

CT

1

multi-detector row helical CT(MDCT)

MDCT(LightSpeed Qx/i, GE medical system, Milwaukee, Wis)

41

103

150 ml 4 ml/sec bolus tracking method 2.5

mm, 1.25 mm, 15 mm/rotation

5 mm, 5 mm, 15 mm/rotation

1 81%, 77%,

55%, 2 83%, 81%, 68%

($p>0.05$).

16

5

($p<0.05$).

34.5, 51.5

($p>0.05$).

: MDCT

가

(hepatocellular carcinoma) (hyper-vascular) 가 (1).

CT(multi-detector row helical CT, MDCT)가 CT(single-detector row helical CT) 3 7 가

(1, 2).

, CT, MR 가 CT 가 CT (2).

CT(helical CT) (arterial phase), CT (portal phase), (delayed phase) 가 phase) 가 (triple phase) .

(1).

(2).

1

(conspicuity) , 2 cm 2 91% , 1 97%, 1 83%, 2 86% (Paired sample test) 1 82%, 2 84% .

가 1 2 80%, 83%, 77%, 80%, 55%, 68% , 1 97%, 2 91% . (Paired samples test, $p > 0.05$) (Table 1).

(Fig. 1), / (Fig. 2), / (Fig. 3), / (Fig. 4) 1 65%, 15%, 14%, 2% , 2 76%, 7%, 5% 4% 가 가

(Table 2). , , 1 97%, 2 91% . 1 83%, 2 86% . 1 82%, 2 84% . 가 (Paired samples test, $p < 0.05$) (Table 3). 34.5 (2 cm : 33, 2 cm : 36) 51.5 (2cm : 48, 2 cm : 55) (Paired samples test, $p > 0.05$).

CT



Fig. 1. Triple phase images of liver in 52-year-old male patient with hepatocellular carcinoma. Hepatocellular carcinoma is seen at segment 8 of liver on all early arterial phase (A), late arterial phase (B) and portal venous phase (C) images.

(4-7). CT (CT during arterial portography, CTAP), CT (CT during hepatic arteriography, CTHA) iodized oil CT가

CT (4, 8). CT 20

(9-12). CT (13) CT

Table 3-1. Comparison of the Detection Rates of Hepatocellular Carcinoma on Triple Phase Images

	EAP+LAP+PVP	EAP+PVP	LAP+PVP
Reader 1	100/103 (97%)	86/103 (83%)	84/103 (82%)
Reader 2	94/103 (91%)	89/103 (86%)	87/103 (84%)
Average	94%	85%	83%

Paired Samples Test: $p < 0.05$

: CT

가 , 가

Table 3-2. Comparison of the Detection Rates of Hepatocellular Carcinoma on Triple Phase Images

	EAP+LAP+PVP	EAP+PVP	LAP+PVP
Reader 1	29/30 (97%)	25/30 (83%)	24/30 (80%)
Reader 2	27/30 (90%)	26/30 (87%)	25/30 (83%)
Average	94%	85%	82%

Table 3-3. Comparison of the Detection Rates of Hepatocellular Carcinoma on Triple Phase Images

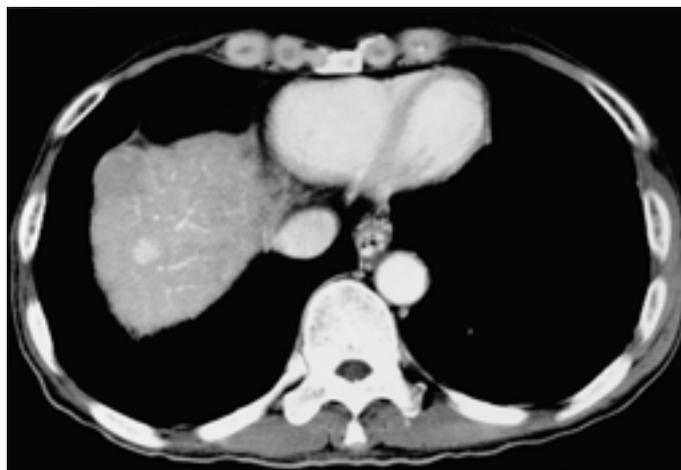
	EAP+LAP+PVP	EAP+PVP	LAP+PVP
Reader 1	71/73 (97%)	61/73 (84%)	60/73 (82%)
Reader 2	67/73 (92%)	63/73 (86%)	62/73 (85%)
Average	95%	85%	84%



A



B



C

Fig. 2. Triple phase images of liver in 65-year-old male patient with hepatocellular carcinoma. Hepatocellular carcinoma is seen at segment 8 of liver on late arterial phase (B) and portal venous phase (C), but not on early arterial phase (A).

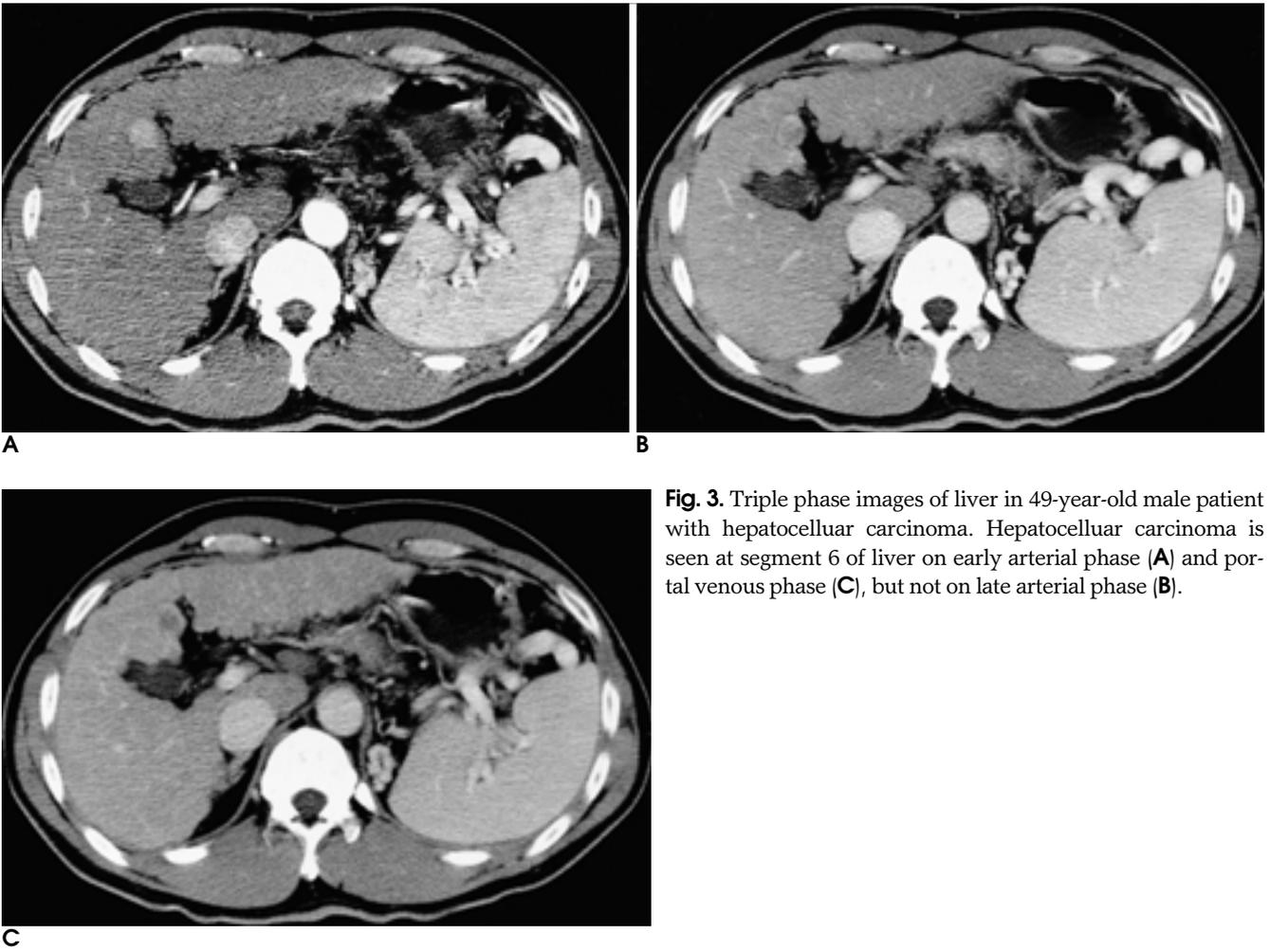


Fig. 3. Triple phase images of liver in 49-year-old male patient with hepatocellular carcinoma. Hepatocellular carcinoma is seen at segment 6 of liver on early arterial phase (A) and portal venous phase (C), but not on late arterial phase (B).

(4 - 7, 14, 15).
 (4, 16).
 (1, 19). Murakami (1)
 20 30 (12, 13, 17).
 54%, 85%, 78%, 83%
 가 가 가
 CT (13, 18).
 가 가 가
 (13, 18).
 20 - 30 CT (variability) (vas -
 (1). CT 가 cularity)
 7 CT 가 CT 3 -
 10 가 가 가
 (1). (p>0.05).

5. Baron RL, Oliver JH, Dodd GD III, et al. Hepatocellular carcinoma: evaluation with biphasic, contrast-enhanced, helical CT. *Radiology* 1996;199:505-511
6. Fujita M, Kuroda C, Kumatani T, et al. Comparison between conventional and spiral CT in patients with hypervascular hepatocellular carcinoma. *Eur J Radiol* 1994; 18:134-136
7. Kim T, Murakami T, Oi H, et al. Detection of hypervascular hepatocellular carcinoma by dynamic MRI and dynamic spiral CT. *J Comput Assist Tomogr* 1995;19:948-954
8. Kanematsu M, Hoshi H, Imaeda T, et al. Detection and characterization of hepatic tumors: value of combined helical CT hepatic arteriography and CT during arterial portography. *AJR Am J Roentgenol* 1997;168:1193-1198
9. : CT 1996; 35:223-228
10. Blume DA, Fishman EK. Spiral CT of the liver. *AJR Am J Roentgenol* 1993;160:643-646
11. Heiken JP, Brink JA, Vannier MW. Spiral(helical) CT. *Radiology* 1993;189:647-656
12. Polger M, Seltzer SE, Silverman SG. Spiral CT of the abdomen: region coverage with a 24-second breath. *Abdom Imaging* 1994;19: 213-216
13. CT 1996;35:357-363
14. Miller WJ, Baron RL, Dodd GD, et al. Malignancies in patients with cirrhosis: CT sensitivity and specificity in 200 consecutive transplantation patients. *Radiology* 1994;193:645-650
15. Kihara Y, Tamura, Yuki Y, et al. Optimal time delineation of hepatocellular carcinoma in dynamic CT. *J Comput Assist Tomogr* 1993;17:719-722
16. Ohashi I, Hanafusa K, Yoshida T. Small hepatocellular carcinomas: two-phase dynamic incremental CT in detection and evaluation. *Radiology* 1993;189:851-855
17. Baron RL. Understanding and optimizing use of contrast material for CT of the liver. *AJR Am J Roentgenol* 1994;163:323-331
18. Matsui O, Kadoya M, Kameyama T, et al. Benign and malignant nodules in cirrotic livers: distinction based on blood supply. *Radiology* 1991;178:493-497

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Detection of Hepatocellular Carcinoma on Triple-Phase Images of Liver Using Multi-Detector Row Helical CT¹

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Purpose: To determine whether triple-phase multi-detector-row helical CT images of the liver improves the detection rate of hepatocellular carcinoma (HCC).

Materials and Methods: Forty-one patients with 103 HCCs underwent triple-phase multi-detector-row helical CT imaging of the entire liver after contrast administration. Early and late arterial phase images were obtained serially during a single breath-hold, and portal venous-phase images were then obtained. Each image set was independently assessed for the presence of HCC by two radiologists unaware of the possible presence of tumors, and for each phase the detection rate was determined. For each arterial-phase image, lesion conspicuity (attenuation of a tumor compared with that of its parenchyma) was calculated.

Results: For reader 1, the detection rates for the early arterial, late arterial, and portal venous phase were 81%, 77%, and 55%, respectively, and for reader 2 were 83%, 81%, and 68%, respectively ($p > 0.05$). When triple-phase imaging findings were combined, the detection rate was significantly higher than when only those of the early or late arterial, and portal venous, phase were used ($p < 0.05$). Mean lesion conspicuity for the late arterial phase was higher than for the early arterial phase, but the difference was statistically insignificant ($p > 0.05$).

Conclusion: Triple-phase imaging of the liver, involving the early arterial, late arterial, and portal venous phase, and using multi-detector-row helical CT, increases the detection rate of HCC.

Index words : Liver neoplasms, diagnosis
Liver, CT

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