# World Journal of *Gastroenterology*

World J Gastroenterol 2024 May 7; 30(17): 2287-2373





Published by Baishideng Publishing Group Inc

WJG

# World Journal of Woriu jou... Gastroenterology

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#### **ABOUT COVER**

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#### **AIMS AND SCOPE**

The primary aim of World Journal of Gastroenterology (WJG, World J Gastroenterol) is to provide scholars and readers from various fields of gastroenterology and hepatology with a platform to publish high-quality basic and clinical research articles and communicate their research findings online. WJG mainly publishes articles reporting research results and findings obtained in the field of gastroenterology and hepatology and covering a wide range of topics including gastroenterology, hepatology, gastrointestinal endoscopy, gastrointestinal surgery, gastrointestinal oncology, and pediatric gastroenterology.

#### **INDEXING/ABSTRACTING**

The WJG is now abstracted and indexed in Science Citation Index Expanded (SCIE), MEDLINE, PubMed, PubMed Central, Scopus, Reference Citation Analysis, China Science and Technology Journal Database, and Superstar Journals Database. The 2023 edition of Journal Citation Reports<sup>®</sup> cites the 2022 impact factor (IF) for WJG as 4.3; Quartile category: Q2. The WJG's CiteScore for 2021 is 8.3.

#### **RESPONSIBLE EDITORS FOR THIS ISSUE**

Production Editor: Hua-Ge Yu; Production Department Director: Xu Guo; Cover Editor: Jia-Ru Fan.

NAME OF JOURNAL	INSTRUCTIONS TO AUTHORS
World Journal of Gastroenterology	https://www.wjgnet.com/bpg/gerinfo/204
ISSN	GUIDELINES FOR ETHICS DOCUMENTS
SSN 1007-9327 (print) ISSN 2219-2840 (online)	https://www.wjgnet.com/bpg/GerInfo/287
LAUNCH DATE	GUIDELINES FOR NON-NATIVE SPEAKERS OF ENGLISH
October 1, 1995	https://www.wjgnet.com/bpg/gerinfo/240
FREQUENCY	PUBLICATION ETHICS
Weekly	https://www.wjgnet.com/bpg/GerInfo/288
EDITORS-IN-CHIEF	PUBLICATION MISCONDUCT
Andrzej S Tarnawski	https://www.wjgnet.com/bpg/gerinfo/208
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http://www.wjgnet.com/1007-9327/editorialboard.htm	https://www.wjgnet.com/bpg/gerinfo/242
PUBLICATION DATE	STEPS FOR SUBMITTING MANUSCRIPTS
May 7, 2024	https://www.wjgnet.com/bpg/GerInfo/239
COPYRIGHT	ONLINE SUBMISSION
© 2024 Baishideng Publishing Group Inc	https://www.f6publishing.com
PUBLISHING PARTNER	PUBLISHING PARTNER'S OFFICIAL WEBSITE
Shanghai Pancreatic Cancer Institute and Pancreatic Cancer Institute, Fudan University Biliary Tract Disease Institute Eudan University	https://www.shca.org.cn https://www.zs-hospital.sh.cn

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## World Journal of Gastroenterology

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World J Gastroenterol 2024 May 7; 30(17): 2371-2373

ISSN 1007-9327 (print) ISSN 2219-2840 (online)

DOI: 10.3748/wjg.v30.i17.2371

LETTER TO THE EDITOR

### Metabolic dysfunction-associated fatty liver disease and low muscle strength: A comment

#### Masood Muhammad Karim, Amna Subhan Butt

Specialty type: Gastroenterology and hepatology

Provenance and peer review: Unsolicited article; Externally peer reviewed.

Peer-review model: Single blind

Peer-review report's classification Scientific Quality: Grade C Novelty: Grade C

Creativity or Innovation: Grade C Scientific Significance: Grade C

P-Reviewer: Makovicky P, Czech Republic

Received: January 30, 2024 Revised: March 12, 2024 Accepted: April 18, 2024 Published online: May 7, 2024



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#### Abstract

The diagnosis of non-alcoholic fatty liver disease (NAFLD) and metabolic dysfunction-associated fatty liver disease only on the basis of laboratory parameter score such as Hepatic Steatosis Index which includes liver enzymes, gender, basal metabolic index, and presence of diabetic mellitus is not sufficient to exclude other causes of deranged liver enzymes especially medications and autoimmune related liver diseases. As the guideline suggests ultrasound is the preferred first-line diagnostic procedure for imaging of NAFLD, as it provides additional diagnostic information and the combination of biomarkers/scores and transient elastography might confer additional diagnostic accuracy and evident from previous similar studies too.

Key Words: Non-alcoholic fatty liver disease; Metabolic dysfunction associated fatty liver disease; Low muscle strength; Hepatic Steatosis Index; Letter to the editor

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**Core Tip:** Combining imaging modalities along with laboratory parameter-based scores increases the diagnostic yield of non-alcoholic fatty liver disease, and helps in the exclusion of the other secondary causes.

Citation: Karim MM, Butt AS. Metabolic dysfunction-associated fatty liver disease and low muscle strength: A comment. World J Gastroenterol 2024; 30(17): 2371-2373 URL: https://www.wjgnet.com/1007-9327/full/v30/i17/2371.htm DOI: https://dx.doi.org/10.3748/wjg.v30.i17.2371



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#### TO THE EDITOR

We found the article by Lee *et al*[1] compelling as the article addressed an important aspect of metabolic dysfunctionassociated fatty liver disease (MAFLD), which has emerged as an emerging pandemic and a major public health issue worldwide, particularly in Asian countries [1-4]. In this study, the author emphasized the significant yet underexplored link between muscle strength and MAFLD.

However, in the current study, the diagnosis of MAFLD was based on the "Hepatic Steatosis Index" (HSI), a score consisting of non-invasive laboratory parameters. While the HSI demonstrated the highest sensitivity and specificity at 93% and 92%, respectively, there is still a possibility of missing approximately 7%-8% of patients (equivalent to 1400 patients) with MAFLD in the context of this study[5].

Moreover, HSI is calculated as HIS = 8 × [alanine aminotransferase (ALT)/aspartate aminotransferase (AST) ratio] + basal metabolic index (+ 2, if female; + 2, if diabetes mellitus). According to this formula deranged liver enzymes (AST and ALT) due to any concomitant cause can result in false positive results when other causes were not ruled out especially medication and autoimmune-related liver injuries which were not excluded in this study.

Furthermore, the European Association Society for Liver Diseases guideline suggests ultrasound as the preferred firstline diagnostic procedure for imaging of MAFLD, as it provides additional diagnostic information. However, the combination of biomarkers/scores with transient elastography might confer additional diagnostic accuracy[6].

In a similar European study about the association between fatty liver disease and low muscle mass by Rigor *et al*[7], the ultrasound abdomen was used to screen patients with fatty liver disease. Additionally, another recent Korean populationbased study by Seo et al[8] also measured hepatic steatosis based on Fibro scan.

In our opinion, using imaging modalities such as ultrasound abdomen or fibroscan along with laboratory parameterbased scores could have not only increased diagnostic yield but also helped in the exclusion of the other secondary causes.

#### FOOTNOTES

Author contributions: Karim MM and Butt AS designed research and performed research (literature review); Karim MM wrote the letter; Butt AS revised the letter.

Conflict-of-interest statement: Both authors have no conflict of interest to disclose.

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S-Editor: Chen YL L-Editor: A P-Editor: Yu HG

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