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Summary

DOES HEPATIC STEATOSIS AFFECT NON-INVASIVE FIBROSIS ASSESSMENT IN CHRONIC HEPATITIS B? A PROSPECTIVE BIOPSY-CONTROLLED STUDY

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In a prospective biopsy-controlled study of 88 chronic hepatitis B patients, hepatic steatosis (present in 36.8%) did not significantly affect liver stiffness measurement, APRI, FIB-4, or histological fibrosis staging.

KEY POINTS

- Histological fibrosis stage did not differ significantly between patients with and without steatosis (p=0.467), and histological activity index was also comparable (p=0.744).
- Liver stiffness measurement values were not significantly associated with steatosis severity and showed no correlation with CAP-defined steatosis grade, with LSM virtually identical between groups (6.4 kPa in both).
- APRI and FIB-4 scores were comparable between steatosis groups, with findings consistent across all steatosis severity subgroups.
- For detecting significant fibrosis (Ishak stage ≥3), APRI showed the highest diagnostic performance (AUC 0.886), followed by liver stiffness (AUC 0.841), both significantly outperforming FIB-4 (AUC 0.673).
- All patients underwent same-day FibroScan (LSM, CAP, and spleen stiffness) and percutaneous liver biopsy with Ishak scoring as the reference standard.
- The findings support the diagnostic reliability of FibroScan-based fibrosis assessment in chronic hepatitis B patients with coexisting steatosis.

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