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Hepatitis C virus (HCV) has been considered to be one of the main causes of the liver brosis. Estimation of the stage of liver brosis is mandatory for the management of patients with HCV infection. Although liver biopsy is still the gold standard diagnostic tool to assess the stage of liver brosis, it is not available to be performed for all patients, and has lots of complications as well as non-invasive tests may play a role in the evaluation of liver brosis. Moreover, the accuracy of liver biopsy is limited due to the intra- and inter-observer variability and sampling errors. erefore, the development of simple, cheap and accurate biochemical markers is necessary to detect the liver brosis. Platelet count, AST to ALT Ratio, AST to platelet ratio index, age platelet index, Pohl score, Forns index, FIB-4, hepascore, brometer and brotest are the most commonly used indirect biochemical markers used for the detection of liver brosis. Instead of a single biochemical marker, use of the combinations of these non-invasive biochemical markers for liver brosis may increase the diagnostic accuracy of the single biochemical markers and may markedly reduce the need for liver biopsy. erefore, use of these biochemical markers as an initial step before the invasive and expensive procedures is important in routine clinical practice for the favor of patients.

Biography

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