MAFLD PREVALENCE IN A COHORT OF PATIENTS WITH CUSHING´S DISEASE

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Introduction

Cushing´s disease produces a large number of metabolic morbidity (obesity, high blood pressure, type 2 diabetes, osteoporosis). Although curing the disease resorves or improves most of these sequelae, there are some of them for which we have very little information. One of them is metabolic-associated fatty liver disease (MAFLD). There are few studies that have assessed the prevalence of MAFLD in patients with cured or active Cushing´s disease, whose prevalence is estimated at around 20% in patients with active Cushing´s disease.

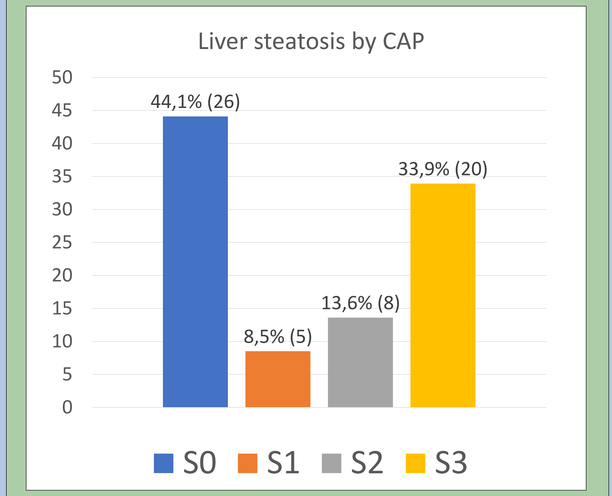
Objetives

To describe the prevalence of liver steatosis in a cohort of patients with Cushing´s disease

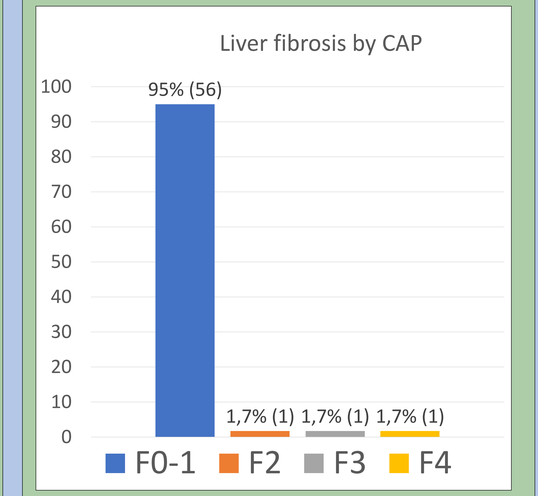
Methods

Cross-sectional descriptive study. We included 58 patients with Cushing's disease from our cohort of patients who underwent a Fibroscan to analyze the degree of hepatic steatosis (CAP measured in dB/m) and liver fibrosis (fibrosis measured in kPa). Biochemical algorithms of liver steatosis and fibrosis were assessed. Clinical variables related to the disease were assessed in order to analyze their possible implication in the persistence of MAFLD.

Cushing (58)	
Women Men	87,9% (51) 12,1% (7)
Age	51,5 [43-60] years
Cured Persistant Cushing	67,2% (39) 32,8% (19)
Years of hypercortisolism	2,13 [0,76-5,17] years
Pituitary deficiency - ACTH - FSH/LH - TSH	44,8% (26) 31% (18) 12,1% (7) 27,6% (16)
Metabolic morbidities - Obesity - Type 2 DM - HBP - Dislipemia - Chronic renal disease	 48,3% (28) 276% (16) 50% (29) 50% (29) 6,9% (4)



Median CAP was 265 [212-288] dB/m
Global prevalence of any degree of liver steatosis was 56%



Median kPa was 4,2 [3,2-5,5] kPa.
Global prevalence of advanced fibrosis was 3,4%

Conclusions

The prevalence of MAFLD in patients with Cushing's disease is high and higher than described in previous studies.
Hepatic steatosis is associated with variables related with the metabolic syndrome and the curation of Cushing´s disease. It is postulated that despite metabolic control, there is an increased risk of hepatic steatosis in uncured patients.
A low percentage of liver fibrosis has been observed compared to the degree of fibrosis.
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