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Summary

PLATELET COUNT AS A NON-INVASIVE INDICATOR OF ESOPHAGEAL VARICE GRADES IN CIRRHOTIC PATIENTS: COULD IT BE A PREDICTIVE TOOL?

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UEG Week Berlin 2025 | Poster

Hepatobiliary

October 5, 2025

A study of 51 cirrhosis patients found a significant negative correlation between platelet count and esophageal variceal grade, with a cutoff of 91,000/mm^3 predicting large varices with 100% sensitivity and 81% specificity.

KEY POINTS

- Patients with lower platelet counts were more likely to have high-grade varices, while higher platelet counts were associated with low-grade varices ($p < 0.001$).
- Mean platelet counts decreased with increasing variceal severity: 167,538/mm^3 for grade I, 88,500/mm^3 for grade II, and 59,043/mm^3 for grade III varices.
- ROC analysis identified 91,000/mm^3 as the optimal platelet cutoff for predicting large varices, with AUC 0.9, 100% sensitivity, 81% specificity, and 100% negative predictive value.
- The study included 51 newly diagnosed cirrhosis patients with endoscopically confirmed varices (46% grade III, 28% grade II, 26% grade I), excluding those with hepatocellular carcinoma or prior variceal treatment.
- The findings suggest platelet count could serve as a non-invasive predictive marker for esophageal variceal grade in cirrhosis patients.

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