

124. PANCREOZYMIN-SECRETIN TEST AND FUNCTION OF BILIARY TRACT

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Although pancreozymin-secretin test is a reliable examination of pancreatic exocrine function, pancreatic juice, bile and intestinal juice, secreted from the intestinal wall, are mixed in duodenal juice taken by this measure, and it is impossible at present to obtain pure pancreatic juice. The authors utilized this disadvantageous phenomenon of bile contamination in this method for differential diagnosis of the diseases in the biliary tract and pancreas, by multiplying icterus index of duodenal juice by its volume and observing fluctuation of bile excretion. Bile excretion was the maximum for 10 minutes after injection of pancreozymin in normal men, and bicarbonate salt was most remarkably excreted for 10 to 20 minutes after injection of secretin. In most cases of chronic pancreatitis, decrease in bile excretion could be observed, while in cases of carcinoma in the biliary tract or in the head of the pancreas bile excretion was scarcely observed. Decrease in secretory function of bicarbonate salt was slight in cases of carcinoma in the biliary tract, whereas in cases of carcinoma in the head of the pancreas excretion of bicarbonate salt could not be observed at all. Fluctuation of bile excretion in cases deprived of function of the gall-bladder was characteristic, and bile excretion slightly increased after injection of pancreozymin, which was maintained in that level for long thereafter.

In order to clarify qualitative and quantitative relationship in pancreatic juice, bile and intestinal juice after injection of pancreozymin and secretin, a vinyl tube was inserted into the pancreatic duct and common bile duct in mongrel dog and pancreatic juice and bile was respectively collected. The same procedure was performed in two cases of cholelithiasis. From these experiment, it was assumed that secretion of pancreatic juice is stimulated by injection of pancreozymin to some extent, and intestinal juice is secreted more than 20 cc for 10 minutes after injection of secretin, considerable amount of bicarbonate salt being contained in bile, and it was further concluded that constitution of pancreatic juice, bile and intestinal juice in duodenal juice obtained in this examination is a complicated one.

125. ULTRASONIC DIAGNOSIS OF HEPATOBILIARY DISORDERS (II) ANALYSIS OF THE INFLUENCE OF HEPATIC FIBROSIS ON THE ULTRASONOGRAM OF THE LIVER

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Ultrasonic diagnosis of biliary disorder has been performed by using the A-scope method, directly and/or indirectly, in 241 cases and the result was similar with those previously described ones by the authors⁽¹⁾.

The ultrasonography of the liver, attempted in 203 cases of the liver diseases with histologically confirmed diagnosis, showed a normal pattern in 80.5% of the cases with acute hepatitis; fibrotic echo in 76.7% of those with chronic hepatitis; cirrhotic echo in 74.1% of those with liver cirrhosis, and malignant echo in 46.2% of those with liver cancer. The advantage of the application of the A-scope method was found in those cases with diffuse involvement.

Several factors have influence on the ultrasonogram of the liver. In this study, the factor of fibrosis was observed. Hepatic fibrosis was classified, by the findings of the stained specimen