

EVALUATION OF THE IMPORTANCE OF PERCUTANEOUS LIVER BIOPSY IN NEWLY DIAGNOSED DIFFUSE AND FOCAL LIVER LESIONS

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Percutaneous liver biopsy (PLB) is an important diagnostic procedure in routine clinical practice because it allows for a fast pathohistological diagnosis. The aim of this study was to assess the importance of PAB in the diagnosis of newly recognized diffuse and focal liver lesions. This retrospective study included 277 patients who underwent PLB between January 2006 and December 2015. After the initial single dose of midazolam sedation, interventions were conducted using local infiltrative anesthesia (2-8 mL lidocaine 2% with adrenaline) under the guidance of ultrasound or computerized tomography, using the transabdominal or transthoracic approach, depending on the lesion site. Fine 14-20 gauge needles were used. In 52 patients referred with the diagnosis of indeterminate diffuse liver lesions who underwent PLB and histopathological analysis, the following results were obtained: 35 patients had steatosis hepatis (67.3%), 12 patients were with cirrhosis (23.7%), and 5 patients had hepatocellular carcinoma (9%). Of 164 with the diagnosis of primary liver tumors (164), the presence of malignant tumors was confirmed in 140 patients (85.3%), while the remaining 24 patients (14.7%) had benign lesions. From the total of 42 patients with the referral diagnosis of meta-static liver disease, colorectal carcinoma metastases were confirmed in 31 patients (73,8%), while ovarian cancer metastases were diagnosed in 6 patients (14,3%). As a minimally invasive interventional radiology procedure, PLB is an indispensable tool that allows for a fast diagnosis and decision-making in patients with diffuse and focal liver lesions.

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