

Table S1. Main characteristics of the 23 observational studies included in the systematic review

First author, year	Study location	Study design	Sample size	Diagnostic method	Age (years)	Gender (male) n (%)	BMI (Kg/m ²)	IBD type n (%)	Ongoing IBD therapy n (%)	NAFLD prevalence n (%)	Risk factors for NAFLD	Liver fibrosis prevalence n (%)	Risk factors for liver fibrosis
Abomhaya, 2022 [10]	Multicentric, USA	Nationwide retrospective cohort study Follow-up: All-cause 30 day non-elective readmission	All patients CD: 215,049. At baseline: ●CD + NAFLD: 5,268 ●CD but No-NAFLD: 209,781	Record review of national database of discharged patients with CD	●NAFLD : 53 (42-63) ●No-NAFLD: 53 (36-68)	●NAFLD : 2,139 (40.6) ●No-NAFLD: 88,737 (42.3)	Obesity (≥30 Kg/m ²): ●NAFLD: 1,544 (29.3) ●No-NAFLD: 23,705 (11.3)	CD 215,049 (100) UC 0 (0)	NA	At baseline: NAFLD: 2.4% NASH: 0.42%	●Age 45-64 years ●Female ●Metabolic syndrome ●Obesity ●Diabetes ●Hypertension ●Dyslipidemia NAFLD increase hospitalization costs and length. NASH increase mortality and readmission	At baseline: Cirrhosis: 537 (10.2)	NA
Al-Mohannadi, 2020 [31]	Unicentric, Doha, Qatar	Retrospective cohort study Aim: development of NAFLD during follow-up	IBD: 913	NAFLD: US LF: NAFLD fibrosis score	36.9±13.2	550 (60.2)	26.9±6.1	CD 383 (41.9) UC 530 (58.1)	Biologic agents: 279 (30.6) Previous surgery: 166 (18.2)	During follow-up: NAFLD: 108 (11.8) Severe steatosis: 24 (22.2)	●Older age ●Higher BMI ●Diabetes ●Hypertension ●Anti-TNF no increase NAFLD risk	During follow-up: LF: 19 (2.2)	ROC value of 0.7 for NAFLD fibrosis score cut-off of ≥-1.67
Aggarwal, 2022 [32]	Unicentric, Cleveland, USA	Cross-sectional study Medical records review of	●IBD + NAFLD: 50 ●NAFLD without IBD: 959	Histology ●NAFLD: NASH-CRN criteria ●NASH: NAFLD activity	●IBD + NAFLD: 50.4 [39.7, 56.8] ●NAFLD without	●IBD + NAFLD: 19 (38) ●NAFLD without IBD: 364 (38)	●IBD + NAFLD: 32.5 [27.6, 39.7] ●NAFLD	CD 34 (68) UC 16 (32)	NA	NASH ●IBD + NAFLD: 31 (62) ●NAFLD without IBD: 537	-	Any grade of LF: ●IBD + NAFLD: 35 (70) ●NAFLD without IBD: 604 (63)	Advanced LF: ●CD (CD with advanced LF were older and with higher prevalence of diabetes)

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		1,009 patients with histologically proven NAFLD		score 3 + any stage LF ●LF: Kleiner staging system (advanced LF: III-IV)	IBD: 50.7 [39.9,58.7]		without IBD: 40.2 [33.3, 47.4]			(56) p=0.4		p=0.003 Advanced LF: ●IBD + NAFLD: 15 (30) ●NAFLD without IBD: 163 (17) p=0.02	
Bessisow, 2016 [33]	Unicentric, Quebec, Canada	Retrospective cohort study Median follow-up 3.2 years. Aim: development of NAFLD during follow-up	IBD without NAFLD: 321	●NAFLD if HSI ≥ 36 ●Advanced LF if FIB-4 ≥ 2.67	33.7 [25.1-46.9]	Male 151 (47)	22.9 [20.9, 24.7]	CD 217 (67.6) UC 104 (32.4)	5-ASA 127 (39.6) SE 84 (26.2) AZA 67 (20.9) Anti-TNF 28 (8.7) MTX 14 (4.4)	During follow-up: 108 (33.6)	●Active IBD ●Longer IBD duration ●Prior surgery for IBD	Among those who developed NAFLD during follow-up: 7 (2.2)	NA
Bosch, 2017 [34]	Unicentric, Washington, USA	Cross-sectional study Medical records review from university database	●IBD: 49 ●IBD & PSC: 44 ●IBD & PSC after LT:30	Histology ●Steatosis: 5-33% mild, 34-67% moderate, >67% severe ●NASH and fibrosis: NASH-CRN criteria	●IBD: 47 (43-51) ●IBD & PSC: 43 (38-47) ●IBD & PSC after LT: 47 (41-53)	●IBD: 25 (51) ●IBD & PSC: 31 (70) ●IBD & PSC after LT: 23 (75)	●IBD: 27.6 (25.1-30.2) ●IBD & PSC: 26.5 (24.8-28.1) ●IBD & PSC after LT: 25.7 (23.9-27.4)	●IBD: CD 33 (67) UC 16 (33) ●IBD & PSC: CD 9 (20.5) UC 35 (79) ●IBD & PSC after LT: 23 (53)	●IBD: SE 18 (37) Anti-TNF 21 (43) ●IBD & PSC: SE 11 (24) Anti-TNF 2 (5) ●IBD & PSC after LT: SE 14 (46) Anti-TNF 2 (7)	NAFLD: ●IBD: 29 (59) ●IBD & PSC: 5 (11) ●IBD & PSC after LT: 1 (3) NASH (% of the total patients of each group): ●IBD: 6 (12)	●Age ●BMI ●Diabetes ●Hypertension ●CD ●Absence of PSC	Cirrhosis: ●IBD: 4 (8) ●IBD & PSC: 19 (43) ●IBD & PSC after LT: 5 (17)	●No correlation between fibrosis stage and severity of steatosis

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								CD 7 (23) UC 23 (77)		●IBD & PSC: 0 (0) ●IBD & PSC after LT: 0 (0)			
Carr, 2017 [35]	Multicentric, USA	Retrospective cohort study Medical records review	IBD and NAFLD: 84	●NAFLD: 3 patients (diagnostic codes), 80 (radiology), 1 (histology) ●FL: NAFLD fibrosis score	52.4±14 .5	37 (44.1)	Obese 34 (47.9)	CD 60 (71.4) UC 24 (28.6)	NA	-	IBD extent and severity do not predict NAFLD severity at time of NAFLD diagnosis	NAFLD fibrosis score - 2.03±0.244	●Metabolic syndrome ●Taking statins after NAFLD diagnosis (instead of prior to diagnosis) ●No influence of IBD treatments ●No influence of IBD extent and severity
Carrillo -Palau, 2021 [36]	Multicentric, Canary Islands, Spain	Cross-sectional study	●IBD: 151 ●CG: 174 non-diabetic controls	●NAFLD: US ●LF: TE > 7.7 (>F2)	●IBD: 48±10 ●CG: 50±16	●IBD: 65 (43) ●CG: 56 (32)	●IBD: 27±5 ●CG: 30±3	CD 105 (70) UC 46 (30)	5-ASA 53 (35) Anti-TNF 48 (32) AZA 47 (31) IFX 28 (19) ADA 20 (13) MTX 20 (13) Ustekinum ab 6 (4) Vedolizum ab 5 (3)	●NAFLD in IBD: Mild NAFLD: 40 (26) Moderate NAFLD: 19 (13) Severe NAFLD: 4 (2.6)	●Higher insulin, C-peptide and insulin resistance when NAFLD grade increased	●IBD: 5.0±2.0 kPa	●TE positively associated with insulin, C-peptide serum levels, insulin resistance and beta-cell function
Chen, 2023	Multicentric, UK	Prospective cohort study	Baseline: ●MAFLD:	●MAFLD: FLI ≥ 60	●MAFLD: D:	●MAFLD: D:	●MAFLD: D:	Incident IBD	NA	-	●MAFLD increased risk of	Incident IBD during follow-	●MAFLD with high risk of

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[37]	(United Kingdom)	UK biobank Mean follow-up 12.1 years. Aim: detection of incident IBD	150,385 ●No MAFLD: 255,028	●Advanced LF: BAAT ≥2	57.4±7.8 ●No MAFLD: 56.1±8.2	95,363 (63.4) ●No MAFLD: 88,504 (34.7)	31.5±4.3 ●No MAFLD: 24.9±2.8	(cases/persons-years): ●MAFLD: 955/1,807,156 (CD 308, UC 647) ●No MAFLD: 1273/3,109,082 (CD 377, UC 896)			incident CD, especially colonic and ileocolonic ●CD with perianal disease	up (cases/persons-years): ●Non-MAFLD: 1273/3,109,082 ●MAFLD not at high risk advanced LF: 105/224,621 ●MAFLD at high risk of advanced LF: 850/1,582,534	advanced LF, higher risk of CD, but not UC
Kablawi, 2023 [38]	Unicentric, Quebec, Canada	Cross-sectional study	IBD: 405	TE ●NAFLD: CAP≥275 dB/m ●NASH with LF: FAST score ●Significant LF: ≥ 8 kPa	45.1±15.3	186 (45.9)	25.8±5.0	CD 278 (68.6) UC 127 (31.4)	Anti-TNF 146 (36) 5-ASA 122 (30)	NAFLD 129 (31.9) NASH with LF: 11 (2.7% of IBD participants)	●NAFLD, longer IBD duration and UC were associated with intermediate-high CV risk	35 (8.6)	Significant LF was associated with intermediate-high CV risk
Likhitsup, 2019	Multicentric, Kansas,	Cross-sectional study	IBD: 80 (receiving anti-TNF)	●NAFLD: US ●NASH and	42±15	44 (55)	26±5.7	CD 65 (81) UC 15	Infliximab 67 (84) Adalimuma	●NAFLD: 43 (54) ●NASH	●Increased CDAI score ●Male sex	●LF: 7 (22) ●Cirrhosis: 0 (0)	NA

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[39]	USA			LF: Fibrosure laboratory test. N0=0.25 no NASH, N1=0.50 probable NASH, N2=0.75 NASH				(19)	b 10 (13) Golimumab 2 (2.5) Certolizumab 1 (1.3) 5-ASA 12 (15) Thiopurines 17 (21) MTX 2 (2.5)	(N1+N2): 19 (23.8% of IBD participants , 61% of NAFLD participants with laboratory test)	●Higher BMI		
Magri, 2019 [40]	Unicentric, Monserato, Italy	Cross-sectional study	IBD: 178	●NAFLD: US ●Significant LF: TE >7 kPa	●NAFLD : 53.9±12.9 ●No-NAFLD: 46.9±13.5	●NAFLD : 51 (52) ●No-NAFLD: 46 (48)	●NAFLD: 26.5±4.7 ●No-NAFLD: 23.9±13.7	CD: 83 (46.6) UC: 95 (53.4)	●NAFLD: SE 12 (27) Immunomodulators 11 (43) Biologic 28 (37) Surgery 11 (31) ●No-NAFLD: SE 31 (73) Immunomodulators 15 (53) Biologic 49 (63) Surgery 24 (69)	72 (40.4)	●Male sex ●Older age ●Obesity ●Metabolic syndrome ●Higher caloric and lipid intake	21 (16)	●Metabolic syndrome
McHenry,	Unicentric, St.	Cross-sectional,	●CD: 311 ●CG1: 622	NAFLD: liver	NA	NA	NA	CD: 311	NA	Absolute frequencies	●CD	Absolute frequencies	●CD

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2019 [41]	Louis, USA	case control CG1: internal controls, retrospective database of abdominal MR of St. Louis hospital CG2: population-based sample from Dallas Heart Study	●CG2: 622	fat >5.5% ●CD and CG1: Magnetic Resonance-Proton Density Fat Fraction maps ●CG2: Magnetic Resonance Spectroscopy LF: FIB-4 >1.3				(100) UC: 0 (0)		not reported. ● CD: 38% ●CG1: 30% p=0.010 ●CG2: 28% p=0.002 Lean (BMI<25 Kg/m ²): ● CD: 20% ●CG1: 10% p=0.024 ●CG2: 10% p=0.013		not reported. ●CD: 11% ●CG2: 5% p<0.001	
Palumbo, 2018 [12]	Unicentric, Montreal, Canada	Cross-sectional study	CD: 384	●NAFLD if CAP ≥248 dB/m, severe >292 dB/m ●Significant LF: ≥ 7 kPa (M probe) or ≥ 6.2 kPa (XL probe). Advanced fibrosis ≥8.7 and 7.2 kPa respectively	●NAFLD : 50.2±12.8 ●No-NAFLD: 38.7±14.9	●NAFLD : 65 (51.6) ●No-NAFLD: 108 (41.9)	●NAFLD: 28.2±4.9 ●No-NAFLD: 23.5±3.7	CD 248 (64.6) UC 136 (35.4)	5-ASA: NAFLD 43 (34.4), No-NAFLD 66 (25.6) SE: NAFLD 9 (7.1), No-NAFLD 30 (11.6) Thiopurines: NAFLD 23 (18.3), No-NAFLD 38 (14.7) Anti-TNF:	NAFLD: 32.8% Severe NAFLD: 19.3%	●Older age ●Higher BMI ●Higher triglyceride level	●Significant LF: 12.2% of CD patients, 24.6% of CD patients with NAFLD ●Advanced LF: 8.1 % of CD patients, 18.3% of CD patients with NAFLD	●Older age ●Older age at IBD diagnosis ●CD ●Higher BMI ●Hypertension ●Diabetes ●MTX (for advanced LF)

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				y					NAFLD 45 (35.7), No-NAFLD 107 (41.5) MTX: NAFLD 6 (4.8), No-NAFLD 3 (1.2)				
Ribaldone, 2015 [43]	Unicentric, Turin, Italy	Prospective cohort study Mean follow-up 14 years. Aim: liver fibrosis development	CD: 35 Bowel surgery with contemporary liver biopsy at baseline	<ul style="list-style-type: none"> ●Baseline: histology ●At the end of follow-up: TE, significant LF ≥ 7 kPa 	35 (15-65)	21 (60)	NA	CD 35 (100) UC 0 (0)	SE 33(94.3) AZA 5 (14.3)	<ul style="list-style-type: none"> ●Baseline, Steatosis: 9 (25) 	NA	<ul style="list-style-type: none"> ●Baseline: Fibrosis changes: 4 (11) Significant LF: 0 (0) ●Follow-up: 5.2\pm1.2 kPa 	<ul style="list-style-type: none"> ●AZA ●Intermittent CD course
Ritacci o, 2021 [42]	Unicentric, Baltimore, USA	Retrospective cohort study 5 years follow-up (n= 56)	IBD and NAFLD 207 (selected from a cohort of 1,672 IBD patients)	Medical record review <ul style="list-style-type: none"> ●NAFLD: image exams and/or histology ●LF: NAFLD fibrosis score (-1.455-0.675 intermediate, >0.675 advanced) 	50.6 \pm 13.6	96 (46)	29.5 \pm 8.0	CD 131 (63) UC 39 (19) IC 9 (4)	Biologic 116 (56) Immunosuppressants 106 (51) 5-ASA 334 (20)	Baseline:207 (12.4)	NA	Baseline (n= 136): Indeterminate 42 (31) Advanced LF or cirrhosis: 6 (4) 5 years (n= 56): Indeterminate: 19 (34) Advanced LF or cirrhosis: 5 (9) 9 (16) worsened, 4 (7) improved	<ul style="list-style-type: none"> ●Average change in BMI in patients with LF worsening +1.3 Kg/m² ●No effect of medication exposure

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				LF or cirrhosis)								and 42 (77) stayed stable	
Rodriguez-Duque, 2022 [16]	Multicentric, Santander and Madrid, Spain	Cross-sectional, case control study	<ul style="list-style-type: none"> ●IBD: 831 ●CG: 1,718 (ETHON cohort) 	TE <ul style="list-style-type: none"> ●Steatosis: CAP > 248 dB/m ●Significant LF: ≥ 7.2 kPa ●Advanced LF: ≥ 9.7 kPa 	<ul style="list-style-type: none"> ●IBD: 52 (19-76) ●CG: 51 (20-79) 	<ul style="list-style-type: none"> ●IBD: 401 (48.3) ●CG: 832 (48.4) 	<ul style="list-style-type: none"> ●IBD: 26.2\pm4.9 ●CG: 26.3\pm4.8 	CD: 389 (46.8) UC: 420 (50.5) IC: 22 (2.7)	Current SE: 25 (3) Previous SE: 567 (68.2) Current biologic: 144 (17.3) Previous biologic: 207 (24.9) Current AZA: 147 (17.7) Previous AZA: 348 (41.9) Current MTX: 1 (0.1) Previous MTX: 19 (2.3) Previous surgery: 178 (21.4)	MAFLD <ul style="list-style-type: none"> ●IBD: 349 (42.0) ●CG: 563 (32.8) <p>p<0.001</p>	MAFLD <ul style="list-style-type: none"> ●IBD ●IBD complications ●High BMI ●Older age ●Male sex ●Dyslipidemia 	Advanced LF in patients with MAFLD: (n=349) ●IBD: 33 (9.5) (n=563) ●CG: 13 (2.3) p<0.001	<ul style="list-style-type: none"> ●IBD ●Crohn's Disease ●IBD complications ●High BMI ●Type 2 Diabetes
Sartini, 2018 [44]	Unicentric, Modena, Italy	Retrospective, case-control study	<ul style="list-style-type: none"> ●NAFLD + IBD: 78 ●CG (NAFLD without IBD): 145 	NAFLD: US review TE review (cut off not	<ul style="list-style-type: none"> ●NAFLD + IBD: 51.2\pm11.8 ●CG: 54. 	<ul style="list-style-type: none"> ●NAFLD + IBD: 49 (62.8) ●CG: 43 	<ul style="list-style-type: none"> ●NAFLD + IBD: 28.6\pm4.8 	CD 42 (53.8) UC 36 (46.2)	5-ASA: 51 (65.4) SE: 3 (3.8) SE + 5-ASA: 4 (5.1)	-	NAFLD in IBD: <ul style="list-style-type: none"> ●Younger ●Lower BMI ●Less often hypertension, ↓ 	TE: <ul style="list-style-type: none"> ●NAFLD + IBD: 5.2\pm1.7 ●CG: 6.4\pm3.5 	NA

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				specified) and APRI	9±12.5	(29.7)	●CG: 30.2±5.4		Thiopurine s: 4 (5.1) Anti-TNF: 15 (19.2) Surgery: 27 (34.6)		HDL, ↑ fasting glucose and metabolic syndrome ●Severe IBD is associated with severe steatosis	APRI: ●NAFLD + IBD: 0.46±0.34 ●CG: 0.63±0.52	
Simon, 2018 [11]	Unicentric, Boston, USA	Cross-sectional study	CD: 462	NAFLD: CT LF: FIB-4 (advanced >1.45)	40±15	216 (46.7)	25.4±5.0	CD 462 (100) UC 0 (0)	NA	242 (52)	●Age ●Diabetes ●PNPLA3 genotype	Advanced LF: 32 (13.2% of patients with CD and NAFLD)	●IRGM rs13361189 CT/CC genotype ●IRGM rs4958847 AG/AA genotype
Spagnuolo, 2019 [45]	Unicentric, Catanzaro, Italy	Retrospective cohort study Mean follow-up 4 years. Aim: changes of steatosis severity and LF in patients who gained, lost or maintained weight	IBD: 89	Medical record review TE at baseline and during follow-up ●NAFLD: CAP >216 dB/m ●LF: >7 kPa	44±13	56 (63)	25±3	CD 29 (33) UC 60 (67)	5-ASA 83 (93) Anti-TNF 16 (18) Thiopurine s 16 (18) SE 5 (6) MTX 1 (1)	Baseline: Liver steatosis: (66) Severe steatosis: (15) Mean difference of CAP after follow-up: ●↓ weight: -53±21 ●≈ weight: -2.1±18 ●↑ weight: 51±36	Weight gain is predictor of steatosis worsening	Baseline: LS 4.7±1 kPa Mean difference of LS after follow-up: ●↓ weight: -0.15±1 ●≈ weight: 0.21±1 ●↑ weight: 0.76±2	Significantly lower LS in patients who lost weight compared to those who gained weight
Trifan,	Unicentric	Cross-	IBD: 82	TE	49±13	45	25.3±4.	CD 37	5-ASA 43	38 (46.3)	●Older age	21 (25.7)	●Older age

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2022 [46]	ic, Iasi, Romania	sectional study	<ul style="list-style-type: none"> ● IBD + NAFLD: 38 ● IBD without NAFLD: 44 	<ul style="list-style-type: none"> ● NAFLD: CAP \geq 248 dB/m ● Significant LF: \geq 7.2 kPa 		(54.8)	7	(45.1) UC 45 (54.9)	(52.5) Biologic 24 (29.3) AZA 9 (10.9) SE 6 (7.3)		<ul style="list-style-type: none"> ● BMI ● Longer IBD duration ● Age at diagnosis ● Bowel resection ● C-reactive protein ● Triglycerides ● Fasting plasma glucose 	<ul style="list-style-type: none"> ● IBD + NAFLD: 14 (36.9) ● IBD without NAFLD: 7 (15.9) 	<ul style="list-style-type: none"> ● Higher BMI ● IBD duration
Van Lingen, 2021 [47]	Unicentric, Leiden, The Netherlands	Prospective cohort study Follow-up 6-12 months. Aim NAFLD and liver fibrosis prevalence	IBD: 82	TE <ul style="list-style-type: none"> ● Steatosis: CAP \geq 248 dB/m ● Significant LF: \geq 7.3 kPa 	42.7 \pm 16.0	46 (56.1)	25.1 \pm 4.7	CD 40 (48.8) UC 42 (51.2)	Previous surgery: 26 (32.1)	<ul style="list-style-type: none"> ● Baseline: 32 (39.5) ● After follow-up: 29 (35.8) 	<ul style="list-style-type: none"> ● Increased waist circumference ● Increased CAP during follow-up if IBD activity 	<ul style="list-style-type: none"> ● Baseline: 16 (19.8) ● After follow-up: 10 (12.3) 	<ul style="list-style-type: none"> ● Increased LF during follow-up if IBD activity ● No other IBD related or metabolic risk factors
Veltkamp, 2022 [48]	Unicentric, Heidelberg, Germany	Cross-sectional study	IBD: 132	US and TE <ul style="list-style-type: none"> ● NAFLD: US and CAP \geq 248 dB/m ● LF: \geq 7 kPa 	42 [31,57]	57 (43)	23 [20,26]	CD 79 (60) UC 53 (40)	SE 112 (88) Thiopurines 39 (31) Anti-TNF 26 (20) MTX 7 (6)	40 (30.3)	<ul style="list-style-type: none"> ● Older age ● Higher BMI ● Longer IBD duration ● AST and GGT levels 	11 (8) 7 of them had liver steatosis	<ul style="list-style-type: none"> ● Longer IBD duration ● CD
Yen, 2021 [49]	Changhua, Taiwan	Retrospective cohort study	IBD: 81	US and TE <ul style="list-style-type: none"> ● NAFLD: CAP \geq 248 dB/m ● Significant LF: $>$ 8 kPa 	43.5 \pm 14.4	58 (71.6)	22.4 [20.3, 25.6]	CD 36 (44.4) UC 45 (55.6)	Anti-TNF 29 (35.8) Anti-integrin 6 (7.4) Previous surgery: 19 (23.5)	24 (29.6)	<ul style="list-style-type: none"> ● Higher BMI ● Older age at diagnosis ● Shorter IBD duration 	4 (4.9)	NA

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5-ASA: 5-Aminosalicylic acid. ADA: Adalimumab. APRI: AST to Platelet Ratio Index. AZA: Azathioprine. BAAT score: BMI, age, ALT, Triglycerides. CD: Crohn’s Disease. CDAI: Crohn’s Disease Activity Index. CT: Computed Tomography. CV: Cardiovascular. ETHON: Epidemiological sTudy of Hepatic infectiONs (Spanish Hepatitis C Prevalence Study). FAST score: Fibroscan-Aspartate Aminotransferase Score. FIB-4: Fibrosis 4 Index. HSI: Hepatic Steatosis Index. IBD: Inflammatory Bowel Disease. IC: Indeterminate Colitis. IFX: Infliximab. LF: Liver Fibrosis. LS: Liver Stiffness. MRI: Magnetic Resonance Imaging. MTX: Methotrexate. NA: Not Available. NAFLD: Non-Alcoholic Fatty Liver Disease. NASH-CRN: Non Alcoholic Steatohepatitis Clinical Research Network. TE: Transient Elastografy. UC: Ulcerative Colitis. LF: Liver Fibrosis. SE: Systemic Steroids. US: Abdominal Ultrasound. USA: United States of America. Continuous data are presented as mean \pm Standard Deviation (SD), median (range) or median [Interquartile Range].