DIAGNOSIS OF Cavernous Hemangioma in the Liver by Blood Pool Scintigram. N. Iwasaki, T. Watari, H. Hyodo, H. Sugaya*, R. 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 diagnosis. 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.

RI Hepatogram for the Evaluation of Bile Flow Following Hepaticojejunostomy, K. Ito, ITOYAMA, H. INOYAMA (Dept. of Surgery, ITOYAMA TUGO HOSP., ITOYAMA (Dept. of radiology, SUGA UNIV. KOBE) AYA)

DIC rarely gives us a fine figures of the postoperative biliary tree and RI is often unsuccessful without the dilatation of intrahepatic ducts and burden some 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 hepato-jejunostomy were studied with RI hepatogram, using TC-99m-HIDA and/or TC-99m PI, images were obtained serially every minutes for 40 minutes following the 99m injection, and simultaneously the curve of hepatogram was recorded setting the RI both on the liver and the region of the anastomosis. HIDA, HIDA-PI, HIDA scintillation camera and HIDA-PI 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: Caroll disease, partial left hepatic lobectomy and hepato-jejunostomy were performed. Case 2: Carcinoma at the hepatic infarction, extended right hepatic lobectomy and hepato-jejunostomy were performed. We emphasize that RI hepatogram is essentially the best modality for demonstrating the function of postoperative hepato-biliary system.

Usefulness of Biliary Scintigraphy in Patients with the Operation for Intrahepatic Stone. J. Hishikawa, K. Ohtomo, K. Machida and R. Ito 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 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.