## INTRODUCTION

Hepatitis C Virus is recognized as a major threat to global public health, an estimated 170 million people worldwide are infected, most of them chronically infected and at risk for liver cirrhosis and hepatocellular carcinoma, the national prevalence rate of HCV antibody positivity has been estimated to be between 10-13% (*Mohamed*., 2004).

Hepatitis C virus genotype 4 is the most frequent cause of chronic hepatitis C in Middle East and North Africa , in Egypt, 73 to 90% of cases of chronic hepatitis C are caused by genotype 4 , genotype 4 is the least-studied hepatitis C virus genotype and was considered a difficult to treat genotype due to the disappointing response of chronic hepatitis C genotype 4 to conventional interferon monotherapy , recent reports showed that pegylated interferon and ribavirin combination therapy markedly increased the sustained virologic response "SVR" rate to 55-70% (*Kamal et al.*, 2007).

It is unclear why infection with HCV results in chronic infection in most cases, genetic diversity of the virus and its tendency toward rapid mutation may allow HCV to constantly escape immune recognition, host factors may also be involved in the ability to spontaneously clear the virus, infection with HCV during childhood appears to be associated with a lower risk of chronic infection, approximately 50-60%, finally, there seem to be ethnic differences, with lower risk of chronicity in certain populations (*Stefan et al.*,2009).

Thirty percent of people infected with HCV spontaneously clear the virus from their system within six months, according to studies done in Egypt, the rest develop chronic hepatitis, which in about a quarter of cases leads to cirrhosis and liver failure in 20 to 30 years (*Sharaf Eldin ., et al 2008*).

Patients who failed to clear the virus three months after the onset of symptoms were considered for antiviral therapy, various factors contribute to optimal response to antiviral therapy, including genotype, baseline viral load, doses and duration of therapy, and degree of early response, genotype is often regarded as the most critical of these factors, early virologic response "EVR" at week 12 is a reliable method for prediction of SVR in patients with chronic hepatitis C genotype 4 provided that therapy was completed for at least 36 weeks (Shobokshi., et al 2003).