

**Serum Soluble Triggering Receptor Expressed on Myeloid Cells versus 16s
rRNA genes detection in early diagnosis of bacteremia in malignant febrile
neutropenic patients**

thesis

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LIST OF ABBREVIATIONS

A	ACCP	A merican C ollege of C hest P hysicians
	ACEP	A merican C ollege of E mergency P hysicians
	ALL	A cute L ymphoblastic L eukemia
	AML	A cute M yeloid L eukemia
	ANC	A bsolute N eutrophil C ount
	APPT	A ctivated P artial P hromboplastin T ime
	ARDS	A cute R espiratory D istress S yndrome
	AUC	A rea U nder C urve
B	BAL	B roncho A lveolar L avage
	BP	B ase P air
	BCLL	B -cell C hronic L ymphocytic L eukemia
	BSI	B lood S tream I nfections
C	CARD	C aspase- R ecruitment D omain protein
	CBC	C omplete B lood C ount
	CD	C luster D ifferentiation
	CDC	C enters of D iseases C ontrol and prevention
	CFU	C olony F orming U nit
	CI	C onfidence I nterval
	CLL	C hronic L ymphocytic L eukemia
	CMV	C ytomegalo V irus
	CNS	C entral N ervous S ystem
	CO2	C arbon dioxide
	CPG	C ytosine- P hosphate- G uanine
	CRP	C - R eactive P rotien
	CSF	C olony S timulating F actor

	CT	Computed Tomography
D	DAG	Diacylglycerol
	DAP-12	Dnax-Activation Protein-12
	DC	Dendritic Cells
	DEAE	DiEthylAminoEthyl
	DIC	Disseminated Intravascular Coagulopathy
	DNA	DeoxyNucleic Acid
	DNTP	Deoxy Nucleotide TriPhosphate.
E	EAE	Experimental Autoimmune Encephalomyelitis
	ELISA	Enzyme Linked ImmunoSorbent Assays
	EDTA	EthyleneDiamineTetraAcetic acid
	ERK	Extracellular signal Regulated Kinase
	ERM	Ezrin, Radixin and Moesin
	ESBL	Extended Spectrum B-Lactamase
	ESICM	European Society of Intensive Care Medicine
	ESR	Erythrocyte Sedimentation Rate
F	FA	Fanconi Anemia
	FERM	F domain of Ezrin, Radixin and Moesin
	FISH	Fluorescent In Situ Hybridization
	FN	Febrile Neutropenia
G	G-CSF	Granulocyte Colony-Stimulating Factor
	GM-CSF	Granulocyte Monocyte Colony-Stimulating Factor
	GRB	Growth factor Receptor Binding protein
H	HCC	Hepatocellular Cancenoma
	HCL	Hairy Cell Leukemia
	HCV	Hepatitis C Virus
	HHM	Humoral Hypercalcemia of Malignancy
	HIV	Human Immunodeficiency Virus

	HL	Hodjkin Lymphoma
	HLA	Human Leukocyte Antigen
	HSV	Herpes Simplex Viruses
	HTLV-1	Human T-lymphotropic Virus-1
	ICU	Intensive Care Unit
	IG	Immuno Globulin
	IL	Interleukin
	ITAM	Immunoreceptor Tyrosine-based Activation Motif
	ITIM	Immunoreceptor Tyrosine-based Inhibition Motif
	ITS	Internal Transcribed Spacer
	IV	Intra Venous
	IVIG	Intra Venous Immuno Globulin
J	JAK2	Janus Kinase 2
K	KPC	Klebsiella Pneumoniae Carbapenemase
L	LCBI	Laboratory-Confirmed Bloodstream Infection
	LPS	Lipo Poly Saccaride
M	MAPK	Mitogen-Activated Protein Kinase
	MBI-LCBI	Mucosal Barrier Injury Laboratory-Confirmed Bloodstream Infection
	MDS	Myelo Dysplastic Syndromes
	ML	Milli Liter
	μL	Micro Liter
	MM	Multiple Myeloma
	MMP	Matrix Metallo-Proteinases
	MPN	Myelo Proliferative Neoplasms
	MRSA	Methicillin Resistant Staphylococcus Aureus
	MS	Multiple Sclerosis
N	N	Number

	NCCN	N ational C omprehensive C ancer N etwork
	NF-κB	N uclear F actor κB
	NHL	N on H odjkin L ymphoma
	NPV	N egative P redictive V alue
O	O2	O xygen
	PAMP	P athogen- A ssociated M olecular P attern
	PAO2	A rterial O xygen T ension
	PAP	P ulmonary A lveolar P roteinosis
	PAS	P eriodic A cid– S chiff
	PCR	P olymerase C hain R eaction
	PCT	P roalctonin
	PDC	P lasmacytoid D endritic C ell
	PG	P ico G ram
	PGLYRP1	P eptido G lycan R ecognition P rotein 1
	PI3K	P hosphatidyl I nositol 3-K inase
	PKC	P rotein K inase C
	PMNs	P oly M orpho N uclear cells
	PNA	P eptide N ucleic A cid
	PNL	P olymorph N uclear L eukocytes
	PLC	P hospho L ipase C
	PPV	P ositive P redictive V alue
	PT	P rothrombin T ime
	PTH	P ara T hyroid H ormone
	PTHrP	P ara T hyroid H ormone r elated P rotien
R	rRNA	R ibosomal R ibonucleic A cid
	ROC	R eceiver O perating C haracteristic
S	SCCM	S ociety of C ritical C are M edicine
	SD	S tandaed D eviation

	Siglec H	S ialic acid binding I mmuno G lobulin-like L ectin H
	SIRS	S ystemic I nflammatory R esponse S yndrome
	SLE	S ystemic L upus E rythrematosis
	SPS	S odium P olyanethole S ulfonate
	Src	S arcoma k inase
	Syk	S pleen T yrosine K inase
T	sTLT-1	S oluble T LT-1
	sTREM	S oluble T riggering R eceptor E xpressed on M yeloid cells
	TAE	T ris- A cetate- E DTA
	TLR	T oll- L ike R eceptor
	TLT	T REM L ike T ranscript
	TNF-α	T umor N ecrosis F actor – α
	TREM	T riggering R eceptor E xpressed on M yeloid cells
	TREM-1L	T REM-1 L igand
	T- test	S tudent t - t est
U	US	U nited S tates
	UTI	U rinary T ract I nfection
	UV	U ltra V iolet
V	VRE	V ancomycin R esistant E nterococcus
	VZV	V aricella- Z oster V irus
W	WBCs	W hite B lood C ells
	WHO	W orld H ealth O rganization.
Z	ZAP	ζ - chain- A ssociated P rotein

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INTRODUCTION

Infections are the leading cause of morbidity and mortality in neutropenic patients with hematological malignant disease. Those immunocompromised patients are at high risk of infection as a result of the underlying malignancy or due to chemotherapy (*Arzanian et al., 2011*).

For many years, fever has been recognized as a major sign of infection in patients with hematological malignancy during neutropenia. Unfortunately many non infectious processes may be responsible for fever , and the etiology of fever in most of neutropenic patients is unknown .So diagnosis of infection in those patients is still problematic because clinical signs are often vague , and laboratory parameters are non specific (*Soreng, 2010*).

Conventional blood culture is considered the gold standard for confirmation of bacterial sepsis, but it requires a minimum of 48–72 hours and yield a positive results in only 30-40% of cases (*Heininger et al., 2004*).

To overcome these difficulties it is necessary to advise new rapid diagnostic tests to help in early diagnosis and therefore may prevent unnecessary usage of broad-spectrum antibiotic (*Connel et al., 2007*).

Automated blood culture is more sensitive than conventional one, and gives significantly faster results (*Yu and Black, 2003*).

Recently, polymerase chain reaction (PCR) based assays have the potential to provide an early and accurate diagnosis of bacterial pathogens

especially the culture resistant, fastidious, inactivated or slow-growing bacteria (*Al Mousawi and Kadhim, 2011*).

16S rRNA genes are common and conserved in all bacteria. Those universal or broad range PCR primers are considered new and effective methods of detection of bacterial pathogens in normally sterile body fluids (*Kalghatgi et al., 2008*).

One of the new methods for detecting sepsis is Soluble Triggering Receptor Expressed on Myeloid Cells (sTREM-1) test. sTREM-1 is a superfamily of immunoglobulins produced by phagocytes, especially macrophages that are stimulated by microbial products and therefore its level will be increased when and where macrophages accumulate (*Miedema et al., 2010*).

It has been described that the molecule (sTREM-1) can be further up regulated by stimulation of the cells by bacteria and their products. Triggering of the receptor will result in the release of pro-inflammatory cytokines and chemokines and the up regulation of surface activation markers and in that respect is thought to be amplifying inflammatory responses to bacterial infections and potentiate septic shock (*Collins et al., 2008*).

Although sTREM-1 has recently been suggested as a marker for bacterial infection, only a few studies have been published before in patients with hematological malignancy during neutropenia (*Arzanian et al., 2011*).

AIM OF THE WORK

This study aims to evaluate the utility of measuring sTREM-1 level; compared to 16S rRNA gene detection; in early diagnosis of bacteremia in febrile neutropenic patients with hematological malignancy.

HEMATOLOGICAL MALIGNANCIES

Hematological malignancies comprise a collection of heterogeneous conditions, all originating from cells of the bone marrow and the lymphatic system. There are three major groups: leukemia, lymphoma, and plasma cell neoplasms (*Burns et al., 2010*).

Hematological neoplasms are comparatively common, accounting for around 9% of all cancers and being the fourth most frequently diagnosed cancer in both men (after prostate, lung, and colorectum) and women (after breast, lung, and colorectum) in developed regions of the world (*Westlake, 2009*).

In 2001 the WHO produced, for the first time, a consensus classification that defined disease entities in terms of immunophenotype, genetic abnormalities and clinical features (*National Cancer Intelligence Network, 2009; Jemal et al., 2011*).

Types of hematological malignancies:

A-Leukemia is a set of diseases of the blood or bone marrow, involving an abnormal proliferation of blood cells (*Horner et al., 2009*)

1-Acute myeloid leukemia (AML), also known as acute myelogenous leukemia or acute non lymphocytic leukemia, is a cancer of the myeloid line of blood cells, characterized by the rapid growth of abnormal white blood cells (WBCs) that accumulate in the bone marrow and interfere with the production of normal blood cells. AML is the most common acute leukemia affecting adults, 30% of all leukemias, and its incidence increases with age (*Jemal et al., 2011*).