hossam maghraby

شبكة المعلومات الجامعية

بسم اللّه الرحمن الرحيم

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التوثيق الالكتروني والميكروفيلم

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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

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بالرسالة صفحات
لم ترد بالأصل

ANTICARDIOLIPIN ANTIBODIES IN CHILDREN WITH HEPATIC VASCULAR THROMBOSIS : PORTAL VEIN THROMBOSIS OR VENO-OCCLUSIVE DISEASE.

Thesis

Submitted in Partial Fulfilment

for the Master Degree (Pediatrics)

By

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2000

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Abbreviations

aCLa	Anticardiolipin antibodies.
AIDS	Acquired immunodeficiency syndrome.
ALT	Alanine transaminase.
ANCA	Antineutrophilic cytoplasmic antibodies.
APAs	Antiphospholipid antibodies.
APL	Antiphospholipid.
AST	Aspartate transaminase.
AT III	Anti – thrombin III.
aPTT	Activated partial thromboplastin time.
Ct	Computerized tomography.
DIC	Disseminated intravascular coagulopathy.
d RVVT	The dilute Russell's viper venom time.
E Coli	Escherichia coli.
EBV	Epstein – Barr virus.

Fn	Fibronectin.
HC-II	Heparin cofactor II.
HIV	Human immunodeficiency virus.
KCT	Kaolin clotting time.
LA	Lupus anticoagulant.
PAPS	Primary antiphospholipid syndrome.
PNP	Platelet neutralization procedure.
R B Cs	Red blood cell count.
SLE	Systemic lupus erythematosus.
VDRL	Venereal disease research laboratories.
vWF	Von willebrand factor.
WBCs	White blood cell count.
%	Percent.

ACKNOWLEDGMENT

First of all, thanks to God for enabling me to finish this work.

I can not find enough words to express my deep feelings toward my supervisors for their great guidance during this work.

I am greatly indebted to Dr. Abd Al- Rahman AL saadany, prof of pediatrics, Banha faculty of Medicine, Zagazig university for his careful supervision, valuable advice and assistance in this work.

I wish to express my deep thanks to Dr. Shahin Aly Dabour, prof. Of pediatrics, Banha faculty of Medicine, Zagazig university for his supervision, continuous encouragement, assistance and help in this work.

Great thanks to Dr. Nabil Abdul Aziz Mohsen, prof. Of pediatrics, faculty of Medicine, Cairo university for his careful Supervision and continuous support, valuable advice and assistance in this work.

Great thanks to Dr. Mohsen Al-shafaey Al.Kafrawy, Assistant prof. Of pediatrics, Banha faculty of Medicine, Zagazig university for his great help to finish this work.

Great thanks to Dr. fatma Al Mougy prof. Of clinical pathology, faculty of Medicine, Cairo university for her effort in preparing this work and her help in this study.

Indeed, I am thankful to all staff of pediatric department, Banha faculty of medicine, zagazig university for their continuous help and support.

Introduction

Portal hypertension in children differs in many aspects from adults. An important cause in children is obsure obstruction to the portal vein or splenic vein some where along its course between the hilum of the spleen and the porta hepatis (prehepatic portal hypertension ***(safouh etal,1991)***

There are many explanation as to the cause of portal vein thrombosis. Yet it remains that in 50% of cases, no etiological factor can be found ***(laishram et al, 1993).***

Hepatic veins occlusion disease seen in Egyptian children is characterized not by fibrotic narrowing and oblitration of central and sublobular veins in classical veno-occlusive disease but by thrombotic occlusion of the largest hepatic veins and their caval orifices and by thrombosis of hepatic segment of the inferior vena cava together with some invo.vement of smaller hepatic veins ***(Safouh et al,1995).*** Antiphospholipid antibody related thrombosis seems to constitute a significant proportion of childhood thrombosis. About one third of children suffering event have circulating antiphospholipid antibodies ***(Ravelli and Martini 1997).***

Additional work has suggested that patients with antiphospholipid antibodies associated thrombosis are at a markedly increased risk for recurrent thrombotic diseases and several investigators have suggested that such patients should receive high-intensity anticoagulant therapy for an indefinite period of time for prophylaxis of recurrent thrombotic events.

Although direct evidence for apthogentic role of antiphospholipid antibodies in the development of thrombosis is still lacking, recent studies

suggest that it is causative rather than co. incidental ***(Martini and Ravelli, 1997).***

Kadayifici et al. (1995), stated that abnormal elevation of anticardiolipin antibodies may be responsible for the tendency to portal thrombosis in cirrhotic patients.

Aim of the work

To investigate children with portal vein thrombosis and veno-occlusive disease for the presence of circulating antiphospholipid antibodies.

Review of Literature