INTRODUCTION

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The incidence of liver diseases is increasing all over the world. Among the Scandinavian Countries, Sweden shows by far the highest rates of primary cancer of the liver in both sexes and Norway the lowest rates (1962-1966) (Ringertz, In Finland the incidence of primary cancer of the liver is increasing (finnish Cancer Registry, 1974 & 1975). Amoebiasis and echinococcosis of the liver have a world wide distribution with relatively high incidence in the tropics as a result of poor sanitation. Until recently, the liver has been a blind area for most radiological imaging proce-While it is difficult to assess the size and considures. stency of the liver clinically, it is a frequent site of inflammatory, metabolic and nepplastic disease, so that scanning techniques are required.

Among the diagnostic armamentarium of liver disease, ultra-sonography represents a highly effective and valuable tool.

In the last decade two diagnostic methods, real time ultrasonography and computed tomography have appeared which have proved to be valuable in visualizing the liver parenchyma, which is a major advance.

Diagnostic ultrasonography represents a highly effective and valuable tool (Wells, 1969). Real time ultrasonography seems to offer a remarkably powerful tool for detecting pathologic lesions in the liver, using a surrounding liver, assumed to be normal, as a standard of reference. Internal echoes from lesions are used in attempts to diagnose the tissue pathology in abnormal areas.

It provides a non-invasive imaging method without the hazards of ionizing radiation (Taylor, 1978).

It differentiates cystic from solid lesions and does not depend on the physiological function of the organ (Doust, 1976). It is therefore suitable for giving detailed information on the parenchymal structure and anatomy of the liver even when its function is poor.

The aim in the present work is to evaluate the diagnostic accuracy of real time ultra-sonography in the diagnosis of liver masses and its correlation with other diagnostic methods.