SUMMARY AND CONCLUSION

Hepatitis C virus (HCV) is a major public health problem with an estimated 170 million person being infected with this agent around the World. Egypt has the highest HCV prevalence world wide. HCV is an important cause of chronic liver disease in many parts of the world.

(HCV) Virus is a positive stranded RNA Virus classified as family flavivirdae, genus hepacivirus (HCV) causes both acute & chronic hepatitis. So the detection of acute (HCV) infection was carried out through monthly (ALT) & Anti (HCV) markers observation or detection of the virus by PCR .

To date, combination of pegylated interferon and ribavirin is the treatment of choice with a sustained virological response.

The goal of therapy is to prevent complications and death from HCV infection.

Since PEG- IFN and rebavirin combination therapy is costly and accompanied by potential adverse effects, the ability to predict the possibility of SVR before therapy may significantly influence the selection of patients for therapy, one of these predictors is AFP.

AFP is a fetal glycoprotein produced by the yolk sac and fetal liver following birth, AFP levels decrease rapidly to less than 20 ng/ml and increase significantly in certain pathologic conditions. Serum AFP is a debated, but routinely used marker for hepatocellular carcinoma (HCC) in patients with chronic liver disease.

This study was conducted on 30 chronic hepatitis C infected patients received treatment in Shebeen EL-kom liver institute.

The studied cases were allocated to one of the following two groups:

Croup I:

Responders to peg-INF alfa-2b / RBV (15 cases).

Group II:

Non responders to peg-INF alfa-2b / RBV (15 cases).

In the present work, we tried to study the association between serum AFP and treatment outcome in patients with chronic hepatitis C treated with pegylated interferon plus ribavirin for 48 weeks. all patients were subjected to Full history taking, clinical examinations, Abdominal ultrasonography before treatment, Liver needle biopsy before treatment,

Liver function tests, Complete blood count, serum creatinine before treatment and monthly during therapy, Antinuclear antibodies (ANA), fasting blood glucose and complete urine analysis before treatment,

Viral markers (HCV Ab, HBs Ag) before treatment, HCV RNA level before IFN / RBV treatment and at weeks 12, 48 of treatment and 6 months after treatment, Serum alpha feto protein.

The results of this study showed that:

no significant difference was found between the level of AFP before treatment, after 48 weeks of treatment and 6 months later in patients who achieved SVR and who not achieved response.

So AFP is not a predictor of response to treatment in pediatric age group.

No significant effect was found for gender and response to therapy.

We found that there was no statistically significant difference between SVR and CBC parameters ($p > 0.05$). Also, there was no statistically significant difference in any of liver function tests between patients with absent or present SVR In the current study except for AST.

patients who responded to combination therapy had lower levels of viral load by PCR, and significant difference was found between viral load and the response.