



قال الله تعالى

فَمَنْ يَعْمَلْ مِثْقَالَ حَبِّ خَيْرٍ يَرَهُ (7) وَمَنْ يَعْمَلْ مِثْقَالَ نَرٍّ شَرًّا يَرَهُ (8)

صدق الله العظيم

سورة الزلزلة الآيات 7-8

Dedication

To my father for his support

To my mother for her Continuous encouragement

To the Soul of my grandfather

To my brothers

And my Sister

To my Friends

Acknowledgment

Praise to almighty Allah who supported me and gave me strength to complete this research work.

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Abstract

Recently *Helicobacter pylori* (*H. pylori*) has been involved in many serious diseases such as peptic ulcer and ended with gastric cancer, which can be prevented using specific diagnostic test and treatment.

This study evaluated the diagnostic accuracy of urease test in the diagnosis of *Helicobacter pylori* (*H. pylori*) in patients with gastritis.

Fifty consecutive adult patients with gastritis presenting for endoscopy were recruited after giving informed consent. Two gastric biopsies were collected at endoscopy unit for Urease test and Polymerase Chain Reaction (PCR).

Sensitivity, specificity, of urease test was calculated using PCR as reference standard.

Of the 50 subjects, there were 25 (50%) positive by urease test, 26 (52%) positive by PCR (polymerase chain reaction). And 25 (50%) negative by urease, 24 (48%) negative by PCR. The sensitivity, specificity, of urease test were 84.6% and 87.5% respectively.

Statistical analysis showed no relation between gender, age or symptoms with *H.pylori* 16S rRNA gene detection

Compared with PCR, urease test is simpler, it gives more rapid test result and it is much cheaper. Practically overcomes these drawbacks since it is not dependent on the experience and accuracy of individual laboratories as in the case of other biopsy based methods.

الخلاصة

تعتبر بكتيريا الحلزونية البوابية مسببة لأمراض عديدة وخطيرة , تشمل التهاب المعدة المزمن والقرحة المعوية التي تؤدي – في حالة عدم العلاج- الى سرطان المعدة.
تهدف الدراسة الى تقييم الدقة التشخيصية لاختبار اليورياز في تشخيص بكتيريا الحلزونية البوابية لدى الاشخاص المصابين بالتهاب المعدة.

تم جمع 50 عينة معوية من أشخاص مصابين بالتهاب المعدة أثناء إجراء المنظار المعوي لهم بواسطة أخصائي المناظير , تم اخذ عينتين من كل شخص وفحصها بواسطة اختباري اليورياز و تفاعل البوليمريز المتسلسل , ثم تحديد درجتي الحساسية والنوعية لاختبار اليورياز بأخذ اختبار تفاعل البوليمريز كاختبار مرجعي.

من اصل 50 مريضاً في هذه الدراسة 25 أعطوا نتيجة ايجابية باختبار اليورياز و أعطى اختبار تفاعل البوليمريز المتسلسل 26 نتيجة ايجابية, بينما أعطى اختبار اليورياز 25 نتيجة سلبية وأعطى اختبار تفاعل البوليمريز المتسلسل 24 نتيجة سلبية.
وجدت الدراسة ان درجة الحساسيه لاختبار اليورياز تعادل 84.6% , اما درجة النوعيه فتعادل 87.5% كما لم تجد أي علاقة بين العمر، النوع، أو الأعراض مع الإصابة بالبكتريا الحلزونية البوابية.
وجدنا بمقارنة تفاعل البوليمريز المتسلسل مع اليورياز, ان اختبار اليورياز يعتبر مبسط وسريع في إعطاء نتائج موثوقة نسبياً وغير مكلف كما لا يحتاج الى الدقه والخبره المطلوبه في اختبار تفاعل البوليمريز المتسلسل.

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