



Increased liver stiffness in patients with severe sleep apnoea and metabolic comorbidities

Submitted by Beatrice Guillaumat on Mon, 12/17/2018 - 15:59

Titre	Increased liver stiffness in patients with severe sleep apnoea and metabolic comorbidities
Type de publication	Article de revue
Auteur	Trzepizur, Wojciech [1], Boursier, Jérôme [2], Le Vaillant, Marc [3], Ducluzeau-Fieloux, Pierre-Henri [4], Dubois, Séverine [5], Henni, Samir [6], Abraham, Pierre [7], Aubé, Christophe [8], Calès, Paul [9], Gagnadoux, Frédéric [10]
Organisme	METABOL group [11]
Editeur	European Respiratory Society
Type	Article scientifique dans une revue à comité de lecture
Année	2018
Langue	Anglais
Date	Juin 2018
Numéro	6
Pagination	1800601
Volume	51
Titre de la revue	European respiratory journal
ISSN	1399-3003
Résumé en anglais	<p>The goal of this study was to assess the relationship between the severity of obstructive sleep apnoea (OSA) and liver stiffness measurement (LSM), one of the most accurate noninvasive screening tools for liver fibrosis in nonalcoholic fatty liver disease. The study included 147 patients with at least one criterion for the metabolic syndrome, assessed by polysomnography for suspected OSA. LSM was performed using transient elastography (FibroScan). Significant liver disease and advanced liver fibrosis were defined as $LSM \geq 7.3$ and ≥ 9.6 kPa, respectively. 23 patients were excluded because of unreliable LSM. Among 124 patients, 34 (27.4%) had mild OSA, 38 (30.6%) had moderate OSA and 52 (42.0%) had severe OSA. LSM values were 7.3- <9.6 kPa in 18 (14.5%) patients and ≥ 9.6 kPa in 15 (12.1%) patients. A dose-response relationship was observed between OSA severity and LSM values ($p=0.004$). After adjustment for age, sex, metabolic syndrome and insulin resistance, severe OSA was associated with an increased risk of $LSM \geq 7.3$ kPa (OR 7.17, 95% CI 2.51-20.50) and $LSM \geq 9.6$ kPa (OR 4.73, 95% CI 1.25-17.88). In patients with metabolic comorbidities, severe OSA is independently associated with increased liver stiffness, which may predispose to a higher risk of significant liver disease and poorer prognosis.</p>
URL de la notice	http://okina.univ-angers.fr/publications/ua18439 [12]
DOI	10.1183/13993003.00601-2018 [13]
Lien vers le document	https://erj.ersjournals.com/content/51/6/1800601 [14]

Titre abrégé Eur. Respir. J.
Identifiant (ID) 29880653 [15]
PubMed

Liens

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