



## Endoscopic Ultrasound Guided Liver Lesions Biopsy EUS LLB is an Alternative Method of Image Guided Biopsy for Suspected Atypical Liver Malignancies

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Traditionally Transabdominal ultrasound or Computed Tomographic scanning or MRI is used for Image guided targeted liver lesion biopsies when suspected atypical malignancies. Hepatocellular Carcinoma HCC accounts as most common liver primary malignancy and when radiological features raised suspicion of atypical features then biopsy is warranted for confirming diagnosis. Distant metastatic to liver also common with a variety of malignancies as common site of liver deposits that need histological confirmation. Having presence of ascites considered to be contraindication for transabdominal ultrasound guided biopsy of these lesions.

Endoscopic Ultrasound EUS diagnostic ability to accurately pickup lesions <5 mm in pancreas appears to have an extended role in targeting these liver lesions with lesions less than 1cm. EUS trans-gastric approach offers easily access to liver lesions even with presence of ascites with high target accuracy and safety profile of procedure. Especially those segments of liver near to major vessels which are difficult from percutaneous transabdominal approach.

Routinely these patients require either day care admission for Interventional radiology procedures or elective one day admission for these procedures that is over burden on hospital resources and bed occupancy. In addition trucut biopsy gun used by interventional radiology has potential of over shoots the target or misdirect the lesion on firing that may result bleeding complication which is reported in literature. Same time co-ordination and timing of holding the patients breath during procedure also plays a crucial part in safety and success of accurately obtaining the specimen from liver lesion which are smaller in dimensions.

EUS guided interventions are done as outpatient basis and does not warrant day care admissions. Technique of doing the biopsy with EUS technique is entirely under control of procedures with each and every stroke is under direct vision, its dept along with direction of needle which is very well co ordinated with patients breathing movements. Majority of the procedures are done under conscious sedation and do not require addition medication for local anaesthesia.

EUS guided Liver parenchymal biopsy data is already recently published and proving to be better diagnostic yield in terms of bet-

ter tissue acquisition using 19G Needles. However using 22G FNB needle for liver lesion biopsy can yield adequate tissue sample for tumor characterisation and immunohistochemistry with better safety profile. In recent pasts EUS Guided Liver Lesions FNA were done with Rapid onsite evaluation support with limited success. With use of FNB needle ROSE is also not required and number of passes can be limited to 2-3 times depending on site and lesion size accordingly.

Supplementary examination during EUS using elastography and Contrast harmonics can help in identifying small lesions, its characterization and targeting it with avoiding major vessels or biliary tree.

In conclusion, EUS Guided liver lesions biopsy offers as a potential alternative approach with better safety profile and limited adverse events though its data will be in future expected to come to horizon in the field of interventional endoscopy.

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