INTRODUCTION & AIM OF THE WORK

Portal hypertension and oesophageal varices are frequent outcome of cirrhosis and other chronic diseases of the liver *(Glanz et al., 1982).* Endothelins are new peptides of vascular endothelial origin recently isolated from the cultured supernatant of porcine aorta. They are 21-amino acids polypeptides with a potent vasoconstrictor activity *(Yanagisawa and Masaki, 1989).* Circuluting levels of plasma endothelin are elevated in patients with cirrhosis *(Asbert et al., 1993, Uchihara et al., 1992).* In contrast *(Lerman et al., 1991 and Veglio et al., 1992)* have reported normal or reduced plasma levels of endothelin in cirrhotic patients. *(Gal et al., 1991)* showed that endothelin is a potent agonist in the liver and that it increases the portal venous pressure and hepatic glycogenolysis in the rats. These contradictory observations prompted us to further investigate the circulatory plasma levels of endothelin in chronic liver diseases with and without oesophageal varices (either bleeders or non-bleeders).

Also the role of endothelins in hepatorenal syndrome revealed that severe renal vasoconstriction is central in the pathogenesis of renal failure in patients with the hepatorenal syndrome. Endothelin-1 and endothelin-3 have selective potency as a renal vasoconstrictors. These properties suggest a role for endothelins in the hepatorenal syndrome. *(Moore et al., 1992).*

Aim of the work :

To assess the role of the endothelin in patients suffering from cirrhosis of various aetiology and its role in the pathogenesis of portal hypertension and in the hepatorenal syndrome.