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METABOLIC DYSFUNCTION-ASSOCIATED STEATOTIC LIVER DISEASE (MASLD): CLINICAL SIGNIFICANCE OF THE NEW NOMENCLATURE AND NON-INVASIVE DIAGNOSIS

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Relevance. Non-alcoholic fatty liver disease (NAFLD) is the most common chronic liver disease worldwide: according to a meta-analysis of 92 studies involving more than 9 million individuals, its global prevalence is 30.1%, having risen from 25.3% in 1990–2006 to 38.2% in 2016–2019 [1]. In 2023, the nomenclature of the disease was revised, which requires updated approaches to diagnosis and risk assessment in clinical practice.

Aim. To analyse the significance of the new MASLD nomenclature and of the non-invasive diagnostic algorithm proposed in international guidelines for gastroenterological practice.

Materials and methods. A multisociety Delphi consensus statement (2023), the EASL–EASD–EASO clinical practice guidelines (2024) and a meta-analysis of global epidemiology (2023) were comparatively analysed.

Results. In a Delphi consensus involving 236 experts from 56 countries, "steatotic liver disease" (SLD) was adopted as the overarching term, and "metabolic dysfunction-associated steatotic liver disease" (MASLD) replaced NAFLD [2]. A diagnosis of MASLD requires hepatic steatosis together with at least one of five cardiometabolic risk factors; patients with MASLD who consume 140–350 g of alcohol per week (women) or 210–420 g per week (men) were assigned to a separate category, MetALD [2]. According to the EASL–EASD–EASO guidelines, a stepwise approach is used to detect advanced fibrosis: a FIB-4 index below 1.3 indicates low risk (2.0 in individuals older than 65 years), a value of 1.3–2.67 warrants transient elastography, and a value above 2.67 warrants referral to a hepatologist; on elastography, a liver stiffness below 8 kPa makes advanced fibrosis unlikely, whereas a value of 12 kPa or higher makes it likely [3]. In adults with non-cirrhotic MASH and significant fibrosis, treatment with resmetirom should be considered where it is locally approved [3].

Conclusion. The MASLD nomenclature links the disease directly to metabolic risk factors and requires a separate assessment of alcohol intake. A stepwise algorithm based on FIB-4 and transient elastography makes it possible to identify patients at high risk of advanced fibrosis in primary care and to optimise their referral to a hepatologist. Population-based studies are needed to determine the prevalence of MASLD and the distribution of fibrosis stages in Uzbekistan.

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