

APRI , FIB -4 AN ALTERNATIVE TO TRANSIENT ELASTOGRAPHY IN OBESE PATIENTS WITH NAFLD

Lamia Kallel

UEG Week Copenhagen 2023

Poster

Hepatobiliary

October 15, 2023

A cross-sectional study of 207 obese patients with NAFLD found that FIB-4 and APRI scores significantly correlated with transient elastography in identifying low probability of advanced fibrosis, with both scores demonstrating high negative predictive values (95.6% and 95.7% respectively) but zero specificity.

KEY POINTS

- The study included 207 obese patients with hepatic steatosis (mean age 48.8 years, 91.4% female) who underwent same-day FibroScan, AST, ALT, and platelet count measurements.
- Mean liver elasticity was 5.38 kPa, with 95.7% of patients having LSM below 12 kPa; 97.1% and 95.2% had low risk of advanced fibrosis by APRI and FIB-4 respectively.
- Significant correlations were found between transient elastography and APRI ($p=0.037$) and FIB-4 ($p<0.001$) for identifying low-probability advanced fibrosis.
- Both APRI and FIB-4 showed high sensitivity (100% and 99.5%) and negative predictive values (95.7% and 95.6%) but zero specificity and zero positive predictive value for advanced fibrosis.
- The authors conclude that FIB-4 and APRI may be useful non-invasive alternatives for excluding advanced fibrosis in obese NAFLD patients when more advanced tests are unavailable.

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