Liver Ultrasound - Beyond the Basics

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Aims

• Review what we know about the liver
• Reasons for imaging
• Focal lesions
• Diffuse disease
• Can we do more?
The Liver
The Liver
The Liver

• Weighs approximately 1.5 kg
• Holds approximately 13% (0.57 litres) of total blood supply
• Non-palpable
• LLL may extend across spleen
• Riedels lobe of RLL
The Liver

The liver has a wide range of functions:

• accessory digestive gland and produces bile
• detoxification
• protein synthesis
• production of biochemicals necessary for digestion
• a role in metabolism,
• regulation of glycogen storage
• decomposition of red blood cells
• hormone production
Normal Variants
Liver anatomy

- Largest organ
- Boomerang shaped!
- 4 lobes

1. Right lobe
2. Left lobe
3. Caudate
4. Quadrate
Couinaud classification

- Eight independent segments
- Each has its own vascular inflow, outflow, and biliary drainage.
The numbering of the segments is in a clockwise manner.
Axial sections (Liver segments)

• Superior to portal vein

• Inferior to portal vein
Segments
Blood supply

Portal vein

Common hepatic artery

The right, left, and middle hepatic veins form the venous drainage
Lymphatic drainage

- Liver drains to the porta hepatis
- Then to the coeliac nodes via retro pyloric nodes
- Some communication with lymph vessels of the thorax via the diaphragm
Hepatic Conditions

- Cirrhosis
- Liver cancer
- Liver failure
- Ascites
- Gallstones
- Hemochromatosis
- Primary sclerosing cholangitis
- Primary biliary cirrhosis:
Liver Imaging

Focal Liver Lesions
- Cysts
- Haemangioma
- Adenoma
- Focal Nodular Hyperplasia (FNH)
- Metastases
- Primary cancer (HCC)

Diffuse Disease
- Fatty liver
- Cirrhosis
- PSC
- PBC
Focal Liver Lesions

• The distinction between benign and malignant lesions helps to determine the prognosis and subsequent treatment strategy.
• Benign asymptomatic liver lesions, which comprise as many as 70–75% of the focal liver lesions assessed
• 3200 people in the UK are diagnosed with primary liver cancer each year
• 90,000 people are diagnosed with liver metastases
Focal Liver Lesions

• Approx. 85% of people diagnosed with primary liver cancer have a hepatocellular carcinoma.

• A major risk factor for developing hepatocellular carcinoma is underlying cirrhosis

• Primary liver cancer in adults has a poor prognosis
  – 20% one year survival rate
  – 5% five year survival rate
Focal Liver Lesions

- Cancers which commonly metastasise to liver are breast, lung and bowel (colorectal).
- Origin of the primary cancer is important because the cells of the liver metastases are the same as those of the primary cancer, and liver metastases are likely to be treated according to the cell type of the primary cancer.
- Prognosis of liver mets depends on the extent of the disease and comorbidities.
- For example, 40–60% of people with stage 4 colorectal cancer with resectable liver metastases will live for 5 years after surgery.
FLL – Diagnosis

• Care pathways for people with liver cancer are guided by prognosis.
• Prognosis depends on both the extent of the tumour and on comorbidity.
• Improvements in survival as a result of treatment largely depend on the disease stage at diagnosis:
  – the earlier the diagnosis is made, the greater the chance for successful treatment
FLL Diagnosis

CYSTS
FLL Diagnosis

FATTY CHANGE
FLL Diagnosis

HAEMANGIOMA
FLL Diagnosis

ADENOMA
FLL Diagnosis

FNH
FLL Diagnosis

METASTASES
FLL Diagnosis

HCC
Feeling Confident?

HAEMANGIOMA

METASTASES
FLL – Now What

• So you find a focal lesion
• What next?
Can we do more?
Contrast Enhanced US (CEUS)
CEUS

Focal liver lesions (CEUS)

Malignant
- HCC
  - Arterial phase: Hyperenhancing, Peripherally, diffuse
  - Portal & delayed phases: Hypoenhancing, Rapid washout
- Cholangiocarcinoma
  - Arterial phase: Hyperenhancing, Rim enhancement
  - Portal & delayed phases: Hypoenhancing, Rapid washout
- Metastatic cancer
  - Arterial phase: Hyperenhancing, Rim enhancement
  - Portal & delayed phases: Hypoenhancing, Rapid washout, except neuroendocrine

Benign
- Adenoma
  - Arterial phase: Hyperenhancement, Peripherally, diffuse
  - Portal & delayed phases: Hypoenhancing, (teleangiectatic)
- Hemangioma
  - Arterial phase: Peripheral nodular enhancement
  - Portal & delayed phases: Hyperenhancing Centripetal progressive fill in
- FNH
  - Arterial phase: Hyperenhancement Progressive, centrifugal complete
  - Portal & delayed phases: Hyperenhancing Central scar
CEUS

Metastasis
Diffuse Disease
What is Liver Disease?

- Non-alcoholic fatty liver disease (NAFLD)
- Non-alcoholic steato-hepatitis (NASH),
- Alcoholic liver disease (ALD)
- Inherited liver diseases
- Liver failure
  - common causes of chronic liver failure include hepatitis B, hepatitis C and long-term alcohol consumption.
Beetroot - Normal
Burger - FATTY
Liver Disease

• Most recent statistics indicate half a million adults in the UK already have cirrhosis
• 10 – 20% of the UK population are at risk of liver disease
• In the 40 -49 years age group 1 in 10 deaths are due to liver disease, mostly alcoholic liver disease
• Increasing number of individuals with the complications which result from end-stage liver disease
Liver Disease

- Liver disease is the only major cause of death still increasing year-on-year
- Liver disease is the fifth ‘big killer’ in England & Wales, after heart, cancer, stroke and respiratory disease
- Deaths from liver disease are predicted to double in 20 years.
- Liver disease kills more people than diabetes and road deaths combined

The Real Problem

• Reported incidence is likely an underestimation of the true scale of the problem given that early disease, often asymptomatic and therefore undiagnosed

• An American study of asymptomatic patients, US was performed with subsequent liver biopsy in those found to have a fatty liver.

• This revealed that **59.4%** had either NAFLD or NASH
The Real Problem

• Underestimation of the true extent may be further compounded by non-reporting by patients of symptoms
• Stigma attached to liver disease
• Avoidance of recording cause of death as liver disease, even when the alternate cause of death is a liver disease related complication to spare emotional pain for the family

British Liver Trust, 2015
Many of the underlying risk factors for liver disease; obesity, hepatitis C, hepatitis B and alcoholism are preventable but still all increasing in incidence

(National End of Life Care Intelligence Network, 2012).
Not A Chance!

• World Health Organisation reports an alcohol use disorder rate of 16.3%, (8.7% dependence) in males
• 6.0% alcohol use disorder (3.2% dependence) in females in the UK.
• UK average alcohol use disorder and dependence are both higher than equivalent European
Alcohol and Liver Disease

• The process is silent, but when liver disease has developed it presents as an acute illness with a 25-50% immediate mortality.

• There are over 800,000 hospital admissions directly related and attributable to alcohol each year.

• The cost to the NHS of alcohol misuse has been estimated at £2.7 billion each year.
Hepatitis B

• Hepatitis B is one of the world’s most common and serious infectious diseases and the most common and serious liver infection in the world.
• Hepatitis B affects approx 2 billion people worldwide.
Hepatitis C

• Some estimates are that up to 500,000 people have the virus in the UK.
• Majority of people are unaware of their infection and are not tested.
• The number of people with HCV-related end stage liver disease continues to rise. Between 1996 and 2005 the number of new cases increased by 100%
• only 29% of diagnosed patients were treated with NICE approved antiviral therapy
Cirrhosis

• Cirrhosis is scarring of the liver as a result of continuous, long-term liver damage.
• The damage caused by cirrhosis can't be reversed.
• Cirrhosis can be fatal if the liver fails. **However, treatment can help slow its progression.**
Why is this important?

- NAFLD is now the most common chronic liver disease
- Advanced treatment of causes of cirrhosis
- Better management of the complications of portal hypertension and end stage liver disease
- Antiviral therapies in hepatitis C have been proven to stabilise and even reverse disease progression
LFT’s

• Patients with liver disease are likely to present with abnormal liver function tests (LFTs) or jaundice
• Numerous biochemical markers have been developed
• Clinicians should be mindful however that routine tests cannot quantify the fibrosis processes in 50% of patients
Diagnosis

• LFT’s
• Ultrasound
• Doppler assessment
• Liver Biopsy
Ultrasound

- Features of a normal or fatty liver are well defined, specific and easily recognised.
- The pathological processes which contribute to fibrosis, and cirrhosis, become more difficult to distinguish.
Liver Doppler

Figure 4.22 (Cont’d) (g) Collaterals in portal hypertension (schematic representation).
Cirrhosis – Making the Diagnosis

- surface nodularity: (88% sensitive, 82-95% specific)
- overall coarse and heterogeneous echotexture
- segmental hypertrophy/atrophy (see above)
  - caudate width: right lobe width >0.65 (43-84% sensitive, 100% specific)
  - reduction of the transverse diameter (<30 mm) of the medial segment of the left lobe (segment IV)
Cirrhosis
Portal Hypertension

- Ascites
- Splenomegaly (13cm)
- Varices
Portal Hypertension
Portal Hypertension
Liver Biopsy

• Complications may include:
  – minor pain (<30%),
  – severe pain (<3%),
  – vasovagal hypotension (<3%),
  – significant haemorrhage (<0.5%),
  – haemobilia (<0.1%),
  – puncture of another organ (<0.1%),
  – death (<0.1%)
Liver Biopsy

- Limitation of liver biopsy due to potential histological and sampling errors
- Only 1/50,000 of the liver sampled
- May result in a sample of the unaffected tissue underestimating disease severity,
- Short sample size of 2.5cm could result in a 25% chance of misdiagnosis
Liver Biopsy

• Evidence that patient acceptance of liver biopsy, is decreasing as accuracy of non-invasive tests is demonstrated
• The role of biopsy, and whether it remains the most appropriate diagnostic test, does appear to be in question
• Need for a safe non-invasive alternative to be developed
History!

Fig. 1. Liver hand palpation: “The living are soft and yielding; the dead are rigid and stiff”, Lao Tzu, (6th century BCE).
Alternatives

• Elastography
  – Quantifies hepatic stiffness
  – Quantifies degree of fibrosis
  – Non-invasive
  – Undertaken in conjunction with routine liver imaging
Recommendations

- TE can be used to assess the severity of liver fibrosis in patients with chronic viral hepatitis, provided that confounding factors are taken into account, and especially to distinguish patients with nil/mild fibrosis from those with significant fibrosis and to identify those with cirrhosis.
- TE is useful for assessment of liver fibrosis in patients with NAFLD, alcoholic liver diseases, and in patients co-infected with human immunodeficiency virus (HIV) and hepatitis C virus. Other types of chronic liver disease might also be investigated, but the evidence is more limited.
- TE is useful for assessment of liver fibrosis in patients with post-transplant recurrence of chronic hepatitis C.
- TE has some value for predicting the occurrence of complications of liver cirrhosis, portal hypertension, HCC and liver-associated mortality. It cannot replace upper gastrointestinal endoscopy for identifying patient with varices.
Update

EFSUMB Guidelines and Recommendations on the Clinical Use of Liver Ultrasound Elastography, Update 2017
Elastography Principle

• The stiffer the tissue (organ or lesion) the faster the shear wave (transverse wave) travels

• The pressure of the shear wave increases with tissue stiffness

• The shear wave can be expressed in terms of speed (m/s) or pressure (kPa)
Shear wave properties
Toshiba Shear wave
Soft vs Hard
Fat vs Fibrosis

Role of shear wave elastography

- Evidence of reasonable performance in chronic hepatitis
- Jury most definitely out for others
- Evidence of underestimation of advanced fibrosis in NAFLD (24%)
Liver Ultrasound – Beyond the basics

• Fantastic
  – Normality
  – Identifying FLL
  – Diffuse disease

• Tricky
  – Characterising FLL without use of CEUS
  – Staging diffuse disease without use of elastography

• Think beyond fundamental US techniques
Learning Points

- Ultrasound is an invaluable tool in assessing liver lesions and diffuse disease
- US can be improved with use of contrast for FLL and elastography for diffuse disease
- Consider improving US diagnosis with use of additional techniques and technologies
- Review pathways with clinicians to aid implementing techniques
Any questions?

The RSPCA’s Stapeley Grange centre said the hedgehog was now “doing well”