بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــسـم ﴾

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 %

بعض الوثائق الأصلية تالفة

بالرسالة صفحات

لم ترد بالأصـــل

STUDY OF SOME TUBULAR MARKERS IN DIABETIC NEPHROPATHY

THESIS

Submitted to the Faculty of Medicine,

University of Alexandria

in partial fulfilment of

the requirements of the degree of

DOCTOR OF INTERNAL MEDICINE

By

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2000

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Acknowledgement

I would like to express my deepest thanks and sincere gratitude to **Prof. Dr. Salah El-Banawy,** Professor of Internal Medicine and Dean of Medical Research Institute, Alexandria University who constructed the design of this work and provided with his meticulous guidance, continuous unlimited support and encouragement throughout the work. I would like also to express my deepest thanks and appreciation to **Prof. Dr. Fahmy EL-Sayed Emara,** Professor of Internal Medicine, Faculty of Medicine, Alexandria University for his kind support, sincere guidance and valuable remarks throughout the work. My full thanks to **Prof. Dr. Ahmad Mohammad Zaki,** Professor of Chemical Pathology, Medical Research Institute, Alexandria University for his valuable criticism and expert help in performing laboratory studies. My full thanks to **Prof. Dr. Rafik Sidki Girgis,** Professor of Pathology, Medical Research Institute, Alexandria University for his expert help in performing histopathological studies. My appreciation and deep thanks to **Prof. Dr. Mohammad Nader Mowafi,** Professor of Internal Medicine, Medical Research Institute, Alexandria University for his valuable help and continuos encouragement. I would like to express my thanks to **Prof. Dr.Gaber Abd EL-fatah,** Professor of Urosurgery, Faculty of Medicine, Alexandria University for his great help in performing uroflowmetry testing. My full thanks to **Dr. Wafaa Saad Ragab,** Assistant Professor of Chemical Pathology, Medical Research Institute, Alexandria University for her great help in performing various laboratory studies. I wish to thank also **Dr. Alaa Saleh,** Assistant Professor of Radiodiagnosis Department, Medical Research Institute, Alexandria University for his precious help in performing the ultrasonographic studies.I Thank also **Dr. Ezz Eldin Anwar Saleh,** Assistant Professor of Microbiology, Medical Research Institute, Alexandria University for his generous help in performing various bacteriological studies

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INTRODUCTION

Diabetes Mellitus

Diabetes mellitus is a metabolic disease characterized by hyperglycemia resulting from defects in insulin secretion, insulin action, or both. The chronic hyperglycemia of diabetes is associated with long term damage, dysfunction, and failure of various organs, especially the eyes, kidneys, nerves, heart and blood vessels.[1]

Several pathogenic processes are involved in the development of diabetes. These range from autoimmune destruction of the β-cells of the pancreas with consequent insulin deficiency to abnormalities that result in resistance to insulin action. The basis of abnormalities in carbohydrate, fat and protein metabolism in diabetes is deficient insulin action on target tissues. Deficient insulin action results from inadequate insulin secretion and or diminished tissue response to insulin at one or more points in the complex pathways of hormone action. Impairment of insulin secretion and defects in insulin action frequently coexist in the same patient, and it is often unclear which abnormality, if either alone, is the primary cause of the hyperglycemia.[2]

Symptoms of marked hyperglycemia include polyuria, polydipsia, weight loss, sometimes with polyphagia, and blurred vision. Impairment of growth and susceptibility to certain infections may also accompany chronic hyperglycemia. Acute, life-threatening consequences of diabetes are

hyperglycemia with ketoacidosis or the non-ketotic hyperosmolar syndrome.

Long-term complications of diabetes include:

Retinopathy with potential loss of vision, nephropathy leading to renal failure, peripheral neuropathy with risk of foot ulcers, amputation, and charcot joints, autonomic neuropathy causing gastrointestinal, genitourinary, cardiovascular symptoms and sexual dysfunction. Patients with diabetes have an increased incidence of atherosclerotic cardiovascular, peripheral vascular and cerebrovascular diseases.[3]