# RATE OF OCCURRENCE OF INCIDENTAL FATTY LIVER AND ITS RELATIONSHIP WITH THE HYPERTENSION AND DIABETES 

${ }^{1}$ Dr Zia Ul Mustafa，${ }^{2}$ Muhammad Aleem Uddin，${ }^{3}$ Dr Muhammad Ali
${ }^{1}$ Assistant Professor of Medicine Sahara Medical College Narowal；${ }^{2}$ Assistant Professor of Medicine Sahara Medical College Narowal；${ }^{3}$ Senior Registrar Fatima Memorial Hospital Shadman Lahore

\begin{tabular}{|c|c|}
\hline Article Received：June 2019 Accepted：July 2019 \& Published：August 2019 \\
\hline \begin{tabular}{l}
Abstract： \\
Objective：The aim of this research work is to observe the rate of occurrence of In and its relationship with the hypertension \＆diabetes． \\
Methodology：This transverse research work carried out from March 2014 to departments of the Sughra Shafi Medical Complex Narowal．Non－purposive con use for the selection of the patients from both sex and from every age．Serious patients present with past history of the chronic diseases of liver，addict of alco part of this research work．We recorded the blood sugar \＆BP at different times． Results：Total 400 patients were the part of this research work with an average patients were present with incidental outcome of fatty liver with the utilization of liver， \(46.78 \%\) patients were males and \(49.28 \%\) patients were females．The diag victims of hypertension，among them \(55.42 \%\) patients were present with fatty li patients among them were \(65.78 \%\) patients were present with fatty liver． \\
Conclusion：Mostly，fatty liver is the incidental outcome on the ultrasound．We forn of fatty liver with the hypertension \＆diabetes． \\
Key Words：Radiology，fatty liver，incidental，outcome，diabetes，convenience， pregnancy．
\end{tabular} \& \begin{tabular}{l}
idental fatty liver on the ultrasound \\
September 2015 in the radiology enience sampling technique was in ill patients of trauma and all the ol \＆with pregnancy were not the \\
age of \(42.63 \pm 16.78\) years． \(38 \%\) ultrasound．In the patients of fatty osis showed that patients were the r．The diabetes was present in the \\
und a clear association of this issue \\
mpling，occurrence，methodology，
\end{tabular} \\
\hline \begin{tabular}{l}
Corresponding author： \\
Dr．Zia Ul Mustafa， \\
Assistant Professor of Medicine Sahara Medical College Narowal．
\end{tabular} \& \begin{tabular}{l}
QR code

$\square$ <br>
4 <br>
8
$\square$家安
\end{tabular} <br>

\hline
\end{tabular}

Please cite this article in press Zia Ul Mustafa et al．，Rate Of Occurrence Of Incidental Fatty Liver And Its Relationship With The Hypertension And Diabetes．，Indo Am．J．P．Sci，2019；06［08］．

## INTRODUCTION:

The disease of the fatty liver is very quickly becoming the very frequent disease of liver in whole world. The occurrence of this complication in the normal public of various countries of Europe is from $18.0 \%$ to $28.0 \%$ [1]. The disease of fatty liver is very broad term that ranges from steatosis to the non-alcoholic steatohepatitis [2]. This complication resulted into cirrhosis of liver \& carcinoma [3]. There are many factors for the development of this disease like eating habits \& sedentary style of life [4]. This complication is very common incidental outcome of the ultrasound conducted of abdomen cavity for other diseases. The best method to discover the fatty liver is the ultrasonography. The comparison of the liver's echogenicity with the renal cortex carried out by ultrasound [5]. The infiltration of the fatty liver can or cannot happen with the hepatomegaly [6]. The disease of the fatty liver has no association with the hepatic disorders as metabolic syndrome, Type-2 Diabetes \& hypertension [7].

Essential hypertension is resistant condition for insulin [8] and about $48.0 \%$ patients suffering from arterial hypertension are present with resistant to insulin with the hyperinsulinemia [9] and the danger for the development of essential hypertension rises with the availability of the disease of the fatty acid. Fatty liver can lead to many other complications as hypertension, diabetes and heart diseases [10]. The very common cause of high rate of mortality among the patients of this disease is cardio-vascular diseases [11].

## METHODOLOGY:

This transverse research work was carried out at radiology departments of the Sughra Shafi Medical Complex Narowal from March 2014 to September 2015. Total 400 patients who appeared in surgical OPD were the part of this research work. We also took the consent of all patients. We included the patients from both sex \& age groups. Seriously ill, patients of trauma \& patients with previous history of chronic diseases of liver, alcohol addict, viral infections \& with pregnancy were not the part of this research work.


Figure 1: Presenting Complaints in Fatty Liver patients

We measured the fasting glucose level to calculate the presence and severity of the diabetes mellitus and we also measured the BP to know about the prevalence of the hypertension. We conducted ultrasound of the screened patients of identify the fatty liver. The determination of the normal liver's echogenicity carried out by the comparison of the liver echogenicity to the cortex of kidneys. We collected all the data on a Performa. SPSS V. 16 was in use for the analysis of the collected information. We analyzed the patients for age, sex, fatty liver outcome, HTN \& DM. Calculations of average values carried out for
categorical variables. The presentation of the qualitative variables carried out with percentages.

## RESULTS:

Total 400 patients were the part of this research work with an average age of $42.63 \pm 16.78$ years (Table-1). $46.0 \%$ patients were males and $49.28 \%$ patients were females. We discovered patients with fatty liver in which $46.78 \%$ were male and $49.28 \%$ patients were females. Total $60.48 \%$ patients with fatty liver were present with more than 40 year of age.

| Table-I: Relation of age with fatty liver. |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: |
| Categories | Fatty Liver |  | Total |  |
|  | Yes | No |  |  |
|  | $1-20$ years | 7 | 61 | 68 |
|  |  | $3.80 \%$ | $15.50 \%$ | $10.00 \%$ |
|  | $40-60$ years | $31.80 \%$ | $26.30 \%$ | $28.50 \%$ |
|  |  | $35.50 \%$ | $31.20 \%$ | $33.50 \%$ |
|  | more than 60 |  |  |  |
|  | years | $23.00 \%$ | $20.00 \%$ | $20.00 \%$ |
| Total | Count | 232 | 352 | 584 |
|  | Percent | $98.00 \%$ | $98.50 \%$ | $100.00 \%$ |

We discovered patients with hypertension, among them $55.42 \%$ patients were present with fatty liver. We diagnosed diabetes in patients, among them $65.78 \%$ were present with fatty liver. Total $15.48 \%$ patients were present without any complain \& pain in abdomen was present in $43.0 \%$ patients having fatty liver. 23.0 to $27.88 \%$ patients were overweight having body mass index, fatty liver was present in $65.78 \%$ patients. (Table-2).

| Table-II: Relation of BMI with fatty liver. |  |  |  |  |  |
| :---: | :---: | :---: | :---: | :---: | :---: |
| BMI |  | Units | Fatty Liver |  | Total |
|  |  | Yes | No |  |
| BMI <br> Categories | Less than 18.5 |  | Count | 7 | 28 | 35 |
|  |  | Percent | 3.80\% | 6.30\% | 4.50\% |
|  | 18.5-24.99 | Count | 127 | 223 | 332 |
|  | 18.5-24.9 | Percent | 51.80\% | 55.50\% | 54.00\% |
|  | 25.29 .99 | Count | 82 | 146 | 200 |
|  | 25-29.99 | Percent | 33.00\% | 31.30\% | $32.00 \%$ |
|  | More than 30 | Count | 16 | 3 | 19 |
|  |  | Percent | 5.50\% | 0.80\% | 3.50\% |
| Total | Count | Count | 232 | 400 | 586 |
|  | Fatty Liver (\%) | Percent | 99.00\% | 97.00\% | 100.00\% |

## DISCUSSION:

This research work determined the rate of occurrence of fatty liver incidentally on the ultrasound as well as its relationship with the HTN \& DM. In this research work, rate of occurrence of fatty liver as $38 \%$. The occurrence of this complication was more common in patients with middle age as assessed in this current work that $60.48 \%$ patients suffering from fatty liver were having the age greater than forty years. This research work showed same amount of the patients for both sex. Afzal in his research work conducted in Lahore in which he discovered eighty-one patients with fatty liver out of 130 patients of diabetes type-2 [12]. A research work conducted by Lopez-Suaraez stated occurrence of this complication as $38.50 \%$ among entire specimen in patients with HTN [13]. Rayo stated clinical relationship between the disease
of the nonalcoholic fatty liver \& prevalence of HTN [14]. HTN development has association with the progressive fatty liver in comparison with the elder or normal condition. The prevalence of the HTN increased in accordance to the degree of the NAFLD (normal $=12.38 \%$, mild $=19.78 \%$, moderate-severe $=$ $28.8 \%$ [14].

One other research work carried out by Donati in 2003 examined that the patients of HTN discovered a significantly greater incidence of this complication (17 out of 55 patients, $30.90 \%$ ) as compared to the healthy controls (7 out of 55, 12.70) [15]. Ijaz performed a research work in Multan, Pakistan and stated the occurrence of fatty liver as $51.0 \%$ in the patients suffering from diabetes [16]. An important proportion of the patients with diabetes in this research work were
present with fatty liver ( $67.80 \%$ ). In this research work, the average age of the patients was $44.65 \pm$ 18.80 years which is very much comparable with the works carried out by Ijaz [16] in 2009 \& Luxmi [17] in the year of 2008 .

We stated the occurrence of fatty liver as $38.0 \%$ which is much comparable with the prevalence in other countries like India, where the rate of occurrence was $47.0 \%$ [18]. A high occurrence of fatty liver as $56.48 \%$ was also present in the research work conducted by Afzal in 2016. The incidence of $55.0 \%$ was also present in the patients living in the regions of Arab Peninsula [19]. In one other research work carried out by Targher in the year of 2007 stated $69.50 \%$ incidence of this complication. The prevalence of this complication also increases with the advancement in age [20]. Some research work reported the female gender at high danger to acquire this disease as research works of Akbar \& Kawther [19]. Ijaz also stated that $62.750 \%$ females with diabetes develop this very complication in comparison to the $37.25 \%$ [16]. One research work performed by Williams in 2011 observed that male patients were present with high risk for this clinical issue [21]. Targher in 2005 stated that this complication lead to the cardiovascular diseases particularly in the patients who are suffering from diabetes [22]. Most of the patients of this disease are present with no signs \& symptoms [23]. There can be some symptoms in children as pain in abdomen and sometimes full fatigue [24].

## CONCLUSION:

The occurrence of fatty liver is very common, discovered during ultrasound found incidentally. There is strong association between the fatty liver with the hypertension, diabetes, elder age \& obesity. So, it is very necessary to assess the persons who are present with incidental outcome of fatty liver during ultrasonography. If the findings of laboratory are not in favor of the ultrasound results, then biopsy of liver is a vital step to diagnose proper hidden truth.

## REFERENCES:

1. Chung, G. E., Yim, J. Y., Kim, D., Kwak, M. S., Yang, J. I., Chung, S. J., ... \& Kim, J. S. (2017). Associations between hemoglobin concentrations and the development of incidental metabolic syndrome or nonalcoholic fatty liver disease. Digestive and Liver Disease, 49(1), 5762.
2. Singh, R. G., Yoon, H. D., Wu, L. M., Lu, J., Plank, L. D., \& Petrov, M. S. (2017). Ectopic fat accumulation in the pancreas and its clinical
relevance: A systematic review, meta-analysis, and meta-regression. Metabolism, 69, 1-13.
3. Chalasani, N., Younossi, Z., Lavine, J. E., Charlton, M., Cusi, K., Rinella, M., ... \& Sanyal, A. J. (2018). The diagnosis and management of nonalcoholic fatty liver disease: practice guidance from the American Association for the Study of Liver Diseases. Hepatology, 67(1), 328-357.
4. Bellentani S, Scaglioni F, Marino M, Bedogni G. Epidemiology of non-alcoholic fatty liver disease. Digestive diseases. 2010;28(1):155-161. doi: 10.1159/000282080.
5. Tevar AD, Clarke C, Wang J, Rudich SM, Woodle ES, Lentsch AB, et al. Clinical review of nonalcoholic steatohepatitis in liver surgery and transplantation. J Am Coll Surg. 2010;210(4):515-526. doi: 10.1016/j.jamcollsurg.2010.01.020.
6. Starley BQ, Calcagno CJ, Harrison SA. Nonalcoholic fatty liver disease and hepatocellular carcinoma: a weighty connection. Hepatol. 2010;51(5):1820-1832. doi: 10.1002/ hep. 23594.
7. Musso G, Gambino R, Cassader M, Pagano G. Metaanalysis: natural history of non-alcoholic fatty liver disease (NAFLD) and diagnostic accuracy of non-invasive tests for liver disease severity. Ann Medi. 2011;43(8):617-649. doi: 10.3109/07853890.2010.518623.
8. Gerstenmaier JF, Gibson RN. Ultrasound in chronic liver disease. Insights into imaging. 2014;5(4):441-455.
9. Hamer OW, Aguirre DA, Casola G, Lavine JE, Woenckhaus M, Sirlin CB. Fatty liver: imaging patterns and pitfalls. Radiographics. 2006 Nov;26(6):1637-53.
10. Targher G, Chonchol M, Zoppini G, Abaterusso C, Bonora E. Risk of chronic kidney disease in patients with nonalcoholic fatty liver disease: is there a link? J Hepatol. 2011;54(5):1020-1029.
11. Ferrannini E, Buzzigoli G, Bonadonna R, Giorico MA, Oleggini M, Graziadei L, et al. Insulin resistance in essential hypertension. New Eng J Med. 1987;317(6):350-357. doi: 10.1056/NEJM198708063170605.
12. Pollare T, Lithell H, Berne C. Insulin resistance is a characteristic feature of primary hypertension independent of obesity. Metabolism. 1990;39(2):167-174. doi: 10.1016/0026-0495(90)90071-J.
13. Laakso M, Edelman SV, Brechtel G, Baron AD. Decreased effect of insulin to stimulate skeletal muscle blood flow in obese man. A novel mechanism for insulin resistance. J Clini Investig. 1990;85(6):1844-1852.
14. Targher G, Day CP, Bonora E. Risk of cardiovascular disease in patients with nonalcoholic fatty liver disease. New Eng J Med. 2010;363(14):1341-1350. 10.1056/NEJMra0912063.
15. American Diabetes Association. Diagnosis and classification of diabetes mellitus. Diabetes Care. 2014;37(Suppl 1): S81-S90.
16. Lopez-Suarez A, Guerrero JM, Elvira-Gonzalez J, Beltran-Robles M, Canas-Hormigo F, BascunanaQuirell A. Nonalcoholic fatty liver disease is associated with blood pressure in hypertensive and nonhypertensive individuals from the general population with normal levels of alanine aminotransferase. Eur J Gastroenterol Hepatol. 2011;23(11):1011-1017. doi: 10.1097/ MEG.0b013e32834b8d52.
17. Ryoo JH, Suh YJ, Shin HC, Cho YK, Choi JM, Park SK. Clinical association between nonalcoholic fatty liver disease and the development of hypertension. J gastroenterol hepatol. 2014;29(11):1926-1931. doi: 10.1111/jgh. 12643.
18. Donati G, Stagni B, Piscaglia F, Venturoli N, Morselli-Labate AM, Rasciti L, et al. Increased prevalence of fatty liver in arterial hypertensive patients with normal liver enzymes: role of insulin resistance. Gut. 2004;53(7):1020-1023. doi: 10.1136/gut.2003.027086.
19. Ijaz-ul-Haque T, Laiq H, Sohail S, Mirbahar AM, Iftikhar A. Frequency of non-alcoholic fatty liver disease (NAFLD) and its biochemical derangements in Type-2 diabetic patients. Pak J Med Sci. 2009;25(5):817-820.
20. Luxmi S, Sattar RA, Ara J. Association of nonalcoholic fatty liver with type 2 diabetes mellitus. JLUMHS. 2008; 9:188-193.
21. Amarapurkar D, Kamani P, Patel N, Gupte P, Kumar P, Agal S, et al. Prevalence of nonalcoholic fatty liver disease: population based study. Ann Hepatol. 2007;6(3):161-163.
22. Akbar DH, Kawther AH. Nonalcoholic fatty liver disease in Saudi type 2 diabetic subjects attending a medical outpatient clinic: prevalence and general characteristics. Diabetes Care. 2003;26(12):3351-3352. doi: 10.2337/diacare.26.12.3351-a.
23. Targher G, Bertolini L, Padovani R, Rodella S, Tessari R, Zenari L, et al. Prevalence of nonalcoholic fatty liver disease and its association with cardiovascular disease among type 2 diabetic patients. Diabetes Care. 2007;30(5):1212-1218. doi: 10.2337/dc06-2247
24. Williams CD, Stengel J, Asike MI, Torres DM, Shaw J, Contreras M, et al. Prevalence of nonalcoholic fatty liver disease and nonalcoholic steatohepatitis among a largely middle-aged population utilizing ultrasound and liver biopsy: a prospective study. Gastroenterol. 2011;140(1):124- 131. doi: 10.1053/j.gastro.2010.09.038.
25. Targher G, Bertolini L, Poli F, Rodella S, Scala L, Tessari R, et al. Nonalcoholic fatty liver disease and risk of future cardiovascular events among type 2 diabetic patients. Diabetes. 2005;54(12):3541-3546. doi: 10.2337/ diabetes.54.12.3541.
26. El-Kader SM, El-Den Ashmawy EM. Nonalcoholic fatty liver disease: The diagnosis and management. World J Hepatol. 2015;7(6):846. doi: 10.4254/wjh. v7. i6.846.
27. Singer C, Stancu P, Cosoveanu S, Botu A. Nonalcoholic Fatty liver disease in children. Curr Health Sci J. 2014;40(3):170. doi: 10.12865/FCHSJ.40.03.03.
28. Zubair, R., Mirza, M., Iftikhar, J., \& Saeed, N. (2018). Frequency of incidental fatty liver on ultrasound and its association with diabetes mellitus and hypertension. Pakistan journal of medical sciences, 34(5), 1137.
29. Sharma, D., Agrawal, A., Meena, S. R., \& Uradiya, I. (2018). Correlation of Serum Ferritin with Insulin Resistance in Type 2 Diabetes Mellitus Patients and its Relationship with Components of Metabolic Syndrome. Journal, Indian Academy of Clinical Medicine, 19(2), 97
