SUMMARY

AND

CONCLUSION

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This study was carried on 40 subjects divided into 3 group:

Group I :

included 10-well-crossmatched healthy volunteers.

Group II :

included 10 patients with CRF treated with conservative measures.

Group III:

included 20 patients with end stage renal failure treated with regular hemodialysis.

All cases were subjected to a through history taking and complete clinical examination.

The control as well as the cases were subjected to the following investigations:

- Plasma antithrombin III level.
- Partial thromboplastin time.
- Platelet count.
- Serum creatinine.
- Blood urea.

The following had been reported in this work:

- AT III levels decreased significantly in uremic patients whether managed with regular hemodialysis or with conservative measures when compared to the control group.

- Hemodialysis significantly increased the AT III level in uremic patients under regular dialysis by the removal of dialyzable substance.
- Partial thromboplastin time significantly prolonged in uremic patients whether managed with regular hemodialysis or with conservative measures when compared to the control group.
- Hemodialysis had no significant effect on PTT.
- There was non significant negative correlation between AT III and PTT among uremic patients whether managed with regular hemodialysis or with conservative measures when compared to the control group.
- There was non significant positive correlation between AT III and PTT after dialysis among uremic patients under regular dialysis.
- Platelet count decrease in both groups of uremic patients when compared to the control group, but remain within normal level.
- Hemodialysis had no significant effect in platelet count.
- There was non significant correlation between AT III and platelet count in uremic patients whether managed with regular dialysis or with conservative treatment.

From this study we can conclude that:

- Hemodialysis increase AT III level in ESRD patients.
- The effect of dialysis on AT III level is acute effect.
- The haemostasis in uremic patients affected by many factor rather than AT III.

- The absence of correlation between AT III level and platelet count indicate that the increase levels of AT III during dialysis, is mainly due to the effect of dialysis itself.