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المخلص العربي

منذ أوائل ١٩٨٠، عندما أدخل منظار الكلي و منظار الحالب لتفتيت و استخراج الحصوات، و مع استحداث تقنية تفتيت الحصوات بواسطة الموجات التصادمية من خارج الجسم، حلت هذه الإجراءات محل العمليات الجراحية المفتوحة في المرضى البالغين.

وقد تم هذا التقدم التكنولوجي بصورة سريعة و كبيرة في المرضى البالغين بينما تم تطبيقه متأخرا على الأطفال، و ذلك في المقام الأول بسبب القيود التقنية المرتبطة بعدم توافر المناظير و الادوات التي تتناسب و صغر حجم المريض، وثانيا بسبب ندرة حالات حصوات المسالك البولية في الأطفال.

و تعد حصوات المسالك البولية في مرحلة الطفولة أمر نادر الحدوث في العالم المتقدم، وهو ما يمثل ١٪ الى ٥٪ من جميع حصوات المسالك البولية بينما تمثل حالات حصوات المسالك البولية في الأطفال في البلدان النامية نسبة قد تصل الي ٣٠٪ من جميع حصوات المسالك البولية و على الرغم من أن الإحصاءات الدقيقة غير متوفرة من البلدان النامية، تعد حصوات المسالك البولية في الأطفال أكثر شيوعا مما هي عليه في البلدان الصناعية.

و قد قمنا في هذه الدراسة، بتقييم مستقبلي لتجربتنا في علاج الحصوات باستخدام الطرق الأقل تداخلا في الأطفال الذين تم علاجهم بقسم جراحة المسالك البولية، جامعة الإسكندرية، حيث تم تقسيم المرضى إلى مجموعتان خضعوا لتفتيت و استخراج حصوات المسالك البولية و ذلك باستخدام منظار الكلي او منظار الحالب لتفتيت و استخراج الحصوات، هذه بالإضافة لاستخدام التفتيت بواسطة الموجات التصادمية.

و تم علاج ١٧ طفلا (٢١ وحدة الكلي) بمنظار الحالب المرن، وقد تمت بنجاح تماما في جلسة واحدة في ١٥ حالة (٧١.٤٪). و قد تم إجراء منظار الحالب دون توسيع الحالب في جميع الحالات. وتعرض اثنان من المرضى لارتفاع حرارة خفيفة إلى معتدلة بعد المنظار الجراحي.

وخضع واحد وعشرين طفلا (٢٢ وحدة الكلي) إلى منظار الكلي. وقد تمت بنجاح تام بمعدل ٩٥.٥٪ من الحالات، مع نسبة المضاعفات ٤١٪، بما في ذلك نزيف في ١٣٪، حمى معتدلة في ١٨٪..

وقد أظهرت نتائج هذه الدراسة أن استخدام الطرق الأقل تداخلا في الأطفال هو وسيلة آمنة وفعالة لعلاج حصوات المسالك البولية حيث أنه يقلل من معدلات الاعتلال والبقاء في المستشفى، كما تبين من إجراء هذه الدراسة ان الحصوات في اغلبها كانت مكونة من اوكسالات الكالسيوم في غالبية الأطفال ، وكان أزيد نسبة الكالسيوم في البول هو عامل الخطر الأكثر شيوعا في المجموعة البحثية.



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عن طريق الجلد مقابل المنظار الصاعد عن طريق الحالب في حالات الأطفال
ذوى الحصوات الكبيرة والمتعددة

رسالة مقدمة

لقسم جراحة المسالك البولية و التناسلية - كلية الطب - جامعة الإسكندرية
ضمن متطلبات درجة

الدكتوراه

فى

جراحة المسالك البولية و التناسلية

من

كريم سعد محمد سعد

بكالوريوس الطب والجراحة، ٢٠٠٢
ماجستير جراحة المسالك البولية، جامعة الإسكندرية - ٢٠٠٩
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رسالة مقدمة من

كريم سعد محمد سعد

للحصول على درجة

الدكتوراه

فى

جراحة المسالك البولية و التناسلية

التوقيع

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لجنة المناقشة والحكم على الرسالة

أ.د/ عصام مرزوق

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