BARIATRIC SURGERY IS ASSOCIATED WITH DECREASED NASH CLINICAL RISK SCORES AMONG YOUNG ADULTS.

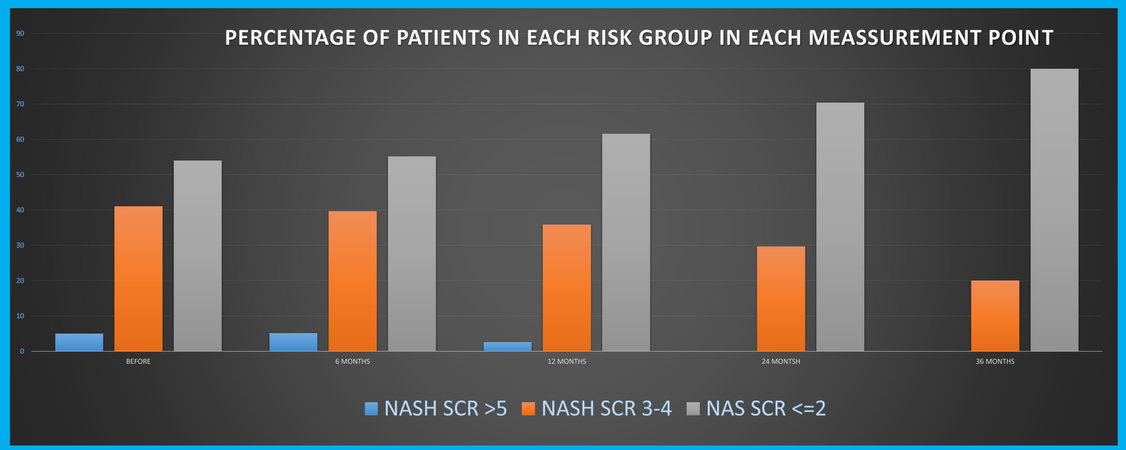
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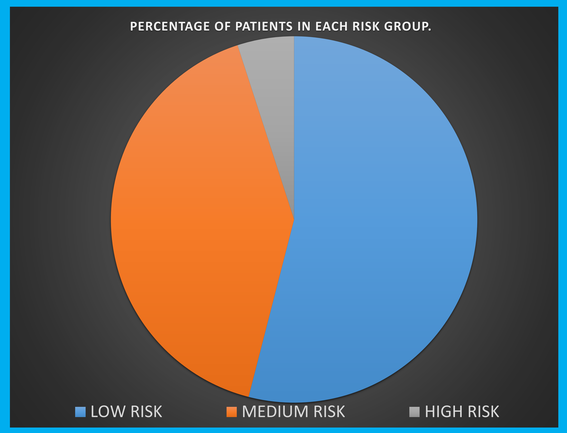
The NASH clinical risk score (NASHCRS) is a validated scoring system used to identify patients with morbid obesity who are at increased risk of steatohepatitis. The NASHCRS uses six predictive factors: hypertension, type 2 diabetes, sleep apnea, AST, ALT, and non-Black race.

Objectives: *Bariatric surgery will lower hepatic enzymes and diminish the risk of future liver disease in young adults with obesity.*

Importance: As today there is not a treatment that diminish the risk for serious adverse liver events in patients with NASH; however, surgical approach has proven a statistically significance vs. non-surgical management lowering this risk in patients with obesity and non alcoholic steatohepatitis. In young adults the risk is not as high as in older population.



Methods: *From our prospectively maintained database, we retrospectively identified 100 patients between 15-27 years old who underwent sleeve gastrectomy or gastric bypass between 2015 and 2018. We calculated and compared the preoperative NASHCRS to their postoperative scores at 6, 12, 24, and 36 months after their bariatric surgery.*



Results: *57 patients had a mean score of 2.19 (0-5) at 6 months follow up (p=0.33), 39 patients had a mean score of 2.02 (0-5) at 12 months (p=0.15), 27 patients had a mean score of 1.74 (0-4) at 24 months (p=0.03) whereas 25 patients had a mean score of 1.6 (0-4) at 36 months follow up (p=0,01).*

Conclusion: *Obese young adults at risk for steatohepatitis show a reduction in their NASHCRS as early as 6 months following bariatric surgery. This reduction in their NASHCRS improved over their 36 months postoperative time with a statistically significant difference 24 months post-intervention.*

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