

PS088

NEW RECOMMENDATIONS OF BAVENO VI CONFERENCE FOR THE SCREENING OF PORTAL HYPERTENSION: AN INDEPENDENT SEQUENTIAL VALIDATION IN PATIENTS WITH COMPENSATED VIRAL CIRRHOSIS TAKING INTO ACCOUNT VIROLOGICAL STATUS (ANRS CO12 CIRVIR COHORT)

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Background and Aims:

The early detection of cirrhosis by noninvasive methods, and the cure of viral cirrhosis by new antiviral drugs, lead to a decrease of portal hypertension (PHT)-related events in patients with compensated cirrhosis. Hence, recommendations for the screening of esophageal varices (EV) have been revised recently (Baveno VI conference). Patients with liver stiffness (LS) <20 kPa and platelets count (plt) >150,000 should not undergo endoscopic screening anymore. The aim of this study was to provide an independent validation of Baveno VI recommendations in a large multicentric cohort of patients with compensated viral cirrhosis followed-up prospectively.

Methods:

The study involved 35 French centers. Inclusion criteria were: (1) biopsy-proven HCV or HBV cirrhosis, (2) Child-Pugh A, no previous hepatic complication, (3) LS <20 kPa and plt >150,000 at inclusion, and (4) endoscopic procedure at inclusion and at least once during follow-up. Patients with history of banding or with uninterpretable LS were excluded. Patients were prospectively followed-up. Progression of PHT was defined as occurrence of grade II EV or a PHT-related bleeding episode, or need for banding during follow-up. Virosuppression was considered as a time-dependent covariate and was defined as viral eradication in HCV and maintained undetectable viral load in HBV patients.

Results:

Among 1671 patients, 790 had regular follow-up of PHT; 156 (19.7%) patients had baseline plt >150,000 and LS <20 kPa and were included in the present analysis (HCV 112, HBV 44; plt: 194.5 [175.5–219.5]; LS: 10.6 [8.0–13.8]). At inclusion, 141 (90.3%) had no EV, 15 (9.7%) had grade I EV, and none had grade II-III EV. During a median follow-up of 39.7 (22.6–61.7) months, 6/156 (3.9%) exhibited progression of PHT. Cumulative incidence of progression of PHT at 1 and 5-year were 0.7% and 4.9% respectively. At endpoint, virosuppression was achieved in 57.8% patients. The only factor associated with the progression of PHT was the occurrence of plt < 150,000 or LS > 20 kPa at least once during follow-up, which occurred in 4/6 (66.7%) of patients with progression of PHT vs 49/150 (32.7%) of patients without progression.

Conclusions:

In patients with compensated viral cirrhosis, endoscopic screening can be avoided when plt > 150,000 and LS < 20 kPa (20% of patients). A decrease in plt or increase in LS during follow-up should prompt endoscopic screening even when viro-suppression is obtained.