
Diagnostic Methods for Cirrhosis and Portal Hypertension

Annalisa Berzigotti • Jaime Bosch
Editors

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 Springer

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Preface

The past years have witnessed an enormous advancement in all areas of hepatology, from molecular pathophysiology to diagnostic techniques and therapy, to the point that we have now effective therapies for most liver diseases and noninvasive diagnostic tests are creating new gold standards for diagnosis that before required difficult and demanding invasive techniques.

These changes are paramount most especially in the diagnosis of cirrhosis and portal hypertension. We come from an era when cirrhosis was diagnosed based on liver biopsy to one when pathologists prefer to use the term “advanced chronic liver disease” instead of “cirrhosis,” thus underlining the dynamic nature of disease process. In this scenario, different disease stages are better defined on the basis of clinical, imaging, and hemodynamic characteristics than by the biopsy findings that correlate poorly with patient outcome. This is well illustrated by the fact that with similar liver biopsy findings, patient prognosis can be very good (as exemplified by the compensated patient without portal hypertension) or extremely poor (as in the case of the decompensated patient with multiple complications).

The above considerations emphasize one of the major requirements in modern medicine, that is, diagnostic tests should be able to inform on prognosis, therefore providing the basis for both risk stratification at the time of diagnosis and personalizing treatment.

This approach has been used to devise this book that reviews the more recent advances in the diagnostic methods for cirrhosis, the main complication of portal hypertension, and non-cirrhotic causes of portal hypertension. We are making special emphasis on new noninvasive methods and on the use of these tests in the different stages of cirrhosis and different complications of portal hypertension. After being part of the standard of care for the adult population, noninvasive diagnostic methods are increasingly used in the pediatric population with cirrhosis and/or portal hypertension, and this aspect as well as the specificities of diagnostics in Western and Eastern countries is taken into account.

Our aim is to offer to the general hepatologists and hepatologists in training the current state of the art regarding the many different techniques available and under development for clinical decision making. We hope the reader will find in the different chapters of this book—all written by well-known opinion leaders in their fields—a concise but comprehensive and updated, clinically focused guide to answer difficult questions, such as when to think about rare causes of non-cirrhotic

portal hypertension (e.g., long-lasting porto-sinusoidal disease), when to start endoscopic surveillance in a given patient, or when to shift from a completely noninvasive assessment to an invasive measurement of HVPG in different clinical scenarios (e.g., sustained virological response after treatment with direct-acting antivirals).

We would like to acknowledge the commitment and efforts of all the authors from different disciplines (hepatology, endoscopy, radiology, pathology) and from the different areas of the world that have contributed to this book. They provide an outstanding example of what interdisciplinary collaboration can bring into the complex field of hepatology.

We hope that this book will be helpful for hepatologists and physicians interested in liver diseases in order to select the most appropriate diagnostic methods for their patients with cirrhosis and/or portal hypertension.

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Contents

1	Cirrhosis and Portal Hypertension: Staging and Prognosis	1
	Guadalupe Garcia-Tsao	
Part I Gold-Standard Invasive Diagnostic Methods		
2	Liver Biopsy Diagnosis of Cirrhosis	17
	Zachary D. Goodman	
3	Hepatic Venous Pressure Measurement and Other Diagnostic Hepatic Hemodynamic Techniques	33
	Annalisa Berzigotti and Jaime Bosch	
4	Endoscopy	49
	Alessandra Dell’Era and Roberto de Franchis	
Part II Non-Invasive Diagnostic Methods		
5	Non-invasive Serum Markers of Fibrosis	63
	Thomas Pembroke and Giada Sebastiani	
6	Ultrasound Elastography: General and Technical Overview	83
	Veronica Salvatore and Fabio Piscaglia	
7	Liver Stiffness by Ultrasound Elastography	95
	Laurent Castera	
8	Spleen Stiffness by Ultrasound Elastography	113
	Antonio Colechia, Federico Ravaioli, Giovanni Marasco, and Davide Festi	
9	Diagnostic Methods for Cirrhosis and Portal Hypertension: Imaging: Ultrasound and Doppler Ultrasonography	139
	Soon Koo Baik and Moon Young Kim	
10	Contrast-Enhanced Ultrasonography for the Diagnosis of Portal Hypertension	149
	Hitoshi Maruyama and Naoya Kato	

11	Subharmonic Aided Pressure Estimation (SHAPE)	159
	Ipshita Gupta, John R. Eisenbrey, and Flemming Forsberg	
12	Endoscopic Ultrasound and Portal Hypertension	169
	Oriol Sendino and Angels Ginès	
13	Computed Tomography	183
	Maxime Ronot, Romain Pommier, Paul Calame, Yvonne Purcell, and Valérie Vilgrain	
14	Magnetic Resonance Imaging Methods for Assessing Cirrhosis and Portal Hypertension	211
	Naaventhana Palaniyappan, Indra Neil Guha, and Guruprasad Padur Aithal	
15	Magnetic Resonance Elastography of the Liver.	225
	Sumeet K. Asrani and Jayant A. Talwalkar	
 Part III Invasive and Non-Invasive Diagnostic Methods in Special Conditions		
16	Budd-Chiari Syndrome: The Western Perspective	241
	Aurélie Plessier, Audrey Payancé, and Dominique Valla	
17	Budd-Chiari Syndrome and Inferior Vena Cava Obstruction: The Asian Perspective.	257
	Qiuhe Wang and Guohong Han	
18	Extrahepatic Portal Vein Obstruction: Asian and Global Perspective.	271
	Rakhi Maiwall and Shiv Kumar Sarin	
19	Idiopathic Portal Hypertension (Portosinusoidal Disease)	301
	Virginia Hernández-Gea, Ernest Belmonte, Angeles García-Criado, and Juan Carlos García-Pagán	
20	Hereditary Hemorrhagic Telangiectasia (Osler-Weber-Rendu Syndrome) and Liver Vascular Malformations.	309
	Elisabetta Buscarini and Guido Manfredi	
21	Diagnostic Methods of Cirrhosis and Portal Hypertension: Specifics of the Pediatric Population.	325
	Daniel H. Leung, Milton J. Finegold, and Benjamin L. Shneider	