

CT

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CT 2

23

17.8

(6

-36

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53

CT

Child-Pugh

가 Child-Pugh

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가

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CT

Child-Pugh

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(2).

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(4),

C-aminopyrine breath testing

galactose elimi-

nation capacity

CT

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Child-

albumin, bilirubin,

Turcotte (1)가

ascites, encephalopathy, nutrition state

5가

Child-Pugh

가 . 5가

nutritional s-

tate hepatic encephalopathy 가

interobserver variation

, bilirubin

CT

albumin

(2)

Pugh

nutrition

prothrombin time

Child-Pugh

Child-Pugh

(3)가

Child-Pugh

ascites

prothrombin time

가 Child-Pugh

가 가

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1994 1998

CT

2 23

6

53 18

5 6-36 ( 15 )

CT Somatom Plus 40(Siemens ; Erlangen, Germany)

8mm, 140ml

3.0ml 35 75

CT 3 serum albumin, serum bilirubin, encephalopathy ascite

prothrombn time Child-Pugh

Child-Pugh

Child-Pugh

CT

Child-Pugh 가 A B C , B C

13 Child-Pugh

CT Child-Pugh

가 가 10

CT 23

2 CT 46

CT

가

(fissure for ligamentum teres) (Fig. 1).  
(fissure for GB)가

가  
(Fig. 2).  
CT scale CT

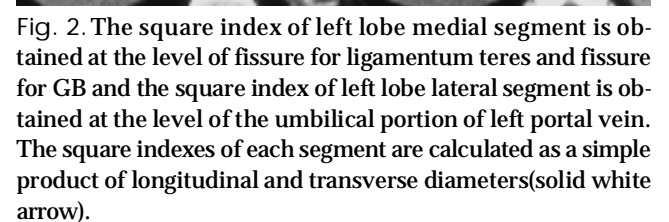
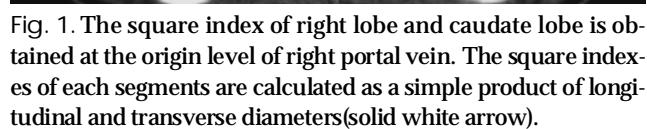
CT 가  
가

Child-Pugh 가  
Paired t-test , P

0.05

CT  
99.7( : cm<sup>2</sup>) 84.9 , 22.6  
18.2 , 50.8 47.3 가  
(n = 10)  
107 104 , 22.8 14.5 ,  
62.2 59.2 가  
(n = 13) 97.5  
84.1 , 24.3 17.3 , 41.7  
38.6 (Table 1). Child-Pugh  
(n = 10) 가 가  
( p<0.05).

(p>0.05). Child-Pugh (n = 13)  
가 가  
(p<0.05).



	Right lobe	Medial seg. (Lt lobe)	Lateral seg. (Lt lobe)	Caudate lobe
Initial	107 ± 9.4	22.8 ± 1.9	62.2 ± 9.1	9.4 ± 1.4
Follow up	104 ± 12.6	14.5 ± 2.3	59.2 ± 5.5	9.3 ± 1.5

Data are means(square index)  $\pm$  standard errors

	Right lobe	Medial seg. (Lt lobe)	Lateral seg. (Lt lobe)	Caudate lobe
Initial	97.5 ± 11.7	24.3 ± 3.5	41.7 ± 3.9	7.9 ± 1.2
Follow up	84.1 ± 6.1	17.3 ± 1.9	38.6 ± 4.1	6.5 ± 1.7

Data are means(square index)  $\pm$  standard errors

15 (6-36 )

- 98

## CT Square Index of Hepatic Segment : The Significance in Cirrhotic Patients<sup>1</sup>

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**Purpose:** To determine changes in the square index of the liver segments of liver cirrhosis(LC) patients, as seen on CT, and the value of this indicator during follow-up.

**Materials and Methods:** Twenty-three patients with LC were included in this study. Abdominal CT scans were performed twice in each patient and the mean follow-up period was 15 (6-36) months. We measured the square index of the right lobe, the caudate lobe, and the medial and lateral segment of the left lobe of the liver, as seen on initial and follow-up CT images, and compared the results. The square index was obtained by determining the product of the transverse and longitudinal diameters. According to the Child-Pugh classification, the condition was classified as either progressive or non-progressive, and the square index was compared between the two groups.

**Results:** The square index of the left lobe medial segment showed a significant decrease in both the progression group(n= 13) and non-progression group(n= 10), while that of the right lobe was significantly lower only in the progression group. There was no significant change in the square index of the caudate lobe or the lateral segment of the left lobe.

**Conclusion:** For predicting the progression of LC, the square index of the medial segment of the left lobe is a more sensitive index than the Child-Pugh classification. For ascertaining the progression of the condition, the square index of the right lobe is a valuable deferminant.

**Index words :** Liver, cirrhosis

Liver, size

Liver, CT

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3 1 ( ) ( )

9:00-09:30	Embryology of abdominal organ	( )
9:30-10:00	Hepatic segmental anatomy	( )
10:00-10:30	Perihepatic space	( )
10:30-10:50		
10:50-11:20	Lesser sac	( )
11:20-11:50	Omentum and mesentery	( )
11:50-13:10		
13:10-13:40	Imaging of airways	( )
13:40-14:10	Imaging of pericardium	( )
14:10-14:40	Diaphragm: anatomic, radiologic and pathologic consideration	( )
14:40-15:00		
15:00-15:30	Radiology of thoracic catheter, wire and tube	( )
15:30-16:00	Retroperitoneal anatomy	( )
16:00-16:30	Pelvic extraperitoneal space	( )

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