

بسم الله الرحمن الرحيم

Sudan University of Sciences and Technology
College of Graduate Studies

**Evaluation of Haemostatic Mechanisms in
Sudanese Patients With Gastrointestinal
Bleeding**

تقويم آلية التخرثر لدى المرضى المصابين بأمراض النزف المعوي
بمركز محمد صالح
إدريس للنزف المعوي

Submitted by: Maha Shaikh Eldin Elkhair
B.Sc. Medical Laboratory Sciences
College of Technological Sciences (2002)

Supervisor :

Dr. Munsoor Mohammed Munsoor
Hematology Dept .SUST.

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

: قال الله تعالى

{يَرْفَعِ اللَّهُ الَّذِينَ آمَنُوا مِنْكُمْ وَالَّذِينَ أُوتُوا الْعِلْمَ دَرَجَاتٍ}

صدق الله العظيم

سورة المجادلة الآية 11

Dedication

To source of my life
My father and My mother

To source of my interesting in life
My husband

To source of my happiness
My sisters and my brothers

To all patients suffering from
gastrointestinal bleeding with my
hopeness to get cure.

maha

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First of all the thanks is for Allah

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lastly the great thanks is for my family to assistance, supports and thank care for this research.

Abstract

This study was carried out at Mohammed Salih Idres center for gastrointestinal bleeding during the period from January to feb 2010,

prothrombin time (PT), activated partial thromboplastin time (APTT) and platelet count were measured to 50 gastrointestinal bleeding patients, 43 were males (86%) and 7 females (14%) with mean age 47 years, compared with 30 healthy individual as control group.

All sample were analyzed to determine the effect of GI bleeding on coagulation and correlate coagulation parameters investigated to age, gender and causes of GIT bleeding.

The results showed that PT was significantly prolonged in patients than controls ($P=0.00$), APTT was slightly prolonged in patients ($P=0.05$) and platelet count was significantly decreased in patients than control ($P=0.00$).

Patients with oesphagus variances were having a normal intrinsic and extrinsic pathway and platelet count; Patients with portal hypertension were having a decrease platelet count only, and Patients with other causes of GIT bleeding were having a defect in the intrinsic and extrinsic pathway and decrease in platelet count.

No statistically significant correlation was found between coagulation parameters investigated and gender and age in those patients.

ملخص الأطروحة

أجريت هذه الدراسة بمركز محمد صالح إدريس للنزف المعوي في الفترة من يناير إلى فبراير 2010م تم فيها قياس زمن البروثرومبين وزمن الثرومبلاستين المنشط جزئيا كما تم قياس عدد الصفائح الدموية وذلك لمعرفة تأثير النزف المعوي على هذه القياسات بالإضافة الى معرفة العلاقة بين هذه القياسات وعمر المريض وجنسه ومسبب النزف المعوي.

(%). شملت هذه الدراسة 50 مريضا 43 ذكور (86%) و 7 من الاناث (14).

كان متوسط العمر لديهم 47 سنة و 30 شخصا طبيعيا كان متوسط العمر لديهم 21 سنة.

أظهرت النتائج معدلات أكثر من الطبيعية لكل من زمن البروثرومبين والثرؤمبؤبلاستين المنشط جزئيا ونقصان في عدد الصفائح الدموية في المرضى مقارنة بالمجموعة الضابطة.

المرضى الذين يعانون من دوالي المرئ لم تكن لديهم أي مشاكل في المسار الداخلي أو الخارجي لعملية التجلط ومعدل طبيعي في عدد الصفائح الدموية أما المرضى الذين يعانون من فرط التوتر الباطي كان لديهم نقصان في عدد الصفائح الدموية فقط، والمرضى الذين يعانون من أسباب مختلفة أخرى كان لديهم اعتلال في المسار الداخلي والخارجي لعملية التجلط وكذلك نقصان في عدد الصفائح الدموية.

لم يتضح وجود علاقة احصائية بين زمن البروثرومبين والثرؤمبؤبلاستين المنشط جزئيا وعدد الصفائح الدموية وبين جنس وعمر المريض.

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Abbreviations

	a2-PI	a2-plasmin inhibitor
	ADP	Adenosin diphosphate
APTT		Activated partial thrombopastin
	AT	Anti thrombin
	ATP	Adenosine tri phosphate
	CHO	charbohydrate
	D.W	Distilled water
	ECS	Endothelial cells
EHPVO		Extra hepatic partal verous obstructive
	FDP	Fibrin degradation product
	FFP	Fresh frozen plasma
	FSP	Fibrin split product
	GDP	Guanosine di phosphate
	GIT	Gastrointestinal tract ATP
	GP	Glycoprotein
	GRP	Gastrin releasing peptide

	GTP	Guanosine tri phosphate
	HMWK	high molecular weigh kininogen
	HPS	Hermansky pudlak syndrome
	IBD	inflammatory bowel disease
LACT		Lipoproten-associated coagulation in hibitor
NSAIDs		non-steroidal anti-inflammatory drugs
	O.V	Oesophegus varaces
	PA	tissae plasma activator
	PAE-1	plasminogen Activeator in hibfor
	PAI-1	plasmin activator inhibitor-1
		PC Protein C
	PDGF	platelet drived growth factor
		PF4 platelet factor
	PGE2	ProstaglandinsE2
	PHT	Portal hypertension
PIVKAs		pratein induced by vitamin K antagonists
	PPF	Periportal fibrosis
	PPP	Platelet poor plasma
	PT	Prothombin time
	VWF	Von willebrand factor

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