**The dataset represents data from the study by Wu et al. “Prevalence of Liver Steatosis and Fibrosis and the Diagnostic Accuracy of Ultrasound in Bariatric Surgery Patients”. *Obes Surg* 2012; 22: 240-247.**

**Dataset: liver steatosis**

The prevalence of morbid obesity is rising in the USA, and approximately 14 million people are already affected. Morbid obesity is often accompanied by liver steatosis. Liver steatosis, defined as fat accumulation exceeding 5% of normal liver wet weight, is a chronic disorder which encompasses both alcoholic and nonalcoholic etiologies. The progressive form of the disease, steatohepatitis, can progress to fibrosis, cirrhosis, and eventually to end-stage liver disease and hepatocellular carcinoma.

Estimates for the prevalence of liver steatosis in morbidly obese subjects ranges from 70% to 96%. However, the prevalence of this liver steatosis in the morbidly obese remains unclear. Our first goal was thus to determine the prevalence of steatosis and fibrosis in morbidly obese subjects, as determined by liver biopsies—which are considered the “gold standard” diagnostic tool for this condition.

It is well established that ultrasound can detect uniform fatty infiltration of liver and is an attractive screening tool, especially in the morbidly obese population with its high prevalence of liver steatosis, because it is inexpensive, safe, and well tolerated by patients. However, the quality of ultrasonic images is presumably degraded in morbidly obese patients due to thickening of the abdominal wall which could easily reduce diagnostic accuracy. Our second goal was thus to determine the accuracy of ultrasonic diagnosis of liver steatosis in morbidly obese patients, considering clinical characteristics might also influence the diagnostic value of ultrasound for steatosis and help the clinician interpret ultrasound results.

The study enrolled patients who had laparoscopic gastric bypass, sleeve, or band surgery. We included patients who had no clinical evidence of other liver diseases and who had intraoperative needle liver biopsy with or without preoperative right upper quadrant ultrasound between 2005 and 2009.

We recorded clinical characteristics including diabetes, plasma triglycerides, cholesterol, very-low-density lipoprotein, low-density lipoprotein, aspartate aminotransferase, alanine aminotransferase, NAS score, BMI, metabolic syndrome and duration of obesity.