INTRODUCTION

Large community-based studies have found a strong association between hepatitis C virus (HCV) infection and type 2 diabetes **(Mehta et al., 2000 and Wang et al., 2003).**

High prevalence of glucose abnormalities has been reported in patients with chronic hepatitis C compared with other chronic liver diseases **(Allison et al., 1994 and Lecube et al., 2004).**

Furthermore, in HCV-infected patients with chronic hepatitis and normal transaminases, higher prevalence of diabetes than that found in anti-HCV–negative patients. Therefore there is a growing evidence to support the concept that HCV infection is a risk factor for developing glucose abnormalities **(Lecube et al., 2004).**

In HCV-infected patients sustained virological response (SVR) was defined as HCV RNA negative in one single sample after 6 months of completing therapy **(Lau et al., 2000).**

Current criteria for the diagnosis of glucose abnormalities according to **American Diabetes Association 2011** are the following :

- **Diabetes mellitus (DM)** is defined as : fasting plasma glucose (FPG) ≥126 mg/dl (Fasting is defined as no caloric intake for at least 8 h) , 2-hour plasma glucose ≥200 mg/dl during an oral glucose tolerance test (OGTT) or In a patient with classic symptoms of hyperglycemia, a random plasma glucose ≥200 mg/dl .

- **Impaired glucose tolerance (IGT)** is defined as : fasting plasma glucose =100 – 125 mg/dl or 2 hour oral glucose tolerance test (OGTT) =140 -200 mg/dl.