Preface

Nonalcoholic Fatty Liver Disease

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Editor

Due to the current obesity epidemic, nonalcoholic fatty liver disease (NAFLD) affects a significant portion of the US patient population, and it represents one of the most common causes of liver disease in the Western world. Over the last several years, significant progress has been made related to understanding the natural history, pathobiology, and treatment of this condition. It is recognized that NAFLD encompasses a spectrum of liver histology ranging from isolated fatty liver to steatohepatitis with cirrhosis. NAFLD may be present in both adults and children and can progress to end-stage liver disease with resultant cirrhosis, portal hypertension, and hepatocellular carcinoma. In addition, several extrahepatic conditions may be linked to NAFLD, including cardiovascular disease, insulin-requiring and type 2 diabetes mellitus, obstructive sleep apnea, colonic adenomas, and polycystic ovarian syndrome. In this issue of Clinics in Liver Disease, a group of distinguished experts in the field provide an update related to various aspects of NAFLD.

The epidemiology of NAFLD in the United States and the rest of the world is introduced by Drs M Sayiner, A Koenig, L Henry, and Z Younossi, and a discussion of racial and ethnic differences in NAFLD is provided by Drs H Kalia and P Gaglio. Next, the pathobiology of NAFLD related to the metabolic syndrome is reviewed by Drs P. Kanwar and K Kowdley, followed by a discussion of the effect of lipids and insulin resistance on this condition by Drs P Berk and E Verna. Emerging data related to the influence of the gut microbiome on NAFLD are presented by Drs J Boursier and AM Diehl. The next group of articles covers clinical aspects and natural history of NAFLD; Drs V Patel, A Sanyal, and R Sterling describe the clinical presentation and evaluation of patients with NAFLD, and the histology of NAFLD and NASH in adults and children is discussed by Drs D Kleiner and H Makhlouf. This is followed by a review of the progression and natural history of NAFLD in adults by Drs A Marengo, RI Jouness, and E Bugianesi, and in children, by Drs N Goyal and J Schwimmer.

Our understanding of optimal therapy for NAFLD is evolving rapidly; Drs W Hannah and S Harrison illustrate the effect of weight loss, diet, exercise, and bariatric surgery,
and current pharmacologic therapies are reviewed by Drs S Ganesh and V Rustgi. NAFLD therapies on the horizon are introduced by Drs B Hameed and N Terrault. Several additional aspects of NAFLD are covered by Drs K Chacko and J Reinus, who present information on extrahepatic manifestations of NAFLD, including a discussion of a “mimic” of NAFLD, specifically, lysosomal acid lipase deficiency. Drs T Pham, T Dick, and M Charlton conclude this issue with an article on the present and future role of liver transplantation in managing patients with NAFLD.

It is hoped that this issue of *Clinics in Liver Disease* will provide health care providers and other interested individuals a convenient reference for understanding multiple aspects of NAFLD and provide a framework to facilitate patient diagnosis, and ultimately, treatment for this condition. Further advances in understanding the pathobiology, natural history, and optimal therapy for NAFLD are eagerly anticipated.

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