



Nonalcoholic Fatty Liver Disease (NAFLD) A Chronic Liver Disease

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Obesity and metabolic syndrome affects to the liver of about quarter of global population causing Nonalcoholic Fatty Liver Disease (NAFLD). It became the most common form of chronic liver disease in children and adolescents. NAFLD is caused due to systemic metabolic dysfunction and it simultaneously increase the risk of cardiovascular disease and diabetes [1].

Nonalcoholic fatty liver disease (NAFLD) was first described as a distinct clinical entity four decades ago. However, the condition has become the center of attention within hepatology owing to its high prevalence and growing contribution to the burden of end-stage liver disease in the general population [2].

NAFLD comprises a spectrum of liver lesions, including simple steatosis, steatohepatitis and fibrosis. Steatosis is often harmless, the lobular inflammation that characterizes nonalcoholic steatohepatitis (NASH) is considered to be a driving force in the progression of NAFLD [3].

In recent the developments have been revolutionized understanding of the genetic factors, natural history, diagnostic modalities and therapeutic targets for this disease. New polymorphisms, such as those in PNPLA3, have been identified and used to predict the development and severity of NAFLD in both adults and children. Moreover their interactions with environmental factors has been elucidated. Non-invasive imaging tests, such as transient elastography, will probably replace liver biopsy for the diagnosis of nonalcoholic steatohepatitis and the assessment of fibrosis severity in future. The development of drugs that can modify liver steatosis, inflammation and fibrosis, indicates that pharmacotherapy for NAFLD will become available in the near future. The most important risk factors for NAFLD in children are insulin resistance and central obesity [4].

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