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Summary

Compensated advanced chronic liver disease and clinically significant portal hypertension: From non-invasive diagnosis to treatment

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Digestive Oncology | Radiology & Imaging | Small Intestine & Nutrition | Hepatobiliary

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Non-invasive tests, particularly liver stiffness measurement, can diagnose clinically significant portal hypertension in compensated advanced chronic liver disease, and the speaker states carvedilol should be initiated at this stage to prevent decompensation rather than waiting for large varices.

KEY POINTS

- The speaker presented that liver stiffness above 25 kilopascals indicates clinically significant portal hypertension is present, while values below 15 kilopascals with normal platelet count rule it out.
- For patients with liver stiffness between 15-25 kilopascals (the intermediate zone), the speaker stated the risk of decompensation in the first year is quite low and recommended repeating non-invasive tests after one year for dynamic reassessment.
- The speaker stated that carvedilol is more potent than standard non-selective beta blockers and is the beta blocker of choice for preventing decompensation in compensated patients with clinically significant portal hypertension.
- The NICER model, integrating liver stiffness, body mass index, platelet count, and spleen stiffness, can further refine diagnosis in the intermediate zone, with a 75% threshold indicating clinically significant portal hypertension.
- The speaker recommended repeating non-invasive tests yearly in all compensated patients because the last measured value best reflects prognosis.
- In obese NASH patients, liver stiffness tends to overestimate pressure, and the anticipated NASH model adding body mass index improves accuracy in this population.

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