dogs, cattle and goats were 14.10%, 23.33% and 24.41%, respectively.
Conclusions: We described a real-time PCR to detect the SFRGs rapidly and quantitatively.
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PP-056 Monoclonal antibody-based ELISA versus commercial Fast Dot-ELISA technique in the diagnosis of human schistosomiasis and fascioliasis

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Background: Diagnosis of schistosomiasis is usually based on the detection of eggs in stool and urine samples. On the other hand, diagnosis of fascioliasis is achieved by finding the fluke eggs in feces. This method has poor diagnostic efficiency when applied to individuals with low worm burden.
Methods: Two monoclonal antibodies (12D/10F) and (5F/6H) were prepared at Immunology Department, TBRI. The first was an IgM MAb prepared against *S. mansoni* adult worm tegumental antigen and the second was of IgG subclass prepared against *F. gigantica* excretory/secretory products. Both monoclonals were evaluated by comparing the detection of specific *Schistosoma* circulating antigen (SCA) in serum and urine, and *Fasciola* circulating antigen in serum (FCA) and coproantigen by using MAb sandwich ELISA versus commercially available antigen capture fast dot-ELISA.
Result: The sensitivity and specificity of SCA assay in serum and urine by MAb sandwich ELISA was 92.9% and 96% for serum and 90.5% and 94% for urine respectively, compared to 71.4% and 76% for serum and 76.2% and 64% for urine respectively using fast dot-ELISA test. The diagnostic accuracy for MAb sandwich ELISA in both serum and urine was higher 94.6% and 92.4% respectively compared to 74% and 70% by fast dot-ELISA test. The sensitivity and specificity of FCA assay in serum and stool by MAb sandwich ELISA was 97.1% and 96% for serum and 94.3% and 98% for stool respectively compared to 74.3% and 70% respectively for serum samples only using fast dot-ELISA test. The diagnostic accuracy by MAb sandwich ELISA was higher 96.5% and 96.5% for serum and stool respectively compared to 71.8% for serum only by fast dot-ELISA test.
Conclusion: The home-made MAb showed high sensitivity specificity and high diagnostic accuracy using sandwich ELISA compared to available fast dot-ELISA kits.

PP-057 Study of some biochemical indices of malignancy in ascitic fliud

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Portal hypertension and hypoalbuminaemia leads to decrease in blood volume which stimulates renin-angiotensin system leading to hyper-aldostronism and salt and water retention which triggers ascites formation. Often caused by chronic liver disease and malignancy. Cytological examination of ascitic fluid in malignancy revealed high incidence of false negative results.
Aim: Estimation of cholesterol in the ascitic fluid to differentiate between malignant and non-malignant ascites.
Subjects: 50 patients with ascites divided into:

A. The non-malignant 25 patients were diagnosed as Schistosomal hepatic fibrosis, post-hepatic cirrhosis, tuberclous peritonitis and nephrotic syndrome.
B. Malignant group: 25 patients diagnosed as hepatocellular carcinoma, liver metastasis, gall bladder cancer, anaplastic carcinoma from unknown primary, cancer colon and pancreatic carcinoma.

Methods:
- Full clinical examination
- Laboratory investigations:Complete urine & stool examination. ascitic fluid included;Test for malignant cells & Protein, Fibrinogen, glucose, Chloride, Cholesterol, Carcinoembryonic Antigen, Bilirubin, Lactic Dehydrogenase, Alkaline Phosphatase, Gamma-Glytamyl Transpeptidase and aminotransferses.

Results:
1. Ascitic fluid protein, cholesterol and Alkaline Phosphatase in the malignant group were significantly increased than the non-malignant group.
2. The ascitic fluid/serum ratios for protein and cholesterol significantly higher in malignant group than the non-malignant.
3. The diagnostic performances of ascitic fluid and ascitic fluid/serum ratio for protein & cholesterol including sensitivity, specificity, predictive value of positive & negative results and the efficiency for ascitic fluid/serum ratio for protein and cholesterol was calculated. For ascitic fluid protein, it was 54.2%, 96%, 92.9%, 68.6% & 75.5% respectively. For ascitic fluid protein ratio, it was 9.1%, 100%, 100%, 53.5% & 55.6%.
4. For ascitic fluid cholesterol all the diagnostic characteristics were 100%. For ascitic fluid/serum cholesterol ratio was 82.6%, 100%, 100%, 88.5% & 93.3%.

Conclusion: Ascitic fluid cholesterol level exceeding (100mg/dl) or ascitic fluid/serum ratio above 0.7 are highly suggestive of malignancy even in the absence of positive cytological findings. Thus Ascitic fluid cholesterol level & ascitic fluid/serum cholesterol ratio should be added to monitor malignancy.

PP-058 Importance of leukocytosis in acute appendicitis: An observational study among Asian patients

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Background: Acute appendicitis is one of the most common and frequent presentation in emergency all around the world and is one of the causes of acute abdomen especially among young people. Diagnostic tests based on radiology are of little help and confirmation is usually based on clinical history, physical examination and laboratory investigation, out of which the white blood cells (WBC) count are of prime importance. This study aim was to evaluate the validity and importance of Leukocytosis in making the diagnosis of acute appendicitis in surgical emergency among Pakistani southAsian patients.
Methods: This study was conducted at Rawalpindi Medical College Allied hospitals, Rawalpindi Pakistan from January 2009 to December 2009. A total of 200 patients presenting with right lower quadrant abdominal pain and