J Liver 2016, 5:3(Suppl)
http://dx.doi.org/10.4172/2167-0889.C1.009

Future burden of chronic liver diseases and fatty liver dilemma

Pezhman Alavinejad
Ahvaz Jundishapur University of Medical Sciences, Iran

Currently 3 major chronic liver diseases include hepatitis B, hepatitis C and non alcoholic fatty liver disease (NAFLD). Currently hepatitis B is potentially preventable by active and passive immunization and many countries have started general vaccination against HBV since 2 decade ago. On the other hand with introduction of direct acting agents (DAA) against hepatitis C, the SVR rate has raised to more than 90%. So theoretically this virus is eradicable, even our major challenge in this field is not virus per se but also patients' behavior, personality and compliance. Based on these facts, it is imaginable that in the next decades, our major problem in the field of hepatology would be challenging with NAFLD and its potential complication, liver cirrhosis. In the last few decades, the prevalence of NAFLD has grown dramatically and while we relate this disorder mostly to sedentary life style, this type of life style actually has been adopted much earlier than fatty liver pandemic and precedes it for more than 30 years. So we should think about some reason else and keep in mind the celiac story. Currently the prevalence of celiac disease and gluten sensitivity problems is increasing year by year because the quality of nowadays wheat differs with what we ate 50 years ago mostly due to genetic manipulation to be more resist against jassids and achieving more harvest. May be the same story is happening about poultry, dairy and or protein industrial products and immunogenicity have has a role in fatty liver disorders.

pezhmanalavinejad@gmail.com

Is ultrasound-fusion a reasonable replacement to CT in guiding abdominal interventions?

Yasmine Ahmed
University Hospitals Case Medical Center, USA

Objective: To compare the diagnostic yield, complication rate and procedure length of ultrasound-fusion guided liver biopsy with the diagnostic yield, complication rate and procedure length of CT guided liver biopsy, to measure the average ionizing radiation dose that patients are exposed to during a typical CT guided liver biopsy procedure and to present relevant and interesting cases of ultrasound-fusion guided abdominal interventions to describe the efficacious use of the technology.

Methods: A retrospective analysis of 63 patient records that had image-guided liver biopsies performed in our institution was completed. Patient records were divided into two groups according to the type of image guidance used during the procedure (ultrasound-fusion vs. CT) and data was compared using Chi-squared test, Student's t-test and Mann Whitney U test.

Results: The diagnostic yield and complication rates were not statistically significantly different between both modalities. The average procedure time was statistically significant, ultrasound-fusion guided biopsy=31.63 minutes, compared to CT guided biopsy=61.67 minutes (p value=0.003).

Conclusion: Diagnostic yield and complication rates were comparable for ultrasound-fusion and CT. However, the average procedure duration of an ultrasound-fusion guided liver biopsy procedure was approximately half that of CT guided liver biopsy, likely increasing both cost-effectiveness and patient satisfaction.

Yasmine.Ahmed@UHhospitals.org