# Significance of the Ratio between Insulin-Like Growth Factor-1 and Insulin-Like Growth Factor-Binding Protein-3 as a Predictive Marker of Insulin Resistance in Chronic Hepatitis C Patients

Thesis

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Ву

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#### **Abstract:**

**Back ground:** Hepatitis C virus (HCV) infection is a worldwide disease that induces a range of chronic liver disease sequelae and metabolic abnormalities including insulin resistance and hepatic steatosis. Recent studies showed a lower level of serum insulin-like growth factor-1 (IGF-1) or a decrease in the IGF-1/IGF-binding protein-3 (IGFBP-3) ratio in patients in patients with diabetes mellitus as well as in patients with hepatic steatosis. As both hepatic steatosis and insulin resistance were two common phenomena in patients with chronic HCV.

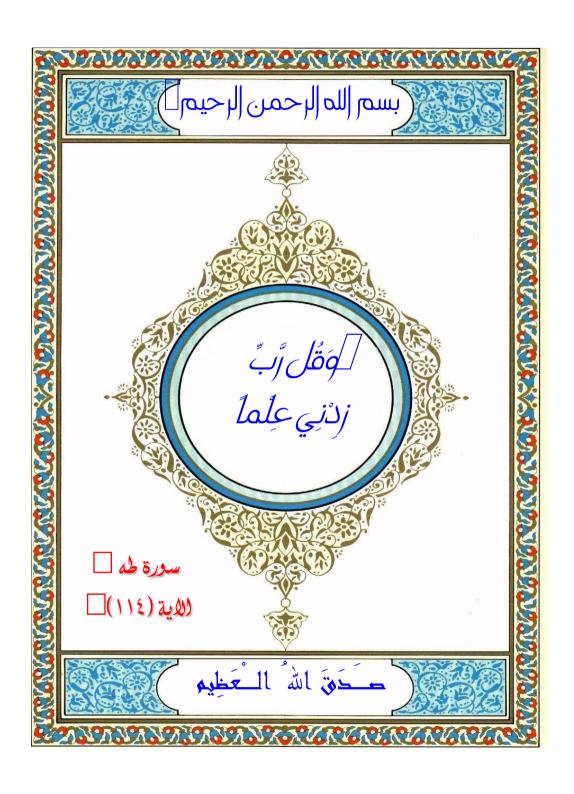
**Objective**: to assess the significance of the ratio between insulin-like growth factor-1 (IGF-1) and insulin-like growth factor-binding protein-3 (IGFBP-3) in non-diabetic patients with hepatitis C virus and insulin resistance.

**Patients and methods:** in this case-control study, 30 non-diabetic patients were selected with HCV-related chronic liver disease and insulin resistance which is determined by the homeostasis model for assessment of insulin resistance (HOMA-IR) method (HOMA-IR  $\geq$  2.5) and 30 healthy volunteers matched in age and sex were selected as a control group. IGF-1 and IGFBP-3 were assessed in the cases and controls using the commercially-available ELISA kits. Insulin resistance was determined using HOMA-IR calculation.

**Results:** Chronic hepatitis C was more associated with insulin resistance and low IGF-1/IGFBP-3 ratio levels. Child-Pugh score (which is known to be used for assessment of the degree of liver decompensation) in our thesis was statistically correlated to HOMA-IR and IGF-1/IGFBP-3 ratio, illustrating the fact that the more insulin resistance, the more hepatic dysfunction.

**Conclusion**: Decrease in IGF-1/IGFBP-3 ratio level is a good predictive marker of insulin resistance and deterioration of liver functions in HCV-related chronic liver disease.

**Keywords**: IGF-1/ IGFBP-3 ratio, chronic hepatitis C, insulin resistance, HOMA-IR.



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# List of Abbreviations

Abb. Full term

**ALT** : Alanine aminotransferase

**ANOVA** : Analysis of variance

**AST** : Aspartate transaminase

**AGE** : Atazanavir (ATV)

**BUN** : Blood Urea Nitrogen

**BMI** : Body Mass Index

**CDC** : Centers for Disease Control and Prevention

**CTP score** : Child-Turcotte-Pugh Score

**CHC** : Chronic Hepatitis C

**CLD** : Chronic Liver Disease

**CBC** : Complete blood count

**DMNI** : Damanhur Medical National Institute

**DM** : Diabetes mellitus

**ELISA** : Enzyme-linked immunosorbent assay

**EHM** : Extra-hepatic manifestation

#### Full term Abb.

: Fasting blood glucose **FBG** 

**FFAs** Free Fatty Acids

**GH-IGF-I** : Growth hormone Insulin-like growth factor-1 axis

**GLUT** Glucose Transporter

GH : Growth hormone

: Hemoglobin HB

Hepatitis B surface antigen **HBsAg** 

**HBV** Hepatitis B virus

: Hepatitis C virus Non-Structural Proteins **HCV-NS** 

**Proteins** 

**HCV** Hepatitis C virus

**HCC** Hepatocellular carcinoma

High-density lipoprotein **HDL** 

Homeostasis Model for Assessment of Insulin Resistance **HOMA-IR** 

Hepatorenal syndrome HRS

Human immunodeficiency virus HIV

Insulin-like growth factor-1 to Insulin like growth factor IGf-

binding protein-3 ratio 1/IGFBP-3

ratio

# Abb. Full term

**INR** : International normalized ratio

**IGFBP-3** : Insulin like growth factor binding protein-3

**IGFBPs** : Insulin like growth factor binding proteins

**IRS** : Insulin receptor substrate

**IR** : Insulin resistance

**IGF-1** : Insulin-like growth factor-1

**IL-1** : Interleukin-1

**IL-6** : Interleukin-6

**IDUs** : Intravenous drug users

**LSD** : Least Significant Difference

**LPL** : Lipoprotein lipase

LPV : lopinavir

**LDL** : Low-density lipoprotein

**MELD** : Model For End-Sage Liver Disease

**MVPA** : Moderate- and Vigorous-Intensity Physical Activity

N : Number

### Abb. Full term

NIDDM : Non-insulin-dependent diabetes mellitus

NS5A : Nonstructural protein 5A

**OSA** : Obstructive Sleep Apnea

**OVs** : Oesophageal Varices

**OGTT** : Oral glucose tolerance test

**PTT** : Partial Thromboplastin Time

**PCR** : Polymerase chain reaction

**PAI-1** : Plasminogen activator inhibitor type -1

**PCOS** : Polycystic Ovary Syndrome

PI : Protease inhibitor

**PP2-A** : Protein Phosphatase 2-A

**PT** : Prothrombin time

**RIA** : Radio-Immunoassay

**ROS** : Reactive Oxygen Species

**RTV** : Ritonavir

**RNA** : Ribonucleic Acid

**SBP** : Spontaneous bacterial peritonitis

**SSPG** : Steady-state plasma glucose

**SSPI** : Steady-state plasma insulin

### Abb. Full term

**SOCS3** : Suppressor of cytokine signaling-3

**SVR** : Sustained virological response

**IST** : The insulin suppression test

**QUICKI**: The Quantitative Insulin Sensitivity Check Index

**TGF-β** : Transforming growth factor-β

**TNF**: Tumor necrosis factor

**VLDL** : Very-Low-Density Lipoprotein

**WBCs** : White blood cells

**WHO** : World Health Organization

#### Introduction

Chronic liver disease is frequently associated with insulin resistance which is known as a pathophysiological feature of hepatogenous diabetes. There are many theories illustrating the pathophysiology of hepatogenous insulin resistance and diabetes including hepatic parenchymal cell damage, porto-systemic shunting and hepatitis C virus (HCV). (*Kawaguchi et al.*, 2011)

Recent studies from various parts of the world stated that chronic HCV infection (CHC) is associated with many metabolic disorders such as non-insulin-dependent diabetes mellitus (NIDDM) and they reported that between 13% and 33% of patients with chronic hepatitis C (CHC) have diabetes mellitus (DM). Insulin resistance (IR) or pre-diabetes is a common feature of disturbed carbohydrate metabolism in chronic liver disease with or without cirrhosis. (*Dai et al.*, 2015)

IGF-1 is a single chain peptide that has a similar molecular structure to pro-insulin. Although IGF-1 is synthesized widely, most of the circulating IGF-1 is derived from the liver. (*Su et al.*, 2010)