

技术交流

分化型甲状腺癌¹³¹I全身显像和治疗条件探讨

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摘要

回顾性分析了142例分化型甲状腺癌病例,所有病人都接受甲状腺近全切除术,以评价分化型甲状腺癌甲状腺全切术后和甲癌术后经¹³¹I去除残留组织后,用甲状腺素替代治疗病人半年复查时停药甲状腺素后TSH升高的最佳时间。将142例分为两组,一组为近期手术后未即刻给予甲状腺素替代治疗,计划一个月后用¹³¹I去除残留组织者,共83例;另一组为甲状腺全切,已经过¹³¹I去除处理后半年复诊病人,停止服用甲状腺素后拟行¹³¹I全身显像者共59例。两组病人均在2~4周时常规测定血中TSH浓度,观察两组TSH升高的程度。结果证实,手术后不用甲状腺素替代治疗组,TSH浓度14~30天(平均16天)为15.8~145 mIU/L(平均45.4 mIU/L),TSH浓度在2周内超过30 mIU/L的患者占83%,在3周内超过30 mIU/L的占86%,3周以后占88%。停止服用甲状腺激素组,TSH浓度15~35天(平均22天)为21~92 mIU/L(平均为60.1mIU/L),在2周内>30 mIU/L者占87%,3周内占90%,3周以后为97%。以上结果提示,分化型甲癌患者绝大多数在¹³¹I全身显像和治疗前需做准备,但2~3周后80%以上的患者血中TSH浓度>30 mIU/L,达到全身显像和治疗所要求的水平。

关键词

分类号

Condition of Patient with Well-differentiated Thyroid Cancer for ¹³¹I Scintigraphy or Therapy

Abstract To assess whether the patient preparation procedure for ¹³¹I scintigraphy could be streamlined, the time course of TSH elevation were analysed after total thyroidectomy and after ablation thyroid remnants and the first follow up with drawal thyroxine(T4) in patient with thyroid cancer. The clinical records of 142 patients with differentiated thyroid cancer were studied. All patients had undergoes total thyroidectomy. Two group patients were evaluated. The immediate postoperative group consisted 83 patients who were not given thyroid hormone replacement after surgery because of planned postoperative ¹³¹I ablation thyroid remnants. The other group consisted of 59 patients in whom T4 replacement was stopped in preparation for whole body ¹³¹I scintigraphy. The first TSH measurement and number of days were recorded after surgery or stopped thyroid hormone for each patient. In immediate postoperative group, TSH levels obtained 14-30 d (median 16 d) after surgery ranged from 15.8 to 145 mIU/L (median, 45.4 mIU/L). The TSH values exceed 30 mIU/L in 83% of patients evaluated at 2 weeks, in 86% of those evaluated at 3 weeks, and in 88% of those valuated after 3 weeks. In withdrawal T4 group, TSH levels obtained from 13-35 d (median 22 d), later ranged from 21-92 mIU/L (median, 60.1 mIU/L). The TSH values exceeded 30 mIU/L in 87% of patients evaluated at 2 weeks, in 90% of those evaluated at 3 weeks and in 97% of those valuated after 3 weeks. In most pat

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ients with thyroid cancer being prepared for ¹³¹I imaging or therapy, a TSH level exceeding 30 mIU/L can be attained by withdrawal of thyroid hormone therapy 2-3 weeks, the duration of thyroxine withdrawal can be decreased to 3 weeks.

Key words

DOI

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