25-year-old African American man was noted to have abnormal LFTs on routine physical (total bilirubin 0.5 mg/dL, AST 95 IU/L, ALT 80 IU/L, Alkaline phosphatase 423 IU/L). Trans-abdominal US was reported normal. Other lab studies including CBC, CA 19-9, hepatitis A, B, C serology, AMA, ASMA, ANA, ceruloplasmin, AFP, Fe studies, A1AT, serum albumin, INR were normal. MRCP image is shown:

Which of the following procedure is indicated for this patient?

A. Upper endoscopy  
B. Liver biopsy  
C. ERCP  
D. Colonoscopy

Answer: D  
This patient has large duct PSC based on labs and MRCP findings, upper endoscopy is not indicated because this patient has no clinical evidence of cirrhosis, liver biopsy is indicated for diagnosing small duct PSC. ERCP is indicated only for patients whose MRCP findings are equivocal or MRCP is not feasible. All newly diagnosed patients with PSC should have colonoscopy because of high association of PSC with UC and high risk of colon ca in these patients.