



Occurrence of Hepatic Steatosis and Fatty Liver Disease in Breast Cancer Survivors

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DESCRIPTION

The most prevalent form of chronic liver disease is now Non-Alcoholic Fatty Liver Disease (NAFLD). In the USA, it is thought that more than 25% of adults have NAFLD. Additionally, its prevalence is increasing globally as a result of inactive lifestyle changes and readily available, inexpensive "processed" meals. In countries of the Asian peninsula and the Far East, NAFLD predominates; the prevalence in China is estimated to be 24%-36%. Due to the condition's high frequency and increasing burden of end-stage liver disease in the general population, it has received a lot of attention. Even with mild hepatic steatosis, a significant higher mortality risk was seen. Given that the diagnosis of NAFLD required the exclusion of other chronic liver illnesses, including "excess" alcohol intake, the prevalence and medical burden caused by NAFLD may be understated. As a result, the population with alcoholic consumption or other liver diseases may be disregarded. The understanding developed over the past few decades has shown that NAFLD is a purely metabolic condition that may coexist with other metabolic diseases. The international expert consensus recommended a new concept, "Metabolic Associated Fatty Liver Disease (MAFLD)" to replace the outdated "NAFLD" and the "positive criteria" to diagnose the condition, in March 2020 due to the urgent unmet demands for a clear nomenclature and specified clinical criteria.

The criteria are based on the existence of Hepatic Steatosis (HS), which can be detected by imaging methods, blood biomarkers or scores, or liver histology, as well as one of the following criteria: being overweight or obese, having type 2 diabetes, or showing signs of metabolic dysregulation. HS is essential for the identification of MAFLD, which also manifests in breast cancer patients and has detrimental effects. Lung cancer has been

eclipsed by female breast cancer as the most frequently identified malignant tumour. High levels of obesity and inactivity are strongly associated with BC and have become a major factor in the rising prevalence of BC. Metabolic syndrome, a collection of metabolic conditions that are closely related to HS, is reported to affect 15.1-26.1% of breast cancer patients in industrialized nations and 32.1-43.9% of patients in underdeveloped nations. Chemotherapy and endocrine treatments, both of which are known to raise the risk of HS, may be given to some BC survivors. Since HS frequently coexists with BC, liver Ultrasound Elastography (USE), which has a better sensitivity and specificity than standard hepatic Ultrasonography (US), is being used more frequently to diagnosis HS in breast cancer.

The difference in median ages between breast cancer survivors and non-cancer controls was not statistically significant (53 years). The metabolism index did, however, differ significantly between the two groups. In comparison to non-cancer controls, BCS had considerably greater BMI and waist circumference. Previous research has shown the link between obesity and a higher risk of breast cancer, which holds true for BCS as well. Waist circumferences, a more accurate indicator of how fat is distributed throughout the body, also show a dose-independent relationship with breast cancer. The average waist size among BCS students was 82.3cm, which was beyond the threshold for central obesity, which is defined as an Asian girl with an extra waist size greater than 80cm. Due to the prevalence of HS and MAFLD in breast cancer survivors, liver ultrasonography screening for HS should be improved, and in addition, the detection of liver ultrasound elastography should be promoted and incorporated into routine screening procedures. To support these findings, additional carefully planned prospective cohort studies are needed, as well as a future intervention trial on the onset of MAFLD.

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