

Cytokeratin-18 Fragment Level As a Biomarker of Non-Alcoholic Fatty Liver Disease In Egyptian Patients With Type II Diabetes Mellitus

Thesis

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List of Abbreviations

Abb.	Full term
4HNE	4-hydroxy-2-nonenal
	American Association of Studying Liver Diseases
	Abetalipoproteinemia
	Apo Lipoprotein B 100
ApoB48	Apo Lipoprotein B 48
ACC	Acetyl CO-A Carboxylase
	American College of Gastroenterology
ACO	Acetyl CO-A
	Adenosine di-phosphate
	Alcoholic fatty liver disease
	American Gastroenterological Association
	Advanced glycosylation end-products
AIDS	Acquired immunodefidiency syndrome
<i>ALT</i>	Alanine Aminotransferase
<i>AMPK</i>	AMP-Activated Kinase
AST	Aspartate aminotransferase
ATF 6	Activating transcription factor 6
ATP	Adenosine triphosphate
BMI	Body mass index
<i>CBC</i>	Complete blood count
CCL2	Chemokine Ligand-2
	Chemokine receptor
<i>CK</i>	Cytokeratin
CK-18	Cytokeratin-18 fragments
<i>CKD</i>	Chronic kidney disease
<i>CRN</i>	Clinical Research Network
<i>CRP</i>	C-reactive protein
CT	Computed Tomography.
<i>CTGF</i>	Connective tissue growth factor

Abb.	Full term
<i>CVD</i>	. Cardiovascular disease
<i>DAG</i>	. Diacylglycerol
DGAT1	. Diacylglycerol O-acyl-transferase
<i>DNA</i>	. Deoxyribonucleic acid
<i>DNL</i>	. De Novo Lipogenesis
<i>DPP-IV</i>	. Dipeptidyl peptidase IV
<i>EASD</i>	. European Association for the Study of Diabetes
<i>EASL</i>	. European Association for the Study of the Liver
<i>EASO</i>	. European Association for the Study of Obesity
eGFR	estimated glomerular filtration rate
<i>ELF</i>	. Enhanced liver fibrosis
<i>ELISA</i>	. Enzyme Linked Immuno Sorbent Assay
<i>ER</i>	$. Endoplasmic\ reticulum$
<i>ETC</i>	.Electron Transport Chain
<i>EMA</i>	.European medicines agency
<i>F</i>	. Fibrosis stage
<i>FC</i>	.Free cholesterol
FCHL	.Familial combined hyperlipidemia
<i>FDA</i>	Food and Drug Administration
<i>FFA</i>	. Free fatty acid
<i>FHBL</i>	. Familial hypobetalipoproteinemia
	. Fibrosis 4 calculator
	. Fatty liver index
FOXO1	Forkhead box protein O1
FxR	. Farnesoid x receptor
<i>G6Pase</i>	. Glucose-6-phosphatase
<i>GGT</i>	. Gamma glutamyl transferase
GLP 1	.Glucagon like peptide 1
<i>GLUT</i>	. Glucose transporter
<i>GS</i>	. Glycogen synthase

Abb.	Full term
GSD	Glycogen storage disease
GSK3	Glycogen synthase kinase-3
<i>GWAS</i>	Genome-Wide association study
HAART	Highly Active Antiretroviral Drugs
HbA1c	Glycosylated hemoglobin
HBsAg	Hepatitis B Surface Antigen
<i>HCC</i>	Hepatocellular carcinoma
<i>HCV</i>	Hepatitis C Virus
HDL	High-density lipoprotein
<i>HFC</i>	Hepatic fat content
HIV	Human immunodeficiency virus
HMG-CoA	Hydroxy-3-methyl glutaryl-coenzyme A
HOMA-IR	Homeostasis model assessment of insulin
	resistance
HR	Hazard ratio
HSCs	Hepatic stellate cells
HSI	Hepatic steatosis index
<i>IFG</i>	Impaired fasting glucose
<i>IGT</i>	Impaired glucose tolerance
<i>IKK-β</i>	Inhibitor of nuclear factor κB kinase- eta
<i>IL6</i>	Interleukin 6
<i>IR</i>	Insulin resistance
<i>IRE 1α</i>	Inositol-requiring protein 1 α
<i>IRS</i>	Insulin receptor substrates
<i>IRS2</i>	Insulin receptor substrate-2
<i>IRTK</i>	Insulin receptor tyrosine kinase
JI	Jejunoileal
JNK-1	Jun N-Terminal Kinase -1
KCs	Kupffer Cells

Abb.	Full term
<i>LB</i>	Liver biopsy
LDL-C	Low Density Lipoprotein-Cholesterol
<i>LFTs</i>	Liver function tests
LOXL2	Anti-lysyl oxidase-like monoclonal antibodies
<i>MDA</i>	. Malondialdehyde
<i>MDF</i>	Mitochondrial dysfunction
MetS	.Metabolic syndrome
MRI	Magnetic resonance imaging
	Messenger Ribonucleic Acid
MRS	Magnetic resonance spectroscopy
<i>MTTP</i>	Microsomal triglyceride transfer protein
<i>MyD88</i>	Myeloid differentiation factor 88
<i>NAFL</i>	Non-alcoholic fatty liver
<i>NAFLD</i>	Non alcoholic fatty liver disease
<i>NAS</i>	NAFLD Activity Score
NASH CRN	Nonalcoholic Steatohepatitis Clinical Research Network
<i>NASH</i>	Non Alcoholic Steatohepatitis
	NAFLD fibrosis score
	.Nuclear factor kappa B
	Non-NASH fatty liver
	Negative predictive value
OGTT	Oral glucose tolerance test
OR	Odds Ratio
PASH	.PNPLA3-associated steatohepatitis
	.Pyruvate carboxylase
	3-phosphoinositide-dependent protein kinase 1
	. Phosphoenol pyruvate carboxykinase

Abb.	Full term
PEPCK	Phosphoenolpyruvate
<i>PERK</i>	Protein kinase RNA-like ER kinase
PI(3)K	Phosphatidylinositol-3-OH kinase
<i>PIP</i> 3	Phosphatidylinositol (3,4,5)-triphosphate
PKC ε	Protein kinase $Carepsilon$
PNPLA3	Patatin like phospholipase domain containing protein
<i>PPAR</i>	Peroxisome proliferator-activated receptor
PPARs	Peroxisomal Proliferator Activated Receptors
<i>PPAR-α</i>	Peroxisome-proliferator-activated receptor α
<i>PPAR-γ</i>	Peroxisome-proliferator-activated receptor γ
$PPAR-\delta$	Peroxisome-proliferator-activated receptor δ
<i>PPV</i>	Positive predictive value
<i>PPV</i>	Positive predictive value
PUFA	Polyunsaturated fatty acids
<i>RCT</i>	Randomized controlled trials
<i>REC</i>	Research Ethical Committee
<i>RNA</i>	Ribonucleic acid
<i>RNS</i>	Reactive nitrogen species
<i>ROC</i>	Receiver operating characteristic curve
<i>ROS</i>	Reactive Oxygen Species
<i>SAF</i>	Steatosis, activity and fibrosis
<i>SD</i>	Standard deviation
SFA	Saturated fatty acids
SGLT2	Sodium glucose cotransporter2
SOCS3	Suppressor of Cytokine Signaling
SREBP	Sterol Regulatory Element Binding Protein
SU	Sulfonylurea
T2 DM	Type 2 diabetes mellitus

Abb.	Full term
<i>TAG</i>	. Triacylglycerol
TGF1,β	. Tumor growth factor, β
<i>TGF-β</i>	. Tissue growth factor eta
TIMP 1	Tissue-Inhibited matrix Metalloproteinase Inhibitor-1
<i>TIRAP</i>	Toll/IL-1 receptor domain containing adaptor protein
<i>TLR</i>	. Toll-like receptor
TLR-4	Toll like receptor-4
TM6SF2	Trans-membrane 6 superfamily 2
<i>TNF</i>	.Tumor necrosis factor
TNF-α	. Tumor necrosis factor-α
<i>TPN</i>	Total parenteral nutrition
TZDs	. Thiazolidinediones
<i>UDCA</i>	. Ursodeoxycholic acid
<i>UPR</i>	. Unfolded protein response
<i>US</i>	. Ultrasonography
<i>USA</i>	. United Status of America
<i>VLDL</i>	. Very low density lipoprotein

Abstract

T2DM patients are insulin resistant, often obese, dyslipidemic, display increased liver enzymes and tend to accumulate hepatic fat independently of BMI. The prevalence of NAFLD is also higher in person at risk of T2DM. Furthermore, IR and T2DM are among the strongest predictors of the progression of NAFLD to advance fibrosis and cirrhosis. Also, HCC is twice more likely to develop in individuals with T2DM.

Liver biopsy is the only reliable way of diagnosis and staging NAFLD, especially NASH, but its invasive nature limits its use. Moreover, it is prone to complications, some minor, such as pain, others more severe with a recorded risk of death of 0.01%. So, the need for non-invasive diagnostic tool for NAFLD became insidious.

Plasma-caspase-generated cytokeratin – 18 fragments (CK -18) has been proposed as a non invasive alternative and highly specific for NAFLD.

Keywords: Ursodeoxycholic acid, Unfolded protein response, Ultrasonography, United Status of America

Introduction

AFLD has become one of the most common forms of chronic liver disease worldwide, accounting for 20-40 % of the general population. NAFLD represent a continuum of hepatic injuries, which progress from simple fatty liver (NAFL) to steatohepatitis (NASH), liver cirrhosis or even HCC (Eliades and Spyron, 2015).

It is apparently more slowly progressive than other chronic liver diseases, such as alcohol or viral-induced disease (Fassio et al., 2004). However, because NAFLD is so common, occurring in 1 out of 3 persons in the developed world (Bellentani et al., 2010), it is the 3rd cause of liver transplantation in USA (Charlton et al., 2011). Moreover, the problem of hepatocytes being fatty, overcomes the liver itself, as it increases the risk for cardiovascular disease & death & duplicates the risk for type 2 diabetes mellitus (T2 DM), independently of the severity of liver injury (Musso et al., 2011).

Patients with T2 DM have a higher risk of development of non-alcoholic fatty liver disease (NAFLD) (*Leite et al.*, 2009) than those without T2 DM (*Hossain et al.*, 2009). The prevalence of NAFLD is increasing mostly likely due to the rise in obesity and diabetes (*Kojima et al.*, 2003). It is reported that 13.3% of deaths among diabetic patients are attributable to liver diseases, representing the increasing prevalence of