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Ethnic diversity at presentation in patients with NASH: Data from a tertiary referral center

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Background & Aim: Non alcoholic steatohepatitis (NASH) presentation shows significant ethnic diversity in the US population. Our aim was to understand these differences in an area of high endemicity of obesity and metabolic syndrome using the database at a tertiary referral center.

Methods: We conducted a retrospective analysis of patients who were seen and followed at the Liver Institute or one of our satellite clinics with a diagnosis of NASH based on ICD-10(K75.81) and ICD -9(571.8) codes from January 2011 to Jan 2016. We excluded patients with incomplete data and those lost of follow up. Data from liver biopsy, imaging, labs, demographics and comorbidities linked to metabolic syndrome were collected. An IRB exemption was obtained for retrospective analysis of de-identified data.

Results: We analyzed the charts of 650 patients with complete information. 451 patients presented with abnormal LFTs (ALT>ULN) and 437 patients presented with fatty liver on imaging. 62% of the entire cohort was female. The self reported race distribution was Caucasian 51%, Hispanic 29.5% African-American 11.25%, Asian 4.9%, others 1% and Unknown-2.8%. The median age at presentation in the cohort was 57.6 years and varied in different ethnic groups with hispanics and Asians presenting at a younger age than others. Differences in BMI at presentation were minor in most racial groups except in Asians. 185 of the 650 patients had cirrhosis on presentation either on biopsy or imaging characteristics or signs of portal hypertension on imaging or endoscopy. In terms of metabolic syndrome comorbidities, 291 patients had diabetes, 296 patients had hypertension and 326 patients had hyperlipidemia; all 3 were present in 151 (23%) patients. The ethnic distribution of bridging fibrosis or cirrhosis at presentation was Caucasian 46% Hispanic 31%, AA 22% and Asians 9%.

Conclusions: We present our analysis of a large single center tertiary referral center database of patients with NASH. This is a very representative cohort in the Southwest region of the US in terms of ethnic mix. Both Asians and Hispanic Americans tend to present at a younger age. 29% of patients at presentation had cirrhosis highlighting the need for early referral and fibrosis assessment in these patients.

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Co-infection with schistosomiasis and hepatitis C: A synergistic association

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Although many studies have been undertaken, it is still controversial as to whether or not co-infection with schistosomiasis and hepatitis C increases the susceptibility to or progression from either disease. Drawn in part from our recent publication in *Advances in Parasitology*, my presentation will review key findings from studies conducted on human populations with adequate evidence to make this assessment. Considerations include but are not limited to: Subject selection (asymptomatic cases vs. subjects presenting with clinical disease); study design, which directly impacts our ability to infer causality (case series, cross-sectional, case-control, cohort study); use and choice of control population (apparently healthy subjects vs. other hospital patients vs. none); sample size, which directly impacts statistical power and can result in a Type II error; geographic area (i.e., Egypt, Brazil, China), which may reflect differences in population genetics, public health history, environmental differences or any number of other important factors; method of testing for schistosomal infections (stool vs. antibody test) or if advanced schistosomal disease was present (ultrasound, liver biopsy vs. none); method of serological testing for HCV (use of anti-HCV alone or with RNA testing) and year of the study, which reflects among other things technological improvements between tests, as well as possible changes in the frequency of exposure in the populations under study (use of parenteral anti-schistosomal therapy vs. the oral anti-schistosomal medication). Particular attention will be given to clinical studies that allow us to evaluate whether or not a synergistic association exists.

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