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Summary

Liver biopsy or not

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Hepatobiliary | Primary Care | Neurogastroenterology & Motility | Endoscopy

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Liver biopsy remains essential for selected patients despite the widespread adoption of non-invasive fibrosis tests, particularly when there is diagnostic uncertainty, discordant non-invasive test results, or high-stake clinical decisions.

KEY POINTS

- Non-invasive fibrosis tests have reduced the quantity of liver biopsies performed and can risk-stratify the majority of patients, but biopsy is still indicated when liver test elevations remain unexplained after non-invasive workup.
- The speaker presented a case of a 30-year-old female with persistently elevated transaminases (ALT 220, AST 180) and normal FibroScan stiffness where biopsy was necessary to exclude alternative diagnoses beyond fatty liver.
- Biopsy is indicated for fibrosis assessment when non-invasive tests are discordant, such as a patient with liver stiffness of 21 kilopascals but normal synthetic function and platelet count of 200,000, to determine eligibility for new MASLD treatments.
- The speaker reported a case of a 39-year-old with hepatitis B and persistently elevated liver tests despite treatment where biopsy revealed Wilson's disease (massive copper deposition, borderline ceruloplasmin 0.6, high urinary copper), a diagnosis not achievable without histology.
- Percutaneous biopsy is the most common technique and yields larger samples; transjugular biopsy requires more passes but allows HVPG measurement and is suitable for patients with coagulopathy or ascites.
- The speaker recommends always performing biopsy when diagnostic doubt exists, stating it is irreplaceable in post-transplant settings, suspected autoimmune hepatitis, and high-stake management decisions.

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