

12TH EURO-GLOBAL GASTROENTEROLOGY CONFERENCE

September 11-12, 2017 | Paris, France

Gamma-glutamyl-transpeptidase to platelet ratio is not superior to APRI, FIB-4 and RPR for diagnosing liver fibrosis in CHB patients in China

Chao Wu*, Rui Huang, Yong Liu, Bei Jia, Jian Wang and Weimao Ding
Nanjing University Medical School, China*
Huai'an No. 4 People's Hospital, China

The gamma-glutamyl transpeptidase to platelet ratio (GPR) is a novel index to estimate liver fibrosis in chronic hepatitis B (CHB). Few studies compared diagnostic accuracy of GPR with other non-invasive fibrosis tests based on blood parameters. We analyzed diagnostic values of GPR for detecting liver fibrosis and compared diagnostic performances of GPR with APRI (aspartate aminotransferase-to-platelet ratio index), FIB-4 (fibrosis index based on the four factors), NLR (neutrophil-to-lymphocyte ratio), AAR (aspartate aminotransferase/alanine aminotransferase ratio) and RPR (red cell distribution width-to-platelet ratio) in HBeAg positive CHB and HBeAg negative CHB. We found AUROCs of GPR in predicting significant liver fibrosis, advanced liver fibrosis and liver cirrhosis were 0.732 (95%CI 0.663 to 0.801), 0.788 (95%CI 0.729 to 0.847) and 0.753 (95%CI 0.692 to 0.814), respectively. Further comparisons showed the diagnostic performance of GPR was not significantly different with APRI, FIB-4 and RPR in identifying significant fibrosis, advanced fibrosis and cirrhosis, but it was significantly superior to AAR and NLR in both HBeAg positive CHB and HBeAg negative CHB. In conclusion, GPR does not show advantages than APRI, FIB-4 and RPR in identifying significant liver fibrosis, advanced liver fibrosis and liver cirrhosis in both HBeAg positive CHB and HBeAg negative CHB in China.

dr.wu@nju.edu.cn