

VALIDATION OF DALLAS STEATOSIS INDEX (DSI) IN DETECTING STEATOTIC LIVER DISEASE (SLD) IN THAI INDIVIDUALS WITH CARDIOMETABOLIC RISK

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Poster

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The Dallas Steatosis Index demonstrated good diagnostic performance (AUROC 0.816) for detecting steatotic liver disease in Thai individuals with cardiometabolic risk factors, using readily available clinical parameters without requiring waist circumference or gamma-glutamyl transferase measurements.

KEY POINTS

- In 5466 Thai individuals with cardiometabolic risk, the Dallas Steatosis Index achieved an AUROC of 0.816 (95% CI 0.805-0.827) for diagnosing steatotic liver disease confirmed by ultrasound.
- At a cutoff below 0.2, the Dallas Steatosis Index showed 87.5% sensitivity and 82.2% negative predictive value for ruling out steatotic liver disease; at a cutoff above 0.5, specificity was 91.2% and positive predictive value was 83.97%.
- Among 2667 individuals with steatotic liver disease, 95.1% met criteria for metabolic dysfunction-associated steatotic liver disease, 2.1% for MetALD, and 2.8% for alcohol-related liver disease.
- Advanced fibrosis (FIB4 greater than 2.67) was significantly more prevalent in MetALD (10.7%) and alcohol-related liver disease (10.5%) groups compared to metabolic dysfunction-associated steatotic liver disease (1.5%).
- This validation study supports the Dallas Steatosis Index as a population-level screening tool in resource-limited settings where imaging is not readily accessible, though direct comparison with the Fatty Liver Index is needed.

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