

# SELECTED ABSTRACTS FORM NATIONAL MEDICLJOURNALS

Pages with reference to book, From 333 To 334

Fatema Jawad ( 7/4 Rimpa Plaza, M.A.Jinnah Road, Karachi. )

## **A CLINICO-PATHOLOGICAL STUDY OF VIRAL HEPATITIS. Malik, I.A., Luqman, M., Ahmad, A., Muzaffar, M., Anwar, C.M., Akhtar, M.A., Quraishi, M.S. Pak. J. Med. Res., 1987; 264-11.**

A study was conducted between 1980 and 1986 to assess the clinical features, hepatic function, seroepidemiology and morphology of Acute Viral Hepatitis. The cases were selected from the medical and paediatric wards of the Military Hospital, Rawalpindi. 363 sera belonged to the patients suffering from jaundice and 629 specimens were from healthy volunteers. 10 ml. of blood was withdrawn from each individual and transferred to a vacutainer and sera was separated. The ELISA technique was used for analysis of various markers of viral hepatitis. The sera of jaundiced patients were also tested for antibodies to cytomegalovirus and Epstein-Barr virus. 72 cases of AVH underwent needle liver biopsy which was studied histologically.

The AVH cases ranged between the ages of 18 and 70 years. 96.3% belonged to the lower socio-economic group. 91.5% had anorexia as the main complaint and nausea was present in 50.9% of the cases. The liver was enlarged in 69% patients and the highest serum bilirubin was 16.0 mg/dl. The study of seromarkers in the AVH adult cases showed 22.84% were HBsAg positive and 1gM anti-HBc positive and were suffering from Hepatitis B. 77.16% were negative for both hepatitis A and B and were labelled as NANB hepatitis. All cases were immune to hepatitis A.

59.3 percent of 'the children were diagnosed as Hepatitis A. 6.6% had Hepatitis B, 4.4% had seromarkers to both Hepatitis A and, B and 29.7% were NANB.

'The healthy volunteers were found to be 99.5% anti-HAV positive. 9.99% were carriers of HBsAg. The histopathological examination showed centrilobular liver cell necrosis and cholestasis with no specific point of differentiation in the three types of Hepatitis.

The serological markers of Hepatitis were first identified in 1973. Hepatitis A is a major problem for the children and is transmitted by the faecal-oral route. Poor sanitation is the main causative factor. Hepatitis B is found in adults of the lower socio-economic class and is transmitted via blood. The average carrier rate of HBsAg in Pakistan is 10 percent. NANB Hepatitis gives mild symptoms and is diagnosed by exclusion of the seromarkers for Hepatitis A and B.

## **SERUM GLUTAMIC PYRUVIC TRANSAMINASE (SGPT) LEVELS IN NORMAL PERSONS AND PATIENTS OF VARIOUS LIVER DISEASES. Cheema, T., Chaudhry, N.A., Chaudhry, F.M., Ahmed, M. Pak. J. Med. Res., 1987; 26:30-33.**

SGPT an enzyme found within the hepatocytes in very high concentration, was estimated in 100 normal individuals and 84 patients of liver disease in Faisalabad district. It is an established fact that in the presence of liver damage the molecules of the enzyme leak from the liver cells into the blood stream resulting in a raised SGPT level.

The 100 normal volunteers were chosen from the staff and students of Punjab Medical College, Faisalabad with ages ranging between 19 to 45 years. Patients of liver diseases were from various DHQ Hospitals, Faisalabad. SGPT or ALT was determined by the modified Reitman Frankel method. The greatest increase in SGPT. level was seen in cases of viral Hepatitis ( $P < .001$ ). Hepatic coma had  $P < 0.001$ , amoebic liver  $P < 0.001$ , cancer liver  $P < 0.05$ , obstructive jaundice  $P < 0.005$  post-hepatitis cirrhosis of liver  $P < 0.05$  and cirrhosis without past history of hepatitis  $P > 0.05$ .

It was concluded that the injury to liver cells was most marked in hepatitis. Also the SGPT levels in cases with posthepatitis cirrhosis was higher than in the patients of cirrhosis without a history of hepatitis.

**VALUES OF SERUM ENZYMES IN ACUTE VIRAL HEPATITIS. Hassan, R., Zuberi, S.J. Pak. J. Med.Res., 1987;26:44-48.**

A study was conducted to determine the pattern of serum enzymes in acute viral hepatitis. 746 patients, 514 males and 232 females, with AVH were investigated between 1973 and 1985. Clinical and biochemical findings were recorded. 60 percent of the cases underwent a Liver Biopsy by the Menghini technique. Serum enzymes were estimated by the Spectrophotometer.

Serum ALT level was normal in 19 cases and AST in 20 cases. 45 fold increase in ALT and 35 fold in AST was observed in hepatitis serum AP level was raised by 3-7 folds.

Transaminases (ALT and AST) are released in the blood stream when cells undergo necrosis in the diseased liver. Marked elevation of the two enzymes are seen just after the onset of the disease in AVH and these are the best indicators.

Elevation of serum AP is seen in intrahepatic cholestasis. Gammaglutamyl Transpeptidase and expeptidase enzyme involved in protein-metabolism, increases in AVH due to metabolic changes.

Elevation of serum glycolytic enzyme and decrease in gluconeogenic enzyme causes delayed glucose utilization and thus leads to hypergly-caemia.

**NUTRITION IN THE MANAGEMENT OF LWER DISEASE. Nizami, F., Zuberi, S.J. Pak. J. Med. Res., 1987; 26:49-57.**

Restriction of fats and animal proteins is a traditional practice in patients with liver disease. This is compensated by the body by catabolising its own stores of proteins, carbohydrates and fats. In cirrhotics this leads to excess ammonia formation and malnourished cirrhotics are more likely to develop Portosystemic Encephalopathy.

Dietary intake was evaluated in 190 cases of liver disease. 100 patients with liver cirrhosis (48 males and 52 females) and 90 cases (51 males and 39 females) with hepatitis belonging to various socio-economic groups were included in the study. The pre-existing dietary intake was recorded and a balanced diet was prescribed according to age, sex, weight, height and stage of hepatic disorder. Follow up was weekly initially and then monthly.

The pre-existing dietary intake was poor. The prescribed diet provided 20G of animal proteins cirrhotic with ascites were encouraged to take leguminous proteins because of their low sodium content and high aminoacids. Vitamins and minerals were supplemented to compensate the low storage capacity.

The result obtained was a marked improvement in the haematological and biochemical parameters as total proteins, albumin, Haemoglobin. The body weight increased in cir rhotics without ascites and decreased in those with ascites. None of the patients complained of intolerance to dietary fat. Liberal protein intake resulted in improvement in hepatic function.

It was concluded that increased caloric intake with sufficient proteins, fats alongwith vitamins and minerals resulted in improvement of the clinical picture and hepatic function.

**NEWS ITEM**

The 5th Annual Congress of the Pakistan Society of Gastroenterology and G.I. Endoscopy is being held at Karachi from **22-24 February, 1989.**

Kindly submit your abstracts by 31st Dec., 1988 and full paper by 15th Jan., 1989. Send your abstracts to Dr. S.J. Zuberi, Research Director, PMRC Research Centre, Jinnah Postgraduate Medical Centre, Karachi. Please mark Abstract for G.I. Congress on the envelope.