OP012

Is splenic stiffness measurement(SSM) better than Baveno VII criteria to predict oesophageal and cardio- fundal varices in patients with compensated advanced liver cell disease (cACLD)?

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Introduction
Liver and splenic stiffness measurements (LSM and SSM) using transient elastography (TE) are being increasingly used as a screening tool to predict varices.

Objectives
We aimed to test the utility of Baveno-VII criteria (LSM>25kPa, LSM>20kPa with platelet count <130,000 and LSM>15kPa with platelet count <110,000) and SSM to predict oesophageal and cardio-fundal varices in a cohort of Sri Lankan patients with aALCD.

Methods
Consecutive patients with newly diagnosed Child's class A cALCD (non-viral, BMI<30) were recruited prospectively. They underwent upper gastrointestinal endoscopy by an endoscopist followed by a Fibroscan by an operator who is unaware of endoscopy findings using ECHOSENS-Fibroscan-502 to measure LSM and SSM. Validity measurements of three Baveno-VII criteria and SSM values to predict oesophageal and cardio-fundal varices were calculated.

Results
One hundred and seventy-four individuals were recruited [Mean (95%CI) age 61.4 (59.7-62.8) years, 110 males], and 106 had varices. Our results indicate that the three Baveno VII criteria had sensitivities of 61%, 63% and 42%, and specificities of 79%, 77% and 87%. SSM>30kPa alone or in combination with LSM>15kPa had sensitivity of 81&75%, specificity of 72&83%, PPV of 82&87%, NPV of 71&67% and accuracy of 78&78% consecutively to predict oesophageal and cardio-fundal varices.

Conclusion
Baveno VII criteria had low sensitivity but high specificity to predict oesophageal and cardio-fundal varices. SSM>30kPa alone or in combination with LSM>15kPa seemed to predict oesophageal and cardio-fundal varices better.

Key words: *Cirrhosis, varices, liver stiffness, splenic stiffness*