A Study of Intestinal Motility in Experimental Uremia and Effect of Erythropoietin

THESIS
Submitted for partial fulfillment of the Master Degree in Physiology

Presented by

Einas Mohamed Nagib

(M.B.B.Ch - Ain Shams University)

Supervised by

Prof. Dr. Magda Hassanein Metwally Youssef

Professor of Physiology Faculty of Medicine, Ain Shams University

Dr. Mona Ahmed Ahmed

Assistant Professor of Physiology Faculty of Medicine, Ain Shams University

Dr. Mohamed Hassan El-Sayed

Lecturer of Physiology
Faculty of Medicine, Ain Shams University

Physiology Department
Faculty of Medicine, Ain Shams University
(2011)



Acknowledgement

First and foremost, I thank "Allah" for granting me the power to proceed and accomplish this work, as part of his generous help throughout my life.

My profound gratitude and my ultimate thanks to **Prof. Dr. Magda Hassanein Metwally Youssef,** Professor of Physiology, Faculty of Medicine, Ain Shams University, for suggesting and planning this work, providing me with great deal of support, and for her meticulous supervision throughout this study. Her experience truly enriched this work.

I am greatly indebted to **Dr. Mona Ahmed Ahmed,** Assistant Professor of Physiology, Faculty of Medicine, Ain Shams University, for her eminent guidance, limitless help, unfailing assistance and meticulous revision.

I would like to extend my thanks to **Dr. Mohamed Hassan El-Sayed,** Lecturer of Physiology, Faculty of
Medicine, Ain Shams University, for all the careful
supervision, valuable remarks and contribution in presenting
this work.

I would also like to acknowledge my sincere appreciation to Prof. **Dr. Faten Mahmoud Diab**, Head of Physiology Department, Faculty of Medicine, Ain Shams University, for her support and encouragement.

I am so grateful to Prof. **Dr. Ebtessam Ahmed Abou–Shady**, Professor of Physiology, Faculty of Medicine, Ain Shams University, for her support.

I would also extend my deepest gratitude to members of Physiology Department for their unlimited cooperation and continuous support.

To

My mother and my son

For their limitless support, for their patience and understanding, and for their love.

1

CONTENTS

	PAGE
LIST OF ABBREVIATIONS	II
LIST OF TABLES	III
LIST OF FIGURES	VI
INTRODUCTION	1
AIM OF THE WORK	2
REVIEW OF LITERATURE	3
MATERIALS AND METHODS	17
RESULTS	<i>35</i>
DISCUSSION	68
SUMMARY AND CONCLUSION	76
REFERENCES	79
ARABIC SUMMARY	

LIST OF ABBREVIATIONS

ARF Acute renal failure

ATP Adenosine Triphosphate

CRF Chronic renal failure

eNOS Endothelial nitric oxide synthase

EPO Erythropoietin

GFR Glomerular filtration rate

GSH Glutathione

NO Nitric oxide

SOD Superoxide dismutase

TNF Tumor necrosis factor

LIST OF TABLES

No.	Title	Page
1	Plasma creatinine and plasma urea levels in control group.	40
2	Plasma creatinine and plasma urea levels in gentamicintreated group.	41
3	Plasma creatinine and plasma urea levels in erythropoietin-gentamicin-treated group.	42
4	Red blood cell parameters, total leucocytic count and platelet count in control group.	43
5	Red blood cell parameters, total leucocytic count and platelet count in gentamicin-treated group.	44
6	Red blood cell parameters, total leucocytic count and platelet count in erythropoietin-gentamicin-treated group.	45
7	Duodenal motility parameters in control group.	46
8	Duodenal motility parameters in gentamicin-treated group.	47
9	Duodenal motility parameters in erythropoietin- gentamicin-treated group.	48

10	Descending colon motility parameters in control group.	50
11	Descending colon motility parameters in gentamicin-treated group.	51
12	Descending colon motility parameters of erythropoietingentamicin treated group.	52
13	Response of duodenum and descending colon to acetylcholine administration in the control group.	54
14	Response of duodenum and descending colon to acetylcholine administration in the gentamicin-treated group.	55
15	Response of duodenum and descending colon to acetylcholine administration in the erythropoietingentamicin-treated group.	56
16	Plasma creatinine and plasma urea levels in the studied groups.	57
17	Red blood cells parameters and total leucocytic count and platelet count in the studied groups.	58
18	Duodenal motility parameters in the studied groups.	59

19	Descending colon motility parameters in the studied groups.	60
20	Response of duodenum and descending colon to acetylcholine administration in the studied groups.	61

LIST OF FIGURES

No.	Figures	Page
1	Calibration curve recorded at sensitivity 0.1	23
2	Tracing of duodenal motility before and after addition of acetylcholine in studied groups	49
3	Tracing of descending colon motility before and after addition of acetylcholine in studied groups	53
4	Graphs showing plasma creatinine and plasma urea levels in the studied groups.	62
5	Graphs showing duodenal motility parameters in the studied groups.	63
6	Graphs showing descending colon motility parameters in the studied groups.	64
7	Graphs showing correlations between plasma creatinine and descending colon frequency and average duration of contraction in the studied groups.	65
8	Graphs showing correlations between plasma creatinine and descending colon average forces of contraction before and after administration of acetylcholine in the studied groups.	66
9	Graph showing correlation between plasma creatinine and duodenal absolute force of contraction after acetylcholine administration in the studied groups.	67

Introduction

INTRODUCTION

Although gastrointestinal complications are common in patients with renal disease, studies demonstrating the effects of renal dysfunction on bowel motility are conflicting. Diarrhea and constipation are reported in patients with end-stage renal disease (Etemad, 1998).

Disturbed small intestinal motility might explain diarrhea in some patients with chronic renal failure (Strid et al., 2003). Conversely, colonic transit was found to be prolonged in long-term hemodialysis patients (Wu et al., 2004).

Though there is large number of available literatures on gastrointestinal dysfunction in chronic renal failure; little studies are devoted to the disturbed intestinal function in acute uremia and the underlying mechanisms are poorly understood.

Erythropoietin (EPO) is used in the therapy of patients with renal failure suffering from anemia (Cody et al., 2001; Nemoto et al., 2001). It was shown to reduce the degree of diarrhea and the degree of colonic injury in mice with experimental colitis (Cuzzocrea et al., 2004).

It was, therefore, of interest, to study the patterns of altered intestinal motility in acute renal failure and to investigate the possible effect of erythropoietin on these changes.

Aim of Work

AIM OF WORK

This study was performed to investigate the intestinal motility changes in experimental acute renal failure induced by gentamicin. Also the possible protective effect of pretreatment with erythropoietin was studied.