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fatty liver (redirected from *Hepatic steatosis*)

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REVIEWED

By Chris at 9:21 am, Apr 22, 2020

Fatty Liver

Definition

Fatty liver is the collection of excessive amounts of triglycerides and other fats inside liver cells.

Description

Also called steatosis, fatty liver can be a temporary or long-term condition, which is not harmful itself, but may indicate some other type of problem. Left untreated, it can contribute to other illnesses. It is usually reversible once the cause of the problem is diagnosed and corrected. The liver is the organ responsible for changing fats eaten in the diet to types of fat that can be stored and used by the body. Triglycerides are one of the forms of fat stored by the body and used for energy and new cell formation. The break down of fats in the liver can be disrupted by alcoholism, [malnutrition](#), pregnancy, or [poisoning](#). In fatty liver, large droplets of fat, containing mostly triglycerides, collect within cells of the liver. The condition is generally not painful and may go unnoticed for a long period of time. In severe cases, the liver can increase to over three times its normal size and may be painful and tender.

Causes and symptoms

The most common cause of fatty liver in the United States is [alcoholism](#). In alcoholic fatty liver, over consumption of alcohol changes the way that the liver breaks down and stores fats. Often, people with chronic alcoholism also suffer from malnutrition by eating irregularly and not consuming a balanced diet. Conditions that can also cause fatty liver are other forms of malnutrition (especially when there is not enough protein in the diet), [obesity](#), diabetes mellitus, and Reye's syndrome in children. Pregnancy can cause a rare, but serious form of fatty liver that starts late in pregnancy and may be associated with [jaundice](#) and liver failure. Some drug overdoses or toxic chemical poisonings, such as carbon tetrachloride, can also cause fatty liver.

Often, there are no symptoms associated with fatty liver. If there are symptoms, they can include [pain](#) under the rib cage on the right side of the body, swelling of the abdomen, jaundice, and [fever](#). Symptoms that occur less often in alcoholic fatty liver, but more often in pregnancy related fatty liver, are nausea, vomiting, loss of appetite, and abdominal pain.

Diagnosis

During a [physical examination](#), a doctor might notice that the liver is enlarged and tender when the abdomen is palpated (examined with the tips of the fingers while the patient lies flat). Blood tests may be used to determine if the liver is functioning properly. A [liver biopsy](#), where a small sample of liver tissue is removed with a long needle or through a very small incision, can be used to confirm fatty liver. In pregnant women, the fatty liver condition is usually associated with another serious complication, pre-eclampsia or eclampsia. In this condition, the mother has seriously high blood pressure, swelling, and possibly, seizures. Laboratory abnormalities include elevations of the SGOT (serum glutamic-oxaloacetic transaminase) and SGPT (serum glutamic pyruvic transaminase). In many cases the alkaline phosphatase will be significantly elevated due to [cholestasis](#) produced by the fatty infiltration.

Treatment

Treatment involves correcting the condition that caused fatty liver and providing supportive care. In fatty liver caused by

alcoholism, the treatment is to give up drinking alcohol and to eat a healthy, well balanced diet. In fatty liver associated with pregnancy, the recommended treatment is to deliver the baby, if the pregnancy is far enough along. Vitamin and mineral supplements along with nutritional support may be useful.

Prognosis

Fatty liver is usually reversible if recognized and treated. There may be some long-term tendency toward other types of liver problems depending on how long and how severe the fatty liver condition was. In pregnant women with the condition, the situation can be life threatening for both the mother and the infant. Left untreated, there is a high risk of **death** for both the mother and baby. Severe liver damage that may require a liver transplant can occur in the mother if the condition is not recognized early.

Key terms

Jaundice — A condition where the skin and whites of the eyes take on a yellowish color due to an increase of bilirubin (a compound produced by the liver) in the blood.

Reye's syndrome — A serious, life-threatening illness in children, usually developing after a bout of flu or chickenpox, and often associated with the use of aspirin. In fatal cases, there is evidence of accumulation of fat in the liver.

Triglycerides — A type of fat consumed in the diet and produced by and stored in the body as an energy source.

Prevention

Prevention consists of maintaining a well balanced diet and healthy lifestyle with moderate or no alcohol consumption. Pregnant women require good prenatal care so that symptoms can be recognized and treated as early as possible. To prevent Reye's syndrome, children should not be given **aspirin** to treat symptoms of the flu or other viruses.

Resources

Periodicals

Everson, Gregory T. "Liver Problems in Pregnancy: Part 2, Managing Pre-Existing and Pregnancy-Induced Liver Disease." *Medscape Women's Health* 3, no. 2 (1998).

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liver [liv'er]

the large, dark-red gland located in the upper right portion of the abdomen, just beneath the diaphragm (see also color plates). Its manifold functions include storage and filtration of blood; secretion of **BILE**; conversion of sugars into **GLYCOGEN**; the synthesis and breakdown of fats and the temporary storage of fatty acids; and the synthesis of serum **PROTEINS** such as certain of the alpha and beta globulins, albumin (which helps regulate blood volume), and fibrinogen and prothrombin (which are essential **COAGULATION FACTORS**).

STORAGE FUNCTIONS. The liver can store up to 20 per cent of its weight in glycogen and up to 40 per cent of its weight in fats. The basic fuel of the body is a simple form of sugar called glucose. This comes to the liver as one of the products of digestion, and is converted into glycogen for storage. It is reconverted to glucose, when necessary, to keep up a steady level of sugar in the blood. This is normally a slow, continuous process, but in emergencies the liver, responding to epinephrine in the blood, releases large quantities of this fuel into the blood for use by the muscles.

As the chief supplier of glucose in the body, the liver is sometimes called on to convert other substances into sugar. The liver cells can make glucose out of protein and fat. This may also work in reverse: the liver cells can convert excess sugar into fat and send it for storage to other parts of the body.

In addition to these functions, the liver builds many essential proteins and stores up certain necessary vitamins until they are needed by other organs in the body.

PROTECTIVE FUNCTIONS. The liver disposes of worn-out blood cells by breaking them down into their different elements, storing some and sending others to the kidneys for disposal in the urine. It also filters and destroys bacteria. One of the most important functions of the liver is the detoxification of drugs, alcohol, and environmental poisons.

The liver also helps to maintain the balance of sex hormones in the body. A certain amount of female hormone is normally produced in males, and male hormone in females. When the level of this opposite sex hormone rises above a certain point, the liver takes up the excess and disposes of it.

Finally, the liver polices the proteins that have passed through the digestive system. Some of the amino acids derived from protein metabolism cannot be used by the body; the liver rejects and neutralizes these acids and sends them to the kidneys for disposal.

LIVER FUNCTION TESTS. There are many laboratory procedures that measure some aspect of liver functions. Serum **BILIRUBIN** and urine bilirubin and urobilinogen levels provide information about the metabolism and excretion of bile pigments. Albumin and many of the alpha and beta globulins are synthesized by the liver. Disease that impairs their synthesis is shown by serum protein electrophoresis. Blood-clotting tests, such as one-stage prothrombin time, demonstrate a reduced synthesis of vitamin K–dependent **COAGULATION FACTORS** by the liver.

There are many enzymes that occur in the liver and are released into the blood when there is liver damage or biliary obstruction. The ones most commonly determined in the laboratory are alkaline phosphatase, aspartate transaminase (AST), and alanine transaminase (ALT). AST and ALT are also commonly called (serum) glutamic-oxaloacetic transaminase (GOT or SGOT) and (serum) glutamic-pyruvic transaminase (GPT or SGPT). Alkaline phosphatase is elevated in patients with intrahepatic or extrahepatic obstruction of bile flow, as in cholestatic jaundice or in primary or metastatic carcinoma. AST and ALT are elevated in patients with hepatocellular injury as in acute viral or toxic hepatitis.

Both **ULTRASONOGRAPHY** and radioisotope scans (scintiscans) are useful in demonstrating space-occupying lesions of the liver, such as cysts, abscesses, and tumors. Ultrasonography is an excellent tool for evaluating ascites or preparing for a liver biopsy. The scintiscans use technetium-99m sulfur colloid, which is taken up by the reticuloendothelial cells of the liver and spleen, or gallium-67, which has an affinity for abscesses and certain tumors. On a colloid scan, abscesses and tumors appear as filling defects or “cold spots”; on the gallium scan, they appear as “hot spots.”

A needle biopsy of the liver is useful in demonstrating the presence of cirrhosis, steatosis, alcoholic hepatitis, chronic hepatitis, and carcinoma. Liver biopsy is contraindicated in patients who have clotting defects, severe anemia, or a bacterial infection in an area to be traversed by the biopsy needle, for example, right lower lobar pneumonia.

DISORDERS OF THE LIVER. The liver, with its many complex functions, can be damaged by various disorders and diseases, including **HEPATITIS**, **CIRRHOSIS**, and abscess. Signs of liver damage include **JAUNDICE**, **ASCITES**, uncontrolled bleeding resulting from a decrease in clotting factors, and increased sensitivity to drugs.

fatty liver one affected with fatty infiltration, usually from alcohol abuse, jejunoileal bypass surgery, or occasionally diabetes mellitus; fat is in large droplets and the liver is enlarged but of normal consistency; patients are often asymptomatic but the condition can progress to hepatitis or cirrhosis if the underlying cause is not removed.

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fat·ty liv·'er

yellow discoloration of the liver due to fatty degeneration of liver parenchymal cells.

Synonym(s): **hepatic steatosis**

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fat·ty liv·er (fat'ē liv'ēr)

Yellow discoloration of the liver due to fatty degeneration of liver parenchymal cells.

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Patient discussion about fatty liver

Q. Why do I have Fatty Liver? I have just had a complete overhaul regarding my health and thankfully the only thing that came back was that I had fatty liver, now I don't drink, never have, I'm not desperately overweight although have lost 4 stone over a period of time, and I like to think that I eat sensibly, salads, fruit, veg.. Any thoughts anyone?

A. The scholars investigate and find, eight in ten fat people have fatty liver. The main reason is that a large amount of dissociative fat acid in blood is gradually transferred to liver and this overburdens the metabolism ability of liver then leads the fat accumulated and finally the fatty liver formed. More than half the patients with type 2 diabetes mellitus associated with fatty liver. Dextrose and fat acid can't get a good use and obstacle appears in lipoprotein synthesizing. When dextrose and fat acid change into fat in liver, this will lead fat accumulation and finally fatty liver formed.

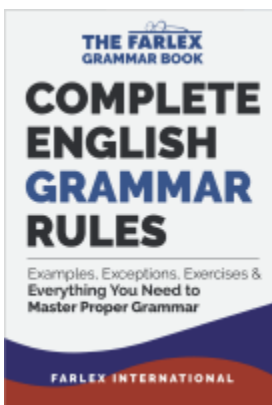
For the entire article you can go to:

http://www.liver-health.info/?page=fatte_liver

Hope this helps.

More discussions about fatty liver

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