

## Ultrasound-guided fine-needle liver biopsy: a multicentre survey of pre-procedure evaluation practices and complication rates

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**SUMMARY.** A survey report was conducted among 12 Italian centres experienced in fine-needle biopsy of the liver. The questions concerned: 1. the performance of inpatient or outpatient fine-needle biopsy; 2. the policy of routine hemostatic evaluation; 3. the management of patients taking aspirin; 4. the number of biopsies performed and the diagnoses obtained; 5. the complications that occurred in relation to coagulation tests values.

The results were as follows: 1. 10 out of 12 centres performed biopsies mainly on outpatients; 2. in only 2 of the 12 centres was a history investigating the patient's hemostasis collected; all centres routinely performed coagulation tests; the most frequent combination included prothrombin time, partial thromboplastin time and platelet count. Among the centres a great variability concerning the test values considered safe existed; 3. in 10 of the 12 centres biopsy was not deferred if the patient was taking aspirin; 4. the amount of biopsies performed was 9156 on a total of 6261 patients, mainly in diagnosing malignant focal liver lesions; 5. in 2 out of 6261 patients (0.03%) bleeding complications were fatal and in 8 out of 6261 (0.13%) non-fatal but significant. Besides hemostatic decompensation, factors involved in the risk of post-biopsy bleeding were the type of the lesion (malignant or hemangiomatous) and the co-existence of cirrhosis.