Biopsy Can Be Tricky in Fatty Liver Disease

BY ROBERT FINN
San Francisco Bureau

SAN FRANCISCO — The liver biopsy has long been the gold standard for diagnosing nonalcoholic fatty liver disease, but biop- sies should be chosen with care. Not all patients with signs of the disease will require a biopsy, Dr. Nathan M. Bass said at the Third World Congress on Insulin Resistance Syndrome.

Patients who are eventually diagnosed with nonalcoholic fatty liver disease (NAFLD) present initially in a variety of ways, said Dr. Bass of the University of California, San Francisco. For example, an ultrasound exam can turn up an incidental finding of fatty liver and liver enzymes and fibrosis measurements.

Elevated liver enzymes can be suggestive of NAFLD, but in a phenomenon Dr. Bass calls "The Silence of the Labs," some patients with NAFLD have normal liver enzymes. He cited one study of patients undergoing gastric bypass in which 68% had normal ALT and AST, but only 52% had a normal liver biopsy. In the remaining 48% with abnormal biopsy results, about 27% had nonalcoholic fatty liver, and the others had nonalcoholic steatohepatitis. An NAFLD diagnosis is often made by exclusion—after alcoholic liver disease has been excluded.

A liver biopsy is essential when a patient’s liver enzymes show an unusual pattern or are 3-5 times normal, when other liver disease can be excluded, when the patient does not have metabolic syndrome, or when a clinical suspicion of cirrhosis exists, and for qualifying a patient for entry into a clinical trial. Although a definitive diagnosis still requires a biopsy, there are several alternatives for assessing the liver.

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