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II. Medizinische Klinik der Universität München
RADIOIMMUNOASSAY FOR T₃ IN SERUM:
NECESSITY OF PRIOR EXTRACTION*

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Problem: The high association constant of TBG represents the main obstacle for the direct radioimmunoassay of T₃ in unextracted sera. The addition of salicylate, ANS or merthiolate displaces T₃ only incompletely from TBG, and leads to partial inhibition of T₃ binding to the antibody. Therefore all direct radioimmunoassays have been subject to criticism with respect to accuracy.

Method: T₃ was extracted from serum and then separated from T₄ on the same small Sephadex G-25 s. f. columns (1.8 ml), using simultaneous chromatography of 25 samples within 100 min (recovery: $96.1 \pm 0.4\%$, mean \pm SD). Subsequently, total T₃ was determined by radioimmunoassay. The lower limit of detection was 15 pg T₃/100 μ l, the between assay precision being satisfactory (variation coefficient $< 10\%$). The normal range was 113.6 ± 17.6 (SD) pg/100 μ l serum.

Results: Since T₃ levels were measured without interference of TBG or T₄, some of the clinical results obtained with the other methods had to be reevaluated. A residual T₃-level was detected in most cases of primary or secondary hypothyroidism, even when T₄ was very low. The levels of TSH and hPR fell in exact parallelism and correlated to the raise of T₃ levels when T₃ was acutely given to hypothyroid patients. In nontoxic goiter patients with normal or low-normal T₄ (normal TSH response to TRH) the T₃ levels were confirmed to be significantly higher than in euthyroid controls (1). This compensatory increase in T₃ is presumably due to iodine deficiency, since iodine administration (200 μ g KJ/d) could raise T₄ with concomitant normalization of T₃. Further the effect of oestrogen administration on T₃ levels in relation to the increases of TBG will be discussed.

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