AB159. SOH21AS135. Incidental hepatic steatosis: are guidelines being followed?

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Background: Hepatic steatosis is an increasingly prevalent condition, with estimates of up to 30% amongst western populations. Fatty liver is a common incidental finding on abdominal imaging. Current British Society of Gastroenterology guidelines suggest the use of scoring systems, such as FIB-4 (fibrosis-4) or NFS (non-alcoholic fatty liver disease fibrosis score), to stratify these patients into risk categories for the development of non-alcoholic steatohepatitis, and subsequent liver failure or hepatocellular carcinoma. We carried out an audit of our own practice, to see if these guidelines were being followed.

Methods: We interrogated the national imaging management system to identify all scans performed in Wexford general hospital from 16th April to 16th October 2020 which identified "hepatic steatosis" or "fatty liver". Data extracted included: patient demographics, imaging modality & finding. We correlated this data with the patient's liver function tests (LFTs) to calculate their FIB-4/ NFS score, and investigated whether suitable patients had been referred to gastroenterology.

Results: Of the 145 patient's identified as having hepatic steatosis on imaging, 65 (44.8%) had ALT derangement, 42 (29%) had alkaline phosphatase (ALP) derangement, 81 (56%) had gamma-glutamyl transpeptidase (GGT) derangement and 23 (16%) had an elevated total bilirubin. Only 26 (17.9%) of these patients had evidence of

subsequent liver serology studies, and only 17 (11.7%) had been referred to gastroenterology. None of the patient cohort had either a FIB-4 or NFS score calculated.

Conclusions: There is clear evidence that guidelines are not being followed in the management of patients who are incidentally found to have hepatic steatosis.

Keywords: Cirrhosis; cryptogenic cirrhosis; hepatic steatosis; non-alcoholic fatty liver; non-alcoholic steatohepatitis

Acknowledgments

Funding: None.

Footnote

Conflicts of Interest: The authors have no conflicts of interest to declare.

Ethical Statement: The authors are accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved.

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doi: 10.21037/map-21-ab159

Cite this abstract as: O'Sullivan N, Tyrrell J, Burke E, McIntyre T, Schmidt K. Incidental hepatic steatosis: are guidelines being followed? Mesentery Peritoneum 2021;5:AB159.