

Case report

Effects of Saroglitazar on Liver fat and fibrosis in Metabolic Dysfunction Associated Steatotic Liver Disease at 24 weeks: A Case report

Abstract: Metabolic Dysfunction Associated Steatotic Liver Disease (MASLD) is revised nomenclature of Non-alcoholic fatty liver disease (NAFLD) which is very commonly prevalent condition in India. Currently only one drug Saroglitazar is approved for treatment of NAFLD in India. It is a dual peroxisome proliferator-activated receptor (PPAR α/γ) agonist which improves insulin sensitivity and reduce triglyceride along with liver fat and fibrosis in NAFLD cases. In this case study, MASLD patient was prescribed Saroglitazar 4 mg once daily along with existing anti-diabetic and lipid lowering therapy and at 24 weeks; Saroglitazar had shown significant improvement in glycemic, lipid and transient elastography parameters.

Introduction: Non-alcoholic fatty liver disease (NAFLD) is commonly prevalent condition globally with 38.2% prevalence in India.¹ Recently NALFD has been renamed as Metabolic dysfunction associated Steatotic liver disease (MASLD). MASLD defines any patient having steatotic liver disease (SLD) along with any one of the cardiometabolic risk factor of type 2 diabetes (T2DM)/ Pre-diabetes, Obesity, Hypertension, Elevated triglyceride (TG), Low high density lipoprotein cholesterol (HDLc).² Type 2 Diabetes Mellitus (T2DM) is one of the most commonly associated co-morbid condition with SLD.³ Currently in India, Saroglitazar, a dual peroxisome proliferator-activated receptor (PPAR) agonist, is only approved molecule by Drug Controller General of India (DCGI); which has shown promising results in managing elevated triglyceride in patients with T2DM and non-alcoholic fatty liver disease with co-morbidities. In biopsy driven study, Saroglitazar has shown significant improvement in liver fibrosis and fat.⁴ This case study aims to evaluate the effects of Saroglitazar on glycemic control, lipid parameters, and liver fibrosis in T2DM patients diagnosed with SLD.

Case Presentation: A 65-year-old Indian male, weighing 105 Kg with BMI of 34 kg/m² was diagnosed with T2DM five years ago. Despite oral anti-diabetic medications (Which OADs), his glycemic control remained suboptimal (HbA1c: 8.5%). He also had dyslipidemia (total cholesterol: 240 mg/dL, triglycerides: 280 mg/dL, LDL cholesterol: 160 mg/dL, HDL cholesterol: 35 mg/dL) and an elevated liver enzyme profile. Vibration controlled transient elastography (VCTE) by FibroscanTM examination indicated a mild liver fibrosis with liver stiffness measurement (LSM) score 7.9 kPa suggestive and severe steatosis with controlled attenuation parameter (CAP) score of 330 db/m. (Table 1). Patient was prescribed Saroglitazar (4 mg/day) as an adjunct to his existing anti-diabetic medications. Glycemic parameters (fasting blood glucose and HbA1c), lipid parameters (total cholesterol, triglycerides, HDL cholesterol, and LDL cholesterol), and VCTE parameters (CAP & LSM using FibroScanTM) were assessed at baseline, 6 weeks, and 24 weeks after Saroglitazar initiation.

Results:

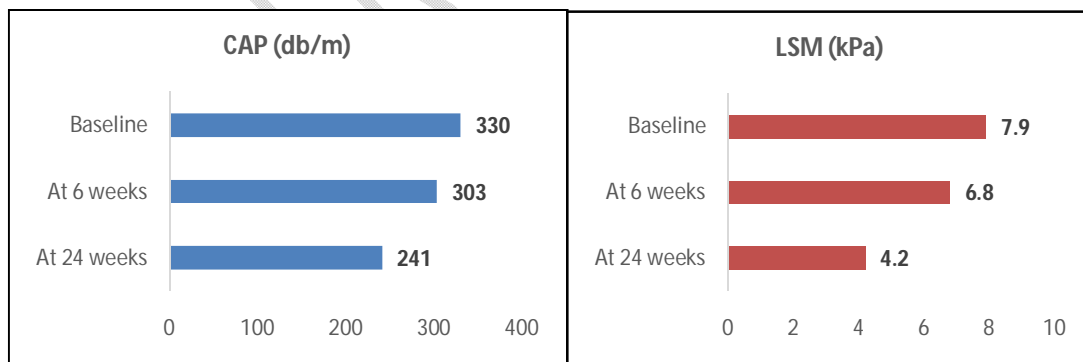
At 6 Weeks: After 6 weeks of Saroglitazar therapy, patient showed significant improvements in glycemic control (HbA1c: 7.2%) and lipid parameters (total cholesterol: 190 mg/dL, triglycerides: 150 mg/dL, LDL cholesterol: 100 mg/dL, HDL cholesterol: 40 mg/dL). Additionally, the Fibroscan™ indicated a reduction in liver stiffness **form** baseline 7.9 kPa to 6.8 kPa suggesting early signs of improvement in liver fibrosis (F0-F1) and **not much difference in Fatty liver(how have you assessed this?)** . Additionally patient also lost weight of 6 kgs.

24 Weeks: At 24 weeks, there was further improvement in glycemic control (HbA1c: 6.8%) and lipid parameters (total cholesterol: 170 mg/dL, triglycerides: 130 mg/dL, LDL cholesterol: 90 mg/dL, HDL cholesterol: 45 mg/dL). The FibroScan™ showed a significant decrease in liver stiffness, indicating substantial improvement in liver fibrosis (F0) as well as greater reduction in Fatty liver (Grade I from Grade III). There was significant weight loss from 99 to 91 kgs. (Table 1 & Figure 1)

Table1: Effect of Saroglitazar on various parameters at baseline, after 6 weeks and 24 weeks

	Weight (kg)	BMI (kg/m ²)	FBS (mg/dl)	HbA1c (%)	TC (mg/dl)	TG (mg/dl)	LDL (mg/dl)	HDL (mg/dl)
Baseline Parameters	105	34	284	8.5	220	250	140	40
After 6 weeks of treatment	99	31	150	7.2	190	150	100	45
After 24 weeks of treatment	91	29	104	6.8	170	130	90	45

Figure 1: Effect of Saroglitazar on CAP and LSM score at baseline, after 6 weeks and 24 weeks



Discussion: This case study demonstrates the efficacy of Saroglitazar in improving glycemic control and lipid parameters in an Indian patient with T2DM. The significant reduction(**without statistical analysis? How have you interpreted it to be significant?**) in liver stiffness suggests a potential role for Saroglitazar in managing liver fibrosis associated with T2DM and dyslipidaemia.⁵ The dual PPAR agonist activity of Saroglitazar likely contributes to these comprehensive improvements. In various clinical studies, saroglitazar has

shown reduction in TG upto 60% from baseline with ALT reduction T2DM patients.⁶ In Fibroscan™ driven study, Saroglitazar has shown improvement in LSM score by 23% - 25% at end of 12 month of therapy.⁷ Saroglitazar has been recommended for minimum 12 months for treatment of NAFLD and pre-cirrhotic NASH.⁸ In this case study, patient was on anti-diabetic medications and also reduced weight in significant manner, which certainly had contributed in reduction of glycemic, liver fibrosis and fat parameters (**reference needed to support this interpretation that how weight reduction effects these parameters**). So far, Saroglitazar has not shown significant improvement in lipid parameters other than TG. **In this case study, reduction of LDLc and TC may be due to statin therapy (dose and dyslipidemic drugs not mentioned) and impact of weight reduction.**

Conclusion: Saroglitazar proves to be effective in enhancing glycemic control, normalizing lipid parameters, and ameliorating liver fibrosis in Indian patients with T2DM. These findings underscore its potential as a valuable therapeutic option for individuals with T2DM, particularly those with concomitant dyslipidemia and liver involvement.

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