Results

The results of this study showed that virological responders were 160 out of 200 patients (80.5%) while 40 patients (19.5%) failed to achieve response.

From the results of our study we can conclude that:

- Baseline factors found to be independently predictive for the absence of EVR were: BMI > 30 kg/ m^2, AFP >10 ng/ml, High viraemia (PCR > 1 million IU/ml.), Diabetes mellitus, Advanced fibrosis (F3-F4) according to METAVIR score.
- There are a negative correlation between BMI and response to combined therapy and BMI could be considered as predictor of response to therapy.
- There are a negative correlation between fibrosis stage and response to combined therapy and fibrosis stage could be considered as predictor of response to therapy.
- Diabetes mellitus had a negative impact on response to combined therapy and diabetes was an independent predictor of a lack of response to treatment. However, it must be taken into consideration the limited number of enrolled diabetic patients in the study.
- There was statistically significant difference between early virological responders and non responders as regarding baseline serum AFP and baseline serum AFP could be used as a predictor of response to treatment.
- There was statistically significant difference in response to treatment regarding baseline viral load and could be used as a predictor of response to treatment.

- The current study couldn't demonstrate statistically any significant correlation between early virological response to treatment and any of the following: age, gender, inflammatory activity grade, abdominal ultrasound finding (hepatomegaly & splenomegaly), liver profile (serum AST, ALT, total bilirubin, albumin, alkaline hosphatase), type of pegylated interferon, CBC parameters (HB, WBCS, Platelet).

- BMI but not body weight should be considered when advising an individual with chronic hepatitis C of the likelihood of a sustained viral response following a course of antiviral treatment