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شبكة المعلومات الجامعية التوثيق الالكتروني والميكرونيلم





جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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Role of interleukin-8, C3 and C4 in spontaneous bacterial peritonitis in patients with liver cirrhosis In Menoufly a Governate

BIIVZM

Thesis

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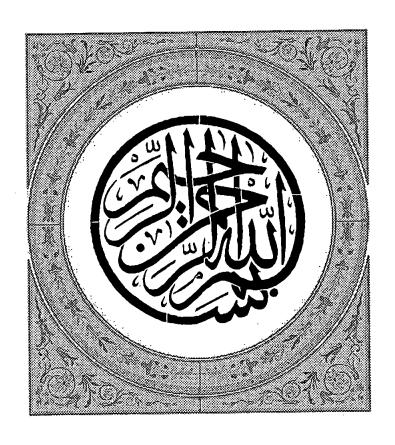
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Family Beloved su ol



قالوا سبحانك لا علم لنا إلا ما علمتنا إنك أنت العليم الحكيم

البقرة - ٣٢

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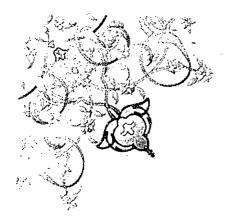
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INTRODUCTION



INTRODUCTION

Spontaneous bacterial peritonitis (SBP) is a serious complication of cirrhosis with ascites. Infection of ascitic fluid occurs without any extra-or intra-abdominal source of infection (Bobadilla et al, 1989). It occurs in 10-30% of cirrhotic patients in either alcoholic-related or not alcoholic-related cirrhosis (Rimola et al, 2000). SBP classically occurs in patients with decompensated cirrhosis due to defect in host defense mechanism (Chang et al, 2001). SBP results from translocation of enteric bacteria across gut wall or lymphatics (Tierny etal, 1999).

SBP has been reported as monomicrobial infection. Gramnegative bacteria (*E.coli*, klebsiella, and other gram-negative bacilli) are more commonly encountered than Gram-positive bacteria (*S. aureus, S. pneumoniae and Enterococcus faecalis*). Polymicrobial peritonitis is unusual in absence of bowel perforation (Forbes et al,1998). Examination of ascitic fluid is essential for diagnosis of SBP. The technique of ascitic fluid culture has undergone many dramatic changes in the last few years. The older method of culture (conventional method) was designed to detect bacteria in the setting of high colony count, however, it is insensitive to detect low-colony count monomicrobial infection in SBP (Runyon, 1998). Direct inoculation of ascitic fluid in agar plates (conventional method) provides diagnosis only in less than 50% (Hay et al,1996). The bedside inoculation of blood culture bottles with ascitic fluid may be more sensitive for diagnosis of SBP (Runyon et al,1990).