



Original Article - Gastroenterology (Clinical)

Gamma-glutamyl transferase predicts pemafibrate treatment response in non-alcoholic fatty liver disease

Yusuke Takahashi, Yuya Seko , Kanji Yamaguchi,  Nento Takeuchi, Kota Yano, Seita Kataoka, Michihisa Moriguchi, Yoshito Itoh

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Results

Median FAST score significantly decreased from 0.96 at baseline to 0.93 at week 48 ($P < 0.001$). Significant improvements in levels of aspartate aminotransferase (AST), alanine aminotransferase (ALT), gamma-glutamyl transferase (GGT), and triglycerides were also noted. The serum level of GGT at baseline was correlated with change in FAST score ($r = -0.22$, $P = 0.049$). Changes in AST, ALT, and GGT were positively correlated with change in FAST score ($r = 0.71$, $r = 0.61$, and $r = 0.38$). Multivariate analyses identified age and GGT level at baseline as significantly associated with improvement of FAST score by pemafibrate therapy (odds ratio 1.11, 1.02, respectively). Patients over 50 years of age and with a GGT of 90 IU/L or higher showed significantly greater improvement in the FAST score than other groups.

Conclusions

Pemafibrate improves the FAST score of NAFLD patients with complicating dyslipidemia, especially in older patients with high GGT level. GGT is useful as an indicator of optimal treatment choice for NAFLD patients with dyslipidemia.



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Can amitriptyline help treat IBS?



Medically reviewed by [Philip Ngo, PharmD](#) — By [Jessica Caporuscio, PharmD](#) on July 21, 2023



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Amitriptyline at Low-Dose and Titrated for Irritable Bowel Syndrome as Second-Line Treatment in primary care (ATLANTIS): a randomised, double-blind, placebo-controlled, phase 3 trial

Prof Alexander C Ford, MD * • Alexandra Wright-Hughes, MSc * • Sarah L Alderson • Pei-Loo Ow, MSc •

Prof Matthew J Ridd, PhD • Prof Robbie Foy, PhD • et al. [Show all authors](#) • [Show footnotes](#)

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Interpretation

To our knowledge, this is the largest trial of a tricyclic antidepressant in IBS ever conducted. Titrated low-dose amitriptyline was superior to placebo as a second-line treatment for IBS in primary care across multiple outcomes, and was safe and well tolerated. General practitioners should offer low-dose amitriptyline to patients with IBS whose symptoms do not improve with first-line therapies, with appropriate support to guide patient-led dose titration, such as the self-titration document developed for this trial.

Uniting to defeat steatotic liver disease: A global mission to promote healthy livers and healthy lives

Aleksander Krag^{1,2,*}, Maria Buti^{1,3,4}, Jeffrey V. Lazarus^{1,5,6,7}, Alina M. Allen⁸, Jacqueline Bowman⁹, Patrizia Burra¹⁰, Giacomo Donnini¹¹, Ajay Duseja¹², Manal H. El-Sayed^{13,14}, Amalia Gastaldelli¹⁵, Ben Hainsworth¹, Tom H. Karlsen¹⁶, Michael Kessler¹⁷, Marko Korenjak¹⁸, Henry E. Mark¹, Jake P. Mann^{19,20}, Veronica Miller²¹, Mário G. Pessoa²², Daniel Piñeiro^{23,24}, Shiv K. Sarin²⁵, Shivaram P. Singh²⁶, Mary E. Rinella²⁷, José Willemse²⁸, Zobair M. Younossi^{29,30}, Sven M. Francque^{1,31,32}

On 22 May 2023, at the Geneva headquarters of the European Association for the Study of the Liver (EASL), we convened a groundbreaking event on the sidelines of the 76th World Health Assembly (WHA76) in partnership with national and regional liver associations, sister organisations in obesity, diabetes, and heart disease, and patient advocacy organisations (Box 1). Herein, policymakers, representatives from the Permanent Missions to the United Nations in Geneva and the World Health Organisation (WHO), thought leaders and individuals affected by liver disease gathered to increase awareness of metabolic dysfunction-associated steatotic liver disease (MASLD) and to develop a strategy to mobilize global action to tackle this under-addressed public health challenge.

Today, MASLD¹ – previously referred to as NAFLD or non-alcoholic fatty liver disease – affects over one-third of adults² and more than 1 in 10 children³ placing an enormous burden on individuals, families, communities, societies, and healthcare systems across the globe. Alarming, the burden is expected to escalate in the coming years.⁴ Despite its widespread prevalence, MASLD remains largely unknown to primary care physicians, other non-liver health specialists, and the public,⁵ and is barely mentioned in international and national guidelines on non-communicable diseases (NCDs).⁶ The magni-

quences; the disease is emerging as a leading cause of liver-related morbidity, mortality, liver cancer, and liver transplantation in many parts of the world, causing deterioration in quality of life.

And yet, over the last two decades we have witnessed enormous advances in our knowledge. MASLD is preventable, detectable, and its progressive forms and complications increasingly manageable. We have a collective obligation to use this knowledge to deliver meaningful change, from early diagnosis to therapeutics and sound policy responses. We must leverage this unique window of opportunity – an opportunity to address this disease as a global public health threat.⁸

To accomplish this goal, we must tackle the disconnect between the magnitude of the problem, the current and projected future health, societal and economic burden, and the staggering lack of awareness at all levels on the one hand, and the progress that science has made on the other. The time has come for us to do better.

Global challenges demand global action, requiring stakeholders from all corners of the world to come together and expand the community of practice.⁹ Our discussions at the WHA76 side event built on efforts to create global collaboration and momentum, including *Healthy Livers, Healthy Lives*, a coalition between the regional liver societies. The event brought together worldwide liver societies and other NCD organisations to craft a

Box 1. Together for Better Liver Health: Partners uniting to mobilise action on MASLD.

- European Association for the Study of the Liver (EASL)
- American Association for the Study of Liver Diseases (AASLD)
- Asian Pacific Association for the Study of the Liver (APASL)
- Latin American Association for the Study of the Liver (ALEH)
- Chronic Liver Disease Foundation (CLDF)
- European Association for the Study of Diabetes (EASD)
- European Association for the Study of Obesity (EASO)
- European Liver Patients' Association (ELPA)
- European Society for Paediatric Gastroenterology Hepatology and Nutrition (ESPGHAN)
- Global Liver Institute (GLI)
- Global NASH Council (GNC)
- Indian National Association for Study of the Liver (INASL)
- Liver Patients International (LPI)
- Society on Liver Disease in Africa (SOLDA)
- South Asian Association for the Study of the Liver (SAASL)
- The Forum for Collaborative Research
- World Heart Federation (WHF)

MASLD, metabolic dysfunction associated steatotic liver disease.



millions of people living with MASLD who currently endure a

CASE REPORT

Open Access

Tubal choriocarcinoma presented as ruptured ectopic pregnancy: a case report and review of the literature

Shengjie Xu¹, Xiaohong Song¹, Chengjuan Jin^{*} and Yanli Li^{*}



Abstract

Background: Tubal choriocarcinoma is an extremely rare but highly malignant trophoblastic tumor, which may be either gestational or non-gestational in origin. Due to atypical clinical manifestations and symptoms similar to ectopic pregnancy, it is easily to be confused with ectopic pregnancy. In addition, inadequate understanding of this rare disease by clinicians often leads to misdiagnosis or missed diagnosis, which in turn results in delayed treatment or even tumor metastasis.

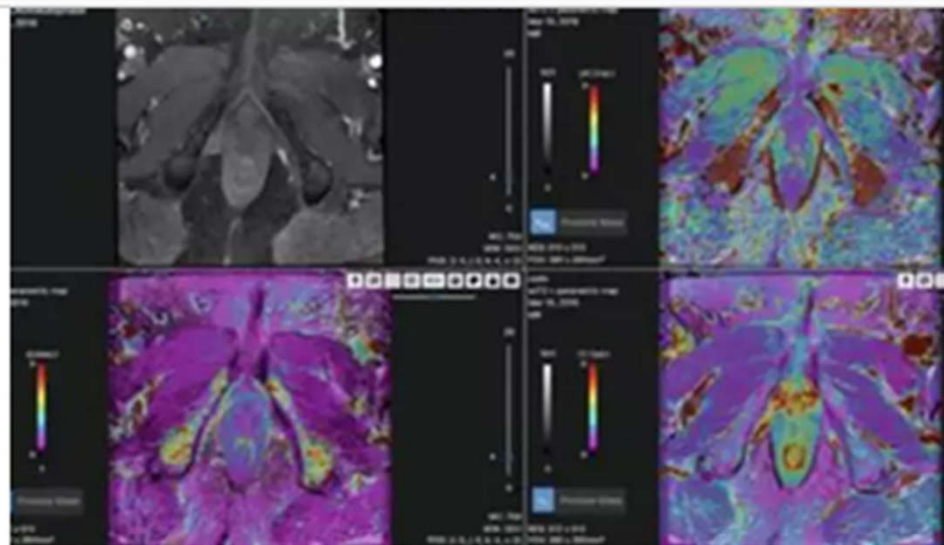
Case presentation: This report summarized a case of a woman who was finally diagnosed as tubal choriocarcinoma through the follow-up of serum β hCG levels and histopathological results after undergoing salpingectomy for being misdiagnosed as ectopic pregnancy. Five courses of adjuvant chemotherapy (5-fluorouracil, actinomycin-D, vinorelbine regime) have been administered to the patient in the prevention of any recurrences. During 1-year follow-up, the patient was asymptomatic and presented no evidence of recurrence.

Conclusions: Tubal choriocarcinoma is easily to be confused with ectopic pregnancy. By analyzing this case and previous related cases, we aimed to provide references for clinicians in the diagnosis and treatment of tubal choriocarcinoma.

Keywords: Tubal choriocarcinoma, Ectopic pregnancy, Histopathology, Immunohistochemistry, Chemotherapy

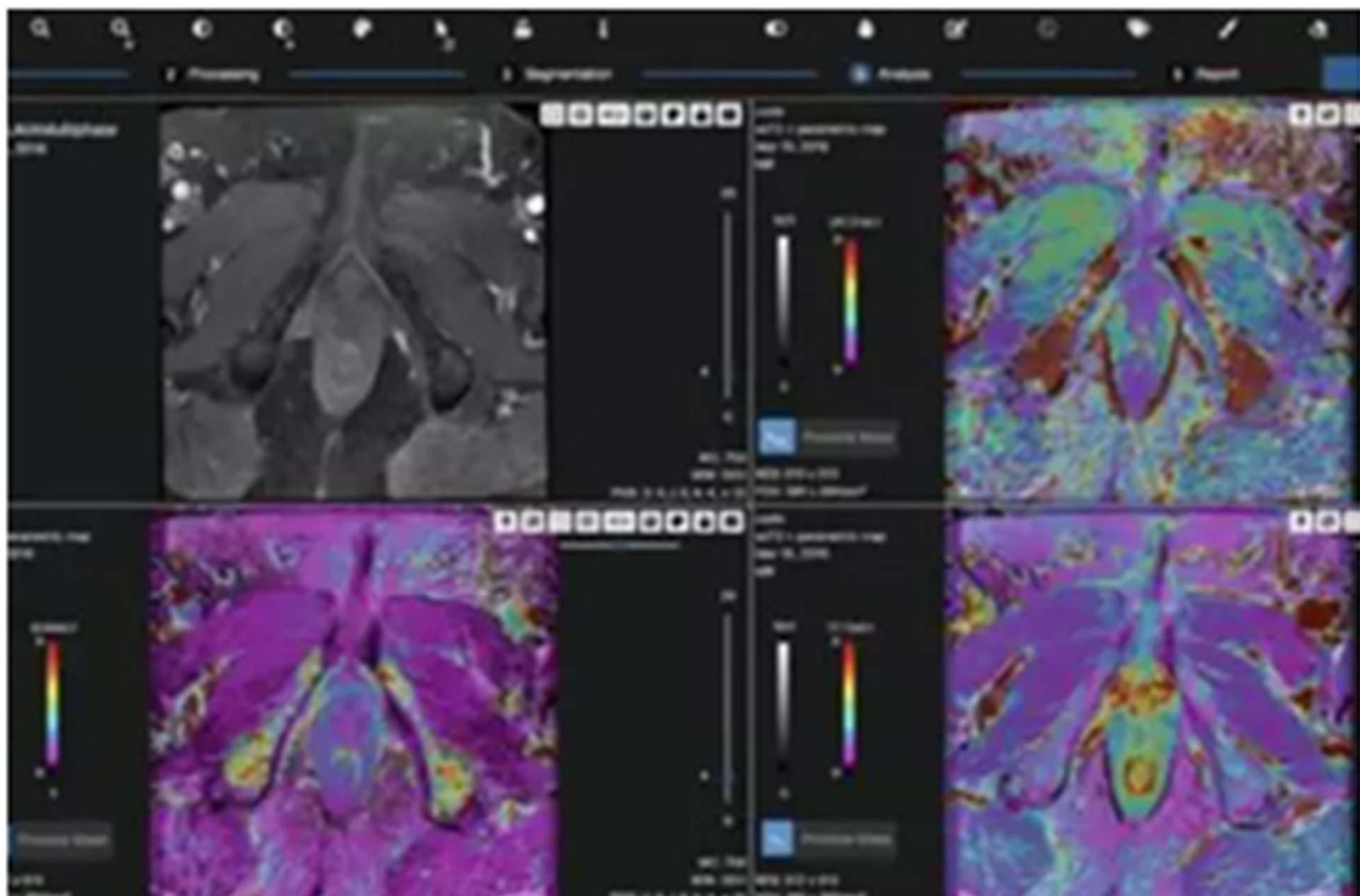
Conclusion

When diagnosing ectopic pregnancy, any other disease of tubal origin like tubal choriocarcinoma should be kept in mind for differential diagnosis. Careful examinations of pathologic specimens and postoperative monitoring of β hCG titers are emphasized to avoid misdiagnosis of ectopic tubal choriocarcinoma, although it is a rare condition. Apart from complete surgical resection, principles for the management of tubal choriocarcinoma also include postoperative adjuvant chemotherapy, imaging follow-up, and lifetime β hCG monitoring in order to avoid any risk of metastasis and recurrences.



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QP-Prostate

FDA 510(k), UKCA, and CE mark-cleared solution for prostate MRI based on Artificial Intelligence.

THE END