



**PROFESSOR
CHAVDAR PAVLOV**
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HEPATIC STEATOSIS IN MAFLD – IMPORTANCE OF EARLY INTERVENTION

Presentation key points

- MAFLD includes the following histological subtypes: isolated steatosis, steatosis with mild inflammation, and NASH
 - NASH is as a progressive form of fatty liver disease and, if left untreated, has the potential to progress to cirrhosis and HCC
- Liver biopsy is the gold standard MAFLD diagnosis, but it is invasive and subject to sampling error
- Several non-invasive tests and AI applications have been suggested as alternatives to liver biopsy for assessing the severity of liver scarring (fibrosis) and steatohepatitis in patients with MAFLD
- Considerable uncertainty exists about the effects of the lifestyle interventions on patient clinical outcomes in MAFLD
- Real-world evidence shows that EPL administered as adjunctive therapy in patients with MAFLD and metabolic comorbidities improves the ultrasonographic features of MAFLD and significantly decreases levels of ALT, AST and GGT

MAIN TAKEAWAY

Early intervention in MAFLD appears to improve the long-term outcomes for patients. However, the most appropriate time to start an intervention is still being debated. The existing evidence suggests that therapeutic options for MAFLD therapy should include lifestyle changes and EPL

AI, artificial intelligence; ALT, alanine aminotransferase; AST, aspartate aminotransferase; EPL, essential phospholipids; GGT, gamma-glutamyl transferase; HCC, hepatocellular carcinoma; MAFLD, metabolic-associated fatty liver disease; NASH, non-alcoholic steatohepatitis.