

### Question 17 – November 27

A 31 year old man with type 2 diabetes and obesity is referred from his primary provider for abnormal liver tests. Testing for viral hepatitis and iron studies were unremarkable. His family history is remarkable for alcoholic cirrhosis in his father. He consumes 2 drinks per week. He is sedentary. His physical exam is significant for BMI 33, central obesity, liver 4cm below RCM. No splenomegaly and no signs of cirrhosis. Normal skin exam. AST 86 U/L, ALT 72 U/L, ANA 1:80 (normal 1:40). Hemoglobin A1C 8.2%. Total cholesterol 220, triglycerides 190. Ultrasound with increased liver echogenicity consistent with fatty liver. He is advised to improve his diet and exercise and he returns in 6 months after losing 5% of this body weight. His AST is 48 and ALT 45. His Fibroscan score is 9kPa.

What is the next best step?

- A. Continued attempt at weight loss with diet and exercise.
- B. Start Vitamin E
- C. Liver biopsy
- D. Start pioglitazone

**Answer: C**

Though he has improved with weight loss he has risk factor for advanced disease including obesity, hyperlipidemia, uncontrolled diabetes and elevated Fibroscan. Continued weight loss is reasonable but he needs staging due to risk factors. NASH patients should not receive pharmacotherapy without a biopsy proven diagnosis of NASH. Vitamin E may increase cardiac morbidity in diabetics and may increase prostate cancer. Pioglitazone has been studied in NASH but may cause weight increase and should not be given without biopsy evidence of NASH.

### Reference

AASLD practice guidelines 2012. PMID 22488764