

Clinical Presentation and Patient Evaluation in Nonalcoholic Fatty Liver Disease



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KEYWORDS

• Nonalcoholic fatty liver • Steatohepatitis • Evaluation

KEY POINTS

- Nonalcoholic fatty liver disease (NAFLD) is a spectrum of liver disease ranging from simple steatosis to cirrhosis.
- Although identifying people with advanced fibrosis is important for monitoring of cirrhosis and its complications, currently there are no treatment options available to arrest or reverse disease progression.
- To date, noninvasive investigations help in diagnosing steatosis and excluding or definitively diagnosis advanced fibrosis; however, people with early or intermediate degree of fibrosis are often not identified by serologic or radiological noninvasive tests.
- Transient elastography is the most widely used of these tests; but the reliability of the results, even by experienced providers, has been questioned.
- As of 2015, nonalcoholic steatohepatitis remains a histologic diagnosis; until the methods are further developed for diagnosing NAFLD by noninvasive methods, liver biopsies, although flawed, remain our gold standard.

DEFINITIONS

Nonalcoholic Fatty Liver Disease

Nonalcoholic fatty liver disease (NAFLD) is defined as presence of fat in the liver in the absence of alcohol use for which no cause can be found after a thorough clinical and

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laboratory evaluation. NAFLD is currently thought to be a hepatic manifestation of metabolic syndrome. The term represents a spectrum of liver disease, ranging from hepatic steatosis to nonalcoholic steatohepatitis (NASH) cirrhosis.

Nonalcoholic Fatty Liver

Fat in the liver without significant inflammation or fibrosis is referred to as nonalcoholic fatty liver (NAFL) and represents the more benign end of the disease spectrum.

Nonalcoholic Steatohepatitis

NASH requires inflammation in addition to steatosis in the presence of ballooned hepatocytes, usually in the presence of pericellular fibrosis. As fibrosis progresses, the amount of fat and inflammation can decrease. Hence, most people diagnosed with cryptogenic cirrhosis may have evolved from NASH.¹ One in 5 people with NAFLD have NASH on liver biopsies.

WHY DO WE NEED TO DIAGNOSE NONALCOHOLIC FATTY LIVER DISEASE?

NAFLD is usually associated with the metabolic syndrome (Fig. 1). It can also be associated with certain medications, hormonal disturbances, and nutritional disturbances. Overall patients with NAFLD had a 34% to 69% increased chance of dying over 15 years compared with the general population. The most common cause of mortality from NAFLD is due to cardiovascular disease, followed by extrahepatic malignancy. Liver-related mortality occurs in less than 5% of patients and is the third leading cause of death in these patients.² NAFLD is now the second most common cause for listing for liver transplant. However, people with NAFLD were less likely to receive a transplant and had a higher mortality on the transplant list when compared with patients with hepatitis C virus (HCV), alcohol, or liver disease from both alcohol and HCV combined.³

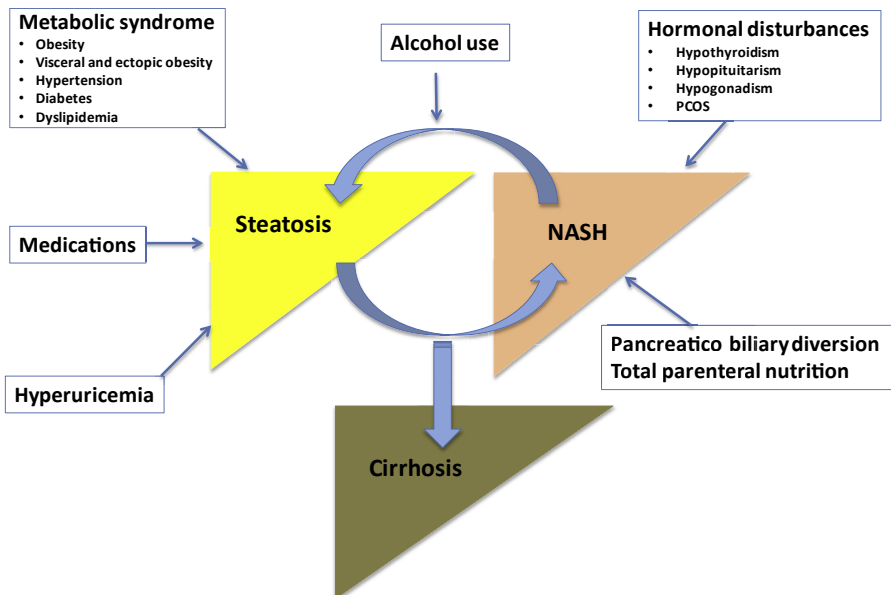


Fig. 1. Spectrum and risk factors of NALFD. PCOS, polycystic ovary syndrome.

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