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Abstract Discussion Forum **(0)**

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EUS-GUIDED SHEAR WAVE ELASTOGRAPHY OF SPLEEN CAN PREDICT CLINICALLY SIGNIFICANT PORTAL HYPERTENSION IN CIRRHOSIS: PROSPECTIVE PILOT STUDY

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Background and Aim: Splenic Stiffness Measurement can accurately identify clinically significant portal hypertension. EUS guided shear wave elastography (SWE) is a new technology permitting stiffness assessment of various intra-abdominal organs, including spleen. The aim of this study was to assess and compare EUS-SWE of spleen in healthy controls, compensated cirrhosis and decompensated cirrhosis patients.

Methods: This was a prospective single center study. Thirty patients undergoing EGD at a tertiary care referral hospital who fulfilled eligibility criteria and consented to participate in the study were enrolled during from November 15 to November 30, 2024 to undergo additional diagnostic EUS-SWE of spleen with splenic stiffness assessment was performed using Olympus EU-ME-3. Ten normal patients, 10 patients with compensated cirrhosis and 10 patients with decompensated cirrhosis were enrolled for the study. Diagnosis of cirrhosis was based on non-invasive fibrosis assessment and clinical, radiologic and biochemical findings. Routine blood tests including liver function tests were obtained for the patients. Statistical Analysis was performed in STATA, version 10.1 (2011). Comparisons between two groups were performed with t-test (for means) and Z test (for proportions); and comparisons across three groups were performed with ANOVA F-test (for means) and Pearsonâ€™s Chi-square test (for proportions).

Results: There was a significant difference in groups with regards to age, gender, aetiology of cirrhosis, size of varices, leukocyte count, platelet count, MELD score, Child-Turcott-Pugh score. EUS-SWE of spleen was significantly different among the three groups with the highest values in decompensated cirrhosis vs. compensated cirrhosis vs. controls (46.7 +/- 3.9 vs. 32.2 +/- 9.2 vs. 19.3 +/- 6.9; p=0.0001).

Conclusion:
EUS-SWE of spleen is higher in decompensated cirrhosis compared to compensated cirrhosis and controls. Additionally, it is also higher is compensated cirrhosis compared to controls. This can serve as an important tool to predict significant portal hypertension.

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