LIVER STIFFNESS FOR PORTAL HYPERTENSIVE GASTROINTESTINAL BLEEDING AFTER HCV CURE

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Background:

Among patients with active HCV-infection, values of liver stiffness (LS)<21 kPa identify individuals without risk of developing portal hypertensive gastrointestinal bleeding (PHGB).Thus, this LS level has been incorporated to some management algorithm of HCV-infected patients,so that upper gastrointestinal endoscopy (UGE) is safely spared in those with LS<21 kPa.However, there is no information about its predictive value among HCV-infected patients after SVR.So, the aim of this study was to assess the predictive ability of LS for PHGB in HCV-infected patients with

advanced fibrosis who attain SVR with DAA-based therapy.

Methods:

Multicentric prospective cohort study where HCV-monoinfected patients and HIV/HCV-coinfected patients were included if they met the following inclusion criteria: 1)Had achieved SVR with a DAA-based regimen; 2)Had LS values ≥9.5 kPa prior to treatment; 3)Had an available LS measurement at SVR time-point.Patients with PHGB episodes prior to SVR were excluded.Absolute frequencies and accumulated incidences of PHGB after SVR were calculated.

Results:

In this study,991 individuals were included. 647 (65%) were coinfected with HIV. 598 (60%) patients showed cirrhosis prior to treatment and specifically 360 (36%) had LS values ≥21 kPa. The corresponding figures at SVR were: 413 (42%) individuals with LS ≥14 kPa and 227 (23%) with LS ≥21 kPa. After a median follow-up time (Q1-Q3) of 37 (24-42) months, 9 [0.9% (0.5%-1.7%)] patients developed a first PHGB episode. The cummulative incidences of PGHB in the group of patients with LS ≥21 kPa and in patients with LS ≥14 kPa, after SVR, were respectively 4.0% (2.1%-7.4%) and 2.2% (1.2%-4.1%).133 (37%) individuals with LS ≥21 kPa prior to treatment had a value below this cut-off at the time of SVR. None out of the 764 patients who showed LS <21 kPa at SVR time-point presented a PHGB event. Hence, the negative predictive value of this LS cut-off for the emergence of a first PHGB episode after SVR was 100%.

Conclusion:

The predictive ability of the LS 21 kPa cut-off for a first PHGB episode evidenced in patients with HCV-active infection remains among HCV-infected individuals who attain SVR with DAA-based therapy.These results suggest that stopping surveillance of esophagogastric varices in patients with LS<21 kPa at SVR is safe.At least 133 (37%) patients with LS≥21 kPa,in whom this parameter declines below to such a cut-off with SVR, may benefit from this decision.

Clinical:

(J) Hepatitis Viruses and Liver Complications

Keywords:

DAA
Hepatic decompensation
Hepatitis C virus
Liver stiffness
Sustained virologic response

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