

RECOMMENDATIONS

According to this study, the following recommendations could be suggested:

1. Further studies should be done to clarify the efficacy of serum HA in determining the severity of liver fibrosis using larger sample size to be able to detect cut off values for HA in diagnosing liver fibrosis.
2. Further studies are required to estimate the role of serum HA in estimating response to the current HCV treatment lines.
3. The studies will be conducted to evaluate the changes in HA level in response to treatment should be before and after study rather than two different groups study.
4. Further studies are required to evaluate HA in other causes of liver fibrosis as HBV, NASH and in patients with HBV/HIV co infection.

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المخلص العربي

إن فيروس التهاب الكبد سي هو السبب الرئيسي لمرض الكبد المزمن ، حيث أن حوالي ١٧٠ مليون شخص حول العالم مصابون بشكل مزمن بفيروس التهاب الكبد سي وتعد مصر هي أكثر الدول شيوعاً في الإصابة بالفيروس حيث تصل معدلات الإصابة إلى ١٥-٢٠% من إجمالي السكان . يعد التهاب الكبد المزمن سي أحد الأسباب الرئيسية لتليف الكبد، سرطان الكبد و أمراض الكبد ذات المرحلة المتقدمة و غالباً ما تكون العدوى بدون أعراض، ولكن العدوى المزمنة من الممكن أن تؤدي إلى تندب الكبد انتهاءً إلى تليف الكبد، الذي يكون واضحاً بعد سنوات عديدة.

كان الانترفيرون مع أقراص الريبافيرين هو العلاج المعتمد من قبل إدارة الأغذية و العقاقير حتى وقت قريب مضي لعلاج فيروس سي. حديثاً أدى ظهور فئة جديدة من العقاقير التي تعمل علي الفيروس بشكل مباشر إلي حدوث تطور ثوري في علاج التهاب الكبد الفيروسي سي.

فيروس نقص المناعة البشرية هو عضو من عائلة الفيروسات الارتجاعية، بسبب متلازمة نقص المناعة المكتسب (الإيدز) في الإنسان. و تتميز هذه المتلازمة بفشل تقديمي في الجهاز المناعي مما يسمح بحدوث العدوى بالأمراض الانتهازية المهددة للحياة. ويعرف أن تزامن العدوى بفيروس التهاب الكبد سي وفيروس نقص المناعة البشرية شائع الحدوث في الفئات الأكثر عرضة وذلك بسبب الطرق المشتركة لانتقال العدوى.

إن التقدم في علاج فيروس نقص المناعة المكتسبة أدى إلي أن تليف الكبد و أمراض الكبد المتقدمة أصبحت السبب الرئيسي للوفاة في المرضى المصابين بفيروس نقص المناعة البشرية.

كما انه من المعروف أن التقدم في مرض الكبد وصولاً إلي مرحلة الفشل الكبد المتقدم عادة ما يستغرق فترة زمنية تتراوح بين ٢٠- ٣٠ عاماً في عدوي أحادية فيروس سي ولكن تزامن العدوى مع فيروس نقص المناعة البشرية يؤدي إلي تسارع هذا التقدم.

التليف الكبد هو عملية التنام الجروح رداً على الإصابات الحادة أو المزمنة بالخلايا الكبدية حيث يؤدي التهاب الكبد المزمن إلي تليف الكبد وحدث خلل قد يكون خطيراً بوظائف الكبد.

تقليدياً يعد التشخيص بواسطة العينة الكبدية هو المعيار الذهبي الذي يمكن من خلاله تقييم تطور التليف ولكنه إجراء اختراقي يحمل العديد من المضاعفات، وبالتالي فإن تحديد دلالات بديلة لتليف الكبد قد يكون مفيداً للحد من عدد عينات الكبد للمرضى المصابين بالتهاب الكبد.

حمض الهيالورونيك يتم تصنيعه في الكبد عن طريق الخلايا الكبدية النجمية ويتم التخلص منه عن طريق الخلايا الغشائية الجيبية ويزداد حمض الهيالورونيك بالدم مباشرة مع تطور مرض الكبد المزمن

تهدف هذه الدراسة الي دراسة حمض الهيالورونيك في المصل كعلامة لتقييم درجة التليف و التنبؤ بأحداث خطيرة في المرضى المصابين بعدوي أحادية فيروس سي والعدوى المشتركة مع فيروس نقص المناعة البشرية ودراسة التغير في مستوي حمض الهيالورونيك في المصل قبل وبعد استخدام الانترفيرون في المرضى المصابين بفيروس سي.

وقد أجريت هذه الدراسة علي أربعة وثمانين مريضاً تم تقسيمهم إلي ثلاث مجموعات رئيسية، المجموعة الأولى هي مجموعة العلاج بالانترفيرون وتنقسم إلي مجموعة ما قبل العلاج ومجموعة ما بعد العلاج. أما المجموعة الثانية هي مجموعة مرضي التهاب الكبد سي المزمن وتنقسم إلي مجموعة المرضى الذين لديهم مرض كبد متكافئ ومجموعة المرضى بمرض كبد غير متكافئ أما المجموعة الثالثة فتشتمل علي مرضي فيروس سي المزمن المتزامن مع فيروس نقص المناعة البشرية وتنقسم الي مجموعة لديها مرض بالكبد و أخرى ليس لديها أية أمراض بالكبد ومجموعة ثالثة من مرضي فيروس نقص المناعة البشرية كمجموعة حاكمة حيث تتكون كل مجموعة من ١٢ مريضاً.

وقد خضع جميع المرضى لما يلي بعد اخذ موافقتهم المستنيرة:-

١. التاريخ المرضي الدقيق والفحص السريري الشامل

٢. التحاليل المعملية وتشمل:

- تحاليل روتينية : صورة دم كاملة،سكر صائم،بولينا وكريا تنين بالدم
- وظائف الكبد والتي تشمل إنزيمات الكبد والزرال والبيليروبين والبروثرومبين والفسفاتيز القاعدي
- دلالات فيروسية: الأجسام المضادة لفيروس سي ، الانتيجن السطحي لفيروس بي و الحمض النووي بالتفاعل التسلسلي لإنزيم بلمرة الحامض النووي لفيروس سي
- تشخيص فيروس نقص المناعة البشرية بواسطة الاليزا و ويسترن بلوت.
- المرضي الذين خضعوا لعلاج الانترفيرون تم إجراء الفحوص الآتية لهم : الهرمون المحفز للغدة الدرقية، ألفا فيتو بروتين ، الأجسام المضادة للبلهارسيا ، الأجسام النووية المضادة و فحص العينة الكبدية.

٣. فحص البطن بالموجات فوق الصوتية

٤. قياس مستوى حمض الهيالورونيك في المصل باستخدام فحص الإليزا.

و قد تم استبعاد المرضي الذين لديهم تليف كبدي نتيجة اية امراض اخري والمرضي المصابين بامراض شديدة و الذين يعانون من أمراض تؤثر علي مستوى حمض الهيالورونيك مثل إلتهاب المفاصل الروماتويدي وإلتهاب المفاصل و تصلب الشرايين العام المُترقي، الذئبة الحمامية العامة وتصلب الجلد والأمراض الخبيثة والإناث الحوامل.

وتم الحصول على النتائج وجدولتها وتحليلها إحصائياً:-

- حمض الهيالورونيك سجل اختلافا إحصائيا واضحا في كل المجموعات التي تم دراستها وتم تسجيل اعلي مستوي في مرضي فيروس سي الذين لديهم مرض كبدي غير متكافئ بمتوسط ٤٨.٣٣ انانو جرام/مل يليه مرضي فيروس سي المزمّن المتزامن مع فيروس نقص المناعة البشري ولديهم مرض بالكبد بمتوسط ٥٨.٥٩ ثم مرضي الإلتهاب الكبدي سي المزمّن ولديهم مرض كبدي متكافئ بمتوسط ٤٨.٩٤ و مرضي فيروس سي قبل استخدام علاج الانترفيرون بمتوسط ٤٤.١٢.
 - كان هناك تناسبا ايجابيا طرديا بين مستوي حمض الهيالورونيك ودرجة تليف الكبد التي كشف عنها بواسطة عينة الكبد في مجموعة العلاج بالانترفيرون.
 - بمناظرة وظائف الكبد تلاحظ وجود تناسب طردي ولكن غير مؤثر بين حمض الهيالورونيك ومستوي الانين ترانسفيراز في كل المجموعات. أيضا وجد تناسبا طرديا بين حمض الهيالورونيك وكل من إنزيم الاسبرتات ترانسفيراز و البيليروبين الكلي و المباشر وعلي خلاف ذلك وجد تناسبا عكسيا قويا بين حمض الهيالورونيك وكلا من مستوي الالبومين و نشاط البروثرومبين.
 - بمناظرة نتائج فحص الموجات الصوتية تلاحظ وجود توافق بين هذه النتائج ونتائج فحص العينة الكبدية بالمجموعة الأولى ووجود تناسبا طرديا بينها وبين حمض الهيالورونيك في كل المجموعات الخاضعة للدراسة.
- وبناء علي النتائج السابقة يمكن استخلاص ان حمض الهيالورونيك يمكن ان يستخدم كعلامة غير اختراقية لدرجة التليف بالكبد يمكن الاعتماد عليه لاتخاذ القرارات المتعلقة بالعلاج و رصد الاستجابة له ، كما انه يوجد علاقة طردية بينه وبين شدة المرض في المرضي المصابين بفيروس سي المزمّن ويمكنه التنبؤ بالأحداث الخطيرة بالكبد في عدوي فيروس سي المتزامن مع فيروس نقص المناعة البشرية.



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الالتهاب الكبدي الفيروسي سي المزمن

رسالة مقدمة

لقسم طب المناطق الحارة - كلية الطب - جامعة الإسكندرية
ضمن متطلبات درجة

الماجستير

في

الماجستير في طب المناطق الحارة

مقدمة من

سلوى محمد علي الحوفى

بكالوريوس الطب والجراحة، ٢٠٠٥
كلية الطب، جامعة الإسكندرية

٢٠١٥



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رسالة مقدمة من

سلوى محمد علي الحوفى

للحصول على درجة

الماجستير

فى

طب المناطق الحارة

التوقيع

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لجنة المناقشة والحكم على الرسالة

أ.د/ على محمود القاضى
أستاذ طب المناطق الحارة
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