

**Evaluation of the role of rifaximin in
thrombocytopenia in patients with liver Cirrhosis**

Thesis

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Abstract

Background: Cirrhosis of the liver is a severe serious end stage liver disease with marked scarring of liver tissue. Thrombocytopenia (TP) is a major hematological disorder of cirrhosis with unclear pathogenesis. Endotoxaemia resulting from intestinal bacterial overgrowth could reduce platelet (PLT) count directly or through cytokine release.

Aim of work: study the effect of rifaximin on TP in liver cirrhosis (LC).

Patients & Methods: This study was conducted on one hundred and fifteen cirrhotic patients. One hundred cirrhotic patients with TP were divided into three groups, Group I: 35 patients received rifaximin 550 mg b.i.d for 4 weeks, Group II: 35 patients received rifaximin 550 mg b.i.d & Propranolol 20 mg b.i.d for 4 weeks, Group III: 30 patients were on placebo treatment. Group IV: 15 cirrhotic patients without TP. All patients were subjected to thorough medical history, examination, laboratory investigations (complete blood count (CBC), liver biochemical profile) before and after 4 weeks of treatment and at baseline in cirrhotic patients without TP; spleen size was measured at baseline in all patients.

Results: This study didn't show significant improvement in TP in patients who had rifaximin nor rifaximin & Propranolol

treatment comparing with before treatment and control group (P-value 0.9&0.4 respectively). PLT count was inversely correlated with spleen size (P = 0.004) &liver fibrosis using APRI&FIB4(p <0.001).

Conclusions: Rifaximin didn't improve TP related to LC in non endotoxemic patients.

Key words: liver cirrhosis (LC)-Thrombocytopenia(TP)-Rifaximin