

Special Issue on  
**Noninvasive Assessment of Liver Fibrosis and Portal Hypertension**

# CALL FOR PAPERS

Although liver biopsy remains the gold standard for the assessment of liver fibrosis, it is an invasive and expensive procedure, associated with a low, but negligible risk of complications and mortality. Moreover, the accuracy of liver biopsy in assessing fibrosis has been questioned because of sampling errors as well as intraobserver and interobserver variability. In the last decade, numerous noninvasive methods for the assessment of liver fibrosis have been developed and evaluated. The ideal characteristic of such markers would be (1) specificity for liver fibrosis; (2) providing measurement of (a) stage of fibrosis and (b) fibrogenesis activity; (3) not influenced by comorbidities (e.g., renal and reticuloendothelial); (4) known half-life; (5) known excretion route; (6) sensitivity; and (7) reproducibility. Direct markers are markers of fibrogenesis, measurable in the peripheral blood as a direct expression of either the deposition or the removal of ECM in the liver (several glycoproteins, the collagen family, the collagenases, and their inhibitors and a number of cytokines connected with the fibrogenetic process). Indirect markers of liver fibrosis are routinely performed blood tests.

The clinically most important complication of chronic liver diseases is development of portal hypertension and consequently oesophageal varices, with an estimated prevalence of approximately 50%. The risk of bleeding from varices is 25%–35% with majority of the initial bleeding occurring within 1 year from varices detection. The mortality from each episode of variceal bleeding is 17%–57%. Therefore, annual endoscopic screening is highly recommended for patients with small esophageal varices while the procedure should be conducted once every two years for patients suffering from liver cirrhosis without diagnosed varices. Nevertheless, repeated endoscopic examinations are unpleasant for patients and have cost impact on health care insurance, while only half of cirrhotic patients have esophageal varices, and up to 30% have large varices. Therefore, the sensitivity and specificity of numerous noninvasive parameters have been investigated for assessment of presence and size of esophageal varices and risk prediction for bleeding.

Therefore we welcome scientists to contribute original research articles and clinical studies as well as review articles describing the current state of the art in the field of noninvasive assessment of liver fibrosis and portal hypertension. This special issue aims to attract both practitioners and researchers in the areas of gastroenterology, hepatology, and endoscopy.

Potential topics include but are not limited to the following:

- ▶ Noninvasive assessment of liver fibrosis in chronic viral hepatitis
- ▶ Noninvasive assessment of liver fibrosis in alcoholic liver disease
- ▶ Noninvasive assessment of liver fibrosis in nonalcoholic fatty liver disease
- ▶ Noninvasive assessment of liver fibrosis in cholestatic liver disease
- ▶ Noninvasive assessment of liver fibrosis in metabolic liver diseases
- ▶ Noninvasive assessment of portal hypertension in chronic viral hepatitis
- ▶ Noninvasive assessment of portal hypertension in alcoholic liver disease
- ▶ Noninvasive assessment of portal hypertension in nonalcoholic fatty liver disease
- ▶ Noninvasive assessment of portal hypertension in cholestatic liver diseases
- ▶ Noninvasive assessment of portal hypertension in metabolic liver diseases

Authors can submit their manuscripts through the Manuscript Tracking System at <https://mts.hindawi.com/submit/journals/cjgh/hepatology/gldp/>.

Papers are published upon acceptance, regardless of the Special Issue publication date.

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