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Summary

SAFETY, CLINICAL RELEVANCE AND TECHNICAL ASPECTS OF EUS-GUIDED PORTAL PRESSURE GRADIENT MEASUREMENT

Lourdes Grande Santamaría

UEG Week Copenhagen 2023 | Poster

Hepatobiliary

October 17, 2023

A 30-patient series reports experience with EUS-guided portal pressure gradient measurement in NAFLD, idiopathic portal hypertension, and hepatocellular carcinoma assessment, with an 83% success rate and minimal adverse events.

KEY POINTS

- EUS-PPGm was successfully obtained in 25 of 30 patients (83%), with portal pressure gradient greater than 5 mmHg found in 14 of 25 cases (56%).
- Among 22 NAFLD patients, 10 (45%) had elevated portal pressure gradient despite no endoscopic or ultrasonographic signs of portal hypertension and no liver fibrosis on biopsy.
- Technical failures occurred in 5 cases (17%), attributed to excessive echoendoscope manipulation causing needle bending in 4 cases and patient breathing movements precluding safe measurement in 1 case.
- Adverse events were limited to one self-limited bleeding from the cardias and one mild epigastric pain two days post-procedure, with no other events at one month follow-up.
- The procedure was often combined with EUS-guided bilobar liver biopsy (26 of 30 patients, 87%) with mean combined procedure time of 45±2 minutes.

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