There is increasing evidence that non-alcoholic fatty liver disease (NAFLD) is emerging as a risk factor for cardiovascular disease, specifically for coronary artery disease (CAD), given the pathogenesis involving systemic inflammation. Our goal was to use the Nationwide Inpatient Sample (NIS) database specifically for coronary artery disease (CAD), given the disease (NAFLD) is a risk factor for cardiovascular disease, and supports the idea that the pathogenesis of NAFLD contributes to systemic atherosclerosis and thus coronary artery disease. Our aim was to study the outcomes of patients with NAFLD who underwent percutaneous coronary intervention in order to determine whether they had increased mortality or rate of complications when compared to patients without NAFLD. This was the first large-scale retrospective cohort study to compare PCI outcomes between these two groups. Previously, Keskin et al. reported that in patients with ST segment elevation myocardial infarctions (STEMI), the presence of NAFLD led to worse clinical outcomes. They also found that the higher the grade of NAFLD, the higher the rate of mortality in STEMI patients that in patients with ST segment elevation myocardial infarctions (STEMI), the presence of NAFLD led to worse clinical outcomes. They also found that the higher the grade of NAFLD, the higher the rate of mortality in STEMI patients.

We confirm that there are no known conflicts of interest associated with this publication and there has been no financial support required.