CONCLUSIONS

From the previous results we can conclude that:

1. Serum HA could be a useful non-invasive marker of liver fibrosis.
2. There was significant decrease in serum HA after IFN therapy
3. It could be considered as a cost-effective alternative to other serum markers for staging fibrosis and for determining the timing and monitoring of HCV treatment
4. Serum HA was significantly lower in HCV monoinfection patients who had compensated liver disease than those who had decompensated disease indicating marked elevation in its level in correlation with the severity of the disease.
5. Serum HA showed significant elevation in HCV/HIV patients who had liver event than those with no liver event and those who had HIV monoinfection so, HA can predict serious liver event in HCV/HIV co infected patients.
6. HA is nonspecific, so, when used in the diagnosis of hepatic fibrosis, other diseases should be ruled out.
7. When diagnosis was based on a combination of hyaluronate level, ultrasound data and liver function tests the diagnostic sensitivity for cirrhosis was much increased.
8. The combination of these approaches as first-line assessment of liver fibrosis may allow liver biopsy to be avoided in the majority of patients with chronic hepatitis C.

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