Comparison of $^{57}\text{Co}:{^{58}\text{Co}}$ ratios when the Dicopac method is used and when the Dicopac reagents are used to perform conventional Schilling tests. The line of equality is shown.

were higher with the conventional Schilling test than with the Dicopac ($p < 0.001$ by paired $t$ test; $t = 5.0$ with 12 degrees of freedom). This difference in ratio could be ascribed to the $^{58}\text{Co}$ excretion being higher in the Dicopac method than in the conventional Schilling test, the respective means being 4.3 and 1.9% ($p < 0.001$ by paired $t$ test). There was no difference in $^{57}\text{Co}$ excretion in the Dicopac and conventional Schilling method, the respective means being 8.5 and 9.5% ($p > 0.05$ by paired $t$ test).

The most likely explanation for this phenomenon is that the $^{57}\text{Co}$ Cn-Cbl attached to intrinsic factor exchanges in the patient's gut with the free $^{58}\text{Co}$ Cn-Cbl when both capsules are given together in the Dicopac method; Knudsen and Hippe\(^2\) consider that the dissociation constant for the Cn-Cbl intrinsic factor complex is low enough for such a reaction to occur.

The Radiochemical Centre draw attention to discrepancies between the Dicopac and the Schilling test in their instructions which state “typically, for cases of pernicious anaemia, the cobalt-58 value will be slightly higher than the excretion in the first part of the Schilling test.” However, our results show that the $^{58}\text{Co}$ excretions in the Dicopac method are often considerably higher than the $^{58}\text{Co}$ excretions in the first part of the Schilling test. This large discrepancy effectively invalidated the Dicopac technique in our pernicious anaemia patients since it brought their $^{57}\text{Co}:{^{58}\text{Co}}$ ratios unacceptably close to those which are regarded as normal.

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