### Correlation of Serum Neopetrin as an Inflammatory Marker to Different Stages of Liver Cirrhosis

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### Abbreviations

**AAT** ----- Alpha1-antitrypsin **ADH** ----- Anti diuretic hormone AFP----- Alpha feto protein **ALD** ----- Alcoholic Liver Disease **ALT** ----- Alanine aminotransferase ANA ----- Anti nuclear antibody **Anti-LKM Ab** Anti- liver-Kidney-microsomal antibody **APC** ----- Antigen presenting cell **AST**------ Aspartate transaminase **CHF** ----- Congestive Heart Failure CMV ----- Cytomegalo virus **CT** ----- Computerized tomogrph **DDR** ----- Discoidin Domain Receptors **DNA** ----- Deoxyribonucleic acid **ECM**------ Extracellular matrix **EGF** ----- Epidermal growth factor Fe ----- Iron **FGF**-----Fibroblast growth factor **GIT** ----- Gastrointestinal tract **GTP** ----- Guannine Tri-phosphate

**HBsAg** ------ Hepatitis B Surface Antigen

**HBV** ----- Hepatitis B Virus

HCC ----- Hepatocelllular Carcinoma

**HCV** ----- Hepatitis C virus

**HGF** ----- Hepatocyte growth factor

HIV ----- Human immunodeficiency virus

HLA ----- Human leukocyte Antigen

**HPH** ------ Hepatopulmonary hypertensio

**HPS**------ Hepatopulmonary syndrome

HPS----- Hepatopulmonary syndrome

HPV ----- Human papilloma virus

**HRS** ----- Hepatorenal syndrome

**HTN** ----- Hypertension

INH ----- Isonazide

INR ----- International normalized ratio

IPVD ----- Intrapulmonary vasodilatation

LC ----- Liver Cirrhosis

LL-----Lower Limb

MMP ----- Matrix MetalloProteinases

NASH ----- Non Alcoholic Steatohepatitis

PBC-----Primary Biliary Cirrhosis

**PDGF** ----- Platelet-Derived growth factor

PHG ----- Portal hypertensive gastropathy

Sh ----- Shistosoma Hematopium

Sm ----- Shistosoma mansoni

Th1 ----- T helper 1 cell

**TIMP----** Tissue Inhibitor of MetalloProteinases

TIPS ----- Transjagular intrahepatic portosystemic shunt

V.C-----Vasoconstritor

V.D-----Vasodilato

VEGF ----- Vascular endothelial growth factor

WHO ----- World Health of Organization.

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### Introduction

Neopterin, a pyrazino-pyrimidine compound, is synthesized by monocytes and macrophages in response to interferon-(IFN-) produced by activated T cells (*Lhee et al.*, 2006).

Neopterin levels are elevated in conditions of T-cell or macrophages activation such as systemic lupus erythematosus and hepatitis C (*Lhee et al., 2006*). It enhances macrophage cytotoxicity through its interactions with reactive oxygen, nitrogen, and chloride species (*Lahdo Imad et al., 2013*).

Measurement of neopterin in body fluids can be a reliable indicator of the cellular (macrophages) immunological response in hepatitis C virus infection (*Berdowska and Żwirska-Korczala*, 2001). Moreover, enhanced concentrations of neopterin have been shown to have a prognostic significance (*Farci et al.*, 2005).

Neopterin concentrations in humans reflect the degree of Th1-type immune activation. In chronic infections T cells compartmentalized in the liver contribute to hepatic damage, which is mainly Th1 mediated. It is these activated T cells in the liver that are responsible for the liver damage that results (*Antoniello et al.*, 1989).

Neopterin concentrations in chronic liver disease increased irrespective of underlying cause and stage of disease. Serum neopterin levels correlated with serum AST, ALT activities, and degree of necrosis. Cirrhotic patients displayed higher levels than non-cirrhotic (*Farci et al.*, 2005).

Neopterin is a more sensitive marker for severity of liver disease than established markers of inflammation (*Lahdo Imad et al.*, 2013).

## **Aim of the Work**

Correlation between serum levels of Neopetrin as a systemic inflammatory marker to different stages of liver cirrhosis.

## Chapter (1)

## LIVER CIRRHOSIS







#### Introduction:

The word cirrhosis comes from the Greek word kirrhos, which means orange Yellow (Steingerður Anna, 2008).

The definition of cirrhosis remains morphological, described by a working party for WHO in 1978 as: "a diffuse process characterized by fibrosis and the conversion of normal liver architectures into structurally abnormal nodules" (Steingerður Anna, 2008), but It is defined histologically as development of regenerative nodules surrounded by fibrous bands in response to chronic liver injury, that leads to portal hypertension and end stage liver disease (Sherlock et al., 2002). And also it can be known by three main characteristics: