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**Study of n-terminal - pro c-type natriuretic peptide and its relation to risk of bleeding from esophageal varices in hcv-related cirrhotic patients****Mohamed Asser**

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The current guidelines recommend that all cirrhotic patients should undergo screening endoscopy at diagnosis to identify patients with risky varices who will benefit from primary prophylaxis. This leads to a heavy burden on endoscopy units and affects patient compliance. Noninvasive identification of risky patients would limit performing endoscopy to those most likely to benefit. Upper GIT endoscopy is the gold standard against which other tests are compared, but is not without its limitations. Some tests are clearly preferable to patients but are not as accurate as upper GIT endoscopy in the diagnosis of esophageal varices. The aim of this work is to study the relation of serum NT pro-CNP to severity of cirrhosis and the presence of esophageal varices and the risk of their bleeding. The study was carried-out on 80 subjects divided into 4 groups: 20 cirrhotic patients with esophageal varices which have previously bled, 20 cirrhotic patients with esophageal varices which have not yet bled, 20 cirrhotic patients without esophageal varices and 20 normal healthy control subjects. Serum NT pro-CNP level was significantly elevated in cirrhotic patients with esophageal varices compared to cirrhotic patients without esophageal varices, but not significantly elevated in bleeders than in nonbleeders. Also spleen and portal vein diameters, Child's score, Fib-4 score, serum bilirubin and AST levels and prothrombin activity were significantly elevated in the same group. Therefore, serum NT pro-CNP is a promising noninvasive marker for predicting severity of cirrhosis and presence of esophageal varices and not the risk of variceal bleeding in HCV-related liver cirrhosis patients.

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