No histological difference was found between the first visit in as many as 22 cases of BPH. Of the cases of untreated cases, 50% had elevated PAP levels of more than 3.0 ng/ml. The mean PAP level was 5.4 ng/ml, and the maximum level was 18.8 ng/ml. It was noted that urinary retention was seen at the first visit in as many as 22 of the 45 cases (45%) and that the mean weight of the excised adenoma was 38.9 g, two times heavier than that in PAP-normal BPH cases. No histological difference was found between the PAP-elevated and PAP-normal BPH cases.

The classification employed in this study by us is an useful and reliable one for the evaluation and the estimation of prognosis of post-transplant rejection.

Acute testicular torsion is a surgical emergency that requires immediate intervention, but its symptoms and signs resemble those of acute epididymitis. Hydronephrosis testis may simulate testicular torsion. Varicocele remains the most common cause of surgically correctable male infertility. Following intravenous injection of 10-20 mCi Tc-99m pertechnetate, radionuclide scrotal imaging (rapid sequential and 5-20 minute static images) was performed, in 36 patients presenting with various intrascrotal lesions, such as acute epididymitis, testicular torsion, varicocele, testicular tumor, and hydrocele testis. Testicular torsion was diagnosed as an area of diminished or absent perfusion surrounded by a halo of increased radioisotopic uptake, and could be easily differentiated from acute epididymitis, which revealed a markedly increased perfusion. Most of testicular tumors could be differentiated as mass with increased uptake from hydrocele testis. Even subclinical varicocele could be detected as a radionuclide accumulation originating from venous phase, and it became remarkable in upright position of the patient.