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REVIEWER'S REPORT

Manuscript No.: IJAR-53370 Date: 16/08/2025

Title: Inflammatory Bowel Disease and Metabolic Dysfunction-Associated Steatotic Liver Disease: Prevalence and Predictive Factors from a Moroccan Case-Control Study

Recommendation:
✓ Accept as it is .....
Accept after minor revision.....
Accept after major revision .....
Do not accept (*Reasons below*) .....

Rating	Excel.	Good	Fair	Poor
Originality		✓		
Techn. Quality		✓		
Clarity		✓		
Significance	✓			

Reviewer Name: Dr. S. K. Nath Date: 16/08/2025

Reviewer's Comment for Publication:
The study effectively demonstrates that hepatic steatosis in IBD patients is driven by both metabolic and disease-specific factors. Notably, metabolic syndrome, prolonged corticosteroid use, malnutrition, and active disease are significant predictors. These findings underscore the importance of routine hepatic and metabolic screening in IBD management protocols to identify at-risk patients early, potentially reducing liver-related morbidity. Despite its limitations, the research adds valuable data from a North African context, highlighting the need for further multicenter, larger-scale studies to validate these findings and develop tailored intervention strategies.

Reviewer's Comment / Report

Strengths:

1. **Novel Population Data:** The study provides valuable prospective and retrospective data from Morocco, addressing a geographical gap, as most research on MASLD in IBD patients originates from Western countries.
2. **Clear Objectives and Methodology:** The study clearly outlines its case-control design, inclusion/exclusion criteria, and the variables studied, contributing to its methodological robustness.
3. **Identification of Multiple Predictive Factors:** It highlights several significant predictors for hepatic steatosis, such as metabolic syndrome, corticosteroid therapy, malnutrition, active disease, and specific IBD medications (azathioprine and methotrexate).
4. **Use of Multivariate Analysis:** The application of multivariate analysis strengthens the identification of independent predictive factors, accounting for confounding variables.
5. **Clinical Relevance:** The emphasis on early detection and routine screening underlines the importance of integrating metabolic and hepatic assessments into IBD management, which could improve patient outcomes.

Weaknesses:

1. **Sample Size and Population:** The sample size of 156 patients, though adequate for preliminary insights, limits the generalizability. The specific demographic and genetic factors of the Moroccan population may not reflect broader regional or global populations.
2. **Single-Center Design:** Data from a single tertiary center may not encompass all variations seen across different healthcare settings or regions.
3. **Assessment Method of Steatosis:** Reliance on ultrasound, while practical, has limitations in sensitivity and specificity compared to liver biopsy or advanced imaging, possibly leading to under- or overestimation.

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4. **Limited Long-term Outcomes:** The cross-sectional nature restricts evaluation of long-term consequences of steatosis in IBD patients, such as progression to fibrosis or cirrhosis.
5. **Potential Confounders:** The study might not account for all confounders, like detailed dietary patterns, physical activity levels, or genetic predispositions, which are relevant to metabolic and liver diseases.