NASH: EARLY ONSET AND PROGRESSION TO CIRRHOSIS – A CASE REPORT

Pratap Ghalaut, Arvind Chahal

Pt BB Sharma Postgraduate Institute of Medical sciences, Rohtak, Haryana, India

Introduction: NASH is a common, often 'silent' liver disease resembling alcoholic liver disease. But it occurs in people who drink little or no alcohol. The major feature is fat in liver along with inflammation and damage. Its presentation ranges from asymptomatic transaminitis to cirrhosis and its complications.
Case: A 20-year-old female R/O Sonipat presented with complaints of left-sided abdominal discomfort since 8–10 months. Pain was dull aching type, without any radiation, and association to movements. On examination, the patient's vitals were stable. Pallor was present. As per abdomen massive splenomegaly, 7 cm from left costal margin, liver was not palpable. Cardiovascular, Respiratory and CNS examination was normal. On evaluation, complete hemogram of patient shows Hb 8.5 g%, TLC 2750/cumm, DLC P58 L38 M02 E02, and platelet count 90,000/cumm; findings are suggestive of hypersplenism. USG abdomen revealed liver as 13.2 cm with slightly altered echotexture, spleen 19.6 cm with normal echotexture, portal vein diameter 14 mm at porta and splenic vein diameter of 15 mm. HIV, HBV, and HCV were negative. Serum ceruloplasmin (34 mg/dl), ferritin (32.9 ng/ml), and ANA (negative) were all within normal limit. Liver function shows SGOT/PT 23/42, S.ALP-74U/L, S. protein 7.2 g/dl. PT/INR was normal. Liver biopsy showed hepatocytes revealing focal steatotic changes, tiny bands of fibrous septa with focal lymho-mononuclear infilterate—the feature is suggestive of steatohepatitis along with fibrosis.
Discussion: NASH most often occurs in middle-aged, overweight, and obese persons. Many patients have elevated lipids and many have diabetes, but not every obese or a diabetic person have NASH. Some patients with NASH do not have diabetes and have normal levels of lipids. NASH may lead to liver fibrosis and later on cirrhosis. We are presenting this case because of its early onset without association to obesity, diabetes, or abnormal lipids and early progression to cirrhosis with portal hypertension.

Corresponding author: Arvind Chahal.
E-mail: drarvindchahal@gmail.com

http://dx.doi.org/10.1016/j.jceh.2015.07.269

CLINICAL PROFILE OF NON-ALCOHOLIC FATTY LIVER DISEASE (NAFLD) IN OVERWEIGHT AND OBESE SCHOOL CHILDREN IN WESTERN INDIA

Sunil Pawar, Ajay Choksey, Vinay Zanwar, Ravindra Surude, Pravin Rathi

TNMC & BYL Nair Charitable Hospital, Mumbai, India

Background: Nowadays, obesity is more commonly seen in school going children. NAFLD is increasingly being recognized as a cause of cirrhosis.
Aim: Clinical profile of NAFLD in overweight and obese school going children in western India.
Methods: The study was conducted at a school in Mumbai. The study subjects were evaluated for dietary habits, anthropometry, liver function, hepatitis B and C, lipid profile, fasting blood sugar and insulin levels. The diagnosis of NAFLD was diagnosed in subjects with altered liver enzymes.
Results: A total of 616 students between ages 11 and 14 years were screened. Out of them, 198 (32%) were found to be overweight and obese with male:female ratio of 2.4:1. Mean BMI of these 198 students was 24.2 (SD ±3.1). The consents for blood collection were given by parents of 98 children, the rest were excluded from the study. Out of these, 28 students had altered liver enzymes and their mean BMI was 23.1 (SD ±2.9). The ALT and AST were 37.9 (SD ±12.3) and 23.9 (SD ±7.3) respectively. The hyperinsulinemia, hypertriglyceridemia and hypercholesterolemia were found in 36%, 13%, and 4% students, respectively. The impaired glucose tolerance and prehypertension was seen in one and 2 students respectively and diabetes mellitus & hypertension were detected in 2 students each. The mean HOMA IR was 4.5 (SD ±3.2) with insulin resistance seen in 64% students. Positive Pearson correlation value between BMI and WC was seen. The HOMA IR, triglyceride were statistically significant ($P < 0.05$) and dietary habits and outdoor play were not significant between NAFLD and non-NAFLD group.
Conclusion: Overweight and obesity was found in 32% of screened population. The prevalence of NAFLD was 28% in the study population. There is positive correlation between BMI and waist circumference. The HOMA IR and triglycerides were found to be significantly high in NAFLD group.

Corresponding author: Sunil Pawar.
E-mail: svpnavodaya@gmail.com

http://dx.doi.org/10.1016/j.jceh.2015.07.270