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Summary

HYPERHOMOCYSTEINEMIA IS ASSOCIATED TO MASLD INDEPENDENTLY FROM ATHEROSCLEROSIS

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A cross-sectional study of 901 subjects found hyperhomocysteinemia strongly associated with liver steatosis but not with carotid atherosclerotic plaques, with the association particularly pronounced in patients with metabolic-associated steatotic liver disease.

KEY POINTS

- Hyperhomocysteinemia (Hcy ≥15 µmol/l) was identified in 140 of 901 subjects and showed strong association with liver steatosis (OR 2.1, p=0.00001) but not with atherosclerotic plaques (OR 1.2, p=0.09938).
- Homocysteine levels were significantly different in patients with liver steatosis (18.3±9.2 µmol/l) versus without (12.6±8.3 µmol/l, p=0.00192), but not significantly different between those with and without carotid plaques.
- In the overall population, hyperhomocysteinemia was significantly associated with impaired fasting glycemia (OR 2.1), hypertriglyceridemia (OR 1.8), and arterial hypertension (OR 1.7).
- In MASLD subjects, these associations were stronger, with hypertriglyceridemia showing the highest odds ratio (OR 3.3), followed by arterial hypertension (OR 2.6), impaired fasting glycemia (OR 2.5), and increased waist circumference (OR 2.4).
- The authors suggest the correlation between liver steatosis and hyperhomocysteinemia may worsen metabolic dysfunctions leading to cardiovascular disease in patients with liver steatosis.

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