Myodil
Iophendylate Injection BP

Presentation
Appearance: A colourless to pale yellow viscous liquid which is very stable, but darken
on exposure to light. It contains 30% of opacifyingly combined
iodine. Myodil has a specific gravity of 1.26 and is immiscible
with cerebro-spinal fluid.

Indications
Myelography, ventriculography, and visualisation of the
amniotic sac. Being much more fluid than isolated poppyseed
oil, Myodil is conveniently introduced into the subarachnoid
space. There is little tendency to globulate, and small anatomical
features are visualised well, although it does not penetrate
the lumbar nerve root sheaths as well as water-
soluble contrast agents.

Administration and dosage
Myelography: In general, sufficient Myodil is introduced into the
spinal subarachnoid space to allow all the structures under
examination to be outlined by simple postural manoeuvres of the patient.
Usually 6 to 9 ml are ample, and if complete block is
present, a smaller volume is advisable. Occasionally up to 16 ml
are necessary if the subarachnoid space is wide. The material
should be removed by aspiration after the examination unless
it is required for further study.

Ventriculography: Good visualisation of the third and fourth
ventricles and the aqueduct of Sylvius can be obtained by use
of Myodil. 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.

Contra-indications
As for general dermatitis, Myodil should not be used
when there is a history of reaction to iophendylate or to
iodine. The examination should be postponed if there is blood
or bilirubin in the spinal fluid.

Warnings
Myodil should not be emulsified by shaking with cerebro-spinal
fluid, as this is reported to increase the frequency of toxic
reactions. If Myodil enters the blood stream, it can cause shock
and violent convulsions. When myelography has been performed
during pregnancy, it should be borne in mind that the raised
maternal serum iodine levels may result in congenital goitre
and hypothyroidism in the foetus. Patients with nodular goitre
may become thyrotoxic. Ideally, all-glass syringes should be
used, as Myodil may dissolve 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. If much Myodil as
possible should be removed after the procedure, but when
only small amounts are involved, most consider it reasonable
not to aspirate if this requires another lumbar puncture. Retention
of Myodil may cause a prolonged elevation of the serum
protein-bound iodine. This may cause difficulty in diagnosis
unless myelography is considered as a cause of the elevation.

Adverse reactions
Myodil is usually well tolerated, and provided a suitable tech-
ique of injection is used (preferably with television control)
similar after-effects are rare. It usually causes slight increase
in the white cell count in the cerebro-spinal fluid and an
increase in protein. Diagnostic examination of CSF should,
therefore, be performed prior to the introduction of Myodil.
Hypersensitivity reactions, probably anaphylactic in type, rarely
occur, but they may be severe or even fatal. Immediate
withdrawal of the Myodil should be performed if there is
indication of such a process. Drugs to deal with such a crisis
should always be available during the injection of Myodil, as for
any other contrast agent. As with any lumbar puncture,
headache is frequent, and after myelography it is sometimes
severe, with vomiting and photophobia.

Paresthesia and stiff neck can occur, usually after
myelography; rarely, they appear some weeks after the examina-
tion. Low back pain is not uncommon, and previous symptoms
such as sciatica may be exacerbated. Symptoms normally
resolve within several days, but if they persist, any residual
Myodil should be removed, and, where warranted, hydroco-
some sodium succinate injected intravenously.

Post-myelography anaphylaxis, which may be severe, occurs
in some patients. This has not been associated with a
specific disease or technique of investigation. The literature
contains references to oedema and fluid exudate being
found on operation in patients who had at some time
undergone myelography with iophendylate. The sporadic nature
of these reports and sometimes the sparseness of information about
the patient's condition prior to myelography, makes it difficult
to evaluate the role of iophendylate. However, these reports
emphasise the importance of removing as much Myodil as
possible at the time of investigation.

Pharmaceutical precautions
Protect from light. Do not use if discoloured.

Product licence number and holder
PLR 6004/5099.
Glaxo Laboratories Ltd, Greenford, Middlesex.

Mode of issue
Box of three 3 ml ampoules.

Glaxo
Myodil is a trade mark
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