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Study of some serum biochemical markers of liver fibrosis in patients with chronic HCV

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Chronic hepatitis C is a major cause of cirrhosis, hepatocellular carcinoma and HCV-related end stage liver disease in many countries it is the first cause of liver transplantation. The infection is often asymptomatic but chronic infection can lead to scarring of the liver and ultimately to cirrhosis which is generally apparent after many years establishing accurate staging of liver disease is very important for enabling both therapeutic decisions and prognostic evaluations. A liver biopsy is considered the gold standard for assessing the stage of hepatic fibrosis but it has many limitations. During the last decade, several non-invasive markers for assessing the stage of hepatic fibrosis have been developed. Some has been well validated and are comparable to liver biopsy. This paper focused on some non-invasive biochemical markers used to stage liver fibrosis. The aim of this study was to evaluate some serum biochemical markers for diagnosing liver fibrosis in patients with CHC. The study was conducted on 50 patients who were divided into two groups: Group 1 included 25 patients with F1 liver fibrosis; group 2 enrolled 25 patients with F2 liver fibrosis (according to metavir scoring system) and fit for the combination therapy (Pegylatedinterferon+ribavirin). Serum HA, SHASTA index were significantly higher in patient with grade2 fibrosis than grade F1 patients. From the previous study, we can conclude that these parameters could be useful non-invasive markers of liver fibrosis and cost-effective alternative to other serum markers for staging liver fibrosis and for determining the timing of HCV treatment.

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