

DIAGNOSTIC ACCURACY OF APRI AND FIB-4 IN STAGING LIVER FIBROSIS AND CIRRHOSIS

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Poster

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Cross-sectional study of 106 chronic liver disease patients found FIB-4 superior to APRI for diagnosing cirrhosis, with both scores effective for staging fibrosis when compared to transient elastography.

KEY POINTS

- FIB-4 showed higher diagnostic accuracy for cirrhosis (AUC 0.836) compared to APRI (AUC 0.797), while both performed similarly for significant fibrosis detection (AUC 0.752 vs 0.748).
- A FIB-4 threshold of 1.45 provided 68.6% sensitivity and 83.3% specificity for significant fibrosis; high cut-offs (APRI ≥ 2.0 , FIB-4 ≥ 4.0) achieved over 96% specificity.
- FIB-4 correlated moderately with FibroScan values ($r=0.514$) while APRI showed weaker correlation ($r=0.423$), with a strong correlation between the two scores ($r=0.96$).
- Authors conclude these simple, low-cost tools could support early patient identification and resource optimization in settings with limited elastography access.

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