lesion in the right lobe of the liver at the site of the previous hemangioma. A transmission computerized tomographic scan of that area confirmed the presence of a hemangioma in the right lobe and probably a small one in the left lobe. Several consultants agreed that the patient had received maximum radiation therapy and that further irradiation would be dangerous.

Embolization treatment was attempted but because of technical problems the tip of the catheter could not be properly positioned. However, the angiograms confirmed a large hemangiomatous lesion in the right lobe of the liver as well as one within the left lobe. The splenic and portal veins were patent.

On Oct. 4, 1978, the patient underwent surgery at the UCLA Medical Center. A large hemangioma (950 g) was removed from the right lobe of the liver and a smaller one from the left lobe. It was the surgeon’s opinion that he had completely removed both lesions.

The patient has had an uneventful recovery. She was hospitalized for 3 wk and is now living her normal life. She is symptom-free and her liver function is normal.

The purpose of this follow-up report is to point out that irradiation of a symptomatic hemangioma of the liver did result in the patient’s going 9 yr with an apparent cure, but it confirms that in proper hands the preferred treatment is surgical. In retrospect, one might conclude that the patient should have had surgical intervention 13 yr earlier when she was only 46 years old. However, since there have been tremendous advances in liver surgery during the intervening period, the sequence of therapeutic procedures was very successful for this patient.

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REFERENCE


Abnormal Gallium-67 Image of the Abdomen in Starch Granulomatous Disease

Gallium imaging has proven useful in uncovering spontaneously occurring acute and chronic inflammatory diseases (1). Perhaps of even more significance is the use of gallium in postoperative patients where surgically induced abscesses are suspected.

We report on a patient who developed signs of an intra-abdominal mass following two abdominal surgical procedures and who had an abnormal gallium-67 image.

FIG. 1. Anterior torso view 48 hr following injection of Ga-67 citrate shows uptake in right lower quadrant.

The gallium image (Fig. 1) at 48 hr after injection revealed a large area of abnormal uptake in the right lower quadrant, which persisted for 72 hr (Fig. 2). A subsequent exploratory laparotomy showed only focally thickened omentum. Histologic examination of the biopsied omentum contained fibrofatty tissue with moderate numbers of lymphocytes, rare leucocytes, and occasional foreign-body giant cells containing ovoid and partly fragmented particles, 10–20 μ in diameter, which stained light blue with hematoxylin-eosin stain (Fig. 3). A maltose cross was easily seen with polarized light (Fig. 4). Eight days following the last surgery, the patient was discharged.

In 1933, Antopol (2) first reported cases of postoperative granulomata after the use of dusting powder consisting of lycopodium spores—or a mixture of lycopodium spores and talc (magnesium silicate granules)—on surgical gloves. Because of this finding
Gallium-67 Imaging and Crohn's Disease

Gallium-67 imaging has been found to be useful in many inflammatory and neoplastic diseases, but its usefulness in abdominal disease has been limited by the difficulty of differentiating disease processes from normal bowel uptake. This limitation can be circumvented to a large extent by thorough bowel cleansing with laxatives and enemas. Very little has been written about the usefulness of Ga-67 imaging in the evaluation of inflammatory bowel disease (1-5). This report presents a Ga-67 study of Crohn's disease and comments on its potential clinical application.

A 55-year-old white man with a 35-yr history of Crohn's disease was admitted with fever and right lower abdominal pain. The diagnosis of Crohn's disease had been made from surgical bowel biopsy samples 6 yr before this admission, and several operations had been made in the intervening years.

The patient had a temperature of 102°F, with pain and tenderness in both lower quadrants and a palpable mass in the right lower quadrant. No extracolonic manifestation of Crohn's disease was present and physical examination was otherwise unremarkable. The diagnosis on admission was Crohn's disease in exacerbation. Abdominal radiographs showed several gas-filled loops of small bowel with air-fluid levels. Barium enema and fluoroscopy showed postoperative changes and findings consistent with Crohn's disease of the distal ileum and colon (Fig. 1).

Scintigrams at 48 and 72 hr after i.v. administration of 5 mCi Ga-67, with bowel cleansing by Dulcolax and enemas, showed persistent focal activity in the right abdomen and epigastrium (Fig. 2), which correlated well with the radiologic findings of Crohn's disease. The patient was treated with i.v. fluids, antibiotics, and i.v. steroids for 10 days, followed by oral Azulfidine and steroids until discharge. Two months later, while the patient was still on Prednisone and Azulfidine, a repeat Ga-67 image was normal. At this time the patient was asymptomatic.

Gallium-67 imaging, though not diagnostic or specific for Crohn's disease, can nevertheless be a useful noninvasive procedure to determine the extent of the original disease and to assess the extent of remission. The presence of persistent activity after adequate bowel cleansing can be interpreted as probable bowel disease, the nature of which must be correlated with the clinical situation. The persistent radioactivity in the right lower abdomen and epigastrum on successive days in this patient...

REFERENCES


FIG. 1. Barium enema shows postsurgical changes and loss of normal mucosal pattern in a long segment of distal ileum.