

Stimson Library - OVID System

ARM1.970506.024c

<1>

Unique Identifier

76026740

Authors

Subramanian G. McAfee JG. Blair RJ. Kallfelz FA. Thomas FD.

Title

Technetium-99m-methylene diphosphonate--a superior agent for skeletal imaging: comparison with other technetium complexes.

Source

Journal of Nuclear Medicine. 16(8):744-55, 1975 Aug.

Local Messages

BAMC

MeSH Subject Headings

Animal	Mice
*Bone and Bones	*Organophosphorus Compounds/du
Comparative Study	[Diagnostic Use]
Diphosphates/du [Diagnostic Use]	Pelvic Bones/me [Metabolism]
Diphosphates/me [Metabolism]	Phosphates/du [Diagnostic Use]
Dogs	Phosphates/me [Metabolism]
Erythrocytes/me [Metabolism]	Rabbits
Etidronate Disodium/du [Diagnostic Use]	Radiation Dosage
Etidronate Disodium/me [Metabolism]	*Radionuclide Imaging
Human	*Technetium/du [Diagnostic Use]
Male	

Abstract

Methylene diphosphonate (MDP) was formulated as a complex of ^{99m}Tc for skeletal imaging. This agent was compared with three other bone-seeking technetium agents: ethane-1-hydroxy-1, 1-diphosphonate (EHDP), pyrophosphate, and polyphosphate. In tissue radioassay experiments in rodents, the technetium complexes of MDP and EHDP were similar, but skeletal concentration with both of these agents was higher than that with pyrophosphate or polyphosphate. The total-body retention of MDP and EHDP complexed with ^{95m}Tc was studied in beagle dogs for 35 days by excretion measurements and total-body counting and compared with polyphosphate and pertechnetate. The long-term retention was greater for MDP. The 5-day cumulative fecal excretion of ^{95m}Tc was low when administered as EHDP or polyphosphate complexes and negligible when administered as MDP complex. In six human volunteers the blood clearance of ^{99m}Tc -mdp was similar to that of ^{18}F and significantly faster than that of ^{99m}Tc -EHDP. Pyrophosphate cleared from the blood much faster than polyphosphate but slower than the diphosphonates. The urinary excretion of the MDP complex was greater than for EHDP within the first 2-3 hr after injection. The 24-hr urinary excretion of pyrophosphate and polyphosphate complexes was not as complete as for the diphosphonates. All four ^{99m}Tc complexes proved satisfactory for clinical imaging studies. The MDP complex produced images of superior quality as early as 2 hr after administration, attributable to its more rapid clearance from the blood and soft tissues. On the contrary, a longer interval of 3-4 hr after injection was usually needed for ^{99m}Tc -EHDP; pyrophosphate and polyphosphate complexes regularly required a waiting period of 4 hr. Comparative radiation dose estimates were made based on the available biologic distribution data for these ^{99m}Tc skeletal-localizing agents.

<2>

Unique Identifier

76026690

Authors

Snow RM. Weber DA.

TitleTime-dependent image quality using ^{99m}Tc -pyrophosphate.**Source**

Journal of Nuclear Medicine. 16(10):879-82, 1975 Oct.

Local Messages

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BAMC

MeSH Subject Headings

*Bone Neoplasms/di [Diagnosis]

Diagnosis, Computer-Assisted

Diphosphates/bl [Blood]

*Diphosphates/du [Diagnostic Use]

Diphosphates/ur [Urine]

Human

Neoplasm Metastasis

*Radionuclide Imaging

Support, U.S. Gov't, Non-P.H.S.

Support, U.S. Gov't, P.H.S.

Technetium

Time Factors

Abstract

Technetium-99m-labeled pyrophosphate has proved to be a useful skeletal-imaging agent. In this study, specific areas of the skeleton were imaged at times ranging from 1/2 to 6 1/2 hr after injection of 99mTc-pyrophosphate. Count ratios between abnormal and normal bone with respect to adjacent soft tissue were obtained for selected regions of interest on computer-stored scintillation camera images. The results show that image quality improves most rapidly from 1/2 to 2 hr, but further modest gain in quality does occur on views recorded between 2 and 6 hr. All lesions detected on the later images were also observed on the early ones and the ratios of uptake between abnormal and normal bone from computer-processed scintillation camera images did not change appreciably with time after the 1/2-hr images. Our results confirm the clinical impression that overall image quality is better on views obtained at least 3 hr after injection. Further delays in imaging beyond 3-4 hr after injection probably will not result in any appreciable gain in diagnostic accuracy.

<3>

Unique Identifier

75078747

Authors

Rosenthall L. Kaye M.

Title

Technetium-99m-pyrophosphate kinetics and imaging in metabolic bone disease.

Source

Journal of Nuclear Medicine. 16(1):33-9, 1975 Jan.

Local Messages

BAMC

MeSH Subject Headings

Adenocarcinoma/co [Complications]

Adult

Aged

Anorexia Nervosa/co [Complications]

*Bone Diseases/di [Diagnosis]

Bone Diseases/et [Etiology]

*Diphosphates/du [Diagnostic Use]

Female

Hemodialysis/ae [Adverse Effects]

Human

Hyperparathyroidism/co [Complications]

Hyperparathyroidism, Secondary/co
[Complications]

Middle Age

Osteitis Deformans/di [Diagnosis]

Osteitis Fibrosa Cystica/di [Diagnosis]

Osteomalacia/di [Diagnosis]

Parathyroid Neoplasms/co [Complications]

*Radionuclide Imaging

*Technetium

Abstract

A study was undertaken to investigate the behavior of 99mTc-Sn-pyrophosphate complex in metabolic bone disease. Of clinical importance was the generalized increased periarticular bone accumulation of the radiopharmaceutical in osteomalacia and in combined osteomalacia and osteitis fibrosa as found in patients with chronic renal failure. The pattern in primary hyperparathyroidism was variable. There was no correlation between the initial rates of accumulation of the radiophosphate complex or its bone to soft-tissue uptake ratio at 5 hr when compared with the degree of osteomalacia and osteitis fibrosa. It is postulated that the 99mTc-Sn-pyrophosphate complex has greater affinity for immature collagen than the crystal surface.

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Unique Identifier

75042594

Authors

Kelly JF. Cagle JD. Stevenson JS. Adler GJ.

Title

Technetium-99m radionuclide bone imaging for evaluating mandibular osseous allografts.

Source

Journal of Oral Surgery. 33(1):11-7, 1975 Jan.

Local Messages

CHECK HOLDINGS LISTS

MeSH Subject Headings

Animal	Gamma Rays
*Bone and Bones/tr [Transplantation]	*Mandible/ra [Radiography]
Bone Marrow/cy [Cytology]	Mandible/su [Surgery]
Bone Marrow/tr [Transplantation]	Osteotomy
Bone Marrow Transplantation	Radiography/is [Instrumentation]
Bone Regeneration	Radionuclide Imaging/st [Standards]
*Bone Transplantation	Scintillation Counting
Comparative Study	Support, U.S. Gov't, Non-P.H.S.
Disease Models, Animal	*Technetium
Dogs	Transplantation, Autologous
Femur/tr [Transplantation]	Transplantation, Homologous

Abstract

Sequential interpretation of osseous repair, more sensitive than with conventional radiography, is possible with a noninvasive, nondestructive radio-nuclide method. The method was used in the evaluation of the progress of osteogenic activity in mandibular bone grafts in 24 beagle dogs.

<5>

Unique Identifier

76071084

Authors

Subramanian G. McAfee JG. Blair RJ. Rosenstreich M. Coco M. Duxbury CE.

Title

Technetium-99m-labeled stannous imidodiphosphate, a new radiodiagnostic agent for bone scanning: comparison with other 99mTc complexes.

Source

Journal of Nuclear Medicine. 16(12):1137-43, 1975 Dec.

Local Messages

BAMC

MeSH Subject Headings

Adult	[Diagnostic Use]
Animal	*Phosphates/du [Diagnostic Use]
*Bone Diseases/di [Diagnosis]	Phosphates/to [Toxicity]
Comparative Study	Phosphonic Acids/du [Diagnostic Use]
Dogs	Rabbits
Female	*Radionuclide Imaging
Human	Strontium Radioisotopes/du [Diagnostic Use]
Lethal Dose 50	*Technetium
Organophosphorus Compounds/du	Tin/du [Diagnostic Use]

Abstract

Imidodiphosphate (IDP) is an analog of pyrophosphate and diphosphonate, with a P-N-P bond instead of P-O-P or P-C-P. We have labeled IDP with 99mTc quantitatively (98%) using stannous ions as the reducing/complexing agent in a freeze-dried kit form. Radiobioassay of this compound was carried out in rabbits and the results were compared with those of eight other Tc-labeled bone-imaging agents, using the performance of simultaneously administered 85Sr as a reference standard. The 99mTc-IDP concentrated 20% higher in the bone, and its soft-tissue and blood levels

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were lower than with ^{85}Sr . By comparison, the concentrations in the bone of the other $^{99\text{m}}\text{Tc}$ agents were 20% less than that of ^{85}Sr . Regarding blood levels, Tc-IDP performed worse than the Tc-diphosphonate but better than the pyrophosphate and the other technetium complexes. Scintillation camera images of $^{99\text{m}}\text{Tc}$ -IDP in both rabbits and dogs showed excellent details of the skeleton. In a preliminary human study, images with $^{99\text{m}}\text{Tc}$ -IDP were somewhat inferior to those comparably procured with $^{99\text{Tc}}$ -methylene diphosphonate, but count rates with the IDP complex were about twice those with the MDP compound. Because of its better bone uptake, however, it is suggested that $^{99\text{m}}\text{Tc}$ -IDP may be clinically useful in spite of its relatively slow blood clearance.

<6>

Unique Identifier

75184649

Authors

Merrick MV.

Title

Review article-Bone scanning.

Source

British Journal of Radiology. 48(569):327-51, 1975 May.

Local Messages

BAMC

MeSH Subject Headings

Adolescence	Lymphoma/di [Diagnosis]
Aged	Male
*Bone and Bones/me [Metabolism]	Metabolic Clearance Rate
*Bone Diseases/di [Diagnosis]	Middle Age
Bone Diseases/me [Metabolism]	Neoplasm Metastasis
Bone Neoplasms/di [Diagnosis]	Osteitis Deformans/di [Diagnosis]
Breast Neoplasms/di [Diagnosis]	Phosphates/me [Metabolism]
Comparative Study	Prostatic Neoplasms/di [Diagnosis]
Female	Radiation Dosage
Fluorine/me [Metabolism]	Radiation-Sensitizing Agents
Half-Life	Radionuclide Imaging/is [Instrumentation]
Human	*Radionuclide Imaging
Infection/di [Diagnosis]	Technetium/me [Metabolism]
Joint Diseases/di [Diagnosis]	Wound Healing

Abstract

The discovery of a number of phosphate complexes labelled with $^{99\text{-Tc-m}}$ that localize in bone has aroused wide-spread interest in bone scanning. The physiological properties of these and other clinically useful bone-seeking radiopharmaceuticals are compared, and their physical properties assessed in relation to the characteristics and limitations of available detector systems. A hypothesis is put forward to explain the behaviour of the technetium-labelled agents. It is concluded that although there are differences in biochemical behaviour between these agents, strontium and fluorine, all three may, under suitable conditions, give similar clinical information. The radiation dose received by the patients is least with the usual dose of $^{99\text{-Tc-m}}$ and the blood clearance of the diphosphonate and pyrophosphate preparations is faster than that of strontium, although slower than fluorine. The psi-ray energy of technetium permits a much greater efficiency of detection than of fluorine. These factors, together with the general availability of $^{99\text{-Tc-m}}$ and its relatively low cost make the technetium diphosphonate or pyrophosphate preparations the agents of choice for most skeletal radioisotope imaging. However, there are as yet insufficient follow-up studies to be able to assess the incidence of either false-negative or false-positive findings with these agents.