Comparison of Automated Needle Systems for Transjugular Liver Biopsy: A Prospective Randomized Controlled Trial Katelyn Gill¹, Peyton Hopkins, MD², Ziyan Fu, MD³, Hector Ferral, MD²

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Background

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Study Design

• Liver biopsy is the gold standard for the diagnosis and prognosis of both acute and chronic liver pathologies.

• Important for many conditions: chronic hepatitis, drug-induced liver injury, cirrhosis, etc.

• AIM: to compare the quality of biopsy samples collected from two FDA approved needle systems for TJLB.

- Adequate prognostic evaluation is of growing importance as new medications to treat metabolic dysfunction-associated fatty liver disease (MAFLD) and metabolic dysfunction-associated steatohepatitis (MASH) become available.
- Percutaneous liver biopsy is contraindicated in patients with disorders of coagulation, acute liver failure, ascites, or high adiposity. Transjugular liver biopsy (TJLB) represents a safe alternative.
 - The TJLB approach allows for hemodynamic measurement of the hepatic and portal venous systems, providing additional insight to the presence and degree of portal hypertension.
- To appropriately diagnose liver pathologies and help guide treatment planning, biopsy samples that are of adequate diagnostic and prognostic quality are required.

- Quick-Core® (Cook Medical; Bloomington, IN)
- Flexcore® (Argon Medical Devices; Plano, TX)

IRB approved. Prospective Randomized Control Trial

- All patients enrolled must provide informed consent
- Randomized using a random numbers table

Sample Comparison:

- Number of attempts to obtain four samples
- Number of fragmented samples
- Number of complete portal tracts (CPTs- bile duct, portal vein, hepatic artery branch)
- Sample Length

Additional Variables:

• Liver function tests, Model for End Stage Liver Disease (MELD) score, Child Pugh score, hepatic



hemodynamic measurements, percent fibrosis, percent steatosis, and histologic diagnosis

Current Progress

14 patients have been enrolled.

o 9 biopsy procedures performed

Future Plans







Consider expansion to multi-center trial