

The approach to fatty liver  
disease when it's combined  
with another disease  
- how should we report it?

Rob Goldin

[r.goldin@imperial.ac.uk](mailto:r.goldin@imperial.ac.uk)

# This is a common problem

“coexisting disease represented 5.5% of all hepatitis C biopsies and 4.0% of other forms of chronic liver disease”

Concurrence of Histologic Features of Steatohepatitis with Other Forms of Chronic Liver Disease.

Brunt et al. Mod Pathol 2003;16(1):49–56.

# What are the problems?

- Problem in differential diagnosis
- Problem in assessing relative contributions of the 2 disease processes

# Problem in differential diagnosis

- **Diseases in which there are common features.**

Fatty change e.g. hepatitis C, drugs

Lobular inflammation e.g. chronic hepatitis

Portal inflammation: e.g. chronic hepatitis, biliary diseases

Portal fibrosis: e.g. chronic hepatitis, biliary tract diseases

Cholestasis: e.g. drug

Iron overload in ALD: haemochromatosis

# Problem in assessing relative contribution

- **My approach:**

Normal, detailed, description of the pathology.

In most cases it is possible to make some assessment of the 2 different pathological processes to the overall histological picture.

Acknowledge that there are 2 processes contributing to the disease especially inflammation and when there is advanced fibrosis, that it is not possible to assess the relative contributions of each disease to this.

Remember that the 2 diseases may be synergistic.

# References

- Steatosis: Co-factor in other liver diseases Elizabeth E. Powell et al. Hepatology 42 (1), 2005, p.5
- NAFLD and NASH in HCV Infection: Prevalence and Significance in Hepatic and Extrahepatic Manifestations Luigi Adinolfi et al. 17 (6), 2016, p.803 Digestive Diseases and Sciences
- Natural History of Patients Presenting with Autoimmune Hepatitis and Coincident Nonalcoholic Fatty Liver Disease. Javier De Luca-Johnson et al. International Journal of Molecular Sciences. 61 (9), 2016, p.271.