significantly increased in patients with accelerated HCC progression and predicted poor prognosis and decreased survival.

**Conclusion:** Serum TGF-β1 and survivin could serve as promising predictive non-invasive biomarkers for early detection of hepatocellular carcinoma and prediction of HCC progression, prognosis, outcome and recurrence.

**Hepatic hemodynamics and serum markers of fibrosis in non-alcoholic fatty liver disease and non-alcoholic steatohepatitis**

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**Background/Aims:** Nonalcoholic fatty liver disease (NAFLD) is a major cause of chronic liver disease worldwide. Liver biopsy and histopathology are considered the gold standard for diagnosis of NAFLD. Liver biopsy is an invasive procedure that has several adverse events in addition to difficulty in performing serial liver biopsies for monitoring the progression of the disease. The current study assessed the diagnostic and prognostic performance of various non-invasive markers for detection of NAFLD and non-alcoholic steatohepatitis (NASH).

**Methods:** This observational, cross-sectional study enrolled patients at different stages of NAFLD and NASH. NAFLD liver fat score (NAFLD-LFS), Fatty Liver Index (FLI) Hepatic Steatosis Index (HSI), the risk score oxNASH, NASHTest, Tumor necrosis factor-alpha (TNF-α), tumor growth factor beta 1 (TGF beta ) caspase-generated CK18 fragment levels (CK-18), and YKL-40 (YKL-40) were measured in patients and control subjects. The peak systolic velocity and resistive index of the hepatic artery, peak systolic velocity and resistive index of the superior mesenteric artery, peak systolic velocity and resistive index of the splenic artery were assessed.

**Results:** TNF alpha, CK-18, TGF-b and YKL-40 were significantly higher in patients with NASH compared to control subjects. CK-18, TGF-b and YKL-40 were highest among NASH patients with liver fibrosis. TGF-beta, CK-18, and YKL-40 had the highest sensitivity, specificity, PPV and NPV in predicting liver disease. A direct correlation was observed between each of TGF-beta, CK-18, and YKL-40 with the NAFLD fibrosis score ($r = 0.87$, $r = 0.63$, $r = 0.69$ respectively). No significant statistical difference was found between HA RI in NAFLD and control group. Significantly higher SMA RI, HA PSV and SA RI values was noted in NAFLD patients compared to control group ($p > 0.001$). No significant statistical difference was found between the mean PV velocity in NAFLD patients and the control group.

**Conclusion:** TGF-beta, TNF-alpha and cytokeratin-8 can be reliable non-invasive markers for detection of NAFLD and monitoring of NASH. NAFLD correlated positively with the following parameters, liver span, portal vein diameter, SA RI and SMA RI, PSV of the HA, SMA, and SA. No significant correlation could be seen between NAFLD and HA RI, or portal vein flow pattern.

**An overview study of malaria in military fever hospital; an Egyptian pilot study**

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**Aim of the Work:** To study the clinical presentations and outcomes of malarial infected cases attending Military Fever Hospital in Cairo.

**Patients and Methods:** Fifty patients with malarial infection were selected from those admitted to Almaza Military Fever Hospital. The following investigations were done for all cases: (CBC), liver and renal function tests, serological tests (rapid diagnostic test for serum malarial antigens & microscopic examination of peripheral blood film) and abdominal US.

**Results:** The majority of cases (76%) was already diagnosed and was coming from Peace Keeping Mission Forces in Africa. Congo was the most malaria-infected place (36%), then Ivory Coast (26%). Most of cases (80%) had intermittent fever. Six patients (12%) were admitted at ICU. The thick film method was the most sensitive diagnostic test (98%). P. falciparum was the commonest species among cases (80%) then P. ovale (20%). The best response in studied cases was poly-therapy (84%) while monotherapy was effective in only 5 patients (10%), (82 %) of cases were cured, one patient died and one patient had a relapse while 2 patients (4%) had recrudescence.

**Conclusions:** Thick film is the most sensitive and informative test among all diagnostic test modalities. Combined therapy (polytherapy) is preferable than monotherapy.

**Hepatopulmonary syndrome in Egyptian patients with HCVRelated chronic liver disease**

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**Background and Aim:** Hepatopulmonary syndrome (HPS) is defined as the presence of liver disease in association with intrapulmonary vascular dilatation and arterial hypoxemia. This work aimed at evaluation of hepatopulmonary syndrome in Egyptian patients with HCV-related chronic liver disease.

**Patients and Methods:** This cross-sectional study included sixty patients with HCV-related chronic liver disease who underwent complete clinical evaluation, laboratory investigations, abdominal ultrasonography, plain chest x-ray, arterial blood gas analysis to assess partial pressure of arterial oxygen (PaO2), partial pressure of arterial carbon dioxide (PaCO2) and alveolar-arterial oxygen gradient (A-aDO2) in addition to pulmonary function tests.

**Results:** The prevalence of HPS was 55% (33 out of the 60 patients). Thirteen cases of them were in Child B and 20 cases in Child C group. There was a highly significant difference between Child A & C and between Child B & C classes as regards PaO2. There was highly significant difference between the three