

New nomenclature for fatty liver disease: Problems of localization in the regions and the position of Russian Scientific Liver Society

To the Editor:

The Russian medical community has positively received “A multisociety Delphi consensus statement on new fatty liver disease nomenclature” and the EASL–EASD–EASO Clinical Practice Guidelines on the management of metabolic dysfunction-associated steatotic liver disease (MASLD). We consider it a big step forward, improving doctors’ understanding of the nature of steatotic liver disease (SLD).^{1,2} First of all, this marks the emergence of a unifying “umbrella” diagnosis of SLD and new terms (concepts) in the etiology of SLD and Met-ALD. At the same time, we should discuss the problems that have arisen with the introduction of a new nomenclature. We are closely following the discussion in the pages of this *Journal*, which shows that the term “steatotic” is not applicable to all regions.^{3,4} We observe the same problem in our country.

Firstly, we suggest the use of the term “steatotic” and the translation of the term “metabolic dysfunction-associated steatotic liver disease”. The term “steatotic” was suggested to avoid the stigmatization of patients. The recent approach to disease naming is aimed at minimizing any potential negative impacts on different cultural, social, regional and ethnic groups.⁵ However, further work has shown that the problem of stigmatization by the term “fatty liver” was probably exaggerated.⁶ In Russian-language medical literature, “fatty” has been translated for many years as “жировой” [“zhirovoy”], which is a translation of the Greek word “steatotic”, and does not have a negative connotation. Despite the established tradition of Greek term usage in medicine, the term “steatotic” is quite uncommon as well as incomprehensible, rather confusing and sounds somewhat “too medical” for patients. Note that Russian is one of the ten most widely spoken languages in the world, and the total number of its speakers exceeds 250 million.

To localize the new nomenclature in the Russian Federation, the Russian Scientific Liver Society (RSLs) initiated an electronic vote among Russian physicians upon the use of the new terminology and its proper translation in 2023.⁷ The Russian medical community supported the new nomenclature in general, and more than 95% of respondents supported the use of the new MASLD criteria in the Russian Federation. However, voting on the translation of individual terms showed that more than 75% of doctors voted for the term “fatty” rather than “steatotic”. Most respondents explained their choice based on the fact that the term is clear to patients, makes their disease more understandable, and shows the connection with excess body weight. Accordingly, it saves the doctor’s time during the appointment and facilitates the explanation of the disease’s genesis and the need for patient lifestyle changes.

The use of new terms in practice presents another problem: the doctors must use the current International Statistical Classification of Diseases and Related Health Problems (ICD), which still retains the term nonalcoholic fatty liver disease (NAFLD).

There are several other important problems with the new nomenclature that we would like to address. Currently, a single criterion is sufficient to establish the metabolic genesis of the disease.¹ At the same time, the metabolic dysfunction-associated fatty liver disease (MAFLD) criteria proposed earlier in 2020 required the patient to have obesity or diabetes mellitus to make a diagnosis.⁸ We welcome a fundamental reduction in the requirements for identifying MASLD but are concerned with a risk of overdiagnosis. For instance, patients with lysosomal acid lipase deficiency would meet the new criteria for MASLD (since this disease is characterized by hepatic steatosis and dyslipidemia). This can lead to incorrect diagnosis and failure to order additional examinations to identify SLD of specific etiology. Therefore, in our opinion, the inclusion criteria should be supplemented with an exclusion criterion: the absence of other obvious causes of liver steatosis. Moreover, the new criteria should not be applicable for diagnosing MASLD in “burnt-out” steatosis.⁹

A certain imperfection of the new nomenclature could be eliminated if specific etiology SLD were divided into two different groups. In one of them, steatosis/steatohepatitis could be the main morphological variant of a disease that inherently affects the liver (e.g., lysosomal acid lipase deficiency, Wilson’s disease, drug-induced liver injury). The other one would include those cases in which liver involvement is optional, secondary to an underlying disease, or is a complication thereof (e.g., celiac disease, inflammatory bowel disease, some endocrinopathies).

The new nomenclature is undoubtedly a step forward and will improve the understanding and assessment of the patient’s condition. It will facilitate better diagnostics and differential diagnostics, as well as the development of treatment methods. On the other hand, it requires further improvement. Its use and localization require the consideration of linguistic and cultural differences.

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Supplementary data

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