DETECTION AND CORRELATION ANALYSIS OF SERUM CYTOKINE LEVELS IN CHRONIC HEPATITIS C VIRUS INFECTION

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INTRODUCTION

RESULTS

Hepatitis C virus (HCV) infection is identified as one of the major causes of chronic liver disease and is the leading indication for a liver transplant. It is estimated that about 58 million people are currently burdened by chronic HCV infection, with 1.5 million new infections recorded every year. Approximately 60%-80% of acute HCV infections progress to chronic HCV infection, with symptoms presenting when liver damage progresses. The pathophysiology of chronic HCV infection is unclear. However, numerous studies have suggested that the progression of chronic hepatitis C lesions is associated with an imbalance of T helper (Th) 1 and 2-that is, upregulation of intrahepatic Th1 cytokines (e.g., interleukin-12, interleukin-18, tumor necrosis factor [TNF]-a and interferon [IFN]- g) and as well as upregulation of Th2 cytokines (e.g., interleukin [IL]-4 and IL-10).

• There were statistically significant differences in the

mean serum levels of IL-10, IL-6, and TGF- β 1 in the

chronic HCV-infected patients compared to healthy

subjects (p = 0.0096, p = 0.0180, and p=0.0005,

respectively). No significant observation made in the

concentration of TNF-a has shown significant positive

correlation with the serum level of ALP (r = 0.868, p = 0.0001) and gamma glutamyl transpeptidase (GGT) (r = 0.658, p = 0.014). The serum level of TGF- β 1 also

showed a significant positive correlation with serum

• In the healthy control group, there were significant

negative correlations between the levels of IL-6 and total protein (r = -0.505, p = 0.0119) and albumin (r

= -0.617, p = 0.0013); TNF-a and the total protein (r

= -0.636, p = 0.0005), albumin (r = -0.634, p =

0.0005) and total bilirubin (r = 0.404, p = 0.0041)

the

• In the chronic HCV-infected patients,

mean serum level of TNF-a.

GGT (r = 0.714, p = 0.006).

OBJECTIVE

The aim of this study was to assess and correlate serum cytokine levels of IL-10, IL-6, TNF- α and TGF- β 1 with chronic HCV infection among Malay male subjects.

METHODOLOGY

A total of 39 adult male subjects were enrolled in this study and recruited from various health clinics in the state of Kelantan, Malaysia, from July 2019 to December 2020. Study subjects were divided into two groups: 13 patients with chronic HCV infection (HP) and 26 control subjects Blood samples were collected from each study (HS). subject by venipuncture under aseptic conditions. The blood samples were centrifuged at $1000 \times q$ for 15 min at room temperature for serum separation. The sera were aliquoted into 1.5 ml microcentrifuge tubes and stored in a freezer at -70 °C. The serum levels of the IL-10, IL-6, TNF- α were simultaneously determined using human premixed multi-analyte kits (catalog number LXSAHM) on a Luminex 200 analyzer (R&D System, Minneapolis, USA). The serum level for TGF- β 1 was determined using a Quantikine ELISA kit (R&D System, Minneapolis, USA). The sample for TGF- $\beta 1$ measurement involved pre-activation with NHCI and kept at 4 °C. to avoid measuring bio-active TGF- β 1.



*Significant difference between the groups of HCV-infected patients (HP) and healthy controls with p < 0.05

CONCLUSION

Serum levels of IL-10 and IL-6 is associated with chronic HCV infection. However, serum level of TGF- β 1 was negatively associated with chronic HCV infection and there was no significant association observed for TNF- α .



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