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Prevalence and patterns of non-alcoholic fatty liver disease among morbidly obese patients undergoing sleeve gastrectomy**Abdel Rahman Abdulla Al Manasra**

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Background & Aim: Obesity related non-alcoholic fatty liver disease (NAFLD) is increasingly recognized worldwide. Multiple predictive and risk factors have been proposed for NAFLD. We aim to describe the prevalence, histologic patterns, and risk factors for this disease in morbidly obese patients undergoing sleeve gastrectomy.

Methods: This is a prospective study, which included a cohort of 49 obese patients undergoing sleeve gastrectomy with concomitant true cut liver biopsy. Patients were excluded when they have history of alcohol intake, liver disease, or hepatotoxic agents' intake. Clinical, biochemical, and histological features were evaluated. Histological patterns were classified based on the NIH-sponsored NASH Clinical Research Network NAFLD Activity Score (NAS).

Results: Most patients were females (73%), with mean age of 34 (range 17-58). Mean BMI was 43 (35-52). 45 patients (91.8%) showed NAFLD, 19 (39%) showed non-alcoholic steatohepatitis (NASH) and 5 (10%) showed fibrosis. Only 4 biopsies (8%) were reported as normal. Significant correlation was found between low-density lipoprotein (LDL) vs. NASH ($P=0.005$), LDL vs. steatosis grade ($P=0.023$), aspartate aminotransferase (AST) vs. NAS ($P=0.005$), AST vs. steatosis grade ($P=0.009$), glucose vs. steatosis ($P=0.006$), sex vs. NAFLD ($P=0.02$), and sex vs. hepatocyte ballooning ($P=0.005$). There was no morbidity or mortality in this study.

Conclusion: NAFLD has a very high prevalence among morbidly obese patients. Significant correlation is evident between biochemical markers and histological components of liver assessment. Intraoperative liver biopsy is safe in morbidly obese patients undergoing sleeve gastrectomy for the diagnosis of NAFLD.

Biography

Abdel Rahman Abdulla Al Manasra, MD, has completed his graduation in 2005 from Jordan University of Science and Technology, Irbid, Jordan with Bachelor's in Medicine and Surgery. Later, he obtained a higher specialization degree in General Surgery from same university after 5 years of residency training at King Abdullah University Hospital. In 2013, he graduated from the Medical University of South Carolina and became an American Society of Transplant Surgeons' (ASTS) Certified Abdominal Multi Organ Transplant Surgeon. This was followed by a one year of specialized fellowship training in pediatric abdominal transplant surgery. Since 2014, he has been working as a Consultant Abdominal Transplant and Hepatobiliary Surgeon at King Abdullah University Hospital, as well as an Assistant Professor of Surgery at Faculty of Medicine, Jordan University of Science and Technology.

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