FAKULTNÍ NEMOCNICE BRNO

UNIVERSITAS MASARYKIANA BRUNENSIS

INCIDENTALOMY JATER

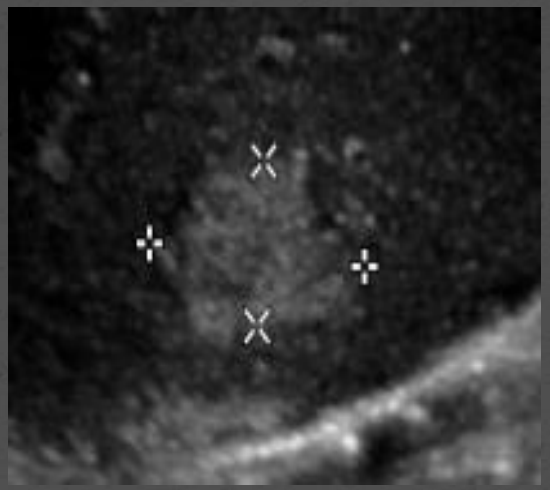
M. ŠMAJEROVÁ, V. VÁLEK
RADIOLOGICKÁ KLINIKA FN A LF MU BRNO

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- 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**



MANAGMENT

CME

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, MD[i], W. Dennis Foley, MD[j], Isaac R. Francis, MD[k], Brian R. Herts, MD[h], Gary M. Israel, MD[g], Glenn Krinsky, MD[l], Joel F. Platt, MD[k], William P. Shuman, MD[m], Andrew J. Taylor, MD[n]

Clinical Practice Guidelines

EASL EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER

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

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. Choi[3], D. O. Cosgrove[4], M. Kudo[5], C. P. Nolsøe[6], F. Piscaglia[7], S. R. Wilson[8], R. G. Barr[9], M. C. Chammas[10], N. G. Chaubal[11], M.-H. Chen[12], D. A. Clevert[13], J. M. Correas[14], H. Ding[15], F. Forsberg[16], J. B. Fowlkes[17], R. N. Gibson[18], B. B. Goldberg[19], N. Lassau[20], E. L. S. Leen[21], R. F. Mattrey[22], F. Moriyasu[23], L. Solbiati, H.-P. Weskott[25], H.-X. Xu[26]

Affiliations Affiliation addresses are listed at the end of the article.

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

2014

Jorge A. Marrero, MD[1], Joseph Ahn, MD, FACG[2] and K. Rajender Reddy, MD, FACG[3] on behalf of the Practice Parameters Commi
American College of Gastroenterology

**Focal liver lesions (FLL) have been a common reason for consultation faced by gastroenterologists and hepato
The increasing and widespread use of imaging studies has led to an increase in detection of incidental FLL. I
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 diagno
this ACG practice guideline, the authors provide an evidence-based approach to the diagnosis and manageme**

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

FEATURE ARTICLE

What you need to know about imag

A practical review of current literature

Gaurav Bhattacharya (MD), Michael Kabiri (MD), Laura Callan (Meds 20
Faculty Reviewer: Dr Michael Lock, MD, CCFP, FCFP, FRCPC Chair (Department of Oncology, Division of Radiation Oncology)

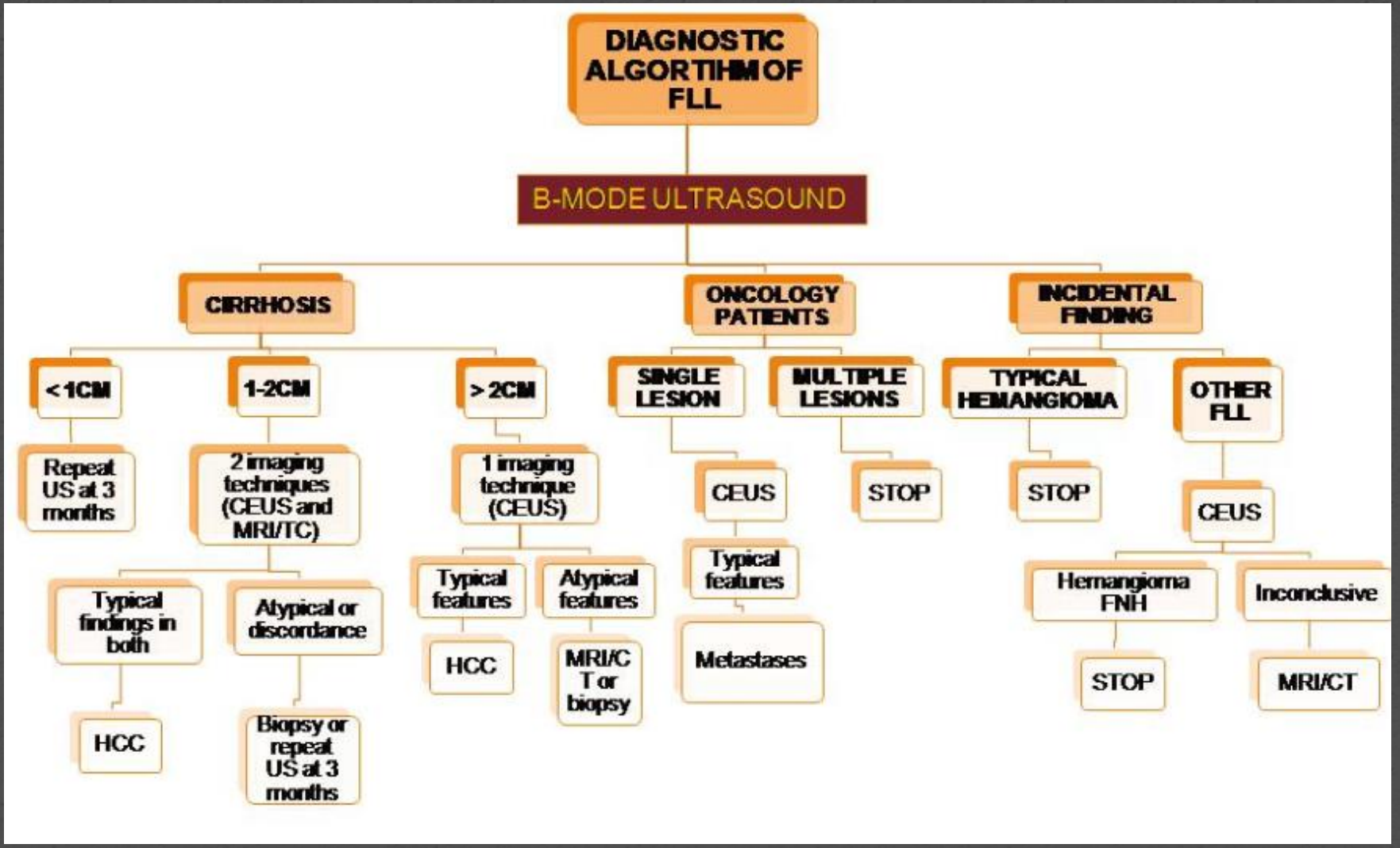
Clinical Practice Guidelines

CrossMark

EASL JOURNAL OF HEPATOLOGY

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

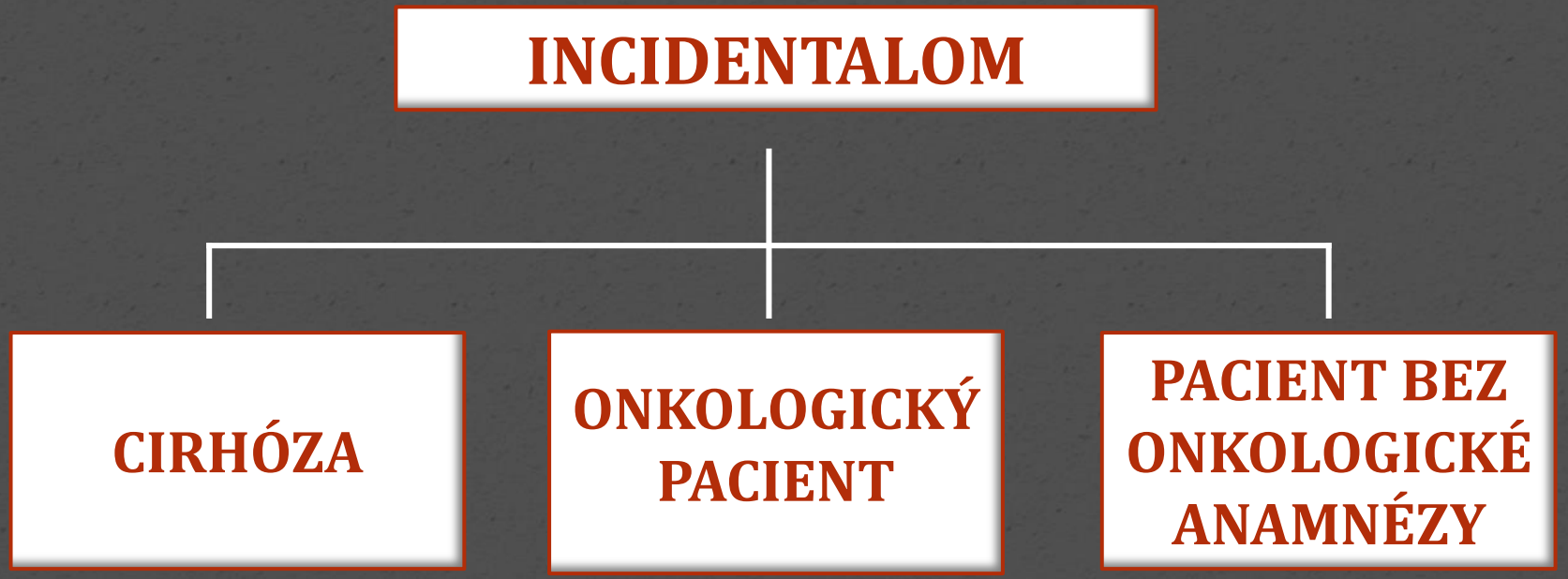
European Association for the Study of the Liver (EASL)*



- **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
CIRHÓZA
ONKOLOGICKÝ PACIENT
PACIENT BEZ ONKOLOGICKÉ ANAMNÉZY

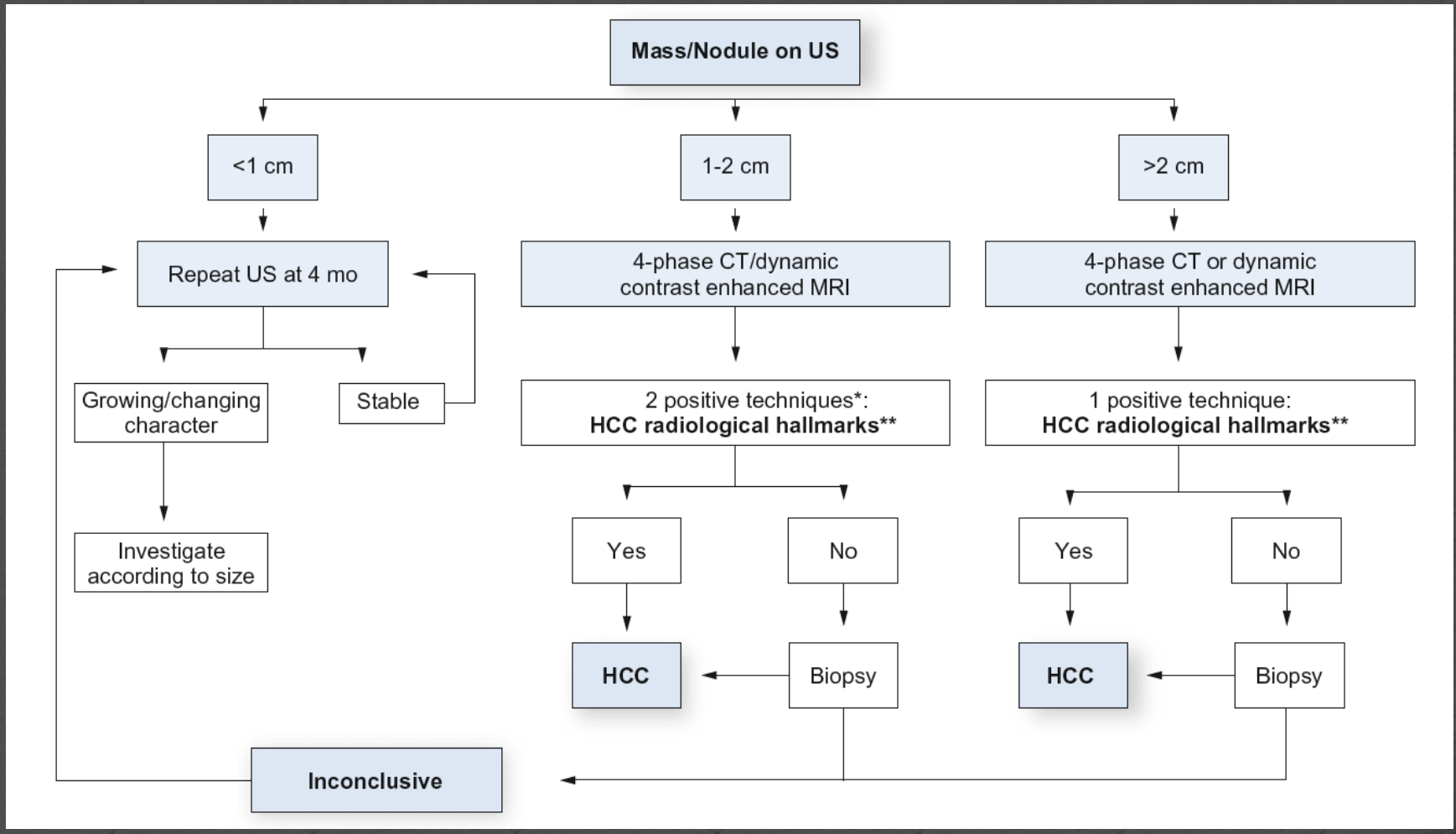
Clinical Practice Guidelines

EASL EUROPEAN ASSOCIATION FOR THE STUDY OF THE LIVER | JOURNAL OF HEPATOLOGY

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



ZDRAVÝ *vs* ONKOLOGICKÝ

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

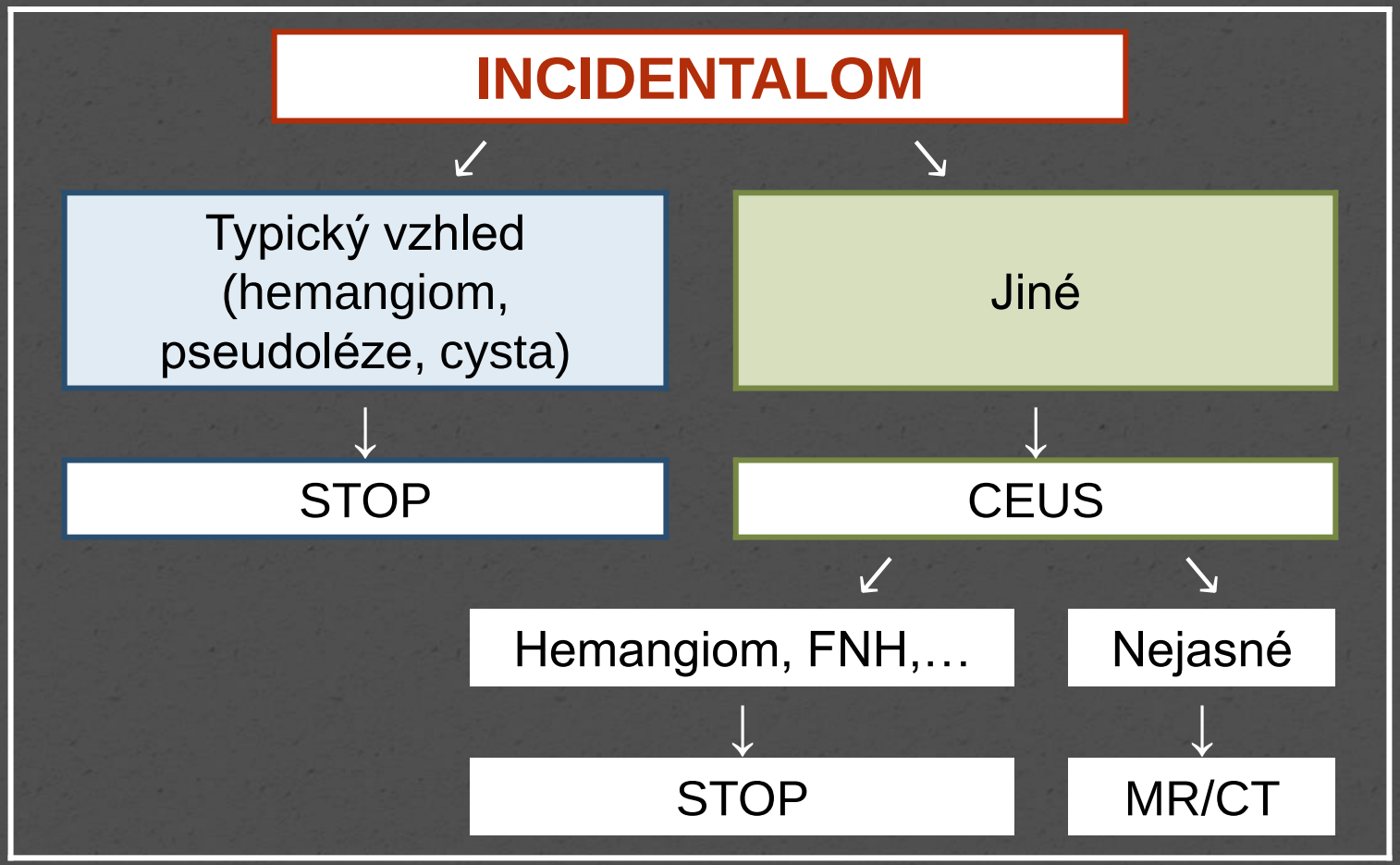
- Pacient bez onkologické anamnézy
  - solitární ložisko do 15mm je BENIGNÍ

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

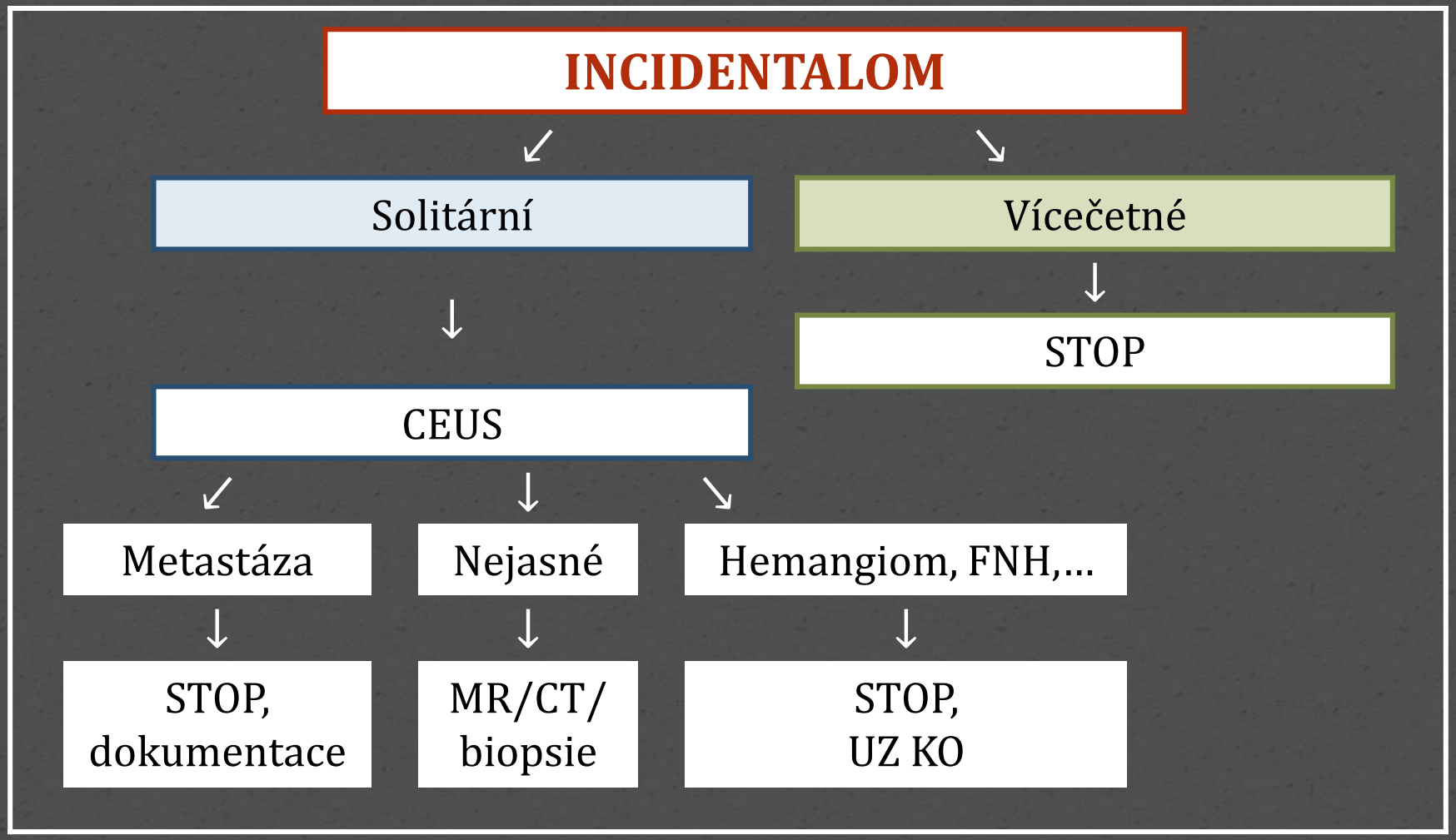
- Typ primárního tumoru
  - Ca prsu – vícečetné malé léze
  - CRC – solitární nebo nečetné větší ložiska

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

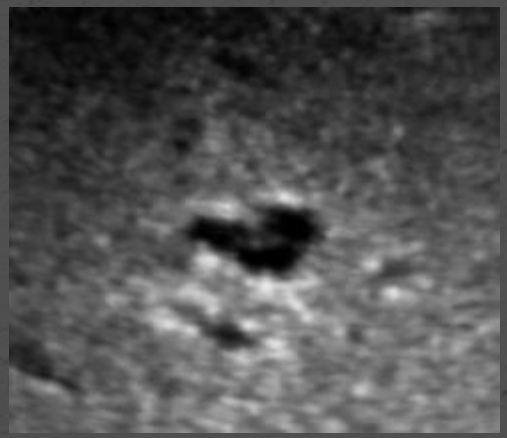


S ONKOLOG. ANAMNÉZOU



TAKE HOME MESSAGE

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




Děkuji
za pozornost