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ORIGINAL PAPER

The behavior of total antioxidant status and other biochemical parameters in serum and ascitic fluid from cirrhotic patients

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Mihaela BASA[1], Radu Dumitru ROSOIU[2], Natalia ROSOIU[3], Adrian Sever RUS[4]
[1] Emergency Military Hospital Constanta, Clinical Laboratory, Romania, e-mail: mihaela_basa@yahoo.com
[2"]Ovidius" University, the Center for Educational and Professional Counseling, Constanta, Romania
[3"]Ovidius" University, Faculty of Medicine, Department of Biochemistry, Constanta, Romania; Academy of Romanian Scientists 54 Splaiul Independentei 050094, Bucharest, Romania
4 Emergency Military Hospital Constanta, Romania

Abstract:
We have included in the present study 15 patients diagnosed with decompensated CH, with ages ranging from 55 to 83 years age old.
For these patients we evaluated the level of antioxidants (TAS), of the hepatocytolytic syndrome (AST, ALT, AST/ALT, Fe), of the excreto-biliary syndrome (BT, BD, BI, ALP, GGT), of the mesenchymal inflammation (A/G), of the hepatoprive syndrome (CHE, ALB), of the lipid profile (CT, TG) and of the renal function (urea, creatinine, uric acid).
The sensitivity to the oxidative stress increases as the hepatoprive and the excreto-biliary syndromes are more clearly expressed.

Abbreviations: ALB - albumin A/G-albumin-globulin ratio, AcU-uric acid, ALB-albumin, ALP-alkaline phosphatase, ALT-alanine amino transferase, AST/ALT-de Ritis ratio, AST-Aspartate Amino Transferase, AT-aminotransferase, BD-conjugated bilirubin, BI - nonconjugated bilirubin, BT-total bilirubin, CH-cirrhotic hepatitis, CHE-cholinesterase, Crea-creatinine, CT-total cholesterol, ELFO-protein electrophoresis, Fe-iron, GGT-gamma glutamiltranspeptidase, LA-ascitic fluid, TG-triglycerides.

Key words*:* decompensate cirrhosis, LA, TAS, AST/ALT, A/G, CT, Urea, Cr, AcU.

Introduction

Chronic hepatic disorders, which cause cirrhosis, have cellular death as common and compulsory starting point.

Cirrhosis is the final stage of evolution for all the inflammatory or degenerative chronic hepatic diseases and morphologically is characterized by:

- variable destruction of hepatocyte mass through extensive necroses;
- formation of conjunctive septum;
- nodule regeneration;