

**التحرّي عن جرثومة الملوية البوابية لدى مرضى الشرى
المزمن الخامض ، و دراسة فعالية المعالجة بالصادات الحيوية**

**Investigating the occurrence of (Helicobacter pylori)
in patients with idiopathic chronic urticaria , and the
efficiency of the antibiotic treatment**

**بحث علمي لنيل شهادة الدراسات العليا (الماجستير)
في الأمراض الجلدية والزهرية**

أعد في مشفى الأمراض الجلدية الجامعي

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ال滂وصيات

- ☒ ضرورةأخذ قصة مرضية مفصلة و إجراء فحص سريري دقيق لمريض الشرى المزمن للإحاطة بظروف الحالة المرضية ، و تحديد أي سبب قد يكون مسؤولاً عن الشرى المزمن .
- ☒ لا يمكن عملياً طلب جميع الفحوص المخبرية للمريض في بلدنا لتحري سبب الشرى المزمن لديه ، وذلك بسبب الكلفة العالية لهذه الفحوص ، و لأن هذه الفحوص نادراً ما تكشف سبب الشرى المزمن ، إضافة إلى أن الشرى نادراً ما يكون التظاهر الوحيد لمشكلة طبية كامنة ، و لذلك يجب التأكيد على طلب الفحوص المخبرية الضرورية تبعاً للقصة المرضية و الشك السريري للطبيب بوجود سبب ما .
- ☒ ضرورة إجراء الاختبار الفيزيائي المناسب في حال الشك بالشرى الفيزيائي ، كما يجب قبل وضع تشخيص الشرى المزمن الغامض تحري وجود شرى ضغط متاخر .
- ☒ عند إثبات وجود آلية مناعية ذاتية ، فإن ذلك سيفيد المريض و يساعد في التأقلم مع المشكلة و يجنبه إجراء الاختبارات والفحوص المخبرية المكلفة و غير الضرورية ، إضافة إلى أن إثبات وجود الآلية المناعية الذاتية قد يقود إلى علاج فعال في بعض الحالات .
أما في بقية حالات الشرى المزمن الغامض اللامناعي ذاتي ، فإن المعالجة العرضية بمضادات الهيستامين قد تكون كافية .
- ☒ بشكل عام لا توجد فحوص مخبرية مشخصة للـ CIU ، و غالباً فإن جميع الفحوص المخبرية الروتينية الماسحة تكون طبيعية ، و وفقاً للقصة المرضية المفصلة و الفحص السريري يجري : CRP ، ESR ، CBC اختبارات الشرى الفيزيائي ، TSH ، أضداد الميكروزوومات و البيروكسيداز الدرقية ، رحلان بروتينات كهربائي
- ☒ عندما ينصح الطبيب المريض بالبدء بالعلاج المضاد للملتوية البواوية من أجل الشرى المزمن ، فيجب أن يعلم المريض أن هذا العلاج سيكون تجريبياً ، لأن ٤% فقط يحدث لديهم هدأة للشرى .

☒ من سلبيات الدراسة :

- ١ - لم يجر اختبار **UBT** أو تنظير هضمي علوي مرة ثانية بعد انتهاء علاج الملتوية البوابية بالعلاج الثلاثي للتأكد من القضاء الناجح على الملتوية البوابية ، وذلك نظراً لتكلفتها العالية . حيث لوحظ في الدراسات العالمية أن شفاء الشري يكون أكثر احتمالاً فيما إذا كان العلاج بالصادات ناجحاً في التخلص من الخمج بالملتوية البوابية .
- ٢ - لم تجري كافة الفحوص المخبرية للفي وجود أسباب مستبطة للشري المزمن مثل : **TSH** ، أضداد البيروكسيداز و الميكروزوومات الدرقية ، رحلان البروتينات الكهربائي ... و ذلك أيضاً نظراً لتكلفتها العالية .

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