

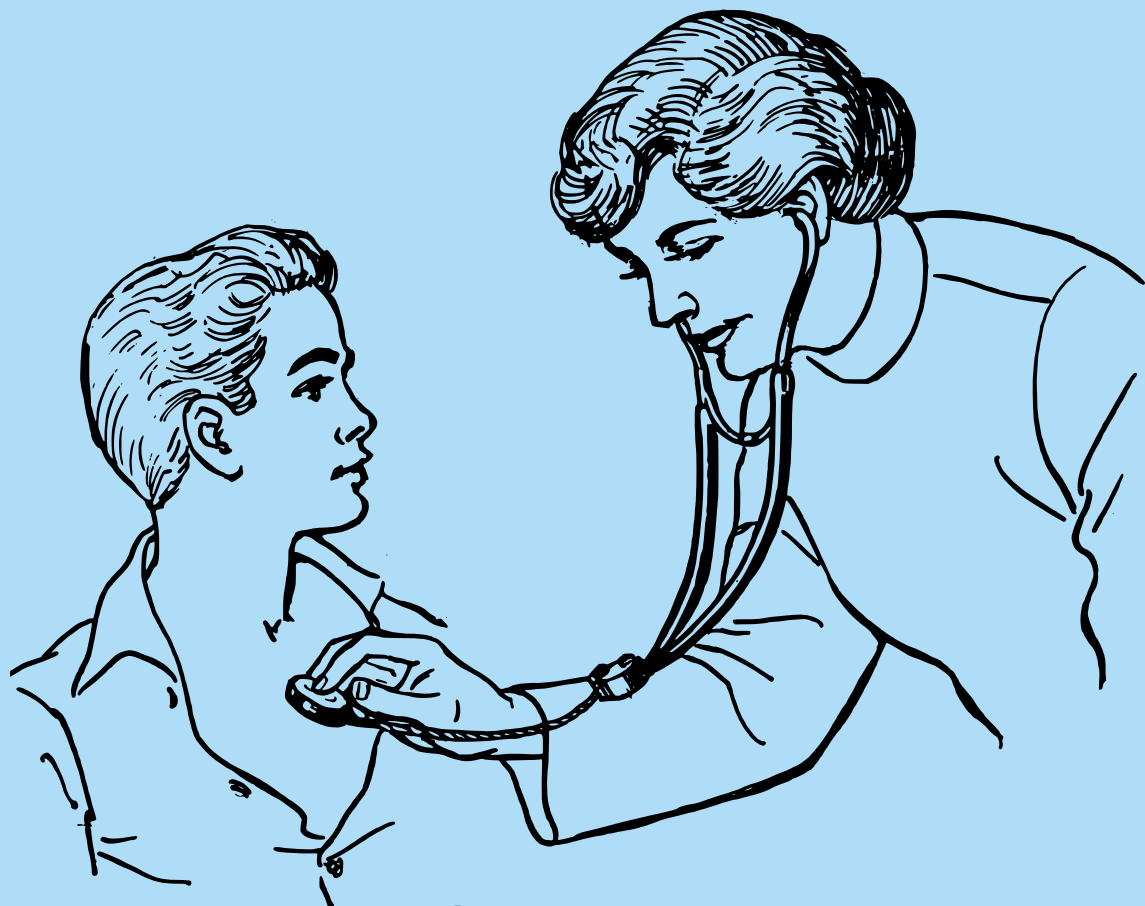
Clinical case

إشراف: د. فاتح أمين قشقش
إعداد: د. عبدالرزاق أنس الناعم

The case:

- **A 17 year old male patient presents to the emergency department due to 3 days of progressive cough and shortness of breath and diarrhoea**
- medical problems include hepatic hydatid disease 7years ago .. chronic sinusitis and recurrent pneumonia

**Lung auscultation reveals Tubular breath sound
in upper right lung.
heart sounds are normal and there is no extremity
edema.**



Vital signs:

Blood pressure is 80/50 mm hg

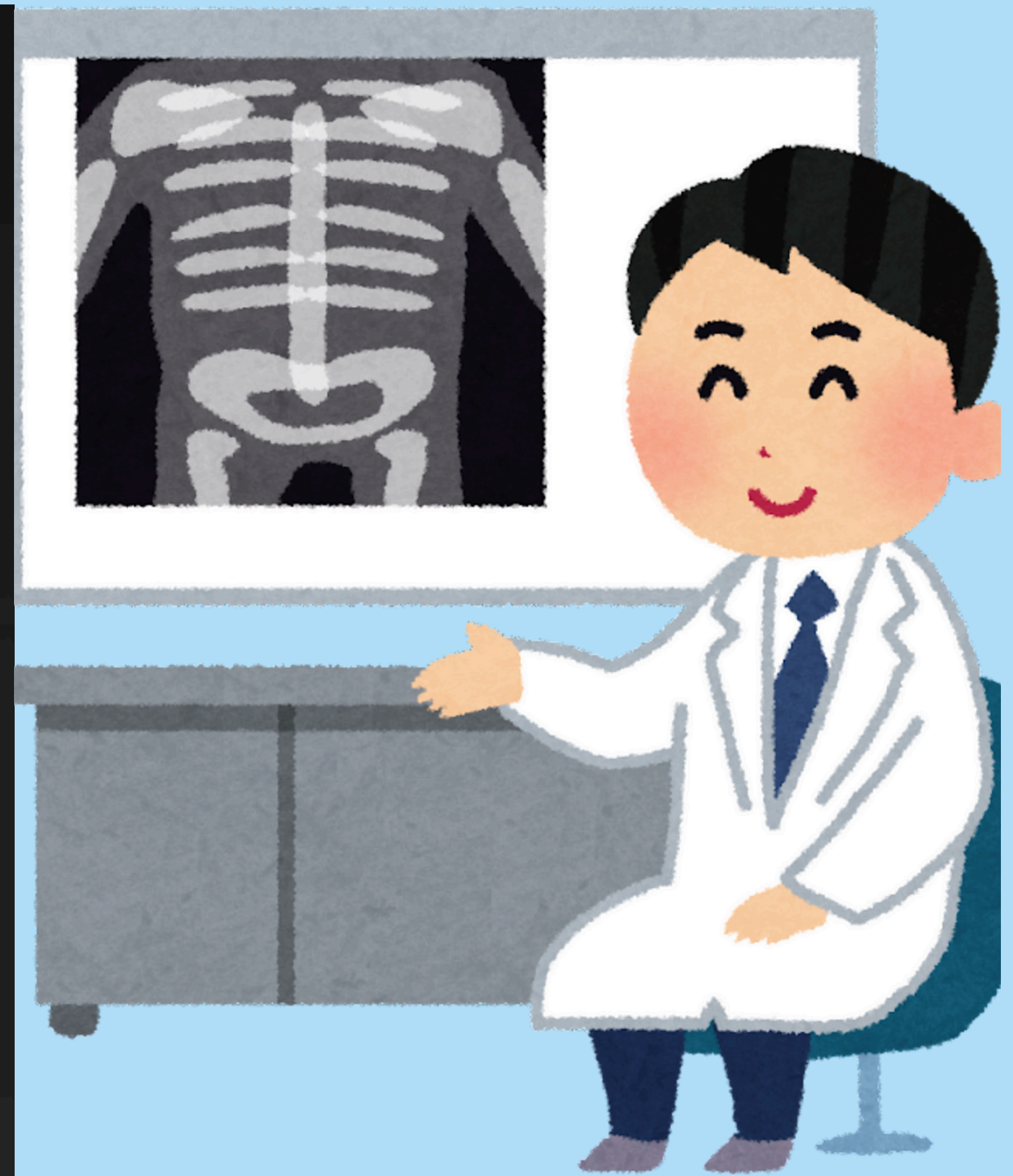
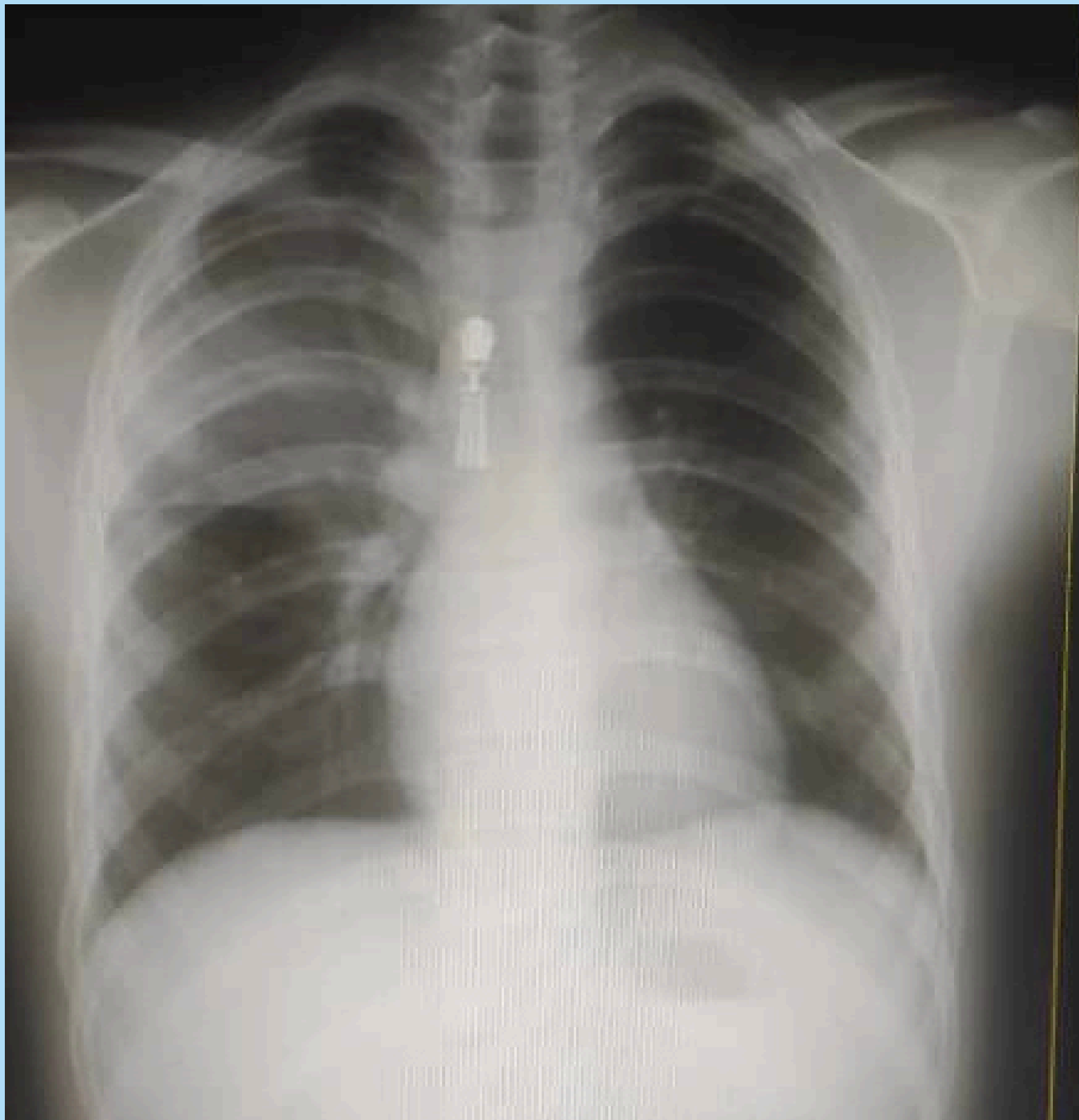
Temperature is 38.5c

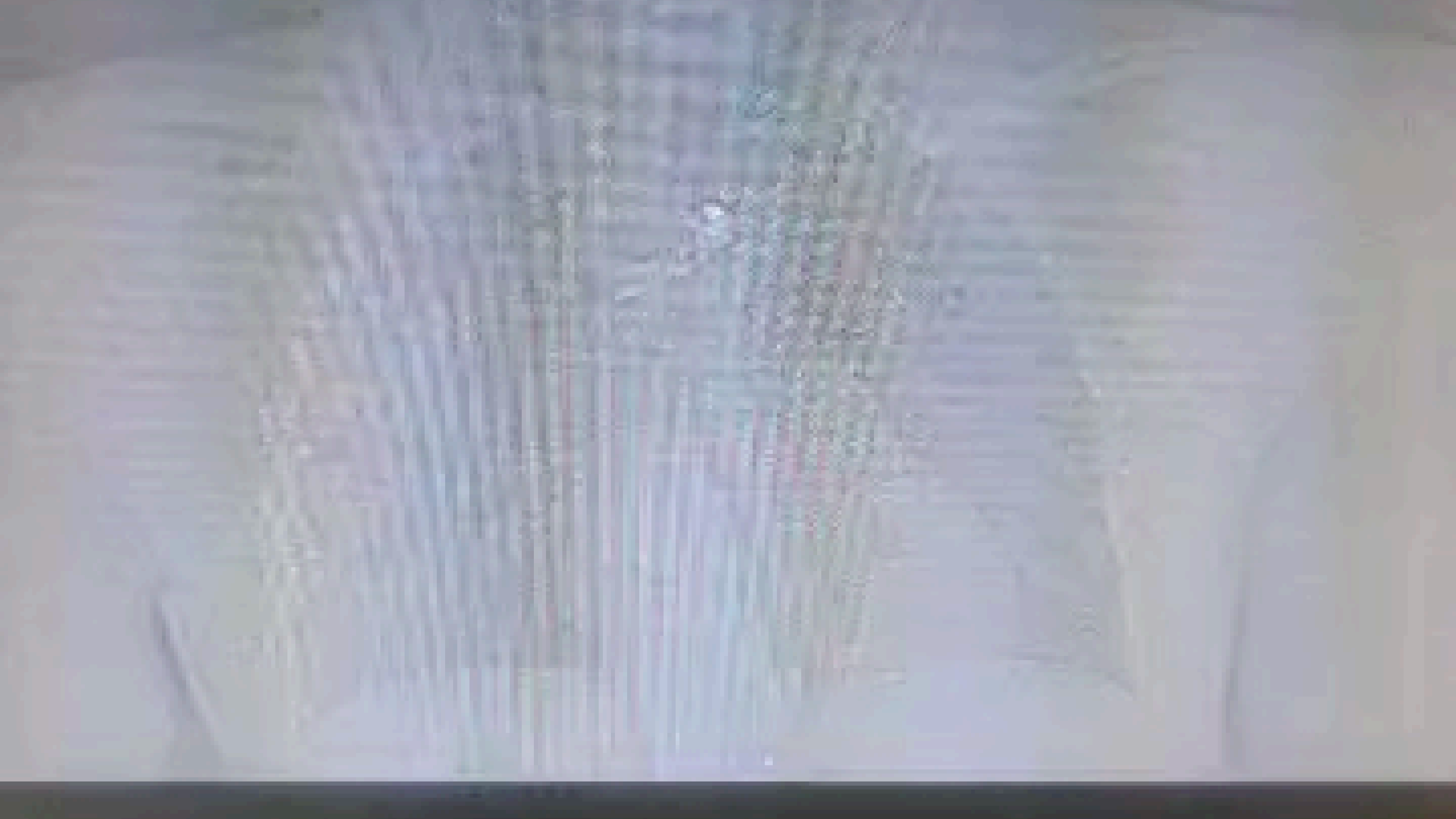
Pulse is 100/min

Respiration are 23/min

Spo2 is 92% with air in room

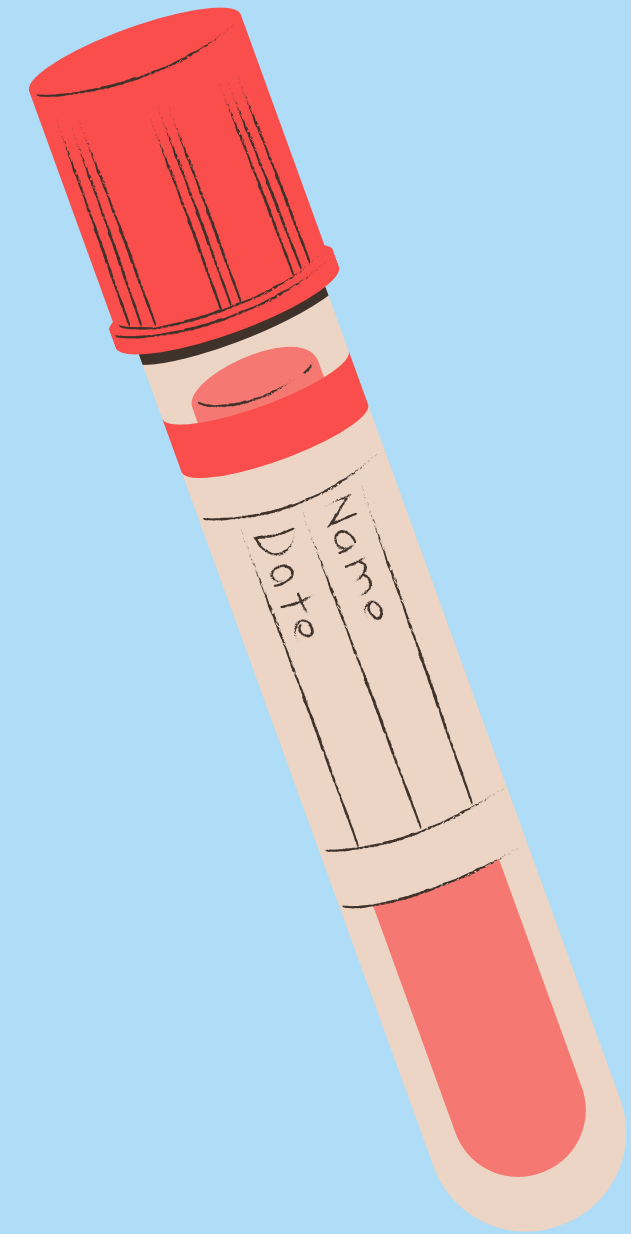
Cxr:





Laboratory:

Seq.: 14876				
Date: 2024-09-19				
Time: 10:44				
Prof.: Blood				
Asp.: Open Tube				
Oper.:				
Notes:				
WBC	36.6 ▲	DE	10 ⁹ /l	Ranges
GRA%	92.8 ▲		%	3.5 : 10.0
LYM%	4.9 ▼		%	35.0 : 80.0
MID%	2.3		%	15.0 : 50.0
GRA	34.1 ▲		%	2.0 : 15.0
MID	0.7		10 ⁹ /l	1.2 : 8.0
LYM	1.8		10 ⁹ /l	0.1 : 1.5
			10 ⁹ /l	0.9 : 5.0
RBC	4.93		10 ¹² /l	3.50 : 5.50
HGB	13.8		g/dl	11.5 : 16.5
HCT	39.6		%	35.0 : 55.0
MCV	80.2		f1	75.0 : 100.0
MCH	28.1		pg	25.0 : 35.0
MCHC	35.0		g/dl	31.0 : 38.0
RDW ^u	56.1		f1	0.1 : 250.0
RDW%	12.3		%	11.0 : 16.0
PLT	144		10 ⁹ /l	130 : 400
MPV	9.7		f1	6.5 : 11.0
PDW ^u	13.0		f1	0.1 : 30.0
PDW%	42.8		%	0.1 : 99.9
PCT ^u	0.14		%	0.01 : 9



Mindray BS-600

Patient ID:

Sample ID:

33

Age:

Patient:

Collection Date:

2024/09/24

Gender:

Collection Time:

Chemistry

Result

Unit

Flag

Ref Range

Glucose

75

mg/dL

70-110

UREA BIO

30

mg/dL

10-50

CREATNIN

1.05

mg/dL

0.50-1.50

CRP

15.34

mg/dL

H

0.00-6.00

Na: 135

K: 4.0

المحرر سعادتي

تقرير الايكو غرافي

تحرير لحرارة الحسنة الهن

سواء تفاعل نرجس سنيدي كما هو موضح
في كتيبات قليلة عن كثر الحسنة مع مساهمة
السيرة العبد السنية مع ملكة ودية من
جدار الأثر

ومن الممكن بفعل عرفة نألكا ~~الضمانية~~
هجرة هالبا

-The patient was admitted and inhaled bronchodilator is begun and empiric antibiotics

Respiratory status significantly improves over the next several hours .

The next morning:

Oxygen saturation is 99% on 2L/min via nasal cannula

Temperature is 37.5c

Respiration are 16/min

Blood pressure is 110/75 mm hg

Tel. : +963 (021) 22 555 48
+963 (021) 22 555 84

info@kebbewar-lab.com
http://www.kebbewar-lab.com

Doctor:

Patient:

Date: رجب بري

24/09/2024

CONTACT PERSONS:

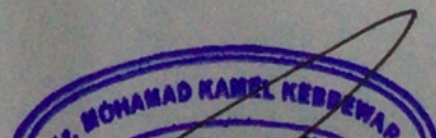
Dr. M. Kamel Kebbewar
Biochemistry & Microbiology

Dr. Moustafa Kebbewar
Biochemistry & Human Genetics

Dr. med Noman Abdo
Laboratory MD & Molecular biology

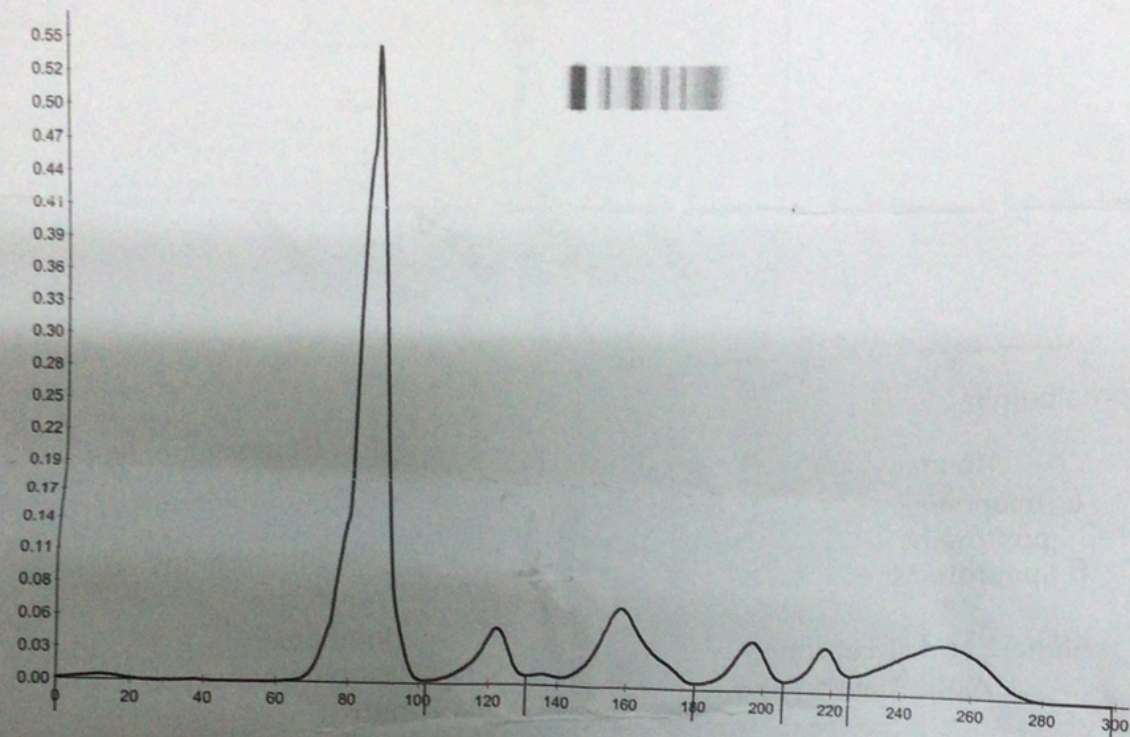
SEROLOGY

Test Name	Result	Reference values
Echinococcus IgG	0.28	Negative : up to 0.8 Borderline : 0.8 - 1.1 Positive : more than 1.1



Kebbewar Molecular and Genetic Laboratory

Doctor :
Name : Rajab Bari
Date : 09/26/2024



Protein Electrophoresis

Fractions	%	Ref. %	g/l	Ref. g/l
Albumin	54.3	55.8 - 66.1	40.07	40.20 - 47.60
Alpha 1	6.1	2.9 - 4.9	4.50	2.10 - 3.50
* Alpha 2	13.9	7.1 - 11.8	10.26	5.10 - 8.50
Beta 1	5.9	4.7 - 7.2	4.35	3.40 - 5.20
Beta 2	4.6	3.2 - 6.5	3.39	2.30 - 4.70
Gamma	15.2	11.1 - 18.8	11.22	8.00 - 13.50

Ratio : 1.19

T.P. : 73.8

www.Kebbewar-lab.com, E-mail: info@kebbewar-lab.com
Tel: 2255584 - 2255548 - WhatsApp:0933672244

الرقم : ٠٩/١٩/٢٤

الزمن : ١٦:١٠

التاريخ : ٢٠٢٤/٩/١٩

الزمن : ١٦:١٠

الطامعة

FaresSoft

Direct Smears

Specimen : First sputum

AFB stain : No AFB seen

Culture

Specimen collection

Specimen : Sputum

Direct smears

Gram stain : Bacilli Gram Negative seen

Urine colonies count : 75'000 / ml

ATB sensitivity test

Amikacin 30 ug : Sensitive +++

Gentamycin 10 ug : Sensitive +++

Amoxi/Clavulanic.A 30 ug : Sensitive +++

Pipracilln/ Tazobactam : Sensitive +++

Azithromycin 15 mcg : Sensitive +++

Ceftazidime 30 ug : Sensitive +

Ampici/Sulbactam 20 ug : Sensitive +

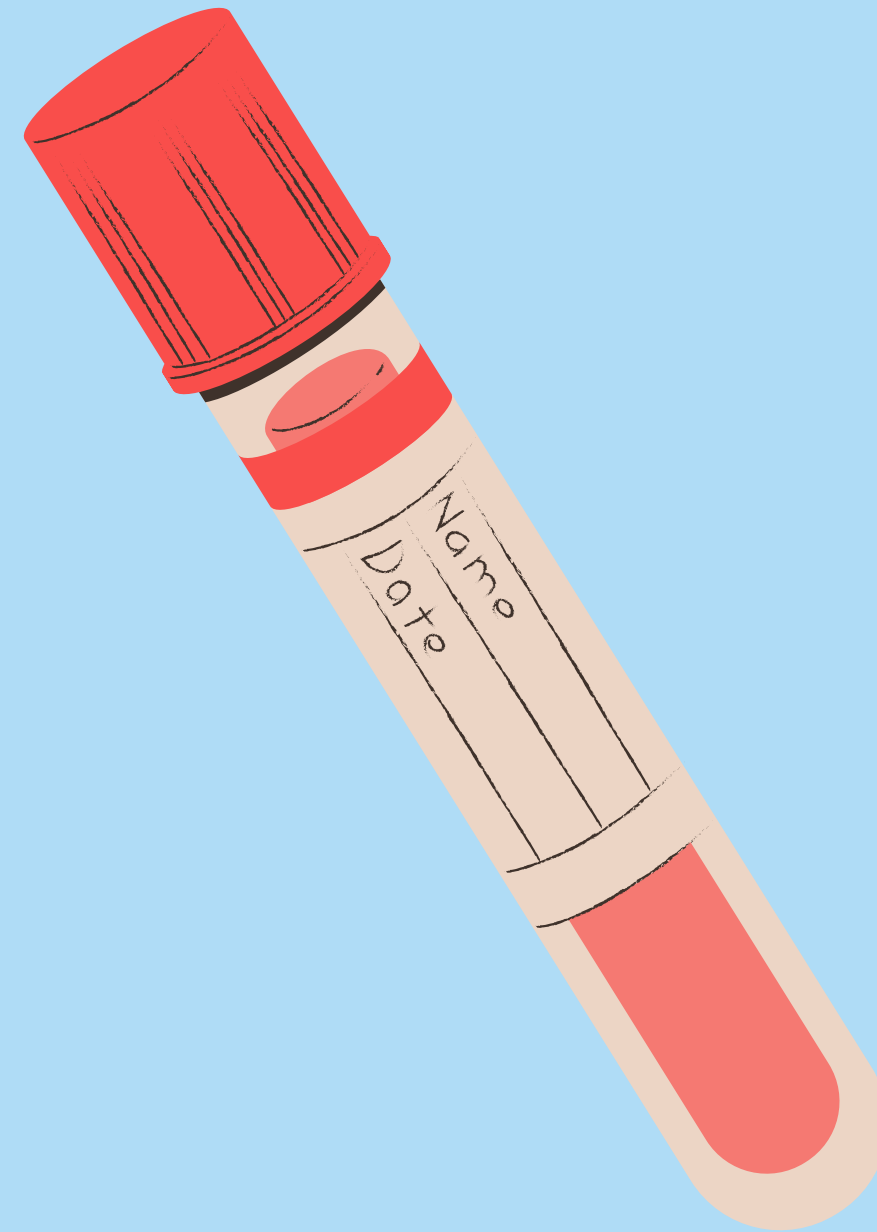
Pefloxacin 5 mcg : Sensitive +++

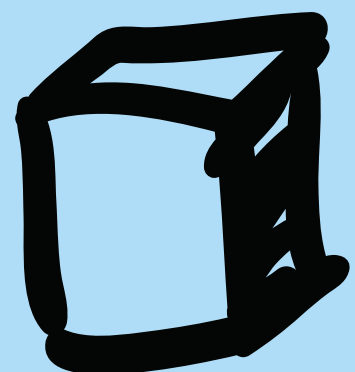
Cefpodoxime : Resistant

Nalidixic Acid- 30 ug : Sensitive ++

AL RAWDA LAB

Dr. Al. J. Hani







Centre Avicenne d'Analyses Medicales

جلب - جسر الرازي - بداية موديس عجي - هاتف ٢٢٤١٠١٣
SYRIE-ALEP-PONT ALRAZI - TEL : (963)-(21) 2241013

تاريخ الطلب: 22/09/2024 13:39

الجنس: MALE

اسم: رجب احمد بري

العمر: 17 years

رقم الطلب: 258

BIOCHEMISTRY

Tests	Results	Normal ranges	Units	Last dated results
Immunoglobulin A (Ig A) المجال الطبيعي مختار حسب العمر	119	70 - 400	mg/dL	
Immunoglobulin G (Ig G) المجال الطبيعي مختار حسب العمر	1200	700 - 1600	mg/dL	
Immunoglobulin M (Ig M) المجال الطبيعي مختار حسب العمر	62	40 - 230	mg/dL	

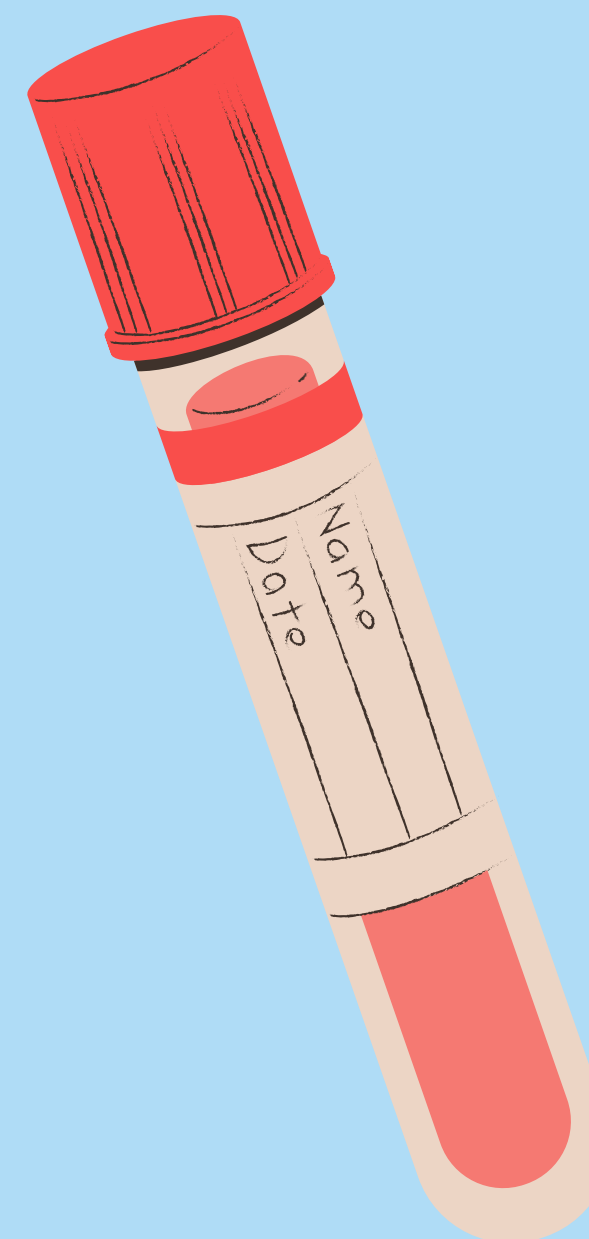
HORMONES

Tests	Results	Normal ranges	Units	Last dated results
Total IgE المجال الطبيعي مختار حسب العمر	417.20	Adults: up to 100	IU/mL	

MICROBIOLOGY

Tests	Results	Normal ranges	Units	Last dated results
Detection Of B.K	Negative	Negative		

Reviewed by lab directors
Dr. M. K. MOUDARRES
Dr. AG. AYROUD



قسم الطب

مركز التحاليل

Mindray BS-600

Sample ID: 76

Patient:

Collection Date: 2024/09/29

Collection Time:

Chemistry	Result	Unit	Flag	Ref Range
Glucose	81	mg/dL		70-110
UREA BIO	38	mg/dL		10-50
CREATNIN	1.21	mg/dL		0.50-1.50
CRP	1.78	mg/dL		0.00-6.00

Hematology Analysis Report

Last Name:

Patient Type:

Time of Analysis: 09-29-2024 11:30

Gender:

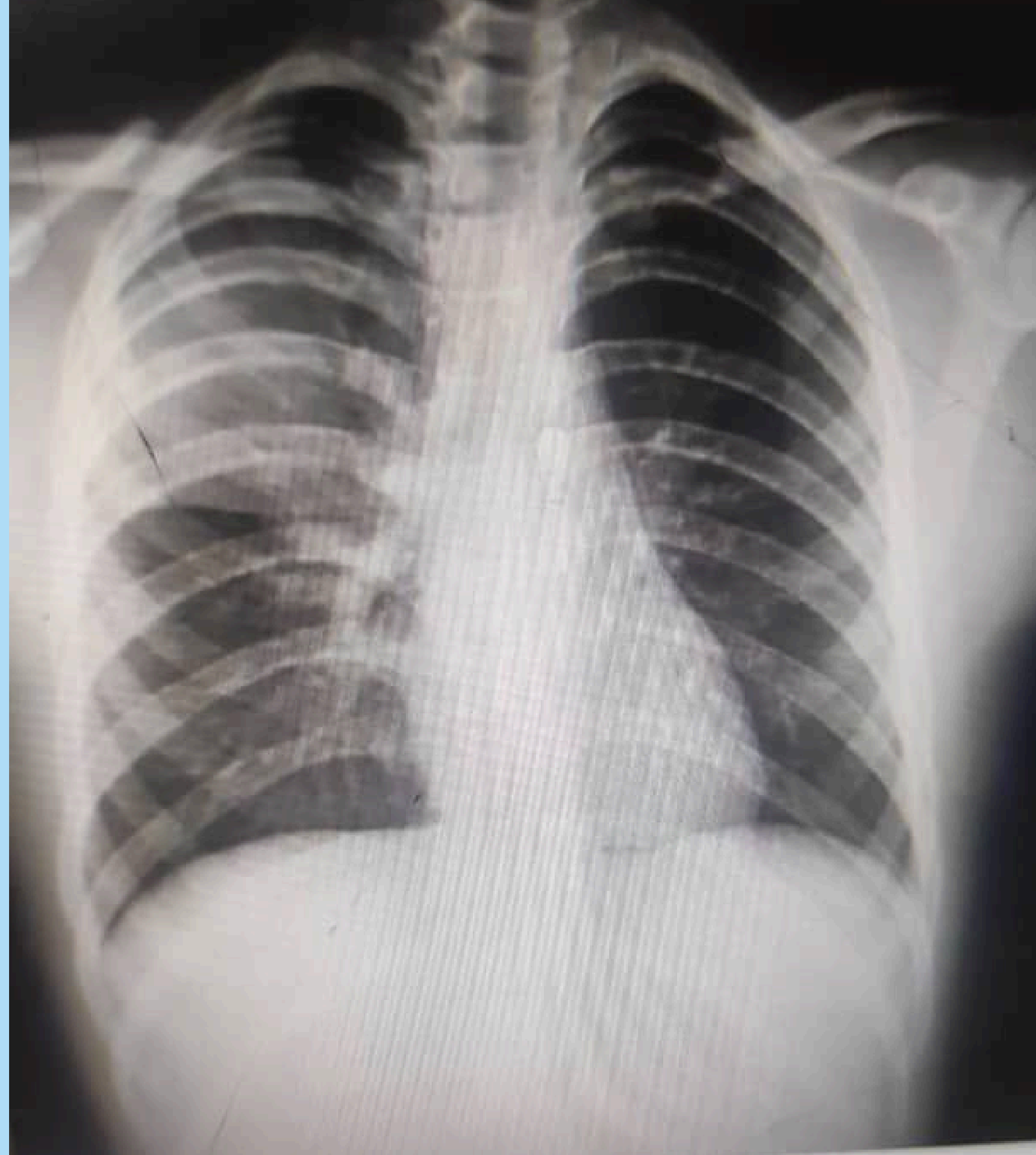
Patient ID:

Mode:

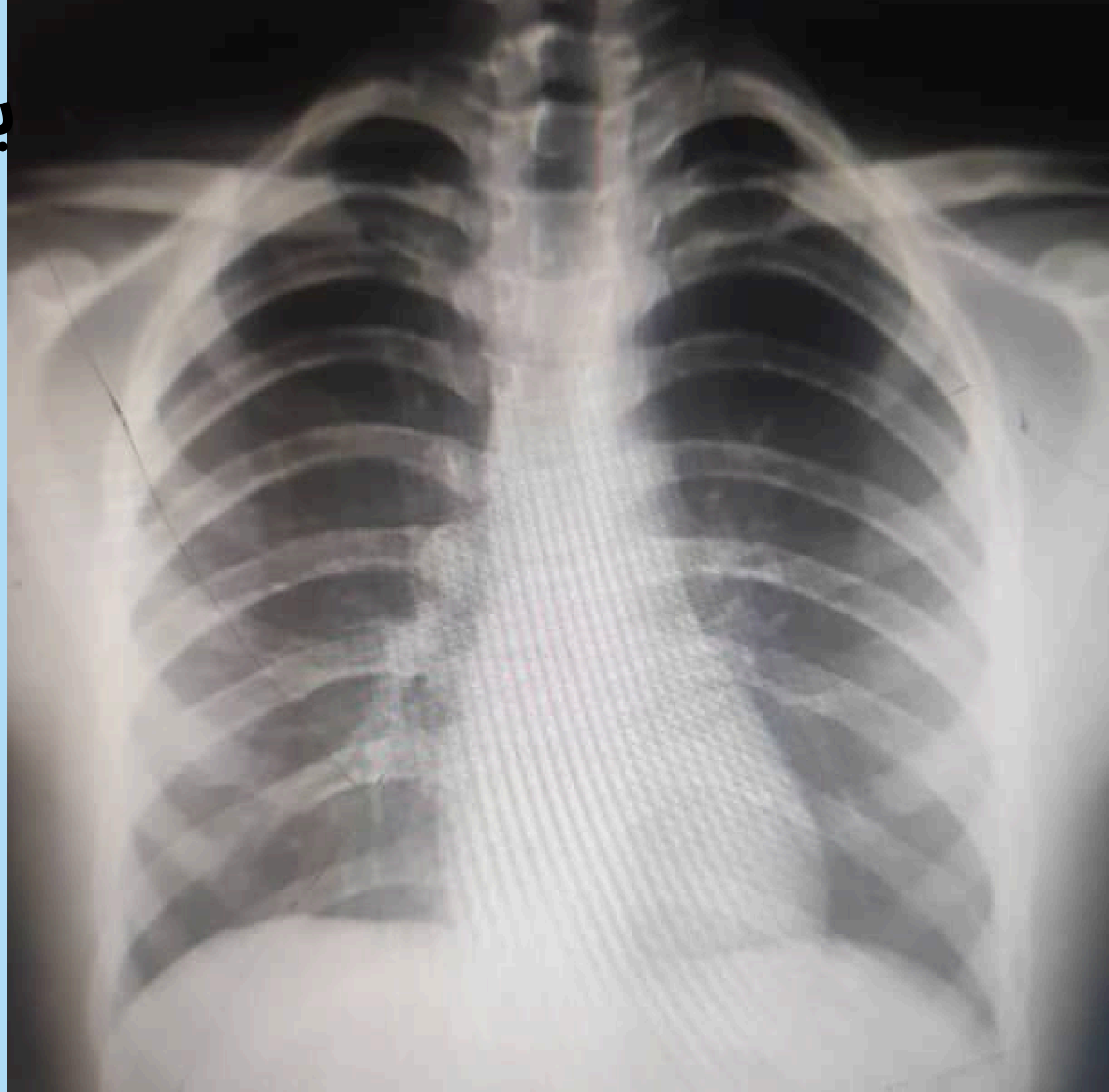
WB-CBC+DIF

Parameter	Result	Unit
WBC	4.64	$10^3/uL$
Neu#	1.92	$10^3/uL$
Lym#	2.34	$10^3/uL$
Mon#	0.21	$10^3/uL$
Eos#	0.17	$10^3/uL$
Bas#	0.00	$10^3/uL$
Neu%	41.4	%
Lym%	50.4	%
Mon%	4.6	%
Eos%	3.6	%
Bas%	0.0	%
RBC	4.71	$10^6/uL$
HGB	13.5	g/dL
HCT	38.0	%
MCV	80.6	um^3
MCH	28.6	pg
MCHC	35.4	g/dL
RDW-CV	12.7	%
RDW-SD	40.8	um^3
PLT	229	$10^3/uL$
MPV	10.5	um^3
PDW	16.1	(10GSD)
PCT	0.241	%
P-LCC	71	$10^3/uL$
P-LCR	0.309	

بعد أسبوعين من تخريج
المريض على وصفة
منزلية



بعد شهر من تخريج المريض



hyperimmunoglobulin E syndrome

Defects in the JAK-STAT pathway lead to impaired T helper cell type 17 (Th17)
differentiation and function

decreased neutrophil proliferation and chemotaxis,

decreased inflammation

increased susceptibility to Candida and bacterial infections

CLINICAL MANIFESTATIONS:

- Skin abscesses
- Eczema
- Other allergic diseases
- Retained primary teeth
- Fractures
- Scoliosis
- Cancer

LABORATORY FINDINGS:

Elevated serum IgE levels.

Elevated eosinophil counts.

Elevated immunoglobulin D (IgD) levels in some patients

Decreased immunoglobulin G (IgG) subclass concentrations in some patients

Total hemolytic complement, C3, and C4 levels are normal

Diagnosis:

The diagnosis is most commonly made in older children or adults with staphylococcal pneumonias or recurrent abscesses and chronic eczema.

- positive family history is important for diagnosis
- Molecular testing is critical to confirm the diagnosis

MANAGEMENT:

Skin care

Antimicrobial prophylaxis: trimethoprim-sulfamethoxazole

Treatment of infections

Control of pulmonary complications

Immunomodulating agents

- interferon (IFN) gamma

- Omalizumab



Thank
You!

