INTRODUCTION

INTRODUCTION & Aim of the Work

Carbohydrate antigen CA 50 is a tumour marker used in the evaluation and follow up of some cancers, especially of the digestive tract *(Collazos et al., 1993)*.

CA 50 is not tumour-specific and increases in a variety of cancers *(Holmgren et al., 1984)*. *Lindholm et al., (1983)* isolated some monoclonal antibodies after immunization of mice with a colorectal carcinoma cell line, from a patient with colon adenocarcinoma. One of these, C 50 of Ig M type.

This antibody recognizes two different structures :

Sialylated lewis^a ganglioside antigen and sialylated lacto - N-tetraose.

Abnormal values of CA 50, usually with moderate levels, have been found in some cases of benign pancreatobiliary, gastrointestinal, gynaecological and hepatic diseases *(Kuusela et al., 1987)*.

The highest rates of false positive results corresponded to hepatobiliary diseases *(Collazos et al., 1993)*. There are increased serum levels in 20-90% of benign liver diseases *(Jalanko et al., 1985)* and in 34 - 69% of benign biliary diseases *(Paganuzzi et al., 1988)*.

Aim of the Work

The aim of our study is

to compare between the value of CA50 and other conventional liver function tests (AST, ALT, ALP, T. Bil , T.P and albumin) in diagnosis of liver diseases and differentiation between malignant and non-malignant liver diseases in children.