

## HEPATOBIILIARY SCINTIGRAPHIC FINDINGS OF INTRAHEPATIC LITHIASIS

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The purpose of this study was to characterize hepatobiliary scan (HBS) findings in intrahepatic lithiasis (IHL).

The study subjects were twenty-nine patients (pts) (M:F=3:26, age: 31~63 year) who had lobectomy or segmentectomy of the liver due to intrahepatic lithiasis. The findings of preoperative HBS with Tc-99m DISIDA were analyzed and correlated with preoperative computed tomography (CT) (n=26) and cholangiography (n=21).

On the HBS, 17 of 29 pts (59%) showed parenchymal transit delay (TD) of involved segment or lobe with normal or decreased uptake, and 7 pts (24%) showed persistent retention of radiotracer in the involved intrahepatic duct. Multiple views on delayed images of HBS were helpful in the evaluation of segmental abnormalities. In correlation with CT, one pt without definite abnormality on CT showed segmental hepatic parenchymal TD on HBS, and all other pts showed intrahepatic stone, ductal dilatation and atrophic changes in involved segment. In correlation with cholangiography, 5 pts who revealed missing duct showed segmental parenchymal TD with decreased uptake on HBS, other pts showed intrahepatic stone, ductal dilatation and stenosis.

In conclusion, segmental parenchymal TD and persistent intrahepatic ductal retention on HBS appears to be characteristic findings of IHL. HBS is a useful diagnostic tool for the evaluation of pts with IHL, complementary to other imaging studies.