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Summary

Implementation of diagnostic tools: Current status and future perspective

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The speaker reviewed non-invasive diagnostic tools for liver fibrosis assessment in metabolic dysfunction-associated steatotic liver disease (MASLD), emphasizing their role as the new standard of care while acknowledging persistent limitations and grey zones in clinical decision-making.

KEY POINTS

- The speaker stated that liver biopsy, though the gold standard, has significant limitations including a 28% interpretation error rate when performed by non-liver pathologists, sampling error, and high cost.
- FIB-4 is recommended as the initial screening tool; the speaker reported that values less than 1.3 rule out advanced fibrosis while values above 2.67 suggest advanced fibrosis requiring hepatology referral.
- Liver stiffness measurement by Fibroscan can define compensated advanced chronic liver disease when above 15 kilopascals and exclude it when below 10 kilopascals, according to the speaker, though a grey zone of 10-15 kilopascals remains.
- The speaker stated that patients with liver stiffness below 20 kilopascals and platelet count above 150 are at low risk for significant portal hypertension and endoscopy can be waived, validated in more than 50 studies.
- Adding splenic stiffness measurement reduces the grey zone for diagnosing clinically significant portal hypertension from 60% to 15%, the speaker reported.
- In the Q&A, the speaker expressed the view that clinical judgment remains essential in grey-zone cases and that while MRI and Fibroscan may help assess treatment response to emerging MASH therapies, more studies are needed and FIB-4 cannot assess disease progression.

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