SUMMARY AND CONCLUSION

The aim of this work is to study the incidence of HB and HC infection among multi-transfused   pediatric patients.

The study comprised of 110 multi-transfused children ,100 thalassemics (66 males, 34 females) ranged between 3-15 years with mean (11.1 ± 3.3) and 10 hemophiliacs (all are males) aged 6-14 years with mean (10.4±2.4) and 20 healthy children (15 males, 5 females) ranged 5-14 years with mean (9.6 ± 2.6), they served as control group.

All cases and control groups were subjected to full history, clinical examination and serological markers of hepatitis (HBsAg, HBsAb, HBcAb (IgG)) and HCV antibodies by ELISA technique and determination of ALT enzyme by colorimetric. Ultrasonography was done for all cases.

The results of this study as for thalassemic children showed that the incidence of hepatitis markers reactivity, the highest incidence was combined HBV + HCV infection (79 %), then HBV only (10%) then HCV antibodies only (9 %) and only 2 % had no any marker for HBV or HCV infection.

As regards for hemophiliac patients ,the hepatitis markers reactivity, the combined HBV + HCV infection was the highest (70 %), then HBV only (10%) and HCV antibodies only (10 %) and 10 %of these patients had no any marker for HBV or HCV infection.

Comparison of the level of ALT among control and multi-transfused children ,showed that among thalassemics ,the mean [45.3±39.51] and for hemophiliacs [46.7±27.95] which showed significance difference than control [8.5 ±4.01].

And by ultrasonography for all cases of thalassemic patients showed that all cases had hepatomegaly but no cirrhotic changes and 88 patients had no spleen [splenectomized] and the other 12 patients had splenomegaly.

Previous studies found that patients with history of multi-transfusion, the median time between blood transfusion and the diagnosis of cirrhosis was 24 years.

So, we concluded in our study that the more the units of blood transfusion the more numbers of patients were catching hepatitis infection [B or C or both].