CONCLUSIONS

According to the current work:

- The significantly high levels of plasma D-lactate and plasma FABP in patients with HCV induced liver cirrohsis could suggest its use as a non invasive marker of gut wall integrity in patients with liver cirrhosis and portal hyper tension.
- The Significant high levels of plasma D-lactate and plasma FABP in patients with Spontaneous bacterial peritonitis (SBP) could suggest their use as a predictor markers of Spontaneous bacterial peritonitis (SBP).
- The Significant positive correlation between plasma D-lactate and plasma FABP in one hand &child pugh score on the other hand suggest their use as markers of progression of liver cirrohsis.

RECOMMENDATIONS

According to the present findings, the following recommendations could be suggested:

- Further studies are needed to explore other non invasive markers of gut wall integrity such as calprotectin, lactoferrin and elastase.
- Serial measurement of plasma D-lactate and plasma FABP could be beneficial in follow up of cases with advanced liver cirrhosis and SBP.
- Further studies are needed to verify plasma D-lactate and plasma FABP levels before and after therapeutic management of cases with Spontaneous bacterial peritonitis (SBP).
- Measurement of plasma D-lactate should be done in parallel with plasma FABP in the same setting to evaluate possible links and interactions.

REFERENCES

1. Sherlock S DJ: Hepatic Cirrhosis. In Diseases of the liver and biliary system.Volume Edited by Sherlock S DI. Milan: Blackwell Publishing; 2002, 15: 365-380

2. Pozzi M, Carugo S, Boari G, et al: Evidence of functional and structural cardiac abnormalities in cirrhotic patients with and without ascites. Hepatology 1997, 26:1131-37.

3. Liu H, Song D, Lee SS: Cirrhotic cardiomyopathy. Gastroenterol ClinBiol 2002, 26:842-47.

4. Hoeper MM, Krowka MJ, Strassburg CP: Portopulmonary hypertension and hepatopulmonary syndrome. Lancet 2004, 363:1461-8.

5. Cardenas A: Hepatorenal syndrome: a dreaded complication of end-stage liver disease. Am J Gastroenterol 2005, 100:460-7.

6. Pham PT, Pham PC, Rastogi A,etal: Review article: current management of renal dysfunction in the cirrhotic patient. Aliment Pharmacol Ther 2005, 21:949-61.

7. Chen CC, Wang SS, Jeng FS, etal: Metabolic bone disease of liver cirrhosis: is it parallel to the clinical severity of cirrhosis? J Gastroenterol Hepatol 1996, 11:417-21.

8. Monegal A, Navasa M, Guanabens N,etal: Osteoporosis and bone mineral metabolism disorders in cirrhotic patients referred for orthotopic liver transplantation. Calcif Tissue Int 1997, 60:148-54.

9. Matos C, Porayko MK,etal: Nutrition and chronic liver disease. J ClinGastroenterol 2002, 35:391-7.

10. Viggiano TR, Gostout CJ: Portal hypertensive intestinal vasculopathy: a review of the clinical, endoscopic, and histopathologic features. Am J Gastroenterol1992, 87:944-54.

11. Hosking SW: Congestive gastropathy in portal hypertension: variations in prevalence. Hepatology 1989, 10:257-8.

12. Saverymuttu SH, Corbishley CM, Maxwell JD,etal: Thickened stomach an ultrasound sign of portal hypertension. Clin Radiol 1990, 41:17-8.

13. Ginés P, Quintero E, Arroyo V, etal Compensated cirrhosis: natural history and prognostic factors. Hepatology1987; 7: 122-8.