

Clinical Spectrum and Diagnosis of Nonalcoholic Fatty Liver Disease (NAFLD)

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Abstract

Nonalcoholic fatty liver disease (NAFLD) is a broad term that includes patients with simple steatosis and nonalcoholic steatohepatitis (NASH). The term NASH was introduced by Ludwig *et al* (1) in 1980 to describe histological changes indistinguishable from alcoholic hepatitis in patients with no or insignificant alcohol intake of less than 20g/day. In the absence of alcohol intake some patients, who either have metabolic syndrome or any of its components with insulin resistance develop hepatic steatosis due to increased lipolysis and increased delivery of fatty acids from adipose tissue to liver. Some of these patients with hepatic steatosis develop hepatic oxidative stress and with recruitment of various cytokines, lead to hepatic inflammation and fibrosis (NASH), which can later progress to cirrhosis and HCC (2, 3). From the point of view of pathogenetic mechanisms, NAFLD has also been classified as primary NAFLD and secondary NAFLD. **Primary NAFLD** is usually associated with the insulin resistance syndrome. **Secondary NAFLD** is caused by other agents such as drugs, lipid disorders, surgery, and total parenteral nutrition.