Introduction

Hepatitis C virus (HCV) infection is a major cause of chronic liver disease. Egypt is now plagued by the highest prevalence of HCV in the world, with estimates ranging from 6 to 28% and a reported average of 13.8%.**(El-Gaafary *et al.,* 2005).** An estimated 70% to 85% of infected patients are likely to develop chronic hepatitis, and up to 30% of these cases may progress to cirrhosis **(Lauer and Walker 2001).**

The finding of an abnormal level of serum transaminases may lead to the discovery of HCV infection. However, an estimated 25% of patients with chronic HCV infection have persistently normal ALT levels **(Tassopoulos, 1999).**

The association between ALT level and histologic findings is not clearly established, and the decision to initiate treatment is often based on the presence and level of fibrosis observed at liver biopsy **(Pradat *et al.,* 2002)**. In fact in some series up to 14 to 20% of patients with normal ALT have advanced cirrhosis and advanced fibrosis on liver biopsy **(Stanely *et al.,* 2002).** Around 90% of HCV carriers with persistently normal ALT have normal to mild inflammation and fibrosis on liver histology.

Liver biopsy is usually the most accurate test for assessing the severity of liver disease and its role in chronic hepatitis C has been evaluated**. (Saadeh *et al.,* 2001)** It has been shown that the grade of fibrosis and the extent of inflammatory changes on the initial biopsy can predict the likelihood of progression to cirrhosis **(Poynard *et al.,* 1997).**

Follow-up studies suggest that 30% of such carriers became candidates for antiviral therapy within 5 years **(Okanoue *et al.*, 2005).**

Liver injury in patients with persistently normal ALT may not differ from the matched controls with elevated ALT **(Puoti *et al.*, 1997).** The efficacy and safety of pegylated interferon alfa-2a and ribavirin combination therapy in patients with chronic hepatitis C and persistently normal ALT are similar to that in patients with elevated ALT. The indication for treatment of hepatitis C can be evaluated independently from baseline ALT activity **(Zeuzem *et al.*, 2004).**

In many studies it is shown that normal ALT levels do not preclude the abnormal liver histology. Therefore, the aim of this study was to assess the hepatic histologic changes in chronic HCV patients with persistently normal ALT levels.