

Dedication

To my father

Mother

Brother

And my husband

To all my friends

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
قَالَ تَعَالَى :

(وَإِذَا مَرِضْتُ فَهُوَ بِشْفَيْنِ)

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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 لتقديم الفحص العشوائي في الشبكة المجهرية للدربن. تم اختيار 288 مسحة موجبة (240) لعصيات السل جرى فحصها في الربع الرابع من العام 2005 في أربع ولايات في السودان، هي البحر الأحمر، النيل الأزرق، بحر الجبل وولاية سنار. تضم هذه الولايات أحدي وعشرون مركزاً للفحص المجهرى.

تم أخذ 15 شريحة عشوائياً من كل مركز. تمت إعادة قراءة الشرائح التي جمعت من المراكز الطرفية في الولايات (الضابط الأول) مع حجب النتيجة. ثم تمت قراءة الشرائح بعد إزالة الصبغة بالزايدين وصبغها ثانياً (الضابط الثاني). وقد أبرزت هذه الدراسة أنواعاً لا خطاء وهي خطاء كبيرة وهي مذكورة إلى إيجابي وسلبي

إضاً خطأ صغيره مذكورة إلى سلبيه وإيجابي صغيره بالإضافة إلى الخطأ الكمي.

وقد كانت معظم الأخطاء في المراكز الطرفية بنسبة 6% للخطاء الكمي الإيجابي الكبير في ولاية البحر الأحمر ومنخفض بولاية بحر الجبل بنسبة 0.1% أما بالنسبة للخطاء السلبي الكبير متكرر في ولاية النيل الأزرق بنسبة 3% فيما كان صفراء في ولاية بحر الجبل. أما بالنسبة للاخطاء الصغيرة كانت نسبة الخطاء السلبي الصغير والخطاء الإيجابي الصغير في ولاية البحر الأحمر بنسبة 1.5% فيما كان صفراء في ولاية سنار والنيل الأزرق.

اما بالنسبة للخطاء الكمي ففي ولاية البحر الأحمر كان بنسبة 1.5% فيما كان صفراء في ولاية سنار. وقد خلصت هذه الدراسة إلى أهمية ضبط الجودة وتوطين طريقة إعادة الفحص العشوائي لفعاليتها الواسعة في التقييم والمتابعة لمسحة التفاف المجهرية كما ان إعادة الصبغة يساعد في حل مشكلة الخطأ السلبي والإيجابي وهذا نتيجة لعدم كفاية مزيل اللون وكذاك ترسب الصبغة على الشريحة أيضاً تحضير المسحة من حيث سماكتها كذاك عملية صبغ اللطاخه وتجنب ذاك اعطاء زمان كافى لقراءة الشريحة في اتباع ارشادات هيئة الصحة العالمية في الطريقة الكمية لقراءة حتى تتجنب الأخطاء الكمية.

كما يجب اختيار الصحيح للاجزاء المراد بها عمل المسحة مع تفادي السمك وعمل المسحة في ثلاثة اربع شريحة مع تجنب تسخين الشريحة أثناء تثبيت اللطاخه .

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