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INTRODUCTION AND AIM OF THE WORK

Diarrhea is a self-limiting disease resolving in few days *[Booth and Cutting, 1984]*.

Black et al., (1984) reported that the mean duration in their study to the various types of diarrhea was 4-5 days except shigllosis which had a duration of 7 days.

Is it reported by *Hirshhorn, (1985)* that the length of of an average uncomplicated episode of diarrhea was 3-5 days which was explained by the fact that intestinal epithelial turn over takes 3-5 days.

Persistent diarrhea refers to diarrheal episodes presumed to be caused by infectious agents that begin acutely but have a duration of at least 14 days or more *[Candy, 1984]*.

Studies from various developing counteries have shown that between 3 to 20 percent of episodes become persistent *[WHO, 1988]*.

Persistent diarrhea is an important factor to protien energy malnutrition and a substantial proportion of diarrhea associated deaths in young children in some areas of the world is associated with persistent diarrhea *[WHO, 1988]*.

In Egypt, diarrhea is a leading cause of mortality, as it is the main killer of infants after neonatal period where it represents 52% of all causes of infant deaths and 38% of deaths in pre-school children *[Kamel, 1983]*.

It is found that cell mediated immunity is important in the termination of enteric infection *[WHO, 1988]*.

Thus the aim of this work is to focus more on "T" cell dysfunction in the pathogenesis of persistent diarrhea in infants and children and to detect if "T" cell dysfunction has a role in development of persistent diarrhea or not.

Identification of "T" cell role in pathogenesis of persistent diarrahea scope our eyes on another etiological factor of persistent diarrhea.