

Portal Hypertension (AB 26.3)

Initial evaluation of patients suspected of portal hypertension (PH) should always include a detailed history and physical exam, as well as appropriate lab studies. Doppler ultrasound, which is noninvasive, may reveal changes in liver parenchyma and specific alterations in flow. Additionally, transient elastography (TE) should be performed if there is concern for advanced liver disease, as it can assess the degree of liver stiffness, which correlates with liver fibrosis. In cases of uncertainty, advanced imaging such as a CT scan or MRI may be warranted, though the added cost and exposure to radiation should be considered.

Surrogate markers of clinically significant portal hypertension (CSPH) include the presence of gastroesophageal varices or portosystemic collaterals on cross-sectional abdominal imaging. In the absence of these markers, CSPH can be diagnosed through a liver biopsy to confirm cirrhosis or by measuring portal pressures directly, typically performed by an interventional radiologist. This technique measures the hepatic venous pressure gradient (HVPG), predicting the risk for complications. However, both liver biopsy and direct pressure measurements are invasive with associated risks and require local expertise.

REFERENCES:

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