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المخلص العربي

الانيميا هي من المضاعفات الشائعة بين مرضى الكلى المزمنين . وان عدم معالجة فقر الدم تعرض المرضى لخطر امراض القلب والاعوية الدموية ، والتطور السريع لمرض الفشل الكلوي المزمن وانخفاض جودة الحياة بشكل ملحوظ . ان اسباب الانيميا متعددة في المرضى الذين يعانون من الفشل الكلوي، ولكن انخفاض افراز الارثروبويتين من الكلى المريضة هو القاسم المشترك وكذلك نقص نسبة الحديد في الدم . فقر الدم يصبح اكثر حده بشكل عام مع تراجع وظيفه الكلى.

الهبيديين هو بيتيد كبدي منخفض الوزن الجزيئي ويلعب دورا هاما في ايض الحديد . الحديد هو من العناصر الاساسية وهو ضروري لصحة جيدة . وقد اكتشف ان الهبيديين هو الهرمون الرئيسي المسبب لفقر الدم بسبب الامراض المزمنة

يعمل الهبيديين على التثبيط المباشر للفيروبروتين و هو بروتين ينقل الحديد خارج الخلايا المخزنه له. الفيروبروتين موجود في خلايا الأمتصاص المعويه و الماكروفاج وبتثبيط الفيروبروتين فإن الهبيديين يمنع خلايا الأمتصاص المعويه من افراز الحديد في الجهاز البوابي الكبدي. وبذلك يقلل أمتصاص الحديد . يمنع الهبيديين ايضا خروج الحديد من خلايا الماكروفاج. لذا يصون الهبيديين توازن الحديد في الجسم .

عند مرضى الفشل الكلوي المزمن يتاثر انتاج الهبيديين على حسب حالة الحديد في الجسم ووجود التهاب ونقص الاكسجين وفقر الدم والارثروبويتين .

وتبقى الفانده الاكلينيكيه من خفض مستوى الهبيديين بالغسيل الكلوي سواء بالغسيل البروتوني او الاستصفاء الدموي الترشيحي محض البحث . لذلك تهدف الدراسة الحالية لتقييم مستوى الهبيديين في مرضى الكلى في المراحل المتأخرة والمعاشين على غسيل البروتوني والاستصفاء الدموي الترشيحي .

وقد اجريت دراسته الحاليه على ثلاثين مريض وقد قسموا الى الى ثلاث مجموعات، وتالفت اول مجموعة من عشر اشخاص اصحاء كمجموعة ضابطة وتالفت المجموعه الثانيه من عشر مرضى على الغسيل البريتوني المنتظم لمدة تزيد عن ستة اشهر ، وتالفت المجموعه الثالثه من عشر مرضى على الاستصفاء الدموي الترشيحي تزيد عن ستة اشهر. مع استثناء المرضى المصابين بانيميا يكون سببها غير انيميا نقص الحديد.

لجميع المرضى تم الفحص الاكلينيكي الكامل. وشملت التحاليل المعملية صورة دم كاملة، قياس مستوى البولينا، الكرياتينين، الهيموجلوبين، والحديد ، والقدرة الكليه لحمل الحديد بالدم ، وحساب تشبع الترنسفيرين بالمئة ، الفريتين، البروتين سين التفاعلي و الهبيديين .

واظهرت النتائج الاتي:

1. مستوى الهبيديين في الدم بين مرضى الغسيل الكلوي أعلي من معدلاته بين المجموعه الضابطة ، وظهرت اعلى مستوى للهبيديين عند مرضى الغسيل البريتوني .
2. وجود علاقه ايجابية قويه بين مستوى الهبيديين في الدم و علامات مخازن الحديد في الجسم ممثله في نسبة الفيريتين
3. وجود علاقه طردية بين مستوى الهبيديين في الدم و علامات الألتهاب ممثله في نسبة البروتين سين التفاعلي في الدم .

من هذا العمل يمكننا ان نستنتج أن الاستصفاء الدموي الترشيحي هي افضل وسيله لتقليل نسبة الهبيديين وبذلك تتحسن نسبة الحديد بالدم.

الهبيديين قد يكون علامه مفيده علي حالة الحديد في الجسم وبخاصه في مرضى الفشل الكلوي المزمن الذين يقوموا بأجراء الغسيل الكلوي والمستوى العالي قد يكون سببا لفقر الدم. بالإضافة الي العلاقه المتشابهه بين مستوى الهبيديين و علامات الألتهاب و مستوى الحديد في الدم. التي تؤكد الحاجه لدراسات مستقبلية تستهدف ا لهبيديين و كيفية تنظيم عمله في الجسم بالإضافة الي وجود أدوات مخبريه غير مكلفه لقياس مستوى الهبيديين في الدم .

ان تنظيم الهبيسيدين يعكس الدور المزدوج حيث أن انخفاض مستوي الهبيسيدين في الدم يكون مرتبط بفقير الدم ، نضب مخازن الحديد ، زيادة الأحتياج للحديد ونشاط ملحوظ في إنتاج كريات الدم الحمراء في حين أن ارتفاع مستوي الهبيسيدين في الدم يكون مرتبط مع حالات زيادة الحديد في الجسم ،أنخفاض أنتاج كريات الدم الحمراء أو حالات الألتهايات .

دراسة مستوى الهيبسدين فى مرضى الفشل الكلوى المزمن على الغسيل
البريتونى المستديم المتحرك والأستصفاء الدموى الترشيحى

رسالة علمية

مقدمة لكلية الطب – جامعة الإسكندرية
إيفاءً جزئياً لشروط الحصول على درجة

الماجستير فى الأمراض الباطنة

مقدمة من

هبة عبد اللطيف احمد رجب

بكالوريوس الطب والجراحة - الإسكندرية

كلية الطب
جامعة الإسكندرية
٢٠١٥

دراسة مستوى الهيبسدين فى مرضى الفشل الكلوى المزمن على الغسيل
البريتونى المستديم المتحرك والأستصفاء الدموى الترشيحى

مقدمة من

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للحصول على درجة

الماجستير فى الأمراض الباطنة

موافقون

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