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A NONINVASIVE PANEL FOR DIAGNOSIS OF ESOPHAGEAL VARICES IN PATIENTS WITH COMPENSATED CIRRHOSIS

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Background & Aim: Varices are present in 30-40 % of patients with compensated cirrhosis (Child-Pugh class A). Although screening endoscopy for esophageal varices (O.V.) is recommended to all patients with cirrhosis, this recommendation is not a result of evidence– based data. We studied the association of (platelet count/spleen diameter ratio, insulin resistance and splenoportal index) and the presence of O.V. in patients with compensated cirrhosis.

Patients & Methodology: 124 patients with compensated liver cirrhosis due to chronic HCV were studied. After clinical, laboratory ultrasound examinations, all patients underwent screening endoscopy and O.V were reported as present or absent. According to presence or absence of varices; two groups were described. group I without varices and group II with varices.

Results: Among 124 patients with mean age of (51.81±12.94), 2 groups were described: group I (30 patients) and group II (94 patients) with a male majority (20 patients in group I and 66 patients in group II). In group I and group II: the mean platelet count/spleen diameter ratio was (1022.6±73.36, 608.76±58.44) respectively, the mean insulin resistance value was (2.426±0.618, 3.081±0.474) respectively. The mean splenoportal index (SPI) value was (2.878± 0.870, 6.349±0.514) respectively.

Conclusions: Low platelet count/spleen ratio and high SPI are very useful non invasive predictors for the presence of O.V. that could be used either separately or combined to decrease the number of upper GIT endoscopies needed in cirrhotic patients management, However insulin resistance as a non invasive predictor is still in need for further evaluation.

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