

Biopsy of liver lesions

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Liver biopsy is generally considered a safe procedure but is not without risk of mechanical complications, which although minor (pain and subcapsular or intrahepatic haematoma) occur in 6–25% of patients. Significant complications, including bile leak, sepsis, pancreatitis, local infections or pneumothorax, occur in 0.25% and haemobilia in 0.05% of cases. Mortality Summary box 69.14 Benign liver lesions /uni25CF /uni25CF /uni25CF /uni25CF rhage and varies from 0.1% to 0.3%. Lesions found within the liver that are likely to be malign - nant will need resection; if surgery is possible then FNA or true cut biopsy should not be performed. Biopsy of malignant liver lesions results in poorer long-term survival f ollowing resec - - tion and confers no diagnostic advantage over non-invasive imaging and tumour markers. Needle tract seeding also occurs (1000–100 /uni00A0 000 cells/tract) or peritoneal spread, particularly with HCC.

May present with symptoms or be found incidentally on imaging for another condition Signi /f_i cant symptoms (pain or pressure effects) justify surgery If imaging is equivocal biopsy may be necessary to exclude a primary or metastatic lesion If observation for 3–6 months demonstrates a stable lesion malignancy is unlikely

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