

SUMMARY

The study comprised of 48 cases with acute viral hepatitis divided into 3 groups: Group I: Included 16 patients with acute viral hepatitis and schistosomiasis treated by Praziquantel. Group II: 16 patients similar to group one but not admitted praziquantel. Group III: 16 patients with acute viral hepatitis without schistosomiasis. Routine liver function tests (SGOT, SGPT and Total Bilirubin) and HBS Ag, anti HBS and HBcAB were all measured to Banha or Mounofia fever hospitals and 3 and 6 months after when patients were recalled. It was found that hepatitis B. viral infection of high prevalence in heart of Nile Delta where the incidence in the 3 groups were 37.5%, 50% and 81% respectively. The study also showed that both schistosomal and non schistosomal patients can be equally affected by acute viral hepatitis but persistence of HBs antigenaemia after 6 months was more in former than the latter patients. It was also showed that patients with Schistosomiasis and acute viral hepatitis need a prolonged time to restore their normal liver function tests than that needed for acute viral hepatitis alone. It was also found that liver function tests in the treated group showed a slower improvement than in the nontreated one but the drop in the liver function tests for all groups 3 and 6 months after the acute illness was of statistical importance. The drug had also no significant effect on HBsAg, anti HBs and HBc AB. The study, therefore, showed that the drug may be avoided in the treatment of Schistosomiasis with acute viral hepatitis till the acute phase of hepatitis subside though it may be given in a complicated schistosomiasis.