that a suspicion of other liver diseases did not warrant a referral for specialist opinion.

To reflect this, level 1 of the algorithm in figure 2 includes 'etc'. This inclusion however, is not extended throughout the algorithm as it is assumed evident and hence not re-stated. It would perhaps be clearer to the reader, if 'etc' was included at the subsequent levels of the algorithms in figures 2 and 3 but we felt this would be repetitious and untidy. For clarity, however, we do accept that after 'focal liver lesion' in figures 2 and 3, 'etc' should have been inserted.

Secondly, incorporation of radiological suspicion of fatty liver disease as a precipitant of referral for specialist liver opinion in figure 1, given the findings of the Dionysos study, is of course entirely valid and sensible and would be in keeping with the algorithm in figure 2.

Jude A Oben

Liver Unit, St James's University Hospital, Leeds, UK

Correspondence to Dr J A Oben, Department of Gastroenterology, University College London, St Thomas' Hospital, College House, 1st Floor, Lambeth Palace Road, London SE1 7EH, UK; j.oben@ucl.ac.uk

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Reply

We welcome and are grateful for the comments by Hutchinson and Davies on our review.¹ Undoubtedly, perturbed liver function tests in the presence of hepatitis B virus, hepatitis C virus or a focal liver lesion, as indicated, warrant referral for specialist liver opinion. The intention was not to convey the idea