شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومـــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأفلام قد اعدت دون آية 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 %

بالرسالة صفحات

لم ترد بالأصـــل

بعض الوثائق الأصلية تالفة

Parasitic infestation of the liver

ESSAY

Submitted for the Partial fulfillment of Master degree in General Surgery

by

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Dr. for there

contents

Parasitic infestation of the liver

Introduction

Parasitic diseases are those caused by the parasites which live on the expense of man and obtain their food and shelter from him without compensation but causing injury. (Gamal - Eddin 1973).

These diseases are endemic in many countries particularly in the developing countries where sanitary and ecological factors play the major role in the spread and persistence of infestations and endemicity of diseases especially in rural areas. Egypt is one of the endemic areas for many parasitic diseases. Parasitic infestation may lead to many health problems depending on the type of parasite and the organ involved which causes incapacitation during the productive period of life leading to economic losses due to lowered physical activity and the costs of management and control measures (Hassell MP: 1982).

The liver is frequently the site of a sever disease and that result from both systemic insult e.g viral hepatitis and infections transmitted via the portal circulation e.g. invasive amoebiasis schistosomiasis. Hydatid disease etc.

The latter group results from the great vulnerability of portal veins due to its sieve like role at the distal end of the portal circulation. Thus as well as parasites. and other ova. various antigens. endotoxins viruses and bacteria are transmitted to the liver and dealt with by its reticuloendothelial components, i.e. kuppffer cells and sinusoidal lymphocytes. (Cook Gc, 1983).

Pathology of Parasitic Infestation of The Liver

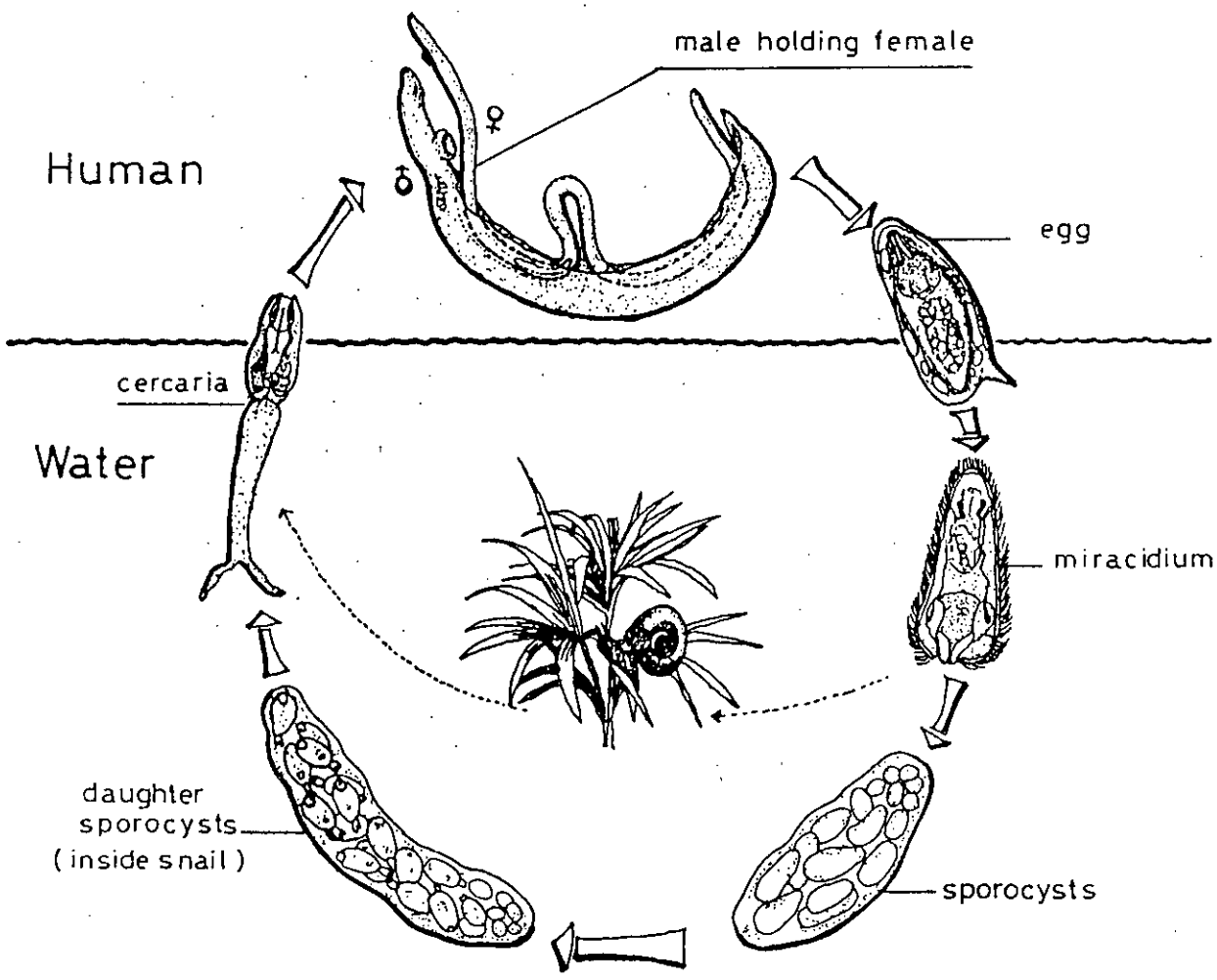
Pathology of Parasitic Infestation Of The Liver

1- SCHISTOSOMIASIS:

Schistosomiasis is a parasitic disease with a wide range of clinical manifestations and affects more than 200 million people in 73 countries, infection with any of 3 species Schistosoma, mansion, or Schistosoma heamatobium or Schistosoma Jaboniqum of the digenetic trematode schistosoma commonly result in human disease.
(Adel AF. Mahmoud 1985).

Schistosomiasis is increasing in prevalence. Largely because of increased exposure to contaminated water. Associated with greater use of irrigation for agricultural development increase and redistribution of world population and inadequate control measures.
(Marcus 1978. Manson 1985).

Endemic population show human infection beginning as early as 6 months of age. The peak intensity and prevalence of infection. As measured by egg excretion, usually occur between 8 and 12 Ys of age in heavily infected area.



The cycle of human schistosomiasis (S. Mansoni).

Infants first become infected while being bathed in the local irrigation canals, river, or lakes. Children, in tropical and subtropical regions frequently use the same water source for. defecation and urination, swimming and bathing. The greater sercarial exposure usually occur in boys aged 5 -10 years.

Adult are infected during agricultural activities. Washing dishes and clothes and bathing younger siblings for females (Khalil 1985, Jordan and Webbe 1982).

The pathogenesis and pathology of schistosomiasis are largely determined by host reaction to a foreign body e.g. the different stages of the schistosome parasite. during the migratory larval stage, mild transient foreign body reaction are seen. However the most predominant pathology results from the granulomatous response to the schistosome egg.

The major hepatic pathology of egg granuloma result from simple physical obstruction and tissue compression; Portal pre- sinusoidal egg granulomas of the liver result in hepatomegaly and portal fibrosis with little primary hepatocellular damage (Kamel 1973 and Farid 1984).
(*Fig. 1*).

Portal hypertension follows with the shifting of hepatic blood flow from mainly portal to arterial sources. A disproportionate enlargement of the left lobe of the liver frequently seen in early hepatosplenic disease may reflect a preferential egg flow distribution.

Splenomegaly increased hepatic presinusoidal venous pressures lead to increased splenic vein pressures and vessel tortuosity intrasplenic venous pressures are also increased with resultant congestive splenomegaly. (Mousa 1982).

Sever long standing heptosplenic schistosomiasis lead to esophageal varices and ascites. This collaterealization of the abdominal venous system may enable schistososome eggs to by pass the liver and reach areas of the body. not normally accessible e.g. the lung and spinal cord.

Portal fibrosis without bridging Nodular formation or significant hepatocellular destruction and is undoubtedly a result of egg. Induced chronic presinusoidal inflammation leading to the deposition of fibrous material. These fibrotic changes cause a broadening and lengthening of the portal areas. This is called simmer's pipe stem fibrosis (Elwi and Attia 1962 - Mousa 1967).

Fig. 1 Liver biopsy show enlarged portal tract containing a granuloma (1) and an ovum of S. Mansoni (2).