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Editorial

Metabolic Dysfunction Associated Steatotic Liver Disease, Not Just Fatty Liver Disease: A Systemic Shift in Naming and Understanding

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Abstract

The reclassification of fatty liver disease to Metabolic dysfunction-associated Steatotic Liver Disease (MASLD) marks a paradigm shift. Moving beyond stigmatizing, misleading terms, MASLD emphasizes metabolic dysfunction as the root cause. This systemic condition links to cardiovascular, renal, and diabetic risks, demanding comprehensive screening, research, and public health action worldwide.

Keywords: *Medicine, Metabolic Diseases, Non-alcoholic Fatty Liver Disease*

Background

For decades, we relied on the acronyms NAFLD (Non-Alcoholic Fatty Liver Disease) and NASH (Non-Alcoholic Steatohepatitis) to describe the most common chronic liver condition globally [1]. Furthermore, it has become the fastest increasing cause of hepatocellular carcinoma in severalparts of the world [2]. However, these labels, born from a need for classification, have long been inadequate, stigmatizing, and misleading. Last year, a global consensus redefined this pathology, replacing the old, passive terms with a name that finally captures the disease's true etiology and systemic scope:

Metabolic dysfunction-associated Steatotic Liver Disease (MASLD).

This change is far more than semantic; it represents a profound paradigm shift in how we understand, diagnose, and treat a condition now estimated to affect one-third of the world's population.

The Problem with "Fatty" and "NonAlcoholic"

The term "Fatty Liver Disease" was inherently problematic. *First*, it was non-specific, focusing solely on the consequence fat accumulation rather than the cause. *Second*, the adjective "fatty" often carried a moralistic and stigmatizing connotation, implicitly blaming the patient for poor lifestyle choices while neglecting the deeper, underlying biological complexity.

The modifier "Non-Alcoholic" was equally flawed. It relegated the disease to a category defined only by the *absence* of another risk factor (excessive alcohol consumption), creating a diagnostic silo. This approach ignored the frequent reality of patients who have steatosis driven by metabolic factors and concurrently consume alcohol in moderate amounts, leading to misclassification and fractured research efforts [3].

The Rise of MASLD: Putting Metabolism First

The new nomenclature, MASLD, rectifies these errors by centering the actual driver of the

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disease: Metabolic Dysfunction. To be diagnosed with MASLD, a patient must have hepatic steatosis (fat in the liver) *and* at least one of five specific cardiometabolic risk factors, such as Type 2 diabetes, obesity, hypertension, or dyslipidemia [4]. This simple requirement fundamentally changes the narrative. It formalizes what clinicians have long known: this is a metabolic disease that happens to manifest in the liver, not just a liver disease of unknown cause.

Furthermore, the new framework introduces MetALD (MASLD plus alcohol consumption) [5], providing a more accurate classification for those with metabolic dysfunction who also consume moderate amounts of alcohol, finally dissolving the unhelpful "non-alcoholic" barrier.

Beyond the Liver: A Systemic Crisis

Perhaps the most critical aspect of the MASLD reclassification is the reinforced recognition that the pathology is not confined to the liver. It is a systemic threat to cardiovascular health. MASLD is now understood as a cardinal feature of metabolic syndrome, intrinsically linking it to the leading causes of death worldwide.

Studies have overwhelmingly shown that patients with MASLD are far more likely to die from cardiovascular disease than from liver failure [6, 7].This condition is also a major accelerator of Type 2 diabetes and chronic kidney disease. When we diagnose a patient with MASLD, we are not just identifying an organ pathology; we are identifying a high-risk patient whose entire metabolic ecosystem is compromised.

Conclusion

The adoption of MASLD and its subtypes is an essential, long-overdue advancement for the medical community. For researchers, it provides a standardized, etiological definition, paving the way for more targeted clinical trials focused on reversing metabolic dysfunction rather than just reducing liver fat. For clinicians, it serves as an immediate and urgent call to action to screen patients not only for liver fibrosis but also for cardiovascular and renal risks. For patients, it removes a stigmatizing label and replaces it with a diagnosis that clearly and scientifically explains their condition, empowering them to pursue comprehensive, systemic treatment.

The name "MASLD" signals to the world: this is a serious metabolic condition with consequences that extend far beyond the liver. It is time for public health campaigns, primary care screening protocols, and insurance coverages to align with this comprehensive, systemic understanding. We must move past the concept of the "fatty liver" and embrace MASLD as the systemic metabolic threat that it truly is.

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