

## **RECOMMENDATIONS**

At the end of the present study the following are recommended:

- 1- Expanded awareness campaigns targeting the general population should be a priority to control HIV transmission in Egypt and to educate the public about various OIs
- 2- Additional studies are needed to define the other opportunistic infections and their relation to CD4 counts.
- 3- Application of special staining techniques of the stool in all HIV patients suffering from diarrhea for diagnosis of opportunistic parasites.

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## الملخص العربي

يعتبر وباء الإيدز واحد من أكثر الأزمات الصحية تدميراً في العصر الحديث، حيث انه يدمر الأسر والمجتمعات المحلية في جميع أنحاء العالم. ويستمر عدد الأشخاص المصابين حديثاً بفيروس نقص المناعة البشرية في الانخفاض في معظم أنحاء العالم.

اشتمت الدراسة على ٥٠ مريضاً تتراوح أعمارهم بين ١٨-٦٥ عاماً تم حجزهم بمستشفى حميات الإسكندرية مصابين بفيروس نقص المناعة البشرية وذلك اعتماداً على وجود الأعراض الإكلينيكية للعدوى الانتهازية وعلى أن يكون معدل ال سي دي ٤ أقل من ٥٠٠ خلية/مم<sup>٣</sup>.

الهدف من الدراسة هو استعراض أهم الأعراض الإكلينيكية، وطرق تشخيص بعض الأمراض الانتهازية وعلاقتها بمستوى ال سي دي ٤ بين العينة التي شملتها الدراسة.

بدأت الدراسة بأخذ إقرار رسمي من مرضى العوز المناعي التي تم اجراء الدراسة عليهم بمستشفى حميات الاسكندرية باستخدام استمارة مُعدة مسبقاً بعد الحصول على موافقة المريض و موافقة وزارة الصحة و موافقة مدير المستشفى لعمل الدراسة و قد تم الحصول على المعلومات بأخذ التاريخ المرضي والفحص السريري ونتائج الفحوصات المخبرية والأشعة التشخيصية.

وقد أسفرت الدراسة أن ٤٨% من الحالات تتراوح أعمارهم من ٣٠ إلى ٤٠ سنة وان المجموعه العمرية الأقل من ٣٠ سنة سجلت أقل المعدل ١٤%، نسبة الذكور ٨٢% والإناث ١٨%. وقد حدث الإيدز في ٦٨% من الحالات

أكثر الأعراض حدوثها ارتفاع درجة الحرارة و قد سجلت في ٩٢% من الحالات يليها السعال، وفقدان الوزن، واللسان الأبيض والإسهال و أقلهم حدوثاً الطفح الجلدی، الاضطراب في مستوى الوعي و اورام على اللسان.

أظهرت نتائج صورة الدم الكاملة إصابة حوالي ٧٦% من الحالات بالأنيميا، ١٠% بنقص الصفائح الدموية، ٨% بزيادة الصفائح الدموية، ٤٠% بنقص في خلايا الدم البيضاء، ١٦% بزيادة الكريات البيض بينما العدد التفرقي لخلايا الدم البيضاء اظهرت نقص في الخلايا الليمفاوية في حوالي ٦٦% من الحالات، زيادة النيتروفيل في ٤٠% من الحالات، نقص النيتروفيل في ٢٠%، و زيادة الخلايا الوحيدة في ٤% من الحالات.

أوضحت نتائج الفحص بالموجات الصوتية إصابة ٢٤% من الحالات بتضخم الكبد، ٢% بتضخم الطحال، تضخم الطحال والكبد في ٦ حالات و غدد ليمفاوية بالبطن ٤% في حالات بينما في ٥٨% من الحالات كانت الاشعه طبيعیه.

أكثر العدوى الإنتهازية حدوثاً هو داء المبيضات الفمي البلعومي وقد سجلت في ٦٤% من الحالات ويليها الدرن الرئوي ٥٢%، السالمونيلا ٨%، كابوسي ساركوما ٦%، الاميبا ٦% وأقلهم حدوثاً الكريبتوسبورديوم ٤%، سيكلوسبورا ٤% والالتهاب الدماغى بالمقوسات وجودو في ٤%.

و قد وجدت علاقة احصائية ذات دلالة بين حدوث داء المبيضات الفمي البلعومي وال سي دي ٤ أقل من ٢٠٠ خلية/مم<sup>٣</sup> حيث وجد أن كل الحالات حدث عند سي دي ٤ أقل من ٢٠٠ خلية/مم<sup>٣</sup> بينما أظهرت الدراسة أن بعض حالات كابوسي ساركوما حدثت عند سي دي ٤ أكثر من ٢٠٠ خلية/مم<sup>٣</sup>.

قد أوضحت الدراسة أن على الرغم من أن الدرن الرئوي من الممكن حدوثه في أى مستوى من ال سي دي ٤ إلا أن هناك علاقة احصائية ذات دلالة بين حدوث الدرن الرئوي ومستوى ال سي دي ٤ أقل من ٢٠٠ خلية/مم<sup>٣</sup> وأظهرت الدراسة أيضاً أن هناك علاقة ذات دلالة إحصائية بين الدرن الرئوي ونتائج الأشعة السينية على الصدر. وكانت نتائج الأشعة السينية على الصدر كما يلي: ١٢ مريضاً (٤٦.١٥%) كانت ملامح الأشعة السينية على الصدر نموذجية (شملت الجزء العلوي من الرئتين)، و ١١ مريضاً (٤٢.٣%) لديهم ميزات غير نموذجية (الجزء الوسطى والسفلى من الرئتين، الدرن الدخني)، بينما الأقل عدد كان في ٣ مرضى (١١.٥%) كانت الاشعه السينية على الصدر طبيعیه.

قد وجد أن الإلتهاب الدماغى بالتوكسوبلازما كان نتيجة تنشيط العدوى الكامنة لا عدوى جديدة. وقد وجد أن حالات الإلتهاب الدماغى بالتوكسوبلازما حدثت عند مستوى سي دي ٤ أقل من أو يساوى ٥٠ خلية/مم<sup>٣</sup>.

أظهرت الدراسة أن معظم حالات الإسهال نتيجة لوجود الطفيليات حدثت عند سى دى ٤ أقل من ٢٠٠ خلية/مم<sup>٣</sup> بينما حالات الإسهال نتيجة البكتريا حدثت معظم الحالات عند سى دى ٤ أكثر من ٢٠٠ خلية/مم<sup>٣</sup>. وقد اوضحت الدراسة أن الميكروسبورديا هي أكثر الميكروبات شيوعا المسببة للإسهال ٥٢.٩٪ بينما لا وجود لطفيل الايزوسبور. وقد تبين من النتائج وجود علاقة احصائية ذات دلالة بين حدوث ميكروب الميكروسبورديا وال سى دى ٤ أقل من ٢٠٠ خلية/مم<sup>٣</sup> بينما أسفرت الدراسة عن وجود علاقة احصائية ذات دلالة بين حالات الإسهال نتيجة السالمونيلا وال سى دى ٤ أكثر من ٢٠٠ خلية/مم<sup>٣</sup>.

## الخلاصة

وقد خلاصنا في نهاية الدراسة إلى النتائج التالية:

- ١- أكثر العدوى الإنتهازية حدوثا هو داء المبيضات الفمى البلعوى وقد سجلت فى (٦٤%) من الحالات ويليها الدرن الرئوى (٥٢%)، ميكروسبورديا (١٨%)، السالمونيلا (٨%)، كابوسى ساركوما (٦%)، الاميبا (٦%) وأقلهم حدوثا الكريبتوسبورديوم (٤%)، سيكلوسبورا (٤%) والالتهاب الدماغى بالتوكسوبلازما (٤%).
- ٢- من أكثر النتائج أهمية هو توثيق العلاقة بين ظهور داء المبيضات الفمى البلعوى ومستوى السى دى ٤ أقل من ٢٠٠ خلية/مم<sup>٣</sup> (p=0.001).
- ٣- اثبتت الدراسة أن هناك علاقة إحصائية ذات دلالة بين حدوث الدرن الرئوى والسى دى ٤ أقل من ٢٠٠ خلية/مم<sup>٣</sup> (p<0.026) وسى دى ٤ أقل من ١٠٠ خلية/مم<sup>٣</sup> (p<0.042).
- ٤- هناك علاقة احصائية ذات دلالة بين سى دى ٤ أقل من ١٠٠ خلية/مم<sup>٣</sup> وحدث طفيل الميكروسبورديا.
- ٥- هناك علاقة احصائية ذات دلالة بين ظهور السالمونيلا وال سى دى ٤ أكثر من ٢٠٠ خلية/مم<sup>٣</sup> (p=0.022).



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المرضى المصريين المصابين بفيروس نقص المناعة المكتسبة

رسالة علمية

مقدمة لكلية الطب – جامعة الإسكندرية  
إيفاءً جزئياً لشروط الحصول على درجة

الماجستير فى طب المناطق الحارة

مقدمة من

**علا محمد عبد العظيم محمد**

بكالوريوس الطب والجراحة – جامعة الإسكندرية

كلية الطب

جامعة الإسكندرية

[٢٠١٤]



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## العلاقة بين العدوى الانتهازية وكابوسى ساركوما ومستوى سى دي ٤ فى المرضى المصريين المصابين بفيروس نقص المناعة المكتسبة

مقدمة من

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موافقون

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لجنة المناقشة والحكم على الرسالة

أ.د/ فاطمة محمد عبد العزيز

أستاذ طب المناطق الحارة

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التاريخ:

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المشرف المشارك

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