To compare efficacy

Bariatric Surgery vs. Supervised Medical weight loss

in improving NAFLD in a UAE-based population

Evaluating the Impact of Weight Loss on Non-Alcoholic Fatty Liver Disease (NAFLD) in a United Arab Emirates Based Population

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Baseline Characteristics

	Surgical Cohort (n=51)		Medical Cohort (n=35)
Age	• 32.94 ± 7.81 years	p<0.001	• 41.23 ± 11.18 years
BMI	• 41.83 ± 6.95 kg/m²	p=0.002	• 38.86 ± 6.22 kg/m²

- HBA1C, Lipid Profile and Fibroscan showed no significant differences

1-year Follow-up

	Surgical Cohort (n=51)		Medical Cohort (n=35)
BMI	• 29.65 ± 5.39 kg/m²	p<0.001	• 38.42 ± 6.39 years
%TWL	• 29.25 ± 8.91	p<0.001	• 1.34 ± 3.96
HbA1c	• 5.07 ± 0.48 mmol/L	p=0.014	• 5.57 ± 1.14 mmol/L
ALT	• 16.55 ± 7.51 (U/L)	p<0.001	• 30.29 ± 19.14 (U/L)
TGs	• 0.91 ± 0.34 mmol/L	p<0.001	• 1.50 ± 0.81 mmol/L

- SC: Fibroscan results revealed significant improvements in liver steatosis and fibrosis (p<0.001)

Conclusions

- Surgical Cohort:
  - Significantly greater weight loss
  - More favorable changes in lipid profiles and metabolic markers
  - Superior improvement in liver markers/composition (Based on Fibroscan)

- Fibroscan results showed more substantial improvements at 12-month
  - Surgical Subgroup analysis
    - ✓ Correlation analysis between Fibroscan and biopsy results showed weak associations for both steatosis (phi coefficient = -0.05, $p = 0.96$) and fibrosis (phi coefficient = 0.15, $p = 0.43$)