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Thesis Title	Frequency of Hepatitis C Viral Infection In relation with Interleukin 12 and 18 among thalassemia Major patients in Baghdad			
Year	2022 CD:1419			
Abstract	<p>Hepatitis C virus (HCV) is responsible for nearly 80 - 90% of post-transfusion hepatitis in beta-thalassemia patients. This study aimed to evaluate the rate of HCV infection in a set of beta-thalassemia patients in Baghdad and to assess the serum levels of IL-12, IL-18, and serum liver enzymes levels among <math>\beta</math>-thalassemic patients infected with HCV .</p> <p><b>Methodology :</b></p> <p>A total of patient samples 150 sample included in this study, 70 male; 70 female in Baghdad, 140 beta-thalassemia patients, and 10 healthy control group (9 male ;1 female) who were attended Al Karama teaching hospital and Ibn AL-baladi hospital maternity &amp; children's hospital; aged 4-46 years, from January to September, 2020. Blood samples collected from the study groups and sera were separated and then tested for anti-HCV Ab by ELISA and confirmed by western blot technique, IL-12 concentration, IL-18 concentration, liver enzymes AST, ALT, and ALP .</p> <p><b>Results :</b></p> <p>% 17.9 ) ( Twenty five out of 140 of the major thalassemic patients were positive for HCV antibodies . More than half of HCV- positive thalassemic patients were in age group 21-30 yrs old (56%, n=14/25) and females are more frequently infected with HCV (56%, 14/25) than males (44%, 11/25). The median of serum concentrations for IL-12 in HCV- positive thalassemic patients were ( 0.41) pg/ml was lower than the corresponding median of control group while the median concentration of IL-18 in sera of HCV-</p> <p><b>II</b></p> <p>positive thalassemia major patients (17.07) pg/ml, was significantly higher than the corresponding median in control group(p&lt;0.001). The median concentration of AST in sera of HCV- positive thalassemic patients (71.0 U/L) was significantly higher than the equivalent median in HCV- negative thalassemic group and control group respectively</p>			

while the median ALT for HCV- positive thalassemic, HCV- negative thalassemic , and control groups were 32.0 U/L, 24.0 U/L, and 30.0 U/L, respectively. The medians of ALP concentrations for the same groups were 84 U/L, 121 U/L, and 85 U/L , respectively. The correlation coefficient for anti-HCV Abs concentrations and their corresponding IL-12 concentrations was 0.084; while for the anti HCV antibodies with IL-18 was 0.0979

**Conclusion :**

The prevalence of HCV infections was high among  $\beta$ -thalassemia major patients in Baghdad, especially among young adult patients. ELISA technique is a perfect choice of detection anti-HCV Abs with very high sensitivity. The infected patients have decreased IL-12 concentration, elevated IL-18 concentration, elevated serum relatively normal Serum ALT

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Thesis Title	CHANGES IN THE NERVE CONDUCTION OF THE PARETIC LIMB IN POST-STROKE PATIENTS			
Year	2021 CD:1429			
Abstract	<p>Stroke is the second leading cause of death and the third leading cause of disability worldwide. Among the numerous motor and sensory sequelae that can result from the stroke, motor sequelae that eventually can lead to an abnormal limb posture and decreased function that can ultimately increase the susceptibility of the peripheral nerves in that limb to a compression, particularly within early stages of stroke.</p> <p><b>Objective</b></p> <p>Is to compare the nerve conduction parameters of the median and peroneal nerves between paretic and</p> <ol style="list-style-type: none"> <li>1. The findings confirmed electrodiagnostic asymmetries in the paretic upper and lower extremities compared with the non-paretic ones after stroke.</li> <li>2. The changes are more severe in more severely affected limbs than in the less severely affected limbs</li> </ol> <p>Using combined sensory index and the lumbrical/interosseous muscles comparison methods also revealed significant differences between the paretic as compared to the non-paretic side.</p> <p>Moreover, regarding paretic sides, the median DSL (distal sensory latency), DML, and MCV (motor conduction velocity) and peroneal CMAP amplitude were significantly different between those with <math>\geq 3</math> and those with <math>&lt; 2</math> MRC scale. In the non-paretic upper limbs, the DSL and DML were significantly prolonged in those with <math>&lt; 2</math> MRC when compared to those with <math>\geq 3</math> MRC.</p> <p><b>Conclusion</b></p> <ol style="list-style-type: none"> <li>1. The findings confirmed electrodiagnostic asymmetries in the paretic upper and lower extremities compared with the non-paretic ones after stroke.</li> <li>2. The changes are more severe in more severely affected limbs than in the less severely</li> </ol>			

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<b>Thesis Title</b>	<b>Availability and utilization of emergency health services in Baghdad hospitals</b>			
<b>Year</b>	<b>CD1420    2021</b>			
<b>Abstract</b>	<p><b>Background:</b> Emergency care is a critical part of universal health care, and with sound planning and organization, has the ability to address conditions causing over half of deaths and a third of disability suffered annually in low- and middle-income countries.</p> <p><b>Objectives:</b> To assess the availability of emergency department structure, essential equipment and medicines, and to identify the rate and quality of utilization of the emergency department services.</p> <p><b>Methods:</b> this cross-sectional study was conducted during the period from March through June 2021 in the Emergency Departments of 14 general and teaching hospitals. The checklist was borrowed from World Health Organization guidelines, Australasian College for Emergency Medicine emergency department Design Guidelines, and previous studies.</p> <p><b>Results:</b> Triage, resuscitation room and waiting room are unavailable in most of the hospitals. Blood gas machine and infusion pumps were not available in some of the hospitals. There is an obvious shortage in medicines and vaccines, Staff room for doctors and nurse and nurse staff workstations were unavailable in most of the hospitals, coronary care unit and intensive care unit are not close to the emergency department in half of the hospitals. Liaison psychiatry and social work link are not</p>			

	<p><b>available</b> <b>in all the surveyed hospitals. The main problems faced by the medical and nursing staff were the overload of work, cold cases, and inactive referral system. Most of the patients reported that the medical and nursing staff gave them enough privacy, listened to them and well explained their problems.</b></p> <p><b>Conclusion: The emergency departments in most of the surveyed hospitals had many deficiencies. Triage, waiting room, and resuscitation units were not available in most of the surveyed hospitals. There is an obvious shortage in most of the equipment and medicines.</b></p>
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