

The trihydroxy/ dehydroxy bile acid ratio could be established only in patients of cirrhosis. The ratio in 11 patients of cirrhosis with activity was  $0.35 \pm 0.29$  while in 7 patients without activity, it was  $0.23 \pm 0.34$ . The difference was however not significant.

The study revealed that neither the total serum bile acid nor the trihydroxy/ dehydroxy bile acid ratio was able to differentiate between active and non active forms of cirrhosis.

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### SERUM LIPID PROFILE IN GALLSTONE PATIENTS OF NORTHERN INDIA

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Recent studies suggest that hyperlipidemia especially type 4 may be a risk factor for the onset of Gallstone disease. We present here our findings from the study conducted among gallstone cases of North India.

135 Gallstone patients and 89 controls matched for age weight and social status were studied. Fasting blood samples were obtained and quantitatively analysed for plasma lipid and lipoprotein fractions by the method of dual precipitations. Similar studies were also conducted on gallstone patients having cholesterol and mixed stones.

Hyperlipidemia in Indian patient with gallstone was most prevalent in the age group of 31 - 40 years. In the male group - plasma cholesterol levels were found to be significantly higher in the gallstone cases. The plasma triglycerides, VLDL and IDL were significantly elevated in the male group when compared with controls.

In the female group - plasma triglyceride in the group with gallstones were significantly higher than the controls.

Hyperlipidemia type 4 was most common patients of gallstone. In the females group with gallstones, 34% were normolipidemic, 40% were HLP type 4 and 13% each were HLP type 2a and 2b respectively. In the male group with gallstone 38% were normolipidemic, 30% were HLP type 4, 24% were HLP type 2B and 8% were HLP type 2a. HLP type 4 were more significant in patients with cholesterol gallstone when compared with mixed stones.