May Ursodeoxycholic Acid Significantly Improve Liver Function Tests among Patients with Hepatitis C?

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Abstract

In their relevant study, the authors demonstrated that ursodeoxycholic acid therapy significantly improvedliver function tests either when given alone or combined with silymarin. But, silymarin itself failed to improve liver function tests. We thank to the authors for their valuable contribution. However, there are some concerns that need to be explained in a detailed manner for a better understanding of the results presented in the manuscript.

Key Words: Ursodeoxycholic acid, liver function, hepatitis C

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We have read the recent article entitled 'Study of Hepatoprotective Effect of Silymarin and Abdelaty in Chronic Hepatitis C (HCV) Patients' by El Menshawe et al. [1]. In their relevant study, the authors demonstrated that ursodeoxycholic acid therapy significantly improvedliver function tests either when given alone or combined with silymarin. But, silymarin it self failed to improve liver function tests. We thank to the authors for their valuable contribution. However, there are some concerns that need to be explained in a detailed manner for a better understanding of the results presented in the manuscript.

First of all, because of noninvasive nature of the study, small sample size is a major concern for the current research. Therefore, these findings regarding the improving effects of ursodeoxycholic acid (UDCA) therapy on liver function tests among patients with Hepatitis C may not be generalized to the broader community based on this study alone. Secondly, the precise staging of liver fibrosis is important to help establish efficacious management of HCV in each patient. Moreover, liver biopsy is known to be the gold standard in evaluation of liver fibrosisin chronic liver disease due to HCV [2]. On the other hand, liver function tests cannot display exact status of liver fibrosis in patients with hepatitis C. Thus, it would have been more useful if biopsy diagnosed patients with hepatitis C were included in the study. Thirdly, a major methodological concern also exists regarding this article. All study groups should have been sex and age matched to in order to prevent a researcher bias. Unfortunately, the study groups are not sex and age matched. Thus, precise comments regarding improving effects of UDCA on liver function tests are really questionable.

In conclusion, we believe that the findings of El Menshaweet al. will lead to further studies concerningthe improving effects of ursodeoxycholic acid and/orsilymarinon liver function tests. Additional prospective researches with larger sample sizes are required to provide more adequate data on this topic.

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