

سامية محمد مصطفى



شبكة المعلومات الجامعية

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ



سامية محمد مصطفى



شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



سامية محمد مصطفى



شبكة المعلومات الجامعية

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



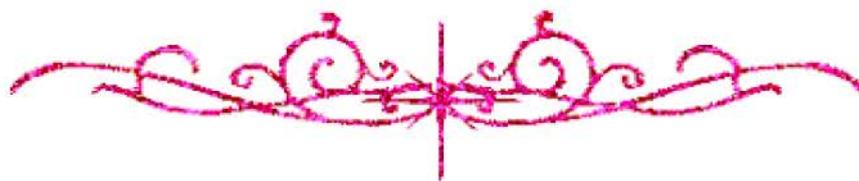
سامية محمد مصطفى



شبكة المعلومات الجامعية



بعض الوثائق الأصلية تالفة



سامية محمد مصطفى



شبكة المعلومات الجامعية



بالرسالة صفحات

لم ترد بالأصل



Evaluation of Gingival Crevicular Fluid Interleukin-10 in Diabetic Patients Suffering from Periodontitis

Handwritten signature

Thesis
*Submitted in Partial Fulfilment For The
Requirement of
The Master Degree in
Oral Medicine and Periodontology*

Handwritten signature

By
Rasha Wagih Mostafa
B.CHD (Cairo University)



Handwritten signature

*Oral Medicine and Periodontology Department
Faculty of Oral and Dental Medicine
Cairo University*

2004

B

17-10

SUPERVISORS

Late/ Prof. Doc. **Aly Ayoub**
Professor of Oral Medicine and Periodontology
Faculty of oral and dental medicine
Cairo University

Prof. Doc. **Soheir Gaafar**
Professor of Oral Medicine and Periodontology,
Faculty of oral and dental medicine
Cairo University

Prof. Doc. **Omaima Gohar**
Professor of Clinical Pathology
Faculty of Medicine
Cairo University

ACKNOWLEDGMENT

*I would like to express my deepest gratitude and appreciation to late **Professor Dr. Aly Ayoub**, may he rest in peace, Professor of Oral Medicine and Periodontology, Faculty of Oral and Dental Medicine, Cairo University, who helped a lot in initiating this work.*

*My great thanks and appreciation go to **Professor Dr. Soheir Gaafar**, Professor of Oral Medicine and Periodontology, Faculty of Oral and Dental Medicine, Cairo University, for her exact, precise and generous supervision, her unlimited expert guidance, and her continuous encouragement. Without her support, this work would not have reached its final stages.*

*I am deeply grateful to **Professor Dr. Omaila Gohar**, Professor of Clinical Pathology, Faculty of Medicine, Cairo University, for her close supervision, valuable contribution with knowledge and advise and also for her continuous guidance and encouragement during the course of this study.*

*I would also like to express my sincere appreciation and gratitude to **Professor Dr. Nagwa Osman**, Professor and Chairman of Oral Medicine and Periodontology, Faculty of Oral and Dental Medicine, Cairo University, for her sincere help, advise and support, and for her continuous efforts towards the scientific activities in the department.*

My gratitude and thanks go to all staff members of the Oral Medicine and Periodontology Department, Faculty of Oral and Dental Medicine, Cairo University, for their sincere support and cooperation and for their valuable scientific knowledge.



To my parents,

My husband,

And my lovely daughter.

Table of Contents

	Page
*Introduction.....	1
*Review of literature	4
*Aim of the study.....	50
*Subjects and Methods.....	51
*Results.....	66
*Discussion.....	82
*Conclusion.....	95
*Summary.....	96
*References.....	99
*Arabic summary.	

List of Abbreviations

Aa	Actinobacillus actinomycetemcomitans
AGEs	Advanced glycated end products
AL	Attachment level
APC	Antigen presenting cells
bFGF	basic fibroblast growth factor
Bf	Bacteroid forsythus
CD	Cluster of differentiation
Cr	Campylobacter rectus
Conc.	Concentration
DC	Dendritic cells
DM	Diabetes Mellitus
DM1	Diabetes Mellitus type 1(formely IDDM)
DM2	Diabetes Mellitus type 2 (formely NIDDM)
EBV	Epstein Barr Virus
ELISA	Enzyme linked immunosorbent assay
FPG	Fasting plasma glucose
GAD	Glutamic acid decarboxylase
GCF	Gingival crevicular fluid
GI	Gingival index
GM-CSF	Granulocyte Macrophage Colony Stimulating Factor
H ₂ S	Hydrogen sulphide
HbA _{1c}	Hemoglobin A1C
ICAM	Intercellular adhesion molecules
IDDM	Insulin dependant diabetes mellitus
Ig	Immunoglobulin
IL-1ra	Interleukin 1 receptor antagonist
IL-10	Interleukin 10

INF	Interferon
LDL	Low density lipoprotein
LPS	Lipopolysaccharides
MHC	Major histocompatibility
MMPs	Matrix metalloproteinases
NIDDM	Non insulin dependant diabetes mellitus
NK	Natural killer cells
NO	Nitrogen monoxide
O ₂	Oxygen
PCR	Polymerase chain reaction
PD	Pocket depth
PDGF	Platelet derived growth factor
Pg	Porphyromonas gingivalis
PG	Prostaglandin
PMN	Polymorphnuclear leucocytes
PPG	Post prandial plasma glucose level
RAGEs	Cell surface receptors for advanced glycated end products
SD	Standard deviation
TCR	T cell receptor
TGF	Transforming Growth factor
Th1	T helper 1
TIMPs	Tissue inhibitors of matrix metalloproteinase
TNF- α	Tumor necrosis factor alpha
TRG	Triglyceride
VCAM	Vascular cell adhesion molecule

INTRODUCTION

INTRODUCTION

Periodontal diseases are inflammatory disorders that give rise to tissue damage and loss, as a result of the complex interactions between pathogenic bacteria and the host's immune response (**Chapple, 1997**).

Chronic periodontitis is the most common form of periodontal diseases, occurring in human. It is initiated and sustained by bacterial plaque, but host defence mechanisms play an integral role in the pathogenesis (**Pershaw et al., 1999 and American Academy of periodontology, 2000**).

Bacterial components and products have been suggested as being responsible for the characteristic pathology of periodontal disease. These can be divided into those that adversely affect the host tissue directly by virtue of their antigenicity, enzyme liberation, end products of its metabolism, and those that stimulate the release of inflammatory mediators from host cells resulting in auto-destructive process (**Wilson et al., 1996 and Kinane, 2001**).

Although periodontitis is mainly caused by bacteria, the progression of the disease is modulated by the components of the cellular and humoral immune systems, as well as, various soluble mediators produced by activated immunoregulatory cells (**Agarwal et al., 1995**).

Histologic observations revealed that the three primary leukocytes participating in the immune response involved in periodontal diseases are neutrophils, monocytes, tissue macrophages and lymphocytes (**Miyasaki, 1996**) these immunoinflammatory cells produce many different cytokines

which increase in GCF and gingival tissue of the inflamed sites (**Deschner et al., 1999**).

Studies have shown that pro and anti-inflammatory cytokines were expressed in diseased tissues taken from pockets of chronic periodontitis (**Jin et al., 2002**).

Lappin et al., 2001, found that in periodontitis' granulation tissue, the number of inflammatory leucocytes (Th2) that express the anti-inflammatory cytokines IL-10 are much more widely distributed than those (Th1) that express pro-inflammatory cytokines IL-6 and TNF- α .

Interleukin -10 is a polypeptide of 18 Kilo dalton (KD) expressed as a non - covalent homodimer . IL-10 was shown to be pleiotropic and to act on different cell types (**Moore et al., 1993**) Interleukin -10 is produced by variety of cell types including cells of monocytes /macrophage, Keratinocytes, T and B lymphocytes and mast cells (**Mosmann, 1994**).

The most prevalent systemic disease that modify the tissue reaction to local irritating factor in periodontal disease is diabetes mellitus (**John Brooke, 2001**).

Diabetes mellitus (DM) is a heterogenous group of disorders with the common characteristic of altered glucose tolerance associated with impaired lipid and carbohydrate metabolism. DM can be divided into 2 main types: type 1 (formerly IDDM), type 2 (formerly NIDDM) (**Mealey, 2000**).