<u>Summary</u>

-The current study was a prospective study conducted on 256 treated naïve patients with chronic hepatitis c whom were eligible for the inclusion and exclusion criteria and whom were attending the outpatient clinic of Hepatology, Gastroenterology and Infectious Disease Department at Benha University Hospital and Agouza Police Hospital during the period between May 2010 and April 2012.

-Complete biochemical and virological studies were performed in addition to abdominal ultrasonography and Liver biopsy in all patients. Fasting blood sugar and oral glucose tolerance test (OGTT) were performed in (0,12,24,36,48 weeks) and during follow up period (12,24,48 weeks after the end of treatment) .

-All patients were classified into two groups:

▪ Group 1 included 116 patients with DM proved by blood glucose level: fasting plasma glucose ≥ 126 mg/dl or 2h OGTT $\geq$ 200mg/dl .

- Group 2 included 140 patients with normal blood glucose level (fasting blood sugar ＜100mg/dl or 2h OGTT＜140 mg/dl).

-The SVR rate was lower in diabetic patients than normoglyceamic patients [47/116(40.50%) vs. 83/140(59.30%); p=0.003] . in addition, the independent variables related to SVR were steatosis (p=0.04),grade 3 fibrosis(p=0.039)and viral load(p=0.001) . During follow up of normoglyceamic patients, glucose abnormalities developed more in negative SVR than positive SVR patients[16/25(64.00%) vs.9/25(36.00%);p=0.002] , patients with positive SVR did not develop diabetes, whereas 7 cases of diabetes were detected in negative SVR .Also, it was found that advanced age(p=0.001), high BMI(p=0.001) ,and higher fibrosis score(p=0.001)were the independent variables associated with the development of glucose abnormalities.