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Summary

OPTIMISING VARICEAL SCREENING IN PORTAL HYPERTENSION: THE ROLE OF LIVER AND SPLENIC STIFFNESS MEASUREMENT

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Retrospective analysis of 1,703 patients with advanced chronic liver disease demonstrates that applying Baveno VI and VII non-invasive criteria could reduce variceal screening endoscopy burden by approximately 75%.

KEY POINTS

- In a cohort of 1,703 patients who underwent FibroScan between January and December 2024, 274 patients with liver stiffness measurement ≥10 kPa would require oesophagogastroduodenoscopy under current British Society of Gastroenterology guidelines.
- Applying Baveno VI criteria (liver stiffness <20 kPa and platelet count ≥150×10^9/L) identified 149 patients who could safely avoid endoscopy.
- Applying Baveno VII criteria identified 57 patients with clinically significant portal hypertension (liver stiffness ≥25 kPa) who could be managed with non-selective beta-blockers without screening endoscopy.
- A total of 206 out of 274 patients (approximately 75%) could avoid oesophagogastroduodenoscopy by implementing Baveno VI and VII risk stratification criteria.
- The authors conclude these findings support routine use of non-invasive risk stratification in advanced chronic liver disease management to optimise resource allocation.

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