



Impact of Hepatic Steatosis During Alcohol Consumption

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DESCRIPTION

Alcohol is one of the leading causes of liver damage when the liver damage is occurred due to overtaking of alcohol it's called as alcohol-related liver disease. Alcohol-related liver disease actually encompasses three different liver conditions: Alcoholic fatty liver disease, alcoholic hepatitis, and alcoholic cirrhosis. These conditions can impair the liver's ability to carry out its vital functions, such as breaking down toxins, producing bile, storing nutrients, and making proteins [1,2]. Hepatic steatosis is another name for alcohol-induced fatty liver disease. It occurs when liver fat starts to accumulate. Alcohol abuse can prevent the liver from breaking down fats, leading to build-up. In heavy drinkers, alcoholic fatty liver disease is common. In fact, it's claimed that up to 90% of persons who consume large amounts of alcohol suffer from this illness and doesn't often show any symptoms [3-5].

If drinking alcohol is stopped or reduced, alcoholic fatty liver disease can be reversed. However, if alcohol use persists, liver damage that is more severe in nature may result. Alcohol causes the liver inflammation known as alcoholic hepatitis. It can occur following binge drinking or long-term heavy drinking. The severity of alcoholic hepatitis might vary. Alcoholic hepatitis that is severe can be fatal [6,7]. Depending on how severe the problem is, alcoholic hepatitis requires different treatments. With nutrition support and alcohol abstinence, mild instances may improve. Hospitalisation, medicines, or even a liver transplant may be necessary in severe situations. The most severe type of alcohol-related liver disease is cirrhosis. It causes when good liver tissue is replaced by scar tissue as a result of on-going inflammation and injury brought on by alcohol. Scar tissue impairs blood flow and oxygen delivery to the liver cells, leading to their death. As a result, the liver loses its ability to function properly.

Alcohol-related cirrhosis is not reversible and can cause fatal liver failure. Treatment options are limited and mainly aim to prevent further damage and complications. Abstinence from alcohol is essential, as well as managing symptoms and complications with medications or procedures [8,9]. A liver

transplant may be considered for some patients who meet certain criteria. Some diposomaniacs do not get alochol-related liver disease. However, some factors can increase the risk or severity of liver damage from alcohol. These include:

- some people may have inherited variations in genes that affect how they metabolize alcohol or respond to inflammation.
- women are more susceptible to alcohol-related liver damage than men because they have lower levels of enzymes that break down alcohol and higher levels of body fat that retain alcohol.
- malnutrition or obesity can worsen alcohol-related liver damage by affecting fat metabolism and antioxidant levels [10].
- viral hepatitis, autoimmune hepatitis, hemochromatosis, or non-alcoholic fatty liver disease can increase the risk or severity of alcohol-related liver damage.

Stopping or reducing alcohol use is the greatest method to stop or reverse alcohol-related liver damage. The National Institute on Alcohol Abuse and Alcoholism (NIAAA) defines moderate drinking as up to one drink for women and up to two for men per day. One drink is equal to 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of spirits.

CONCLUSION

Liver damage can manifest as alcoholic fatty liver disease, alcoholic hepatitis, or alcoholic cirrhosis. These conditions can impair the liver's ability to carry out its vital functions and cause serious complications. The best way to prevent or reverse alcohol-related liver damage is to stop or reduce alcohol consumption. Other lifestyle changes such as eating a balanced diet, exercising regularly, quitting smoking, and getting vaccinated can also help improve liver health. More than three drinks per day for women and more than four for males is considered as over drinking.

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