

Advancements in Liver Biopsy: Significance and Clinical Consequences

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DESCRIPTION

Liver biopsy is a medical procedure that involves the removal of a small sample of liver tissue for microscopic examination. It is a critical tool in diagnosing and managing a variety of liver diseases. Despite the advancements in non-invasive imaging techniques and blood tests, liver biopsy remains the gold standard for certain diagnoses due to its ability to provide detailed information about the liver's histological architecture, degree of inflammation, fibrosis, and presence of other pathologies [1].

Techniques of liver biopsy

There are several techniques for performing a liver biopsy, each with its own indications, advantages, and risks. The three main methods are percutaneous, transjugular, and laparoscopic liver biopsy [2].

Percutaneous liver biopsy: Percutaneous liver biopsy is the most common method. It involves inserting a needle through the skin and into the liver to obtain a tissue sample. This procedure can be performed with or without imaging guidance [3].

Blind percutaneous biopsy: Blind percutaneous biopsy, also known as the conventional method, is done without imaging guidance [4]. The clinician relies on anatomical landmarks to guide the needle. While this method is quick and cost-effective, it carries a higher risk of complications, such as bleeding, and a lower diagnostic yield compared to image-guided techniques [5].

Transjugular liver biopsy: Transjugular liver biopsy is performed by accessing the liver through the internal jugular vein. A catheter is threaded through the vein into the hepatic veins, and a biopsy needle is advanced through the catheter to obtain liver tissue [6]. This method is particularly useful in patients with contraindications to percutaneous biopsy, such as severe coagulopathy, ascites, or obesity. Transjugular biopsy is less likely to cause bleeding complications since the liver capsule is not penetrated directly [7].

Laparoscopic liver biopsy: Laparoscopic liver biopsy involves obtaining liver tissue during a laparoscopic surgical procedure.

This method is typically reserved for patients undergoing abdominal surgery for other reasons. It allows for direct visualization of the liver and targeted biopsy of specific areas. Laparoscopic biopsy is highly accurate and can be used to sample multiple areas of the liver, but it is more invasive and costly than percutaneous or transjugular methods [8].

Indications for liver biopsy

Liver biopsy is indicated in various clinical scenarios to diagnose, stage, and manage liver diseases. The main indications include:

Chronic hepatitis: Liver biopsy is used to evaluate the severity of inflammation and fibrosis in chronic hepatitis B and C. This information is crucial for determining the need for and response to antiviral therapy [9].

Non-Alcoholic Fatty Liver Disease (NAFLD): In NAFLD and Non-Alcoholic Steatohepatitis (NASH), liver biopsy helps assess the extent of steatosis, inflammation, and fibrosis. It aids in distinguishing between simple steatosis and NASH, which has a higher risk of progression to cirrhosis and liver cancer [10].

Alcoholic liver disease: Liver biopsy can differentiate alcoholic liver disease from other causes of liver injury and assess the severity of steatosis, inflammation, and fibrosis. It helps guide treatment decisions and prognostication [11].

Autoimmune hepatitis: Liver biopsy is essential for diagnosing autoimmune hepatitis and evaluating the degree of liver damage. It also helps exclude other liver diseases that may present with similar clinical and laboratory features.

Liver tumors: Biopsy of liver masses can distinguish between benign and malignant lesions and identify the histological subtype of liver cancer, guiding treatment planning [12].

CONCLUSION

Liver biopsy remains a vital tool in the diagnosis and management of liver diseases, providing critical histological information that cannot be obtained through non-invasive methods. Despite its risks, when performed correctly and in

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Received: 17-May-2024, Manuscript No. JMDM-24-32655; **Editor assigned:** 20-May-2024, PreQC No. JMDM-24-32655 (PQ); **Reviewed:** 03-Jun-2024, QC No. JMDM-24-32655; **Revised:** 10-Jun-2024, Manuscript No. JMDM-24-32655 (R); **Published:** 17-Jun-2024, DOI: 10.35248/2168-9784.24.13.481.

Citation: Casey D (2024) Advancements in Liver Biopsy: Significance and Clinical Consequences. J Med Diagn Meth. 13:481.

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appropriate clinical scenarios, it offers invaluable insights that guide patient care and improve outcomes. Ongoing advancements in biopsy techniques and imaging guidance continue to enhance the safety and efficacy of this procedure, solidifying its role in modern hepatology.

REFERENCES

1. Parlar YE, Ayar SN, Cagdas D, Balaban YH. Liver immunity, autoimmunity, and inborn errors of immunity. *World J Hepatol.* 2023;15(1):52.
2. Zheng M, Tian Z. Liver-mediated adaptive immune tolerance. *Front Immunol.* 2019;10:2525.
3. Lapierre P, Lamarre A. Regulatory T cells in autoimmune and viral chronic hepatitis. *J Immunol Res.* 2015;(1):479703.
4. Jenne CN, Kubes P. Immune surveillance by the liver. *Nat Immunol.* 2013;14(10):996-1006.
5. Crispe IN. The liver as a lymphoid organ. *Annu Rev Immunol.* 2009;27(1):147-163.
6. Saeed A, Dullaart RP, Schreuder TC, Blokzijl H, Faber KN. Disturbed vitamin A metabolism in non-alcoholic fatty liver disease (NAFLD). *Nutrients.* 2017;10(1):29.
7. Geisler CE, Renquist BJ. Hepatic lipid accumulation: cause and consequence of dysregulated glucoregulatory hormones. *J Endocrinol.* 2017;234(1):1-21.
8. Schutz Y. Protein turnover, ureagenesis and gluconeogenesis. *Int J Vitam Nutr Res.* 2011;81(2):101.
9. Morris AM, Calsbeek DJ, Eckel RH. Lipid metabolism and nutrient partitioning strategies. *Curr Drug Targets CNS Neurol Disord.* 2004;3(5):411-430.
10. Langhans W. Role of the liver in the control of glucose-lipid utilization and body weight. *Curr Opin Clin Nutr Metab Care.* 2003;6(4):449-455.
11. Saviano A, Henderson NC, Baumert TF. Single-cell genomics and spatial transcriptomics: discovery of novel cell states and cellular interactions in liver physiology and disease biology. *J Hepatol.* 2020;73(5):1219-1230.
12. Ramachandran P, Matchett KP, Dobie R, Wilson-Kanamori JR, Henderson NC. Single-cell technologies in hepatology: new insights into liver biology and disease pathogenesis. *Nat Rev Gastroenterol Hepatol.* 2020;17(8):457-472.