

## **CONCLUSIONS**

VAC is relatively a new technique to our part of the world. It is very effective in promoting healing. It helps by reducing size of the wound and more importantly promoting granulation tissue formation. This technique is very simple to learn and practice. It is an extremely simple modality and does not require expensive equipment.

Although traditional soft tissue reconstruction is generally required to obtain adequate coverage, the use of this dressing may sometimes be enough alone.

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## ١٢٦. الملخص العربي

١٢٧. الجروح المزمنة هي أكثر شيوعاً في المرضى المسنين والذين يعانون من مشاكل صحية متعددة. مع شيخوخة السكان يتوقع زيادة في كل من حدوث وتكلفة الجروح المزمنة.
١٢٨. الجروح التي لا تتدمل تؤثر على حوالي ٣ إلى ٦ ملايين شخص في الولايات المتحدة، مع أشخاص ٦٥ عاماً فما فوق يمثل ٨٥٪ من هذه الأحداث. الجروح التي لا تتدمل نتيجة في نفقات الرعاية الصحية الهائلة، مع تكلفة إجمالية تقدر بأكثر من ٣ مليارات دولار سنوياً.
١٢٩. هناك العديد من العوامل التي يمكن أن تؤثر على التئام الجروح التي تتداخل مع واحد أو أكثر من مراحل هذه العملية، مما يؤدي إلى إصلاح غير لائق أو ضعف في الأنسجة، عموماً الجروح التي قد فشلت أن تظهر الشفاء، بما في ذلك تأخر الجروح الحادة والجروح المزمنة إلى التقدم من خلال المراحل الطبيعية للشفاء. هذه الجروح في كثير من الأحيان يدخلون في حالة من التهاب مرضية نتيجة لعملية الشفاء تأجيل، غير مكتملة، أو غير منسقة.
١٣٠. العلاج المغلق المساعد بالفراغ ينطوي على التطبيق الموحد من الضغط السلبي المستمر أو المتقطع إلى الجرح منقولا عبر الأسفنج ذات المسام المفتوحة.
١٣١. وقد نسبت الآليات التالية للعلاج المغلق المساعد بالفراغ: يخلق بيئة رطبة، ويقلل من التورم، ويزيد من تدفق الدم المحلي، ويحفز الأوعية الدموية وتشكيل النسيج الحبيبي الصحي، ويحفز تكاثر الخلايا، ويقلل من حجم وتعقيد الجرح، ويزيل مثبتات الشفاء القابلة للذوبان من الجروح، ويقلل من الحمل البكتيري.
١٣٢. والهدف من دراستنا لتقييم دور العلاج المغلق المساعد بالفراغ في إدارة الجروح المعقدة.
١٣٣. وقد أجريت الدراسة لثلاثين مريض الذين يعانون من الجروح المعقدة، في وحدة جراحة التجميل قسم الحوادث و وحدة الحروق في المستشفى الرئيسي في جامعة الاسكندرية.
١٣٤. وشملت الدراسة ١٧ من الذكور (٥٦.٧٪) و ١٣ من الإناث (٤٣.٣٪). وتراوح أعمارهم من ٣ سنوات إلى ٧٠ سنة مع ١٩ مريضاً (٦٣.٣٪) فوق ٣٠ سنة و ١١ مريضاً (٣٦.٧٪) أقل من ٣٠ عاماً. وكان متوسط العمر ٣٨ عاماً.
١٣٥. وتعرض جميع المرضى إلى أخذ التاريخ الكامل والفحص الكامل، الفحوصات المخبرية الروتينية والموافقة المستنيرة المكتوبة قبل تطبيق العلاج المغلق المساعد بالفراغ.
١٣٦. وكشفت نتائج الدراسة الحالية أن من بين ٣٠ مريضاً، كان السبب الأكثر شيوعاً الصدمات، مع وجود ١٣ مريضاً نتيجة حوادث مرور، و وجود ظروف طبية مرتبطة مع المرضى. مع المرض الأكثر شيوعاً هو مرض السكري. وكان الموقع التشريحي الأكثر شيوعاً للجروح الطرف السفلي، مع وجود ٨ مرضى يعانون من جروح في الساق و ٨ مرضى في القدم. أطول قطر للجروح تراوح بين ٣ سم إلى ٤٤ سم مع متوسط القطر ٢٠.٣ سم. وتراوح الانخفاض في حجم الجرح من ١٠٪ إلى الشفاء التام مع متوسط انخفاض ٤٣.٦٪. وتراوح عدد غيارات العلاج المغلق المساعد بالفراغ من ٤ غيارات إلى ٨ غيارات مع متوسط عدد ٧ غيارات. اتخذت مدة هذه الغيارات من ٢ إلى ٨ أسابيع مع متوسط مدة ٣.٥ أسابيع. من بين ٣٠ مريضاً مع غيارات العلاج المغلق المساعد بالفراغ، ٢١ حالة (٧٠٪) خضعت إلى ترقيع جلدي و أظهرت ٦ حالات (٢٠٪) الشفاء العفوي، في حين خضعت حالتين (٦.٧٪) إلى شريحة جلدية وأغلقت حالة واحدة مباشرة.



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## تقييم علاج الجروح المعقدة بواسطة الفراغ المساعد للغلق: دراسته مستقبلية

رسالة مقدمة

لقسم الجراحة - كلية الطب - جامعة الإسكندرية  
ضمن متطلبات درجة

الماجستير

فى

الجراحة

من

محمد فاروق خليل المغربى  
بكالوريوس الطب والجراحة، ٢٠٠٨  
كلية الطب، جامعة الإسكندرية

[٢٠١٥]



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رسالة مقدمة من

محمد فاروق خليل المغربي

للحصول على درجة

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فى

الجراحة

التوقيع

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لجنة المناقشة والحكم على الرسالة

أ.د/ أحمد على خشبة

أستاذ جراحة التجميل والاصلاح

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قسم الجراحة

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جامعة الإسكندرية

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التاريخ

## لجنة الإشراف

موافقون

أ.د/ رؤوف مصطفى جمعة

أستاذ جراحة التجميل والاصلاح  
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أ.د/ ناصر أحمد غزلان

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أ.م.د/ حسام يحيى الكفراوى

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