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STUDY OF INCIDENCE AND PREDICTIVE FACTORS OF EPISODES OF SPONTANEOUS BACTERIAL PERITONITIS IN SCHISTOSOMAL HEPATIC FIBROSIS WITH ASCITES

Thesis

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 B_y

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ABBREVIATION

ALT : Alanin transaminase

AST : Aspartate transaminase

BP : Blood pressure.

C₃ : Complement 3

C₄ : Complement 4

CNNA : Culture-negative neutrophilic ascites

Hb: Haemoglobin

IV : Intravenous

LDH : Lactic dehydrogenase

LL : Lower limb.

min : Minutes

mmHg : Millimeter mercury

Mono cells : Monocytic cells.

PMN cells : Polymerphonuclear cells

RBCs : Red blood corpuscles.

SBP : Spontaneous bactrial peritonitis

SD : Standard deviation

SGOT : Serum glutamic oxalacetic transaminase.

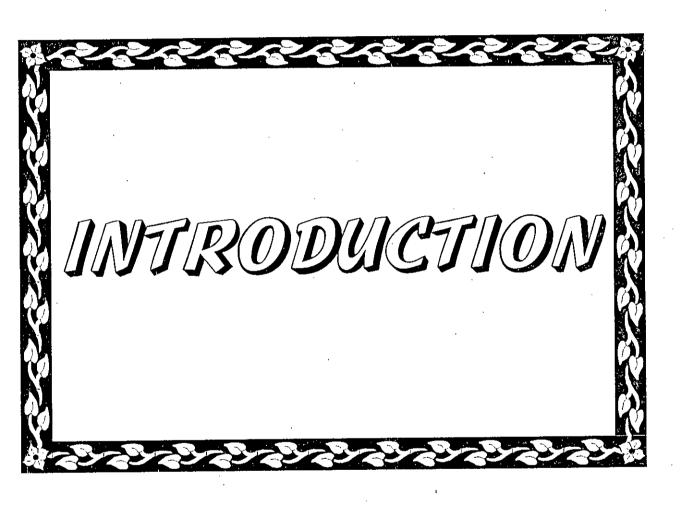
SGPT : Serum glutamic pyrovic transaminase

Temp. : Temperature

U : Unit.

WBCs : White blood cells.

 \overline{X} : Mean



INTRODUCTION

Schistosomiasis remains the most important helminthing infection in the tropical and subtropical areas in the world including Egypt. It is estimated to affect at least 200 million people and endangers another 600 millions in more than 70 countries over the world.

Ascites is a cardinal complication of schistosomal hepatic fibrosis demonstrating parenchymo-vascular decompensation, it represent 40% of total admission of schistosomal hepatic fibrosis cases and its appearance denotes the beginning of a downhill in the course of the disease.

Spontaneous bacterial peritonitis (SBP) is an infectious process that usually occurs in ascitic patients with liver disease in which contiguous local source of infection is not apparent. Several variants of this syndrome exist and the aim of this work is to evaluate the incidence of spontaneous bacterial peritonitis (SBP) in patients with schistosomal hepatic fibrosis with ascites and to investigate the predictive values of clinical parameters, standard liver function tests, ascitic fluid protein concentration, ascitic fluid C₃ and C₄ concentration in development of spontaneous bacterial peritonitis (SBP) in these patient.

REVIEW OF LITERATURE

SCHISTOSOMAL HEPATIC FIBROSIS

Schistosomiasis is the second most important parasitic disease in the world after malaria^[1]. In its all different forms, schistosomiasis is estimated to affect at least 200 million peoples and endangers another 600 millions in more than 70 countries over the world^[2]. Egypt has been considered to be one of the most highly endemic areas [3]. Nearly half of the population are infected either with S. mansoni, S. haematobium, or both^[4]. Schistosomal infestation in Egypt is increasing due to progressive increase in the number of population, promotion of water resources for irrigation, introduction of water development projects and migration of infected individuals to non infected areas^[2]. In Egypt the prevalence of Schistosoma mansoni infection had increased from 3.2% to 73%, whereas S. haematobium infection, which had been very common in 1935 (74%), had almost disappeared (2.2%). The percentage of urine specimens found to contain S. haematobium ova has dropped from 30 to 9% while the percentage of stool specimens containing S. mansoni ova has increased from 2 to 22%. In the local irrigation canal snail intermediate hosts for S. mansoni have outnumbered those for S. haematobium by a factor of 5-40 times. Changes in the proportion of snail vector appears to be related to construction of the Aswan High Dam and to changes in the water flow pattern of the Nile. The change in the relative frequencies of the two infections has important public-health implications^[5].

Hepatic schistosomiasis is usually a complication of the intestinal disease since emboli of *Schistosoma* ova reach the liver from the