

RESTITUTION OF WORKSHOP 1: Non-invasive methods for the management of cirrhosis

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GENERAL CONSIDERATIONS

- A common characteristic of all chronic liver diseases is the occurrence and progression of fibrosis towards cirrhosis.
 - Liver fibrosis is a dynamic process, able to regress in some cases.
 - Liver biopsy remains the gold standard in liver fibrosis evaluation.
 - Non-invasive assessment of liver fibrosis has experienced an explosive growth in recent years.
 - FibroScan is the most widely used non-invasive method in Europe.
 - There are many alternative serum non-invasive methods validated to assess liver fibrosis.
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CHRONIC HEPATITIS B

- In chronic hepatitis B, non-invasive fibrosis tests allow to identify patients with advanced fibrosis and cirrhosis.
 - Transient elastography (TE) should be preferred to other non-invasive methods.
 - TE is useful to select candidates for antiviral therapy, and adds to prognosis.
 - In a patient with decompensated liver cirrhosis, TE has limited utility.
 - Liver biopsy may still be indicated in doubtful cases, and collagen proportional area is a promising tool for sub-classifying cirrhosis.
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CHRONIC HEPATITIS C

- Non-invasive assessment of liver fibrosis should be recommended every 6-12 months.
 - Delaying antiviral therapy has a clear detrimental effect on treatment effectiveness and clinical status.
 - Treating all patients with chronic hepatitis C, even those at earlier fibrosis stages, may be cost-effective.
 - The new direct antivirals used under EASL 2015 recommendations offer many possibilities for previous non-responders to standard therapy based on peg-IFN plus Ribavirin.
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