

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

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بالرسالة صفحات لم ترد بالاصل

HBV DNA BY QUALITATIVE AND QUANTITATIVE PCR MEASUREMENT IN CASE OF CHRONIC LIVER DISEASE AND HEPATOCELLULAR CARCINOMA

Thesis

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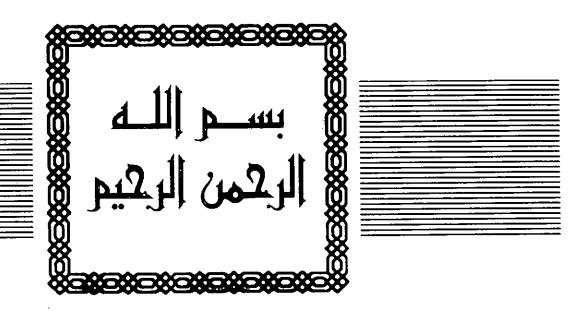
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فالوا مبحانك لا علم لنا إلا ما علمننا إنك أنك العليم الحكيم

صدق الله العظيم (٣٢/ اليقرة) My parents. My beloved wife and daughter: Mai

LIST OF ABBREVIATIONS

3SR Self sustained sequence replication

AFP Alpha fetoprotein

ALP Alkaline phosphatase

ALT Alanine aminotransferase

Anti-HBe Hepatitis B e antibody

AST Aspartate aminotransferase.

GGT Gamma glutamyl transferase.

HBcAb Hepatitis B core antibodies

HBcAg Hepatitis B core antigen

HBeAg Hepatitis B e antigen

HBsAb Hepatitis B surface antibody

HBsAg Hepatitis B surface antigen

HBV DNA PCR Hepatitis B virus deoxyribonucleic acid by

polymerase chain reaction.

HBV Hepatitis B virus

HBV-DNA Hepatitis B virus deoxyribonucleic acid

HCC Hepatocellular carcinoma

PHCC Primary hepatocellular carcinoma

SGOT Serum glutamic oxaloacetic transaminase

SGPT Serum glutamic pyruvic transamise

UDP Uridine diphosphoglucuronate

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INTRODUCTION	

INTRODUCTION

The hepatitis B virus (HBV), which was discovered in 1966, infects more than 350 million people worldwide (Purcell, 1993).

More than 250 million people throughout the world are estimated to be chronically infected with the hepatitis B virus which is the primary source of chronic hepatitis and liver cirrhosis in endemic areas (Beasley et al., 1981).

Chronic hepatitis B infection results in a spectrum of disease entities ranging from the most severe form of chronic active hepatitis to the asymptomatic carrier state (Hoofnagle et al., 1987).

The presence of hepatitis B virus surface antigen (HBsAg) in serum or plasma indicates hepatitis B virus (HBV) infection, but the detection of HBsAg does not provide information on the replicative activity of the virus. Traditionally, the secretory version of the HBV core protein, the e antigen (HBeAg) serves as a marker for active viral replication. In the treatment of chronic hepatitis B, the presence or absence of HBeAg is assumed to represent a high

or low replicative state of HBV respectively. However, precore mutant HBVs which do not produce HBeAg, irrespective of their rate of replication have been described (Carman and Thomas, 1992).

Hepatocellular carcinoma (HCC) is one of the most common cancers in the world, and HBsAg seropositive carriers have an up to 200-fold greater risk for developing HCC than non-carriers. Epidemiological studies have demonstrated that hepatitis B virus (HBV) infection is strongly correlated with the development of HCC (Tetsuro Urashima et al., 1997).

In chronic hepatitis B virus (HBV) infection, the replicative phase is identified by the presence of hepatitis B e antigen (HBeAg) in serum, while seroconversion to the homologous antibody (anti-HBe) is generally assumed to indicate transition to inactive infection. However, a number of anti-HBe positive patients have continuing activity of liver disease which have been related to persistent HBV replication when a positive HBV-DNA serum test is obtained (Hadziyannis et al., 1983 and Fattovich et al., 1988).

Loss of hepatitis B surface antigen (HBsAg) with appearance of antibodies to HBsAg (HBsAb) is generally

associated with a remission of chronic hepatitis B, accompanied by the normalization of serum aminotransferases levels and improvement of liver histologic lesion (Perillo and Brunt, 1991).

However, several studies have shown the persistence of hepatitis B virus (HBV) DNA sequences in the liver and serum in patients with chronic hepatitis B after loss of HBsAg (Marcellin et al., 1990).