



Fatty liver: a short guide

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What was found?

Fat in the liver does not by itself mean inflammation or cirrhosis. Steatosis means fat, steatohepatitis means inflammation with liver cell injury, and fibrosis means scarring. Many people never develop advanced scarring.

What do I check?

I review your metabolic health, alcohol, medicines and blood results. FIB-4 is a blood-test-based score, using age, liver enzymes and platelet count, while FibroScan is a non-invasive liver stiffness measurement. Both can be used to assess the likelihood of liver fibrosis, and both need clinical interpretation. Normal liver blood tests do not completely exclude significant fibrosis.

What can help?

Sustainable food and activity changes, appropriate gradual weight reduction and treatment of diabetes, blood pressure and cholesterol can help. Emerging evidence for GLP-1 medicines such as semaglutide (Wegovy) in selected people with MASH and significant fibrosis is promising, and more data are expected. Whether it is appropriate depends on your diagnosis, other health conditions and local access. I will advise about alcohol and any medicines. If alcohol dependence is possible, get help to reduce safely. Check supplements before taking them.

Follow-up and safety

Follow-up depends on your results. Contact me or your GP for jaundice or new swelling. Seek urgent help for vomiting blood, black tarry stools or new confusion. Call 111 for collapse, bleeding with faintness or if you cannot travel safely.

Call 111 if you collapse, have bleeding with faintness or are too unwell to travel safely.

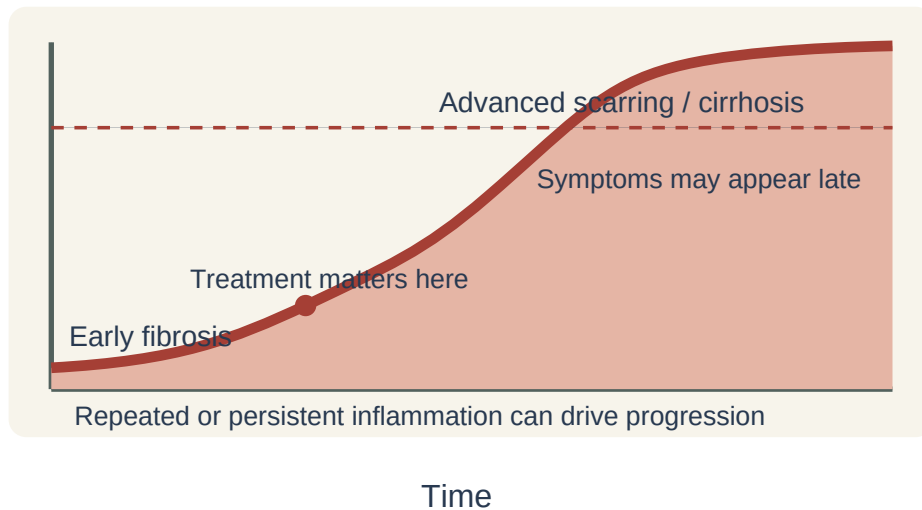




Fat, inflammation and scarring are different

How scarring can progress

Liver scarring



Repeated or persistent inflammation can gradually increase fibrosis. Symptoms may appear late, so treatment and risk reduction are important before advanced scarring develops.

Read this illustration alongside the advice in this guide.

