hot area. After necropsy cirrhosis of liver with primary hepatoma was revealed.
case 3. 52 year old male.

Multiple hot areas appear on scans of the liver. He suffered from cancer of the pancreas with metastasis of the liver.

Diagnosis of Liver Cirrhosis by Scintiscanning Using ^{198}Au-Colloid

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No single test is more diagnostic for liver cirrhosis than gamma-scanning. This study aimed at elucidating whether the changes in liver scans including the spleen would reflect any characteristics of histologic alterations, and if so, whether or not the histologic types of cirrhosis may be assessed from the analysis of the scan.

The material consisted of scans of 183 cases of unequivocal cirrhosis of cryptogenic and alcoholic types, obtained with ^{198}Au-colloid. The configuration of the liver and spleen, sometimes the bone marrow, was classified into the following 6 types: I. normal type, with little changes in the shape, 52 cases or 28.4%. II. Left hypertrophy, 38 cases (20.7%). III. Hypertrophy of both lobes 12 (6.6%). IV. Flying-bat type, 49 (27.3%). V. Round type, 19 (10.4%). VI. Others, 13 (7.1%).

Histologic findings as seen at autopsy or by biopsy were classified into postnecrotic and portal according to Nagayo's classification, and alcoholic. Although no clear-cut correlation was found between the histological types and scan patterns, the tendency was apparent that the ratio of the right to the left lobe decreases with advance of the disease, and it is more pronounced in the postnecrotic type and the least so in the alcoholic.

The Problems in Evaluation of Liver Scintigraphy in Diagnosis of Liver Cirrhosis

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It seems to be generally accepted that the findings of decrease in size of the right lobe and increase in size of the left lobe are one of cardinal signs in diagnosis of liver cirrhosis on scintigraphy.

There is, however, no definite pathological confirmation in this findings. We are now presented a several cases of typical liver cirrhosis and discussed on the readings of scintigraphic changes of the liver.

From our limited experience of liver cirrhosis, no definite signs of left lobe hypertrophy is noted from arteriographic changes of the liver and also pathological findings obtained from autopsy.

Therefore, it is concluded that these are due merely to anatomical variation and topographical changes in position of the liver secondary to decrease in volume resulting from cirrhotic changes.