

to have Maximum Uric acid levels in CTP Class C patients, as similar to present study, Prakash BC, et al. study. Out of 100 patients, 2 belonged to Class A (score=5-6), 50 belonged to Class B (score=7-9) and 68 belonged to Class C (score=10-15) are in coherence with present study, Bobi Singh M, et al. Study conducted in 66 patients, 30 patients belong to CTP class B, 20 patients in CTP Class C, 16 patients in Class A, above study is in contrast to the present study, In coherence to my study Singh Bet, et al. study observed hyperuricemia is a cause or a marker and higher uric acid level with higher CTP grading, High uric acid level in patients with CTP class C than class B and Class A [10-13].

In our study we found there is a strong Correlation between serum uric acid and CTP score in CLD patients, where there is higher CTP score with high serum uric acid levels. In coherence to my study Singh Bet, et al. (2019) study observed hyperuricemia is a cause or a marker and higher uric acid level with higher CTP grading, Rudrajit Paul, et al. demonstrated similar as in the present study that serum uric acid levels increased with high CTP class in CLD patients. Jaishree, et al. study conducted in Rajasthan, India among 150 patients found significant elevation of serum uric acid with progression of liver disease. In the Present Study the above variables serum Albumin, bilirubin, INR, SGOT and SGPT, found to be significant with a P=0.0303, 0.0435, 0.0454, 0.0068 and 0.0397 respectively, A study by Ernst Hasch, et al. demonstrated low serum albumin levels in CLD patients, these study are coherence with above study. According to Vinotha T, et al. hyperbilirubinemia associated with Hyperuricemia with P<0.001, these studies are in Coherence with above study. Siddiqui SA and Ahmad M, et al. demonstrated coagulation abnormalities were profound in CLD patients; the present study is in coherence with the above mentioned study. Anita Afzali, Noel S. Weiss, et al. demonstrated High serum SGOT levels were associated with high serum uric acid level. Shuang chen, et al. also found elevated ALT in patients with Hyperuricemia. According to Zelber-Sagi, et al. serum uric acid has significant association with elevated ALT. The above mentioned studies are in coherence with present study. Increased level of serum uric acid reflects the oxidative stress in tissues and also a marker of metabolic syndrome, both these conditions are associated with progression of chronic liver disease. Majority of studies depicted hyperuricemia patients has high CTP score and poor prognosis [14-16].

Conclusion

As we know Chronic liver disease is one of the leading causes of morbidity and mortality globally, it is necessary to develop various tools or investigations to diagnose it and predict those patients who are likely to develop various complications of CLD. In this study we evaluated CLD by measuring their serum uric acid level and correlated it with Child

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