

RECOMMENDATIONS

- 1- Chest ultrasound should be accepted to come as a reasonable bedside gold standard especially for critically ill difficult to transfer patients as an accurate, reliable, low cost, and radiation free tool to differentiate the main potential pulmonary diagnoses.
- 2- Planned training programs of chest ultrasonography for intensive care units (ICU) staff should be held.
- 3- Further studies may be performed to investigate the role of DTI for evaluate EVLW.

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الملخص العربي

ترتبط مجموعة واسعة من الاضطرابات الرئوية بالقصور الكلوي. الودمة الرئوية هي على الأرجح الأكثر شيوعاً والخطر من بين مضاعفات اليوريمية. الودمة الرئوية يمكن تعريفها بأنها زيادة في السائل الرئة الناجمة عن تسرب السوائل من الأوعية الدموية الرئوية في الخلايا والحوصلات الهوائية في الرئتين. تراكم السوائل يؤدي إلى التدهور التدريجي لتبادل الغازات السنخية ونقص نسبة الأكسجين بالدم. وتصنف الودمة الرئوية عموماً على أنها غير قلبية وقلبية.

التقنيات الأكثر استخداماً للتصوير الصدري هي الأشعة العادية على الصدر والتصوير المقطعي الصدري كمعيار ذهبي. وعلى الرغم من أنه لا تزال الأشعة العادية على الصدر هي الأكثر استخداماً للتصوير الصدري حيث أنها متوفرة و رخيصة إلا إنه لا فائدة منها للتوصل الى التشخيص النهائي لأسباب ضيق التنفس. أما التصوير المقطعي الصدري فهو مكلف، ويحتاج إلى طلب خاص و يستلزم نقل المريض إلى وحدة الأشعة التشخيصية الرحلة التي تتطلب مراقبة دقيقة لوظائف القلب والجهاز التنفسي فضلاً عن تقديم المساعدة الطبية العاجلة في بعض الأحيان، كل ذلك بالإضافة إلى خطر الإفراط في التعرض للإشعاع المؤذي والذي لا ينبغي التقليل من شأنه.

ذلك في حين لم تكن الموجات فوق الصوتية الصدرية موضع تقدير من قبل المجتمع الطبي حتى وقت قريب، على الرغم من فوائدها المتعددة: كونها دقيقة ومتوفرة، وغير مكلفة، ولا تسبب التعرض للإشعاع ويمكن استخدامها في المرضى ذوي الحالات المستقرة وغير المستقرة على حد سواء وخلال فترة الحمل ويمكن أيضاً أن يتم عملها في نفس الوقت مع الفحص البدني وإنعاش المرضى. الأمر الذي يجعل الموجات فوق الصوتية الصدرية خيار معقول كمعيار ذهبي سريري وخاصة بالنسبة للمرضى الصعب نقلهم.

الهدف من هذه الدراسة هو تقييم دور الموجات فوق الصوتية وتصوير الأنسجة بالدوبلر في تشخيص مياه الرئة خارج الأوعية في المرضى الذين يعانون من الفشل الكلوي الحاد وفي حاجة لغسيل كلوي واستخدام التصوير المقطعي الصدري كمعيار ذهبي.

وقد شمل هذا البحث ٦٠ مريضاً بأقسام الطوارئ والطب الحرج ممن يعانون من التشخيص الأولي لصعوبة في التنفس نتيجة للفشل الكلوي الحاد وفي حاجة لغسيل كلوي عاجل.

وقد خضع المرضى في تلك الدراسة، بعد أخذ موافقة كتابية من أقارب الدرجة الأولى للخضوع للبحث، لرصد بياناتهم من تاريخ مرضي كامل، ورصد للمؤشرات الحيوية، قياس غازات الدم شريانياً، قياس مؤشر التأكسد بالدم، بالإضافة إلى التحاليل المعملية الروتينية وتخطيط القلب كهربائياً وعمل اشعة اماميه خلفيه عاديه للصدر قبل الغسيل الكلوي وتكرر مره ثانيه في خلال ساعة من انتهاء الغسيل الكلوي.

وقد تم عمل فحصين من الموجات فوق الصوتية لكل مريض. الفحص الأول عند وصول المريض لوحده الغسيل الكلوي الفحص الثاني بعد ساعه من نهايه الغسيل الكلوي و اجراء فحص للانسجه بالدوبلر الاول قبل الغسيل الكلوي والثاني بعد الغسيل الكلوي لتحديد كفاءة عضله القلب ومعرفه حجم البطين الايسر الانبساطي وقياس قطر الاذين الايسر وقياس سرعه تدفق الدم خلال الصمام الميترالي.

كما تم حساب قياس الحساسية والنوعية ودقة التشخيص لكل طريقة تصوير ثم عمل التحليل الإحصائي.

وقد أظهرت نتائج البحث أن حساسية الموجات فوق الصوتية في الكشف عن مياه الرئة خارج الأوعية ٩٤% بمعامل دقة ٩٠% مقارنة بتصوير الأنسجة بالدوبلر الذي أظهر حساسية تشخيص ٩٤% ومعامل دقة ٨٥%

وفي النهاية أستنتجت الدراسة أن الموجات فوق الصوتية الصدرية تعتبر أداة تشخيصية أفضل بكثير من الأشعة العادية.

ونخلص من نتائج هذا البحث تفوق الموجات فوق الصوتية علي الصدر في التشخيص المبكر لمياه الرئة خارج الاوعيه بنسبة كبيرة ما يوفر علي المرضى خطورة نقلهم لعمل أشعة مقطعية في تلك المرحلة وأن الاستخدام الروتيني للموجات فوق الصوتية الصدرية يعتبر بديل معقول عن التصوير المقطعي الصدري واستخدام تصوير الانسجه بالدوبلر وسيله واعده للغاية لتقييم مياه الرئة خارج الاوعيه.



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المصابين بقصور كلوي حاد الخاضعين للغسيل الكلوي

رسالة مقدمة

لقسم الطب الحرج - كلية الطب - جامعة الإسكندرية
ضمن متطلبات درجة

الماجستير

فى

الطب الحرج

من

مروة يسري عبد الحميد صالح

بكالوريوس الطب والجراحة، ٢٠٠٨
كلية الطب، جامعة الإسكندرية

[٢٠١٥]



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رسالة مقدمة من

مروة يسري عبد الحميد صالح

للحصول على درجة

الماجستير

فى

الطب الحرج

التوقيع

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لجنة المناقشة والحكم على الرسالة

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