

Non-Alcoholic Fatty Liver Disease

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DESCRIPTION

Non-Alcoholic Fatty Liver Disease (NAFLD) is a term for a range of liver conditions affecting people who drink little to no alcohol. The characteristic feature of NAFLD is excessive fat stored in liver cells.

It is a condition of hepatic steatosis without significant alcohol intake or another identifiable secondary cause that would result in fat accumulation within hepatocytes. It is the most commonly seen in Western countries.

Men are more prone to NAFLD than women. People with a BMI more than 30 are at risk NAFLD. Histological studies have shown that, hepatocytes are filled with fat to establish the diagnosis of hepatic steatosis.

In order to diagnose NAFLD, histologic evidence of hepatic steatosis, liver inflammation, and hepatocyte injury obtained at liver biopsy are required. Patients with NAFLD are more likely to have metabolic syndrome, and patients with metabolic syndrome are more likely to develop NAFLD. Obesity (both total body and visceral) is that the commonest association with NAFLD.

Etiology

- Oxidative stress
- Cytokine release
- Hepatocellular necrosis
- Inflammation of Adipose tissue
- Gut microbiota

Fatty liver disease may also refer as silent liver disease. This is because it can occur without causing any symptoms. Most people with NAFLD accept fat in their liver without developing liver damage. A few people that have fat in their liver develop NASH.

Symptoms

The majority of people with NAFLD haven't any symptoms and a traditional examination. Children may exhibit symptoms like abdominal pain, which can be within the centre or the proper upper part of the abdomen, and sometimes fatigue. However, other causes of abdominal pain and fatigue should be

considered. On physical examination the liver could be slightly enlarged and a few children may have patchy, dark discoloration of the skin present (acanthosis nigricans) most ordinarily over the neck and the under arm area. Not every patient with NAFLD is obese.

Seven percent of lean patients have NAFLD, especially within the presence of metabolic syndrome. Lean patients with liver disease are also observed among those with polycystic ovary syndrome. Compared with lean patients, obese patients with NAFLD are more likely to possess greater fibrosis and a worse clinical prognosis. Non-obese patients with NAFLD have a lower prevalence of hypertension, DM, metabolic syndrome, and steato-hepatitis than obese patients but remain in danger for development of advanced liver disease and associated metabolic abnormalities and cardiovascular disease.

The most common risk factor related to NAFLD is that the presence of the metabolic syndrome. The metabolic syndrome is defined by the presence of three or more of the subsequent criteria

- increased waist circumference
- hypertriglyceridemia
- hypertension
- high fasting glucose
- low high-density lipoprotein

Alcohol consumption will produce liver disease, and significant alcohol consumption must be excluded in any patient suspected of getting NAFLD. When defined by intake quantity, the daily consumption of quite 30 g of alcohol for men and quite 20 g of alcohol for ladies make alcohol the likely explanation for liver disease in such patients.

Treatment

Gradual weight loss should be advocated in overweight individuals. Weight reduction by 10% or more has been associated with normalization of elevated serum ALT levels and with a decrease in hepatomegaly. It should be reiterated that rapid weight loss may cause progression of NAFLD.

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Received date: September 1, 2021; **Accepted date:** September 15, 2021; **Published date:** September 22, 2021

Citation: Paul A (2021) Non-Alcoholic Fatty Liver Disease. J Hepatol Gastroint Dis. 7:e189

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The impact of glycemic control and therefore the sort of anti-diabetic therapy on liver histology in patients with diabetes and NASH aren't known. Because NAFLD is associated with insulin resistance, it makes theoretical sense to use an insulin-sensitizing agent in diabetic patients who also have NAFLD

Medications

- Pioglitazone will reduce hepatic fibrosis, including in patients without type 2 DM. More study is required to work out

whether it improves overall hepatic outcomes in patients with steatohepatitis.

- Vitamin E may reduce high values on liver tests in those with NAFLD and improve histologic evidence of steatohepatitis.
- Ursodeoxycholic acid, metformin, and omega-3 fatty acids aren't recommended for treatment of NAFLD.