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**Original article:**

**Serum adenosine deaminase levels in hepatic disorders**

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**Abstract:**

The diagnosis of organ disease is aided by measurement of number of nonfunctional plasma enzymes characteristic of that organ/tissue. The amount of enzymes released depends on the degree of cellular damage, the intra-cellular concentration of enzymes, and the mass of the effected tissue. The concentration of enzyme released reflects the severity of damage. Once the presence of hepatic dysfunction is recognized the pattern of laboratory test abnormalities may allow clinicians to recognize hepato cellular disorders such as viral hepatitis from cholestatic such as primary cirrhosis and bile duct obstruction. ADA activity was first noticed by Gyori and Rothler. The enzyme is widely distributed and is found in intestinal mucosa, spleen, liver, skeletal muscle, kidney, serum, lymphocytes, leukocytes, erythrocytes. Adenosine deaminase is an enzyme involved in purine metabolism and its physiological role is related to lymphocytic proliferation and differentiation. Serum adenosine immune response.

In conclusion, it is clear that ADA activity is increased in all cases of acute hepatitis and moderately increased in cases of hepatic cirrhosis, drug induced jaundice and liver tumors. There is no increase in ADA in cases of obstructive jaundice. Adenosine deminase estimation serve to diagnose the patients with infective hepatitis in the initial stages along with liver function tests and also aid in differential diagnosis of liver diseases.