Myodil is a bland iodinated lipid of low viscosity suitable for myelography and ventriculography. It contains 30 per cent organically combined iodine and is a mixture of isomeric ethyl iodoxybenzyl and isododecyl. In appearance it is a colourless mobile liquid, very stable, but sensitive to light.

Myodil has a specific gravity of 1.26 and is immiscible with the cerebrospinal fluid.

Myodil is usually well-tolerated. It is much more fluid than iodised poppyseed oil and is conveniently introduced into the subarachnoid space. There is little tendency to globulate, and small anatomical features are visualised well. The material may be removed by aspiration after the examination; any remaining material is gradually absorbed.

Administration and dosage

**Myelography:** Usually 6 ml of Myodil is introduced into the spinal subarachnoid space. If a complete block is present, a smaller volume is adequate. Generally, the more indefinite the lesion the larger the quantity required.

**Ventriculography:** Good visualisation of the third and fourth ventricles and the aqueduct of Sylvius can be obtained by use of Myodil. This preparation is normally tolerated well. The amount injected into the selected lateral ventricle is usually 1 to 1.5 ml, but the dose can range from 0.5 ml to 2 ml according to circumstances.

**Intra-uterine use:** 9 ml of Myodil has been injected into the amniotic sac to outline the foetus prior to intra-uterine blood transfusion.

**Contra-indications**
As for simple lumbar puncture.

**Warnings**

In the presence of blood in the cerebrospinal fluid (arising either as a result of lumbar puncture or the original disease) myelography with Myodil may cause severe after-effects. Under these circumstances the examination should be postponed, if Myodil enters the blood stream, it can cause shock and violent coughing.

Ideally, all-glass syringes should be used, as Myodil may dissolve out toxic substances from some plastic syringes and/or their rubber plungers. If a plastic syringe is employed, the Myodil should be drawn into it immediately prior to injection to minimise contact with the syringe.

**Precautions**

If possible, ten to fourteen days should elapse between lumbar puncture and subsequent myelography.

Many workers remove as much Myodil as possible after myelography in the belief that this reduces unpleasant after-effects. However, when only moderate amounts of the medium are involved, some consider it better not to aspirate if this requires another lumbar puncture.

**Adverse reactions**

Provided a suitable technique of injection is used, preferably with television control, serious after-effects are rare. As with simple lumbar puncture, headache is frequent, and after myelography it is sometimes severe, with vomiting and photophobia.

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