KASR ALAINY
CAIRO UNIVERSITY . FACULTY OF MEDICINE
قسم الأمراض المتوطنة
كلية الطب – جامعة القاهرة

البحث **الثالث** : بحث مشترك منشور

Fibroscan of chronic HCV patients coinfected with schistosomiasis

Gamal Esmat [a], Aisha Elsharkawy [a,], Wafaa El Akel [a], Ahmed Fouad [a], Karem Helal [b], Mostafa Kamal Mohamed [c], Dina Attia [d], Hany Khattab [e], Wahid Doss [a,b], Sameh Labib[a]

[a] Endemic Medicine and Hepatology Department, Faculty of Medicine, Cairo University, Cairo, Egypt
[b] National Hepatology and Tropical Medicine Research Institute, Cairo, Egypt
[c] Community Medicine, Faculty of Medicine, Ain Shams University, Al Waili, Cairo Governorate, Egypt
[d] Endemic Medicine and Hepatology Department, Faculty of Medicine, Beni-Suef University, Beni-Suef, Egypt
[e] Pathology Department, Faculty of Medicine, Cairo University, Cairo, Egypt

Arab Journal of Gastroenterology 14 (2013) 109 – 112

A b s t r a c t

Background and study aims: Both hepatitis C virus (HCV) and schistosomiasis are highly endemic in Egypt and coinfection is frequently encountered. Such coinfection is responsible for leading to a more severe liver disease. Hence, the aim of the study was to assess the fibroscan in chronic HCV patients coinfected with Schistosoma.

Patients and methods: This study included 231 chronic HCV patients. Routine pre-treatment work-up was done including anti-schistosomal antibodies. Liver stiffness measurements using fibroscan and reference needle-liver biopsy were done. Patients were categorised into two groups: HCV patients with positive schistosomal serology and HCV patients with negative schistosomal serology.

Results: Anti-schistosomal antibody was positive in 29% of the studied population. Positive schistosomal serology status was significantly associated with the disagreement between the results of liver biopsy (Metavir) and the fibroscan results (p value = 0.02), which was more obvious in F2 and F3 fibrosis stages. The sensitivity of fibroscan for the detection of the F2 stage decreased from 64% among negative schistosomal serology patients to 30.8% among positive schistosomal serology patients, and for the F3 stage it decreased from 43.8% to 21.4%, respectively. Multivariate logistic regression showed that fibrosis stages (F0–F1 and F4) were the most independent factors that were associated with the agreement between fibroscan and liver biopsy (odds ratio (OR) 3.4, 7.12 and p value <0.001, <0.001, respectively).

Conclusion: Although the sensitivity of fibroscan for the detection of fibrosis stages (F2 and F3) was impaired in patients with positive schistosomal serology, fibrosis stages (F0–F1 and F4) were the most independent factors associated with the agreement between fibroscan and liver biopsy.

رئيس مجلس قسم الأمراض المتوطنة **عميد كلية الطب جامعة القاهرة**

ا.د/ أيمن يسرى **ا.د/ فتحى خضير**