Abstract 13:7-3

Torsdag den 5:e september 13.30-15.00 K3/4

Siemens presenterar -
ARFI instead of biopsy? Where are we now?

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Ultrasound imaging of liver disease has until recently been restricted to a qualitative assessment of the parenchyma, visualization of focal lesions and the establishment of bile duct dilatation. The addition of colour Doppler techniques allows for assessment of portal venous flow and improves the assessment of the presence of portal hypertension, itself a feature of chronic liver disease. Subjective opinion of the presence of liver fibrosis is unreliable; many investigators have established sonographic features that indicate parenchymal liver disease. Measurements of Doppler parameters to ascertain the presence of parenchymal disease have largely been disappointing; quantitate assessment being too variable for clinical consistency. Microbubbles generally have not been a success in the evaluation of diffuse liver disease using 'transit' times to the hepatic veins; although targeted microbubbles to elements of fibrotic change are a reality.

Genuine quantification of liver 'stiffness' using non-invasive methods, primarily 'shear-wave' techniques are promising in assessing liver stiffness and indirectly liver fibrosis and cirrhosis. The possibility of employing this technique to triage patients for liver biopsy is gaining momentum. The ultimate goal to obviate the need for a biopsy when sonographic features and measurements indicate that biopsy is not required for clinical management of the chronic liver disease.

This talk will describe the various techniques now available, review each critically and suggest in which direction tissue elastography and shear wave technology are heading.