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Forum



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SHARP PRIZE ABSTRACTS

The routine clinical use of FIB-4 in lipid clinics

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Background

Non-alcoholic fatty liver disease (NAFLD) includes a spectrum; simple steatosis to non-alcoholic steatohepatitis (NASH), advanced fibrosis and rarely, progression to cirrhosis. Liver biopsy, to confirm NAFLD, is costly, invasive and associated with complications. Hence, non-invasive biomarkers, such as Fibrosis-4 Index (FIB-4) are helpful to screen those at higher risk. As NAFLD is the hepatic manifestation of metabolic syndrome, we assessed the clinical utility of routine FIB-4 in patients presenting to lipid clinic.

Methods

This retrospective assessment included patients with aspartate aminotransferase (AST), alanine aminotransferase (ALT), gamma-glutamyl transferase (GGT) and platelet (PLT) results to calculate FIB-4. Those with history of NASH or excess ethanol intake were excluded. FIB-4 >1.45 indicates, moderate and >3.25, significant fibrosis.

Results

51 patients (25M) were included aged 49(39-62) [median(IQR)] years. ALT was 25(18-44) IU/L, AST 23(20-29) IU/L, GGT 28(16-49) IU/L and PLT 264(214-306) x10⁹/L. FIB-4 was 1.00(0.69-1.22) and BMI 27(23-30) kg/m². 15 patients (30%) had pre-/type 2 diabetes and six (12%) had FIB-4 >1.45. There was no difference in FIB-4 between the genders/BMI groups.

Conclusion

In our cohort, FIB-4 identified 12% who would benefit from further assessment for NAFLD. Larger studies are needed to establish the clinical utility of routine FIB-4 screening in lipid clinics.