INTRODUCTION

It is estimated that about 2oo million people are infected with schistosoma all over the world (WHO : 1980). The disease is particularly prevalent in Egypt, with an estimated 50% of the population being suffering from the disease (Larotski and Davis, 1981). More than 50% of the eggs laid by females sch. are retained in the liver and tissues while the rest are excreted with stool and / or urine (Cheever,1976). Recently published studies examing the morbidity of schistosomiasis mansoni infection in man have established an epidemiologic relationship between the intensity of the infection and the prevalence of hepatosplenic disease (Siongok et al, 1976).

Pathological studies have also shown that severe liver disease is associated with heavy worm loads. The worm burden is highly variable, from one to many thousands, but most humans have light infection (Cheever et al, 1976 - Lehman et al, 1976). Despite these observations of relationships between worm burden and clinical disease made on large populations of infected patients, individual exceptions are common in clinical practice. The clinical disease can be seen in association with very low fecal egg counts and conversely a significant percentage of heavily infected persons do not

have organomegaly (Cheever, 1976).

Genetic factors may play role and may be related to histocompatibility antigens (Salam et al, 1979). There is also evidence for an association between hepatitis B virus and schistosomal hepatic fibrosis. It has been suggested that coexisting viral hepatitis may be an important determinant of progression of liver disease (Souidan, 1951 and Lyra et al, 1976).

AIM OF THE WORK

The Aim Of This Work is :

1- to study the defferent histopathological patterns of the liver in cases with active schistosomiasis i.e., passing eggs in stool and / or urine.

2- to detect hepatitis Bs Ag in the serum of these patients.