



Letters to the editor

MAFLD or MASLD: Let the evidence decide again



To the Editor:

We thank Ramírez-Mejía *et al.* [1] and Kamal *et al.* [2] for their interest and comments on our work [3]. A discussion about the redefinition of the most common liver disease, fatty liver disease due to metabolic dysfunction is still actively ongoing. Ramírez-Mejía *et al.* emphasize that time will ultimately determine the outcome of this discussion and any new version of diagnostic criteria must present significant conceptual advances over previous ones to be accepted.

Kamal *et al.* expressed concerns about the recently proposed definition of metabolic dysfunction-associated steatotic liver disease (MASLD) and the process that led to this outcome. They underscore the importance of distinguishing between consensus and evidence, the controversy surrounding the term and concept of MetALD [4,5], and question how changing "F" to "S" from metabolic dysfunction-associated fatty liver disease (MAFLD) to MASLD addressed previous concerns about the MAFLD definition. They also advocate for editorial flexibility when dealing with various disease nomenclatures.

Debates are inevitable in research, but they can only be resolved by relying on robust evidence rather than an eminence-based approach [6]. Within a short period, a significant amount of evidence has quickly accumulated, confirming that the definition of MAFLD identifies a more uniform group of patients with fatty liver caused by metabolic dysfunction. This surpasses not only the previous non-alcoholic fatty liver disease (NAFLD) definition but also the recently suggested MASLD definition. Therefore, MAFLD is currently the best available definition for this disease to date [7–12]. MAFLD presents a meaningful conceptual framework and practical definition and for approaching the disease and developing a patient-centred holistic approach to management considering multiple driving modes, with the ultimate aim of enhancing health outcomes. The emerging research signifies the beginning of a new era in reshaping the ongoing discussion by obtaining the essential evidence that will resolve the debate and open up new paths for further research. The only way to move forward is through additional studies and evidence.

In conclusion, the insights shared by Ramírez-Mejía *et al.* [1] and Kamal *et al.* [2] emphasize the importance of distinguishing between "evidence" and "opinion" in the field of medicine. It is crucial to engage in discussions and prioritize gathering evidence to resolve debates. Once robust evidence is available, it should guide our directions.

Declaration of interests

None.

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MAFLD vs. MASLD: Consensus is unlike evidence!



To the Editor:

We read with interest the study by Pan *et al.*, demonstrating that metabolic dysfunction associated fatty liver disease (MAFLD) is