

CONCLUSION

- ➔ Serum resistin can be considered a promising marker in diagnosis of PE with an excellent diagnostic efficiency.
- ➔ Resistin can also be used in discriminating patients with mild PE from patients with severe PE, therefore it is closely related to the progress of the disease.
- ➔ Elevated serum resistin levels may represent the exaggerated insulin resistance in preeclampsia.

RECOMMENDATIONS

1.

Prospectivelongitudinalstudiesformeasuringserumresistin levelsinpregnantfemales,especiallythosetriskofpre-eclampsia,arerecommendedtoevaluateitsclinicalutilityasamarkerforpredictionofthedisease.Thiswillhelpindevelopingnovelstrategiesforearlymanagementofpre-eclampticpatients.

2.

FurtherevaluationofresistinanditsrelationshipoutertinearteryDopplerandothermaternalserummarkersisalsorecommended.

3.

Furtherstudiesareneededtoclarifytheoriginoftheelevations inresistinpatientswithpreeclampsiaandtheroleofresistinint hepato-physiologyofpreeclampsia.

4.

Futureinvestigationisneededtodeterminewhetherthedifferentgeneticexpressionofmonocytesisrelatedtocirculatingresistinconcentrationsinwomenwithpre-eclampsia.

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الملخص العربي

يعتبر مرض تسمم الحمل من أخطر الأمراض التي تسبب الوفاة للمرأة الحامل و الأطفال حديثي الولادة علي مستوي العالم، كما يؤثر هذا المرض سلباً علي جميع أجهزة الجسم.

تسمم الحمل هو أحد الأسباب الرئيسية للوفاة في الفترة المحيطة بالولادة للأمهات، و يحدث في ٦-٨ ٪ من حالات الحمل، ويسبب تسمم الحمل في الام اختلالاً وظيفياً متعددًا بما في ذلك الفشل الكلوي و الفشل الكبدي و أمراض تجلط الدم واضطرابات الجهاز العصبي المركزي، أما في الجنين فإنه قد يؤدي إلى تقليل نمو الجنين أو الولادة المبكرة أو الوفاة قبل الولادة.

وقد اثبتت الابحاث أن مجموعة الأديبوكين لها دورا هاما في حدوث تسمم الحمل من خلال دورها في حدوث إلتهابتصلب الشرايين ومقاومة الأنسولين. ولذلك فان مجموعة الأديبوكين يكون لها تأثير مباشر أو غير مباشر على وظيفة الخلايا المبطنة للاوعية الدموية في المشيمة.

يتم تعريف مقاومة الانسولين علي انه عدم قدرة كمية محددة من الانسولين علي زيادة امتصاص الجلوكوز والاستفادة منه وتتحدد علاقة توازن الجلوكوز للأنسولين بمجموعة من المعادلات الغير خطية البسيطة. يعبر عنها رياضيا بالمعادلة الاتية : الجلوكوز(صايم) × الانسولين(صايم) / ٢٢,٥.

يعتبر الرزيستين هو احد البروتينات التي تنتمي الي عائلة الاديبوكين وهو من الهرمونات الغنية بالسيستين والذي يفرز بشكل رئيسي من قبل الخلايا الدهنية للإنسان وهذا الهرمون يقلل ادخال الجلوكوز للخلايا الدهنية ويزيد تركيز الجلوكوز في البلازما وبالتالي يقلل من حساسية الأنسولين. و يفرز رزيستين من

المشيمة البشرية ويزداد مستواه في مصل الام في الثلث الثالث من الحمل ، مما يشير إلى دور المشيمة في حدوث مقاومة للأنسولين أثناء الحمل. ومع ذلك فإن التغيرات في مستوى مصل ريزستين في الحمل السكري تزال غير واضحة.

وفي محاولة لتقييم الدور الذي يلعبه الريزستين الموجود في بلازما الحوامل المصابات بمرض تسمم الحمل، فقد تم قياسه باستخدام الطريقة الإنزيمية المناعية في بلازما ستين سيدة حامل مصابة بمرض تسمم الحمل وقد تم تقسيم المرضى إلى مجموعتين، الأولى ثلاثون سيدة حامل مصابة بتسمم الحمل بدرجة بسيطة والمجموعة الثانية تتكون من ثلاثين سيدة حامل مصابة بتسمم الحمل بدرجة حادة وقد تمت مقارنة النتائج مع خمسة عشر سيدة حامل من الأصحاء وخمسة عشر من الإناث الأصحاء غير الحوامل مطابقات لمجموعة المرضى من حيث السن.

وقد أظهرت النتائج وجود زيادة ذات دلالة إحصائية كبيرة في نسبة كلا منالريزستينوعلقة توازن الجلوكوز للأنسولين في البلازما في حالات تسمم الحمل مقارنة بالحوامل الأصحاء، كذلك اظهرت النتائج ارتباط زيادة الريزستين و علاقة توازن الجلوكوز للأنسولين ارتباطاً طردياً مع شدة المرض، حيث كان مستوى الريزستين و علاقة توازن الجلوكوز للأنسولين أعلى كثيراً في الحالات الشديدة مقارنة بالحالات البسيطة. كما أثبتت النتائج وجود ارتباط إيجابي بين نسبة كلا من الريزستين و علاقة توازن الجلوكوز للأنسولينوكلا من ضغط الدم الإنبساطى و ضغط الدم الإنقباضى وذلك في الحالات المصابة بمرض تسمم الحمل.

وتبين أن أفضل قيمة للريزستين لتحديد ظهور المرض في السيدات الحوامل هي ١٠ نانوجرام/مل، فهذه القيمة لها حساسية تشخيصية تصل ٨٨% وخصوصية تشخيصية تصل إلى ٩٧% وقيمة توقع إيجابية تساوى ٩٨% وقيمة

توقع سلبية تساوى ٨٠% ، بينما افضل قيمة لعلاقة توازن الجلوكوز للأنسولين لتحديد ظهور المرض فى السيدات الحوامل هي ٢ ، فهذه القيمة لها حساسية تشخيصية تصل ٩٨% وخصوصية تشخيصية تصل إلى ٩٤% وقيمة توقع إيجابية تساوى ٩٨% وقيمة توقع سلبية تساوى ٩٦%.

وأيضاً تبين أن أفضل قيمة لتحديد شدة المرض للريزستينهي ١٧ نانوجرام/مل، فهذه القيمة لها حساسية تشخيصية تصل إلى ٩٦% وخصوصية تشخيصية تصل إلى ٧٠% وقيمة توقع إيجابية تساوى ٧٦% وقيمة توقع سلبية تساوى ٩٥%. بينما افضل قيمة لعلاقة توازن الجلوكوز للأنسولين لتحديد شدة المرض هي ٣,٧ ، فهذه القيمة لها حساسية تشخيصية تصل ٩٣% وخصوصية تشخيصية تصل إلى ٤٠% وقيمة توقع إيجابية تساوى ٦١% وقيمة توقع سلبية تساوى ٨٦%.

وعلى ذلك نستنتج أن هرمون الريزستين يعد مؤشراً معملياً جيداً من حيث الحساسية والخصوصية والكفاءة ليس فقط لتشخيص حالات تسم الحمل و لكن أيضاً لتحديد درجة شدة المرض مما يساعد فى إتباع إستراتيجيات جديدة فى علاج المرض وبالتالي خفض نسبة الوفيات بين الأطفال والأمهات.



Introduction





Aim of the Work





Review of Literature





I- Pre-eclampsia





III- Resistin





III- Insulin Resistance





Patients and Methods





Results





Discussion





Summary and Conclusion





Recommendations





Summary





References





Arabic Summary



الفائدة الإكلينيكية من هرمون الرزيسيتين في تسمم الحمل

رسالة

توطئة للحصول على درجة الماجستير
فى الباثولوجيا الإكلينيكية والكيمائية

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