# Role of Contrast Enhanced Ultrasound in Surveillance for Hepatocellular Carcinoma: a Pictorial Review

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Contrast enhanced ultrasound (CEUS) provides dynamic real-time assessment of focal liver lesions and can resolve indeterminate nodules identified on routine B mode ultrasound surveillance of hepatocellular carcinoma (HCC), through its unique advantages of:

- Superior sensitivity for detection of arterial hypervascularity
- Distinctive use of washout timing to differentiate among lesions.

#### **MALIGNANT LIVER LESIONS**

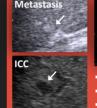
## **Hepatocellular Carcinoma (HCC)**



- A phase: Hypervascular
- PV and Late phase: Late and weak washout
- Variant: Iso/Hypervascular with dysmorphic vessels on A phase, No washout on PV or Late phases.

# Metastasis / Intrahepatic Cholangiocarcinoma(ICC)

Continuous real-time depiction of arterial phase filling pattern









- A phase: Peripheral enhancement
- PV and Late phase: Punched out ± rapid washout
- Variant: Hypervascular on A phase

### BENIGN LIVER LESIONS

#### Haemangioma









- A phase: Peripheral nodular enhancement, centripetal progression
- PV and Late phase: Sustained enhancement
- Variant: Flash filling in A phase, followed by washout

## Focal Nodular Hyperplasia(FNH) - like nodule









- A phase: Central eccentric centrifugal progression of enhancement
- PV and Late phase: Sustained enhancement
- Variant: Isovascular on Late phase

# Focal Fatty Infiltration(FFI)/Focal Fatty Sparing(FFS)



# **CONCLUSION**

Through its unique properties, CEUS adds value in characterizing focal liver lesions during ultrasound surveillance for HCC. As such, CEUS can offer a one-stop exclusion of typical benign liver lesions, precluding the need for subsequent more costly investigations.

# Regenerative Nodule (RN)









Isovascular on all phases

## Dysplastic nodule (DN)









- DN (high & low grade) & HCC represent a spectrum of vascular changes
- DN has variable appearance, but commonly isovascular on all phases

