THE HEPATIC VENOUS PRESSURE GRADIENT (HVPG) SCORE AS PREDICTOR TOOL OF BLEEDING IN PATIENTS WITH ADVANCED CHRONIC LIVER DISEASE

Filomena Morisco

UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 16, 2023

A retrospective study of 204 compensated advanced chronic liver disease patients found that the HVPG score (comprising platelet count, bilirubin, and INR) was significantly higher in those with endoscopic signs of portal hypertension and in those who subsequently experienced variceal bleeding.

KEY POINTS

- Among 204 patients with compensated advanced chronic liver disease undergoing endoscopy, 108 (52.9%) showed endoscopic signs of portal hypertension including esophageal varices, gastric varices, or portal hypertensive gastropathy.
- Patients with endoscopic signs of portal hypertension had significantly higher HVPG scores (14.14±1.62 vs 12.71±5.2 mmHg, $p<0.001$), higher spleen diameter, lower platelet count, and lower platelet-to-spleen diameter ratio compared to those without such signs.
- Among patients with endoscopic signs of portal hypertension, 11 (10.1%) experienced variceal bleeding after a mean of 29 months; these patients had higher baseline HVPG scores (14.82±0.93 vs 14.07±1.66 mmHg, $p=0.04$) and higher spleen diameter than non-bleeders.
- The authors conclude that the HVPG score is a simple non-invasive tool for predicting portal hypertension and could help stratify bleeding risk in advanced chronic liver disease, though validation in larger cohorts is needed.

VIEW THIS CONTENT ON GUTFLIX

https://gutflix.eu/search/d/2b25b3e2-743c-11ee-959b-0242ac140004

AI-generated summary

This summary was generated by an AI large language model based on the content transcript. It is for informational purposes only and should not be considered a substitute for clinical judgment. Always rely on your professional expertise and the full clinical context when making clinical decisions.