

CT 1

CT
 CT
 114 153
 가
 10.4% (16/153)
 (11/16, 69%) (5/16, 31%)
 (9/16, 56%)
 (11/16, 69%)
 CT
 (n=1), (n=1), 4 CT
 (1-5), 가 (n=46),
 CT
 (n=50) 가 49 , 가 65 ,
 24-78 49
 11). CT
 Somatom plus S (Siemens medical systems, Erlangen, Germany) Somatom Plus 4 (Siemens ,medical systems, Erlangen, Germany) , 120mL
 (Ultravist 300, Schering, Berlin, Germany) 18
 3mL
 10mm, pitch 1:1
 (12, 13). 30-35 , 60 , 3-
 CT , 5 , 7-8 mm
 0.7cm 15cm , 2.8cm
 153
 1994 11 1998 2 3
 (n=84) (n=30) CT
 114 153
 MRI (n=11), Tc-
 99m RBC SPECT (n=5), MRI+Tc 99m RBC SPECT

가

1999 1 5

1999 1 19

4

가 가 ,

(Fig. 1, 2), 5 (31%)

(Fig. 3).

(Table 1).

16

Wilcoxon rank sum test

p 0.05 가

153 16 (10.4%) .

가 3 (19%),

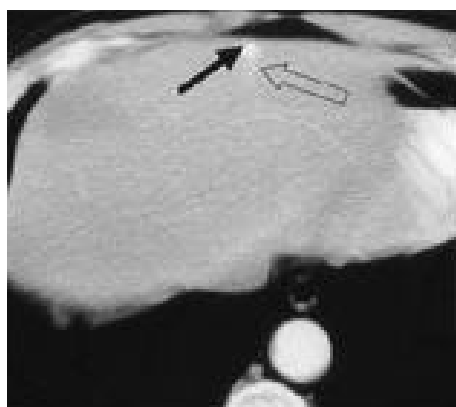
9 (56%), 가

4 (25%) .

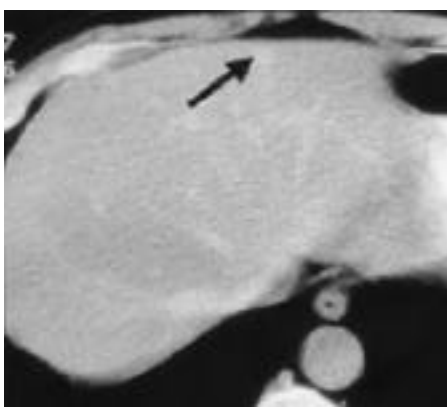
11 (69%), 5 (31%) .

Table 1. Enhancement Patterns of Hemangiomas in Arterial Phase

Enhancement patterns	Numbers	Early increased attenuation of the liver adjacent to the hemangioma
Homogeneous high	25	11
Peripheral high	108	5
Low	19	
Central high	1	
Total	153	16



A



B

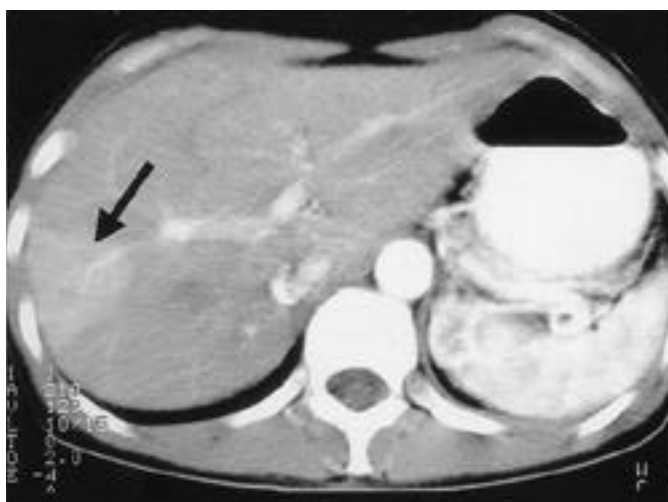
Fig. 1. CT scans obtained in a 47-year-old man with hemangioma.

A. Arterial phase image shows a homogeneously enhancing mass (arrow) in medial segment of the left hepatic lobe. Tubular shaped parenchymal enhancement adjacent to the mass (open arrow) is noted.

B. Delayed phase image shows homogeneously hyperdense mass (arrow). Parenchymal enhancement is disappeared.



A



B

Fig. 2. CT scan obtained in a 44-year-old woman with hemangioma.

A, B. Arterial phase images obtained continuous scan show about 2.5cm a homogeneously hyperdense mass (arrow) in right postero-inferior segment of the liver with an area of wedge shaped parenchymal enhancement inferior to the mass (arrow).

가 (12, 19).

가 16

가 MR
CT

(12), 16 가

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CT Findings of Increased Attenuation of the Liver Adjacent to the Hemangioma¹

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Purpose: The purpose of this study was to evaluate the frequency, location, and appearance of increased attenuation of the liver adjacent to a mass during arterial-phase spiral CT in patients with hemangioma. The characteristics of the mass associated with these findings were also evaluated.

Materials and Methods: Using spiral CT, 153 lesions in 114 hepatic hemangioma patients were retrospectively reviewed. We evaluated the frequency, location, and appearance of increased hepatic attenuation adjacent to the hemangioma, and determined whether lesion size varied according to whether or not there was increased hepatic attenuation.

Results: Areas of increased hepatic attenuation adjacent to the hemangioma were identified in 10.5% of cases (16/153) and seen in masses which showed a homogeneously hyperdense (11/16, 69%) or peripherally hyperdense pattern (5/16, 31%). The location of increased hepatic attenuation was commonly the peripheral portion (9/16, 56%), and increased hepatic attenuation was frequently wedge shaped of the mass (11/16, 69%). Lesion size did not vary according to whether or not there was increased hepatic attenuation.

Conclusion: Increased hepatic attenuation adjacent to a hemangioma is not rare, and is usually located peripheral to the mass. It is common in a mass showing a homogeneously hyperdense pattern.

Index words: Liver neoplasms, CT
Angioma, gastrointestinal tract
Computed tomography (CT), helical

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