 말씀 الله تعالى

قالوا سبْحَانَكَ لا عِلْمٌ لنا إلاّ مَا عَلَمْتُنَا إِنَّكَ أَنَتَ الْعَلِيمُ

صدق الله العظيم

سورة البقرة الآية 32
Dedication

To .....................
The Soul and memory of my mother
To .....................
My father..............who work hard for us
To .....................
My beloved brothers and sisters
To .....................
The people, whom I love, respect and appreciate.
Acknowledgement

I would like to thank Allah for giving me the patience and support to complete this research.

I thank everybody who contributed to the success of this work. In particular, I am grateful to my supervisor Dr. Misk Elyemen.A. Abdalla, head of the department of parasitology in Sudan University of Science and Technology for her skillful guidance, wisdom, enthusiasm and encouragement throughout the progress of this research.

A great debt is owed to the members of the National Committee of Ommanhani Village for their assistance.

My Sincere gratitudes are extend to all my friends especially Ali Mokhtar and Hafiz Shebbier and to all colleagues and relatives who assisted me in one way or another.
Abstract

This cross-sectional study was carried out in Ommahani village in White Nile Province (WNP) during December 2008. The study aimed to determine the prevalence of Schistosomiasis. In this study, stool samples were collected from 200 participant (118 males and 84 females) and urine samples from 200 participant (104 males and 94 females) at age between 6-60 years were collected. The participant were categorized according to age group as follows, (6-16), (17-27), (28-38), (39-49) and (50 years and above). The stool samples were processed using kato-katz technique, while the urine samples were examined by ordinary sedimentation technique. The overall prevalence of urinary (Schistosoma haematobium) and intestinal (Schistosoma mansoni) schistosomiasis were found to be 10.5%, with 21 positive samples and 0% with no positive samples respectively.

For the positive cases of S. haematobium, the age group (6-16 ) had the highest disease prevalence 12/21 (57.1%). From these , 19 (90.5%) were males while 2 ( 9.5%) were female. S. haematobium egg intensity was found significantly higher in the age group (6-16) years, mean (7 egg/10ml) and also higher in males than in females, mean (5.73 egg/10ml).

Statistical analysis showed significant correlation between the egg intensity and clinical feature (haematuria), clinical feature (haematuria) and hatching test, and between the egg count and hatching test.

It was concluded that mass treatment by Praziquentel lead to a significant decrease in the disease prevalence as previous studies from the same area revealed higher prevalence.
أجريت هذه الدراسة العرضية في قريدة أم هاني في ولاية النيل الأبيض أثناء ديسمبر كانون الأول 2008. هدفَت الدراسة لقياس معدل إنتشار مرض البلهارسيا. في هذه الدراسة جمعت 200 عينة برز (118 من الذكور و 84 من الإناث) و 200 عينة بول (104 من الذكور و 96 من الإناث) عشوائياً. الاشخاص تتراوح أعمارهم ما بين 6-60 سنة. تم تقسيم المجموعة إلى فئات عمرية على النحو التالي: (6-16) (17-27) (28-38) (39-49) (50 فأvince). عولجت عينات البراز باتصال تقنية الكاتو كاتر، بينما عولجت عينات البول بواسطة جهاز الطرد المركزي. الإنتشار العام للبولية (بلهارسيا المجاري البولية) كانت نسبة 10.5% بعدد 21 عينة إيجابية و 0% حيث لم يتم التعرف على عينات إيجابية بالنسبة للمعوية (بلهارسيا المستقيم). بالنسبة للحالات الإيجابية للبلهارسيا المجاري البولية، كانت الفئة العمرية (6-16) ذات اعلى نسبة من حيث إنتشار المرض بعدد 12/21 ونسبة (57.1%). ووجد أن عدد (90.5%) من المصابين كانوا من الذكور، وعدد 2 (9.5%) كانوا من الإناث. من حيث كثافة بيض بلهارسيا المجاري البولية وجدت أعلى في المجموعة العمرية (6-16 سنة) (7 egg/10ml) وأعلى أيضاً في الذكور من الإناث (5.73 egg/10ml).

أثبت التحليل الإحصائي علاقة وثيقة بين كثافة البيض والميزة السريرية (البول الدموي) وبين الميزة السريرية (البول الدموي) وإختبار التفقس، وبين كثافة البيض وإختبار التفقس.
استنتج بان العلاج الجماعي بالبرازاكونتيل تؤدي الي نقصان معدل في انتشار المرض اعتماد على دراسات سابقة من المنطقة كشفت معدل انتشار أعلى لمرض البلهارسيا.
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