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# ADVANCE ABSTRACTS OF LECTURES AND SHORT PAPERS

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# CLINICAL EVALUATION OF DETERMINATIONS OF FREE AND SERUM PROTEIN BOUND TRIIODOTHYRONINE (DEXTRAN GEL FILTRATION)

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From incubation mixtures of serum and Radiothybon® so-called free, serum protein bound triiodothyronine-I-131 and iodide-131 were separately determined by means of dextrangelfiltration using a convenient batch technic. The normal ranges ( $\overline{\times} \pm 2$  S.D.) for protein bound T3 in serum of 39 euthyroid subjects were 78.8 to 89.7 %, and 18.9 to 10.5 % for so-called free T3, which is absorbed by sephadex. In one (toxic adenoma) of 24 cases of thyrotoxicosis values for free and bound T3 were within the normal range. In 19 hypothyroid patients however means and 42, resp. 63 % of the values of free and bound T3 fell within the normal range. Lowering the specific activity of triiodothyronine-I-131 by addition of nonlabeled T3 (0.5 µg T3/ml) increased the ratio of free and bound T3 significantly less in hypothyroidism than in euthyroidism: means and 56, resp. 63 % of hypothyroid values of free and bound T3 were distinct from the normal range (15.2 to 30.2 %, resp. 68.3 to 84.2 %). Differentiation of hypothyroidism and euthyroidism was also improved by subjecting incubation mixtures to columns with 5.1 g instead of 1.8 g Sephadex G-25®, the larger amount of dextrangel binding in competition with serum proteins less T3 in cases of hypothyroidism. Avoiding iodine-131 administration to patients the technic of dextrangel-filtration was found especially helpful for thyroid diagnosis in cases with complicating factors, such as treated goiters or hyperthyroidism, or as euthyroid or hyperthyroid exophthalmos, all showing frequently increased iodine-131 turnover rates. Administration of iodine (e.g. X-ray procedures etc.) had no influence on so-called free and protein bound triiodothyronine.