

شبكة المعلومات الجامعية







شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها على هذه الأفلام قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأفلام بعيدا عن الغبار في درجة حرارة من ١٥-٥٠ مئوية ورطوبة نسبية من ٢٠-٠٠% To be Kept away from Dust in Dry Cool place of 15-25- c and relative humidity 20-40%



بعض الوثائـــق الإصليــة تالفــة



بالرسالة صفحات لم ترد بالإصل

CLINICAL EVALUATION OF PIPECURONIUM BROMIDE (ARDUAN) IN PATIENTS SUFFERING FROM RENAL AND LIVER FUNCTION DISTURBANCES

THESIS

ry

Submitted for the partial fulfilment of M.D. Degree in Anaesthesiology

By THANAA SOBHI MOHAMED HODHOD

M.B. B.Ch., M.Sc. Anaesthesiology

Supervisors

PROF. DR. MOHAMED HAMED SHAKER

Professor of Anaesthesiology
Faculty of Medicine - Ain Shams University

PROF. DR. SAWSAN FAYAD

Professor of Clinical Pathology

Faculty of Medicine - Ain Shams University

PROF. DR. MEDHAT MOHAMED YOUNIS

Professor of Anaesthesiology
Faculty of Medicine – Ain Shams University

PROF. DR. MOHIE EL DIN WAHID EL DIN

Professor of Anaesthesiology
Faculty of Medicine - Ain Shams University

Faculty of Medicine
Ain Shams University
1994

Acnowledgement

I wish to express my deep gratitude and profound respect to Prof. Dr. Mohamed Hamed Shaker, Professor of Anaesthesiology, Ain Shams University, who offered me fatherly encouragement and generous support.

It is my pleasure to express my cordial feelings and heartiest thanks to Prof. Dr. Sawsan Fayad, Professor of Clinical Pathology, Ain Shams University, for her kind supervision, useful criticisms and suggestions throughout this study.

I am also much obliged to Prof. Dr. Medhat Mohamed Younis, Professor of Anaesthesiology, Ain Shams University, for his help and continuous follow—up all through thw work.

I wish to express my greatful thanks to Prof. Dr. Mohie El-Din Wahid El-Din, Professor of Anaesthesiology, Ain Shams University for his help in this work.

I wish also to express my grateful thanks to both Dr. Bahaa El-Din Awais and Dr. Mohamed Said Abdel Aziz, Lecturers of Anaesthesiology, Ain Shams University for their help in this work.

CONTENTS

	Page
Introduction	1
Aim of the Work	2
Review of Literature	3
Anatomy and Physiology of Neuromuscular Transmission	.3
Monitoring of Neuromuscular Function	24
Pharmacological Profile of Pipecuronium	57
Patients and Methods	75
Results	85
Discussion	104
Summary	112
Conclusion	113
References	114
Arabic Summary	

Introduction

Aim of the Work

AIM OF THE WORK

The aim of this work is to evaluate the duration of action of pipecuronium in patients with renal, liver dysfunction in comparison with its duration in normal patients.

Review of Literature

ANATOMY AND PHYSIOLOGY OF NEUROMUSCULAR TRANSMISSION

The neuromuscular junction holds particular importance to the anaesthetist with regards to peripherally induced muscle relaxation.

Anatomy of the Neuromuscular Junction

A motor nerve enters a muscle, then branches repeatedly depending on the function of that muscle. For example, muscles that perform fine movements are supplied by nerve fibres that innervate relatively few muscle fibres while muscles that are involved in the control of posture, are innervated by nerve fibres that supply many muscle fibres (*Bowman*, 1980).

In the human body, all muscles, with notable exception of extraocular muscles of the eye and some muscles of the face and neck, are focally innervated. In the muscles in which there are multiple innervation i.e. each muscle fibres passes many myoneural junctions, this muscle type responds to a depolarizing agent by contracture. As the axon forms intimate contact with a single muscle fibre, it loses its

myelin sheath and then branches again to form myoneural junction (Anis Baraka, 1980).

The nerve terminals lie in synaptic troughs and are capped with Schwann cells which may serve to mechanically preserve myoneural junction (Fig. 1).

The nerve terminals themselves contain vesicles of transmitter acetylcholine that line up in "active zones" within the nerve terminal. Also present in the nerve terminal are mitochondria which make up about 6.6% of the nerve terminal and cisternae which are thought to be involved in the recycling of the vesicles.

The synaptic cleft, about 50 to 70 nm wide, contains a basement membrane material. The enzyme acetylcholinesterase is also present in the synaptic cleft and is concentrated in the folds. The post-junctional region is immediately recognized by its folded surface the mouth of which be directly opposite the active zone in the nerve terminal. It is also in this region that the acetylcholine receptors and their associated ionic channels are located. Thus the released acetylcholine passes the receptors before being destroyed by acetylcholinesterase within the folds (Fig. 2) (*Heuser*, 1973).

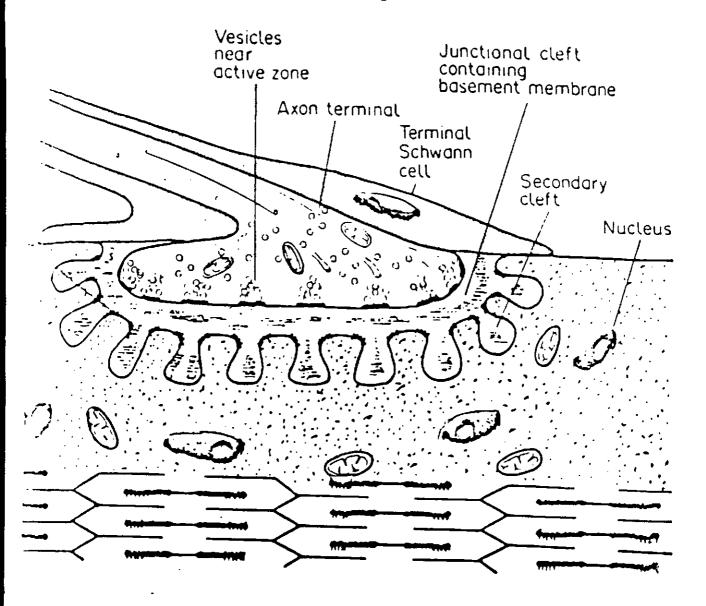


Figure (1): Scheme of the motor nerve ending (Standaert, 1986).