

# Should dermatologists care about hepatic fibrosis and steatosis? Psoriasis first, hidradenitis suppurativa second

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Dear Editor,

The research conducted by Hanci et al.<sup>[1]</sup> has captured our attention due to its detailed exploration of the prevalence of hepatic fibrosis and steatosis in patients suffering from psoriasis, utilizing vibration-controlled transient elastography (VCTE). Following a meticulous examination of 328 patients, the authors shared important findings about the prevalence of severe fibrosis (7.0%) and cirrhosis (10.1%), discerned through liver stiffness measurement values. Furthermore, they discovered a substantial segment of psoriatic patients (43.3%) with severe hepatic steatosis, denoted by a controlled attenuation parameter value exceeding 290 dB/m.<sup>[1]</sup> The authors merit commendation for highlighting the critical need for screening a specific dermatological patient population for non-alcoholic fatty liver disease (NAFLD) and its potential complications. Patients with psoriasis are indeed known to form a particularly significant group, as they not only face an augmented risk of developing NAFLD but also tend to suffer from more severe disease compared to non-psoriatic individuals with NAFLD.<sup>[2]</sup> In addition to psoriasis, we propose that subjects suffering from hidradenitis suppurativa (HS) – a chronic inflammatory/autoinflammatory skin condition predominantly impacting the apocrine gland-rich areas of the body and presenting with abscesses, painful nodules, and scarring<sup>[3]</sup> – could also benefit from undergoing routine VCTE. In a cohort of 83 patients with HS, Damiani et al.<sup>[4]</sup> detected NAFLD and non-alcoholic steatohepatitis (NASH) in 20 (24.1%) and 12 (14.4%) cases, respectively. In a Spanish study involving 70 patients affected by HS, the prevalence of NAFLD reached a striking 72.9%, with the presence of the disease being independent of classic metabolic risk factors.<sup>[5]</sup> González-Villanueva et al.<sup>[6]</sup> later corroborated an independent association between HS and NAFLD (odds ratio [OR]=2.79) after adjustment for age, body mass index, hypertension, and increased liver enzymes. In a recent meta-analysis, Gau et al.<sup>[7]</sup> confirmed that HS is associated with NAFLD (OR=1.78) and

hepatitis B (OR=1.48), but not hepatitis C. While a number of studies utilizing VCTE have demonstrated its potential benefits for psoriatic patients,<sup>[8]</sup> the application of this imaging technique in the field of HS is still in the early stages of exploration.<sup>[5]</sup> This may be due to the rarity of this skin disorder, estimated to affect only 0.7–1.2% of the European-US population.<sup>[3]</sup> However, international registries have been set up<sup>[9]</sup> and collaborative efforts among researchers are urgently needed to thoroughly explore the clinical benefits of using VCTE in this patient group. We propose that, moving forward, there should be a study of a stepwise approach<sup>[10]</sup> for the detection of hepatic fibrosis in HS. This process would commence with the application of straightforward, non-invasive tests (NITs) derived from standard clinical and laboratory data. Should patients be categorized as high or intermediate risk for advanced fibrosis after NITs calculation, they would subsequently undergo second-tier VCTE examinations. We anticipate that this method could significantly alleviate the burden of NAFLD in HS patients, who are already grappling with substantial personal health challenges.

**Peer-review:** Externally peer-reviewed.

**Author Contributions:** Concept – EE; Design – EE; Supervision – EE; Fundings – PM; Materials – EE, PM; Data Collection and/or Processing – EE, PM; Analysis and/or Interpretation – EE, PM; Literature Search – EE; Writing – EE; Critical Reviews – PM.

**Conflict of Interest:** The authors have no conflict of interest to declare.

**Financial Disclosure:** The authors declared that this study has received no financial support.

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**How to cite this article:** Emanuele E, Minoretti P Should dermatologists care about hepatic fibrosis and steatosis? Psoriasis first, hidradenitis suppurativa second. *Hepatology Forum* 2023; 4(3):150–151.

**Received:** July 03, 2023; **Accepted:** July 11, 2023; **Available online:** September 20, 2023

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*Hepatology Forum* - Available online at [www.hepatologyforum.org](http://www.hepatologyforum.org)



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