Summary: Tips and tricks for liver function testing

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Education & Training | Hepatobiliary | Surgery

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The speaker reviewed assessment strategies for liver disease across different stages, emphasizing that standard liver biochemistry alone is insufficient and that severity of liver fibrosis is the most important predictor of outcomes.

KEY POINTS

- Normal liver tests cannot rule out significant disease in asymptomatic people, and clinical assessment is essential because a stand-alone test cannot provide diagnosis or risk assessment
- The speaker stated that sequential testing for liver fibrosis using algorithms is the most pragmatic and probably cost-effective approach, recommending calculating FIB-4 rather than relying on ALT alone
- Almost half of patients with cirrhosis have normal ALT levels, so standard liver tests in compensated cirrhosis are often normal and lack granularity
- For compensated cirrhosis, the speaker recommended initial assessment with liver function tests and liver stiffness measurement, followed by HPG if patients are in the grey zone
- Liver stiffness measurement less than 15 kilopascals can rule out portal hypertension, particularly if platelet count is normal
- Child-Pugh remains valuable for identifying patients who cannot have surgery, and clinical portal hypertension precludes surgery in most cases

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