



Complications of Steatohepatitis and Nonalcoholic Fatty Liver Disease

Thomas Christos*

Department of Medicine, Duke University, Durham, USA

DESCRIPTION

Steatosis is the accumulation of fat within tissues. The liver is most commonly affected. Fat accumulation in the liver can lead to liver disease. A healthy liver contains some fat, but when fat makes up more than 5% to 10% of the liver's weight, doctors call it fatty liver or steatosis. This may indicate the development of Non-Alcoholic Fatty Liver Disease (NAFLD). NAFLD includes a range of liver diseases that occur in people who drink little or no alcohol. A more serious form is Nonalcoholic Steatohepatitis (NASH). NASH can cause liver swelling and damage. Nonalcoholic Steatohepatitis (NASH) is liver inflammation and damage caused by the accumulation of fat in the liver. It is part of a group of diseases called non-alcoholic fatty liver disease. It is sometimes called fatty liver. Many people have fat in their liver, but most of them have no symptoms or serious problems. However, in some people, fat causes inflammation and damages liver cells. Due to damage, the liver will not function normally.

NASH can worsen and cause scarring of the liver leading to cirrhosis. However, the disease has not worsened. NASH resembles the type of liver disease caused by long-term heavy drinking. However, NASH also occurs in people who do not intake any alcohol. Although the majority of patients with fatty liver have no symptoms, many patients with steatohepatitis report persistent right upper quadrant fatigue, discomfort, or pain when directly questioned. As the disease progresses, ascites, symptoms of liver cirrhosis such as edema and jaundice may appear. Symptoms often appear in routine checkups and blood tests that reveal abnormal liver LFT (e.g. elevated alanine transaminase). There are usually no symptoms until NAFLD progresses to Nonalcoholic Steatohepatitis (NASH). NASH can cause inflammatory symptoms such as pain and swelling in the right upper abdomen where the liver is located. However, they may not notice any symptoms until NASH progresses to more

serious liver damage.

In the case of steatohepatitis, up to 20% of patients with nonalcoholic fatty liver disease can develop nonalcoholic steatohepatitis, a condition of chronic hepatitis. This can lead to gradual damage to the liver, which can eventually lead to tissue scarring (cirrhosis). For pregnancy complications, NAFLD during pregnancy is associated with an increased risk of maternal-fetal complications. Pregnant mothers in particular are three to four times more likely to develop hypertensive complications such as pre-eclampsia. However, fat accumulation can be accompanied by inflammation and necrosis, as well as varying degrees of fibrosis, the so-called steatohepatitis. This is a more serious condition that can itself be complicated by portal hypertension and liver failure, but it is also a precursor to cirrhosis. More and more patients with fatty hepatitis are not the result. This is called nonalcoholic steatohepatitis. Based on the known zonal patterns in protein, glucose, and lipid metabolism coupled with evidence that phosphatidylcholine may play a role in the pathogenesis of NASH, the presence of phospholipid zonal structures in the liver and the frequency of specific phospholipids and the distribution may be related to histological disease.

CONCLUSION

Nonalcoholic fatty liver disease is fatty infiltration into the liver and no other cause of fatty liver and alcohol consumption. It is characterized by excessive accumulation of fat in the liver (fatty liver). Nonalcoholic steatohepatitis is a subgroup of nonalcoholic fatty liver disease characterized by steatosis with additional evidence of hepatocellular damage and inflammation. Fatty liver and steatohepatitis can only be distinguished by liver biopsy and histology. It is unknown non-alcoholic fatty liver disease is a surrogate marker for diseases such as metabolic syndrome.

Correspondence to: Thomas Christos, Department of Medicine, Duke University, Durham, USA, E-mail: Christos_t@hotmail.com

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