

**Association between Serum Complement  
Anaphylatoxin C5a and Thrombotic Events in  
Patients Receiving Maintenance Hemodialysis**

**Thesis**

*Submitted for Partial Fulfillment of Master Degree  
in Internal Medicine*

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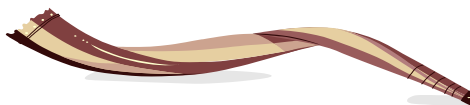
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*Withem Talaat*

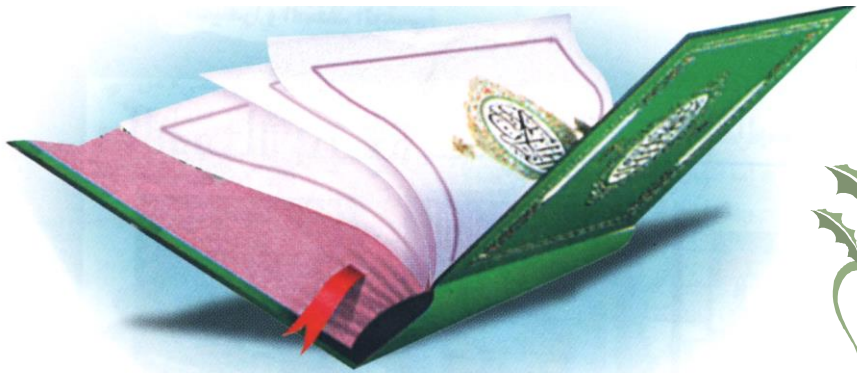


بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

"رَبِّ أَوْزَعْنِي أَنْ أَشْكُرَ نِعْمَتَكَ الَّتِي أَنْعَمْتَ عَلَيَّ  
وَعَلَى وَالِدَيَّ وَأَنْ أَعْمَلَ صَالِحًا تَرْضَاهُ وَأُوْخِذَنِي  
بِرَحْمَتِكَ فِي عِبَادِكَ الصَّالِحِينَ"

صدق الله العظيم

النمل الآية {١٩}



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## ***List of Abbreviations***

<b>Abb.</b>	<b>Meaning</b>
<b>AE</b>	Adverse events
<b>AF</b>	A trial fibrillation
<b>ANCA</b>	Antineutrophil cytoplasmic antibodies
<b>AP</b>	Alternative pathway
<b>APS</b>	Anti phospholipid syndrom
<b>ARDS</b>	Acute (adult) respiratory syndrome
<b>AVF</b>	Arterio venous fistula
<b>BCR</b>	B cell antigen receptor
<b>C5aR</b>	Complement 5a receptor
<b>CAD</b>	Coronary artery disease
<b>CAMP</b>	Cyclical adenosine monophosphate
<b>CBC</b>	Complete blood count
<b>CD</b>	Cluster Of Differentiation
<b>CKD</b>	Chronic kidney disease
<b>Cp</b>	Classical pathway
<b>CRP</b>	C- reactive protein
<b>CVC</b>	Central venous catheter
<b>CXR</b>	Chest X-ray
<b>D.M</b>	Diabetes mellitus
<b>DAMPs</b>	Damage -associated molecular patterns
<b>DIC</b>	Disseminated intravascular coagulopathy
<b>DVT</b>	Deep venous thrombosis
<b>ECG</b>	Electro-cardiograph
<b>EDTA</b>	Ethylene diamine tetraacetic acid
<b>ELISA</b>	Enzyme linked immunosorbent assay
<b>EPO</b>	Recombinant erythropoietin
<b>ESAs</b>	Erythropoieses stimulating agents
<b>ESKD</b>	End stage kidney disease

<b>Abb.</b>	<b>Meaning</b>
<b>ESR</b>	Erythrocyte sedimentation rate
<b>ESRD</b>	End stage renal disease
<b>FCA</b>	Functional complement activity
<b>FDCs</b>	Follicular dendritic cells
<b>FMF</b>	Familial mediterian fever
<b>FSAP</b>	Factor seven activating protease
<b>GC B cells</b>	Germinal center B cell
<b>G-CSF</b>	Granulocyte colony stimulating factor
<b>HCV</b>	Hepatitis C virus
<b>HD</b>	Hemodialysis
<b>HTN</b>	Hypertension
<b>HUS</b>	Haemolytic uremic syndrome
<b>IgG</b>	Immunoglobulin G
<b>IGM</b>	Immunoglobulin M
<b>IJV</b>	Internal jagular vein
<b>IL-6</b>	Inter leukin-6
<b>IRS</b>	Inflammatory response syndrome
<b>KDa</b>	Kilo dalton
<b>LT</b>	leukotriene
<b>MAC</b>	Membrane attach complex
<b>MASP</b>	MBL- associated serine proteases
<b>MBL</b>	Mannose-binding lectin
<b>OXLDL</b>	Oxidized low density lipoprotein
<b>PAMPs</b>	Pathogen associated molecular pattern
<b>PBS</b>	Phosphate buffer solution
<b>PE</b>	Pulmonary embolism
<b>PNH</b>	Paroxysmal nocturnal hemoglobinuria
<b>S.ALB</b>	Serum albumin
<b>SIRS</b>	Systemic inflammatory response syndrome

<b>Abb.</b>	<b>Meaning</b>
<b>TCC</b>	Terminal complex
<b>TE</b>	Thioester
<b>TF</b>	Tissue factor
<b>TLC</b>	Total leucocytic count
<b>TLRs</b>	Toll like receptors
<b>TMB</b>	Tetramethyl benzidine
<b>TNF</b>	Tumor necrotic factor
<b>U/S</b>	Ultrasound
<b>VA</b>	Vascular access
<b>VAT</b>	Veno arterial thrombosis
<b>VTE</b>	Venous thrombo embolism

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# **Association between Serum Complement Anaphylatoxin C5a and Thrombotic Events in Patients Receiving Maintenance Hemodialysis**

## **Abstract**

**Background:** End-stage renal disease (ESRD) is caused by several primary kidney and systemic disorders, which is manifested as renal failure. Thrombotic disorders are the most common complication in hemodialyzed ESRD patients is thrombosis of vascular access, which is a major cause of hemodialysis-associated morbidity. **Aim:** To find the association between complement components (C5a) and thrombosis in hemodialysis patients. **Subjects:** This study include (50) HD patients from hemodialysis unit in El Zaitoun specialized hospital. All patients receive hemodialysis sessions three times per week for four hours with bicarbonate solution & polysulfone dialysis membrane. The patient will be divided into two groups: Group I: include 25 HD patients with thrombotic events e.g AVF thrombosis, DVT. Group II: include 25 HD patients without any thrombotic events (control group). **Results:** The most prevalent etiology of ESRD in patients was HTN nephropathy (30%), unknown (30%) and obstructive uropathy 20%. The least prevalent etiology in patients was pyelonephritis, drug Toxicity, eclampsia, F.M.F and heavy metals toxicity, each represented 2%, while diabetic nephropathy was the cause for ESRD in 8% of patients and congenital anomaly 4%. All laboratory results have insignificant statistical difference between mean serum levels of urea, creatinine, and albumin, ESR, CRP and CBC in both groups (Pvalue $\geq$ 0.05).

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**Keywords:** ESRD: End-stage renal disease, HD: hemodialysis, HTN: hypertension, DVT: Deep venous thrombosis.



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# Introduction

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# Aim of the Work

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# Chapter (1)

## **Thrombotic Events in Hemodialysis Patients**

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## Chapter (2)

# **Complement Activity in Hemodialysis**

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## Chapter (3)

# **Complement and Thrombosis**

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