

Audit of Baveno Criteria for Safe Variceal Surveillance in Chronic Liver Disease

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Abstract

Variceal bleeding remains a life-threatening complication of cirrhosis, with a reported 6-week mortality of 10–20%. The Baveno consensus proposes non-invasive criteria using transient elastography (TE) and platelet count to identify patients at low risk of clinically significant varices, potentially avoiding unnecessary endoscopy. This audit, conducted at Kettering General Hospital (UK), evaluated the application of Baveno criteria in a cohort of patients with chronic liver disease (CLD) and assessed whether endoscopic surveillance was appropriately performed.

A retrospective review was conducted of 50 patients with CLD who underwent FibroScan between 2021 and 2024. Patients with TE ≥ 20 kPa or assessed by ARFI were excluded. Endoscopy records were examined to determine indications and findings, with particular attention to those who met Baveno low-risk criteria (TE < 20 kPa, platelets $> 150,000$).

Nineteen of 50 patients underwent oesophagogastroduodenoscopy (OGD). Six were scoped for variceal surveillance despite fulfilling low-risk criteria. Of these, one had no varices and five had probable grade 1 varices; none required treatment. The remaining 13 patients underwent OGD for unrelated indications, including dyspepsia, gastroesophageal reflux, and suspected malignancy, yielding findings such as gastritis, duodenitis, sliding hernia, gastric tumour, or normal mucosa. No patient in the cohort required therapeutic endoscopic intervention for varices.

This audit demonstrates that patients meeting Baveno low-risk criteria underwent surveillance endoscopy without evidence of clinically significant varices requiring treatment. Applying the Baveno consensus could safely reduce unnecessary endoscopic procedures, optimise use of healthcare resources, and minimise patient burden in CLD surveillance.

