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شبكة المعلومات الجامعية

التوثيق الالكتروني والميكرو فيلم





شبكة المعلومات الجامعية

# جامعة عين شمس

التوثيق الالكتروني والميكرو فيلم

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بالرسالة صفحات

لم ترد بالأصل





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# بعض الوثائق الأصلية تالفة

# **A Study Of Spontaneous Bacterial Peritonitis In Egyptian Patients With Chronic Liver Disease**

**Thesis**

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

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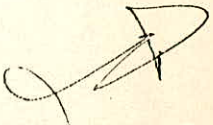
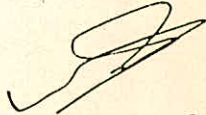
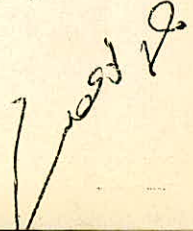
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## LIST OF ABBREVIATIONS

AF	Ascitic fluid
C <sub>3</sub>	Third component of complement
CNNA	Culture negative neutrocytic ascites
FN	Fibronectin
GE	Granulocyte elastase
IBO	Intestinal bacterial overgrowth
IL-6	Intrleukin-6
IL-8	Interleukin-8
LDH	Lactate dehydrogenase enzyme
MNBA	Monomicrobial non-neutrocytic bacterascites
PMN	Polymorphonuclear leucocytes
RES	Reticuloendothelial system
SAI	Spontaneous ascitic infection
SBP	Spontaneous bacterial peritonitis
SID	Selective intestinal decontamination
TNF $\alpha$	Tumor necrosis factor alpha
VEGF	Vascular endothelial growth factor
Vmax	Maximum removal capacity







# Introduction





## INTRODUCTION

Patients with liver cirrhosis are at high risk of severe septic complications such as spontaneous bacterial peritonitis and bacteraemia (*Campillo et al., 1999*).

Spontaneous ascitic infection (SAI) is defined as an infection of the ascitic fluid in the absence of any evident intra-abdominal surgically treatable source of infection (*Kaymakoglu et al., 1997*).

Cirrhotic patients with low ascitic fluid protein level  $\leq 1\text{g/dl}$ , low  $\text{C}_3$  concentration, low ascitic fluid opsonic activity, high bilirubin level and/or low platelet count are at high risk of developing the first episode of spontaneous ascitic infection during long term follow up (*Guarner et al., 1999b*).

The common causative organisms include *Escherichia coli*, *Pneumococcus*, *Klebsiella* and anaerobes (*Friedman, 2000*). The outlook to prognosis depends on the association with gastrointestinal bleeding, severity of infection and degree of renal and liver failure (*Llovet et al., 1993*).