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Summary

LONG TERM RISK OF CHRONIC LIVER DISEASE IN PATIENTS WITH CED: A NATIONWIDE POPULATION-BASED, SIBLING-CONTROLLED COHORT STUDY

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In a Swedish nationwide cohort study, patients with biopsy-confirmed celiac disease had an 84% increased hazard of chronic liver disease over a median 16-year follow-up, driven primarily by metabolic dysfunction-associated steatotic liver disease, alcohol-related liver disease, and autoimmune liver disease.

KEY POINTS

- Among 48,033 patients with celiac disease matched to 231,940 reference individuals, the adjusted hazard ratio for incident chronic liver disease was 1.84 (95% CI 1.67–2.02), with incidence rates of 79.1 versus 39.4 per 100,000 person-years.
- The increased hazard was specific to metabolic dysfunction-associated steatotic liver disease (aHR 2.35), autoimmune liver disease (aHR 4.36), and alcohol-related liver disease (aHR 1.35), but not viral hepatitis (aHR 0.88).
- Patients with celiac disease also had a 44% increased hazard of major adverse liver outcomes (cirrhosis, hepatocellular carcinoma, liver transplant, or liver-related death; aHR 1.44, 95% CI 1.31–1.59).
- The elevated hazards persisted for at least 15 years after celiac disease diagnosis, though absolute risks remained low, with one extra chronic liver disease case per 214 patients over this period.
- Findings were confirmed in sibling comparisons and remained robust in sensitivity analyses; the authors suggest their results support diagnostic work-up and regular follow-up for chronic liver diseases in celiac disease patients with elevated liver enzymes.

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