# Liver Disease In Obese May Be Overlooked

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SAN DIEGO — Obesity-related liver disease may be clinically underrecognized, results from a single-center study showed.

"Our results indicate that a normal liver ultrasound, liver function tests, and gross appearance does not exclude the presence of significant liver disease," the researchers, led by Dr. Joshua E. Roller, wrote in a poster presented at the annual meeting of the American Society for Bariatric Surgery.

"If certain subgroups of morbidly obese patients can be identified that are at increased risk for liver disease progression, then intervention with bariatric surgery may become especially critical, and should be aggressively pursued," they wrote.

Dr. Roller and his associate at the Duke Weight Loss Surgery Center at Duke University, Durham, N.C., reviewed the demographic, perioperative, and liver biopsy data from 153 patients who underwent Roux-en-Y gastric bypass for morbid obesity from January 2005 to September 2006.

The mean age of patients was 41 years, their mean body mass index was 48 kg/m², and most were female (84%) and white (80%).

The researchers reported that preoperatively only 7.8% of patients had abnormal liver function tests, and ultrasound detected fatty liver in 35% of patients.

However, 92% of patients had abnormal liver biopsies: Mild steatosis was present in 58.3%, moderate steatosis was found in 21.1%, and 12.6% of patients had severe steatosis.

Fibrosis was present in 12.6% of the liver biopsy specimens.

Intraoperatively, the liver appeared normal by surgeon observation in 65% of patients; the rest of the patients appeared to have a fatty and/or enlarged liver.

The researchers identified nonalcoholic steatohepatitis in 24.5% of patients with steatosis. Of these, 48.6% had mild fibrosis. Nonalcoholic steatohepatitis was significantly more common in men than in women (45.8% vs. 20.5%, respectively) and in whites compared with African Americans (27.9% vs. 9.7%, respectively). Patients aged 50 years and older had higher rates of nonalcoholic steatohepatitis than did their younger counterparts, but the difference was not statistically significant (35% vs. 20.5%, respectively).

Liver fibrosis was significantly more common in whites than in African Americans (16.4% vs. 0%, respectively) and in men compared with women (33.3% vs. 8.5%, respectively).

No associations were detected between the presence of nonalcoholic steatohepatitis or liver fibrosis and preoperative weight loss, weight gain, or body mass index.

"Further prospective, randomized, controlled trials are needed to determine the impact of obesity surgery on nonalcoholic fatty liver disease," the researchers concluded. ■