8th WORLD CONGRESS of PEDIATRIC SURGERY
WOFAPS
12-15 November 2025
Titanic Mardan Palace Hotel
ANTALYA, TÜRKİYE

Diagnostic Accuracy of Ultrasound and Transient Elastography in Biliary Atresia Among Infants with Neonatal Cholestasis

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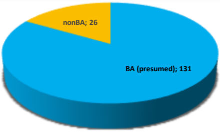
Purpose: To evaluate the diagnostic utility of abdominal ultrasound (US) and transient elastography (TE) in early detection of presumed biliary atresia (BA) among infants with neonatal cholestasis.

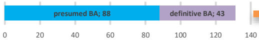
Study Design and Methods

- Retrospective single-center study
- Period: 2013–2023
- 157 infants with neonatal cholestasis

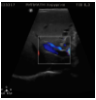
Diagnostic tools:
clinical, laboratory, abdominal US and TE
Confirmation of BA: intraoperative cholangiography or liver biopsy
Non-BA diagnoses: established through clinical, laboratory, and imaging evaluations

Results

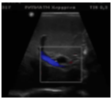




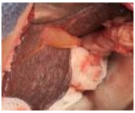
Triangular cord- 38,3%

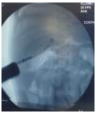


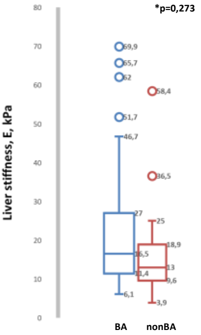
Abnormal gallbladder – 29,7%



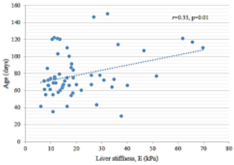
Cystic lesion- 18,3%







	BA	nonBA	p
Total bilirubin (mkmol/l)	207.2±7.1	162.1±14.3	0.001
Conjugated bilirubin (mkmol/l)	127.2±4.9	100.3±7.5	0.025
GGT (U/l)	575.2±54.6	472.7±102.4	n/s
ALP (U/l)	1054.6±76.5	1359.3±295.5	n/s
ALT (U/l)	170.8±15.7	183.7±29.7	n/s
AST (U/l)	206.3±13.2	241.9±62.1	n/s
Albumin (g/l)	35.3±0.63	34.8±1.29	n/s
INR	1.31±0.078	1.22±0.07	n/s



Conclusion: Combining US and TE enhances early, non-invasive diagnosis of presumed BA and supports timely surgical intervention in infants with neonatal cholestasis