

Non alcoholic fatty liver disease two-hit process: multifactorial character of the second hit

Dear Editor

We appreciate the interest of Polyzos and collaborators¹ in our review. It is true that only one of the recognized mechanisms cannot explain the pathogenesis of non alcoholic fatty liver disease (NAFLD) in all affected patients. As mentioned in the review, NAFLD represents a continuum of hepatic injuries, which progress from simple fatty liver to steatohepatitis (NASH). According to the most widespread and prevailing model of “two-hit hypothesis”, the “first hit” involves lipid accumulation in the hepatocytes²⁻⁴. Insulin resistance is suggested to be the key pathogenic factor for the development of hepatic steatosis. The “first hit” increases the vulnerability of the liver to many factors that constitute the “second hit” and promote hepatic injury, inflammation and fibrosis. Oxidative stress and subsequent lipid peroxidation, proinflammatory cytokines, adipokines and mitochondrial dysfunction are included among these factors. Consequently, your argument for the second hit is technical, since the “second hit” is a constitution of many hits as mentioned above. We highlight the role of oxidative stress since it has been proposed as a main instigator triggering the progression of steatosis to steatohepatitis. Many studies demonstrate that oxidative stress is a prominent feature of NASH⁵⁻⁸. In addition, it has been proposed that genetic and environmental factors trigger progression to NASH through the enhanced production of reactive oxygen or/and nitrogen species (ROS/RNS)⁷. Furthermore, bacterial overgrowth, changes in gene expression and rennin-angiotensin system (RAS) are suggested as potential contributors to hepatic steatosis and inflammation. Adipose tissue, especially visceral adiposity, appears to play an important pathogenetic role. It is now recognized as an endocrine, autocrine and paracrine organ that secretes adipokines. Our review provides epidemiological and experimental data on the role of adiponectin, leptin, resistin and cytokines like TNF- α , IL-6, in NAFLD. However, a detailed discussion of each of these factors is beyond the scope of this paper. Finally, it is important to note that all the mentioned mechanisms are not mutually exclusive,

but instead of likely act in a coordinated and cooperative manner to hasten the development and progression of NAFLD.

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