

Berkeley



**FORUM**  
for Collaborative  
**RESEARCH**

## Session III

Existing NAFLD/NASH Pediatric  
Research Across the Atlantic

[www.hivforum.org](http://www.hivforum.org)



# Panel discussion

Piotr Socha

The Children's Memorial Health Institute

Warsaw

Poland

# Diagnostic approach to NAFLD



## Diagnosis of Nonalcoholic Fatty Liver Disease in Children and Adolescents: Position Paper of the ESPGHAN Hepatology Committee

*\*Pietro Vajro, †Selvaggia Lenta, ‡Piotr Socha, §Anil Dhawan, ||Patrick McKiernan, <sup>JPGN 2012</sup>  
#Ulrich Baumann, \*\*Ozlem Durmaz, ††Florence Lacaille, ‡‡Valerie McLin, and †††Valerio Nobili*

Risk factors	Liver steatosis	Exclusions
<ul style="list-style-type: none"><li>• <u>Obesity</u></li><li>• BMI</li><li>• Waist circ.</li></ul>	<ul style="list-style-type: none"><li>• US</li><li>• ↑ALT</li><li>• Other...</li><li>• <u>Liver biopsy</u></li></ul>	<ul style="list-style-type: none"><li>• Wilson d.</li><li>• Alph-1-ATD</li><li>• Other...</li></ul>



# When liver biopsy can be avoided for diagnostic purposes



Diagnosis	Liver biopsy-typical findings?	Biochemical/molecular testing
Wilson disease	No	Yes
LAL-deficiency	Yes	Yes
ATD	Not very specific	Yes
Galactosemia	No	Yes
Fructosemia	No	Yes
Beta-oxidation defects	No	Yes
Mitochondrial DNA depl.	Can be helpful, quantification of mDNA	Yes
DILI	Can be helpful	No
HCV	No	Yes



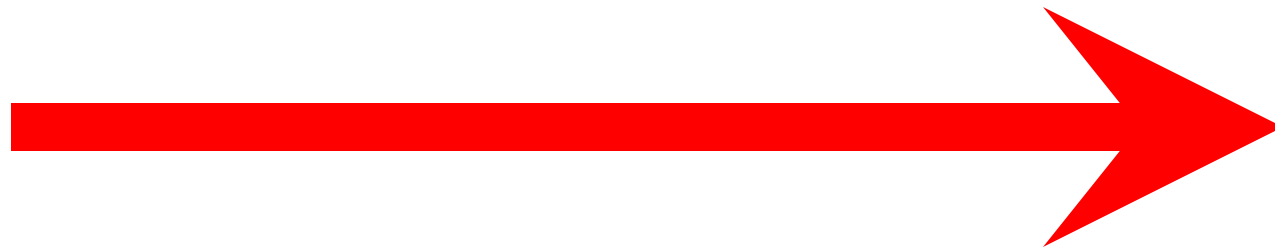


Only histology indicates severity of the disease

**NAFLD**

**NASH**

**Cirrhosis**



Steatosis

Steatosis

Inflammation

Inflammation

Fibrosis

**Benign?**

**Moderate**

**Severe**

# Omega-3 fatty acids in treatment of NAFLD



THE JOURNAL OF PEDIATRICS • www.jpeds.com

ORIGINAL  
ARTICLES

## Omega-3 Fatty Acids Therapy in Children with Nonalcoholic Fatty Liver Disease: A Randomized Controlled Trial

Wojciech Janczyk, MD<sup>1</sup>, Dariusz Lebensztejn, MD, PhD<sup>2</sup>, Aldona Wierzbicka-Rucińska<sup>3</sup>, Artur Mazur, MD, PhD<sup>4</sup>,  
Joanna Neuhoff-Murawska<sup>1</sup>, Paweł Matusik, MD<sup>5</sup>, and Piotr Socha, MD, PhD<sup>1</sup>

### Methods

- Multicenter RCT
- 76 patients aged 12,8 y (5,9-18,4)
- Supplemented 450-1300mg/day DHA/EPA 3:2 or placebo
- Duration: 6 months

### Primary outcome

- Decrease of ALT by 30% of ULN

### Results:

- No change in ALT, insulin resistance and steatosis on US
- Significantly decreased AST, GGTP and increased adiponectine
- No effect on BMI z-score, waist circumference z-score



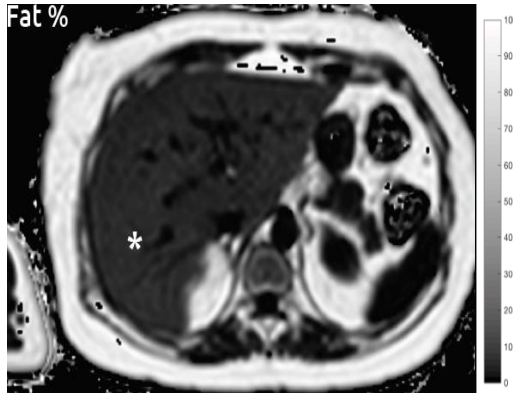
# Questions for clinical trials



- Liver biopsy as an end point?
  - not feasible in children
  - not optimal- biased by sampling error
  - surrogate markers needed
- How to describe liver damage
  - US- limited sensitivity and specificity
  - Imaging methods do not include inflammation

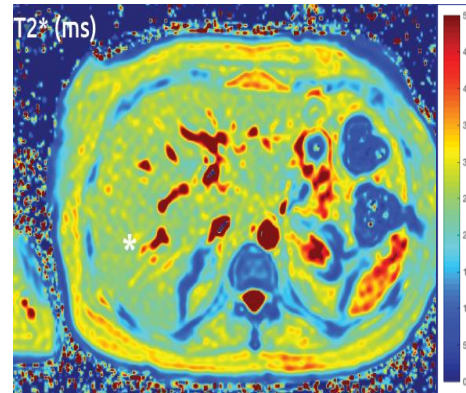


# MRI-based liver tissue characterisation



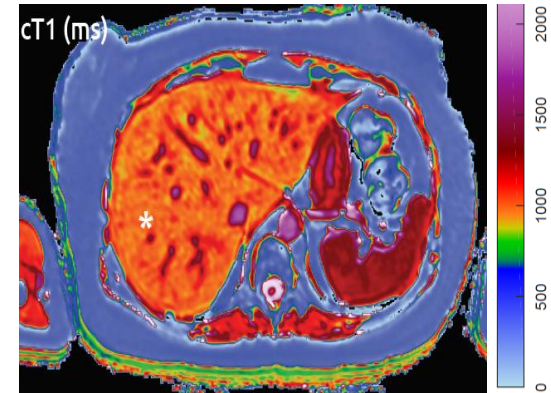
MRI-PDF

Chemical shift-based method for water-fat separation  
Shown to correspond to histological measures of *steatosis*



T2\* map

MR relaxation time  
Shown to decrease with increased *hepatic iron overload*



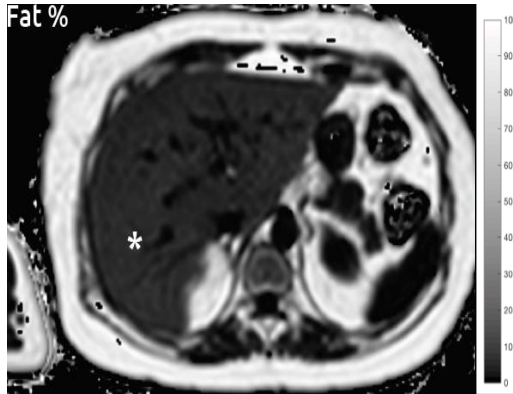
Corrected T1

Free-water content in tissue  
Shown to increase in *inflammation and fibrosis*, when corrected for *hepatic iron*  
Reported as LIF Score (0-4)



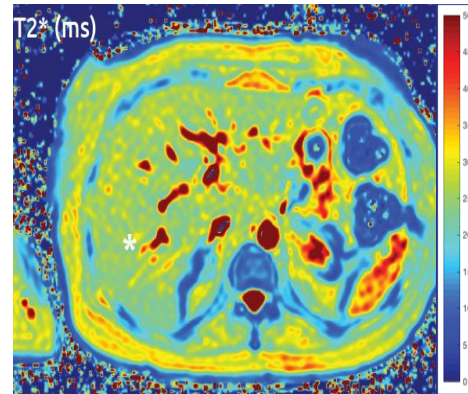


# A virtual biopsy using LiverMultiScan



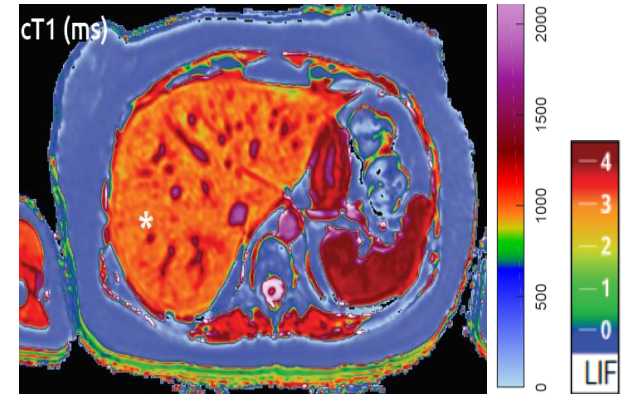
MRI-PDF

Steatosis



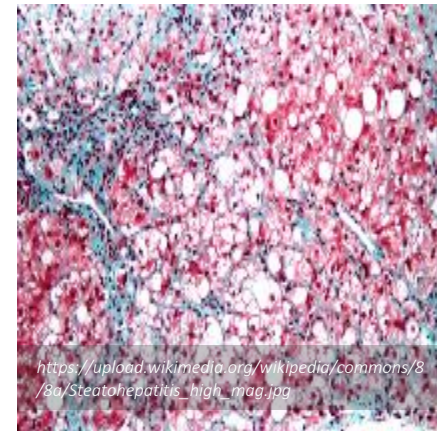
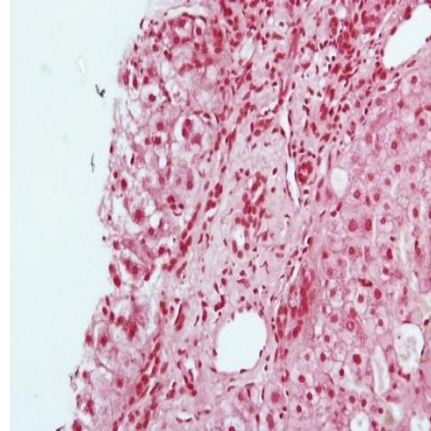
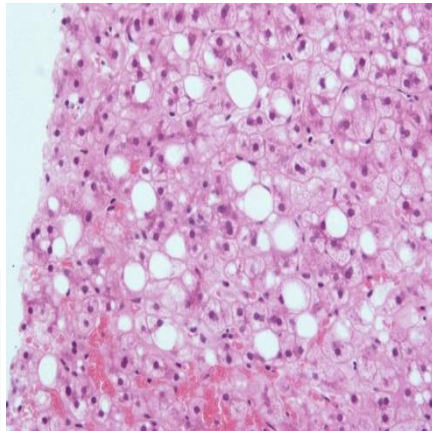
T2\* map

Iron



Corrected T1/LIF score

Inflammation and Fibrosis





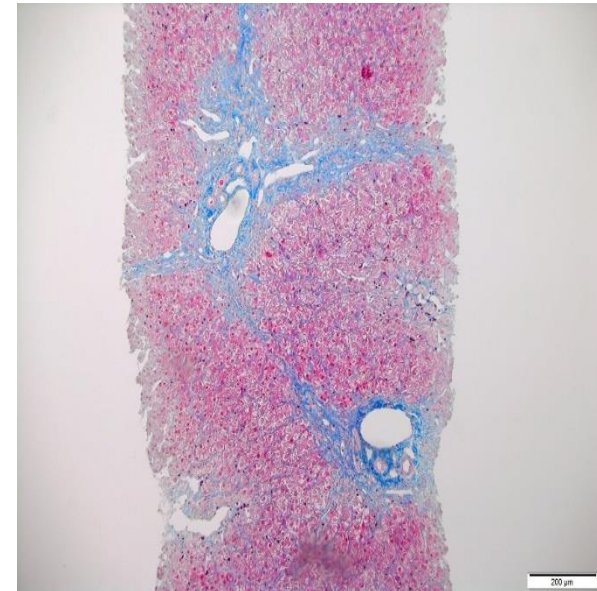
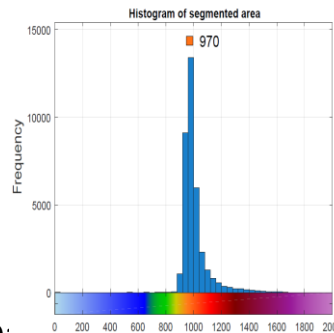
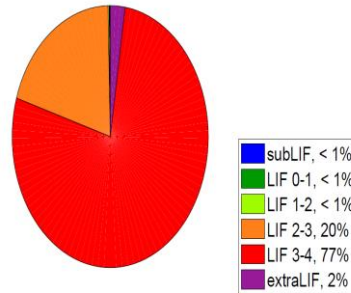
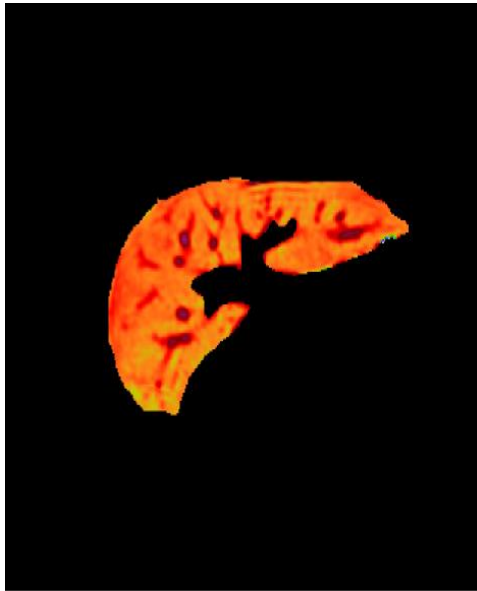
## Multiscan compared to liver biopsy

- Children with various liver diseases
  - Liver biopsy
  - Multiscan
  - Clinical data
  - Lab data
  - US
- Healthy controls
  - Multiscan
  - Lab data

# Case Study: Autoimmune hepatitis



12 year old male recently diagnosed (not receiving therapy)  
 Referred for liver biopsy, pathology review included NAFLD assessment (NAS Score)



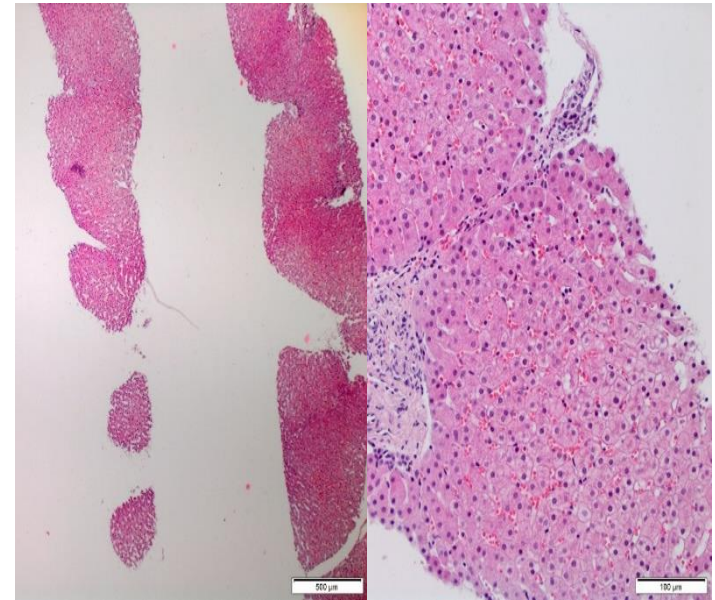
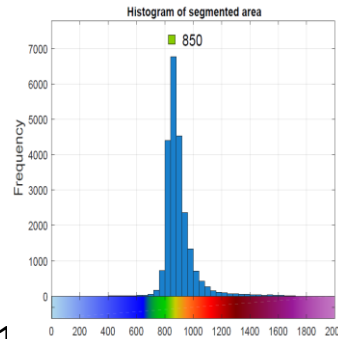
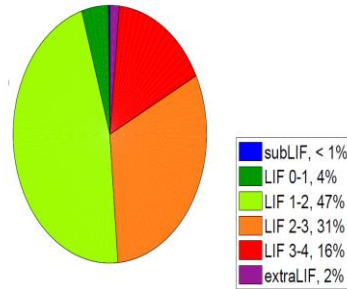
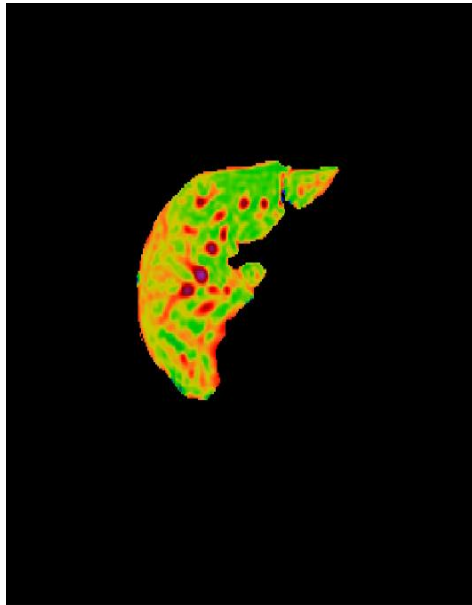
<b>Date of Procedure</b>	16 <sup>th</sup> Feb 2017
<b>Fat (%)</b>	0.7 [normal range: <5.6%]
<b>Iron (mg/g)</b>	0.9 [normal range: <1.8mg/g <sup>2</sup> ]
<b>Median LIF Score</b>	3.08
<b>Modal cT1 (ms)</b>	970

<b>Date of Procedure</b>	21 <sup>st</sup> Feb 2017
<b>Steatosis Grade</b>	0
<b>Lobular Inflammation</b>	3
<b>Portal Inflammation</b>	3
<b>Ballooning</b>	0
<b>Fibrosis</b>	3

# Case Study: Autoimmune hepatitis



16 year old female, treated with Azathioprine



<b>Date of Procedure</b>	18 <sup>th</sup> Jan 201.
<b>Fat (%)</b>	3.2% [normal range: <5.6%]
<b>Iron (mg/g)</b>	0.8 [normal range: <1.8mg/g <sup>2</sup> ]
<b>Median LIF Score</b>	1.97
<b>Modal cT1 (ms)</b>	850

<b>Date of Procedure</b>	19 <sup>th</sup> Jan 2017
<b>Steatosis Grade</b>	0
<b>Lobular Inflammation</b>	1
<b>Portal Inflammation</b>	2
<b>Ballooning</b>	0
<b>Fibrosis</b>	1c

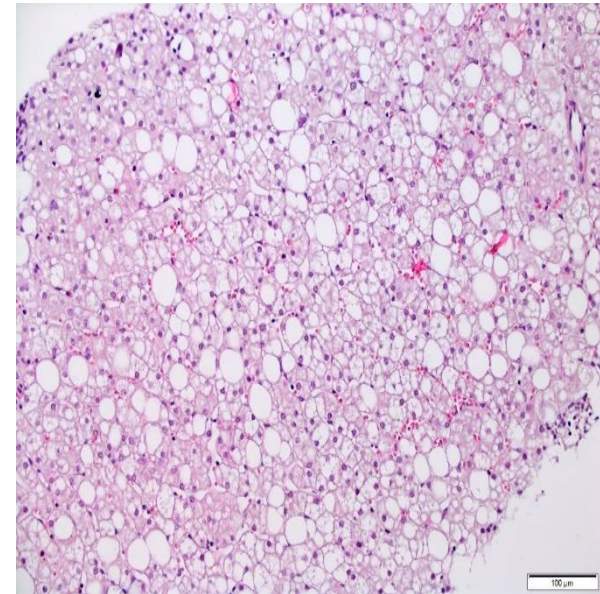
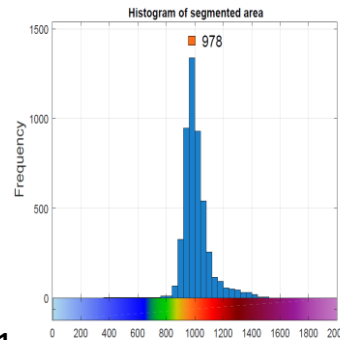
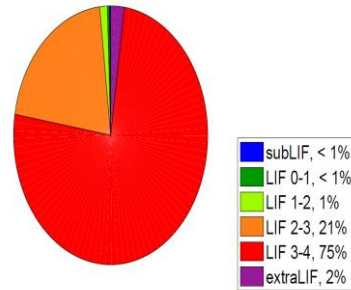
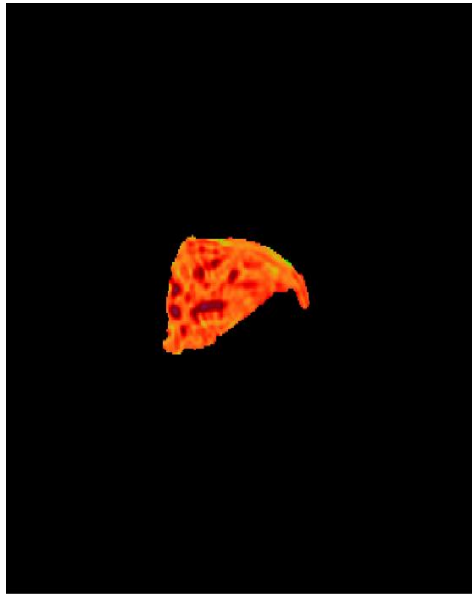


# Case Study: Wilson's Disease



7.5 year old female, on Zincteral

Referred for assessment due to persistent high ALTs on Therapy



<b>Date of Procedure</b>	25 <sup>th</sup> Jan 201
<b>Fat (%)</b>	32.6% [normal range: <5.6%]
<b>Iron (mg/g)</b>	1.4 [normal range: <1.8mg/g2]
<b>Median LIF Score</b>	3.08
<b>Modal cT1 (ms)</b>	987

<b>Date of Procedure</b>	26 <sup>th</sup> Jan 2017
<b>Steatosis Grade</b>	3
<b>Lobular Inflammation</b>	1
<b>Portal Inflammation</b>	1
<b>Ballooning</b>	2
<b>Fibrosis</b>	2