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Summary

CONTRAST-ENHANCED ULTRASOUND FOR THE DIAGNOSIS OF HEPATOCELLULAR CARCINOMA IN ADULTS WITH CHRONIC LIVER DISEASE. A COCHRANE SYSTEMATIC REVIEW

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Hepatobiliary

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A Cochrane systematic review of 23 studies (6546 participants) found that contrast-enhanced ultrasound as an add-on test for diagnosing hepatocellular carcinoma in adults with chronic liver disease has moderate sensitivity (77.8%) and high specificity (93.8%), but very low certainty evidence limits confident conclusions.

KEY POINTS

- For HCC of any size and stage, CEUS showed sensitivity of 77.8% and specificity of 93.8%, meaning 22% of people with HCC would be missed and 6% without HCC would undergo unnecessary further testing or treatment.
- For resectable HCC, CEUS demonstrated sensitivity of 77.5% and specificity of 92.7%, resulting in 23% of resectable tumors being incorrectly unresected and 8% of people without HCC receiving inappropriate testing or treatment.
- All 23 included studies were at high risk of bias in at least one domain, and more than half had high concerns for applicability, with most using different reference standards and rarely defining time intervals between index test and reference standard.
- The observed heterogeneity in results remains unexplained, and the high risk of bias, imprecision, and applicability concerns substantially limit the ability to draw confident conclusions about CEUS diagnostic accuracy.
- This review is relevant for clinicians and guideline developers considering the role of CEUS in HCC diagnostic algorithms, particularly given ongoing controversy and disagreement among current guidelines.

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