

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





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شبكة المعلومات الجامعية التوثيق الإلكتروني والميكرونيله



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Estimation of Intestinal Fatty Acid Binding Protein Level as a Marker of Gut Failure in Critically ILL Pediatric Patients

Thesis

Submitted for Partial Fulfilment of Master Degree in **Pediatrics**

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Tist of Abbreviations

Abb.	Full term
AGI	Acute gastrointestinal injury
APACHE II	Acute Physiology and chronic Health evaluation II
<i>bLF</i>	Bovine lactoferrin
CARS	Compensatory anti-inflammatory reaction
CCK1	Chole cystokin in
CIPOs	Chronic intestinal pseudo-obstructions
CT	Computed tomography
ELISA	Enzyme-linked immunosorbent assay
GI	Gastrointestinal
<i>hLF</i>	Human lactoferrin
HS	Highly significant
<i>IAH</i>	Intra abdominal hemorage
<i>IAP</i>	Intra abdominal pressure
ICUs	Intensive care units
<i>IF</i>	Intestinal failure
<i>IF</i>	Intestinal failure
<i>I-FABP</i>	Intestinal fatty acid binding protein
<i>LF</i>	Lactoferrin
LOS	Length of stay
<i>l-FABP</i>	Liver fatty acid-binding protein

Tist of Abbreviations cont...

Abb.	Full term
<i>LIFE</i>	Lausanne Intestinal Failure Estimation
MODS	Multiple organ dysfunction syndrome
MOF	Multiple organ failure
MRSA	Meticillin resistant Staphylococcus aureus
<i>NMR</i>	Nuclear magnetic resonance
NS	Non significant
<i>NOMI</i>	Non occlusive mesenteric infarction
PELOD	Pediatric logistic organ dysfunction score
PICUs	Paediatric intensive care units
<i>PMODS</i>	Pediatric Multiple Organ Dysfunction Score
<i>PN</i>	Parenteral nutrition
PNALD	Parenteral nutrition associated liver disease
S	Significant
SBS	Short bowel syndrome
SIRS	Systemic inflammatory response syndrome
SOFA	Sequential Organ Failure Assessment
SPROUT	Sepsis Prevalence, Outcomes, and Therapies

Introduction

epsis is defined as life-threatening organ dysfunction Caused by a dysregulated host response to infection. For operationalization, clinical organ dysfunction represented by an increase in the Sequential [Sepsis-related] Organ Failure Assessment (SOFA) score of 2 points or more, which is associated with an in-hospital mortality greater than 10%. Septic shock should is defined as a subset of sepsis in which particularly profound circulatory, cellular, and metabolic abnormalities are associated with a greater risk of mortality than with sepsis alone. Patients with septic shock can be clinically identified by a vasopressor requirement to maintain a mean arterial pressure of 65 mm Hg or greater and serum lactate level greater than 2 mmol/L (>18 mg/dL) in the absence of hypovolemia. This combination is associated with hospital mortality rates greater than 40% (Singer et al., 2016).

In critically ill patients, the intestine is a vulnerable organ, and gastrointestinal (GI) dysfunction is common. Conversely, GI dysfunction can indicate a critical condition. It has been reported that almost 50% of patients in intensive care units (ICUs) have enterocyte damage at admission. Among critically ill patients, those with GI dysfunction have higher mortality rates than those without GI dysfunction. It is therefore important to monitor the status of the GI tract in critically ill patients (*Li et al.*, 2017).