

SUMMARY

The goal of this thesis was to study the liver histopathologic features in a selected number of cases with endemic hepatosplenomegaly in Egypt.

All cases had active shistosomiasis. Also, to determine the association of HBV infection in these patients.

This study included 20 patients (18 male and 2 female) ranging in age from 10 - 45 years. The criteria of selection were : positive stool and/or urine for schistosoma ova and the presence of hepatomegaly, splenomegaly or hepatosplenomegaly. All cases were compensated i.e. no ascitis and serum albumin more than 3 gm % , no manifestation of hepatic encephalopathy and no Jaundice or serum bilirubin above 3 mgm %. Liver biopsies for the 20 patients were done using the Manghini technique. Blood samples were tested before hand for bleeding and coagulation times, prothrombin time, plateletes count and HB_s Ag.

It was found that among 20 patients with active

schistosomiasis 70 % (14 cases) were *s. mansoni* egg passers, 15 % (3 cases) were *s. haematobium* egg passers and 15 % (3 cases) were mixed .

This shows that *s. mansoni* is more prevalent in lower Egypt than *s. haematobium*. The pathologic findings were : 55 % (11 cases) pure SHF , 15 % (3 cases) mixed SHF with other pathology, 20 % (4 cases) non schistosomal and 10 % (2 cases) were miscellaneous (one case non specific lesion and the other as normal liver tissue).

Out of 14 cases with SHF (pure and mixed) it was found that 9 cases (64 %) were *s. mansoni* egg passers, 2 cases (14 %) were *s. haematobium* egg passers and 3 cases (21 %) were mixed. These results indicate that SHF is mainly due to *s. mansoni* and rarely due to *s. haematobium* alone. This is attributed to more prevalence of *s. mansoni* infection in lower Egypt than *s. haematobium*.

Serology showed a high prevalence of HB_s Ag in the population with endemic hepatosplenomegaly (21 %) than has been reported for the Egyptian population as

a whole (3 - 6 %).

X ✓ In Summary : s. mansoni infection is still more
prevalent^a in Delta than s. haematobium , SHF is ^{mainly} ~~mainly~~
due to s. mansoni and HB_s Ag positivity is higher
(21 %) than reported for the whole population (3 -
6 %).