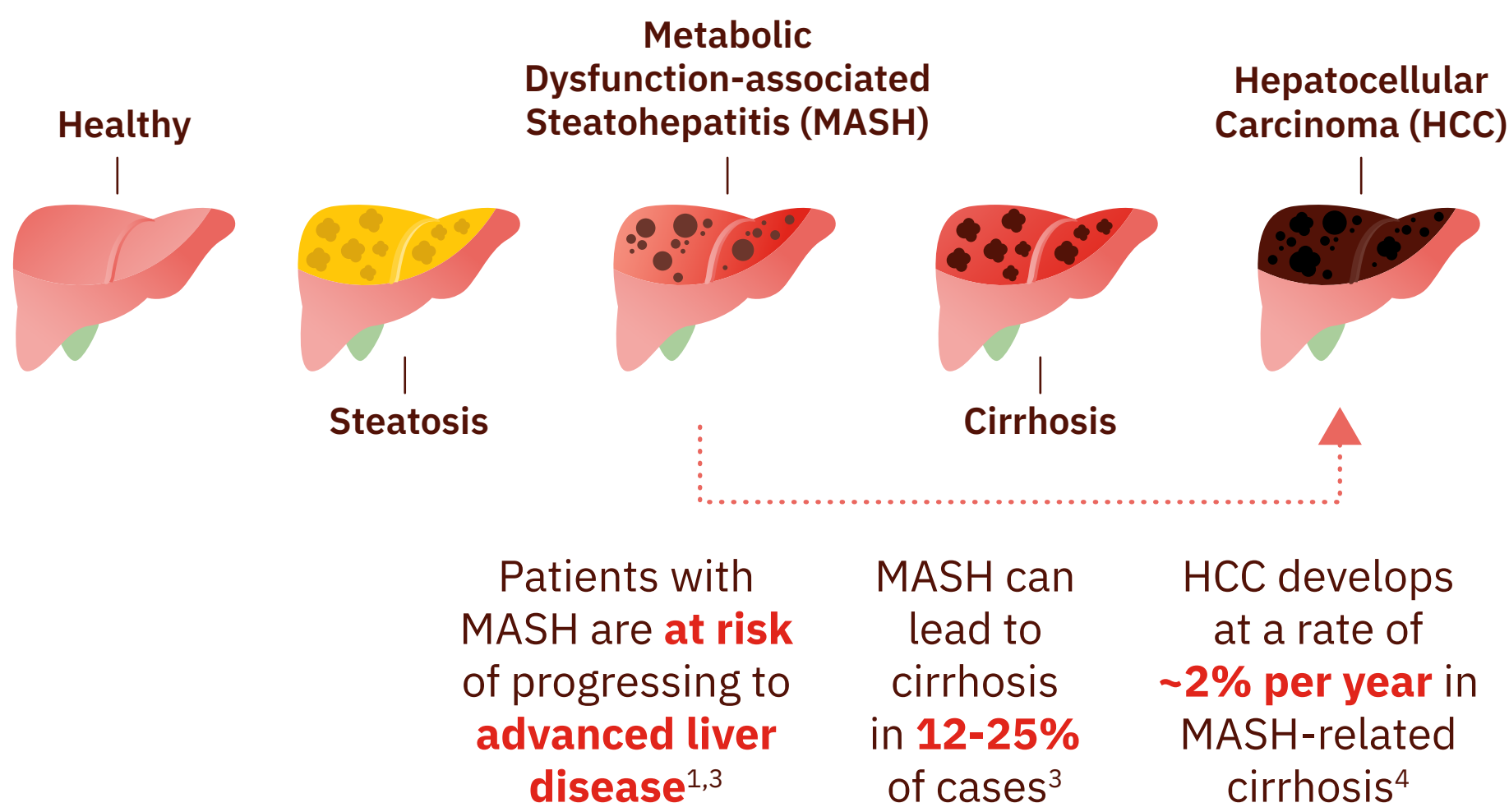


Comorbidities in Psoriasis

Psoriasis and Hepatic Disease

Metabolic dysfunction-associated fatty liver disease (MAFLD) encompasses a spectrum of liver diseases^{1,2}

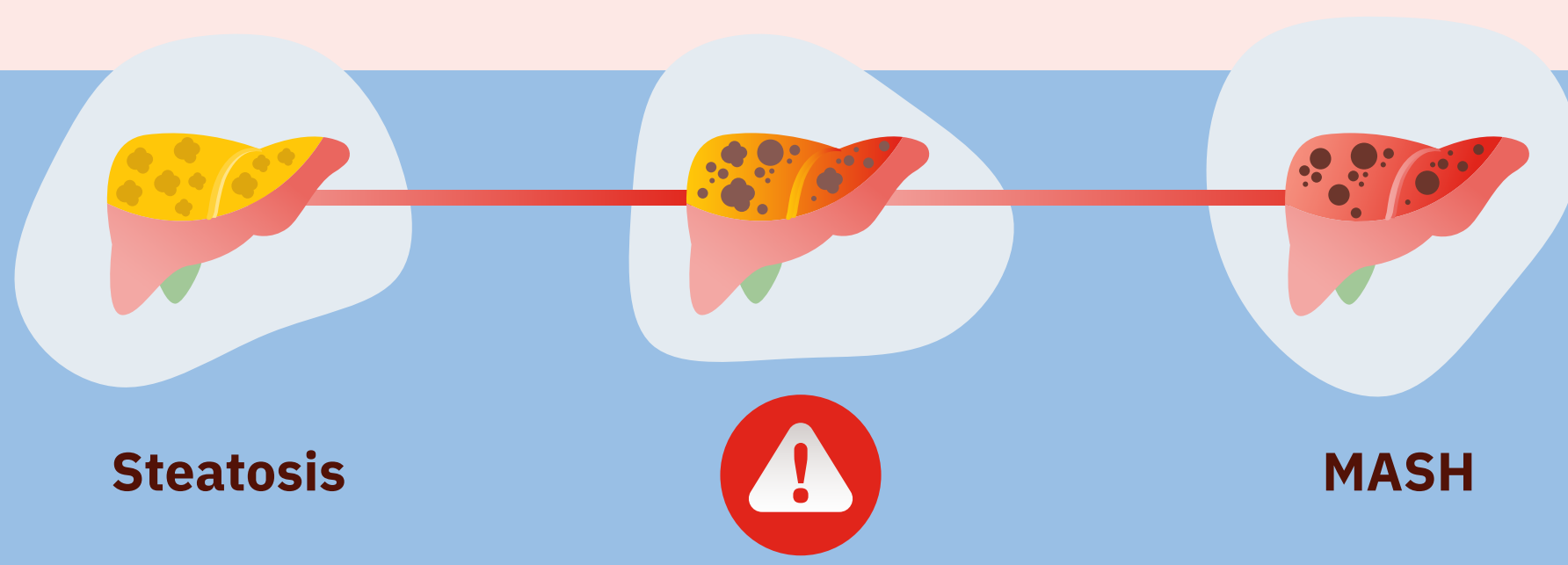


The **pathogenic link** between **PsO** and **MAFLD/MASH** may be **bi-directional^{1,3,5,6}**

Skin lymphocyte-derived cytokines may circulate through and potentially damage the liver⁵

and/or⁵

Hepatic inflammatory cytokines may circulate systemically and promote keratinocyte hyperproliferation⁵



General Population

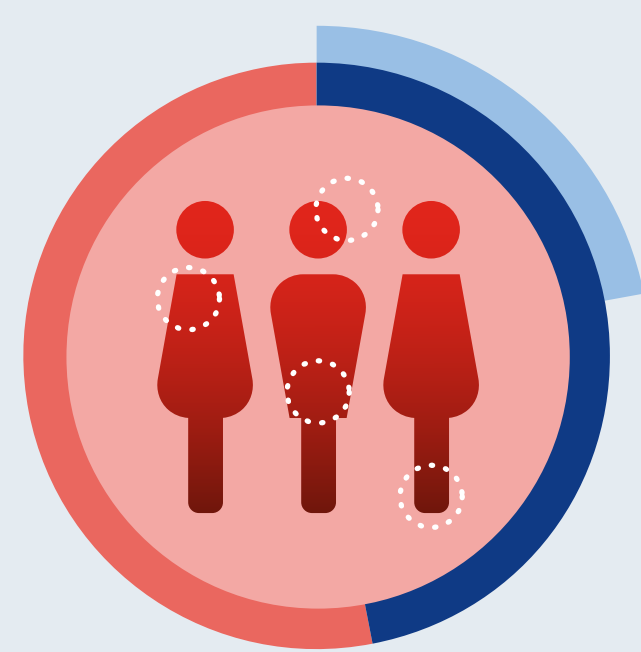


20–30% have MAFLD³

20% of patients with MAFLD may develop MASH⁷

~2% of patients with MASH may develop HCC⁸

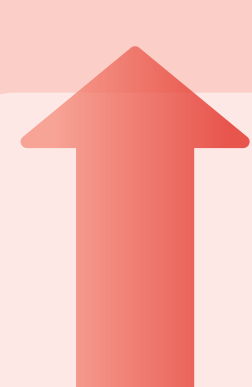
In a Population of Patients with PsO or PsA (N=103)⁹



47% had MAFLD

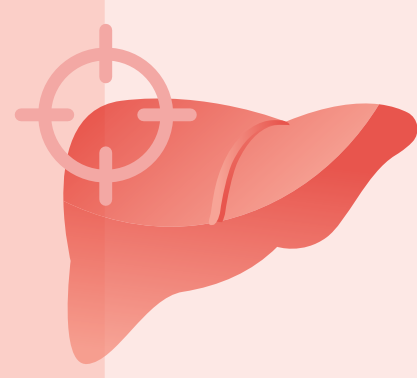
48% of patients with MAFLD had MASH

Hepatic disease is a comorbid condition without specific recommendations in the AAD/NPF guideline but dermatologists should be aware that⁵



There is an **increased prevalence of MAFLD** in patients with PsO

Systemic medications may be **deleterious to liver function^a**



Unidentified liver disease can lead to progression of liver damage; **early identification** allows for management and monitoring



Explore the other infographics in the **Comorbidities in Psoriasis** series

^aSystemic therapies included methotrexate, cyclosporine, oral retinoids, TNF inhibitors, and IL-12/IL-23 inhibitors¹⁰. AAD=American Academy of Dermatology; CI=Confidence Interval; HCC=Hepatocellular Carcinoma; IL=Interleukin; MAFLD=Metabolic Dysfunction-associated Fatty Liver Disease; MASH=Metabolic Dysfunction-associated Steatohepatitis; NPF=National Psoriasis Foundation; OR=Odds Ratio; PsA=Psoriatic Arthritis; TNF=Tumor Necrosis Factor.
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