

## **RECOMMENDATIONS**

**The following recommendations are suggested:**

- The result of this study can be considered as a pilot study, but the same study should be repeated on a larger scale to include bigger sample of patients, and we recommend doing it as multi-center study.
- We recommended a wide use of serum PCT levels in Emergency Departments to predict early bacterial infections as it has proven to be a very good marker for diagnosis and prognosis of infection.
- We recommended for all patients admitted to the hospitals with CAP, serial measurement of serum PCT to assess the prognosis.

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## المخلص العربي

يعرف الالتهاب الرئوي الحاد المجتمعي على انه العدوى الحادة المكتسبة في المجتمع، التي تتميز عن الالتهاب الرئوي المكتسب من المستشفيات. المعدل العام للالتهاب الرئوي الحاد المجتمعي في البالغين حوالي ١٦،٥-١١،٦ حالة لكل ١٠٠٠ شخص سنويا. حسابات الالتهاب الرئوي الحاد المجتمعي تشير لنحو ١.٣ مليون مريض بالمستشفيات كل عام في الولايات المتحدة الأمريكية.

متوسط مدة البقاء في المستشفى لحالات الالتهاب الرئوي الحاد المجتمعي التي تدار في الجناح ٦ أيام، إذا كان الحجز في وحدة الرعاية المركزة مطلوب، يزيد البقاء لمدة ٢٣ يوما. على الرغم من أن حالات الالتهاب الرئوي الحاد المجتمعي شائع جداً، فإنه ما زال سبب شائع للوفاة. ومن ثم، تعتبر حالات الالتهاب الرئوي الحاد المجتمعي الشديد أكبر سبب منفرد للوفيات الناجمة عن الأمراض المعدية في البلدان الصناعية.

تحديات تشخيص وعلاج الالتهاب الرئوي الحاد المجتمعي يبدو أكثر صعوبة مع تزايد حالات الإصابة، والمرضى أصبحوا من كبار السن، والكائنات الحية المسببة للأمراض تتطور. التعرف المبكر للعدوى ليس دائماً واضح والعلامات السريرية يمكن أن تكون مضللة وخاصة في المرضى الذين يعانون من عدة حالات مرضية لذلك نحتاج لدليل يدعم التشخيص والتدخل المبكر، وأن عدم التدخل يؤدي لزياده الوفيات.

وقد أدت هذه التعقيدات، للبحث عن العلامات البيولوجية أو مجموعة من المؤشرات الحيوية مع خصوصية دقيقة لتحديد فعالية المرض والمرضى في خطر التعرض لنتائج غير مرغوب فيها. من بين الجزيئات المختلفة التي اقترحت ، يبدو البروكالسيتونين واعداً جداً.

البروكالسيتونين هو جزئ السلاءف من الكالسيتونين. ويتم افرازه كجزء من استجابة المضيف لمجموعة متنوعة من الالتهابات البكتيرية. تبدأ مستويات البروكالسيتونين في الزيادة بناء على التحفيز ببطء نوعاً ما بعد ٢ ساعة والذروة في ٢٤ ساعة. هذه الاستجابة هي أسرع بكثير من البروتين التفاعلي سي ، الذي يزيد ببطء و تصل الذروة في المستويات في ٤٨ ساعة.

وكان الهدف من العمل تقييم دور البروتين التفاعلي سي والبروكالسيتونين كعاملين تنبؤيين في حالات الالتهاب الرئوي الحاد المجتمعي.

أجرينا دراسة وصفية على ٢٠ مريضاً من كلا الجنسين، الذي قدم إلى قسم الطوارئ في مستشفى جامعة الاسكندرية الرئيسية. و تم تشخيصها حالات الالتهاب الرئوي الحاد المجتمعي. تم تقسيم المرضى وفقاً لنتائج إلى مجموعتين. الناجين = المجموعة الأولى (١٤) وغير الناجين = المجموعة الثانية (٦).

وسجلت البيانات بما في ذلك الاسم والعمر والجنس، والتاريخ الطبي الماضي، والبيانات التي تم الحصول عليها من الفحص السريري. وقد تم الحصول على الفحوص المختبرية بما في ذلك العد الدم الكامل ، كيمياء الدم، ومستوى البروتين التفاعلي سي والبروكالسيتونين عند الوصول للمستشفى ، وبعد أسبوعين من العلاج.

في هذه الدراسة، كانت حالات الالتهاب الرئوي الحاد المجتمعي أكثر وضوحاً بين الذكور (٦٦.٧٪) من الإناث (٣٣.٣٪)، معظمهم من كبار السن (٥٥.٠٪ فوق ٦٥ سنة).

في هذه الدراسة، كان السعال الأكثر شيوعاً شكاوى بين المرضى الخاضعين للدراسة (١٠٠٪)، يليه الحمى وضيق التنفس، وألم في الصدر (٩٠٪، ٨٥٪، ٥٠٪ على التوالي).

المرضى الذين يعانون من حالات الالتهاب الرئوي الحاد المجتمعي يكونون في كثير من الأحيان مصابين بالأمراض التي تدفعهم للعدوى ويمكن أن يكون لها مساهمة في الوفاة. في هذه الدراسة، وجد ان داء السكري وارتفاع ضغط الدم كانت الظروف الموجودة مسبقا الأكثر شيوعا يمثل ١٢ (٦٠٪) و ١١ (٥٥.٠٪) من المرضى الخاضعين للدراسة، على التوالي.

وكشفت الدراسة أن العقيدة الرئوية كانت الأكثر شيوعا إيجابية و تمثل ١٢ مريضا (٦٠٪).

ووجدت الدراسة ضعف القيمة التنبؤية لتقييم شدة الالتهاب الرئوي للبروتين التفاعلي سي بالمقارنة والبروكالسيتونين.

وأظهرت الدراسة الحاليه، زيادة CURB-65 كانت مرتبطة مع زيادة معدلات الوفيات. وعلاوة على ذلك، وجدنا أن قرار الحجز بالمستشفى كان مرتبطا إلى حد كبير مع زيادة درجة CURB-65.

في دراستنا، وجدنا أن البروكالسيتونين هو مؤشر جيد في التنبؤ بشدة الالتهاب الرئوي. كما وجدنا أن عدم الناجين قد ارتفعت بدرجة كبيرة مستويات البروكالسيتونين مقارنة مع الناجين.

وأظهرت دراستنا أن عدم الناجين قد ارتفع بدرجة كبيرة مع زياده تركيزات البروكالسيتونين في مقارنة مع الناجين بعد اسبوعين من العلاج.

وكشفت الدراسة أن مستويات عالية من البروكالسيتونين كانت تدل على وجود المرض أكثر شدة، وانعكس هذا أكثر في معدلات الوفاة بالمستشفى. مستويات البروكالسيتونين تتنبأ بشدة ونتائج حالات الالتهاب الرئوي الحاد المجتمعي مع دقة مماثلة CURB-65، وأفضل من البروتين التفاعلي سي.



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كلية الطب  
قسم طب الطوارئ

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رسالة مقدمة

لقسم طب الطوارئ - كلية الطب - جامعة الإسكندرية  
ضمن متطلبات درجة

الماجستير

في

طب الطوارئ

من

محمد محمد سليمان محمد  
بكالوريوس الطب والجراحة، ٢٠٠٦  
كلية الطب، جامعة الإسكندرية

[٢٠١٥]



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رسالة مقدمة من

محمد محمد سليمان محمد

للحصول على درجة

الماجستير

في

طب الطوارئ

التوقيع

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