

INTRODUCTION

Schistosomiasis and viral hepatitis are among the important major health problems in Egypt. Both diseases may occur together (El-Raziky, et al, 1979).

Hepatitis B infection is endemic in Egypt. It is Responsible for 30-60% of the hospitalized patients with acute hepatitis (Hassan, 1973; Annual Report, Agouza, Egypt, 1976, 1980; Nooman, et al, 1977; Sallam and wahdan, 1981 and El-Raziky, et al, 1985). The persistence of HBsAg after acute type B-hepatitis, in Egypt, was found to be 8.5% (EL-Raziky, et al, 1985).

Many authors found that the prevalence of HBsAg in patients with schistosomiasis increased with the advancement of the disease (Ata, et al, 1976; El-Raziky, et al, 1979; Zakaria, et al, 1979; El-Badrawy et al, 1983 and Mourad, 1983).

In general population, in Egypt, the frequencies of hepatitis B virus markers are variable depending on the sample of population whether rural or urban, age, Sex and occupation as well as the techniques used. The frequency of HBSAg Ranged Between 1.5-10%, that of anti-HBs ranged between 17-57% and that of anti HBC (infection rate) may reach up to 88%.

(Hassan, 1973, Nooman, et al, 1974; Annual Report, Agouza, Egypt, 1976, 1978; El-Alamy, et al, 1979 and Sherif, et al, 1985).

Nooman, et al, (1977) Reported that HBsAg persist for longer time after acute infection in patients with schistosomiasis. Than those without schistosomiasis. In Brazil, lyra, et al, (1976) and in Egypt, Bassily et al, (1979, 1983) in follow up studies, found that chronic hepatitis-B infection in patients with hepato splenic schistosomiasis was unusually severer than in those with hepatitis-B infection alone.

Chronic hepatitis-B should be seriously considered in every patient who presents with hepatic schistosomiasis and evidence of liver cell failure (Dunn and Kamel, 1981).

Whether there is true interaction between chronic viral hepatitis-B and schistosomiasis is an important unresolved question.