# ENDOSCOPIC ULTRASOUND DIRECT PORTAL PRESSURE MEASUREMENT IS MORE RELIABLE THAN HEPATIC VENOUS PRESSURE GRADIENT MEASUREMENT IN PATIENTS WITH PRE-SINUSOIDAL FORMS OF PORTAL HYPERTENSION

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**A 14-patient study found that EUS-guided portal pressure gradient measurement was safe and detected significantly higher values than HVPG in patients with pre-sinusoidal portal hypertension, suggesting it may be more reliable than the gold-standard indirect method in this population.**

## KEY POINTS

- EUS-guided PPG measurement was technically successful in all 14 patients with pre-sinusoidal portal hypertension (etiologies: 71.4% PSVD, 21.4% NAFLD-cirrhosis, 7.2% PBC) with no adverse events and no platelet transfusions required despite 21% having platelet counts below 50,000 per microliter.
- Mean EUS-PPG was 18.7 ± 3.4 mmHg compared to 9 ± 4.4 mmHg by HVPG ($p<0.0001$), consistent with the known limitation that HVPG may underestimate portal pressure in pre-sinusoidal forms of portal hypertension.
- In four patients naive to non-selective beta-blockers, repeat EUS-PPG after drug titration showed mean PPG decrease from 19.7 to 17 mmHg, with one of four achieving greater than 20% reduction.
- The authors conclude that EUS-guided PPG could be used to assess hemodynamic response to therapy in patients with pre-sinusoidal portal hypertension.

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