regeneration after parenchymal demages. It is possible that the serial measurement using more sensitive methods for AFP detection, such as RIA, might provide useful information regarding the differential diagnosis for the elevations of AFP levels due to hepatoma or hepatic regeneration.

Out of 7 cases with severe hepatitis AFP was positive in 5, of which 3 patients should AFP levels exceeded 1,000 ng/ml. All of them, however, died within 2 months after the onset. Therefore, our observation in these cases failed to provide the evidence of judgement upon the prognosis.

Breathholding Liver Scintigraphy: To Detect Small Focal Lesions and Evaluate Them Either Intrahepatic or Extrahepatic

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In attemps to detect focal liver lesions and to exclude extrahepatic nature of liver defects, liver scintigraphy at breathholding has been carried out. Thirty patients suspected of benign or malignant liver diseases were studied. After a 10–15 mCi dose of ^{99m}Tc-Sn-colloid or ^{99m}Tc-phytate was administered, anterior, posterior, and lateral views were obtained in several positions (supine, sitting, right or left decubitus) at 15–20 seconds duration of breathholding to evaluate intra-or extrahepatic origin of liver defects, and a scintigram at breathholding was compared with at usual breathing in the same position.

In the comparison between the scintigram at breathholding and usual breathing the former showed more distinct image than the latter.

At the right decubitus position increased splenic RI activity was shown in almost every case, while increased right hepatic RI activity was similarly seen at the left decubitus position. Therefore it will be sometimes difficult to diagnose diffuse hepatic diseases with the degree of splenic visualization.

A defect from extrahepatic origin had a tendency to change variously according as positions. On the other hand, an intrahepatic lesion showed relatively less change. Consequently it may be possible to determine the character of space occupying lesions of the liver by this method.