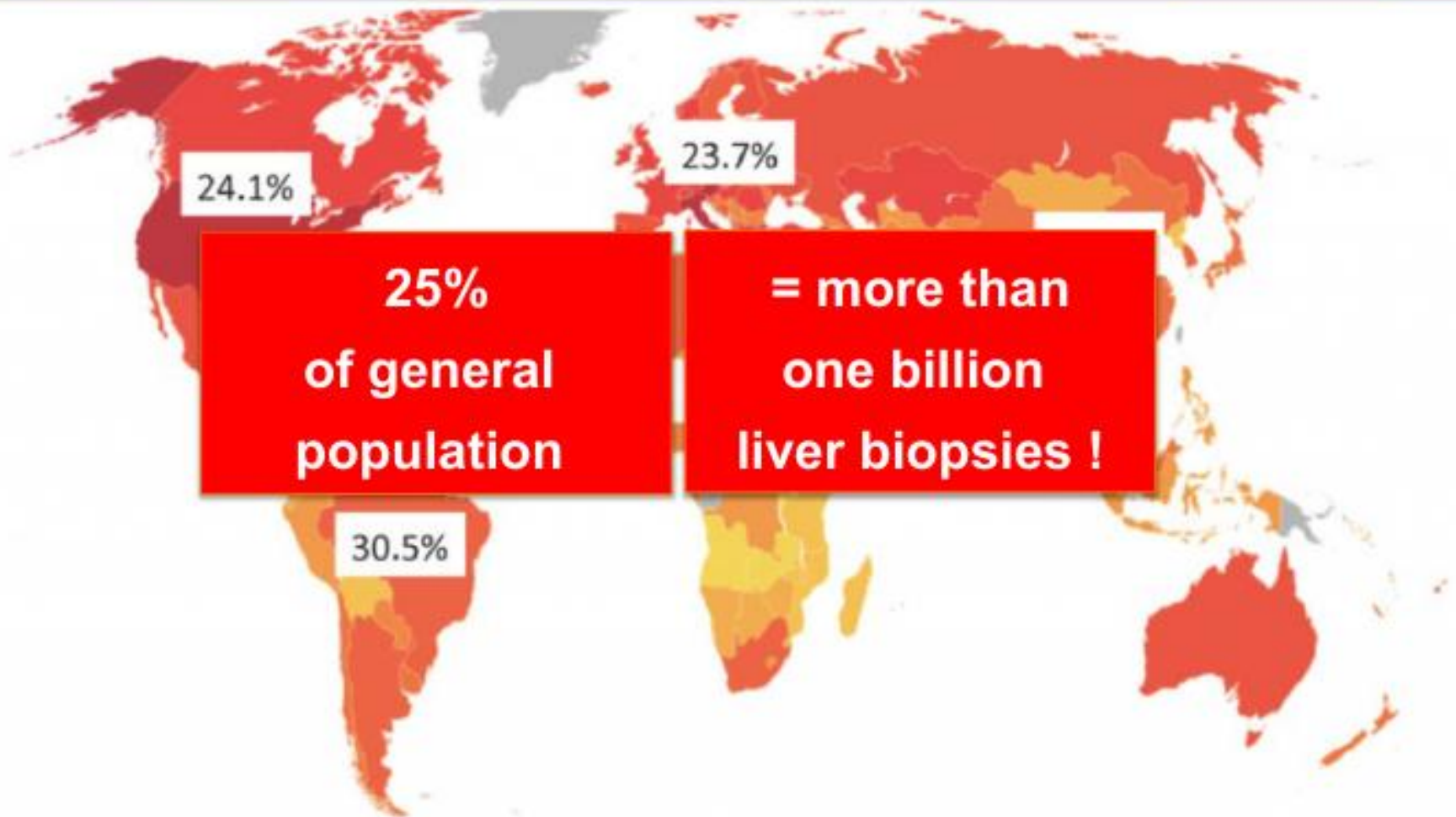


High prevalence of NAFLD



Available non-invasive methods

2 different but complementary approaches

« **Physical** » approach



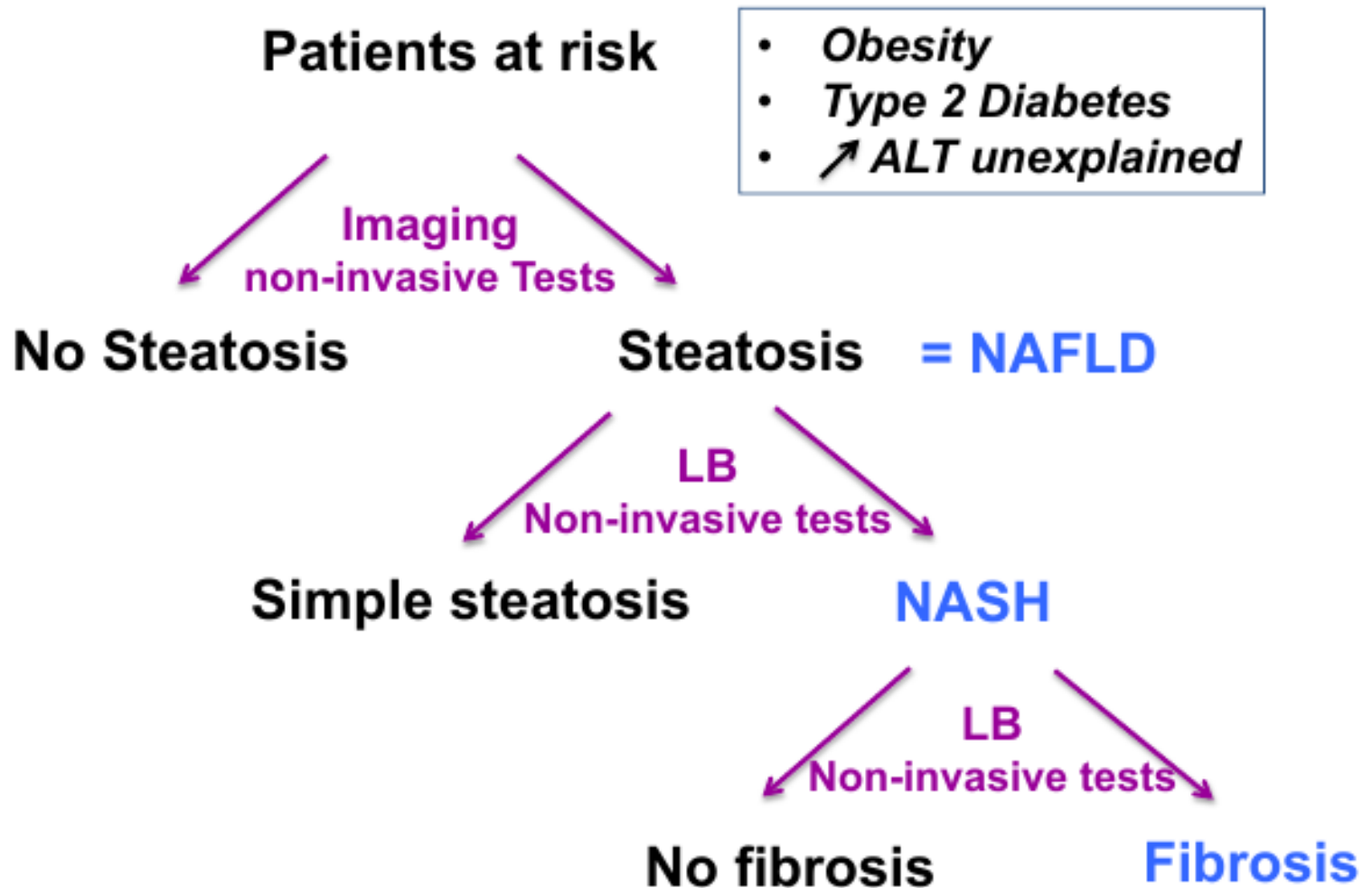
Imaging Techniques

« **Biological** » approach



Serum Biomarkers

NAFLD: diagnostic strategy



CAP: Summary

- ◆ CAP is promising but needs to be better validated in patients with NAFLD (no consensual cut-offs)
- ◆ CAP needs to be compared to ultrasound that, despite its limitations, remains the most widely used tool for steatosis assessment
- ◆ CAP is now implemented with the XL probe but most studies have been performed with M probe
- ◆ Quality criteria not well defined
- ◆ MRI outperforms CAP

Novel techniques

Advantages & disadvantages

ARFI

- **Advantages**

- Can be implemented on a regular US machine
- Good applicability
- Performance equivalent to TE

- **Disadvantages**

- Results in meters/sec
- Narrow range of values
- Quality criteria not well defined

SWE

- **Advantages**

- Can be implemented on a regular US machine
- High range of value (2-150 kPa)
- Performance equivalent to TE

- **Disadvantages**

- Less well evaluated
- Quality criteria not well defined

Take Home messages (1)

- CAP is a promising method but US remains the simplest and most widely used procedure acceptable for first-line screening of steatosis in clinical practice.
- MRI-PDFF is currently the best tool but not ready for routine use.
- There is currently no validated tool for non-invasive diagnosis of NASH and LB remains the reference standard.

Take Home messages (2)

- TE is a well validated and accurate method for ruling out severe fibrosis / cirrhosis but its main limitation is its limited applicability in obese patients that can be partly overcome by the use of the XL probe.
- ARFI and SWE seem to have better applicability but are insufficiently validated.
- MRE is accurate but not ready for clinical practice.
- Non-invasive tests may be of prognostic value in NAFLD