

Nutrition-related liver disorder: Nonalcoholic fatty liver disease

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Changes in diet pattern and lifestyle have resulted in a dramatic increase in the prevalence of obesity and metabolic syndrome in western countries and many Asian countries. This has resulted in a significant increase in the incidence of nonalcoholic fatty liver disease (NAFLD), which is considered to be a hepatic manifestation of metabolic syndrome. NAFLD has become an important public health issue because of its high prevalence. NAFLD consists of 2 clinical entities: simple steatosis, which generally follows a benign non-progressive clinical course, and nonalcoholic steatohepatitis (NASH), which may progress to cirrhosis and hepatocellular carcinoma (HCC). The development of cirrhosis in NAFLD is 5% to 8% during 7-21 year follow-up periods. Survival in NASH is lower than the expected survival of the matched general population due to the higher incidence of cardiovascular and liver-related death. In patients with cirrhotic NASH, HCC and liver failure are the main causes of morbidity and mortality (5-year cumulative HCC development rate 11.3%, 5-year survival rate 75.2%, respectively). Recently, obesity and diabetes have been revealed as risk factors for HCC by clinical studies and experimental studies. The risks of obesity and diabetes for HCC are likely conferred by two factors: the increased risk of development of NAFLD and the carcinogenic potential of themselves.

It is conceivable that the nutritional habit play a key role in the development of NAFLD and treatment for it. Further study is needed to define the pathogenesis of NAFLD and to develop effective treatment.

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