INTRODUCTION

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Kwashiorkor is characterized by alteration in plasma lipid metabolism. Decreased plasma total cholesterol (TC) concentration have been consistently described ***(Dhansay et al., 1991).***

On investigating the lipid profile in chronically malnourished infants, it was clear that among the defects present is a moderate essential fatty acids (EFA) deficiency ***(Holman et al., 1981)***.

Fasting triglyceride are usually low in kwashiorkor, on refeeding with a low fat diet plasma triglycerides increase dramatically in a very short time in kwashiorkor, the fat being mainly triglycerides. Liver cell necrosis is rare. With refeeding, the liver fat usually clears within a few days. The most likely mechanism of this disorder is inability to synthesize enough apoprotein for the very low density lipoproteins in the liver, especially apo B-100 which is required for secretion of triglyceride-rich lipoproteins. Biochemical indices of fatty liver include low total cholesterol and LDL cholesterol ***(Truswell, 1990).***

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