Dedication

To My Mother (Nadia).

To My sister and brother (Kawther,Mohamed).

To everyone supported me until I finished this work

Let me express deep thanks to all of you.

Acknowledgment

Primary my praise and thanks should be to Allah, the almighty moat gracious and most merciful, who grated me the serenity, means of strength and practice to accomplish this work.

I am deeply indebted to my supervisor Dr: **Mansoor Mohammed Mansoor** for his valuable help and guidance during this study I am also great to his patience assistance and invaluable devices.

My appreciation is extend to all academic staff, technologist and other members of the department of haematology Sudan University of science and technology,and deep thanks to the staff of Khartoum teaching hospital.

Abstract

This study was hospital analytical case control, and it was conducted to evaluation of haemostatic mechanism among the Sudanese patient with renal diseases attending Khartoum teaching hospital throughout the period BetweenNovember2009–march2010.

60 patients were informed about the study, expected out come and agreement of participation was obtained, then the questionnaire was used to collect the information about patient's age, sex, blood groups as well as other diseases.

As well 5 ml of blood were taken from the patients 2.5 ml of which were taken in tri sodium citrate anticoagulant, and the remaining 2.5 were taken in EDTA anticoagulant and were used to evaluate the haemostatic mechanism (PT, PTT, Platelets counts).

As well computerized statistical package for social sciences version 11.5 was used to determine the samples size, and in subsequent data processing.

The result show mean of PT,APTT,Platelets count,and Bleeding time is 34.8,39.2,197,6.1 Respectively.

There was significant for PT,APTT,Platelets count 0.000,0.043,0.004Respectively

There was higher level significant variation in compared with control for PT, Bleeding time 0,006,0.000 Respectively

Conclusion: it found that hemostatic mechanism was affected due to renal failure disease.

مستخلص الاطروحه

هــذه دراســة وصــفية تــم اجراؤهــا لتحديــد زمــن البروثرومــبين والثرومبوبلاســتين و الصــفائح الدمويــةو عامــل التجلــط فــى المرضــى المصابين بالفشل الكلوى الحاد و المزمن الزائرون مستشـفي الخرطـوم التعليمي فى الفترة مابين نوفمبر 2009م الى مارس 2010م .

ستون مريض أعلموا حول الدراسه و تم الحصول على موافقة المشاركين و تم أجراء الأستفتاء لهذه الدراسة.

تم أخذ خمسة مليمـترمن المرضـي مـن الـدم 2.5مليمترأخـذ فـى مضـاد التجلط التخثر (Trisodium Citrate) و الباقى 2.5 مليمتر تم أخذه فى مضاد التجلط (EDTA) وزمن PT وأستعمل لقياس. زمن البروثرومبين و وتعداد الصفائح الدموية APTT الثرومبوبلاستين النشط).

تم استخدام برنامج الحـزم الاحصـائيه للعلـوم الأجتمـاعيه نسـخه رقـم 11.5 لتحديد حجم العينات و فى معالجة البيانات اللاحقة.

وزمن PT وجدت النتيجـة بـأنه كـان هنـاك أطالـة فـى زمـن البروثرومبين و زمـن التجلـط ونقصـان فـى تعـداد APTT الثرومبوبلاسـتين النشـط الصفائح الدموية فى الفشل الكلوى الحاد فى مقارنة بالفشل الكلوى المزمــن و كــان هنــاك أختلاف هــام مســتوى أعلــى مقارنــة بــالكنترول لبروثرومبين و الثرومبوبلاستين و عامل التجلط و تعداد الصفائح الدموية.

وجد ان النتائج قد تأثرت نتيجة الفشل الكلوى الحاد والمزمن .

LIST OF TABLES

List of Content