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Liver diseases are worldwide in distribution and a major health problem in developing countries. Over last ten years the concept of chronic liver diseases have come up incorporating chronic hepatitis at one end and cirrhosis of liver at other end of spectrum.

The liver occupies a central position in the metabolism of human body. Being the main clinical laboratory liver plays an important role in the synthesis of plasma proteins such as albumin, perhaps 80% of globulin and those required in blood clotting mechanism (Miller et al., 1954). The liver also plays an important role in the catabolism of serum proteins (Cohen & Gordon, 1959). Thus it is very much expected to have alterations in electrophoretic pattern of serum proteins in chronic liver diseases. Gray & Barron (1943) first established the clinical interpretation of electrophoretic fractions of serum proteins in hepatic disorders. Subsequently other workers have also reported changes in electrophoretic pattern of serum proteins (Feizi, 1968; Sherlock, 1968; Sunderman, 1968). In chronic liver diseases serum gamma globulin rises two or more times to normal. The
concurrent decrease of serum albumin caused due to diminished synthesis is a measure of liver damage.

The raised levels of immunoglobulins were reported in chronic liver diseases by various workers (Lee, 1965 and Doniach et al., 1968). Lo Grippo and associates (1966, 1967 and 1968) quantitated immunoglobulins levels in sera of patients who had viral hepatitis. The raised level of IgG was reported by Feizi (1968) and Lee (1965) in chronic active hepatitis and cirrhosis of liver. High levels of IgM and IgA were reported in primary biliary and alcoholic cirrhosis respectively (Paronetto and Popper, 1964, Mackelvey and Fahey, 1965; Hobbs, 1966).

The clinical and electrophoretic studies might distinguish ascites associated with cirrhosis liver from that due to neoplasm or other conditions, especially when findings in blood and ascitic fluid were compared (Rovelstad et al., 1959). Thus electrophoretic study of ascitic fluid helps in clinical diagnosis. The changes almost similar to that of serum were reported in ascitic fluid by most of the workers (Kay, 1954; Schultz & Here- mans, 1966). The immunoglobulins in ascitic fluid were reported in similar ratio as that of plasma although low in absolute concentration.
Chordirker and Tomasi (1964) reported all the immunoglobulins (IgG, IgM & IgA) in ascitic fluid. The IgG & IgA were reported in similar ratios in internal secretions as that of plasma i.e. 5 : 1.

The present work has been designed to study the electrophoretic pattern of serum and ascitic fluid proteins in cases of chronic liver diseases. The immunoglobulins levels were also estimated in serum and ascitic fluid of these patients. The changes were assessed and correlated to ascertain the diagnostic value of these changes.