

# Fibroscan + CAP: Experience in a national reference center in a low income country Hospital Roosevelt, Guatemala



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### Biography

Luis Fernando Sandoval graduated of general medicine from Universidad de San Carlos de Guatemala (San Carlos University of Guatemala), with a master degree, cum laude and chief of residents in Internal Medicine at IGSS. He works as Internal Medicine Attending Physician in the same institute, and as professor in Universidad Francisco Marroquin (Francisco Marroquin University). Locally he has published researches about gastric cancer, esophageal varices, cirrhosis and HCC. He has showed the first epidemiological formal evidence of the non-cirrhotic HCC at IGSS and Guatemala. The recent data of HCC has opened the curiosity of international researches for seeking the etiology of these neoplastic lesions.

### Abstract

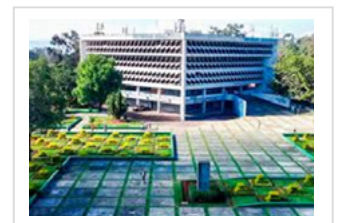
**Introduction:** Historically, biopsy has been the method to determine fibrosis. Transient elastography is a method that transmits vibrations of moderate amplitude and low frequency (50Hz) through the liver by means of an ultrasound probe, which is then expressed in kPa, as a measure of fibrosis. CAP (controlled attenuation parameter) is a method of measuring steatosis. In November 2019, the Roosevelt Hospital (Guatemala, Guatemala) acquired this latest generation device, and it is at the service of society. It should be noted that it is the only public health unit in the country that has this device.

**Objective:** To determine the main results in the first months of using Fibroscan.

**Methodology:** Descriptive, retrospective and cross-sectional study. Data from patients who have undergone fibroscan were reviewed. The numerical variables were analyzed in measures of central tendency and the categorical ones in frequencies and percentages.

**Results:** 71 fibroscan have been performed, the main indication is HCV, followed by NAFLD and HBV. The main findings were: 50% of the patients with HCV had F4 (advanced fibrosis) and 63.64 some degree of steatosis; HBV 66.67% F1 (non-significant fibrosis) and 41.67 steatosis; NAFLD 43% F0 (without fibrosis) and 43% S0. Average of numerical values: kPa 14.05, CAP 244.01, age 46.7, valid measurements 11.06, IQR 4.188 and IQR / med 13.239.

**Conclusions:** the indications to request fibroscan are HCV, HBV and non- alcoholic liver steatosis, among others. 25.3% of the patients had METAVIR values compatible with liver cirrhosis. 42% of HBV patients have steatosis, as well as 63.63% of participants with HCV. International standards of study validity are met.



6<sup>th</sup> International Conference on Gastroenterology | October 23, 2020

**Citation:** Luis Fernando Sandoval: Fibroscan + CAP: Experience in a national reference center in a low income country Hospital Roosevelt, Guatemala, World Gastro 2020, 6th International Conference on Gastroenterology, October 23, 2020, Page No-03