

Contrast Enhanced Ultrasound (CEUS) in the differential diagnosis of FLL

Prof. Ioan Sporea, MD, PhD, Dr.h.c.

University of Medicine and Pharmacy Timișoara

WFUMB Past-President

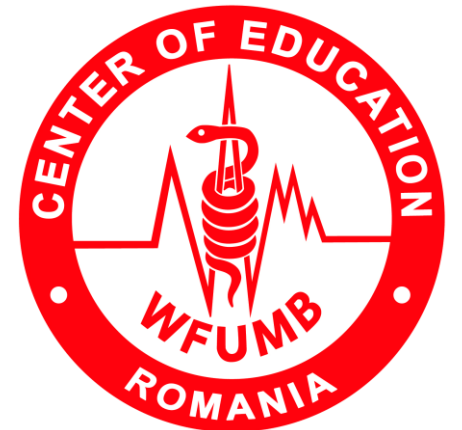
Director, WFUMB Center of Education

Honorary Member of EFSUMB and JSUM

Timișoara, Romania



**ULTRASOUND
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Why is Contract Enhanced Ultrasound (CEUS) necessary?

- Medical Imaging methods are *mandatory in our modern medicine*, to solve our daily cases.
- Computer –Tomography (CT) and Magnetic Resonance Imaging (MRI) are *used quite always with enhanced substances (CE-CT and CE-MRI)*.
- **In this condition** *seem normally to use contrast for ultrasound evaluation (CEUS) in our daily practice!*

Why is Contrast Enhanced Ultrasound (CEUS) necessary?

- *Ultrasound became more and more a “Point of Care” (PoCUS) method, used more and more by clinicians (at least in a good part of the world, like in Germany, Italy, Japan, Romania) in the room of consultation, to the end of clinical evaluation, using Ultrasound method to solve some problems of the case and than to propose a therapeutical solution immediately.*
- *We know that Liver ultrasonography (with very good US machine) is a sensitive method, but is less specific!*

How to improve the specificity of Liver Ultrasound?

- **The answer is very simple! *To use a method, that is not expensive, that can be repeated if is necessary, need for evaluation less than 5 minutes and have a high accuracy!***
- **CEUS or Contrast Enhanced Ultrasound have all this characteristics!**
- **Liver CEUS is performed mainly with second generation contrast (*SonoVue*), but in some countries (Japan, South Korea, Norway), *Sonazoid* can be used.**

When to perform a CEUS examination of a FLL?

- First condition is usually **to see the liver lesion in standard US! (1)**.
- In some conditions, **when the liver structure is very heterogeneously**, the lesion can be missed in standard US (or not all the liver can be evaluated by CEUS).

GUIDELINE

Open Access



Multi-societal expert consensus statement on the safe administration of ultrasound contrast agents

Jordan B. Strom^{1,2*}, Andrew Appis^{2,3}, Richard G. Barr^{2,4}, Maria Cristina Chammas^{2,5}, Dirk-André Clevert^{2,6}, Kassa Darge^{2,7}, Linda Feinstein^{2,2}, Steven B. Feinstein², J. Brian Fowlkes^{2,8}, Beverly Gorman², Pintong Huang^{2,9}, Yuko Kono^{2,10}, Juan Lopez-Mattei¹¹, Andrej Lyshchik^{2,12}, Michael L. Main^{2,13}, Wilson Matthias Jr.^{2,5}, Christina Merrill^{2,14}, Sharon L. Mulvagh^{2,15}, Petros Nihoyannopoulos^{2,16}, Joan Olson^{2,17}, Fabio Piscaglia^{2,18,21}, Thomas Porter^{2,17}, Arnaldo Rabischoffsky^{2,19}, Roxy Senior^{2,20}, Jessica L. Stout^{1,2}, Maria Stanczak^{2,12} and Stephanie R. Wilson^{2,14} on behalf of the International Contrast Ultrasound Society with endorsement from

Studies for the value of CEUS in comparison with Standard US

- Wang WP et al (1) – **CEUS vs. standard US for FLL** (gold standard biopsy, MRI or medical history):
- **Indeterminate *diagnosis rate decreased* from 56.7% to 6.1%; CEUS accuracy 88%.**

1.Wang WP et al: Hepatobiliary Pancreat Dis 2009; 8(4): 370-376

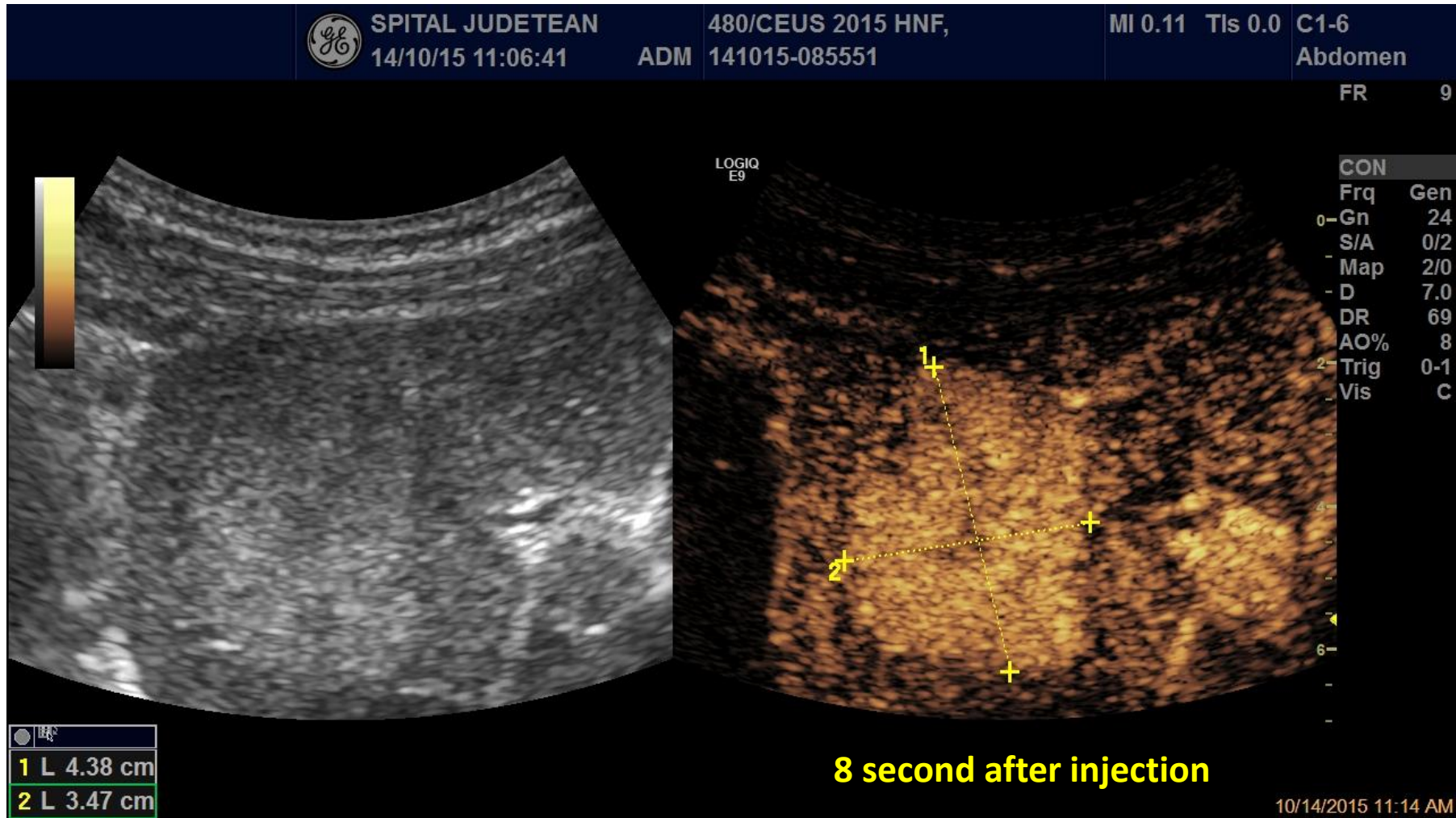
CEUS – metastases detection

- Konopke(1) reported an *increase of the number of lesions detected* from 53% in standard ultrasound to 86% in Liver CEUS (+33%).
- The study concluded that CEUS should be used as a routine modality for the detection of liver metastases in the follow up of patients with cancer.

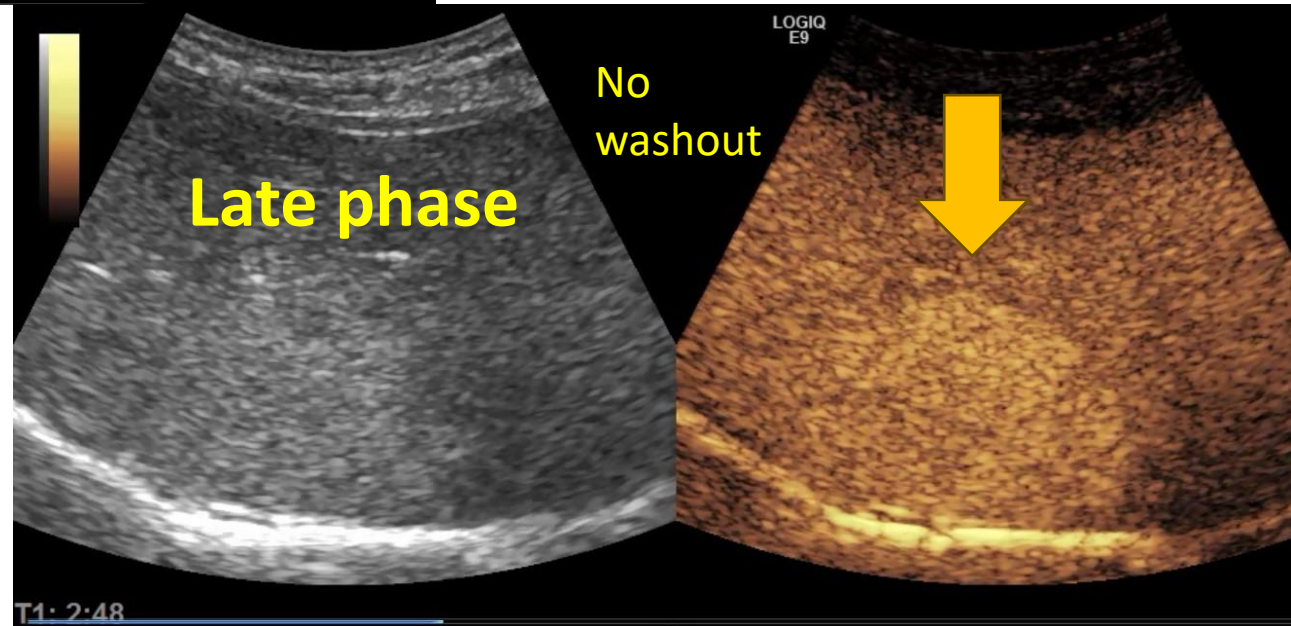
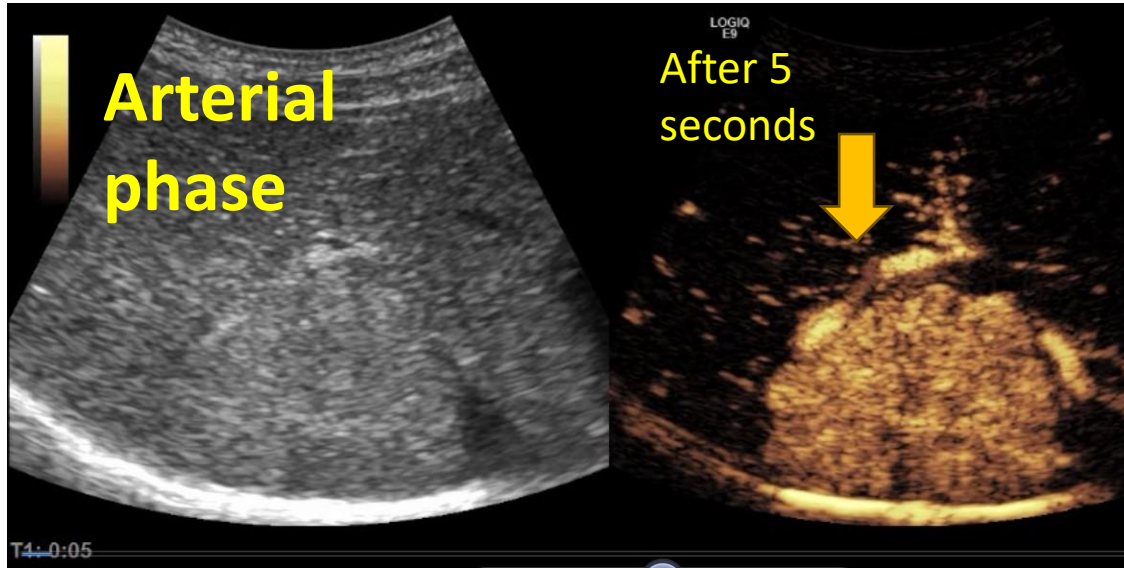
CEUS – improves detection of metastases

- **CEUS improves detection of liver metastases vs. standard ultrasound (109 lesions studied) (1);**
- Equivalent to CT scan and sometimes superior;
- The late phase is used for detection;
- **CEUS sensitivity as compared to US and CE-CT scan: 95.4% vs. 76.9% and 90.8% respectively.**

CEUS in FNH: arterial phase

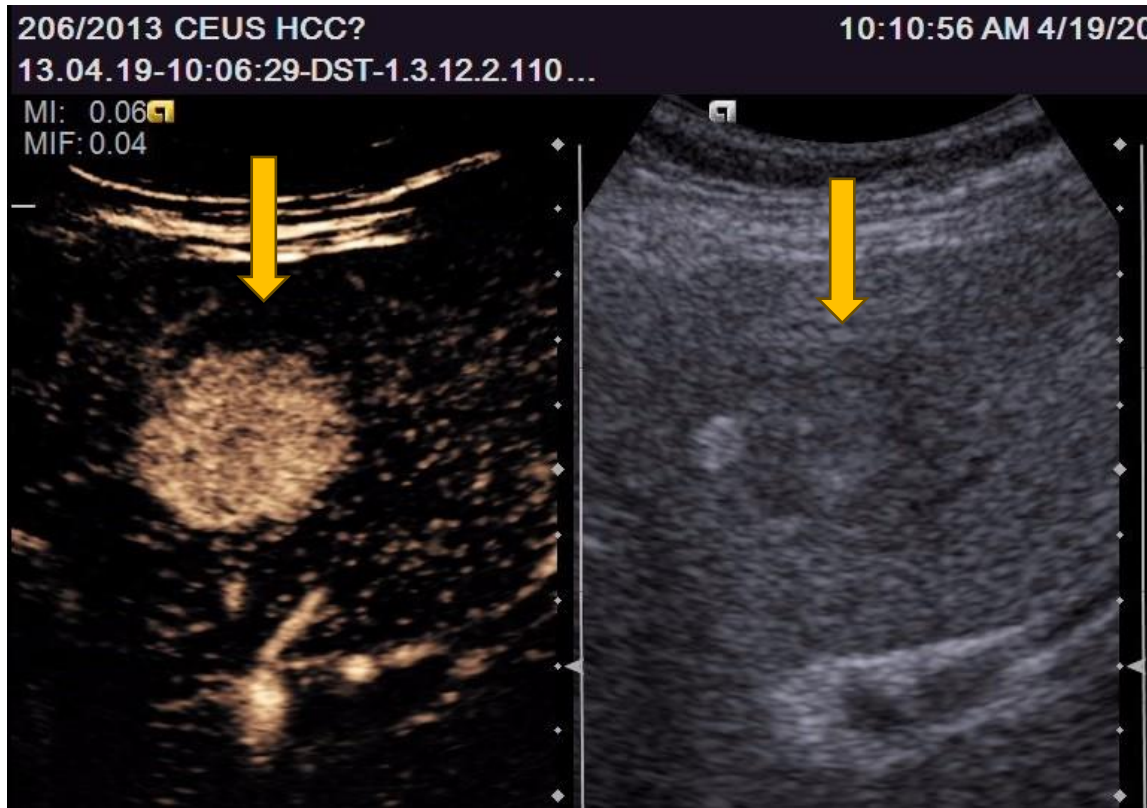


Benign lesions: FNH

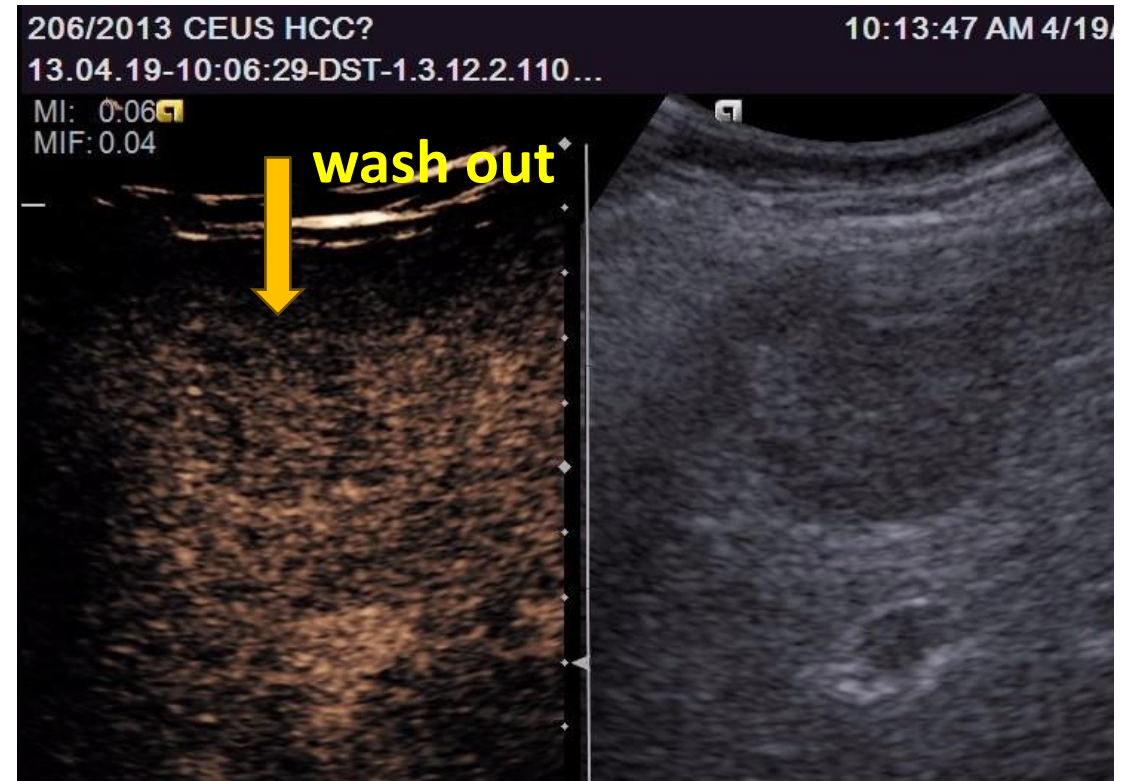


CEUS: HCC

Arterial phase

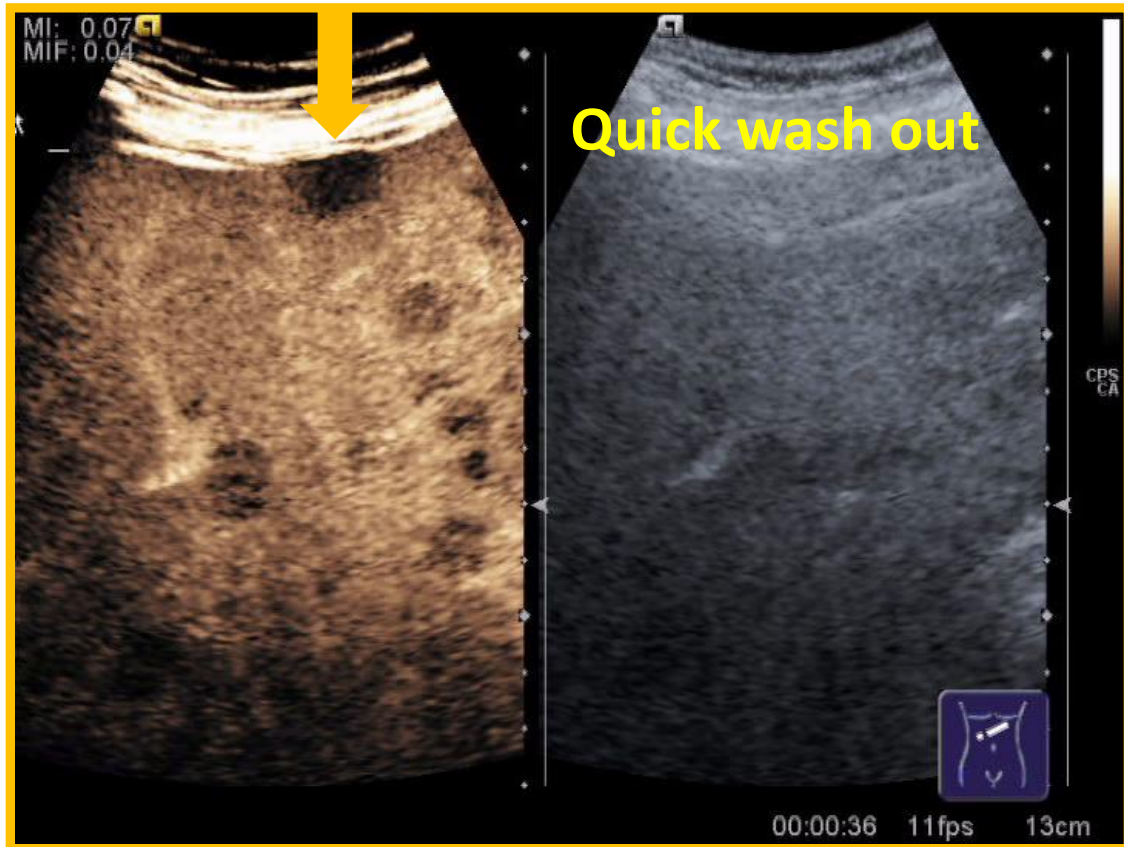


Late phase (wash out)

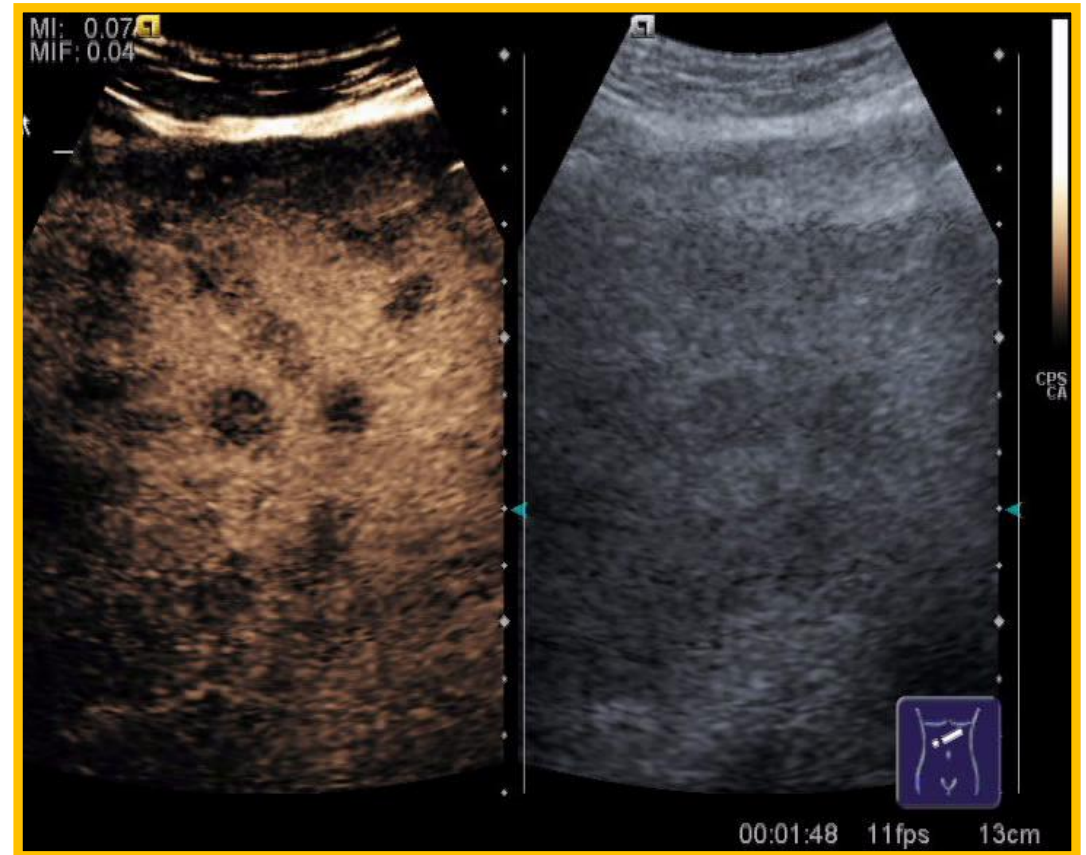


“Wash out” in liver metastasis

Early Portal phase (36 sec.)



Portal phase (1 min.46 sec.)



CEUS in malignant FLLs

- The vascular pattern during the portal and late phases differentiate benign (“keep” contrast) from *malignant (wash out present) FLLs*.
- “Wash out” pattern in portal and late phase in malignancy is very typical and a differentiation criteria from the *benign FLLs (who “keep” the contrast in the portal and late phases)*.

Romanian Multicenter study on CEUS

ORIGINAL PAPER

DOI: <http://dx.doi.org/10.15403/jgld-180>

Contrast-Enhanced Ultrasound for the Characterization of Malignant versus Benign Focal Liver Lesions in a Prospective Multicenter Experience – The SRUMB Study

Ioan Sporea¹, Daniela Larisa Săndulescu², Roxana Şirli¹, Alina Popescu¹, Mirela Danilă¹, Zeno Spârchez³, Cătălina Mihai⁴, Simona Ioaniţescu⁵, Tudor Moga¹, Bogdan Timar⁶, Ciprian Brisc⁷, Dana Nedelcu⁸, Adrian Săftoiu², Viorela Enăchescu⁹, Radu Badea³

Structure of the cohort

| Parameter | | Cohort n=2062 |
|-----------------------|------------|------------------------------|
| Age (years) | | 52.4 +/-7.5 |
| Gender | Men: 1148 | 55.7% 54.7 +/- 7.5 years |
| | Women: 914 | 44.3% 50.75 +/- 7.7 years |
| Chronic liver disease | Yes | 727 (35.3%) |
| | No | 1335 (64.7%) |








Results

- If we take into consideration only the diagnosis of malignancy, CEUS managed a correct *differentiation of malignant vs. benign lesion* in **88.3% (1820/2062)** of the cases.
- For the *lesion-specific diagnosis*, CEUS managed a correct diagnosis in **81.4% (1678/2062)** of the lesions.

CEUS performance for the most frequent FLLs

good performance 

less good performance 

| | Sensitivity | Specificity | Accuracy | PPV | NPV |
|---|-------------|-------------|----------|-------|-------|
|  HCC | 76.6% | 98.4% | 91.2% | 96.1% | 89.4% |
|  Hemangioma | 89.2% | 99% | 96.9% | 96.4% | 97% |
|  Metastases | 90.9% | 98.4% | 96.9% | 93.6% | 97.7% |
|  HNF | 84% | 99.5% | 98.8% | 89.7% | 99.2% |
|  Cholangiocarcinoma | 61.4% | 99.3% | 98.2% | 71.4% | 98.9% |
|  Abscess | 86.6% | 99.9% | 99.6% | 95.1% | 99.7% |
|  Adenoma | 56.2% | 99.9% | 99.2% | 90% | 99.3% |

Some comments

- *Easy to be diagnosed FLL with CEUS: FNH, hemangioma, liver metastasis, abscess.*
- *More difficult lesions: Adenoma, HCC, Cholangiocarcinoma.*
- **Experience can play a role for the improvement of the accuracy of CEUS liver!(1)**

Meta-analysis of CEUS for FLL

- ⌘ A total of **45 studies with 8147 focal liver lesions** were included in the analysis.
- ⌘ Overall **sensitivity and specificity of CEUS for the diagnosis of *malignant* liver lesions** was **93%** (95%-CI: 91–95%) and **90%** (95%-CI: 88–92%) respectively.

The diagnostic performances of CEUS, CE-CT and CE-MRI in a meta-analysis in patients with FLLs.

25 studies included:

- 1. The pooled estimate Sensitivity and Specificity for CEUS studies were 87% and 89% respectively.
- 2. CE-CT studies: Sensitivity and specificity were 86% and 82% respectively,
- 3. CE-MRI studies: Sensitivity and specificity were 85% and 87% respectively.
- Conclusion: The diagnostic performance of CEUS for FLLs is not significantly different than that of CE-CT and CE-MRI. CEUS is a highly specific and sensitive diagnostic modality in detecting FLLs and *should be considered as the first evaluation of a new US lesion.*

Meta-analysis with 21 studies

- In an other meta-analysis (1) what compared CEUS with CE-CT and CE-MRI In **21 studies**, shown:
- **SonoVue-enhanced ultrasound studies, sensitivity was 88% and specificity was 81%;**
- **CE-CT studies, sensitivity was 90% and specificity was 77%;**
- **CE-MRI studies, sensitivity was 86% and specificity was 81%.**
- ***In conclusion in this comparison, SonoVue enhanced ultrasound had no significant difference compared with CE-CT and CE-MRI.***

Meta-analysis with 57 studies and >10,000 lesions

- **A comprehensive meta-analysis by Wu et al. (57 studies, >10,000 lesions)(1) reported pooled sensitivity of 0.92 and specificity of 0.87 for CEUS in differentiating malignant from benign FLL, confirming high overall accuracy.**
- **The analysis also showed that second-generation UCAs significantly outperformed first-generation Levovist, and that Sonazoid had particularly high diagnostic performance.**

A 2025 published Meta-analysis

- A 2024 meta-analysis of Sonazoid-enhanced CEUS (SZ-CEUS) reported **high diagnostic accuracy for differentiating benign from malignant FLL, again with pooled sensitivity and specificity above 90% (1).**
- This analysis reported **high pooled sensitivity (~94%) and specificity (~84%) for Sonazoid-CEUS in differentiating benign and malignant lesions, demonstrating strong overall diagnostic performance.**

Lesions that remained indeterminate after CT/MRI/PET

- In a published paper (2025) the study focused on lesions that remained indeterminate after CT/MRI/PET and *showed that CEUS could correctly reclassify most of these FLL as benign or malignant*, with high positive and negative predictive values, underlining its role as a “problem-solving” modality (1).

- 1. Lyshchik A, Kuon Yeng, Escalante C,; CEUS LI-RADS Trial Group; Contrast-enhanced US of High-Risk Indeterminate Focal Liver Observations Categorized as LR-4 or LR-M at CT/MRI. Radiology. 2025 Jan;314(1):e240916.

Guidelines and Good Clinical Practice Recommendations for Contrast Enhanced Ultrasound (CEUS) in the Liver – Update 2020

WFUMB in Cooperation with EFSUMB, AFSUMB, AIUM, and FLAUS

Aktualisierte Leitlinien und Empfehlungen für die gute klinische Praxis für CEUS der Leber

Good
Guidelines for
practice!

Authors

Christoph F. Dietrich^{1,2*}, Christian Pállson Nolsøe^{3*}, Richard G. Barr⁴, Annalisa Berzigotti⁵, Peter N Burns⁶, Vito Cantisani⁷, Maria Cristina Chammas⁸, Nitin Chaubal⁹, Byung Ihn Choi¹⁰, Dirk-André Clevert¹¹, Xinwu Cui¹², Yi Dong¹³, Mirko D'Onofrio¹⁴, J. Brian Fowlkes¹⁵, Odd Helge Gilja¹⁶, Pintong Huang¹⁷, Andre Ignee¹⁸, Christian Jenssen¹⁹, Yuko Kono²⁰, Masatoshi Kudo²¹, Nathalie Lassau²², Won Jae Lee²³, Jae Young Lee²⁴, Ping Liang²⁵, Adrian Lim²⁶, Andrej Lyshchik²⁷, Maria Franca Meloni²⁸, Jean Michel Correas²⁹, Yasunori Minami³⁰, Fuminori Moriyasu³¹, Carlos Nicolau³², Fabio Piscaglia³³, Adrian Saftoiu³⁴, Paul S. Sidhu³⁵, Ioan Sporea³⁶, Guido Torzilli³⁷, Xiaoyan Xie³⁸, Rongqin Zheng³⁹

How to perform Contrast-Enhanced Ultrasound (CEUS)

OPEN
ACCESS







Authors

Christoph F. Dietrich¹, Michalakis Averkiou², Michael Bachmann Nielsen³, Richard G. Barr⁴, Peter N. Burns⁵, Fabrizio Calliada⁶, Vito Cantisani⁷, Byung Choi⁸, Maria C. Chammas⁹, Dirk-André Clevert¹⁰, Michel Claudon¹¹, Jean-Michel Correas¹², Xin-Wu Cui¹³, David Cosgrove¹⁴, Mirko D'Onofrio¹⁵, Yi Dong¹⁶, John R. Eisenbrey¹⁷, Teresa Fontanilla¹⁸, Odd Helge Gilja¹⁹, Andre Ignee¹³, Christian Jenssen²⁰, Yuko Kono²¹, Masatoshi Kudo²², Nathalie Lassau²³, Andrej Lyshchik¹⁷, Maria Franca Meloni²⁴, Fuminori Moriyasu²⁵, Christian Nolsøe²⁶, Fabio Piscaglia²⁷, Maija Radzina²⁸, Adrian Saftoiu²⁹, Paul S. Sidhu³⁰, Ioan Sporea³¹, Dagmar Schreiber-Dietrich³², Claude B. Sirlin³³, Maria Stanczak¹⁷, Hans-Peter Weskott³⁴, Stephanie R. Wilson³⁵, Juergen Karl Willmann³⁶, Tae Kyoung Kim³⁷, Hyun-Jung Jang³⁷, Alexandar Vezeridis³⁸, Sue Westerway³⁹

Article

Multiparametric Ultrasound Approach Using a Tree-Based Decision Classifier for Inconclusive Focal Liver Lesions Evaluated by Contrast Enhanced Ultrasound

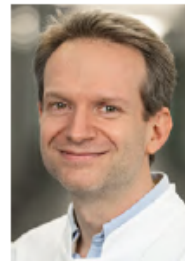
2024

Tudor Voicu Moga ¹, Ciprian David ², Alina Popescu ¹, Raluca Lupusoru ^{1,3,*}, Darius Heredea ¹, Ana M. Ghiuchici ¹, Camelia Foncea ¹, Adrian Burdan ¹, Roxana Sirli ¹, Mirela Danilă ¹, Iulia Ratiu ¹, Teofana Bizerea-Moga ⁴ and Ioan Sporea ¹

Ultrasound Diagnosis of Hepatocellular Carcinoma: Is the Future Defined by Artificial Intelligence?

Ultraschalldiagnostik des hepatozellulären Karzinoms: In Zukunft nur mit künstlicher Intelligenz?

Future development of
Liver CEUS can be with
Artificial Intelligence!



Prof. Maximilian J Waldner
[ref]



Prof. Deike Strobel

Correspondence

Prof. M. Waldner
Medical Clinic 1, Erlangen University Hospital, Ulmenweg 18,
91054 Erlangen, Germany
Tel.: +49/091 31/8 53 50 00
maximilian.waldner@uk-erlangen.de

Bibliography

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Artificial intelligence assists identifying malignant *versus* benign liver lesions using CEUS

- In a cohort of 574 patients, AI performance was evaluated by *comparison with radiologists with varied levels of experience. To identify malignant versus benign FLLs, AI achieved an AUROC of 0.934 (95% CI 0.890–0.978), with an accuracy of 91.0%.*
- *AI outperformed residents (82.9–84.4%, $P = 0.038$) and matched the performance of experts radiologists (87.2–88.2%, $P = 0.438$).*
- *With the assistance of AI, radiologists exhibited a sensitivity improvement of 97.0–99.4% ($p < 0.05$) and an accuracy of 91.0–92.9% ($P = 0.008–0.189$), which was comparable with that of the experts ($p = 0.904$).*

Contrast-enhanced ultrasound-based AI model for multi-classification of focal liver lesions

2025

Authors

Wenzhen Ding, Yaqing Meng, Jun Ma, ..., Jie Yu, Ping Liang, Kun Wang

- In total 3,725 FLLs (from 52 centers) AI model *achieved significantly better performance (accuracy from 0.85 to 0.86) than junior CEUS radiologists (0.59-0.73), and comparable performance to senior CEUS radiologists (0.79-0.85) and senior MRI radiologists (0.82-0.86).*
- *Conclusions: “CEUS-based Model-DCB provides accurate multi-classification of FLLs. It holds promise for a wide range of populations, especially those in remote areas who have difficulty accessing MRI.”*

Cost-efficiency of Contrast Enhanced Ultrasound (CEUS)

- In an Italian multicenter study the classic patient work-up (baseline US followed by contrast CT or MRI) was *compared to a new strategy in which CEUS was performed after conventional US.*
- The study included 485 subjects with 575 FLLs.
- The cost of the classical work-up was 134,5 Euros, while in *the strategy including CEUS the total cost was 55,6 Euros, leading to total savings of 78,9 Euros.*
- Romanini L, Passamonti M, Aiani L, et al. Economic assessment of contrast-enhanced ultrasonography for evaluation of focal liver lesions: a multicentre Italian experience. Eur Radiol. 2007 Dec;17 Suppl 6:99-106

Cost-efficiency of Contrast Enhanced Ultrasound (CEUS)

- Performance of CEUS for the diagnosis of FLL *in a systematic review were that CEUS had similar diagnostic performance to contrast CT and contrast MRI, for the differential diagnosis of FLLs detected during US surveillance of cirrhosis, for the detection of liver metastases in colorectal cancer and for the characterization of incidentally detected FLLs.*
- Another *important conclusion was that CEUS was cost-effective vs. MRI in all situations and that CEUS vs. CT was cost-effective for cirrhosis surveillance and for the differential diagnosis of incidentalomas, with similar costs and effects for the detection of liver metastases from colorectal cancer.*

Cost-efficiency of Contrast Enhanced Ultrasound (CEUS)

- *An interesting a cost-minimization analysis* was performed by Giesel et al (1).
- In this study, *CEUS was compared to multi-phase CT* as the diagnostic standard for diagnosing incidental FLLs.
- The conclusion was that CEUS was the more cost-effective, **only if it was performed in specialized centers: 122.18-186.53 Euros vs. 223.19 Euros for CT.**
- *If CEUS would be performed in non-specialized centers, the cost would be much higher, reaching 407.87 Euros.*

Why not more CEUS in practice?!

Editorial

Med Ultrason 2016, Vol. 18, no. 1, 5-6
DOI: 10.11152/mu.2013.2066.181.isp

Why isn't Contrast Enhanced Ultrasound for Focal Liver Lesions used more in daily practice?


Ioan Sporea

2016

In Romania

Department of Gastroenterology and Hepatology,
Romania

The benefits of CEUS and why we don't use more CEUS in clinical practice in the United Kingdom **2026**

Gibran Timothy Yusuf, BSc (hons), MBBS, FRCR , Paul Singh Sidhu, BSc
MBBS MRCP FRCR DTM&H FCIRSE FAIUM

In UK

British Journal of Radiology, tqag025, <https://doi.org/10.1093/bjr/tqag025>

Published: 03 February 2026 **Article history** ▼

Green Medical Imaging

Editorial

Blank V et al. "Green Medical Imaging"... Ultraschall in Med 2025; 46: 530–535

 Thieme

“Green Medical Imaging” – Ultrasound rediscovered as a resource-saving future technology in clinical imaging

„Green Medical Imaging“ – Ultraschall als ressourcenschonende Zukunftstechnologie
in der klinischen Bildgebung



Dr. med. Valentin Blank



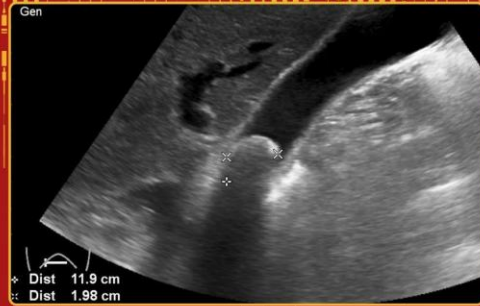
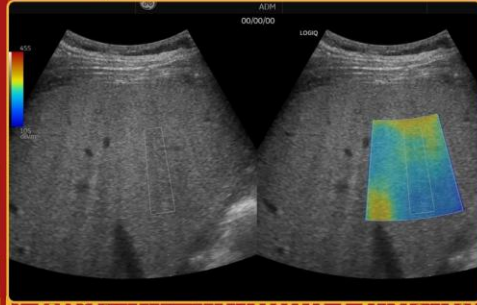
Prof. Dr. med. Deike Strobel



Prof. Dr. med. Thomas Karlas

In Conclusion

- **Liver CEUS is easy to be performed, including like a PoCUS method,**
- **Is a cheap technique in comparison with CE-CT or CE-MRI,**
- **No side effects for this method,**
- **Good discrimination between benign and malign liver lesions (around 90%) and for a specific lesion (more than 80%),**
- **Some FLL are easy to be diagnosed, others more difficult!**
- **Experience play a role for the method, and CEUS is method cost-efficient.**
- **New technologies and AI can help the diagnosis in the future!**



Integrating Ultrasound into Clinical Practice

A collective book of European WFUMB
Centers of Education

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