Results

Table (5): sex distribution of the study groups:

		cases		control		Total		X^2	p
		No.	%	No.	%	No.	%		
sex	F	12	40.0%	10	50.0%	22	44.0%	0.2	>0.05
	M	18	60.0%	10	50.0%	28	56.0%		
	Total	30	100.0%	20	100.0%	50	100.0%		

P>0.05= not significant P<0.05= significant P<0.001= highly significant

F: female M: male

This table shows that there was no statistical significant difference between both groups (septic and non septic) regarding sex (P > 0.05).

Table (6): comparison of cases and control according to GA & WT:

		N	Mean	Std. Deviation	t	p
GA	cases	30	35.77	3.812	1.2	>0.05
	control	20	36.85	1.089		
wt	cases	30	2.405	0.9022	1.9	>0.05
	control	20	3.095	0.7585		

GA: gestational age **Wt: weight**

This table shows that there was no statistical significant difference between both groups (septic and non septic) regarding gestational age and weight (P > 0.05).

Table (7): comparison of cases and control according to apolipo protein A level:

		N	Mean	Std. Deviation	t	p
Apo A D0	**cases**	30	47.11	22.658	18.9	<0.001
	control	20	139.79	11.618		
Apo A D4	**cases**	30	63.340	25.0449	14.5	<0.001
	control	20	139.785	11.6184		

Apo A :Apolipoprotein A

This table shows that septic group showed highly significantly lower level of Apolipoprotein A in day 0 (day of discovery of disease and day 4 of discovery of disease in comparison to control group ($P < 0.001$).

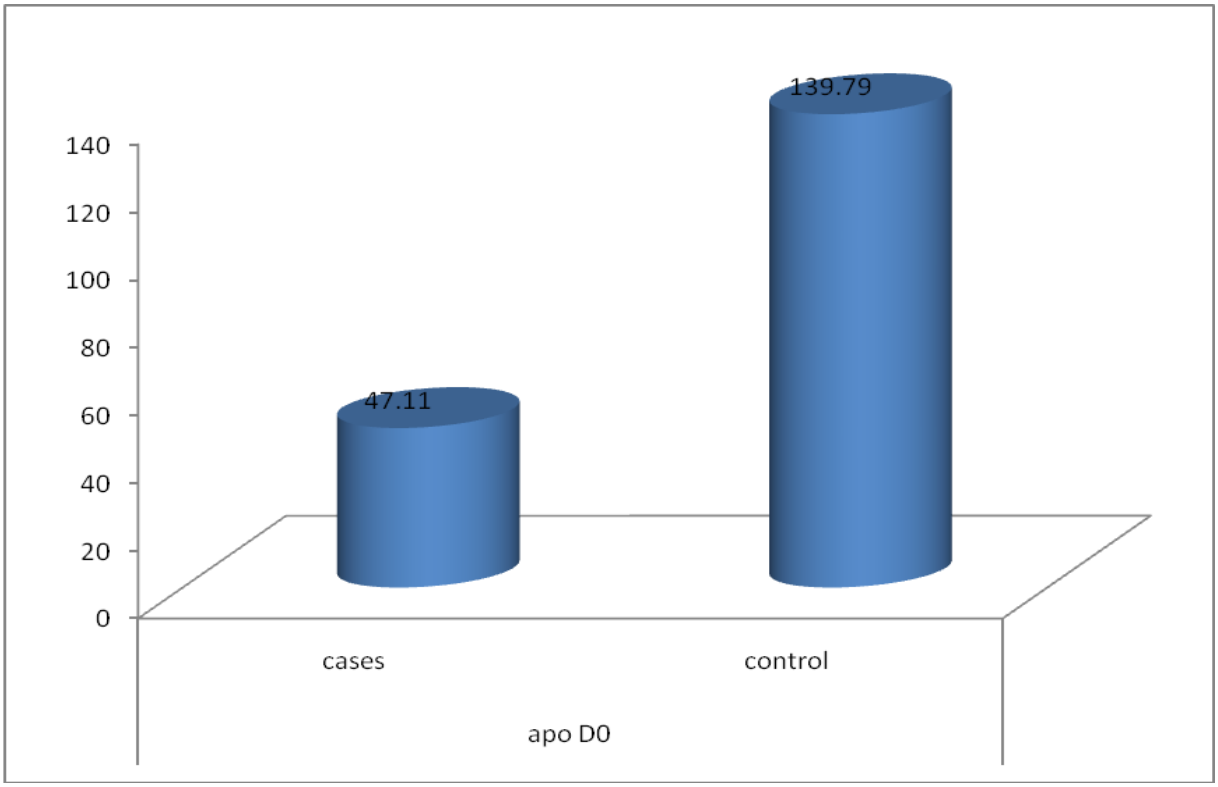

Figure (1) Cases and control according to apolipoproteinA level at D0.

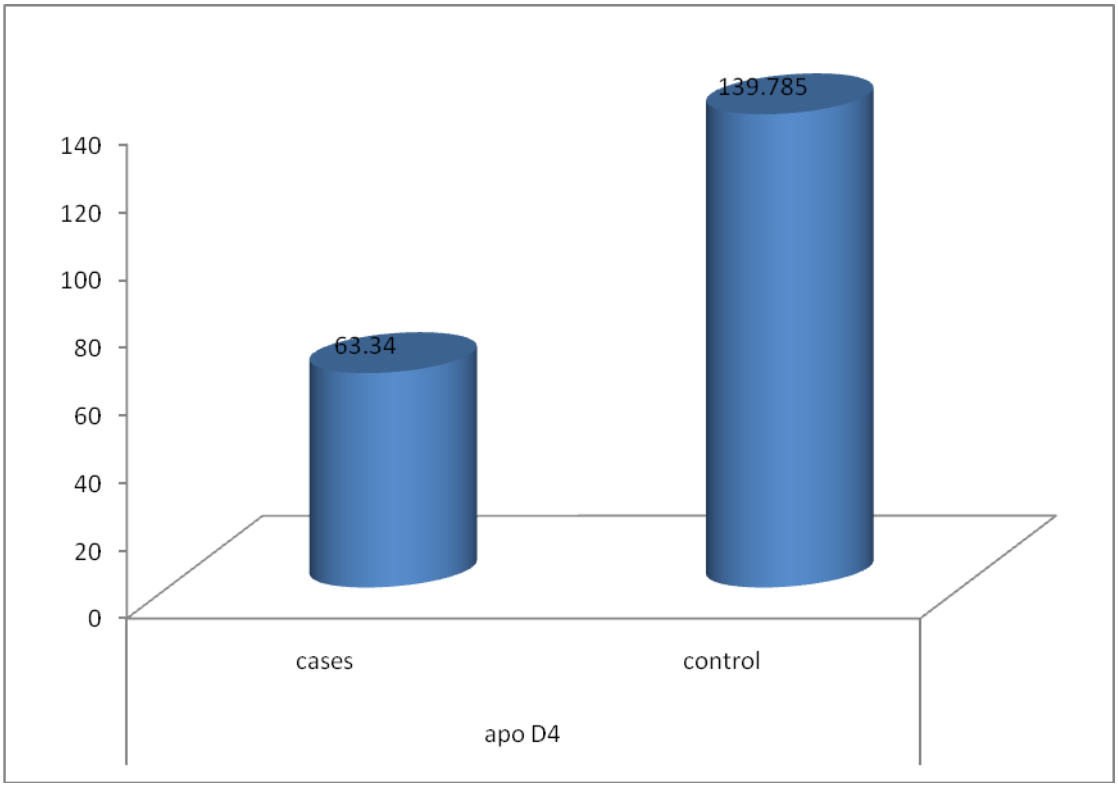

Figure (2) Cases and control according to apolipoproteinAlevel at D4.

Table (8) relation between apolipoproteinA in D0 and D4:

	N	Mean	Std. Deviation	t	p
Apo A D0	30	47.11	22.658	3.0	<0.05
Apo A D4	30	63.340	25.0449		

This table shows that there is significant increase in Apo A level in D4in comparison to Apo A level in D0(P< 0.05).

Table (9) comparison between cases and control according to haematological score:

		N	Mean	Std. Deviation	t	p
HS	cases	30	3.6000	.56324	14.9	<0.001
	control	20	.8000	.76777		

This table shows that there is highly significant increase difference between cases and control according to hematological score ($P < 0.001$).

Table (10): correlation between Apo Ain D0 and clinical score:

	Apo D0	
	r	**p**
clinical score	-0.151	>0.05

Table (10) shows that in septic group, there was a negative correlation between Apo A in D0 and clinical score in mean of that if one parameter decrease the other increase, also it show no significant difference between Apo A in D0 and clinical score.

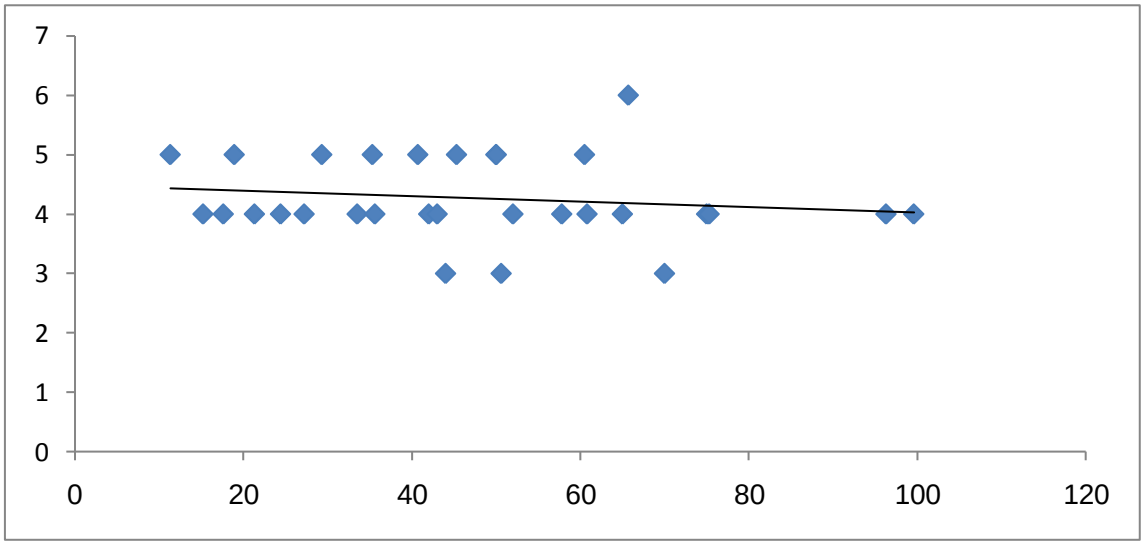

Figure (3) : Correlation between Apo A in D0 and clinical score.

Table (11): correlation between Apo A in D0 and hematological score:

	Apo D0	
	r	**p**
HS	-0.077	>0.05

Table (11) shows that in septic group, there was a negative correlation between Apo A in D0 and hematological score in the mean of that if one parameter increase the other will decrease, also it show no significant difference between Apo A in D0 and hematological score.

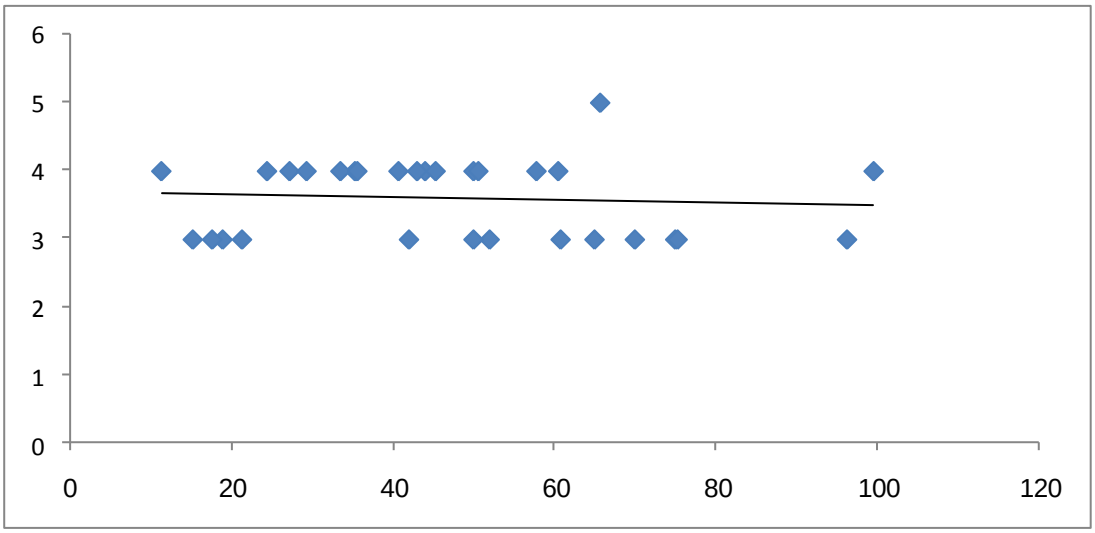

Figure (4) : Correlation between Apo A in D0 and hematological Score.

Table (12): correlation between Apo A in D4 and clinical score:

	Apo D4	
	r	**p**
clinical score	-0.259	>0.05

Table (12) shows that in septic group, there was a negative correlation between Apo A in D4 and clinical score in mean of that if one parameter increase the other will decrease ,also it show no significant difference between Apo A in D4 and clinical score.

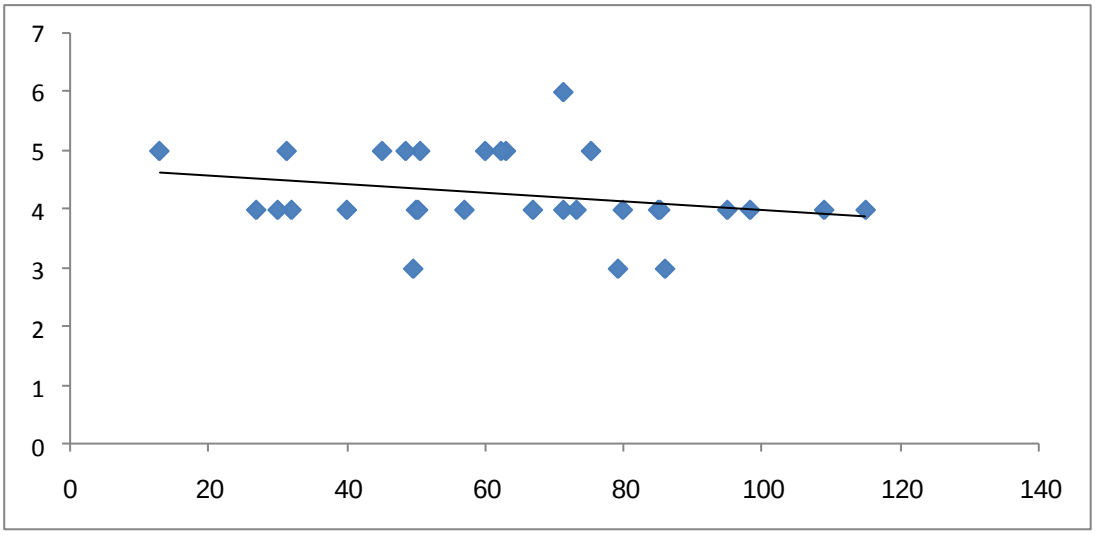

Figure (5) : Correlation between Apo A in D4 and clinical score.

Table (13): correlation between Apo Ain D4 and hematological score:

	Apo D4	
	r	**p**
HS	-0.119	>0.05

Table (13) shows that in septic group, there was a negative correlation between Apo A in D4 and hematological score in mean of that if one parameter increase the other will decrease, also show that there is no significant difference between Apo A in D4 and hematological score.

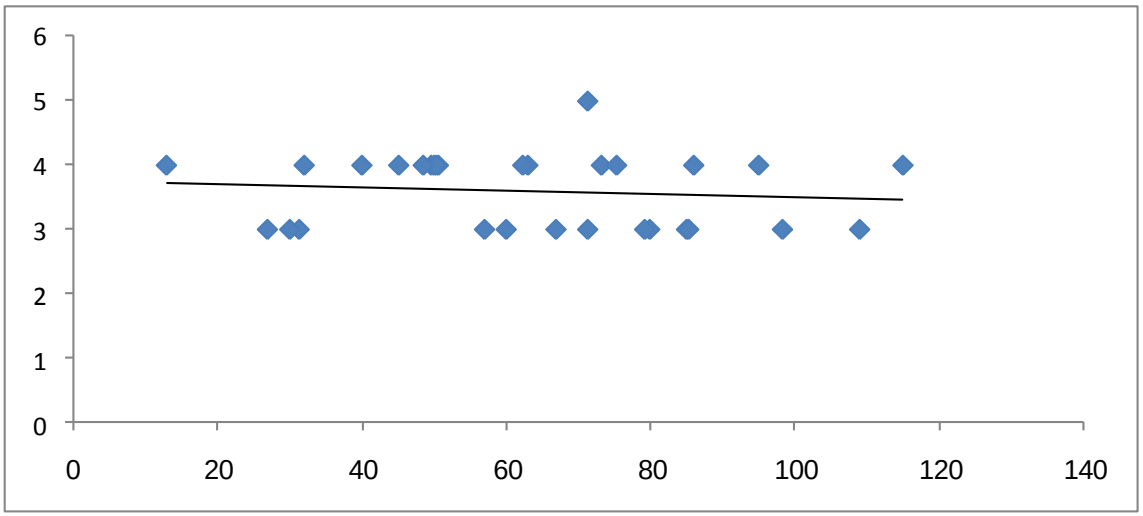

Figure (6): Correlation between Apo A in D4 and hematological score.

Table (14): correlation between CRP and Apo A in D4 and , Apo A in D0:

	CRP	
	r	**p**
apo D0	0.2	>0.05
apo D4	0.1	>0.05

This table shows a positive correlation between CRP and Apo A in (Do and D4) in mean of that if one parameter increase the other will increase and if one parameter decrease the other will decrease, also it show no significant difference between CRP and Apo A in (D0 and D4).

Table (15): APO A in D0 and D4 according to outcome:

		N	**Mean**	**Std. Deviation**	**t**	**p**
apo D0	dead	8	50.05	18.602	0.5	>0.05
	live	22	46.04	24.271		
apo D4	dead	8	69.663	23.9635	0.8	>0.05
	live	22	61.041	25.5737		

This table shows that there is no significant difference between Apo A in D0 and D4 according to outcome (P > 0.05).

Table (16): comparison of negative and positive culture according to Apo A in D0 and D4 , clinical score and hematological score:

	culture	N	Mean	Std. Deviation	t	p
apo D0	negative cuture	17	43.22	19.082	1.1	>0.05
	positive cuture	13	52.18	26.568		
apo D4	negative cuture	17	62.765	22.7572	0.1	>0.05
	positive cuture	13	64.092	28.7096		
clinical score	negative cuture	17	4.00	.500	2.5	<0.05
	positive cuture	13	4.62	.768		
HS	negative cuture	17	3.53	.514	0.8	>0.05
	positive cuture	13	3.69	.630		

HS :hematological score.

This table shows that there is no significant difference between culture (negative and positive) and Apo A (D0 and D4) ,and hematological score ($P > 0.05$) while there is a significant relation between culture (negative and positive) and clinical score ($P < 0.05$).

Table (17): isolated organisms in cases:

	No.	**%**
E.coli	1	3.3
MRSA	1	3.3
G –ve bacilli	2	6.7
klebsiella	4	13.3
Staph coagulase –ve	5	16.6
No growth	17	56.7
Total	30	100.0

This table shows that 56.7% of patients in the septic group had no growth while 43.3% of the septic group had positive blood culture (the most common organisms were *Staph Coagulase – ve*(16.6), *Klebsiella*(13.3) and *G-ve bacilli* (6.7).

Table (18): sensitivity, specificity, PPV, NPV of APO A:

		Cases	control	Total
APO A	+ve	29	1	30
	-ve	1	19	20
	Total	30	20	80

Sensitivity = 96.7%

Specificity = 95%

Positive predictive value = 96.7%

Negative predictive value = 95%

Cutt off = 125.4 mg/dl

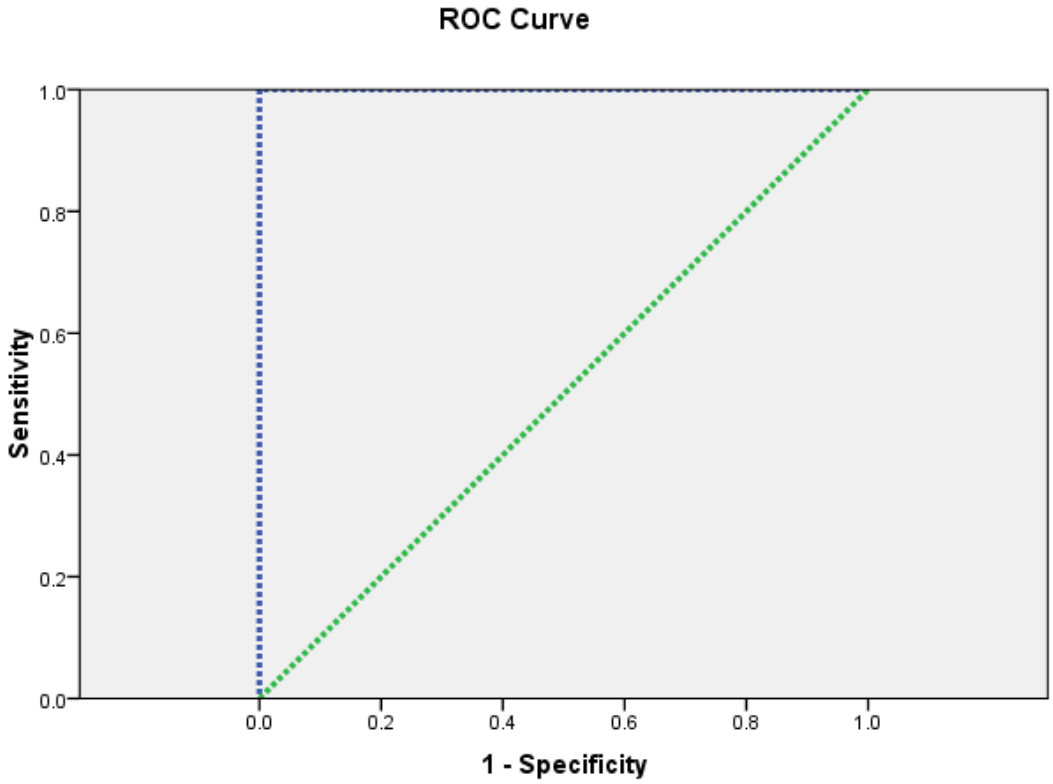

Figure (7) : ROC curve of sensitivity and specificity

Sensitivity = 96.7%

Specificity = 95%

Positive predictive value = 96.7%

Negative predictive value = 95%

Cutt off = 125.4 mg/dl