

CONCLUSIONS

According to the current work:

- The significantly high levels of plasma D-lactate and plasma FABP in patients with HCV induced liver cirrhosis 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 cirrhosis.

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.

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