THE ROLE OF 111m-Te-Urodepreotide SPECT in Differential Diagnosis of Solitary Pulmonary Nodules. Pilot Study

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Objective: "FDG-PET is widely used to differentiate between benign and malignant solitary pulmonary nodules (SPN). However, this method is relatively expensive and its availability is limited. Many neoplasms take up 111m-Te-Urodepreotide, allowing a simpler differentiation of SPNs. The drawback is that its uptake is increased in some granulomatous and inflammatory disorders. The aim of this study was to determine the uptake level of 111m-Te-Urodepreotide after performing SPECT and compare it with structural and histopathological findings.

Material and methods: Eleven individuals (mean age of 60) were included in this study. SPECT images were obtained 2 to 4 hours after injection with 600 MBq 111m-Te-Urodepreotide. Nine of this group had histopathological findings. In reconstruct-

Our experiences with lymphoscintigraphy and sentinel lymph node detection in patients with urological malignancies (prostate, urinary bladder, penis cancer)

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The sentinel lymph node (SLN) detection of urological malignancies in our hospital has been used since 2000. During these three years we examined 17 patients (pts) without early stage of prostate cancer (PC). 5 pts with urinary bladder cancer (UBC) and 2 pts with penis cancer (PeC), performing lymphoscintigraphies (LS) and SLN detections in every case.

Material and method: We performed the LS in the pts with PC and UBC repeated-

ly (twice), controlling the reproducibility of the method. In the case of PeC we performed only one LS. We injected 2-3 ml Tc-99m Sestamibi into 2-3 depots in PC intratumorally, in UBC and PeC periurethrally. After 3 and 24 hours multiple LS (AP, P-A. axl. views) were made. The last pictures were performed just before the operation. During the operation the SLN(s) was (were) detected by gamma probe (NAVIGATOR).

Both the primary tumors and the SLN(s) were removed. We sent to the pathology for a special analysis the SLN(s) separately. We removed the inactive LS as well from the "high risk" lymphatic region.

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