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One Year Follow up of 50 Patients with Non-Alcoholic Fatty Liver Disease (NAFLD) after Pharmacological Treatment

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INTRODUCTION

Non-Alcoholic Fatty Liver Disease (NAFLD), is one of the most prevalent liver diseases worldwide which is raised up increasingly in incidence and prevalence [1]. It is defined by liver accumulation of triglycerides and free fatty acids [2]. Metabolic risk factors associated with NAFLD are obesity, Type 2 Diabetes Mellitus (T2DM) and dyslipidemia [3]. NAFLD patients may develop progressive fibrosis which yields eventually to progressive steatosis with associated hepatitis, fibrosis, cirrhosis, and in some cases Hepatocellular Carcinoma (HCC) (4). Clinical outcomes are consonant with fibrosis stage and is the strongest predictor for overall and liver-related mortality [5]. NAFLD as an asymptomatic disease imposes burden in the community as well as patient's family. As recent studies represented perspective for the future with high prevalence of obesity correlated with increased risk of NAFLD and also cardiovascular events [6]. Lifestyle modification, early detection and management of NAFLD can greatly decrease this burden [7].

METHODS

There were 50 patients included in this one year follow up. Patients' age ranged from 18 to 68 y. 20 of individuals were men and 30 of them were women. Each individual was assessed for laboratory features of blood glucose and triglyceride. Ultrasonography as routine method of detection and grading of steatoses was performed for every one as well, so NAFLD was diagnosed based on ultrasonography [8]. Patients included in this study, were followed up for one year. Pharmacological treatment was performed for individuals based on patients' weight, high blood glucose, triglyceride and grading of steatosis. Milk thistle 2-4 mg/kg, vitamin E 100 mg, daily, with or without Metformin (5 mg Bib) were prescribed for patients within one year. patients' prescribed life style modification including diet and physical activity was not considered in result of this study.

CONCLUSION

In my clinical practice, following up of 50 patients within one year, combination therapy of Vitamin E, Metformin and Milk Thistle found to be effective in decreasing liver steatosis.

Patients Number	Gender	Age	Grade before Treatment	Grade after Treatment
1	M	19	2	1
2	M	22	1	1
3	M	27	1	NORMAL
4	M	25	2	1
5	M	29	3	2
6	M	33	1	2

7	M	35	2	1
8	M	39	2	1
9	M	44	1	2
10	M	41	2	NORMAL
11	M	57	3	1
12	M	58	3	1
13	M	61	2	2
14	M	62	2	1
15	M	68	2	NORMAL
16	M	44	3	1
17	M	51	2	2
18	M	27	2	1
19	M	47	2	1
20	M	19	3	1
21	F	18	1	2
22	F	20	2	1
23	F	24	2	2
24	F	28	1	NORMAL
25	F	29	2	1
26	F	26	1	1
27	F	23	1	2
28	F	31	3	2
29	F	30	2	1
30	F	32	2	1
31	F	34	2	NORMAL
32	F	37	3	2
33	F	35	2	1
34	F	31	2	1
35	F	40	1	1
36	F	45	2	1
37	F	41	3	2
38	F	42	2	NORMAL
39	F	48	2	1
40	F	49	3	1
41	F	45	2	1
42	F	50	3	1
43	F	51	1	2
44	F	52	2	1
45	F	58	1	NORMAL
46	F	56	2	1
47	F	54	3	2
48	F	52	2	1
49	F	55	2	1
50	F	36	2	1

BIBLIOGRAPHY

- Loomba R, Sanyal AJ. The global NAFLD epidemic. *Nat Rev Gastroenterol Hepatol*. 2013;10(11):686-690.
- David E, Kleiner, Elizabeth M, Burnt, et al. Design and validation of a histological scoring system for nonalcoholic fatty liver disease. *Hepatol*. 2005.
- H. Yki-Järvinen. Non-alcoholic fatty liver disease as a cause and a consequence of metabolic syndrome. *Lancet Diabet Endocrinol*. 2014;2:901-910.

- H. Hagström P, Nasr M Ekstedt, et al. Fibrosis stage but not NASH predicts mortality and time to development of severe liver disease in biopsy-proven NAFLD. *J Hepatol.* 2017;6:1265-1273.
- Wong RJ, Cheung R, Ahmed A. Non-alcoholic steatohepatitis is the most rapidly growing indication for liver transplantation in patients with hepatocellular carcinoma in the US. *Hepatol.* 2014;59:2188-2195.
- Loomis AK, Kabadi S, Preiss D, Hyde C, Bonato V, St Louis M, et al. Body Mass Index and Risk of Nonalcoholic Fatty Liver Disease: Two Electronic Health Record Prospective Studies. *J Clin Endocrinol Metabol.* 2016;101(3):945-952.
- Centis E, Marzocchi R, Suppini A, Dalle Grave R, Villanova N, Hickman IJ, et al. The role of lifestyle change in the prevention and treatment of NAFLD. *Current Pharm Design.* 2013;19(29):5270-5279.
- Chalasani N, Younossi Z, Lavine JE, et al. The diagnosis and management of nonalcoholic fatty liver disease: practice guidance from the American Association for the Study of Liver Diseases. *Hepatol.* 2018;67(1):328-357.