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Summary

A HEAD-TO-HEAD COMPARISON OF MASLD WITH MAFLD DIAGNOSTIC CRITERIA IN LONGITUDINALLY ESTIMATING THE LIVER DISEASE PROGRESSION AND ACUTE CARDIOVASCULAR EVENTS' RISK IN STEATOTIC LIVER DISEASE PATIENTS: A REAL-LIFE EXPERIENCE

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A retrospective 3-year study of 931 steatotic liver disease patients found that MAFLD diagnostic criteria better estimated advanced fibrosis progression risk in lean patients and acute cardiovascular event risk in not-lean patients compared to MASLD criteria.

KEY POINTS

- In lean patients (BMI <25 kg/m2), MAFLD criteria better estimated 3-year advanced fibrosis progression risk than MASLD criteria (positive predictive value 0.714 vs 0.571, p=0.006)
- In not-lean patients, MAFLD and MASLD criteria similarly estimated advanced fibrosis progression risk (odds ratios 2.469 vs 2.334, p<0.0001), but MAFLD better estimated acute cardiovascular event occurrence (hazard ratio 1.104, p=0.025)
- Multivariate analysis in not-lean MAFLD patients identified diabetes (adjusted hazard ratio 2.113), high-sensitivity C-reactive protein (adjusted hazard ratio 1.441), and insulin resistance (adjusted hazard ratio 1.228) as factors associated with cardiovascular events
- The study analyzed liver stiffness measurements and clinical outcomes from 931 patients admitted to a university hospital between 2016-2021, subdivided by BMI and diagnostic criteria

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