

Evidence Discussion – Polycystic Liver Disease (AB-29.3)

Ultrasonography is the first step in diagnosing polycystic liver disease (PLD). Abdominal ultrasound to screen for PLD should be offered to all patients diagnosed with autosomal dominant polycystic kidney disease (ADPKD). Imaging follow up is not routinely indicated or recommended in asymptomatic patients. CT Abdomen or MRI Abdomen may be indicated in symptomatic patients to assess the extent of PLD/cyst burden and to assess the liver volume. MRI or CT can be used in PLD to evaluate the distribution of cysts within the liver parenchyma and the relation to hepatic vasculature. Ultrasound or MRI Abdomen may be used to diagnose cyst hemorrhage, when suspected. CT Abdomen is not recommended to diagnose cyst hemorrhage. CT may detect gas or calcification but is less accurate for assessing cyst contents. There is no need to screen family members of patients with PLD for the presence of hepatic cysts unless symptoms are present. Screening for intracranial aneurysms is not recommended for patients with PCLD. Routine post treatment imaging is not indicated.

References:

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