Non-Invasive Evaluation of Liver Fibrosis by Using Real Time Elastography

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Dear Editor;

In a recent issue of the European Journal of General Medicine we have read the article by Uslu et al with great interest (1). We would like to thank the authors for their comprehensive contribution. However, we would like to report few concerns regarding this study from a methodological point of view. First, it would have been more relevant if the sample size of CHB patients was larger. Second, the usefulness of elastographic methods in abdominal imaging was demonstrated in many trials. In these trials, although the elastic properties of the tissue were mentioned, the lack of analyses of tissue viscosity may cause false results in the estimation of elasticity (2,3). In this point of view, it would be useful if the authors evaluated the cases according to the viscosity parameters.

Third, it was described in the study that the METAVIR scoring system for chronic hepatitis was used to assess the fibrosis stage and the liver specimens were fixed in formalin, embedded in parafin, and stained with hematoxylin and eosin (1). It would have been relevant if the authors had mentioned the length of the biopsy material and the number of the pieces of the portal tracts. It is crucial to state that it has been demonstrated that liver has a heterogeneous fibrotic distribution. Additionally, if the biopsy material is not long enough, appropriate evaluation cannot be done.

A length of at least 25 mm is required to assess the fibrosis score accurately (4). It was demonstrated that 65% of biopsies 15 mm in length were categorized correctly according to the reference value while its sensitivity increased to 75% for a 25-mm liver biopsy specimen without any substantial benefit for longer biopsy specimens (4). Additionally, this sensitivity decreased to 60% when the length of the biopsy specimen is under 10 mm (4).

We are of the opinion that further studies are required to unify the role of transient elastography in the management of chronic hepatitis.

REFERENCES


