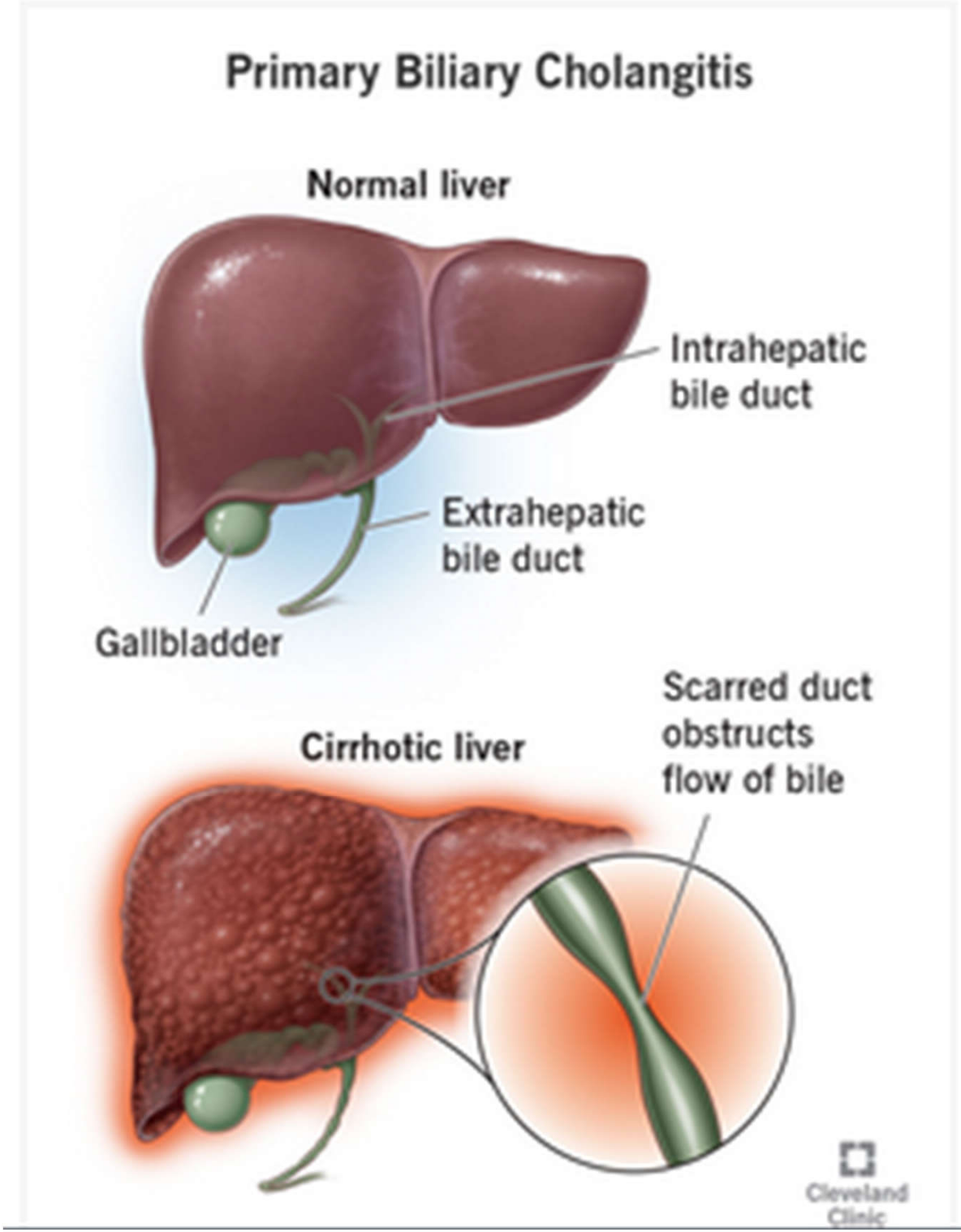
What is primary biliary cholangitis (PBC)?

Primary biliary cholangitis (PBC) is a rare autoimmune disease affecting the bile ducts in the liver. When bile ducts become damaged, bile can build up in the liver, leading to inflammation and scarring.


Primary Biliary Cholangitis
Normal liver
Intrahepatic bile duct
Extrahepatic bile duct
Gallbladder
Cirrhotic liver
Scarred duct obstructs flow of bile
Cleveland Clinic

AuntMinnie.com

CLINICAL NEWS | ULTRASOUND | POCUS

Breast ultrasound technology developer iSono Health has launched its wearable, portable 3D breast ultrasound system, ATUSA.

Designed for point-of-care imaging, the system provides an "ultrasound-as-a-service" model that combines wearable and automated hardware, cloud-based AI, and consumables, according to the firm.

ATUSA received U.S. Food and Drug Administration (FDA) 510(k) clearance in 2022 and is not intended to be used as a replacement for screening mammography. However, the ATUSA Ultrasound Diagnostic Imaging for Breast Lesions Evaluation (AUDIBLE) study will evaluate the diagnostic performance of the platform compared to traditional mammography and MRI, the company noted. The study is being conducted at University of California, Davis (UC Davis), Veda Trials (Axia Women's Health), and the City of Hope.

Coinciding with the product launch, iSono announced the opening of its Series A financing to accelerate global deployments and advance its AI-driven "sentient partner" roadmap toward "machine-as-the-expert breast imaging robotics."

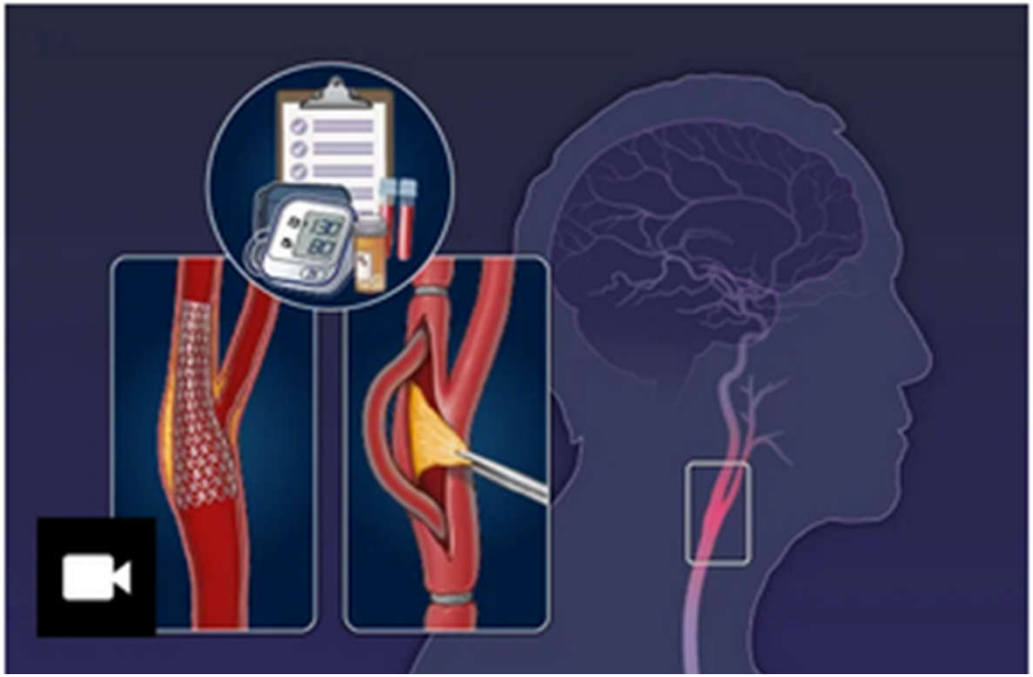
iSono Health has raised $14.7 million, including a new $3 million Seed Preferred round in 2025, led by Draper Associates and Transform VC, with support from JSK Venture, GreenSand Equity, and The Josephine Collective, the firm highlighted.

JOURNAL of MEDICINE

ORIGINAL ARTICLE | CME

Revascularization or Medical Therapy for Carotid Stenosis

T.G. Brott and Others



In high-grade asymptomatic carotid stenosis

and nine strokes occurred in the endarterectomy group.

CONCLUSIONS

Among patients with high-grade stenosis without recent symptoms, the addition of stenting led to a lower risk of a composite of perioperative stroke or death or ipsilateral stroke within 4 years than intensive medical management alone. Carotid endarterectomy did not lead to a significant benefit. (Funded by the National Institute of Neurological Disorders and Stroke and others; CREST-2 ClinicalTrials.gov number, NCT02089217.)

JAMA Network | Open

Ultrasound-Guided Regional Anesthesia by Emergency Physicians for Hip Fractures and Delirium

A Randomized Clinical Trial

Key Points

Question Can a simple knowledge-to-practice intervention increase use of point-of-care ultrasound-guided regional anesthesia (POCUS-GRA) in the emergency department for older people with hip fractures, and does this reduce delirium?

Findings In this randomized clinical trial, a knowledge-to-practice intervention improved POCUS-GRA use, and nerve blocks were safe and quick. Despite suboptimal uptake and block effectiveness, odds of delirium

Conclusion and Relevance In this study, a knowledge-to-practice intervention improved nerve block uptake, and nerve blocks were quick, safe, and mostly effective. Despite suboptimal uptake, the study adds to the evidence that POCUS-GRA reduces delirium.

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Review

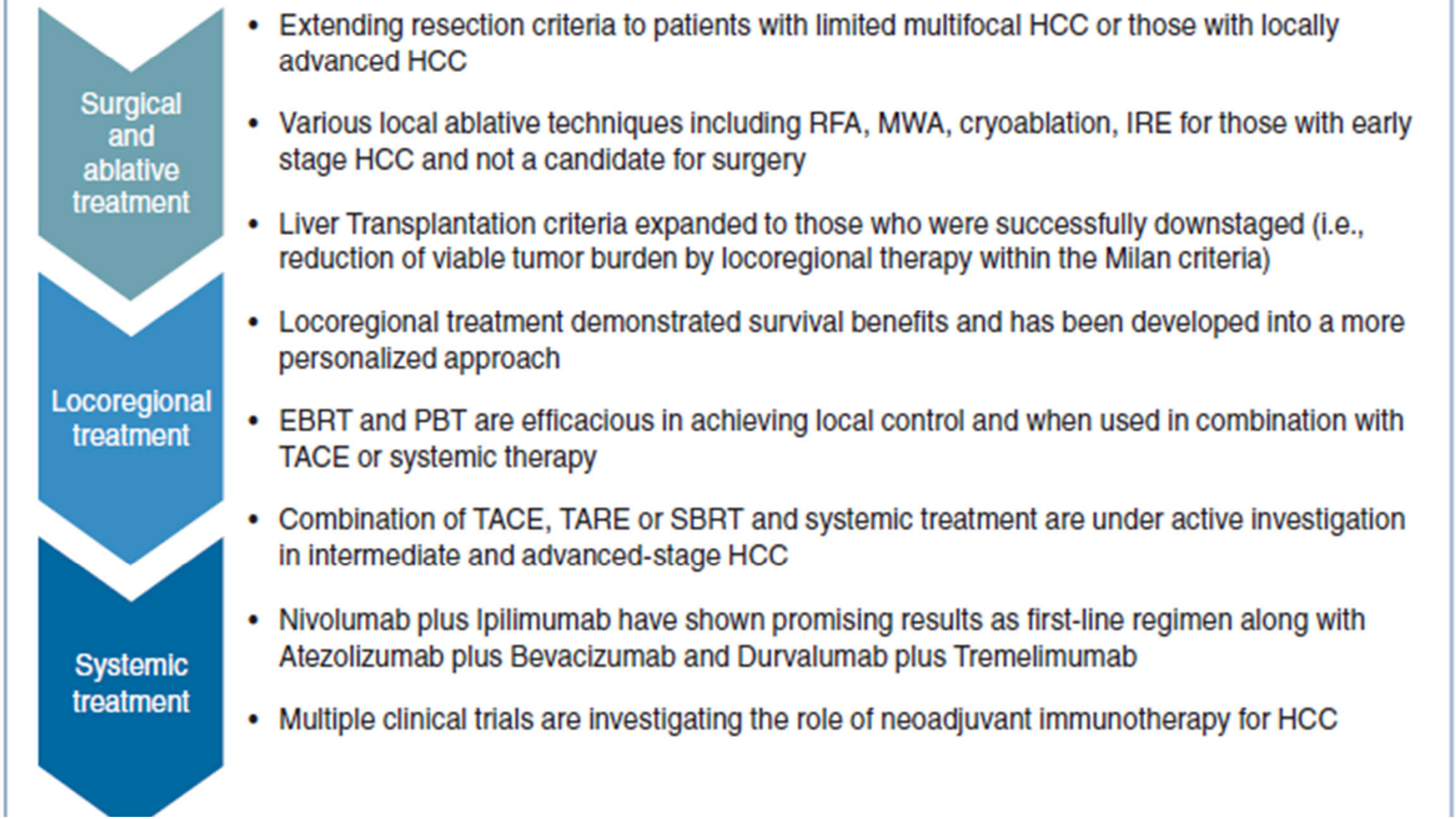
Hepatocellular carcinoma: updates on epidemiology, surveillance, diagnosis and treatment

Soo Young Hwang[1], Pojsakorn Danpanichkul[2], Vatche Agopian[3], Neil Mehta[4], Neehar D. Parikh[5], Ghassan K. Abou-Alfa[6,7,8], Amit G. Singal[9], and Ju Dong Yang[10]

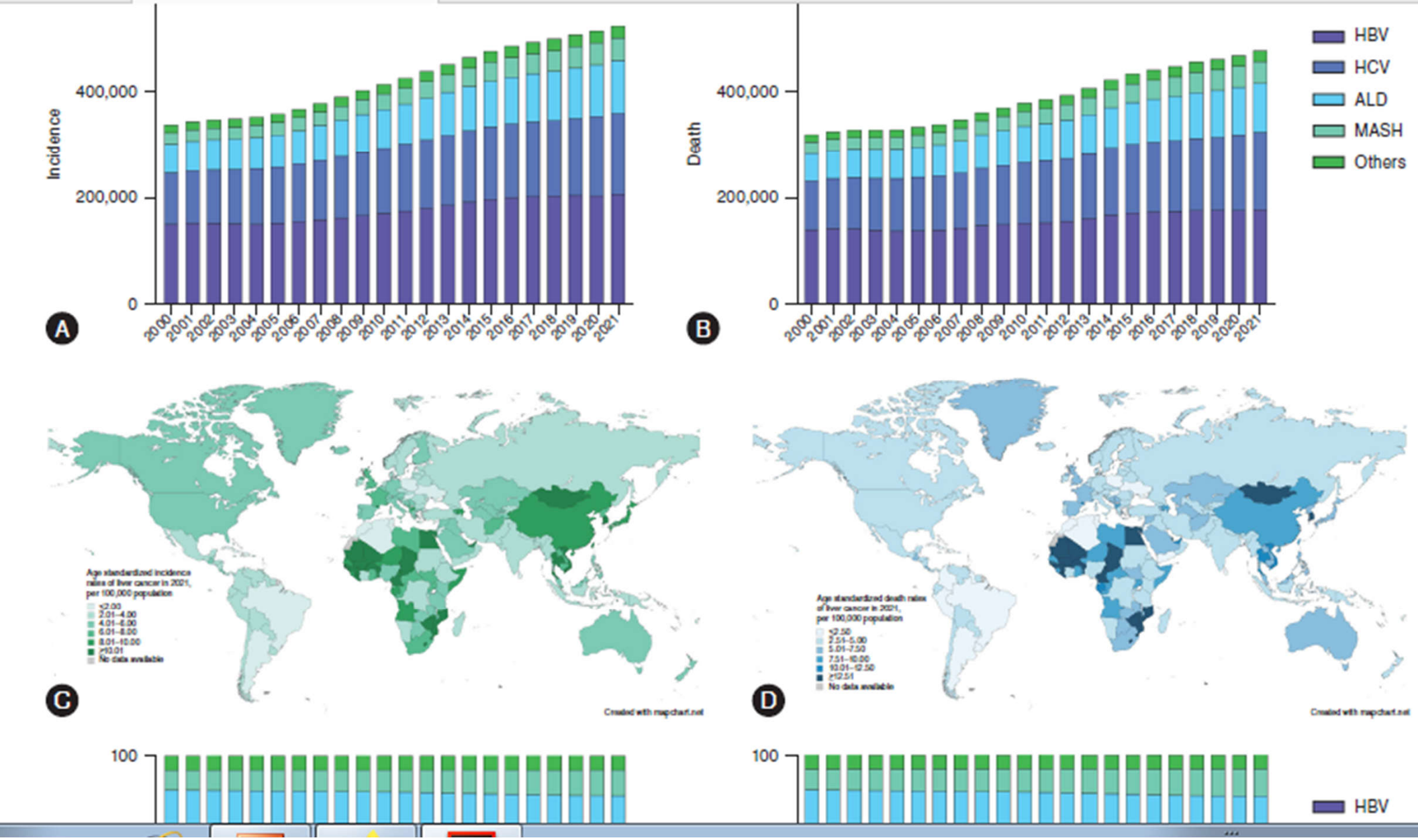
Hepatocellular carcinoma (HCC) is a major global burden, ranking as the third leading cause of cancer-related mortality. HCC due to chronic hepatitis B virus (HBV) or C virus (HCV) infection has decreased due to universal vaccination for HBV and effective antiviral therapy for both HBV and HCV, but HCC related to metabolic dysfunction-associated steatotic liver disease and alcohol-associated liver disease is increasing. Biannual liver ultrasonography and serum α-fetoprotein are the primary surveillance tools for early HCC detection among high-risk patients (e.g., cirrhosis, chronic HBV). Alternative surveillance tools such as blood-based biomarker panels and abbreviated magnetic resonance imaging (MRI) are being investigated. Multiphasic computed tomography or MRI is the standard for HCC diagnosis, but histological confirmation should be considered, especially when inconclusive findings are seen on cross-sectional imaging. Staging and treatment decisions are complex and should be made in multidisciplinary settings, incorporating multiple factors including tumor burden, degree of liver dysfunction, patient performance status, available expertise, and patient preferences. Early-stage HCC is best treated with curative options such as resection, ablation, or transplantation. For intermediate-stage disease, locoregional therapies are primarily recommended although systemic therapies may be preferred for patients with large intrahepatic tumor burden. In advanced-stage disease, immune checkpoint inhibitor-based therapy is the preferred treatment regimen. In this review article, we discuss the recent global epidemiology, risk factors, and HCC care continuum encompassing surveillance, diagnosis, staging, and treatments. (Clin Mol Hepatol 2025;31(Suppl):S228-S254)

Keywords: Hepatocellular carcinoma; Liver neoplasms; Liver diseases; Liver cirrhosis

Recent advances in the management of hepatocellular carcinoma



Tools HCC.pdf ×



CONCLUSION

The landscape of HCC care continuum has transformed dynamically in recent years. The increasing burden of MASLD has brought a challenge in the selection of the population that is eligible for HCC surveillance which subsequently affects the surveillance implementation, policy and appropriate modality for surveillance. Diagnostics are shifting towards precision medicine along with the various treatment options that have emerged. With the advance of locoregional therapy and downstaging HCC, the candi-

THE END