

# CT

1

1, 2 . . . .

가 , CT , 가  
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 : CT , CT 31  
 , 25:6, 58 . 가 CT ,  
 - CT , 3  
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 (p<0.05). CT  
 가 14 (45.2%) 16 (51.6%) . 가  
 가 21 (67.7%) .  
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가 CT , CT  
 가 (1), 가 - (6). CT -  
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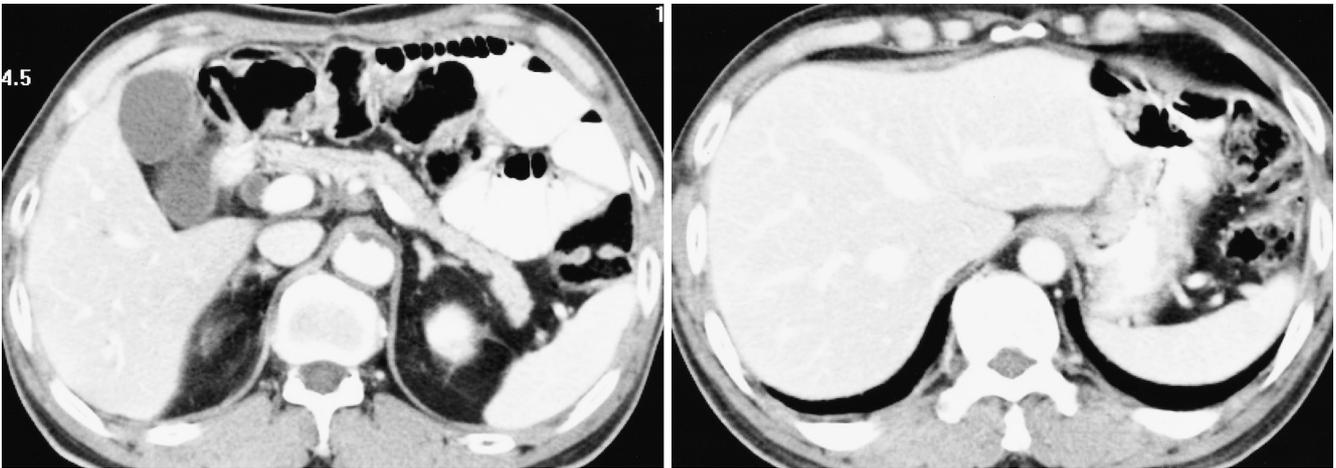
<sup>1</sup> ,  
<sup>2</sup> 2004 3 26 2004 7 5 . 가 CT CT  
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가 , CT . chi - square test 가 , 가 5 mm , 6 mm , 10 mm . - 가 , CT , CT 25:6, 8 CT 8 . CT HiSpeed CT/i pro (General Electric, Milwaukee, WI, U.S.A.) , - 가 Table 1 (parameter) 7 mm , 10.5 mm (table feed), 7 mm (reconstruction interval) . 가 가 (p<0.05). CT Somatom V zoom (Siemens, Berlin, Germany) 가 5 mm (slice collimation), 7 mm , 25 mm , 7 mm CT (25.8%, Fig. 1) , 8 (29.0%) , 가 9 가 14 (45.2%) . CT 가 10 (32.3%) , 가 5 (16.1%) , 가 가 16 (51.6%, Fig. 2) . 가 가 21 (67.7%, Fig. 3) , 가 10 (32.3%, Fig. 4) , 가 150 ml 3 ml 가 70 (Gastrografin , , 가 100 cc 1,400 cc , 1,500 cc 500 cc 30 , 200 cc 가 CT 가 가 가 1 g 가 5 cc CT 1 , 가 5 (16.1%) 7 (anticholinergic agent) (22.6%) , 가 가 1 CT CT CT (good) 3 0 2 (poor), (fair), CT . 2 가 , CT CT

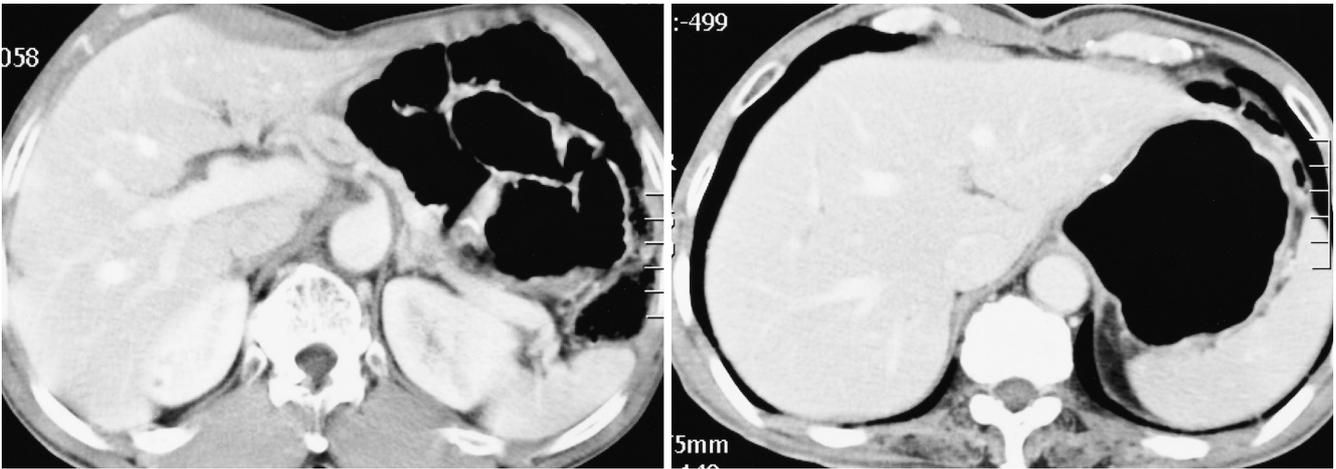
**Table 1.** Distensibility of Gastric and Jejunal Lumen on CT using Gastrografin or Air in Patients with Subtotal Gastrectomy

	Stomach		Anastomotic site		Jejunum	
	Gastrografin	Air	Gastrografin	Air	Gastrografin	Air
Poor	5	0	7	1	0	0
Fair	14	14	16	4	25	9
Good	12	17	8	26	6	22

(9),  
 1 CT 46 CT TNM CT T -  
 65 - 69%  
 53 - 56% (8, 9).  
 (oil emulsion),  
 (3, 10, 11), 가  
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 (7-9). CT 가  
 (6). 가

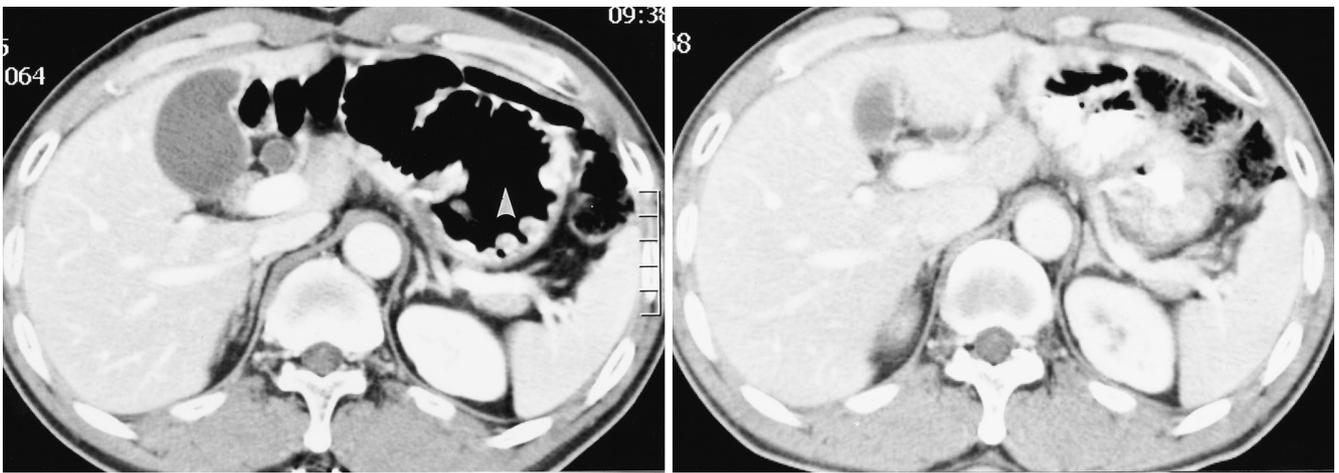


**Fig. 1.** Better distention of jejunal lumen rather than gastric lumen on spiral CT using oral contrast media. On spiral CT scan using oral contrast media, jejunal lumen was well distended with positive contrast media (A). However, gastric remnant lumen after subtotal gastrectomy was not well distended (B).

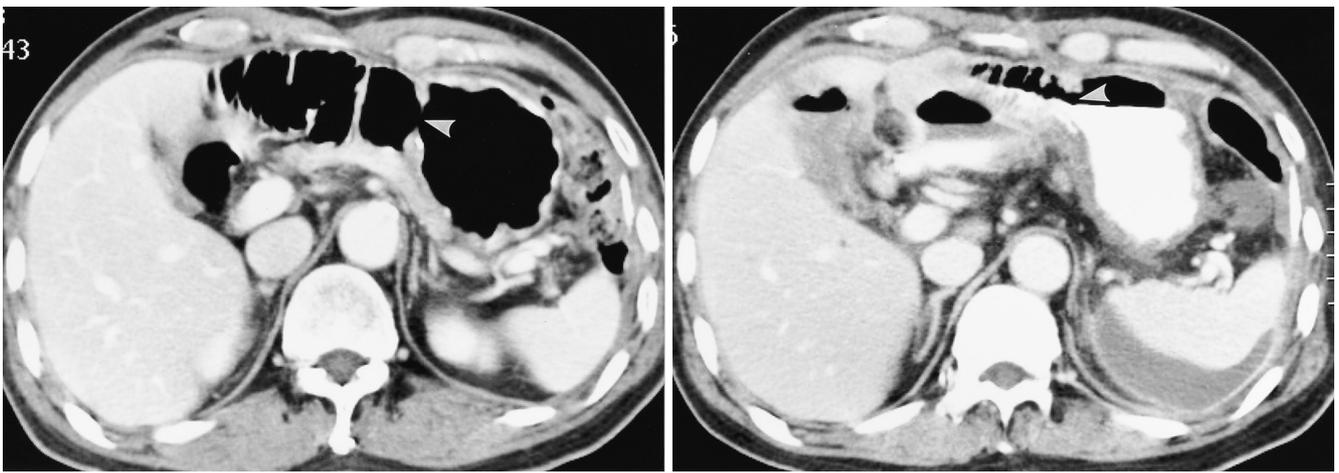


**Fig. 2.** Good distention of both jejunal and gastric lumens on multidetector-row CT using effervescent granules. On multidetector-row CT scan using effervescent granules as an oral contrast media, both jejunal (A) and gastric remnant lumens (B) demonstrated good distention.

가 CT 가 CT  
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 가 가 가  
 CT 45.2%,  
 CT 51.6% ,  
 가 CT 25.8% , CT  
 32.3% (p>0.05), 가  
 가 , 가  
 CT  
 CT 5 mm,  
 CT over - shooting 10 mm (4, 11).



**Fig. 3.** Better distention of anastomotic site on multidetector-row CT rather than that on spiral CT. On multidetector-row CT scan using effervescent granules, gastrointestinal anastomotic site (arrowhead) was well visualized with good opening (A). However, it was not well identified on spiral CT scan using oral contrast media (B).



**Fig. 4.** Good distention of anastomotic site on both multidetector-row CT (A) and spiral CT (B). On both multidetector-row CT (A) and spiral CT (B), gastrojejunal anastomotic site (arrowhead) was well distended with good opening. Small amount of perisplenic ascites was seen on spiral CT scan.





## Usefulness of Air as Oral Contrast Material at CT Examination in Patient with Post-Operative Gastric Cancer<sup>1</sup>

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**Purpose:** To evaluate the usefulness of multidetector-row CT (MDCT) with gastric luminal distention using effervescent granules in patients with previous subtotal gastrectomy for the evaluation of the stomach, anastomotic site and jejunum, and to compare its findings with those of spiral CT using oral contrast media in the same patients.

**Materials and Methods:** Thirty-one patients (M:F = 25:6, mean age; 58 years) with previous subtotal gastrectomy, who underwent both spiral CT using oral contrast media and MDCT using effervescent granules, were studied. The distensibility of the gastric lumen, anastomotic site and jejunal lumen was graded as either poor, fair or good. The thickening or mass of the gastric and small bowel wall was also evaluated.

**Results:** The distensibility of the gastric lumen, anastomotic site and jejunal lumen were better demonstrated by MDCT using effervescent granules than by spiral CT using an oral contrast agent ( $p < 0.05$ ). The distensibility of the stomach and jejunum was similar in 14 cases (45.2%) on spiral CT and 16 cases (51.6%) on MDCT. The anastomotic site was better demonstrated when effervescent granules were used than when oral contrast media was used in 21 cases (67.7%). No cases of poor distention of the stomach or anastomotic site were detected when using effervescent granules.

**Conclusion:** Follow-up MDCT using effervescent granules showed better distensibility of the gastric lumen, anastomotic site and jejunal lumen than spiral CT using oral contrast media in all of the patients having undergone subtotal gastrectomy.

**Index words :** Computed tomography (CT)  
Computed tomography (CT), multi-detector row  
Contrast media  
Stomach, neoplasms

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