

(calcium bilirubinate stone)

0.37%

가 가

2

가

가

가 가

가

(1)

(2-4)

2

39

가

가

(5).

2

0.7mg/dl,

0.1mg/dl, GOT/GPT 19/37 IU/L,

ALP167 IU/L, r-GTP 52 IU/L,

134 ml/dl

CT (Fig.

2A)

S3

가

(Fig.

2B)

가

S3

(Fig. 2C)

(Fig. 2D)

1

43

가

. 5

8.0mg/dl,

5.0mg/dl

GOT/GPT 23/86 IU/L, ALP 312 IU/L, r-GTP 310

(Fig. 2E)

IU/L 가

157 ml/dl

CT (Fig. 1A)

8

(Fig. 1B)

8

0.37%

(6).

(Fig. 1C). MRCP

(Fig. 1D).

(3,6).

(impaction)

68%가

<sup>1</sup>

<sup>2</sup>

1999 5 20

1999 7 28

32%가

25.9%

가 14.1%

43.6%

가 46.6%  
(7).

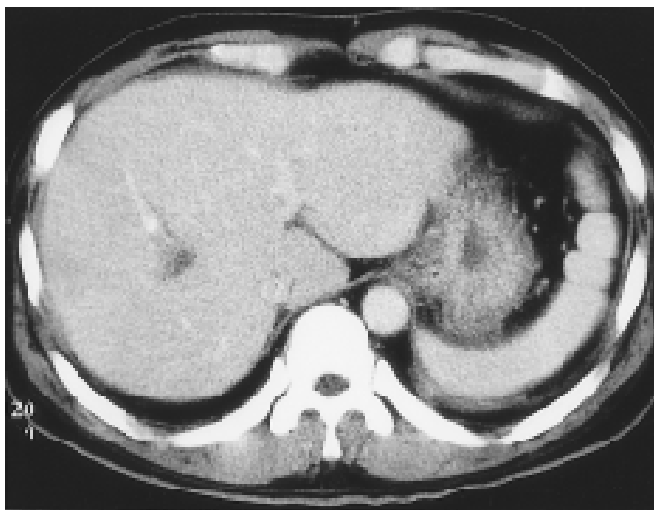
가

(1). Katsuhiko

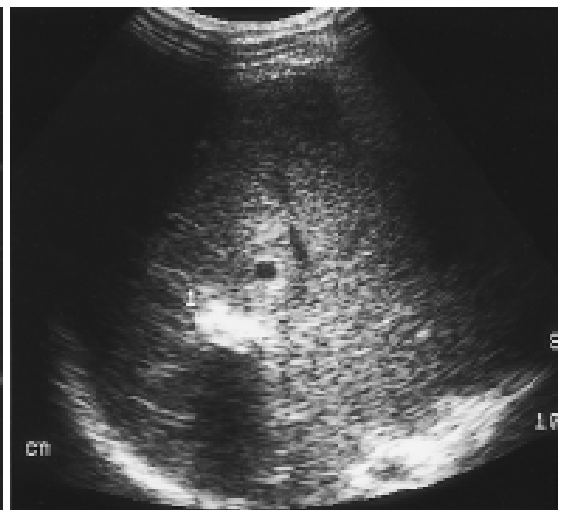
Ohta (1) (4)

A-1 가

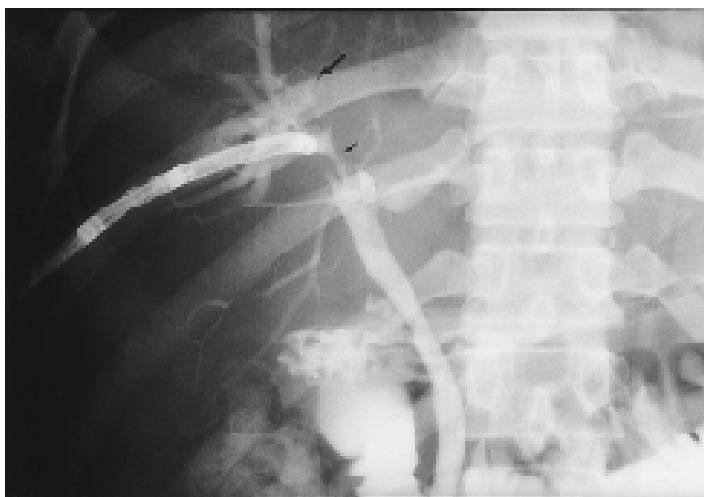
Groen (8)



A



B



C



D

Fig. 1. A 43-year-old man with abdominal pain and fever.

A. Postenhancement axial CT scan shows segmental dilatation of S8 bile duct without stone or mass, there is no parenchymal atrophy.

B. Ultrasonogram shows echogenic stone with posterior shadowing in S8.

C. Tubogram shows multiple filling defect in right anterior duct (arrow) with tight stricture at just proximal portion of dilated duct (small arrow).

D. MR cholangiography shows dilated right anterior bile duct and dark signal intensity stones within it.

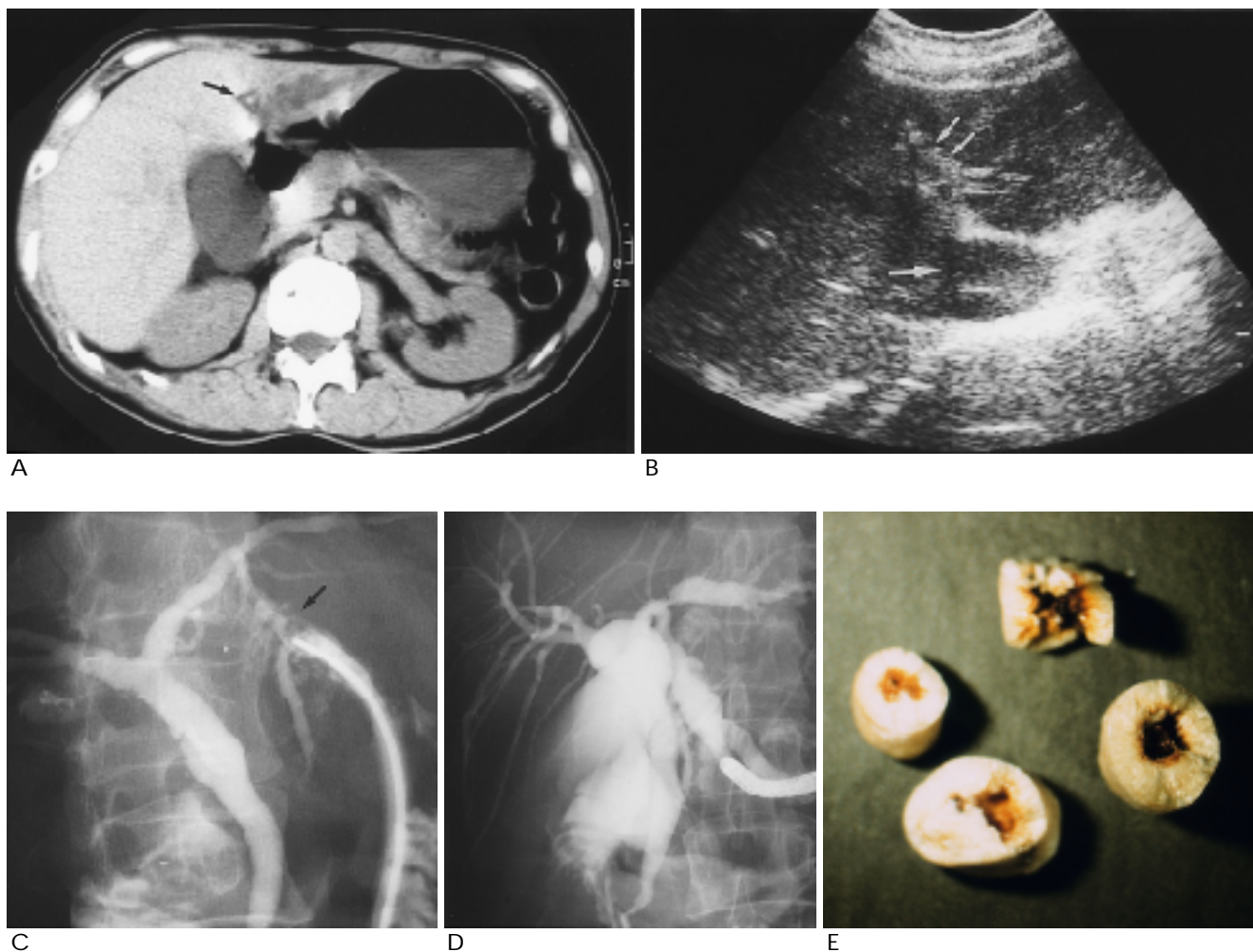


Fig. 2. A 39-year-old man with acute abdominal pain .

A. Non enhanced axial CT scan shows segmental dilatation of S3 bile duct (arrow) without stone and parenchymal atrophy.

B. Ultrasonogram shows dilated bile duct and echogenic stones(arrows) with posterior shadowing (large arrow).

C. Tubogram shows multiple filling defects in S3 bile duct (arrow) without stricture.

D. Endoscopic biopsy and stone removal were done.

E. The cut surface of gall stones. Stones are homogeneous yellowish, and have central cavities.

가 (9).

Akoyama (3) 8

4

, 4

1

가

, MRCP

(5).

CT

(3).

(spectrophotometry)

Sato (5) 2

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## **Intrahepatic Cholesterol Stones : Report of Two Cases<sup>1</sup>**

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Hepatolithiasis is rare in western countries, but is fairly common in East Asia, including Japan, China, and Taiwan. Calcium bilirubinate stones account for the majority of intrahepatic calculi, while intrahepatic cholesterol stones are very rare, the incidence being 0.37 % of all gallstones. However, several investigators have recently reported an increased incidence of cholesterol gallstones in hepatolithiasis cases and have discussed the differing mechanisms for their formation in the intrahepatic biliary tree of patients with calcium bilirubinate stones and cholesterol stones. We report two cases of intrahepatic cholesterol stone, with emphasis on the radiologic findings, and review the literature.

**Index words :** Bile ducts, calculi  
Bile duct radiography

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