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Clinical vignette: Importance of liver biopsy in diagnosing small duct primary sclerosing cholangitis

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INTRODUCTION:

- CLINICAL COURSE:**

- DIAGNOSTIC APPROACH:**

- ◆ Complete HPI and PE is an important starting point.
- ◆ First rule out common causes such as viral, autoimmune, congenital, and malignant etiologies.
- ◆ Tests may include: CBC, chemistry 7, LFT, CA19-9, ferritin, autoimmune panel, viral panel, ceruloplasmin.
- ◆ Perinuclear anti-neutrophil cytoplasmic antibody (pANCA) prevalence of 30-94% in PSC. Not a reliable diagnostic tool.



SMALL DUCT PSC:

- DISCUSSION:**

- ### RECOMMENDATIONS FOR LIVER BIOPSY IN PSC:

- ◆ European Association for the Study of the Liver Recommendations:
 - ◆ "Liver biopsy should be performed to diagnose small duct PSC if high-quality MRCP is normal."
 - ◆ "Liver biopsy may be helpful in the presences of disproportionately elevated serum transaminases and/or serum IgG levels to identify additional or alternative processes."
- ◆ American Association for the Study of Liver Diseases Recommendations:
 - ◆ Liver biopsy "essential in suspected small duct PSC".
 - ◆ "In PSC patients with disproportionately elevated serum aminotransferase values, especially if the antinuclear antigen and/or smooth muscle antigen is positive and/or serum IgG levels are elevated, a liver biopsy may identify features of a PSC–autoimmune hepatitis (AIH) overlap syndrome."
- ◆ General liver biopsy indications from NEJM (one of ten indications):
 - ◆ "Evaluation of the cholestatic liver diseases primary biliary cirrhosis and primary sclerosing cholangitis."

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