

**REPLY**

# Letter to the editor: A response to Hildreth and Schwimmer

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Dear Editor,

We are responding to Hildreth and Schwimmer's letter regarding our case report, "A Case of Pediatric Alcohol-Associated Hepatitis Evaluated for Liver Transplant Listing."<sup>1,2</sup> The letter makes the excellent point that, based on our patient's body mass index and diabetes mellitus type 2 (DM2) diagnosis at age 12, he may have had underlying metabolic associated steatotic liver disease (MASLD), increasing his risk for accelerated liver disease with alcohol consumption.<sup>2,3</sup> Individuals meet criteria for MASLD with steatotic liver disease (on imaging or biopsy) and one of five cardiometabolic criteria outlined elsewhere.<sup>3</sup>

We appreciate the commentary and agree that patient likely had MASLD.<sup>3</sup> His labs from endocrinology clinic at age 12 suggest underlying hepatic disease and metabolic abnormalities (Table 1).<sup>3,4</sup> Metabolic alcohol-associated liver disease (MetALD) best encompasses this patient's condition at time of decompensation given his MASLD and >210 g/week of alcohol.<sup>3</sup> Based on our concern for MetALD, after discharge, we focused on lifestyle improvements that resulted in 16 kg of weight loss, which, in addition to sobriety, likely contributed to liver enzyme improvement.

We would like to stress that MASLD is just one underlying liver disease that can be comorbid with alcohol-associated liver disease (ALD). Any adolescent with baseline liver disease who binges alcohol is at increased risk of ALD. Our case highlights the rarity of fulminant ALD

**TABLE 1** Patient's lab values at age 12.

	Value	Normal range
AST (units/L)	56	15–46
ALT (units/L)	71	<42
Triglycerides (mg/dL)	290	40–160
Cholesterol (mg/dL)	210	65–175
HDL (mg/dL)	38	35–70
LDL (mg/dL)	136	60–115
VLDL (mg/dL)	59	5–33

Abbreviations: ALT, alanine amino transferase; AST, aspartate amino transferase; HDL, high-density lipoprotein; LDL, low-density lipoprotein; VLDL, very low-density lipoprotein.

in adolescents and discusses the treatments we utilized to successfully help our patient avoid a liver transplant.

We welcomed the opportunity to delve more thoroughly into this case and continue the discourse on pediatric MetALD.

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### CONFLICT OF INTEREST STATEMENT

The authors declare no conflict of interest.

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