Fibroscan Predicts Liver Disease Progression Better Than Biopsy

July 15, 2013

As an alternative to a liver biopsy as a diagnostic tool, the noninvasive Fibroscan technique is better at predicting liver decompensation and is as good at predicting the likelihood of death among people coinfected with hepatitis C and HIV, aidsmap reports. The improved technique is also known as transient elastometry. It employs sound waves in order to assess the stiffness of the liver and thus the extent of fibrosis.

Researchers conducted a retrospective cohort study of 297 coinfected participants who, between 2005 and 2011, had received liver biopsies and measurements of their liver stiffness through Fibroscan within the span of a single 12-month period. They presented their findings at the 7th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention (IAS 2013) in Kuala Lumpur.

The researchers set the baseline of the study at the mid-way point between each participant's biopsy and Fibroscan. The follow-up period had a median of five years.

The study had a mortality rate of 7.1 percent, with 21 deaths during the study period. The study found that both a biopsy and a Fibroscan predicted a greater risk of death. The latter technique was 3.9 percent more accurate, although this difference was not quite statistically significant, meaning there was a likelihood it was caused by chance.

Additionally, 21 participants developed liver decompensation, for a rate of 7.1 percent. Both assessment techniques were accurate at predicting decompensation, with Fibroscan besting a liver biopsy by a statistically significant 8.4 percent.

To read the aidsmap report, click here.

To read the conference abstract, click here.

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