Over the past decade, non-alcoholic fatty liver disease (NAFLD) has become one of the most rapidly expanding fields of knowledge in hepatology. Interest in NAFLD has been sparked above all by our increasing awareness that non-alcoholic steatohepatitis (NASH), which is the most severe form of NAFLD, can lead to cirrhosis, liver failure, and even hepatocellular carcinoma. As the role of viral infections in chronic liver disease diminishes in the face of increasingly effective vaccines, other diseases have taken their place, particularly in the affluent nations of the west. Obesity and diabetes, for example, have become important public health problems over the past 20 years. Patients with these conditions are prime candidates for steatosis and steatohepatitis, which are now common findings in clinical practice. Apart from diabetes and obesity, they are associated with a number of other conditions with high social impact, such as nutritional disorders, insulin resistance, and drug-induced liver damage.

NAFLD may represent the single most frequent cause of liver enzyme alterations and chronic liver diseases. However, our knowledge of the epidemiology and natural history of fatty liver disease are still fairly limited. One of the main obstacles is the lack of an accurate, non-invasive method that can be used for general-population screening. Liver biopsy is the current gold standard for diagnosing NASH, but there is still no consensus on its use in the follow up of NAFLD patients. First of all, we don’t know how long after the diagnosis of NAFLD biopsy should be performed. Secondly, biopsy for detection of NASH is difficult to justify when fatty liver is widely considered a benign condition and there is no real consensus on the treatment. Liver biopsy may be helpful for identifying the characteristics of different forms of NAFLD and in establishing the prognosis.

Many aspects of the pathophysiology of NAFLD/NASH, its genetic basis, and its treatment remain to be explored, and the emerging links between these diseases and the metabolic syndrome are raising other questions regarding the risk of cardiovascular complications in patients with NAFLD. These questions and others were recently addressed in a single-topic conference held in Rome on January 28th 2005. This conference, “Focus on fatty liver in clinical practice”, was organized as a joint effort by the Italian Society for the Study of the Liver (AISF - Associazione Italiana per lo Studio del Fegato); the Italian Society of Internal Medicine (SIMI - Società Italiana di Medicina Interna); The Italian Society of Diabetology (SID - Società
Italiana di Diabetologia); the European Chapter of the American College of Nutrition – ECACN); and the Italian Society of Ultrasonography in Medicine and Biology (SIUMB – Società Italiana di Ultrasonologia in Medicina e Biologia). The proceedings are contained in this issue of the European Review for Medical and Pharmacological Sciences.

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