بسم الله الرحمن الرحيم

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تم رفع هذه الرسالة بواسطة / سامية زكى يوسف

بقسم التوثيق الإلكتروني بمركز الشبكات وتكنولوجيا المعلومات دون أدنى مسئولية عن محتوى هذه الرسالة.

ملاحظات: لا يوجد

Serum Ferritin and cellular reactive protein (CRP) in non alcoholic Fatty liver disease(NAFLD) and non alcoholic steatohepatitis(NASH) patients

Thesis

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By

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Mai Abou Elkheir Dabiesh

List of Contents

List of Abbreviations

Abb.	Full-term
AST	Aminotransferase, Aspartate
BMI	Body Mass Index
CBC	Complete Blood Count
CCL-2	CC-Chemokine Ligand 2
CRP	Cellular Reactive Protein
ELF	Enhanced Liver Fibrosis
H.S	Highly Significant
HA	Hyaluronic Acid
HOMA-IR	Homeostasis Model Assessment of Insulin Resistance
IL-6	Interleukin-6
LDL	Low Density Lipoprotein
N.S	Non-Significant
NAFLD	Nonalcoholic Fatty Liver Disease
NASH	Non Alcoholic Steatohepatitis
SF	Serum Ferritin
Sig	Significant
SPSS	Statistical Package for Social Sciences
TNF-α	Tumor Necrosis Factor Alpha
U.S	United States
U/S	Ultrasound
VLDL	Very Low Density Lipoprotein

List of Tables

List of Tables (Continued)

List of Tables (Continued)

List of Figures

List of Figures (Continued)

List of Figures

List of Figures

INTRODUCTION

Nonalcoholic fatty liver disease (NAFLD) is now recognized as the most common cause of liver disease and may be present in up to 20% of the U.S. population.

Serum ferritin (SF) levels are commonly elevated in patients with nonalcoholic fatty liver disease (NAFLD) because of systemic inflammation, increased iron stores, or both.

However, ferritin is also an acute-phase protein and can also be induced in the setting of systemic inflammation[1].

Expression of ferritin, the primary tissue iron-storage protein in the liver, where most extra body iron is stored, is induced in primary or secondary iron overload disorders, resulting in increased hepatic and circulating ferritin levels[2].

Serum ferritin is an important inflammatory disease marker, as it is mainly a leakage product from damaged cells[3].

Recent data suggests that excess iron induces vascular damage by increasing levels of the hormone hepcidin, which would determine iron trapping into macrophages, oxidative stress, and promotion of transformation into foam cells.

Elevation of serum ferritin may occur in hereditary hemochromatosis, inflammation, liver disease caused by hepatitis B and C virus, and alcoholic liver disease[4].

Serum ferritin is a discriminant marker for both fibrosis and inflammation in histologically proven non-alcoholic fatty liver disease patients[5].

Aim of the Study

To study the relation between serum ferritin and CRP levels and severity of non-alcoholic fatty liver disease NAFLD and non-alcoholic steatohepatitis NASH.