uated by scores, which were given according to the grade of abnormal findings. This scores are difined as SCINTI-SCORES.

On the other hand, biopsied materials were evaluated by scores same as scintigrams and HISTOLOGICAL-SCORES were calculated. In addition, Axial and A. P. Diameter of the liver were measured in the right lateral scintigram and A. Diameter / A.P. Diameter was calculated for analysis of diagnostic significance.

Results: Histological scores showed that liver cirrhosis had the highest scores, chronic hepatitis, active form next, inactive form, the third. Scinti-Score showed the same order.

Nest, distribution of each case by histological and scintiscoring showed close relationship between scintigraphic and histological abnormalities. Ratio of A.D./A.P.D. more than 1.0 is seen more frequent in liver cirrhosis than the other two diseases.

Summary: Close relationship between HISTOLOGICAL SCORE and SCINTI SCORE was noted in this study. This scoring method helps considerably the differential diagnosis of inactive, active form of chronic hepatitis and liver cirrhosis.

The Systemic Distribution of Radioisotope Colloid in Diffuse Hepatic Disease

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Some years ago, a simple quantitative diagnostic criteria of cirrhosis, i.e. [right side breadth (R)—left side breadth (L)]≧9 cm, or ≧3 cm, was proposed in ^{198}Au-colloid liver scan by Hisada et al. Only about half of cirrhosis, however, could be diagnosed with this criteria.

Therefore, the ratio of extra-hepatic and -splenic distribution to systemic distribution of ^{198}Au-colloid with isosensitive linear scan method was calculated in 52 various cases to improve the radioisotopic diagnostic accuracy of cirrhosis. ^{99m}Tc-sulfur colloid liver scintigraphy was also done in some of these cases. The ratio showing the value higher than 20% suggested the probability of cirrhosis, because the most of other diffuse hepatic diseases showed the ratio less than 20%. This extra-hepatic and -splenic ratio was fairly correlated with liver function test, e.g. BSP, ICG, serum albumin and total cholesterol values, and liver scan findings, e.g. splenic activity, bone marrow activity, and patchy distribution of liver and/or increased back ground activity. In relation to the clinical manifestations of portal hypertension, this ratio showed much higher values in the presence of these manifestations, and in these cases, lung visualization was frequently found in ^{99m}Tc-sulfur colloid liver scan.

From these results, the evaluation of systemic ^{198}Au-colloid distribution state is supposed to be one of the most valuable means to improve the radioisotopic diagnostic accuracy of liver cirrhosis and to predict the degree of portal hypertension or portosystemic collateral circulation. Lung visualization with ^{99m}Tc-sulfur colloid is supposed to be a fairly specific finding in cirrhosis with portal hypetension, provided that the probability of ^{99m}Tc-sulfur colloid macroaggregates could be entirely denied.