



FAKULTNÍ
NEMOCNICE
BRNO



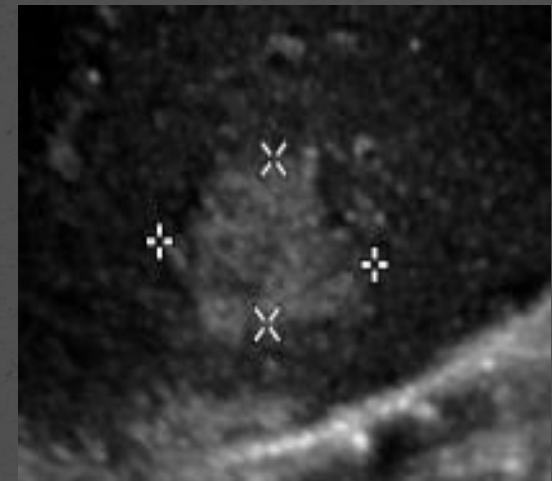
INCIDENTALOMY JATER

M. ŠMAJEROVÁ, V. VÁLEK
RADIOLOGICKÁ KLINIKA FN A LF MU BRNO

INCIDENTALOMY JATER

- Náhodně nalezené léze na UZ, CT, MR či jiné zobrazovací metodě bez klinických projevů léze
- Bolesti břicha, dyspeptické potíže, anémie, dispenzarizace, jiné
- Nejčastější – hemangiomy
- Incidence: 6-17%

• **BENIGNÍ vs MALIGNÍ**



MANAGEMENT

Clinical Practice Guidelines



EASL–EORTC Clinical Practice Guidelines: Management of hepatocellular carcinoma

European Association for the Study of the Liver^{*,}
European Organisation for Research and Treatment of Cancer

2012



Managing Incidental Findings on Abdominal CT: White Paper of the ACR Incidental Findings Committee

Lincoln L. Berland, MD^a, Stuart G. Silverman, MD^b, Richard M. Gore, MD^c, William W. Mayo-Smith, MD^d, Alec J. Megibow, MD, MPH^e, Judy Yee, MD^f, James A. Brink, MD^g, Mark E. Baker, MD^h, Michael P. Federle, MDⁱ, W. Dennis Foley, MD^j, Isaac R. Francis, MD^k, Brian R. Herts, MD^l, Gary M. Israel, MD^m, Glenn Krinsky, MDⁿ, Joel F. Platt, MD^k, William P. Shuman, MD^m, Andrew J. Taylor, MDⁿ

Hepatic Incidentalomas

Richard M. Gore, MD^{*}, Geraldine M. Newmark, MD,

Guidelines and Good Clinical Practice Recommendations for Contrast Enhanced Ultrasound (CEUS) in the Liver – Update 2012

A WFUMB-EFSUMB Initiative in Cooperation With Representatives of AFSUMB, AIUM, ASUM, FLAUS and ICUS

Authors

M. Claudon^{1,*}, C. F. Dietrich^{2,*}, B. I. Choi³, D. O. Cosgrove⁴, M. Kudo⁵, C. P. Nolse⁶, F. Piscaglia⁷, S. R. Wilson⁸, R. G. Barr⁹, M. C. Chammas¹⁰, N. G. Chaubal¹¹, M.-H. Chen¹², D. A. Clevert¹³, J. M. Correas¹⁴, H. Ding¹⁵, F. Forsberg¹⁶, J. B. Fowlkes¹⁷, R. N. Gibson¹⁸, B. B. Goldberg¹⁹, N. Lassau²⁰, E. L. S. Leen²¹, R. F. Mattrey²², F. Moriyasu²³, L. Solbiati²⁴, H.-P. Weskott²⁵, H.-X. Xu²⁶

Affiliations

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ACG Clinical Guideline: The Diagnosis and Management of Focal Liver Lesions

2014

Jorge A. Marrero, MD¹, Joseph Ahn, MD, FACP² and K. Rajender Reddy, MD, FACP³ on behalf of the Practice Parameters Committee of the American College of Gastroenterology

Focal liver lesions (FLL) have been a common reason for consultation faced by gastroenterologists and hepatologists. The increasing and widespread use of imaging studies has led to an increase in detection of incidental FLL. It is important to consider not only malignant liver lesions, but also benign solid and cystic liver lesions such as hemangioma, focal nodular hyperplasia, hepatocellular adenoma, and hepatic cysts, in the differential diagnosis. In this ACG practice guideline, the authors provide an evidence-based approach to the diagnosis and management of FLL.

Am J Gastroenterol advance online publication, 19 August 2014; doi:10.1038/ajg.2014.213

Clinical Practice Guidelines



EASL | JOURNAL OF HEPATOLOGY

EASL Clinical Practice Guidelines on the management of benign liver tumours[☆]

European Association for the Study of the Liver (EASL)^{*}

FEATURE ARTICLE

What you need to know about imaging

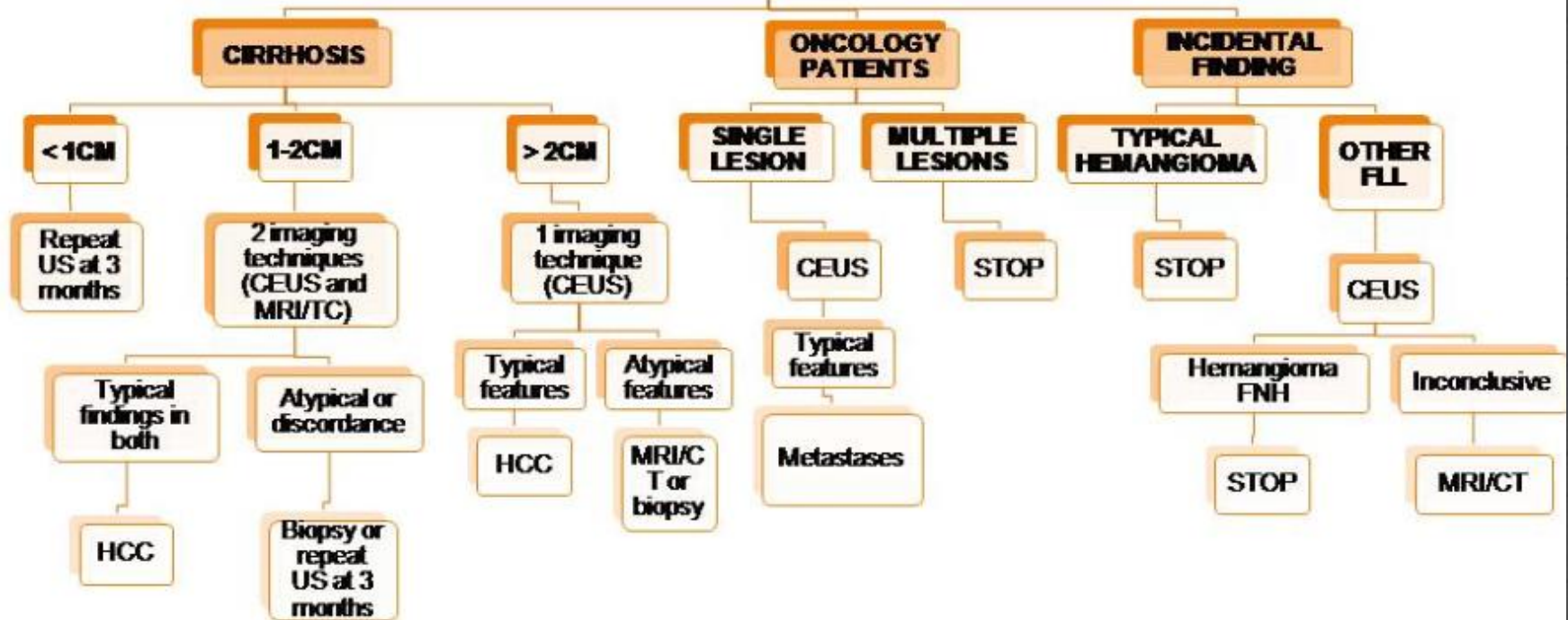
A practical review of current literature

Gaurav Bhattacharya (MD), Michael Kabiri (MD), Laura Callan (Meds 2014)

Faculty Reviewer: Dr Michael Lock, MD, CCFP, FCFP, FRCPC Chair (Department of Oncology, Division of Radiation Oncology)

DIAGNOSTIC ALGORITHM OF FLL

B-MODE ULTRASOUND



- ECR 2012:
 - Jareno SS et al.: *Contrast-enhanced ultrasound (CEUS) of focal liver lesions. A useful, rapid and accessible tool.*

KLINICKÁ ANAMNÉZA

- Věk, pohlaví
- Cirhóza nebo chronické jaterní onemocnění
- Onkologická anamnéza, nález nebo podezření na něj

INCIDENTALOM

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graph TD; A[INCIDENTALOM] --> B[CIRHÓZA]; A --> C[ONKOLOGICKÝ PACIENT]; A --> D[PACIENT BEZ ONKOLOGICKÉ ANAMNÉZY]
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CIRHÓZA

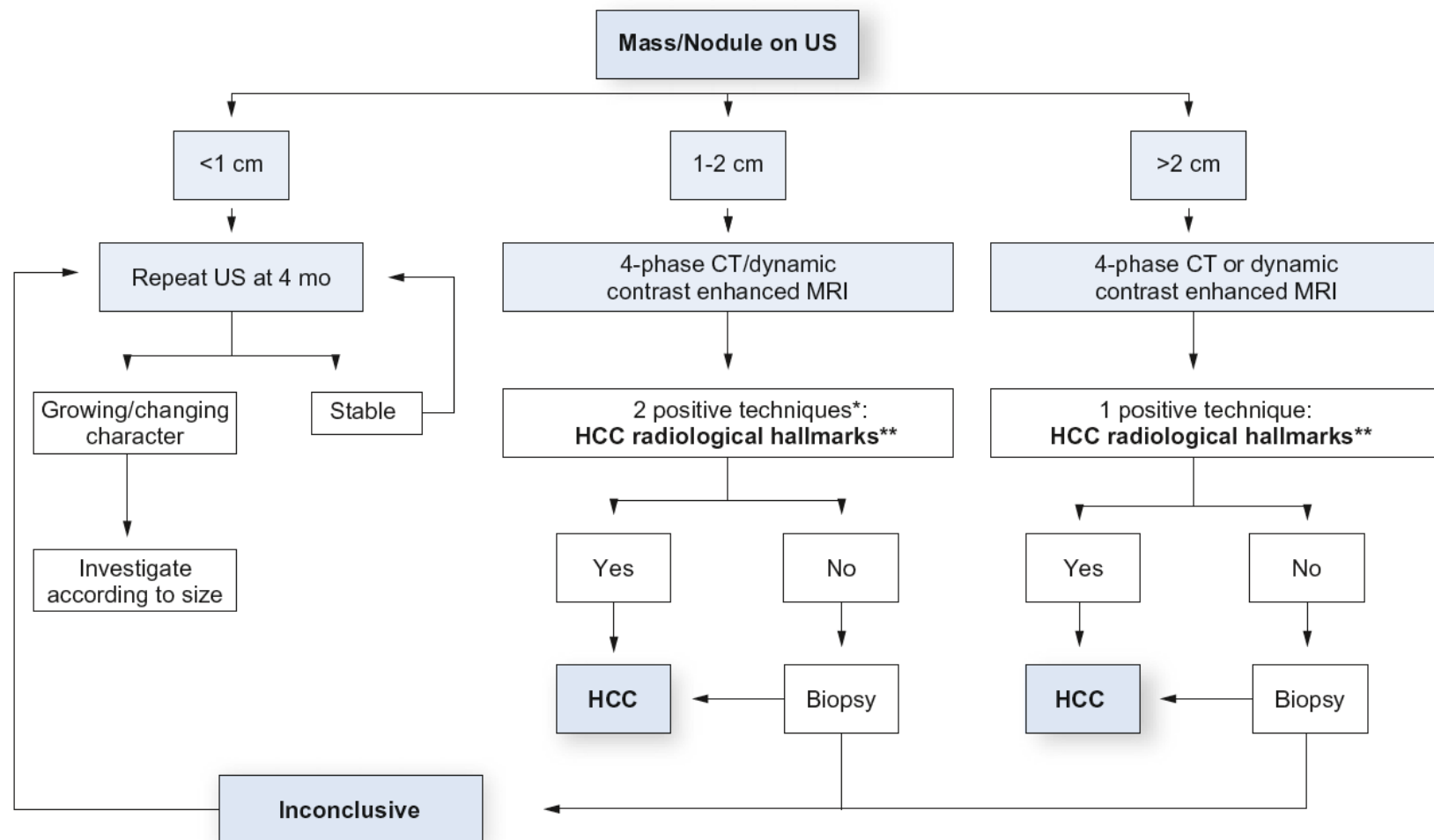
**ONKOLOGICKÝ
PACIENT**

**PACIENT BEZ
ONKOLOGICKÉ
ANAMNÉZY**

EASL–EORTC Clinical Practice Guidelines: Management of hepatocellular carcinoma

European Association for the Study of the Liver*,
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2012



ZDRAVÝ vs ONKOLOGICKÝ

- **Léze do 15mm** – obvyčejně příliš malé na klasifikaci

- Pacient bez onkologické anamnézy

- solitární ložisko do 15mm je BENIGNÍ

- Pacient s onkologickou anamnézou

- 12-50% maligní
- Čím více ložisek, tím větší pravděpodobnost malignity (>5 ložisek = 76%)

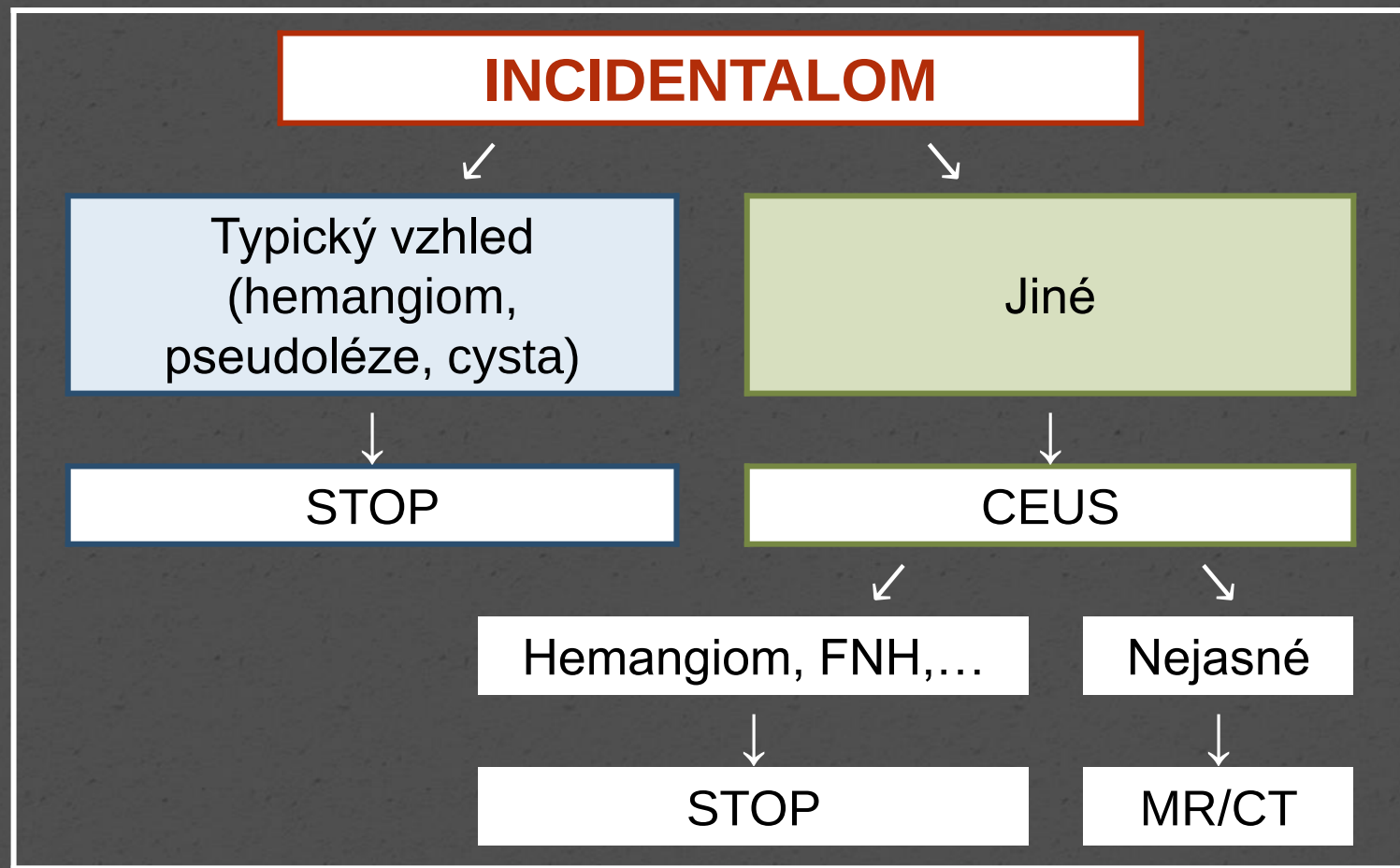
- Typ primárního tumoru
 - Ca prsu – vícečetné malé léze
 - CRC – solitární nebo nečetné větší ložiska

1 Jones EC et al: The frequency and significance of small (less than or equal to 15 mm) hepatic lesions detected by CT. Am J Roent 1992;158: 535-539.

2 Schwarz LH et al: Prevalence and Importance of Small Hepatic Lesions Found at CT in Patients with Cancer. Radiology 1999;210:71-74.

3 Robinson PJ et al: Small 'indeterminate' lesions on CT of the liver: a follow-up study of stability. Brit J Rad 2003; 76:866-874.

BEZ ONKOLOG. ANAMNÉZY



S ONKOLOG. ANAMNÉZOU

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Solitární

Vícečetné

STOP

CEUS

Metastáza

Nejasné

Hemangiom, FNH,...

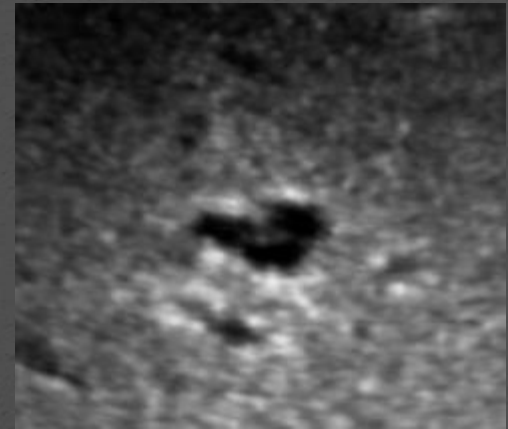
STOP,
dokumentace

MR/CT/
biopsie

STOP,
UZ KO

TAKE HOME MESSAGE

- Strategie došetřování dle typů pacienta:
 - Cirhóza
 - Onkologická anamnéze
 - Bez onkologické anamnézy



A bouquet of lavender flowers is wrapped in a purple and white checkered ribbon, resting on a rustic wooden surface. A white ceramic heart is placed next to the flowers. The text "Děkuji za pozornost" is written in a black, sans-serif font to the right of the flowers.

Děkuji
za pozornost