Revista de Gastroenterología de México xxx (xxxx) xxx–xxx

REVISTA DE GASTROENTEROLOGÍA DE MÉXICO
www.elsevier.es/rgmx

LETTER TO THE EDITOR

Adjusted prevalence of metabolic-associated steatotic liver disease (MASLD) in a Mexican

Ajuste de prevalencia de esteatosis hepática metabólica (MASLD) en una población mexicana

Dear Editors,

Fatty liver disease took on an identity of its own more than 50 years ago.[1] Since then, it has been referred to by many different names and has been a disease in search of its own denomination. This is not by chance; the names have changed as the secrets of the disease have been revealed.

The name currently in use is metabolic dysfunction-associated steatotic liver disease (MASLD),[2] which emphasizes the importance of metabolic dysfunction in its pathophysiology.

This new denomination reconsiders the diagnostic criteria, making them less restrictive. Now, in addition to hepatic steatosis, cardio-metabolic risk factors, such as manifestations concurrent with metabolic dysfunction, are included, and patients with significant alcohol use or other chronic liver disease are not excluded. Thus, based on these conceptual changes, some large case series have adjusted their original prevalence figures that had been described with the diagnostic criteria of the previous denominations.[3,4]

In 2020, our group conducted an epidemiologic study on an open population of 585 volunteers in Veracruz.[5] We utilized the diagnostic criteria of the nomenclature in use at that time, which was metabolic dysfunction-associated fatty liver disease (MAFLD), resulting in a prevalence of 41.3%, which by the way, was one of the highest reported worldwide. When we applied the new MASLD diagnostic criteria to the sample, there was a slight increase to 42.5%. Table 1 shows the general results.

As can be seen, the reported prevalence showed a minimal increase of 1.2%, in both men and women, which is very similar to that reported in other case series.[6,7]

It is important to point out that, according to the MAFLD criteria, dual injury was not considered in the sample, given that we had excluded the volunteers with significant alcohol use (>30 g/day in men and >20 g/day in women), as well as volunteers with other known chronic liver diseases. Therefore, by incorporating those excluded groups, prevalence would likely be even higher.

Our findings are consistent with those of comparable reported analyses, showing that, regardless of the diagnostic criteria utilized, the prevalence of nonalcoholic fatty liver disease (NAFLD), MAFLD, and MASLD is very similar.[6,7]

Financial disclosure

This research was carried out with the financial support of the *Fondo para la Investigación del Comité de Investigación* of the *Asociación Mexicana de Gastroenterología*.

Declaration of competing interest

The authors declare that there is no conflict of interest.

Table 1 Prevalence comparison of MAFLD and MASLD in the sample.

	Total	Prevalence		Difference
	n (%)	MAFLD n (%)	MASLD n (%)	
	585 (100%)	242 (41.36%)	249 (42.56%)	+ 1.2%
Women	418 (71.5%)	158 (37.79%)	163 (38.99%)	+ 1.2%
Men	167 (28.5%)	84 (50.29%)	86 (51.49%)	+ 1.2%

Acknowledgements

The authors wish to thank the authorities and personnel of the *Instituto de Investigaciones Médico Biológicas de la Universidad Veracruzana* for their logistical support in conducting this research.

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