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O233 Surrogate markers for liver damage (i.e. how can we measure the extent of fibrosis and disease without biopsy)

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Accurately staging liver fibrosis is crucial for treatment decisions and prognostication in HIV-infected patients with liver disease. Liver biopsy is currently the gold standard for determining the stage of liver fibrosis. There are risks associated with liver biopsy; therefore, surrogate markers to predict the severity of disease would be useful. Available fibrosis marker panels have acceptable performance for identifying significant fibrosis and cirrhosis in HIV/HCV-coinfected patients but are not yet adequate to replace liver biopsy. Additional studies are necessary to identify the optimal measure. Transient elastometry (TE) is accurate for detecting significant liver fibrosis and cirrhosis in hepatitis C virus (HCV)-monoinfected patients. However, this procedure has been insufficiently validated in patients with human immunodeficiency virus (HIV) and HCV co-infection. The diagnostic accuracy of TE is high for detecting cirrhosis and good for diagnosis of significant liver fibrosis. However, the performance of TE is low for discriminating mild fibrosis from significant liver fibrosis, which might limit the applicability of this technique in clinical practice.