بسم الله الرحمن الرحيم

شبكة المعلومـــــات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

﴿ قـــســـم ﴾

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

The Value of Hemoperfusion Using Charcoal Filters in Treatment of Hepatic Encephalopathy and Hepatorenal Syndrome

Thesis submitted for Partial Fulfillment of

MD Degree in Tropical Medicine

From

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2001

جامعة القاهرة / كلية الطب
القصر العيني

محضر

أجتماع لجنة الحكم على الرسالة المقدمة من
الطبيب/ [illegible]
توطئة للحصول على درجة الدكتوراة
في [illegible]

تحت عنوان : باللغة الانجليزية : The value of hemoperfusion using charcoal filters in treatment of hepatic encephalopathy and hepatorenal syndrome

: باللغة العربية : [illegible]

بناء على موافقة الجامعة بتاريخ ٢٩ / ٥ / ٢٠٠١ م تم تشكيل لجنة الفحص والمناقشة للرسالة المذكورة أعلاه على النحو التالي :-

١) [illegible] المشرفين
٢) [illegible] ممتحن داخلي
٣) [illegible] ممتحن خارجي

بعد فحص الرسالة بواسطة كل عضو منفردا وكتابة تقارير منفردة لكل منهم إنعقدت اللجنة مجتمعة في يوم [illegible] بتاريخ ١ / ١٠ / ٢٠٠١ بقسم [illegible] مدرج [illegible] بكلية الطب - جامعة القاهرة وذلك لمناقشة الطالب في جلسة علنية في موضوع الرسالة والنتائج التي توصل إليها وكذلك الأسس العلمية التي قام عليها البحث .

قرار اللجنة : [illegible]

توقيعات أعضاء اللجنة :-

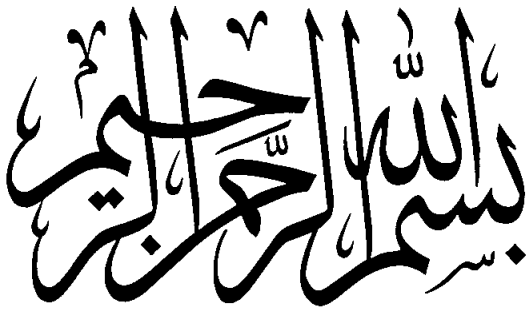
المشرف الممتحن	الممتحن الداخلي	الممتحن الخارجي
[illegible]	[illegible]	[illegible]

(عمام)

Abstract

Introduction: Renewed interest has developed in old and new methods for an extracorporeal approach to the treatment of acute and chronic liver failure. Reasoning that the main problem in liver failure is the build-up of toxic compounds in the blood, we **aimed in this study** at evaluating charcoal hemoperfusion in treatment of patients having liver failure with hepatic encephalopathy and hepatorenal syndrome. **Subjects and Methods:** This study included 32 patients with hepatocellular failure and hepatorenal syndrome. Patients were divided into 2 groups; Group (I) included 22 patients who had hepatic encephalopathy and hepatorenal syndrome and underwent haemoperfusion treatment for one, two or three sessions of 4 hours duration each, as well as the standard measures for treatment of liver failure and hepatorenal syndrome in the Intensive Care Unit. Group (II) included 10 patients who had hepatic encephalopathy and hepatorenal syndrome and they received the standard measures for treatment of liver failure and hepatorenal syndrome in the Intensive Care Unit and they did not undergo haemoperfusion as a line of treatment. **Results**: By comparing results of both groups we found that; Hemoglobin percent and platelets counts showed significant marked decrease in patients of group (I) after haemoperfusion ($P<0.001$). Total proteins level and serum albumin were significaly markedly decreased. Prothrombin concentration in patients of both groups and these findings were statistically higher in significance in group (I) than in group (II). Kidney function tests showed significant significant reduction in serum urea and creatinine in group (I) after hemoperfusion. Conscious level and grade of hepatic encephalopathy; improved in twelve patients corresponding to 3 patients in group (II) (>0.05 NS). Mortality rate was (90.0%) in those patients due to the late, complicated, serious conditions of our patients who had end-stage hepatocellular failure complicated with hepatic encephalopathy, cerebral oedema and hepatorenal syndrome. **Conclusion**: So we can conclude that poor prognosis still accompany liver failure when associated with hepatic encephalopathy, cerebral oedema, renal failure (HRS) or respiratory or circulatory failure.

Key words: Hepatic encephalopathy, Hepatorenal syndrome, charcoal hemoperfusion.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