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HA levels were 20.45 ± 107.64 g/L, in patients group and 28.75 ± 6.32 g/L (mean \pm standard deviation) in healthy subjects.

Conclusions: Serum HA concentrations were significantly higher in patients with primary biliary cirrhosis compared with healthy controls ($P < 0.05$). It may be concluded that HA concentration may be a useful non-invasive marker for liver cirrhosis in patients with chronic hepatitis C infection.

PP-031

CORRELATION OF CHILD-PUGH SCORE AND LIDOCAINE CLEARANCE IN COMPROMISED LIVER FUNCTION

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Introduction: Compromised liver-metabolic function may remain undiagnosed for a relatively long period, due to its enormous functional reserve. Xenobiotic clearance tests are of the greatest importance, whereby lidocaine is proven to be the most appropriate in this field of laboratory diagnostics. The aim was to investigate the correlation between Child-Pugh score, regarded as "golden standard" of liver state evaluation and lidocaine clearance test in patients with disturbed liver function.

Material and methods: The study enrolled 25 patients, divided into two groups, according to Child-Pugh score: A-mildly compromised ($n=14$) and B-moderately compromised ($n=11$) liver function. Lidocaine was applied intravenously in dosage of 1 mg/kg body mass. Blood was sampled in defined intervals (0.25, 0.5 and 1.5 h). Lidocaine concentrations were determined by FPIA, on TDx, Abbott Diagnostics. Pharmacokinetic analysis and lidocaine clearance evaluation (CL) was performed by non-compartment method using software WinNonLin® (ver. 4.1; Pharsight, Mountain View, CA, USA) and statistical analysis by software SPSS® (ver. 15.0; SPSS, Inc., Chicago, IL, USA). In statistical analysis t-test was used, with significance level of $p < 0.05$.

Results: Value of CL lidocaine in group A was $43.17-104.38$ L/h, medium value 55.89 ± 16.28 L/h; in group B: $8.83-42.38$ L/h, medium value 27.92 ± 10.64

L/h. Statistically significant difference in the value of CL lidocaine was stated between two groups.

Conclusion: Our results prove good correlation between Child-Pugh score and lidocaine clearance. This finding insures proper place for lidocaine clearance in modern concepts of laboratory medicine, which give bigger advantage to dynamic tests and using scores in monitoring liver function.

PP-032

HBV SEROLOGICAL PATTERNS OD PATIENTS WITH HBV- RELATED CHRONIC LIVER DISEASES IN THE CLINIC OF GASTROENTEROLOGY

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Aim of study: Chronic hepatitis B viral infection remains a major etiological factor for chronic liver disease in our population. The aim of the study was to evaluate the serological patterns of hepatitis B viral infection in patients (pts) with various forms of chronic liver disease and possibly, the phase of viral infection.

Material and method: HBsAg positive patients were evaluated in the study. Clinical examination included biochemical investigation (liver enzymes, INR, bilirubin, serum albumin level, lipid status, HBeAg/anti HBe, anti-HBc, anti-HBc IgM, HBV DNA and anti-HCV), ultrasound examination, liver biopsy (54 cases) and upper endoscopy.

We have analyzed 134 HBsAg positive pts, divided in 5 groups, according to clinical differentiation:

1. HBsAg "healthy" carriers 32 cases
2. Chronic hepatitis – mild form 34 pts
3. Chronic active hepatitis 28 pts
4. Compensated liver cirrhosis 19 pts
5. Decompensated liver cirrhosis 21 pts

Results:

- a. Among pts presented as "healthy" HBsAg carriers (normal finding on sonography, normal ALT level and liver functional tests), the viral profile was as follows: HBeAg negative, /anti HBe positive, HBV DNA negative 19 cases, but in 13 pts positive HBV DNA as well as HBeAg were found, meaning the persistence of chronic viral infection with active viral replication immunotolerant phase of the infection.
- b. Among pts with chronic hepatitis, the major of pts showed HBeAg neg/anti HBe positive