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David H Van Thiel

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Biography

David H Van Thiel graduated from the University of California at Los Angeles in medicine. He completed 2 years of postgraduate education at Cornell University Hospitals in New York City followed by 2 years at the NIH in Bethesda Maryland an additional 2 years at Boston University in medicine in gastroenterology. He completed a second year of gastroenterology/hepatology fellowship and joined the faculty at the University of Pittsburgh where he spent the next 20 years as director of Gastroenterology and Hepatology, Medical director of the Liver Transplant Program, and achieved the rank of professor of medicine and surgery. He served as the President of the AASLD. RSA and Midwest Federation of Clinical Research. He was critical to the development of 6 distinguished liver transplant programs in US serving as the Medical director at each. He has published over 1100 peer reviewed manuscripts in gastroenterology, hepatology, endocrinology, as well as others. He was awarded the Albert Nelson Marquis Lifetime Achievement Award in 2017.

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Note:

THE NAFLD CONUNDRUM: HOW TO DISTINGUISH NAFLD FROM NASH UTILIZING A NOVEL BIOMARKER WITHOUT A LIVER BIOPSY

NAFLD is a liver disease characterized by increased hepatic fat with a global prevalence of 25.24%. NASH is characterized as having varying degrees of fat and inflammation within the liver. Both can progress to cirrhosis and hepatocellular carcinoma. This progression is faster and occurs more frequently with NASH than NAFLD. The healthcare burden of NAFLD in terms of health care costs because of the number of hospital admissions per patient, the severity of the liver disease, liver disease mortality, and non-liver disease mortality with the progression of NAFLD to NASH with or without cirrhosis. Thus, it is important to distinguish between NAFLD and NASH. A host of combined hematologic and serologic measures using various algorithms have been used for this purpose with variable and only modest success. Bore recently, ultrasound assessments using transient or shear wave (SWE) have been used for this purpose with the latter having the advantage of estimating the hepatic fat content determined by the hepato-renal ratio (HRR). SWE is more available, cheaper, and less demanding in terms of time commitment and experience as compared to MRE which is only available at a few research centers.

Aim: To identify a serologic marker that identifies those with NASH from those with NAFLD.

Methods: A total of 105 patients were investigated using SWE utilizing an Aixplorer Ultimate Supersonic Image Shear Wave unit. 30 "normal" controls without fatty liver disease, 15 with NAFLD and 3 with NASH with all 3 groups being matched for the following factors, BMI, type 2 diabetes mellitus, hypertension, hyperlipidemia presence of clinical sleep apnea.

Results: The only laboratory parameter that identified those with NASH as distinct from those with NAFLD was at the plasma level of leptin.

Conclusion: The plasma level of leptin distinguish is individuals with NASH from those with or without NAFLD