Transient elastography in non-cirrhotic portal fibrosis: A comparative study with child’s A cirrhosis in a tertiary care center

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Background & Aim: Non-cirrhotic portal hypertension (NCPH) is one of the important causes of variceal bleed in tropical countries. In chronic liver disease, a very useful non-invasive method for the diagnosis of fibrosis is liver stiffness (LS) measurement by transient elastography (TE). There are only limited studies evaluating TE in patients with Non-cirrhotic portal fibrosis (NCPF). So, the aim of this study was to evaluate role of TE in NCPF.

Methods: This is a case control study of retrospectively collected data from 25 patients of NCPF from September 2015 to August 2017. All patients had liver biopsy, TE, computed tomography of abdomen. 25-age and gender matched healthy subjects and 50-age matched patients with cirrhosis whereas Child’s A was taken as controls.

Results: The mean age of the patients was 26.5 (15-40) years, with female predominance (Female>Male=19:6). Of the 25 patients, 21 had variceal bleed requiring endoscopic band ligation and 3 required glue therapy for fundal varices. The platelet count (87 vs. 115×10³/ml) was lower and total leucocyte count (2.5 vs. 5.9×10³/cu mm, P< 0.05), was significantly lower in patients with NCPF compared to patients with cirrhosis. TE (Fibroscan) was significantly low in patients with NCPF compared to cirrhotic patients (8.2 vs. 47.4 kPa, P<0.005), but high compared to healthy controls (8.2 vs. 4.7 kPa, P<0.005).

Conclusion: Transient elastography (Fibroscan) is significantly low in patients with NCPF compared to patients with cirrhosis. It is a very useful non-invasive technique to differentiate between Child’s A cirrhosis and non-cirrhotic portal fibrosis.

Biography
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