



Acknowledgement

*First, I do thank "**Allah**" The most Gracious, The most Merciful for granting me the power to proceed and to accomplish this work,*

*I am much obliged to **Prof. Dr. Mikhail Nasr Mikhail** Professor of Medical Microbiology and Immunology, Faculty of Medicine – Cairo University, for giving me the honor of working under his supervision and for his professional review and valuable remarks.*

*I would like to acknowledge my profound gratitude to **Prof. Dr. Ashraf El Sayed Abdel Hamied**, Professor of Medical Microbiology and Immunology, Faculty of Medicine – Cairo University, for his guidance and kind instructions through all phases of work in order to come in this form. His meticulous supervision, understanding, and patience, added considerably to my experience.*

*I would like to express my sincere appreciation to **Dr. Ahmed Mohamed Khairy**, lecturer of Endemic Medicine, Faculty of Medicine – Cairo University for his keen efforts and enthusiasm . I was lucky enough to be instructed by such a devoted & teaching figure.*

*I owe special thanks to **Prof. Dr. Heba Arnaoot**, Head of Microbiology and Immunology Department, Faculty of Medicine, Cairo University for her sincere cooperation , mindful care, and her admirable & expertise management of all aspects of our department.*

I am - and will always be- grateful to my dear husband for his endless support and encouragement , my blessed family and children , my Fidel friends and the souls of my parents to whom I dedicate this work,

Abstract

Background: Beta-2 microglobulin (B2M) is responsible for transmission of peptide antigens on the surface of cells as part of HLA complex. Normal serum levels are less than 3µg/ml. It increases in inflammatory & malignant conditions including HCV infection. **Aim:** Determining the concentration of serum B2M Levels in patients with HCV related chronic hepatitis, cirrhosis, and hepatocellular carcinoma and correlate the results with clinical parameters for disease progression. **Patients and methods:** In this analytical cross sectional study 92 participants were included in 4 equal groups :Group(1) non cirrhotic chronic HCV , Group (2):HCV related liver cirrhosis , Group(3): HCC on top of HCV, Group (4): healthy Controls. History taking, clinical examination ,routine labs ,& US were done to all patients .Group specific inclusion criteria: PCR ,Metavir score for group (1) patients . CT & AFP for Group (3) patients. B2M levels were measured in serum by ELISA. Quantitative variables presented by number and percent were compared by chi-square or Fisher's exact test. **Results:** The mean serum B2M level of Group (1) was (4.25±1.48) µg/ml., Group (2) was (7.48 ±3.04) µg/ml, Group (3) was (6.62 ±2.49) µg/ml, Group (4) was (1.62 ±0.63) µg/ml. Serum B2M levels were significantly higher in diseased than control group (p< 0.01)being significantly higher in Cirrhosis (7.48±3.04) and HCC groups (6.62±2.49) than HCV group (4.25±1.48) (p<0.01). There was a significant correlation between B2M Level and ALK , total & direct bilirubin & INR(p<0.05),and a significant inverse correlation

between B2M level and Albumin, Total proteins ,HB,WBCS values ($p < 0.05$). There was no significant correlation between B2M level and viral load or Metavir & MELD Score, tumor size or AFP ($p > 0.05$). The best cutoff for B2M was 4.55 with sensitivity 74%,& negative predictive values of 87.8% ($p \text{ value} < 0.01$) . The sensitivity of the test increased upon B2M & AFP combined estimation to 91%, Specificity to 91% and accuracy to 83%.

Conclusion: Serum B2M level is elevated in HCV chronic liver diseases and may be used as a marker of disease progression in patients with Hepatitis C related Liver Diseases.

Keywords:

- Serum B2M
- HCC
- HCV Progression
- HCV Marker.