

Obesity and Diabetes-Associated Liver Cirrhosis: Nonalcoholic fatty liver diseases and steatohepatitis

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A 67-year-old obese woman with long-term type II diabetes and multiple diabetes-associated problems came to my clinic for help. She has hypertension, hyperlipidemia, obstructive sleep apnea, diabetic kidney disease and neuropathy, ischemic heart disease with bypass surgery and repeated cardiac cauterizations/stents placement, peripheral vascular disease with several toe amputation, severe anemia and thrombocytopenia followed by hematologist. She noticed that she recently had very difficult time falling into sleep or stay asleep at night and she slept a lot during daytime. She has had multiple ER visits because of falls/accidents at night. The family is very concerned and wants to send her to nursing home. The patient did not like the idea of going to nursing home and insisted staying in her own house with homecare.

One of her church friends told her to come to my Clinic for help. I spent a lot of time reviewing her medical records and agreed with above diagnosis, but I noticed that she was found to have fatty liver about 12 years ago through ultrasound. I did physical examination and also noticed signs of liver cirrhosis. I told her that she might have hepatic encephalopathy (brain functional disorder caused by liver disease) which led to her recent behavioral change. Further lab study confirmed my diagnosis. She was diagnosed with liver cirrhosis, portal hypertension and hepatic encephalopathy. Her treatment was adjusted and her sleep pattern became normal and she did not have any falls/accidents since.

She did not understand why she developed liver cirrhosis because she has never drunk alcohol nor used recreational drugs. I explained to her in detail that her liver cirrhosis was caused by Nonalcoholic fatty liver diseases and steatohepatitis (NAFLD/NASH). She further asked if she could go to Vanderbilt University to get liver transplant. I told her that it is very unlikely that she will be accepted as liver transplant candidate due to her multiple severe medical problems. She insisted on being referred to Vanderbilt University for evaluation for liver transplant. She was referred to liver transplant hepatologist in VUMC and was told that she did not meet the criteria for liver transplant and she should follow up with me to continue current treatment. They are not able to offer any more help than what she is currently receiving.

Nonalcoholic fatty liver diseases and steatohepatitis have become very common liver diseases leading to liver cirrhosis and liver cancer, especially among patients with obesity and diabetes. Patients with liver cirrhosis caused by Nonalcoholic steatohepatitis usually are not candidates for liver transplant due to multiple organ damages. Early diagnosis and intervention might delay the progress of Nonalcoholic fatty liver diseases and steatohepatitis to liver cirrhosis or cancer. If you need further information, please contact Dr. Jeff Ye, North Atlanta Medical & Digestive Care at 770-346-0900. We can help!