

RECOMMENDATIONS

- Better non-hepatotoxic conditioning should be considered for transplanting cases with TM
- Testing and treating HCV is better to be applied before performing the transplant for cases with TM, for better outcome, and less liability to develop SOS.
- Testing pre-transplant ferritin level is very important as it gives an impression about the outcome of the transplant.
- Assessment of clinical condition according to the Pesaro risk score and adequate transfusions/chelation regimen are the major issues to be evaluated before deciding to perform HSCT.
- HLA typing of of the entire family is advisable. HSCT from an HLA-phenotypically-identical donor is an option to be performed in expert centers.
- Young TM patients with an available HLA identical sibling should be offered HSCT as soon as possible before development of iron overload and iron-related tissue damage.
- Transplant-related risk factors should be evaluated according to the Pesaro risk score.
- Reduced toxicity regimens are under investigation and are to be used in the context of clinical trials.
- The combination of cyclosporine and methyl prednisone represents a good option for GVHD prophylaxis for HSCT for BTM.
- ATG could contribute to better prevent rejection and GVHD in the context of HSCT for BTM. These antibodies should be routinely used for GVHD prevention in non-sibling HSCT.

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الملخص العربي

تعتبر انيميا البحر الابيض المتوسط من اكثر الامراض الوراثية شيوعا في العالم وخاصة في البلاد التي تمتد على ساحل البحر الابيض المتوسط والشرق الاوسط ، وفي مصر تعتبر من اشهر اسباب الانيميا التفسيرية المزمنة لكرات الدم الحمراء (٨٥.١%). و بسبب الهجرة فهي تعتبر الان مشكلة كبيرة تنمو في عدة بلدان وبرغم من التطور الملحوظ في العلاج الطبي لامراض الدم الوراثية فان عملية زراعة النخاع العظمى لا تزال هي الحل الامثل والشافى الوحيد لها.

لقد مضت اكثر من ثلاثين عاما على اول عملية لزراعة النخاع العظمى لمثل هذه الحالات والان قد اصبحت زراعة النخاع العظمى هي العلاج المتعارف عليه لمثل هذه الحالات وهناك تقارير حديثة اثبتت ان الطرق الجديدة المستخدمة في الزراعة بالاضافة الى الاختيار السليم للمريض تؤدي الى تحسن نتائج العملية وفي نفس الوقت نسب النجاة قد تحسنت دون اجراء الزراعة كثيرا بفضل زيادة المعرفة بتبعيات تأثير زيادة نسبة ترسب الحديد وتحسن كفاءة العقارات المستخدمة للتخلص من الحديد الزائد في الجسم والتي رفعت متوسط اعمار مرضى انيميا البحر المتوسط الى العقد الرابع او الخامس من العمر في حالة خضوع هؤلاء المرضى الى برنامج علاجي سليم.

ولقد كان الهدف من هذه الدراسة هو اكتشاف العلاقة ما بين نسبة الحديد في جسم المريض قبل الزرع بالاضافة الى تأثير اصابته بالالتهاب الكبدى الفيروسي سى على نتائج عملية زرع النخاع من متبرع شقيق متطابق معه في الانسجة بواسطة استخدام الخلايا الجذعية الطرفية لمرضى انيميا البحر المتوسط.

ولقد تم جمع البيانات لهذه الدراسة من ٤٤ حالة من مرضى الثلاثيميا العظمى بعد تلقيهم خلايا جزعية طرفية وتجهيزهم للزراعة بعقارات البيوسولفان والاندوكسان و الـ ATG وذلك في الفترة من مارس ٢٠١٣ الى ابريل ٢٠١٤ بمستشفى معهد ناصر وتم متابعه الحالات الى فتره متوسطها ٩.٨ أشهر.

وتتراوح اعمار المرضى ما بين ٢ - ١٨ عام بمتوسط ٥.٦ ونسبة الذكور للاناث كانت ٢.٣٨ ، وقد كان عدد المرضى في مرتبة الخطورة الثانية ٣٦ اما في مرتبة الخطورة الثالثة فقد كانوا ٨ ، وعدد المرضى الذين يعانون من التهاب كبدى سى ١١ ، اما بالنسبة الى المرضى الذين تصل عندهم نسبة الفيريتين اعلى من ٢٠٠٠ كانوا ١٨ مريض ومن كانت تصل عندهم الى اقل من ٢٠٠٠ عددهم ٢٦ مريض. واطهرت نتائج الدراسة ان نسبة النجاة الاجماليه % ٨٦.٤ ونسبة النجاة الخالية من المرض % ٧٧ واثبتت الدراسة ان المرضى التي كانت تصل عندهم نسبة الفيريتين اقل من ٢٠٠٠ تمتعوا بنسبة نجاة اجماليه % ٩٦ مقارنة بمن هم اكثر من ٢٠٠٠ حيث كانت نسبة النجاة الاجماليه % ٧٢ وكان نسبة النجاة الخالية من المرض اعلى لنفس المجموعة من المرضى (% ٨٨) مقارنة بمن كانت نسبة الفيريتين لديهم اكثر من ٢٠٠٠ (% ٦١). ولوحظ عدم وجود فارق ذو قيمة احصائية في نسب النجاة الاجماليه ونسب النجاة خالية من المرض بين المرضى المصابين بالتهاب فيروسي سى والغير مصابين.

وبالنسبة لتأثير مرتبة بيسارو للخطورة لنسب النجاة فقد لوحظ زيادة نسب النجاة الاجماليه فيمن هم في المرتبة الثانية (% ٩١) مقارنة بالمرضى من مرتبة الخطورة الثالثة لبيسارو (% ٦٢.٥).

تأثير مستوى الفريتين و الأصابة بالالتهاب الكبدى سى ما قبل الزرع على نتائج زراعته
النخاع العظمى بواسطة الخلايا الجذعية الطرفية من متبرع شقيق متطابق تماما فى الأنسجه
لمرضى انيميا البحر المتوسط

رسالة

مقدمة إلى معهد البحوث الطبية- جامعة الإسكندرية
ايفاءا جزئيا لشروط الحصول على درجة

الدكتوراه

فى

باثولوجيا أمراض الدم

مقدمة من

جمال الدين محمد فتحى محمد

بكالوريوس الطب والجراحة - ماجستير أمراض الباطنه

كلية الطب - جامعة القاهرة

معهد البحوث الطبية

جامعة الإسكندرية

٢٠١٥

تأثير مستوى الفريتين و الأصابة بالالتهاب الكبدى سى ما قبل الزرع على نتائج زراعته
النخاع العظمى بواسطة الخلايا الجذعية الطرفيه من متبرع شقيق متطابق تماما فى الأنسجه
لمرضى انيميا البحر المتوسط

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كلية الطب - جامعة القاهرة

للحصول على درجة

الدكتوراه

فى

باطولوجيا أمراض الدم

موافقون

لجنة المناقشة والحكم على الرسالة

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أ.د. همام محمد شرشيره
أستاذ بقسم أمراض الدم
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جامعة الإسكندرية

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د. أيرينى لويس ميخائيل

مدرس بقسم أمراض الدم

معهد البحوث الطبية

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