

CLINICAL PRACTICE GUIDELINES

Position statement on the diagnosis and management of non-alcoholic fatty liver disease

Aim	Serum markers	Radiology based
Diagnosis/ quantification of steatosis	Steato test Fatty liver index	Liver ultrasound CAP MRI
Diagnosis of NASH	Liver enzymes NASH test	---
Diagnosis/staging of fibrosis	AST/ALT Ratio APRI NFS FIB-4 FibroTest	Transient elastography. Acoustic radiation force impulse elastography. Magnetic resonance elastography Supersonic shear imaging

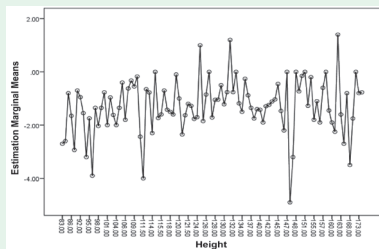
Noninvasive methods for non-alcoholic fatty liver disease diagnosis and assessment

Alswat et al discuss non-alcoholic fatty liver disease as a major national and international health burden. It is also known as an important cause of cryptogenic cirrhosis and second leading cause for liver transplantation. In spite of promising performance of non-invasive tools, liver biopsy remains the gold standard test for non-alcoholic steatohepatitis (NASH) diagnosis. Patients with suspected NASH and advanced fibrosis who are undergoing elective surgery should be assessed preoperatively for the presence of cirrhosis and the risk of decompensation.

see page 531

ORIGINAL ARTICLES

Determinants of bone mineral density through quantitative ultrasound screening of healthy children visiting ambulatory paediatric clinics

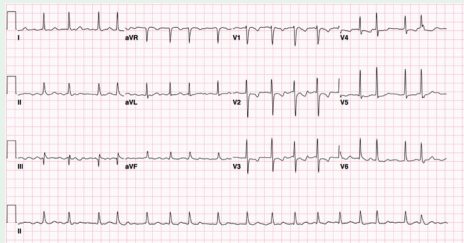


Estimated marginal means of Z score plotted against height.

Al-Agha et al investigate the determinants of bone mineral density (BMD) through screening healthy children using a non-invasive quantitative ultrasound measurement device. A significant association with BMD was found during first 2 years with height ($p=0.015$), vitamin D supplementation ($p=0.03$), and breastfeeding ($p=0.025$). A directly proportional relationship with BMD was found with pubertal status, physical activity, diet, sun exposure, and calcium supplement intake. The investigation of the dietary, lifestyle, and demographic determinants of bone mineral density in the healthy middle-eastern child otherwise unaffected by chronic medical or metabolic disease or exposed to long term medications that could have affected bone metabolism.

see page 560

Evaluation of the Diagnostic Accuracy of Smartphone Electrocardiogram Recorder Compared to Standard 12 lead Electrocardiography in Hospital settings



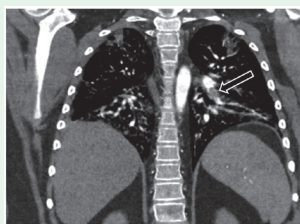
Standard ECG recording for a 64 years old women who was found to have atrial fibrillation with rapid ventricular response

Tawhari et al conclude that electrocardiogram recorder rhythms produced by smartphone accessory have a good diagnostic accuracy in diagnosing arrhythmias. The utility of using S-ECG-R for out-patient is to be determined. Analysis revealed an overall similar diagnostic sensitivity and specificity of S-ECG-R to the standard 12 lead ECG recording, sensitivity (97.3% versus (vs) 98%) and specificity (99.6% vs. 99.6%). However, cardiologists were more confident during interpreting standard ECG recordings in 91% of the recordings while in 71% of S-ECG-R recordings.

see page 575

CASE REPORT

Acute pulmonary embolism in a child with ANCA-negative idiopathic pulmonary capillaritis



Left pulmonary artery embolism (black arrow)

Asseri et al present a fatal case of diffuse alveolar hemorrhage in an 11-year-old girl with worsening hypoxia and left-sided chest pain. Diffuse alveolar hemorrhage is an uncommon condition in children that is characterized by distinct histopathological etiologies. The patient had lung biopsy-proven idiopathic pulmonary capillaritis and was being treated with prednisolone every alternate day, azathioprine, and hydroxychloroquine. A contrast-computed tomography scan of the chest showed an acute left lower-lobe pulmonary embolism. Negative results were obtained on a test for thrombophilia.

see page 610