## INTRODUCTION AND AIM OF THE WORK

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Antithrombin III belongs to the class of serine protease inhibitors in plasma (Rosenberg, 1975). It is an alpha-2-globulin with molecular weight of approximately 65.000 daltons, and half life of 96 hours in the circulation. Antithrombin III concentration in normal plasma is 0.23-0.40 gm/l although this varies with age and sex. (Mc Gann aand triplett, 1982).

Hemodialysis patients may show a paradoxical occurance of haemorrhagic and thrombotic complication, they may have gastrointestinal bleeding but at the same time their vascular access may become occluded. Defective platelet function and low At III could contribute to the paradoxical occurance of these complication, (Knudsen et al., 1985; and woo et al., 1982).

Dealing with the levels of plasma At III, in hemodialysed patients have been controversial (Jorgensen et al., 1977., Brandt et al., 1981, Knudsen et al., 1985 and Docci et al., 1986). Brandt et al., (1981) reported that dialysis causes a significant decrease in At III levels. In contrast Turrey et al. (1982), and Woo et al. (1985) found that At III levels decreased prior to dialysis and improved after dialysis. Jorgensen et al. (1985) reported that the increase in At III is corrosponding to increase

in plasma albumin and is probably a result of water depletion.

While knudsen and Nielson (1986) found that At III levels remain unchanged during hemodialysis.

We aim from our work to shed light on antithrombin III in uremic patients whether managed conservatively or by hemodialysis and try to ellucidate its possible role in abnormal haemostasis characteristic of these patients.