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DIAGNOSIS OF CAVERNOUS HEMANGIOMA IN THE LIVER BY BLOOD POOL SCINTIGRAM. N. Iwasaki, T. Watari, H. Hyodo, H. Sugaya*, M. Maebara* and T. Sugita* Department of Radiology and Second Department of Internal Medicine*, Dokkyo Medical College

Blood pool scintigram has been already reported to be useful in RI diagnosis of cavernous hemangioma in the liver. We carried out hepatic scintigram and blood pool scintigram in 11 patients with cavernous hemangioma in the liver with a stress on the possibility of discrimination from other diseases including hepatoma and determination of the sizes of hemangiomas. In addition, we will show the results of diagnoses with ultrasonics, laparoscope, selective angiography etc. and discuss about the limit of RI diagnoses. As a result, cavernous hemangioma in the liver was demonstrated as a positive image by blood pool scintigram. Lesions 3cm or larger in diameter was diagnosed easily, but it was difficult to detect those not larger than 2 cm in diameter. Selective angiography and laparoscopy were useful, since cavernous hemangioma in the liver had blood pool and developed frequently on the surface.

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SCINTIGRAPHY, SONOGRAPHY AND COMPUTED TOMOGRAPHY OF CAVERNOUS HEMANGIOMA OF THE LIVER — THE DIAGNOSTIC VALUE OF SCINTIGRAPHY WITH ^{99m}Tc -LABELED RED BLOOD CELLS — M. Shinohara, K. Ito, Y. Morita, N. Sato and Y. Kasai Department of Radiology, Hokkaido University Hospital, Sapporo

10 patients with hepatic hemangiomas were evaluated by scintigraphy with ^{99m}Tc -labeled Red blood cells, including flow studies and delayed blood-pool studies. With flow studies the lesion had some activity in only 3 cases, whereas in the delayed static studies the lesion had much higher activity than liver in 7 cases. This late blood-pool study showing increased local blood volume appear characteristic of hemangioma. Scintigraphy is a useful method of demonstrating cavernous hemangioma as computed tomography and angiography. But in 3 cases failed to detect the vascularity of hemangioma in our series. In 1 case the ligation of right hepatic artery and radiation therapy was performed 3 years ago, in 2 cases the size of hepatic hemangioma was estimated below 2 cm in diameter by angiography.

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RI HEPATOGRAM STUDY FOR THE EVALUATION OF BILE FLOW FOLLOWING HEPATOJEJUNOSTOMY. K. YONEYAMA, H. ISHIIKAWA (Dept. of Surgery, ISEHARA KYODO HOSP.) M. KATAYAMA (Dept. of Radiology, SYOWA UNIV. KANAGAWA)

DIC rarely gives us a fine figures of the postoperative biliary tree and PTC is often unsuccessful without the dilatation of intrahepatic ducts and burdensome for patients to perform repeatedly, whereas RI hepatogram is available for repeated examination without side effects and complications, and depicts satisfactorily accurate figures of the biliary tract. For the last 3 years, 7 cases that underwent hepatojejunostomy were studied with RI hepatogram, using Tc-^{99m} -D-HIDA and/or Tc-^{99m} PL. Images were obtained serially every minutes for 40 minutes following the Tc-^{99m} injection, and simultaneously the curve of hepatogram were recorded setting the ROI both on the liver and the region of the anastomosis. TOSHIBA GCA-401-3 scintillation camera and GMI-04A imager were used for these scans. Our conclusion is that RI hepatogram is very reliable to detect both the dynamic and static state of bile flow even after the biliary tract operations and can offer correct informations of the hepatic size and the width of anastomotic caliber. In this series 2 cases are reported that have been followed up more than a year. Case 1: Caroli disease, partial left hepatic lobectomy and hepatojejunostomy were performed. Case 2: Carcinoma at the hepatic bifurcation, extended right hepatic lobectomy and hepatojejunostomy were performed. We emphasize that RI hepatogram is essentially the best modality for demonstrating the function of postoperative hepatobiliary system.

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Usefulness of biliary scintigraphy in patients with the operation for intrahepatic stone. J. Nishikawa, K. Ohtomo, K. Machida and M. Iio Tokyo University Hospital, Tokyo

Twenty-one cases with the operation for intrahepatic stone were examined by biliary scintigram, XCT and ultrasonogram. Biliary scintigram has not been regarded as a suitable modality to evaluate intrahepatic bile duct dilatation. But, from the results of this comparative study, even the dilatation of intrahepatic bile duct could be suspected by biliary scintigram, if considering the diameter of duct and the retention of radionuclide in the duct. We also did comparative studies between the prognosis of patients and the findings of biliary tract scintigrams, XCT and ultrasonogram. Then, we could obtain almost the same results by the biliary tract scintigram alone as by XCT and ultrasonogram. In addition to these results, the biliary tract scintigram reveals the information about the anastomosis which could not be obtained by other two studies.

In conclusion, biliary scintigram is the very useful modality for the evaluation of the patients with the operation for intrahepatic stone.