

I thought I ought to add a little addendum to the How the Dye was cast piece: namely that last year I found on the net, a Paediatric text book from 2003 from Papua New Guinea detailing use of myodil in babies, using 3,6 or 9 mls and not aspirating.

the reference url for the Papua NG is:

Paediatrics for Doctors in Papua New Guinea 2nd. Ed.

<http://www.developmentgateway.com.au/health/paediatrics>

direct copy of p.233:

MYELOGRAM

Do not attempt this if the child has raised intracranial pressure.

1. Perform a CAREFUL lumbar puncture (p.1). This may be difficult to do if there is a spinal block and a lumbar puncture has been performed recently. Cisternal puncture (p.80) may then be necessary.

For this reason, NEVER do a lumbar puncture in a child with a suspected cord lesion until the time of the myelogram.

Send the CSF for micro, culture, protein, glucose, AFB and indian ink.

It is important to be sure that the lumbar puncture needle is correctly placed, to avoid injecting dye outside the subarachnoid space.

2. Inject iophendylate (Myodil), then remove the lumbar puncture needle:

Infant:

Child:

Adult:

3 ml

6 ml

9 ml

3. Turn the patient prone. Always keep the head EXTENDED. Myodil is heavier than CSF, and can be made to run up and down the spinal cord by tilting the head or feet down.

NEVER allow Myodil to enter the head.

4. If an abnormal area of the spine is encountered as the Myodil is moved along it:

a. fill the region with Myodil as much as possible by tilting the table

b. take a PA and lateral.

5. If an obstruction is encountered:

a. take a PA and lateral immediately

b. increase the head down tilt and wait 2 minutes, hoping the Myodil will run into the obstructed area to give a better outline. If it does, repeat the PA and lateral films

c. if the Myodil passes the obstruction, tilt the feet down to outline the upper end of the block.

Repeat the PA and lateral films.

6. It is not necessary to remove the Myodil after you have finished the examination.

Also there is a website from Egypt which mentions use of oil-based dye being 'less common' than before which implies it is still going on!

Egyptian ref:

Cairo University School of Medicine Atlas of X-ray

re: Myodil myelography..."not done as frequently as before after the introduction of MRI" not sure of date though.