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Summary

Can I trust elastography and blood-based non-invasive tests in case of ongoing drinking or active inflammation? Yes or no?

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Liver stiffness measurement can provide clinically useful information during acute inflammation in alcohol-associated hepatitis and autoimmune hepatitis, but interpretation requires integration with biochemical markers, clinical context, and awareness that values reflect both active injury and fibrosis rather than stable fibrosis alone.

KEY POINTS

- In a meta-analysis of 1026 patients with alcohol-related liver disease, the speaker stated that liver stiffness measurement of 25.9 kilopascals had good accuracy for detecting cirrhosis when AST exceeded 75 and bilirubin exceeded 16, though this requires validation in other cohorts.
- Spleen stiffness appears less sensitive to inflammation and short-term changes in alcohol consumption than liver stiffness, and may be more helpful for assessing portal hypertension according to the speaker.
- In autoimmune hepatitis patients with cirrhosis and normal transaminases, the speaker cited a study reporting that one-third had high histological inflammation, and 30 percent with both normal ALT and IgG still showed active inflammation justifying treatment.
- A decrease in liver stiffness does not necessarily indicate fibrosis regression; in the presented case, LSM decreased from 26 to 14.2 kilopascals after alcohol abstinence while FIB-4 fell from 8.4 to 1.89.
- The speakers concluded that clinicians must integrate liver enzymes, stiffness measurements, clinical findings, and imaging, address discordance between tests, and perform follow-up examinations rather than relying on a single measurement during acute illness.

– Liver biopsy in autoimmune hepatitis has sampling error risk, with one-third of patients showing a difference of two or more points in hepatitis activity index between left and right lobe biopsies according to the speaker's cited study.

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