

Dedication

To my father

Mother

Brother

And my husband

To all my friends

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
قال تعالى :

(وَإِذَا مَرِضْتُ فَهُوَ يَشْفِينِ)

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ (80)

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Abbreviations

AFB	Acid Fast Bacilli
BCG	Bacillus of Calmette-Guerin
HFN	High False Negative
HFP	High False Positive
LFN	Low False Negative
LFP	Low False Positive
MC	Microscopy Center
NTP	National Tuberculosis Programme
QE	Quantitative Errors
SPR	Sputum Positive Rate
TB	Tuberculosis
W H O	World Health Organization
Z.N	Ziehl - Neelsen
D O Ts	Direct observation treatments
PPD	Purified Protein Derivative.
IUATLD	International Union Against Tuberculosis and Lung Disease.
DMC	Direct Microscopy Center.
RNTCP	Revised National Tuberculosis Control Program.
H I V	Human Immunodeficiency Virus.
LQAS	Lot Quality Assurance Sample.
H O A	Horn of Africa
TBMUs	Tuberculosis Microscopy units
NTRL	National Tuberculosis Reference Laboratory

Abstract

This study aimed to assessment of smear microscopy in net work of tuberculosis bacilli by blind rechecking of slides. A total of 288 positive (48) and negative (240) sputum smears were collected from peripheral TB laboratories located in four States (Sinnar,

Baher Aljabel, Red Sea, and Blue Nile) using Lot Quality Assurance Sampling technique. The selected slides had been sampled from the slides of the fourth quarter of the year 2005. All slides were checked microscopically at peripheral then re-checked in state level, as first controller, blindly without knowing their previous examination results. Then the smears were cleaned with xylene before being read by the second controller. Most of errors are found in the peripheral stage were as follow HFP are more frequently in Red Sea 6%, while it was low in Bahar El-Jabal 0.1% and HFN more frequently in Blue Nile 3% while it was zero in Bahar El-jabal. LFN and LFP are higher in Red Sea 1.5% while it was zero in Blue Nile and Sinnar state. Quantification errors are found higher in Red Sea 1.5% while they were zero in Sinnar State. The study concluded the important of the quality control, also the implementation of blind rechecking method. for broad action of assessing and following of smear microscopy, Re-staining helped in resolving problems of the false positive and negative which it is due to insufficient decolorization. Also deposition of stain and preparation of smear and staining process, also take time in reading and following the WHO instructions in quantity reading to avoid quantification errors. Also the exact picking of part for smear to avoid thickness and make smear three/four of slide ,avoid heating during fixation.

هدفت هذه الدراسة لتقويم الفحص العشوائى فى الشبكة المجهرية للادرن. تم اختيار 288 مسحة موجبه (240) وسالبه (48) لعصيات السل جرى فحصها فى الربع الرابع من العام 2005 فى اربع ولايات فى السودان، هى البحر الاحمر، النيل الازرق، بحر الجبل وولاية سنار. تضم هذه الولايات احدى وعشرون مركزا للفحص المجهرى.

تم اخذ 15 شريحة عشوائيا من كل مركز. تمت اعادة قراءة الشرائح التى جمعت من المراكز الطرفية فى الولايات (الضابط الاول) مع حجب النتيجة. ثم تمت قراءة الشرائح بعد ازالة الصبغة بالزائلين وصد بغيرها ثانيا (الضابط الثانى). ولقد ابرزت هذه الدراسة انواع الاخطاء وهى اخطاء كبيرة وهى منقسمة الى ايجابى وسلبى

ايضا اخطا صغيره منقسم الى سلبيه وايجابيه صغيره بالاضافة الى الخطا الكمى.

وقد كانت معظم الاخطاء فى المراكز الطرفية بنسبة 6% للخطا الكمى الايجابى الكبير فى ولاية البحر الاحمر ومنخفض بولاية بحر الجبل بنسبة 0.1% اما بالنسبة للخطا السلبى الكبير متكرر فى ولاية النيل الازرق بنسبة 3% فيما كان صفرا فى ولاية بحر الجبل. اما بالنسبة للاخطاء الصغيرة كانت نسبة الخطا السلبى الصغير والخطا الايجابى الصغير فى ولاية البحر الاحمر بنسبة 1.5% فيما كان صفرا فى ولاية سنار والنيل الازرق.

اما بالنسبة للخطا الكمى ففى ولاية البحر الاحمر كان بنسبة 1.5% فيما كان صفرا فى ولاية سنار. وقد خلصت هذه الدراسة الى اهمية ضبط الجودة وتوطين طريقة اعادة الفحص العشوائى لفعاليتها الواسعة فى التقييم والمتابعة لمسحة التفاف المجهرية كما ان اعادة الصبغة يساعد فى حل مشكلة الخطا السلبى و الايجابى وهذا نتيجة لعدم كفاية مزيل اللون و كذلك ترسب الصبغة على الشريحة ايضا تحضير المسحة من حيث سمكها كذلك عملية صبغ اللطاخه و لتجنب ذلك اعطاء زمن كافى لقراءة الشريحة فى اتباع ارشادات هيئة الصحة العالمية فى الطريقة الكمية لا قراءة حتى نتجنب الاخطاء الكمية.

كما يجب الاختيار الصحيح للاجزاء المراد بها عمل المسحة مع تفادى السمك وعمل المسحة فى ثلاثة ارباع الشريحة مع تجنب تسخين الشريحة اثناء تثبيت اللطاخة.

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