ACKNOWLEDGEMENT

My acknowledgements and gratefulness at the beginning and at last is to God who gave me the gift of the mind, I would like to express my gratitude to **Dr** .**Alsafi Ahmed Abdalla** who assisted me to complete this thesis and gave his useful generous advices.

My thanks are also to radiology department in ibn sina and suba hospitals. Once again, I would like to acknowledge the support of my long-suffering family, special thanks to **my aunts** and parents.

Finally, I would like to thank everyone who has participated in the completion of the research.

Dedication

I would like to dedicate the benefits of this research to my parents who are encourage me to follow the spiral of education, to my teachers whose efforts are illuminating the pages of this research and paving the way of knowledge for me and to all loyal friends.

Abstract

Obstructive jaundice is not a definitive diagnosis it occurs as a result of obstruction at the major intrahepatic or extrahepatic duct level.

This study was conducted in ibn sina and suba teaching hospitals, in the period from September to December 2011. The study involved fifty patients of obstructive jaundice who were selected randomly from a population of obstructive jaundice patients. The general objective of the research is to evaluate obstructive jaundice using ultrasound.

For laying out this research, the study sample were underwent abdominal ultrasound scan and the ultrasound findings were printed and these were the data concerning with the ultrasound findings, the personal details were taken through direct interview with the patients

The result showed that the common affected gender is the female with specific percentage of 64% relative to the male with 36%

The common affected age group is the (48-59) years old with specific percentage of 48% where as the incidence is low in the (72-83) years old with specific percentage of 2%.

The researcher found that the common cause of the condition is the gallbladder stone with specific percentage of 60% where as the ampullary cancers represents 4% of the causative agents, the tumors of the pancreas and ampulla is low among the population of the study.

Obstructive jaundice is a clinical diagnosis that requires both clinical and diagnostic work up to elucidate the precise etiology. Ultrasound plays an important role in the evaluation of obstructive jaundice since it can precisely detect the intrahepatic ductal dilatation which is the hallmark of obstructive jaundice in ultrasound.

الخلاصة

اليرقان الانسدادي ليس تشخيص محدد وينتج عن انسداد قنوات الصفراء داخل و خارج الكبد. اجري هذا البحث

في مستشفى ابن سينا و مستشفى سوبا التعليمي في الفترة من سبتمبر و حتى ديسمبر 2011 . شملت الدراسة

50. مريض باليرقان الانسدادي بطريقة عشوائية من مجموعة من مرضى اليرقان الانسدادي

الهدف العام لهذا البحث هو تقييم اليرقان الانسدادي باستعمال الموجات فوق الصوتية.

لاجراء هذا البحث اخضعت عينة البحث لفحص البطن بواسطة الموجات فوق الصوتية و تمت طباعة نتائج هذه الفحوصات وتم منها الحصول على المعلومات المتعلقة ببيانات الموجات الصوتية اما البيانات الشخصية فقد تم المحصول عليها بواسطة المقابلات المباشرة مع المرضى

وجد الباحث ان اليرقان الانسدادي يصيب النساء اكثر من الرجال وذلك بنسبة 64% للنساء مقابل 36% للرجال وان اكثر فئة عمرية مصابة باليرقان الانسدادي هي الفئة العمرية (48-59) سنة بنسبة قدرها 48% بينما الاصابة اقل في الفئة العمرية (72-83) سنة بنسبة قدرها 2%. كذلك وجد الباحث ان اكثر مسبب لليرقان الانسدادي هو حصاوي المرارة بنسبة 60% بينما نسبة حدوث الاورام كانت قليلة في عينة البحث

اليرقان الانسدادي حالة سريرية تتطلب عمل تشخيصي و سريري للوصول للتشخيص الصحيح للسبب و تلعب الموجات دور كبير في تشخيصه اذ انها تكتشف بدقة توسع قنوات المرارة داخل و خارج الكبد وهي العلامة المهيزة لليرقان الانسدادي في الموجات الصوتية

List of abbreviations:

Cm centimeter

Na sodium

K potassium

Ca calcium

Cl chloride

HCO3 Bicarbonate

pH Positive Hydrogen

mmol ml mole

GGT Glutamyl Transpeptidase

CT Computed Tomography

ERCP Endoscopic Retrograde Cholangio Pancreatography

PTC Percutaneous Transhepatic Cholangiopancreatography

MRI Magnetic Resonace Imaging

MRCP Mgnetic Resonance Choangio Pancreatography

EUS Endoscopic Ultrasound

GI Gastro Intestinal

CBD Common Bile Duct

5FU Five fluro Uracil

List of tables

table	title	Page
2.2.1	Compositin of human bile	25
4.1	Presentation of the patients according to	48

	age	
4.2	Presentation of the patients according to	49
	gender	
4.3	Presentation of the patients according to	50
	the cause	
4.4	Presentation of the patients according to	51
	the symptoms	
4.5	Association of gall stone and gender	52

FIGURE	TITLE	PAGE
2.1.1	Superior surface of the liver	5
2.1.2	inferior surface of the liver	6
2.1.3	posterior surface of the liver	6
2.1.4	The liver with septum transversum	11
2.1.5	Longitudinal section of a hepatic vein	13
2.1.6	Longitudinal section of a small portal vein	13
2.1.7	Section of injected liver(dog)	14
2.1.8	Single lobule of the liver (pig)	16
2.1.9	Section across portal canal(pig)	17
2.1.10	Bile capillaries of rabbit	17
2.1.11	Gall-bladder and bile ducts laid open	20
2.1.12	Transverse section of the gall bladder	20
4.1	Presentation of the patients according to age	48
4.2	Presentation of the patients according to	49
	gender	
4.3	Presentation of the patients according to the	50
	cause	
4.4	Presentation of the patients according to the	51
	symptoms	
4.5	Association of gall stone and gender	52