



FIG. 1. Liver/spleen images. A, anterior; B, LAO; C, right lateral; D, posterior.

similar scintigraphic appearances. Infiltrative processes such as sarcoidosis, leukemia, or intrahepatic lymphoma (4) may demonstrate hepatosplenomegaly, but there is less intense uptake of the colloid in the spleen.

Additional testing to aid in differential diagnosis may include abdominal radiographic evaluation in an attempt to visualize calcification of the portal vein to confirm or evaluate the extent of the hepatosplenomegaly (1). Computed tomography and ultrasound scanning may also be employed. Clinicians should use a combined approach in the diagnosis and management of these patient because of the many disease states in which hepatosplenomegaly may be present (Table 1) (4).

Patients with portal hypertension are hospitalized and monitored for some of the complications that may accompany the disease state. Should the patient present with acute upper gastrointestinal bleeding, blood transfusions may be clinically indicated. A hospitalized patient may receive the specialized management available for the various complications that may accompany portal hypertension.

Accurate diagnosis is essential to provide the clinician with appropriate methods in managing the patient's disease and complications that may stem from the primary disease. Liver/spleen scintigraphic imaging can play a vital role in helping to piece together the sometimes complicated puzzle of portal

hypertension. Subtle characteristics of the images may be all it takes to help the clinician better pinpoint the problem so that he/she can insure proper management instructions.

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