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Summary

REFINING BAVENO VII WITH SPLEEN STIFFNESS TO BALANCE SAFETY AND ENDOSCOPY AVOIDANCE FOR HIGH-RISK VARICES: A PROSPECTIVE SAME-DAY STUDY

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In 195 patients with compensated advanced chronic liver disease, adding spleen stiffness measurement to Baveno VII criteria increased endoscopy avoidance from 23% to 48% while maintaining 92% sensitivity for high-risk varices.

KEY POINTS

- Spleen stiffness measurement ≤40 kPa alone spared 40.0% of endoscopies with 95.0% sensitivity and missed 4 of 64 high-risk varices (6.3%), outperforming Baveno VII criteria alone (23.1% spared, 2 missed).
- The expanded combined strategy requiring either Baveno VII or spleen stiffness ≤40 kPa spared 94 of 195 endoscopies (48.2%) with 92.2% sensitivity and 94.7% negative predictive value, missing 5 of 64 high-risk varices (7.8%).
- The conservative combined strategy requiring both Baveno VII and spleen stiffness ≤40 kPa achieved 100% sensitivity and 100% negative predictive value with no missed high-risk varices, but spared only 18.5% of endoscopies.
- Spleen stiffness measurement demonstrated the highest discriminative ability for high-risk varices with an AUROC of 0.860 compared with 0.694 for liver stiffness and 0.702 for platelet count.
- This was a prospective same-day study; patients with high-risk varices had significantly lower platelet counts and higher liver and spleen stiffness values (all $p<0.001$).

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