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ISCHEMIC HEART DISEASE;

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INTRODUCTION

Nonalcoholic fatty liver disease (NAFLD) has now become a most frequent liver related disorder.1 It may rise as a result of metabolic complications.² The prevalence of this disease has now been doubled within the last two decades. NAFLD patients showed that 1-5% developed cirrhosis^{3,4} while up to 39% patients of NAFLD developed fibrosis within a decade.⁵ Death rate is 13-45% with a mean follow up period of 8-11 years and coronary artery disease is responsible for 25-28% of all these deaths.⁶ It is also said that patients suffering from NAFLD are also at the risk of ACS because metabolic disorders can also be a risk factor for ischemic heart disease so IHD can occur in patients of NAFLD.^{7,8} Biopsy investigations have revealed that the severity of NAFLD is associated with early development of atherosclerosis thus increasing the risk of early age IHD.2.8 So we directed this study in patients who came in our institution for CABG to see is there any correlation of NAFLD with coronary artery disease.

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ABSTRACT... Objectives: To find the correlation between the non-alcoholic fatty liver disease (NFALD) and ischemic heart disease. **Study Design:** Retrospective cross-sectional study. **Period:** May 2014 to Nov 2014. **Setting:** CPE Institute of Cardiology. **Material and methods:** One hundred and thirty five participants were incorporated in the study. In Group I; patients were with NAFLD and in group II; patients were without NAFLD. Data was Analyzed using SPSS V20 software. **Results:** Mean age in NAFLD group was 52.0 ± 02.6 years and in without NAFLD 53.0 ± 1.89 years. There were 73.2 % males in NAFLD group. Incidence of Family history and diabetes was higher in NAFLD group. The incidence of carotid artery stenosis was 4 (9.7%) in NAFLD group versus 6 (6.3%) in without NAFLD group. we also found a significantly higher incidence of triple vessel and left main stem disease in NAFLD group, it was 34 (80.87%) and 3 (7.31%) in NAFLD group versus 9 (9.7%) and 2 (2.12%) in without NALD group respectively. Conclusion: Non-alcoholic Fatty liver Disease has a strong correlation with ischemic heart disease.

Key words:

ords: Non-alcoholic Fatty Liver Disease, Ischemic Heart Disease.

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MATERIALS AND METHODS

One hundred and thirty five (135) patients who underwent CABG surgery at CPE Institute of Cardiology from May 2014 to Nov 2014 were selected for this study. The study was retrospective in nature. These patients were examined through ultrasonography for diagnosis of NAFLD.

We divided the patients into 2 groups. In Group I (n=41), patients who were confirmed to have NAFLD and in group II (n=94): patients without NAFLD.

Data was entered and analyzed using SPSS V20 software. Age was presented in mean \pm standard deviation. While percentage and number was used to present all other variables.

RESULTS

Mean age of the patients with NAFLD was 52.0 ± 02.6 years and without NAFLD was 53.0 ± 1.89 years. There were 73.2 % males in NAFLD group and 80.8% males in without NAFLD

group. Family history was positive in 26.8% patients in NAFLD group versus in 15.9% patients in without NAFLD group. Hyper-Cholesterolemic patients were present in 19 (20.2%) patients in Non-NAFLD group versus 5 (12.2%) in NAFLD group. On carotid Doppler study, we found a higher incidence of carotid artery stenosis in NAFLD group. The incidence of carotid artery stenosis was 4 (9.7%) in NAFLD group versus 6 (6.3%) in without NAFLD group. On angiographic examination we also found a significantly higher incidence of triple vessel and left main stem disease in NAFLD group, it was 34 (80.87%) and 3 (7.31%) in NAFLD group versus 9 (9.7%) and 2 (2.12%) in without NAFLD group respectively (see Table-I). So NAFLD group was associated with more severe coronary artery disease and carotid artery disease as compared to patients without NAFLD.

Variable	NAFLD Group (%)	Non- NAFLD (%)	
Number of Patients	41 (30.3)	94 (69.7)	
Male (%)	30 (73.2)	76 (80.8)	
Family history (%)	11 (26.8)	15 (15.9)	
Hypertension (%)	17 (41.5)	29 (30.8)	
Diabetes mellitus (%)	20 (48.8)	23 (24.4)	
Gall stones (%)	1 (2.4)	6 (6.4)	
Hyper-Cholesterolemia (%)	5 (12.2)	19 (20.2)	
Carotid artery plaques (%)	10 (24.4)	18 (19.1)	
Carotid artery stenosis (%)	4 (9.7)	6 (6.3)	
Smoking (%)	13 (31.7)	37 (39.3)	
Severity of IHD			
Single vessel disease (%)	2 (4.8)	10 (10.6)	
Two vessel disease (%)	2 (4.8)	73 (77.65)	
Three vessel disease (%)	34 (80.87)	9 (9.6)	
Left main stem disease (%)	3 (7.31)	2 (2.12)	
Table-I. Demographic and Angiographic data of			

Participants.

DISCUSSION

Various western studies showed evidence of IHD in patients of NAFLD than in controls. Targher et al reported that NAFLD is a strong prognosticator of cardiac disease in diabetic patients.⁹ Ischemic heart disease is now considered to be an independent risk factor of mortality and morbidity in NAFLD individuals. These patients also have carotid artery thickness and raised arterial calcium scores.^{1,10} The reason for NAFLD may be high insulin resistance and decreased endothelial function due to depletion of nitric oxide release from endothelial cells.^{11,12} Visceral fat, even in normal weight patients or slightly overweight patients may lead to atherosclerosis.¹³ Liver fat content is associated both with hepatic and peripheral insulin resistance.¹¹ Gastaldelli et al showed that presence of fatty liver assessed by fatty liver index is significantly associated with increased CAD risk and reduced sensitivity of insulin in non-diabetic people.¹⁴

We found 30.3% incidence of NAFLD in patients of IHD. While some other studies found 45.8 to 46.7% incidence of NAFLD in IHD patients.^{1,15} The incidence of NAFLD was significantly less in our studies as compared to these studies. We found that NAFLD was linked with coronary artery disease from this it can be concluded that there is a strong correlation between NAFLD and coronary artery disease.

The main limitation of this study was the patients included in this study were already referred by cardiologists for surgery because of advanced disease. Therefore association between less significant disease and NAFLD could not be determined.

CONCLUSION

Non-alcoholic Fatty liver Disease has a strong correlation with ischemic heart disease. Copyright© 25 July, 2016.

REFERENCES

- Sun L, Lü S. Association between non-alcoholic fatty liver disease and coronary artery disease severity. Chinese medical journal. 2011;124(6):867-72.
- Brunt EM, Janney CG, Di Bisceglie AM, Neuschwander-Tetri BA, Bacon BR. Nonalcoholic steatohepatitis: a proposal for grading and staging the histological lesions. The American journal of gastroenterology. 1999;94(9):2467-74.
- Hamaguchi M, Kojima T, Takeda N, Nagata C, Takeda J, Sarui H, et al. Nonalcoholic fatty liver disease is a novel predictor of cardiovascular disease. World

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Journal of Gastroenterology. 2007;13(10):1579.

- Alba L, Lindor K. Non□alcoholic fatty liver disease. Alimentary pharmacology & therapeutics. 2003;17(8):977-86.
- 5. Caldwell S, Argo C. The natural history of nonalcoholic fatty liver disease. Digestive Diseases. 2010;28(1):162-8.
- Rafiq N, Bai C, Fang Y, Srishord M, McCullough A, Gramlich T, et al. Long-term follow-up of patients with nonalcoholic fatty liver. Clinical Gastroenterology and Hepatology. 2009;7(2):234-8.
- 7. Targher G, Arcaro G. Non-alcoholic fatty liver disease and increased risk of cardiovascular disease. Atherosclerosis. 2007;191(2):235-40.
- Arslan U, Türkoglu S, Balcioglu S, Tavil Y, Karakan T, Çengel A. Association between nonalcoholic fatty liver disease and coronary artery disease. Coronary artery disease. 2007;18(6):433-6.
- Hamaguchi M, Kojima T, Takeda N, Nakagawa T, Taniguchi H, Fujii K, et al. The metabolic syndrome as a predictor of nonalcoholic fatty liver disease. Annals of Internal Medicine. 2005;143(10):722-8.
- 10. Kim D, Choi SY, Park EH, Lee W, Kang JH, Kim W, et al. Nonalcoholic fatty liver disease is associated

with coronary artery calcification. Hepatology. 2012;56(2):605-13.

- Kotronen A, Juurinen L, Tiikkainen M, Vehkavaara S, Yki–Järvinen H. Increased liver fat, impaired insulin clearance, and hepatic and adipose tissue insulin resistance in type 2 diabetes. Gastroenterology. 2008;135(1):122-30.
- Yki-Järvinen H. Insulin resistance and endothelial dysfunction. Best Practice & Research Clinical Endocrinology & Metabolism. 2003;17(3):411-30.
- Chalasani N, Deeg MA, Crabb DW. Systemic levels of lipid peroxidation and its metabolic and dietary correlates in patients with nonalcoholic steatohepatitis. The American journal of gastroenterology. 2004;99(8):1497-502.
- 14. Gastaldelli A, Kozakova M, Højlund K, Flyvbjerg A, Favuzzi A, Mitrakou A, et al. Fatty liver is associated with insulin resistance, risk of coronary heart disease, and early atherosclerosis in a large European population. Hepatology. 2009;49(5):1537-44.
- Perera N, Indrakumar J, Abeysinghe WV, Fernando V, Samaraweera W, Lawrence JS. Non alcoholic fatty liver disease increases the mortality from acute coronary syndrome: an observational study from Sri Lanka. BMC cardiovascular disorders. 2016;16(1):1.

PREVIOUS RELATED STUDY

Mukhtar Ahmad, Khemomal Kharira, Zia ur Rehman. ISCHEMIC HEART DISEASE EVENTS IN DIABETIC PATIENTS HAVING HYPOMAGNESEMIA (Original) Prof Med Jour 10(3) 220 - 222 Jul, Aug, Sep, 2003.

Muhammad Hanif Nagra, Ahmad Bilal, Muhammad Shahid, Khalid Amin. INCIDENCE OF ISCHEMIC HEART DISEASE IN PATIENTS WITH NON INSULIN DEPENDENT DIABETES MELLITUS (Original) Prof Med Jour 11(3) 320-327 Jul, Aug, Sep, 2004.

AUTHORSHIP AND CONTRIBUTION DECLARATION

Sr. #	Author-s Full Name	Contribution to the paper	Author=s Signature
1	Dr. Zaigham Rasool Khalid	Conceived, Designed and did statistical analysis & editing of manuscript	Znight .
2	Dr. Naseem Ahmed	Did data collection and did review and final	Abseen
3	Dr. Farhan Ali Rizvi	approval of manuscript Did data collection and did review and final	Forthe Pajor
4	Dr. Mirza Ahmad Raza Baig	approval of manuscript Data analysis, did review and helped in final approval of manuscript	ALS.