

## **INTRODUCTION**

Chronic hepatitis implies a continuing inflammatory process which can become irreversible. If the inflammation leads to the progressive accumulation of intrahepatic fibrous tissue, this may cause impairment of liver cell function, distortion of the hepatic architecture and ultimately cirrhosis and all its sequelae (*Mowat, 1994b*).

So chronic liver diseases are characterized by varying degree of hepatocellular necrosis and inflammation (*Desmet et al., 1994*).

Recently, names such as chronic active hepatitis, chronic persistent hepatitis or chronic lobular hepatitis are unacceptable, particularly if they are used without an added etiologic designation (*Members of The Working Group Party on Terminology of Chronic Hepatitis, 1994*).

It was shown that chronic liver diseases are present with various neuropsychiatric disorders depending on the nature and severity of the disease (*Gordon & Morgan, 1997 and Edwin et al., 1999*).

Psychiatric symptoms such as anxiety, depression, change in mood, usually occur during the course of some forms of chronic liver disease in childhood (*Mc Donald and Lake, 1995*).

So, there is profound alterations in school performance and academic progress at school in some patients with chronic liver diseases

as a result of personality or behavior changes, decline in memory functions and cognitive abilities (*Walter & Lyndon, 1997 and Gordon & Morgan, 1997*).

The severity of cognitive dysfunction reflects the severity of liver disease. Severe cognitive impairment is common in patients with advanced liver disease (*Edwin et al., 1999*).