Results: Among 518 liver biopsies, the most frequent histological finding was Mild Chronic Hepatitis (57.1%, n=296) followed by moderate Chronic Hepatitis (41.5%, n=215) and Severe Chronic Hepatitis was found in 7 patients (1.4%). 87.5% patients had grade 0-8 (mild chronic inflammation) according to HAI scoring system. 56.6% (n=293) patients had no fibrosis (stage 0), 42.8% (n=222) had some degree of fibrosis (stage 1-5) and 0.6% n=3 had cirrhosis (stage 6) on liver biopsy according to HAI scoring system. Among those with normal ALT 63% had mild inflammation and 37% had moderate to severe inflammation. About 54.5% of those with high ALT also had mild inflammation and 45.5% had moderate to severe inflammation.

Conclusion: Thus there was no statistically significant relationship between ALT levels and the severity of inflammation on Liver Biopsy (p value of 0.085)

PP-134  
HCV F protein, a protein correlating with HCV chronic infection  
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Objectives: Hepatitis C virus (HCV) produces a novel protein, known as F protein. F protein is encoded by an open reading frame (ORF) that overlaps the core gene in the +1 frame (core +1 ORF). In this study, we attempt to understand the biological functions of the F protein in the pathogenesis of HCV infection.

Methods: HCV F protein, a +1 frameshifting at codon 42 followed by a rephasing in the normal open reading frame at stop codon 144, from the genotype 1b are expressed in E. coli. Proteins from E. coli lysates transformed with pGEX-F and the corresponding empty vector (pGEX-4T-2) were subjected to 10% SDS-PAGE and detected using Western blotting. The presence of antibodies specific for the novel F protein was evaluated in the serum of 54% (15/28) of the HCV patients with HCV-related chronic hepatitis (41.5%, n=296) followed by moderate chronic hepatitis (41.1±7.5 y) were evaluated for grading and staging of chronic hepatitis according to Ishak scoring system and applied for immunostaining with HGF and TGF-β1. Semi-quantitative analysis of immunoreactive cells' intensity and percentage for HGF and TGF-β1 were interpreted to calculate the H-score.

Results: Liver tissue from HCV related chronic hepatitis revealed preferential distribution of HGF around sites of injury and regeneration. HGF H-score correlated significantly with the grade of activity and stage of fibrosis (p<0.05). Patients without liver steatosis had SVR in 91% (1st group – 84.2%, 2nd and 3rd group – 100%). Patients with steatosis achieved SVR in 45% (1st group – 37.5%, 2nd group – 70.6% and 3rd group – 55.6%). All patients without liver steatosis in the third group had achieved SVR, on the other hand just 26.3% patients with steatosis in the same group had achieved SVR (p<0.05).

Conclusion: The presence of hepatic steatosis is risk factor in chronic hepatitis C patients. Improvement of the results of antiviral therapy correction concerning liver steatosis is necessary, both before as well as during the treatment of viral hepatitis C.

PP-137  
The prognostic significance of hepatocyte growth factor activator in liver biopsies of Egyptian patients with HCV-related chronic hepatitis  
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Background: Hepatocyte growth factor activator (HGFA), is a pericellular activator of hepatocyte growth factor (HGF) which plays a potent role in liver repair after injury. Objectives: The aims of this study were to investigate the immunostaining of HGFA in liver tissues from patients with hepatitis C virus (HCV) infection and to correlate its expression with the grade of activity, stage of fibrosis and immunohistochemical expression of transforming growth factor beta1 (TGF-β1).

Methods: Paraffin embedded liver sections prepared from 31 biopsies of patients with HCV-related chronic hepatitis (41±7.5 y) and 20 normal healthy subjects, donors for liver transplantation (29±7.5 y) were evaluated for grading and staging of chronic hepatitis according to Ishak scoring system and applied for immunostaining with HGFA and TGF-β1. Semi-quantitative analysis of immunoreactive cells’ intensity and percentage for HGFA and TGFβ1 were interpreted to calculate the H-score.

Results: Liver tissue from HCV related chronic hepatitis revealed preferential distribution of HGFA around sites of injury and regeneration. HGFA H-score correlated significantly with the grade of activity and stage of fibrosis (p<0.01 each) and a highly statistical significant direct correlation between TGF-β1 H-score. There was a high statistically significant difference between nor-