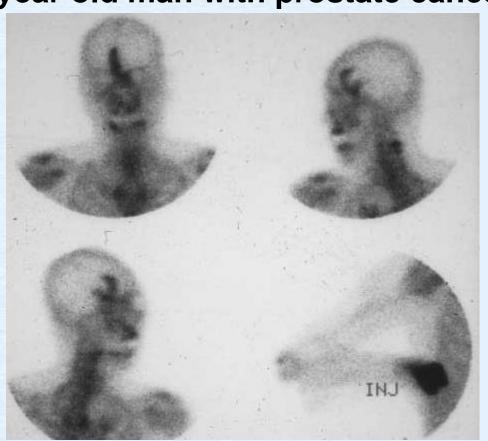
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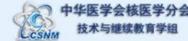


Case # 15



74 year old man with prostate cancer



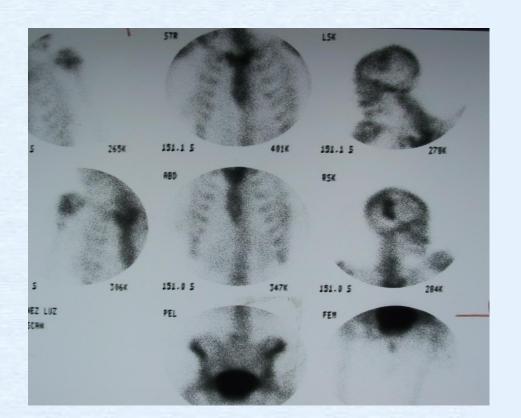


- A---Falx calcification
- B---anterior cerebral artery occlusion
- C---calcified meningioma
- D---metastasis from prostate cancer

74 year old man with prostate cancer ******

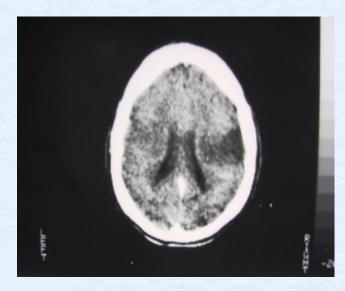




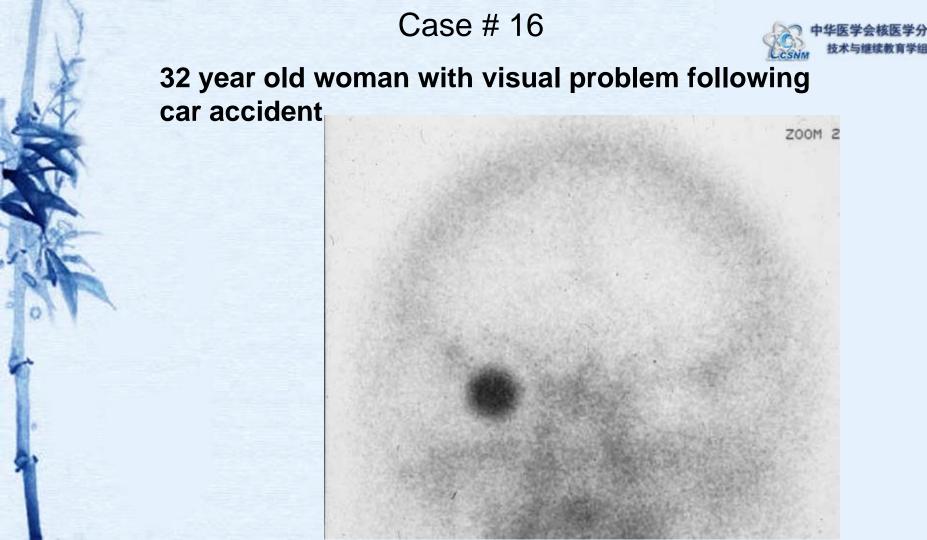


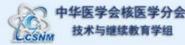


48 year old woman with breast cancer and headaches

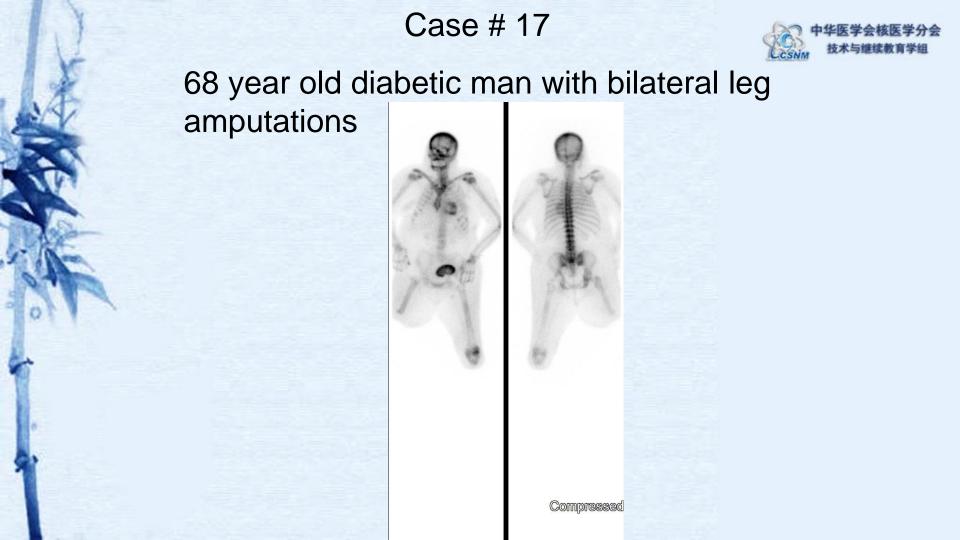


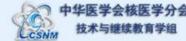






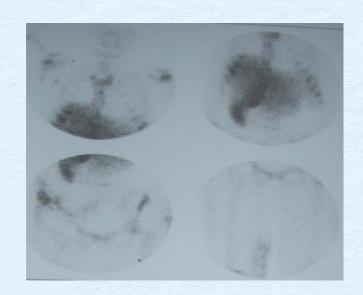
- A---prosthetic right eye
- B---absent left eye
- C---calcified orbital hematoma on right
- D---unilateral sarcoid involving lacrimal gland





- A---sickle cell disease
- B---amyloidosis
- C---acute myocardial infarct
- D---right to left cardiac shunt
- E---sarcoid

62 year old woman with amyloidosis involving



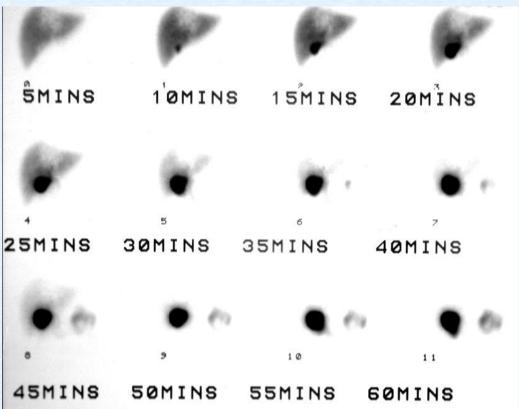


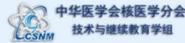
food intolerance SMINS

Case # 18

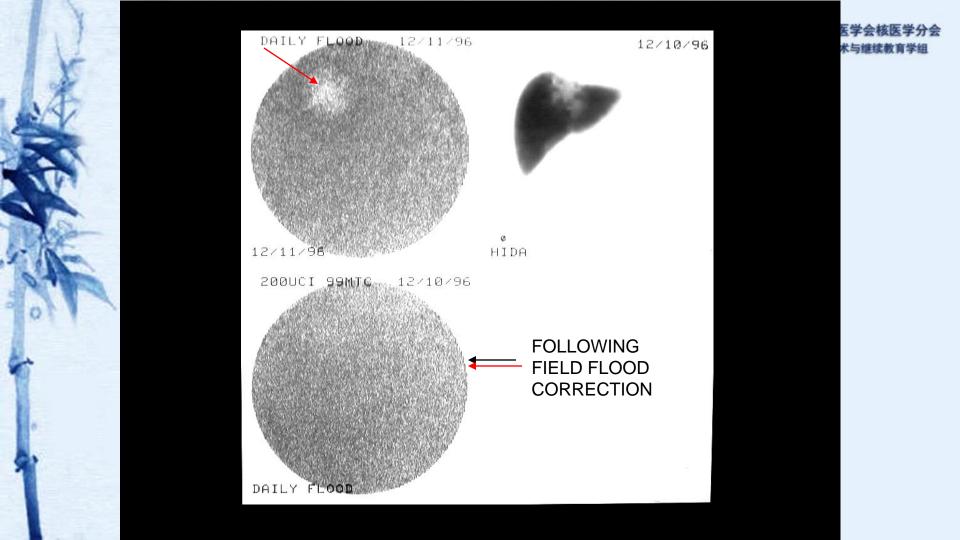
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36 year old woman with chronic RUQ discomfort & fatty food intolerance





- A---biliary dyskinesia
- B---cystic duct syndrome
- C---cardiac pacemaker
- D---defective phototube





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