

شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو

بسم الله الرحمن الرحيم





MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكتروني والميكروفيلو



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



MONA MAGHRABY



شبكة المعلومات الجامعية التوثيق الإلكترونى والميكروفيلم

جامعة عين شمس التوثيق الإلكتروني والميكروفيلم قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



MONA MAGHRABY



Study of Neutrophil-Lymphocyte Ratio, Interleukin-6 (IL-6) and Tumor Necrosis Factor-Alpha (TNF-α) in Type 2 Diabetes with Diabetic Nephropathy

A Thesis

Submitted for partial fulfillment of Master degree in Endocrinology and Metabolism

By Marwa Mohamed Ali Ahmed M.B.B.Ch

Under Supervision of

Prof. Dr. Inas Mohamed Sabry

Professor of Internal Medicine & Endocrinology Faculty of Medicine, Ain Shams University

Prof. Dr. Maram Mohamed Maher Mahdy

Professor of Internal Medicine & Endocrinology Faculty of Medicine, Ain Shams University

Dr. Salah Hussien Aly Elhalawany

Lecturer of Internal Medicine & Endocrinology Faculty of Medicine, Ain Shams University

> Faculty of Medicine Ain Shams University 2021



سورة البقرة الآية: ٣٢



First and foremost, I feel always indebted to Allah, the Most

Beneficent and Merciful who gave me the strength to accomplish this

work,

My deepest gratitude to my supervisor, **Prof. Dr. Inas Mohamed Sabry,** Professor of Internal Medicine & Endocrinology, Faculty of Medicine, Ain Shams University, for her valuable guidance and expert supervision, in addition to her great deal of support and encouragement. I really have the honor to complete this work under her supervision.

I would like to express my great and deep appreciation and thanks to **Prof. Dr. Maram Mohamed Maher Mahdy,**Professor of Internal Medicine & Endocrinology, Faculty of Medicine, Ain Shams University, for her meticulous supervision, and her patience in reviewing and correcting this work.

I must express my deepest thanks to **Dr. Salah Hussien Aly Elhalawany,** Lecturer of Internal Medicine & Endocrinology,

Faculty of Medicine, Ain Shams University, for guiding me throughout this work and for granting me much of his time. I greatly appreciate his efforts.

Special thanks to my **Parents** and all my **Family** members for their continuous encouragement, enduring me and standing by me.

Marwa Mohamed Ali Ahmed

List of Contents

Title	Page No.
List of Abbreviations	i
List of Tables	iv
List of Figures	v
Introduction	1
Aim of the Work	3
Review of Literatuer	
Diabetes Mellitus	4
Diabetic Nephropathy	26
Biomarker for Predicting Diabetic Nephrop	athy49
Subjects and Methods	73
Results	79
Discussion	94
Summary	107
Conclusions	
Recommendations	113
References	
Arabic Summary	

List of Abbreviations

Abb.	Full term
8oHdG	. 8-oxo-7,8-dihydro2-deoxyguanosine
	. Glycated hemoglobin
	. Angiotensin-converting enzyme
	. American Diabetes Association
AGE	. Advanced Glycation End products
	. Absolute lymphocyte count
	. Absolute neutrophil count
	. Angiotensin receptor blockers
	. Antioxidant response element
	Body mass index
BMP-7	. Bone morphogenic protein-7
	. Complete blood counts
CKD	. Chronic kidney disease
CVD	. Cardiovascular disease
DCCT	. Diabetes Control and Complications Trial
DKA	. Diabetic ketoacidosis
DKD	. Diabetic kidney disease
DM	. Diabetes mellitus
DN	. Diabetic nephropathy
EDTA	. Ethylenediamine tetraacetic acid
ELISA	. Enzyme-linked immunosorbent assay
ERK	. Extracellular related kinase
ESRD	. End-stage renal disease
FPG	. Fasting plasma glucose
G-CSF	. Granulocyte colonystimulating factor
GFR	. Glomerular filtration rate
GSH	
GSH	. Glutathione Rreductase
GST	. Glutathione S Ttransferase

List of Abbreviations Cont...

Abb.	Full term
HAAF	. Hypoglycemia-associated autonomic failure
	. Heart fatty-acid binding protein
	. Hyperosmolar nonketotic state
	. Heme oxygenase
	. Impaired fasting glucose
IFTA	. Interstitial fibrosis and tubular atrophy
	. Impaired glucose tolerance
IkB	. Inhibitory kappa B protein
IKK	. Inhibitory kappa B kinase
IL1	. Interleukin-1
KIM-1	. Kidney molecule injury 1
L-FABP	. Liver-type fatty acid binding protein
L-PGDS	. Lipocalin-type prostaglandin synthase
MAPK	. Mitogen-activated protein kinase 42/44
MCP-1	. Monocyte chemoattractant protein-1
MODY	. Maturity onset diabetes of the young
	. N-acetyl-β-D-glucosaminidase
NF-kb	. Nuclear Factor Kappa
NGAL	. Neutrophil gelatinase-associated lipocalin
NGSP	National Glycohemoglobin Standardization
	Program
NHANES	. National Health and Nutrition Examination Survey
NIK	NF-kB-inducing kinase
NLR	. Neutrophil lymphocyte ratio
NLR	. Neutrophil-lymphocyte ratio
Nrf2	Nuclear Factor (erythroid-1) related factor
OGTT	. Oral glucose tolerance test
PI3	. Phosphatidylinositol 3

List of Abbreviations Cont...

Abb.	Full term
DIZC	D + 1 17
	. Protein Kinase c
PTF	Pentoxifylline
RAAS	. Renin-angiotensin-aldosterone system
ROS	. Reactive Oxygen Species
SOD	. Super Oxide Dismutase
T1DM	. Type 1 diabetes mellitus
T2DM	. Type 2 diabetes mellitus
TGF-beta	. Transforming growth factor-beta
TNF-α	. Tumor necrosis factor-α
TRADD	. TNFR associated death domain
TWBC	. total white blood cell
UKPDS	. U.K. Prospective Diabetes Study
VEGF	. Vascular endothelial growth factor
WHO	World Health Organization

List of Tables

Table No.	. Title	Page No.
Table (1):	Glomerular biomarkers microalbuminuria as predictive diabetic nephropathy.	tools for
Table (2):	Number and percentage of whole females included in the study	
Table (3):	Descriptive Statistics of all studing regarding age, duration of DM, anth and clinical data are presented according to the statistics of all studing and clinical data are presented according to the statistics of all studing and clinical data are presented according to the statistics of all studing and clinical data are presented according to the statistics of all studing and clinical data are presented according to the statistics of all studing and clinical data are presented according to the statistics of all studing according to the statistics of all studing and clinical data are presented according to the statistics of all studing according to the statistics of all statistics of all studing according to the statistics of all statistic	ropometric ding to the
Table (4):	The differences in the NLR among subjects.	
Table (5):	The differences in IL6 among the subjects	
Table (6):	Differences in TNF among the studie	ed subjects 86
Table (7):	Comparison between Two groups laboratory data using ANOVA test:	~
Table (8):	The differences in serum albumin to ratio among the studied subjects	
Table (9):	The different correlations of NLR TNF and others numerical variab groups.	les in all
Table (10):	The different correlations of NLR, IL TNF and others numerical variab groups.	6 and TNF les in all
	810ahp	

List of Figures

Fig. No.	Title	Page No.
Figure (1): Figure (2):	Diabetic nephropathy Formation of advanced glycosylat productsSchematic representation formation of advanced glycosylat products in the presence of pehyperglycemia	ion end of the ion end ersistent
Figure (3):	The RAAS and examples of inhibitors that are available f treatment.	RAAS or oral
Figure (4):	Hyperglycemia-induced production inflammatory cytokine in the pathoof DN	ogenesis
Figure (5):	Number and percentage of whole and females included in the study.	
Figure (6):	Display the age distribution of the subjects	
Figure (7):	Display the differences in diabetes of among the studied subjects	
Figure (8):	Demonstrate the differences in BM the studied subjects	I among
Figure (9):	Reveal the differences in SBP am studied subjects	ong the
Figure (10):	Display the differences in DBP am studied subjects	ong the
Figure (11):	The differences in the NLR ame studied subjects.	ong the
Figure (12):	The differences in IL6 among the subjects	studied
Figure (13):	Differences in TNF among the subjects	

List of Figures Cont...

Fig. No.	Title	Page No.
Figure (14):	Display the differences in FBS a studied subjects	0
Figure (15):	Show the differences in HbA1C a studied subjects	mong the
Figure (16):	Reveal the differences in serum E among the studied subjects	
Figure (17):	Display the differences in EGFR a studied subjects	· ·
Figure (18):	Show the differences in serum of level among the studied subjects	
Figure (19):	The differences in serum all creatinine ratio among the subjects.	studied

Introduction

Type 2 diabetes mellitus (DM) can have serious socioeconomic effects due to its many potential complications, which include microvascular (diabetic nephropathy (DN), neuropathy and retinopathy) and macrovascular complications (atherosclerosis, ischemic heart disease, stroke and peripheral vascular disease which frequently results in amputation) (*Kahraman et al., 2016*).

Several studies have shown the relationship between systemic inflammation and insulin resistance, where an altered immune system plays a decisive role in the pathogenesis of DM..These immunological alterations result in elevated circulating levels of acute-phase proteins and pro-inflammatory cytokines that play a major role in the development of chronic inflammation-induced organ dysfunction in DM (*Abhijit et al.*, 2014).

Diabetic nephropathy (DN) is a major cause of end-stage kidney disease, and therefore early diagnosis and intervention may help reverse renal damage (*Ahmet et al.*, 2013). Early pathophysiologic changes of DN include renal hyperfiltration and extracellular accumulation in both the glomerular and the tubule interstitial compartments, and these effects are associated with deterioration of renal function (*Yachun et al.*, 2013).



Elements of the diabetic mellitus (hyperglycaemia, AGEs, immune complexes) can activate kidney cells via induction of SAPK signaling, resulting in the release of chemokines and up regulation of cell adhesion molecules. These events facilitate the kidney infiltration of monocytes and lymphocytes, which become activated in the diabetic kidney and secrete injurious molecules (Andy and Lim, 2016).

The neutrophil-lymphocyte ratio (NLR) is a marker of systemic inflammation, which is calculated by dividing the neutrophil count by the lymphocyte count. NLR has been shown to have predictive and prognostic utility in a variety of diseases including acute myocardial infarction, autoimmune disease, and chronic kidney disease (CKD) (Hiroyuki et al., 2017).

DN in T2DM has an inflammatory pathology. Many inflammatory markers have been found to be related to DN, such as interleukin-1 (IL1), IL6, IL8, transforming growth factor beta 1, tumor necrosis factor-alpha (TNF-α), and cytokines. However, their measurement is not used routinely as it is not easy to do it. In this respect, NLR has emerged as a novel surrogate marker (Sagar et al., 2017).