



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ





شبكة المعلومات الجامعية



شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم

جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأفلام قد اعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيداً عن الغبار

في درجة حرارة من 15 – 20 مئوية ورطوبة نسبية من 20-40 %

To be kept away from dust in dry cool place of
15 – 25c and relative humidity 20-40 %



شبكة المعلومات الجامعية



بعض الوثائق الأصلية تالفة



شبكة المعلومات الجامعية



بالرسالة صفحات

لم ترد بالأصل

CLINICAL AND LABORATORY ASSOCIATES OF SUBJECTS WITH BRIGHT LIVER OF UNCERTAIN ETIOLOGY

**Thesis Submitted For Partial Fullfiment Of Master Degree
In Internal Medicine**

**Presented By
Mohammed Mahmoud Abdo**

M.B.B.C.H.

Supervised By

**Prof. Abd El Hamed A. Serwah
Prof Of Internal Medicine
Faculty Of Medicine
Suez Canal University**

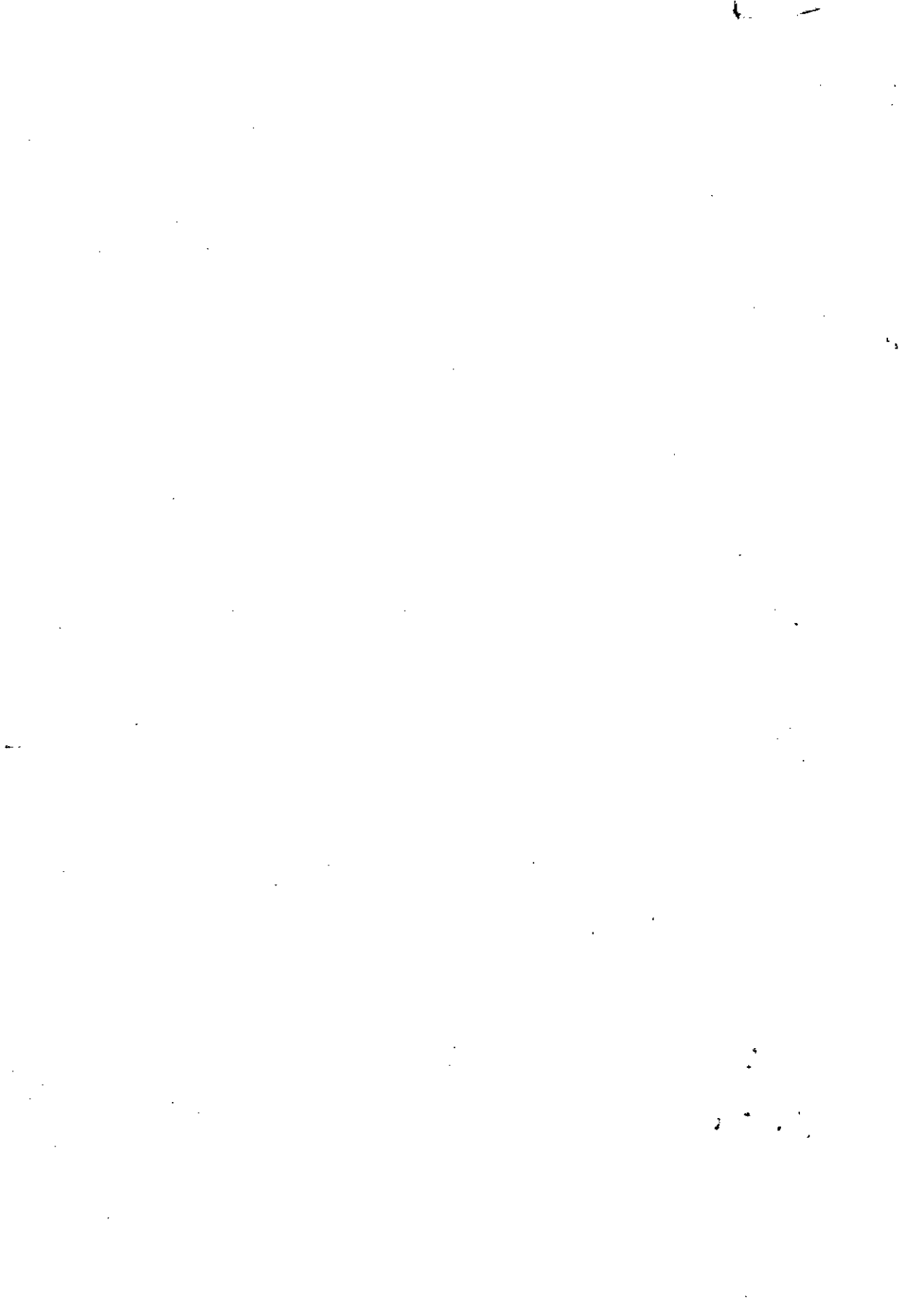
**Dr. Mohammed M. Awad
Lecteturer Of Internal Medicine
Faculty Of Medicine
Suez Canal University**

**Dr. Mohammed Refaat Haba
Ass. Prof. Of Diagnostic Radiology
Faculty Of Medicine
Suez Canal University**

B
VICO

**Faculty Of Medicine
Suez Canal University**

2002



"بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ"

وَقُلْ رَبِّكَ نَبِيٌّ عَلِيمٌ

(آیه ۱۱۴ طه)

TABLE OF CONTENTS

□ Introduction.....	4
□ Aim of The Work.....	7
□ Review of Literature.....	9
- Bright liver.....	9
* Bright liver and cirrhosis.....	11
* Bright liver and hepatitis.....	16
* Bright liver and fatty infiltration.....	19
* Bright liver and other diffuse diseases.....	23
- Fatty liver.....	25
- Non Alcoholic steatohepatitis.....	34
□ Subjects and Methods.....	44
□ Results.....	49
□ Discussion.....	67
□ Summary and Conclusion.....	73
□ Recommendations.....	76
□ References.....	78

ACKNOWLEDGEMENT

I always feel grateful and indebted to ALLAH who always helps me. I am greatly honoured by having the chance to work under the supervision of Prof. Dr. *Abd Al Hamed A. Serwah*, Professor of Internal Medicine, Faculty of Medicine, Suez Canal University. He gave me much of his precious time, experience invaluable advice and continuous support throughout this work.

I wish to express my deep gratitude and thanks to Prof. Dr. *Mohammed Refaat Haba*, Ass. Prof. of Diagnostic Radiology, Faculty of Medicine, Suez Canal University for his effort, guidance and precious time.

I would like to express my sincere thanks and deepest appreciation to Dr. *Mohammed M. Awad*, Lecturer of Internal Medicine, Faculty of Medicine, Suez Canal University for delivering to me his experience and for his kind supervision.

My appreciation and gratitude to my professors in the Internal Medicine Department, for their encouragement and help.

To my colleague residents, thanks for their cooperation they showed throughout this work.

Finally, I'd like to thank any one helped me to achieve this work especially nurses and secretaries of the clinical pathology department.

Mohammed M. Abdo

June 2002

INTRODUCTION

INTRODUCTION

AND AIM OF THE WORK

Bright liver is a common medical problem commonly met with during ultrasound examination. It seems important to establish a recognized method in dealing with such situation not only because of it's common occurrence but also because of the diversity of it's causes.

When patients did abdominal ultrasound for reasons other than chronic liver disease, they became panic when the diagnosis of bright liver is made, they need to know what does this mean are they have chronic liver disease? Is this condition is benign? Does it mean one entity of liver disease? A lot of questions are in need for answers. This will help in dealing with its category in appropriate way.

Abdominal ultrasonography has proven to be a reliable and accurate method in the diagnosis of diffuse chronic liver diseases. It has been reported to have an overall accuracy of 73% - 92% (*MacCarthy, et al., 1979*). It has been also reported that sonography may detect a diffuse parenchymal abnormality with a sensitivity as high as 80%.

Also ultrasound should precede C.T. as a non invasive imaging for hepatobiliary disorders (*Mendler 1998*). By far, the most common causes

of bright liver are fatty infiltration, chronic hepatitis and cirrhosis (*Aube 1999*).

Fatty liver is a very common cause of bright liver in the following settings (*Sherlock 2002*).

- Diabetic patients especially type I.
- Obese subjects.
- Hyperlipoproteinemia.
- Total parenteral nutrition.
- Drugs as steroids and tetracyclines.

According to Sherlock also, fatty liver is the commonest cause of elevated liver enzymes among healthy blood donors. The condition is reversible provided that aetiological factor is no longer exists (*P'aser 1995*). It's clear that bright liver is not a simple term, and the cause may be fatty liver which is reversible and has a very good prognosis and on the other hand, may be cirrhosis which may end with liver cell failure (*Christensen 1997*).