SUMMARY AND CONCLUSION

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The present work has been performed on 40 patients who presented with clinically palpable liver masses. 27 patients were males and 13 patients were females. In addition to the routine laboratory and liver function tests, serum alpha-fetoprotein and HBsAg assay were done for cases subsequently diagnosed as hepatocellular carcinoma. Real time ultrasonography and plain X-ray examination of the chest were done for all patients. Abdominal CAT scanning was performed for 8 patients diagnosed as liver metastases. ^{99m}Tc isotopic scanning was done for two patients and revealed localised areas of diminished uptake of the isotope at the site of the measses without differentiating solid from cystic lesions.

Selective coeliac arteriography was done in two patients suspected sonographically to have either a cavernous haemangioma or a solid neoplasm. The typical tumour blush of cavernous haemangioma was displayed.

Ultrasonography showed 9 patients to have liver cysts. Solitary cysts were diagnosed in 8 patients and multiple cysts were diagnosed in one patient. The only consistent sonographic feature of a cyst was a totally echo-free area with relatively high amplitude echoes beyond the cyst. The diagnosis of a hydatid cyst was based upon the presence of

internal echoes representing debris, scolices or daughter cysts. Ultrasonography proved to be the most accurate means of diagnosis of hepatic cysts. Sonographic data helped during exaploration of the cyst, in view of knowing the exact size, location and depth of each cyst.

Primary hepatocellular carcinoma was diagnosed in 18 patients, while liver metastases occurred in 8 patients. Ultrasonography was an accurate means of diagnosis in the present study reaching an accuracy of 92.85%. It is considered far more specific than clinical, laboratory or serological investigations. Ultrasonographically guided liver biopsy was of great help in establishing a histological diagnosis. It is stressed that the routine use of ultrasonography especially in the high risk group of patients as those of liver cirrhosis or hepatitis antigen positive, may allow earlier detection of cases of hepatocellular carcinoma and prompt institution of treatment hoping to improve its well-known gloomy outlook.

In the present study ultrasonography has been reliable in the diagnosis and management of amoebic liver abscesses. In three patients, ultrasonography could determine the exact site of the abscess. It could predict the thickness of pus, thus thick pus was identified by coarse internal echoes whereas thin pus was identified by fine internal echoes.

The optimum site for diagnostic and therapeutic aspiration could be accurately determined by ultrasonography. Real time ultrasonography should be performed in every case of suspected amoebic liver abscess.