

## รายการอ้างอิง

1. Rimola A, Bory F, Planas R, Xaybet A, Bruguera M, Rodes J. Infecciones bacterianas agudas en la cirrosis hepática. *Gastroenterología y Hepatología* 1981 ; 4:453-8.
2. Suarez C, Pajares JM. Epidemiología de las infecciones en la cirrosis hepática. *Rev Clin Esp* 1981 ; 160:299-303.
3. Palazon M, Garcia A, Gomez A. Infecciones hospitalarias en pacientes con cirrosis hepática. *Gastroenterología Hepatología* 1984; 7:120-2.
4. Andreu M, Barrufet P, Force L, Sola R, Vedaguer A, Panades A, *et al.* Fiebre en el enfermo con cirrosis hepática : estudio prospectivo durante 6 meses. *Med Clin (Barc)* 1985;84:43-6.
5. Clemente Ricote G, Barajas Martinez JM, Serrano Vicente MI, Perez de Ayala MV, Menchen P, Senent Sanchez MC, *et al.* Infecciones bacterianas en la cirrosis hepática. *Gastroenterología y Hepatología* 1986; 285:8285-90.
6. Yoshida II, Hamada T, Inuzuka S, Ueno T, Sata M, Tanikawa K. Bacterial infection in cirrhosis, with and without hepatocellular carcinoma. *Am J Gastroenterology* 1993;88:2067-71.
7. Deschenes M, Villeneuve JP. Risk factors for the development of bacterial infections in hospitalized patients with cirrhosis. *Am J Gastroenterology* 1999;94(8):2193-7.
8. Caly WR, Strauss E. A prospective study of bacterial infections in patients with cirrhosis. *J Hepatol* 1993;353-8.
9. Bleichner G, Boulanger R, Squara P, Sollet JP, Parent A. Frequency of infections in cirrhotic patients presenting with acute gastrointestinal hemorrhage. *Br J Surg* 1986;73(9):724-6.
10. Rimola A, Bory F, Teres J, Peres J, Perez - Ayuso RM, Arroyo V, Rodes J. Oral, nonabsorbable antibiotics prevent infection in cirrhotics with

- gastrointestinal hemorrhage. *Hepatology* 1985;5(3):463-7.
11. Soriano G, Guarner C, Tomas A, Villanueva C, Torras X, Gonzalez D, *et al.* Norfloxacin prevents bacterial infection in cirrhotics with gastrointestinal hemorrhage. *Gastroenterology* 1992;103(4) :1267-72.
  12. Blaise M, Pateron D, Trinchet JC, Levacher S, Beaugrand M, Pourriat JL. Systemic antibiotic therapy prevents bacterial infection in cirrhotic patients with gastrointestinal hemorrhage. *Hepatology* 1994;20(1 Pt 1) : 34-8.
  13. Bernard B, Cadranet JF, Valla D, Escolano S, Jarlier V, *et al.* Prognostic significance of bacterial infection in bleeding cirrhotic patients : A prospective study. *Gastroenterology* 1995; 108:1828-34.
  14. Pauwels A, Mostefa-Kara N, Debens B, Degoutte E, Levy VG. Systemic antibiotic prophylaxis after gastrointestinal hemorrhage in cirrhotic patients with a high risk of infection. *Hepatology* 1996; 24(4) : 802-6.
  15. Hsieh WJ, Lin HC Hwang SJ, Hou MC, Lee FY, Chang FY, *et al.* The effect of ciprofloxacin in the prevention of bacterial infection in patients with cirrhosis after upper gastrointestinal bleeding. *Am J Gastroenterology* 1998;93(6):962-6.
  16. Goulis J, Armonis A, Patch D, Sabin C, Greenslade L, Burrough AK. Bacterial infection is independently associated with failure to control bleeding in cirrhotic patients with gastrointestinal hemorrhage. *Hepatology* 1998; 27(5):1207-12.
  17. Edmiston CE, Condon RE. Bacterial translocation. *Surg Gyn Obstet* 1991;173:73-83.
  18. Garcia-Tsao G. Spontaneous bacterial peritonitis. *Gastro Clin North Am* 1992; 21:257-75.
  19. Runyon BA, Squier S, Borzio M. Translocation of gut bacteria in rats with cirrhosis to mesenteric lymph nodes partially explains the pathogenesis of spontaneous bacterial peritonitis. *Hepatology* 1994;26:1372-8.

20. Garcia-Tsao G, Lee FY, Barden GE, Cartun R, West AB. Bacterial translocation to mesenteric lymph nodes is increased in cirrhotic rats with ascites. *Gastroenterology* 1995;108:1835-41.
21. Guarner C, Runyon BA, Young S, Heck M, Sheikh MY. Intestinal bacterial overgrowth and bacterial translocation in cirrhotic rats with ascites. *J Hepatol* 1997;26:1372-8.
22. Casafont F, Sanchez E, Martin L, Agüero J, Pons-Romero F. Influence of malnutrition on the prevalence of bacterial translocation and spontaneous bacterial peritonitis in experimental cirrhosis in rats. *Hepatology* 1997;25:1334-7.
23. Guarner C, Runyon BA, Heck M, Young S, Sheikh MY. Effect of long-term trimethoprim-sulfamethoxazole prophylaxis on ascites formation, bacterial translocation, spontaneous bacterial peritonitis, and survival in cirrhotic rats. *Dig Dis Sci* 1999;44:1957-62.
24. Perez-Paramo M, Munoz J, Albillos A, Freile I, Portero F, Santos M, *et al.* Effect of propranolol on the factors promoting bacterial translocation in cirrhotic rats with ascites. *Hepatology* 2000;31:43-8.
25. Llovet JM, Bartoli R, March F, Planas R, Vinado B, Cabre E, *et al.* Translocated intestinal bacteria cause spontaneous bacterial peritonitis in cirrhotic rats : molecular epidemiologic evidence. *J Hepatol* 1998;28:307-3.
26. Wells CL, Maddaus MA, Erlandsen SL, Simmons RL. Evidence for phagocytic transport of intestinal particles in dogs and rats. *Infect Immun* 1988;56:278-82.
27. Ferri M, Gabriel S, Gavelli A, Franconeri P, Huget C. Bacterial translocation during portal clamping for liver resection. *Arch Surg* 1997;132:162-5.
28. Cirera I, Bauer TM, Navasa M, Vila J, Grande L, Taura A P, *et al.* Bacterial translocation of enteric organisms in patients with cirrhosis. *J Hepatol* 2001;34:32-7.

29. Mellencamp MA, Preheim PC. Pneumococcal pneumonia in a rat model of cirrhosis: effects of cirrhosis on pulmonary defense mechanisms against *Streptococcus pneumoniae*. *J Infect Dis* 1991; 163:102-8.
30. Andreu M, Sola R, Sitges-Serra A, Alia C, Gallen M, Vila C, *et al*. Risk factors for spontaneous bacterial peritonitis in cirrhotic patients with ascites. *Gastroenterology* 1993;104:1133-8.
31. Wiest R, Das S, Cadelina G, GarcoAa-Tsao G, Milstien S, Groszmann RJ. Bacterial translocation to lymph nodes of cirrhotic rats stimulates eNOS-derived NO production and impairs mesenteric vascular contractility. *J Clin Invest* 1999;104:1223-33.
32. Angelico M, Carli L, Piat C, Gentile S, Capocaccia L. Effects of isosorbide-5-mononitrate compared with propranolol on first bleeding and long-term survival in cirrhosis. *Gastroenterology* 1997;113:1632-9.
33. Gine A, Fernandez EG, Monescillo A, Vila C, Domenech E, Abecasis R, *et al*. Randomized trial comparing albumin, dextran-70 and polygeline in cirrhotic patients with ascites treated by paracentesis. *Gastroenterology* 1996;111:1002-10.
34. Lemaire LCJM, VanLanschoot JJB, Stoutenbeek CP, VanDeventer SJH, Wells CL, Gouma DJ. Bacterial translocation in multiple organ failure : cause or epiphenomenon still unproven. *Br J Surg* 1997;84:1340-50.
35. Llovet JM, Bartoli R, Planas R, Cabre E, Jimenez M, Urban A, *et al*. Bacterial translocation in cirrhotic rats. Its role in the development of spontaneous bacterial peritonitis. *Gut* 1994;35:1648-52.
36. Runyon BA, Borzio M, Yong S, Squier S, Guarner C, Runyon MA. Effect of selective bowel decontamination with norfloxacin on spontaneous bacterial peritonitis, translocation, and survival in an animal model of cirrhosis. *Hepatology* 1995;21:1719-24.
37. Llovet JM, Bartoli R, Planas R, Vinado B, Perez J, Cabre E, *et al*. Selective

intestinal decontamination with norfloxacin reduces bacterial translocation in ascitic cirrhotic -rats exposed to hemorrhagic shock. *Hepatology* 1996;23:781-7.

38. Pardo A, Bartoli R, Lorenzo-Zuniga V, Planas R, Vinado B, Riba J, *et al.* Effect of cisapride on intestinal bacterial overgrowth and bacterial translocation in cirrhosis. *Hepatology* 2000; 31:858-63.
39. Amborse NS, Johnson M, Burdon DW, Keighley MRB. Incidence of pathogenic bacteria from mesenteric lymph nodes and ileal serosa during Crohn's disease surgery. *Br J Surg* 1984;71:623-5.
40. Deitch EA. Simple intestinal obstruction causes bacterial translocation in man. *Arch Surg* 1989;124:699-701.
41. Sedman PC, MacFie J, Sagar PM, Mitchell CJ, May J, Mancey-Jones B, *et al.* The prevalence of gut translocation in humans. *Gastroenterology* 1994;107:643-9.
42. Sagar PM, MacFie J, Sedman PC, May J, Mancey-Jones B, Jonstone D. Intestinal obstruction promotes gut translocation of bacteria. *Dis Colon Rectum* 1995;38:640-4.
43. VanGoor H, Rosman C, Grond J, Kooi K, Wubbels GH, Bleichrodt RP. Translocation of bacteria and endotoxin in organ donors. *Arch Surg* 1994; 129:1063-6.
44. VanGoor H, Rosman C, Grond J, Kooi K, Wubbels GH, Bleichrodt RP. Translocation of bacteria and endotoxin in organ donors. *Arch Surg* 1994; 129:1063-6.
45. O'Boyle CJ, MacFie J, Mitchell CJ, Johnstone D, Sagar PM, Sedman PC. Microbiology of bacterial translocation in humans. *Gut* 1998;42:29-35.
46. O'Boyle CJ, Dave K, Sagar PS, Poon P, Mitchell CJ. Alterations in intestinal barrier function do not predispose to translocation of enteric bacteria in gastroenterologic patients. *Nutrition* 1998;14:636-41.

47. Kale TI, Kuzu MA, Tekeli A, Tanik A, Aksoy M, Cete M. Aggressive bowel preparation does not enhance bacterial translocation, provided the mucosal barrier is not disrupted. *Dis Colon Rectum* 1998;41:636-41.
48. Kuzu MA, Kale TI, Col C, Tekeli A, Tanik A, Koksoy C. Obstructive jaundice promotes bacterial translocation in humans. *Hepatogastroenterology* 1999; 46:21:59-64.
49. MacFie J, O'Boyle CJ, Mitchell CJ, Buckley PM, Johnstone D, Sudworth P. Gut origin of sepsis : a prospective study investigating associations between bacterial translocation, gastric microflora and septic morbidity. *Gut* 1999;45:223-8.
50. Woodcock NP, Sudheer V, El-Barghouti N, Perry EP, MacFie J. Bacterial translocation in patients undergoing abdominal aortic aneurysm repair. *Br J Surg* 2000;87:439-42.
51. Rimola A, Soto R, Bory F, Arroyo V, Piera C, Rodes J. Reticuloendothelial system phagocytic activity in cirrhosis and its relation to bacterial infections and prognosis. *Hepatology* 1984;4:53-8.
52. Fierer J, Finley F. Deficient serum bactericidal activity against *Escherichia coli* in patients with cirrhosis of the liver. *J Clin Invest* 1979;63:912-21.
53. Hassner A, Kietter Y, Schlag D, Yedwab M, Aronson M, Shibolet S. Impaired monocyte function in liver cirrhosis. *Br Med J* 1981;282:1262-3.
54. Akalin HE, Laleli Y, Telatar H. Serum bactericidal and opsonic activities in patients with non-alcoholic cirrhosis. *QJ Med J* 1985;56:431-7.
55. Garcia-Gonzalez M, Boixeda D, Herrero D, Burgaleta C. Effect of granulocyte-macrophage colony-stimulating factor on leukocyte function in cirrhosis. *Gastroenterology* 1993; 105:527-31.
56. Finalyson ND, Krohn K, Fauconnet MH, Anderson KE. Significance of serum complement levels in chronic liver disease. *Gastroenterology* 1972;63:653-9.

57. Homann C, Verming K, Hogasen K, Mollnes TE, Graudal N, Thomsen AC, *et al.* Acquired C<sub>3</sub> deficiency in patients with alcoholic cirrhosis predisposes to infection and increased mortality. *Gut* 1997; 544-9.
58. Thomas HC, McSween RN, White RG. Role of the liver in 2196 Deschenes and Villeneuve AJG - Vol. 94, No. 8, 1999 controlling the immunogenicity of commensal bacteria in the gut. *Lancet* 1973;1:1288-91.
59. Whipple RL, Harris JE.E. coli septicemia in Laennec's cirrhosis of the liver. *Ann Intern Med* 1950;334:462-6.
60. Martin WJ, McHenry MC, Wellman WE. Severe live disease complicated by bacteremia. *Arch Intern Med* 1962;109:555-62.
61. Correia JP, Conn HO. Spontaneous bacterial peritonitis in cirrhosis : Endemic or epidemic? *Med Clin North Am* 1975;59:963-71.
62. Rajkovic A, Williams R. Abnormalities of neutrophil phagocytosis, intracellular killing and metabolic activity in alcoholic cirrhosis and hepatitis. *Hepatology* 1986;6:252-62.
63. Bereny MR, Straus B, Cruz D. In vitro and in vivo studies of cellular immunity in alcoholic cirrhosis. *Am J Dig Dis* 1974;19:199-205.
64. DeMeo AM, Anderson BR. Defective chemotaxis associated with a serum inhibitor in cirrhotic patients. *N Engl J Med* 1972; 286:735-40.
65. Potter BJ, Trueman AM, Jones EA. Serum complement in chronic liver disease. *Gut* 1973;14:451-6.
66. Simberkoff MS, Boldover NH, Weiss G. Bactericidal and opsonic activity of cirrhotic ascites and non-ascitic peritoneal fluid. *J Lab Clin Med* 1978;91:831-9.
67. Wyke RJ, Rajkovic IA, Williams R. Impaired opsonization by serum from patients with chronic liver disease. *Clin Exp Immunol* 1983;51:91-8.
68. Iber EL, Ker DMS, Dolle W. Measurement of blood flow in collateral vessel of the portal vein : Preliminary result of a new method. *J Clin Invest*

- 1960;39:1201-7.
69. Martini GA, Phear EA, Ruebner B. Bacterial content of small intestine in normal and cirrhotic subjects in relation to methionine toxicity. *Clin Sci* 1957;16:35-51.
  70. Zweifach BW, Benacerraf B. Effect of hemorrhagic shock on the phagocyte function of Kupffer cells. *Circ Res* 1958;6:83.
  71. Altura BM, Hershey SG. Sequential changes in reticuloendothelial system function after acute hemorrhage. *Proc Soc Exp Biol Med* 1972;139:935-9.
  72. Llovet JM, Bartoli R, Planas R, Vinado B, Perez J, Cabre E, *et al.* Selective intestinal decontamination with norfloxacin reduces bacterial translocation in ascetic cirrhosis rats exposed to hemorrhagic shock. *Hepatology* 1996;23:781-7.
  73. Ho H, Zuckerman MJ, Wassem C. A prospective controlled study of the risk of bacteremia in emergency sclerotherapy of esophageal varices. *Gastroenterology* 1991; 101:1642-8.
  74. Rolando N, Gimson A, Philpott-Howard J, Sahathvan M, Caswell M, Fagan E, *et al.* Infectious sequelae after endoscopic sclerotherapy of oesophageal varices : role of antibiotic prophylaxis. *J Hepatol* 1993;18:290-4.
  75. Bac DJ, DeMarie S, Siersema PhD, Snobl J, VanBuuren HR. Post-sclerotherapy bacterial peritonitis : a complication of sclerotherapy or of variceal bleeding? *Am J Gastroenterol* 1994;89:859-62.
  76. Lin OS, Wu S-S, Chen Y-Y, Soon M-W. Bacterial peritonitis after elective endoscopic variceal ligation ; a prospective study. *Am J Gastroenterol* 1994;95:214-7.
  77. Javaloyas de Mortlius M, Ariza Cardenal J, Gudiol Monte F. La bacteriemia en el paciente con cirrhosis hepatica. Analisis etiopatogenico y pronostico de 92 cases. *Med Clin (Barc)* 1984;82:612-6.
  78. Guarner C, Soriano G, Tomas A. Increased serum nitrate and nitrate levels in patients with cirrhosis: relationship to endotoxaemia. *Hepatology*



1993;18:1139-43.

79. Yanagisawa M. The endothelin system : a new target for therapeutic intervention. *Circulation* 1994; 89:1320-2.
80. Sakurai T, Yanagisawa M, Masaki T. Molecular characterisation of endothelin receptors. *Trends Pharmacol Sci* 1992;13:103-8.
81. Housset C, Rockey DC, Bissel DM. Endothelin receptors in rat liver : lipocytes as a contractile target for endothelin-1. *Proc Natl Acad Sci USA* 1993;90:9266-70.
82. Rockey D. The cellular pathogenesis of portal hypertension : stellate cell contractility, endothelin and nitric oxide. *Hepatology* 1997;25:2-5
83. Moller S, Gulberg V, Henriksen JH, Gerbes AL. Endothelin-1 and endothelin-3 in cirrhosis : relations to systemic and splanchnic haemodynamics. *J Hepatol* 1995;23:135-44.
84. Gerbes AL, Moller S, Gulberg V, Henriksen JH. Endothelin-1 and -3 plasma concentrations in patients with cirrhosis : role of planchnic and renal passage and liver function. *Hepatology* 1995;21:735-9.
85. Rockey DC, Fouassier Chung JL. Cellular localization of endothelin-1 and increased production in liver injury in the rat: potential for autocrine and paracrine effect on stellate cells. *Hepatology* 1998;27:472-80.
86. Pinzani M, Milani S, De Franco R. Endothelin 1 is overexpressed in human cirrhotic liver and exerts multiple effects on activated hepatic stellate cells. *Gastroenterology* 1996;110:534-48.
87. Rockey DC, Weisiger RA. Endothelin induced contractility of stellate cells from normal and cirrhotic rat liver : implications for regulation of portal pressure and resistance. *Hepatology* 1996;24:233-40.
88. Gandhi CR, Nemoto EM, Watkins SC, Subbotin VM. An endothelin receptor antagonist TAK-044 ameliorates carbon tetrachloride induced acute liver injury and portal hypertension in rats. *Liver* 1998;18:39-48.

89. Sogni P, Moreau R, Gomola A. Beneficial hemodynamic effects of bosentan, a mixed ETA and ETB receptor antagonist, in portal hypertensive rats. *Hepatology* 1998;28:655-9.
90. Eakes AT, Howard KM, Miller JE, Olson MS. Endothelin-1 production by hepatic endothelial cells : characterization and augmentation by endotoxin exposure. *Am J Physiol* 1997;272:G605-11.
91. Pannen BHJ, Bauer M, Zhang JX, Robotham JL, Clemens MG. A time dependent balance between endothelins and nitric oxide regulating portal resistance after endotoxin. *Am J Physiol* 1997;272:H1 239-49.
93. Hughes AK, Padilla E, Kutchera WA, Michael JR, Kohan DE. Endothelin-1 induction of cyclooxygenase-2 expression in fat mesangial cells. *Kidney Int* 1995;47:53-61.
94. Desai K, Bagget C, Bellamy MF, Mistry P, Burroughs AK, Owen JS. Inhibition of platelet aggregation by abnormal high-density lipoprotein particles in plasma from patients with hepatic cirrhosis. *Lancet* 1989;i:693-95.
95. Gratton JP, Maurice MC, D'Orleans-Juste P. Characterization of endothelin receptors and endothelin converting-enzyme activity in the rabbit lung. *J Cardiovasc Pharmacol* 1995;26:S88-90.
96. Vane JP, Blotting RM. Pharmacodynamic profile of prostacyclin. *Am J Cardiol* 1995;75:3A-10A.
97. Suttorp N, Galanos C, Neuhof H. Endotoxin alters arachidonate metabolism in pulmonary endothelial cells. *Am J Physiol* 1987;253(suppl):C384-90.
98. Moncada S, Higgs A. The L-arginine - nitric oxide pathway. *N Engl J Med* 1993; 329:2002-12.
99. Vallance P, Moncada S. Hyperdynamic circulation in cirrhosis : a role for nitric oxide? *Lancet* 1991;37:776-8.
100. Radomski MW, Palmer RMJ, Moncada S. Endogenous nitric oxide inhibits human platelet adhesion to vascular endothelium. *Lancet* 1987; ii:1057-8.

101. Riddell DR, Graham A, Owen JS. Apolipoprotein E inhibits platelet aggregation through the L-arginine : nitric oxide pathway. Implications for vascular disease. *J Biol Chem* 1997; 272:89-95.
102. Laffi G, Foschi M, Masini EI. Increased production of nitric oxide by neutrophils and monocytes from cirrhotic patients with ascites and hyperdynamic circulation. *Hepatology* 1995;22:1666-73.
103. Tito L, Rimola A, Gines P, Llach J, Arroyo V, Rod & s J. Recurrence of spontaneous bacterial peritonitis in cirrhosis : frequency and predictive factors. *Hepatology* 1988; 8:27-31.
104. Silvain C, Mannant P-R, Ingrand P, Fort E, Besson I, Beauch and M. R & dive de l'infection spontanee du liquide d'ascite au cours de la cirrhose. *Gastroenterol Clin Biol* 1991;15:1069.
105. Andreu M, Sola R, Sitges-Serra A, Alia C, Gallen M, Vila MC, et al. Risk factors for spontaneous bacterial peritonitis in cirrhotic patients with ascites. *Gastroenterology* 1993;104:1133-8.
106. Runyon BA. Low-protein-concentration ascitic fluid is predisposed to spontaneous bacterial peritonitis. *Gastroenterology* 1986;91:1343-6.
107. Gin & P Rimola A, Planas R, Vargas V, Marco F, Almela M, et al. Norfloxacin prevents spontaneous bacterial peritonitis recurrence in cirrhosis : results of a double-blind, placebo-controlled trial. *Hepatology* 1990; 12:716-24.
108. Soriano G, Guarner C, Teixido M, Such J, Barrios J, Enriquez J, et al. Selective intestinal decontamination prevents spontaneous bacterial peritonitis. *Gastroenterology* 1991;100:477-81.
109. Grange J-D, Roulot D, Pelletier G, Pariente E-A, Denis J, Ink o, et al. Norfloxacin primary prophylaxis of bacterial infections in cirrhotic patients with ascites : a double-blind randomized trial. *J Hepatol* 1998;29:43-6.
110. Rolachon A, Cordier L, Bacq Y, Nousbaum J-B, Franza A, Paris J-C, et al. Ciprofloxacin and long-term prevention of spontaneous bacterial

- peritonitis : results of a prospective controlled trial. *Hepatology* 1995;22:1171-4.
111. Singh N, Gayowski T, Yu VL, Wagener MM. Trimethoprim sulfamethoxazole for the prevention of spontaneous bacterial peritonitis in cirrhosis : a randomized trial. *Ann Intern Med* 1995;122:595-8.
  112. Bernard B, Grange JD, Nguyen Khac E, Amiot X, Opolon P, Poynard T. Antibiotic prophylaxis for the prevention of bacterial infections in cirrhotic patients with ascites : a meta-analysis. *Digestion* 1998; 59(suppl 2) : 54-7.
  113. Inadomi J, Sonnenberg A. Cost-analysis of prophylactic antibiotics in spontaneous bacterial peritonitis. *Gastroenterology* 1997;113:1289-94.
  114. Younossi ZM, McHutchison JG, Ganiats TG. An economic analysis of norfloxacin prophylaxis against spontaneous bacterial peritonitis. *J Hepatol* 1997;27:295-8.
  115. D'Antonio D, Piccolomini R, Iacone A, Fioritoni G, Parruti G, Parruti G, Betti S, *et al.* Comparison of ciprofloxacin, ofloxacin and pefloxacin for the prevention of the bacterial infection in neutropenic patients with haematological malignancies. *J Anti-microb Chemother* 1994;33:837-44.
  116. Dupeyron C, Mangeney N, Sedrati L, Campillo B, Fouet P, Leluan G. Rapid emergence of quinolone resistance in cirrhotic patients treated with norfloxacin to prevent spontaneous bacterial peritonitis. *Antimicrob Agents Chemother* 1994;38:340-4.
  117. Nord CE. Effect of quinolones on the human intestinal flora. *Drugs* 1995;49(suppl2) : 81-5.
  118. Carratala J, Fernandez-Sevilla A, Tubau E, Dominguez MA, Gudiol E. Emergence of fluoroquinolone-resistant *Escherichia coli* in fecal flora of cancer patients receiving norfloxacin prophylaxis. *Antimicrob Agents Chemother* 1996;40:503-5.
  119. Borzio M, Salerno F, Saudelli M, Galvagno D, Piantoni L, Fragiaco L. Efficacy

- of oral ciprofloxacin as selective intestinal decontaminant in cirrhosis. *Ital J Gastroenterol Hepatol* 1997;29:262-6.
120. Oethinger M, Jellen-Ritter AS, Conrad S, Marre R, Kern WV. Colonization and infection with fluoroquinolone resistant *Escherichia coli* among cancer patients : clonal analysis. *Infection* 1998;26:379-84.
  121. Terg R, Llano K, Cobas SM, Brotto C, Barrios A, Levi D, *et al.* Effects of oral ciprofloxacin on aerobic gram negative fecal flora in patients with cirrhosis : results of short and long-term administration with daily and weekly dosages. *J Hepatol* 1998;29:437-42.
  122. Campillo B, Dupeyron C, Richardet J-P, Mangeney N, Leluan G. Epidemiology of server hospital-acquired infections in patients with liver cirrhosis : effect of long-term administration of norfloxacin. *Clin Infect Dis* 1998; 26:1066-70.
  123. Altman C, Grange JD, Amiot X, Pelletier G, Lacaine F, Bodin F, *et al.* Survival after a first episode of spontaneous bacterial peritonitis. Prognosis of potential candidates for orthotopic liver transplantation. *J Gastroenterol Hepatol* 1995; 10: 47-50.
  124. Bat DJ. Spontaneous bacterial peritonitis : an indication for liver transplantation? *Stand J Gastroenterol* 1996; 218(suppl.) :38-42.
  125. Kilpe VE, Krakahuer H, Wren RE. An analysis of liver transplant experience from 37 transplant centers as reported to Medicare. *Transplantation* 1993; 56:554-61.
  126. European Liver Transplant Registry. Data analysis 05/1968-06/1997. Hospital Paul Brousse, Villejuif, France 153.
  127. Rimola A, Garcia - Tsao G, Navasa M, Piddock LJV, Planas R, Bernard B, *et al.* Diagnosis, treatment and prophylaxis of spontaneous bacterial peritonitis : a consensus document. *J Hepatol* 2000; 32(1):142-53.
  128. Sabat M, Kolle L, Soriano G, Ortiz J, Novella M. Parenteral antibiotic prophylaxis of bacterial infections does not improve cost - efficacy of oral norfloxacin in

cirrhotic patient with gastrointestinal bleeding. *Am J Gastroenterol* 1998;93(12):2457-62.

129. Bernard B, Grange JD, Khac EN, Amiot X, Opolon P, Poynard T. Antibiotic prophylaxis for the prevention of bacterial infection in cirrhotic patients with gastrointestinal bleeding : a meta-analysis. *Hepatology* 1999;29(6):1655-61.



ศูนย์วิทยุทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย



ภาคผนวก

ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

## ภาคผนวก ก

### ใบยินยอมเข้าร่วมการวิจัย เรื่องการศึกษาผลของนอร์ฟลอกซาซินระยะสั้นในการป้องกันการติดเชื้อแบคทีเรีย ในผู้ป่วยตับแข็งที่มีเลือดออกจากทางเดินอาหารส่วนบน

#### 1. คำชี้แจงเกี่ยวกับโรคของผู้ป่วย

ผู้ป่วยตับแข็งที่มีเลือดออกจากทางเดินอาหารส่วนบนมีโอกาสติดเชื้อแบคทีเรียสูงกว่าผู้ป่วยทั่วไป จึงได้มีคำแนะนำให้ยาปฏิชีวนะ เพื่อป้องกันการติดเชื้อเป็นเวลา 7 วัน แต่จากการศึกษาภายหลังพบว่า โอกาสการติดเชื้อจะสูงในช่วง 3 วันแรกหลังจากเข้าโรงพยาบาล ดังนั้น ผู้วิจัยจึงต้องการศึกษาเปรียบเทียบระหว่างการให้ยาปฏิชีวนะเพื่อป้องกันการติดเชื้อเป็นเวลา 3 วันเทียบกับไม่ให้ยาป้องกัน

#### 2. คำชี้แจงเกี่ยวกับขั้นตอน วิธีการ ผลข้างเคียงของการศึกษา

ผู้ป่วยจะได้รับการซักประวัติ ตรวจร่างกาย ได้รับน้ำเกลือทางหลอดเลือดดำ ใส่สายยางทางจมูกลงในกระเพาะอาหาร เพื่อประเมินภาวะเลือดออกจากทางเดินอาหารส่วนต้น ตรวจทางห้องปฏิบัติการเบื้องต้นรวมถึง การตรวจส่องกล้องทางเดินอาหาร และการรักษาตามมาตรฐานที่ควรได้รับ ผู้ป่วยจะได้รับนอร์ฟลอกซาซินวันละ 800 มิลลิกรัม เป็นระยะเวลา 3 วัน

หลังจากนั้นผู้ป่วยจะได้รับการติดตามอาการของการติดเชื้ออย่างใกล้ชิดและมีการตรวจทางห้องปฏิบัติการรวมทั้งการให้ยาปฏิชีวนะที่เหมาะสมทันทีที่สงสัยว่ามีการติดเชื้อ

อาการข้างเคียงที่เกิดขึ้นระหว่างรับประทานยาดังกล่าวที่อาจเกิดขึ้นได้แก่ อาการแสบร้อน เคืองหรือคันบริเวณดวงตา ตาแดง การรับรสผิดปกติ ปวดศีรษะ อ่อนเพลีย เวียนศีรษะ คลื่นไส้ ปวดท้อง ถ่ายเหลว ปากแห้งและนอนไม่หลับ แต่อาการข้างเคียงเหล่านี้พบได้น้อยกว่าร้อยละ 1

#### 3. ประโยชน์ที่ผู้ป่วยจะได้รับ

ผู้ป่วยจะได้รับยานอร์ฟลอกซาซินโดยไม่ต้องเสียค่าใช้จ่ายตลอดการศึกษา



#### 4. คำชี้แจงเกี่ยวกับสิทธิผู้ป่วย

ข้อมูลที่ได้จากการศึกษานี้จะเก็บไว้เป็นความลับ และจะเปิดเผยได้ในรูปที่เป็นสรุปผลการวิจัย การเปิดเผยข้อมูลของผู้ป่วยต่อหน่วยงานต่างๆ ที่เกี่ยวข้องกระทำได้เฉพาะกรณีจำเป็นด้วยเหตุผลทางวิชาการเท่านั้น

ผู้ป่วยมีสิทธิที่จะบอกเลิกการเข้าร่วมในงานวิจัยนี้เมื่อใดก็ได้ และการบอกเลิกการเข้าร่วมวิจัยนี้ จะไม่มีผลต่อการรักษาที่ผู้ป่วยพึงได้รับต่อไป

หากผู้ป่วยมีปัญหาหรือข้อสงสัยประการใด กรุณาติดต่อ นพ. เอกวีร์ ศรีบริวุฒิ หน่วยโรคระบบทางเดินอาหาร ตึกพร้อมพันธ์ชั้น 1 โรงพยาบาลจุฬาลงกรณ์ โทร 02-2564265 ซึ่งยินดีให้คำตอบแก่ท่าน

#### 5. คำยินยอมของผู้ป่วย

ข้าพเจ้าได้อ่านและทำความเข้าใจในข้อความทั้งหมดของใบยินยอมครบถ้วนดีแล้ว ข้าพเจ้ายินยอมที่จะเข้าร่วมการศึกษานี้ด้วยความสมัครใจโดยไม่มีการบังคับหรือให้อามิสสินจ้างใดๆ

ผู้ป่วย .....

(.....)

วันที่.....

พยาน .....

(.....)

วันที่.....

ผู้ทำวิจัย.....

(.....)

วันที่.....

## ภาคผนวก ข

## ตารางแสดง Child Pugh scoring system

Points	1	2	3
Serum albumin(mg/dl)	>3.5	2.8-3.5	2.8
Serum bilirubin (mg/dl)	<2	2-3	>3
Prothrombin time (sec prolonged) or INR	<4 <1.7	4-6 1.7-2.3	>6 >2.3
Ascites	none	Slightly-moderate	tense
Encephalopathy (grade)	none	I-II	III-IV

Total points from each biochemical and clinical indicator are added to determined Child-Pugh score and classification.

Classification is determined by total score. A score of  $\leq 6$  is Class A, a score of 7-9 is Class B, and a score of  $\geq 10$  is Class C.

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## ภาคผนวก ค

## ข้อมูลดิบ

	Age	Sex	Cause of cirrhosis	Hepatic encephalopathy	Child-Pugh classification	Previous SBP
1	32	male	virus	no	Child C	no
2	36	male	alcohol	no	Child C	no
3	38	male	alcohol	no	Child B	no
4	39	male	virus	no	Child C	no
5	41	male	virus	yes	Child A	no
6	42	male	alcohol	no	Child C	no
7	43	male	combined	no	Child B	no
8	43	female	alcohol	no	Child B	no
9	45	male	alcohol	no	Child B	no
10	46	male	alcohol	no	Child B	no
11	48	male	combined	no	Child C	no
12	49	male	alcohol	no	Child B	no
13	50	male	alcohol	yes	Child B	no
14	51	male	alcohol	no	Child B	no
15	51	male	combined	no	Child B	no
16	52	male	alcohol	no	Child C	no
17	53	male	alcohol	no	Child B	no
18	53	male	alcohol	no	Child C	no

	Age	Sex	Cause of cirrhosis	Hepatic encephalopathy	Child-Pugh classification	Previous SBP
19	54	male	combined	no	Child B	no
20	54	male	alcohol	yes	Child B	no
21	57	female	alcohol	no	Child C	no
22	57	male	alcohol	no	Child B	no
23	57	male	alcohol	no	Child C	no
24	57	female	alcohol	no	Child A	no
25	70	female	alcohol	no	Child B	no
26	75	male	combined	no	Child B	no
27	78	female	combined	no	Child B	no
28	39	male	alcohol	no	Child C	no
29	45	male	combined	no	Child B	no
30	49	male	combined	no	Child B	no
31	50	female	alcohol	no	Child C	no
32	69	female	alcohol	no	Child C	no
33	77	female	alcohol	yes	Child B	no
34	33	male	combined	no	Child C	no
35	35	male	combined	no	Child C	no
36	40	male	alcohol	no	Child A	no
37	42	male	virus	no	Child B	no
38	44	male	alcohol	no	Child B	no
39	44	male	combined	no	Child B	yes
40	44	male	alcohol	no	Child C	no

	Age	Sex	Cause of cirrhosis	Hepatic encephalopathy	Child-Pugh classification	Previous SBP
41	49	male	alcohol	no	Child B	no
42	50	male	alcohol	no	Child B	no
43	53	female	alcohol	no	Child C	no
44	53	female	alcohol	no	Child C	no
45	58	female	alcohol	no	Child B	no
46	54	male	alcohol	no	Child C	no
47	60	male	alcohol	no	Child C	no
48	60	male	alcohol	no	Child C	no
49	61	male	virus	yes	Child C	no
50	61	male	virus	yes	Child C	no
51	63	female	virus	no	Child C	no
52	63	female	virus	no	Child C	no
53	66	female	alcohol	no	Child B	no
54	66	female	alcohol	no	Child B	no
55	68	male	alcohol	no	Child B	no
56	70	male	alcohol	no	Child B	yes
57	31	male	alcohol	yes	Child C	no
58	34	male	alcohol	no	Child C	no
59	42	male	alcohol	no	Child C	no
60	48	male	alcohol	no	Child B	no
61	48	male	alcohol	no	Child B	no
62	51	male	combined	no	Child B	no

	Age	Sex	Cause of cirrhosis	Hepatic encephalopathy	Child-Pugh classification	Previous SBP
63	55	male	alcohol	no	Child B	no
64	49	male	virus	no	Child C	no
65	49	male	alcohol	no	Child C	no
66	51	male	alcohol	no	Child C	no
67	33	male	combined	no	Child C	no
68	35	male	combined	no	Child C	no
69	40	male	alcohol	no	Child A	no
70	40	male	alcohol	no	Child A	no
71	42	male	virus	no	Child B	no
72	44	male	combined	no	Child B	no
73	44	male	alcohol	no	Child C	no
74	49	male	alcohol	no	Child B	no
75	50	male	alcohol	no	Child B	no
76	53	female	alcohol	no	Child C	no
77	58	female	alcohol	no	Child B	no
78	54	male	alcohol	yes	Child C	no
79	60	male	alcohol	no	Child C	no
80	61	male	virus	no	Child C	no
81	63	female	virus	no	Child C	no
82	66	female	alcohol	no	Child B	no
83	68	male	alcohol	no	Child B	no
84	70	male	alcohol	no	Child B	no

	Age	Sex	Cause of cirrhosis	Hepatic encephalopathy	Child-Pugh classification	Previous SBP
90	55	male	alcohol	no	Child B	no
91	49	male	virus	no	Child C	no
92	49	male	alcohol	no	Child C	no
93	61	male	virus	no	Child C	no
85	31	male	alcohol	no	Child C	no
86	31	male	alcohol	no	Child C	no
87	34	male	alcohol	no	Child C	no
88	42	male	alcohol	no	Child C	no
89	51	male	combined	no	Child B	no

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	Comorbid disease	Hct (%)	White blood cell (/mm <sup>3</sup> )	Platelet (/mm <sup>3</sup> )	BUN (mg/dl)	Creatinine (mg/dl)	Total bilirubin (mg/dl)
1	none	19.50	7500	95000	12	1.20	3.50
2	HIV	20.50	7650	236000	17	.80	4.74
3	none	33.80	8530	68000	11	.90	3.00
4	none	28.80	6580	73000	25	.40	3.14
5	none	34.00	4790	62000	16	.70	1.41
6	none	15.50	13630	257000	31	.70	8.14
7	none	27.70	4370	49000	7	.60	9.26
8	none	19.90	15610	159000	35	.70	.41
9	none	20.20	12350	142000	32	1.10	2.30
10	none	22.50	4520	87500	25	1.00	1.60
11	none	24.20	8630	104000	20	.90	2.18
12	thalassemia	13.90	8380	258000	28	.80	24.30
13	none	24.90	10690	97000	17	.70	2.52
14	none	31.90	8660	196000	11	.60	2.03
15	none	30.00	9560	237000	41	1.40	2.66
16	dyslipidemia	29.90	11400	78000	21	.70	5.53
17	DM	32.20	9330	32000	20	.60	3.21
18	none	20.50	7400	100500	32	.80	7.50
19	none	25.00	4580	72000	12	.80	3.75
20	none	35.40	6400	144000	9	.40	3.00
21	none	23.30	12920	98000	28	.80	3.43
22	none	24.70	19890	164000	29	.90	1.93
23	none	19.80	9600	120000	18	.80	3.33



	Comorbid disease	Hct (%)	White blood cell (/mm <sup>3</sup> )	Platelet (/mm <sup>3</sup> )	BUN (mg/dl)	Creatinine (mg/dl)	Total bilirubin (mg/dl)
24	none	22.30	3010	50000.	24	.80	2.77
25	none	21.90	14000	150000	45	1.80	2.59
26	HT	18.20	5760	179000	24	1.20	2.64
27	HT	24.80	6880	93000	26	.80	.76
28	none	16.20	2500	26000	10	.50	1.62
29	none	26.20	12870	162000	39	.60	1.66
30	none	30.90	8670	80000	17	.90	4.86
31	none	23.00	12310	168000	66	2.50	4.16
32	DM	25.90	9820	14500	50	.70	3.56
33	none	26.90	4420	130000	30	1.00	.73
34	none	28.90	7200	57000	35	.80	7.40
35	none	28.90	7200	57000	8	1.00	7.40
36	none	30.00	7900	91000	30	.80	4.30
37	none	24.00	6800	98000	41	.80	6.20
38	chronic pancreatitis	19.00	9800	45000	18	.90	1.80
39	none	30.00	5000	69000	52	.50	2.30
40	none	36.00	9600	120000	25	.90	2.50
41	none	35.40	6000	10000	16	.90	4.05
42	none	23.00	3060	138000	65	1.00	2.50
43	none	27.00	5200	82000	20	.90	5.30
44	none	25.00	5500	90000	23	.80	6.00
45	none	24.00	7500	95000	12	.70	1.20

	Comorbid disease	Hct (%)	White blood cell (/mm <sup>3</sup> )	Platelet (/mm <sup>3</sup> )	BUN (mg/dl)	Creatinine (mg/dl)	Total bilirubin (mg/dl)
46	none	21.70	12600	57000	15	1.20	5.25
47	none	28.00	5900	95000	15	1.20	7.80
48	none	21.00	6400	12000	16	1.20	6.50
49	none	27.00	14200	53000	90	3.80	31.00
50	none	25.00	9800	53000	70	3.80	31.00
51	DM	28.00	5600	110000	62	4.00	5.60
52	DM	28.00	6500	10000	45	3.00	6.00
53	none	13.00	5300	45000	14	.70	.70
54	none	20.00	6000	68000	18	1.40	.90
55	none	27.60	6100	167000	22	1.40	3.35
56	none	35.00	15800	304000	87	4.20	6.50
57	none	8.50	24100	57000	14	.60	7.00
58	none	23.00	3600	78000	25	2.50	6.50
59	none	25.00	10700	98000	28	1.50	2.30
60	none	23.00	8600	120000	26	1.60	3.20
61	none	29.00	12200	117000	10	.70	11.00
62	none	29.00	4800	136000	12	.90	.82
63	AIHA	11.80	4100	67000	15	.80	.83
64	none	24.50	15000	108000	56	2.80	25.00
65	none	25.00	6900	96000	35	2.30	3.20
66	none	25.00	7300	95000	15	1.60	5.50
67	none	28.90	7200	57000	35	.80	7.40
68	none	28.90	7200	57000	8	1.00	7.40

	Comorbid disease	Hct (%)	White blood cell (/mm <sup>3</sup> )	Platelet (/mm <sup>3</sup> )	BUN (mg/dl)	Creatinine (mg/dl)	Total bilirubin (mg/dl)
69	none	30.00	7900	91000	30	.80	4.30
70	none	30.00	7900	91000	30	.80	4.30
71	none	24.00	6800	98000	41	.80	6.20
72	none	30.00	5000	69000	52	.50	2.30
73	none	36.00	9600	120000	25	.90	2.50
74	none	35.40	6000	10000	16	.90	4.05
75	none	23.00	3060	138000	65	1.00	2.50
76	none	27.00	5200	82000	20	.90	5.30
77	none	24.00	7500	95000	12	.70	1.20
78	none	21.70	12600	57000	15	1.20	5.25
79	none	28.00	5900	95000	15	1.20	7.80
80	none	27.00	14200	53000	90	3.80	31.00
81	DM	28.00	6500	10000	45	3.00	6.00
82	none	20.00	6000	68000	18	1.40	.90
83	none	27.60	6100	167000	22	1.40	3.35
84	none	35.00	15800	304000	87	4.20	6.50
85	none	8.50	24100	57000	14	.60	7.00
86	none	8.50	24100	57000	14	.60	7.00
87	none	23.00	3600	78000	25	2.50	6.50
88	none	25.00	10700	98000	28	1.50	2.30
89	none	29.00	4800	136000	12	.90	.82
90	none	11.80	4100	67000	15	.80	.83
91	none	24.50	15000	108000	56	2.80	25.00

	Comorbid disease	Hct (%)	White blood cell (/mm <sup>3</sup> )	Platelet (/mm <sup>3</sup> )	BUN (mg/dl)	Creatinine (mg/dl)	Total bilirubin (mg/dl)
92	none	25.00	6900	96000	35	2.30	3.20
93	none	27.00	14200	53000	90	3.80	31.00



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	Direct bilirubin (mg/dl)	PT (second prolong)	INR	Length of stay(days)	PRC (unit)	Cause of bleeding	Endoscopic treatment
1	3.40	4.00	1.4	5	2	EV	EVL
2	3.43	4.70	1.4	5	3	EV	EVL
3	2.80	2.00	1.1	5	0	EV	EVL
4	1.24	5.40	1.5	7	5	EV	EVL
5	.34	3.90	1.4	6	5	EV	EVL
6	5.94	10.00	1.9	6	3	EV	EVL
7	6.06	3.00	1.3	15	2	EV	EVL
8	.01	1.10	1.2	4	4	EV	EVL
9	1.90	4.00	1.3	6	2	EV	EVL
10	1.30	3.10	1.4	6	3	EV	EVL
11	.79	7.10	1.6	6	3	EV	EVL
12	21.88	3.00	1.2	5	1	EV	EVL
13	1.38	3.70	1.3	5	2	EV	EVL
14	.77	2.20	1.2	5	2	EV	EVL
15	1.66	.90	1.1	7	7	EV	EVL
16	3.32	6.50	1.5	12	2	EV	EVL
17	1.17	2.30	1.2	3	0	EV	EVL
18	5.40	5.20	1.5	7	1	EV	EVL
19	1.13	4.00	1.3	3	4	EV	EVL
20	1.28	3.90	1.3	7	2	EV	EVL
21	2.05	4.70	1.4	4	4	EV	EVL
22	.51	3.20	1.3	16	3	EV	EVL
23	1.28	7.20	1.6	5	3	EV	EVL
24	1.41	2.70	1.2	5	2	EV	EVL

	Direct bilirubin (mg/dl)	PT (second prolong)	INR	Length of stay(days)	PRC (unit)	Cause of bleeding	Endoscopic treatment
25	.88	5.10	1.5	9	5	EV	EVL
26	1.08	4.00	1.3	6	2	EV	EVL
27	.27	4.00	1.5	9	2	EV	EVL
28	.61	20.00	2.7	5	6	EV	EVL
29	.32	.40	1.0	7	2	EV	EVL
30	2.60	6.40	1.5	8	2	EV	EVL
31	2.03	5.00	1.4	33	3	EV	EVL
32	1.92	3.50	1.3	8	4	EV	EVL
33	.26	3.90	1.3	8	6	EV	EVL
34	4.89	6.00	1.3	5	1	EV	EVL
35	4.89	3.00	1.4	5	1	EV	EVL
36	4.00	1.60	1.0	5	2	EV	EVL
37	5.90	2.10	1.1	3	0	EV	EVL
38	.80	7.30	1.5	5	0	EV	EVL
39	2.00	2.30	1.2	6	3	EV	EVL
40	2.40	5.00	1.4	6	2	EV	EVL
41	1.94	3.90	1.2	2	0	EV	EVL
42	2.20	2.30	1.1	4	3	EV	EVL
43	4.10	12.00	2.5	9	1	EV	EVL
44	5.20	11.00	2.2	7	1	EV	EVL
45	1.00	2.00	1.1	3	2	EV	EVL
46	4.04	17.30	2.0	4	1	EV	EVL
47	6.50	7.00	1.8	6	2	EV	EVL
48	5.50	8.00	1.7	5	2	EV	EVL

	Direct bilirubin (mg/dl)	PT (second prolong)	INR	Length of stay(days)	PRC (unit)	Cause of bleeding	Endoscopic treatment
49	22.00	1.80	1.1	13	3	EV	EVL
50	22.00	2.00	1.1	6	3	EV	EVL
51	5.30	20.00	3.8	6	2	EV	EVL
52	5.80	10.00	1.5	6	2	EV	EVL
53	.60	12.00	3.0	11	7	EV	EVL
54	.70	11.00	2.5	8	7	EV	EVL
55	2.07	1.30	1.1	3	1	EV	EVL
56	6.10	7.40	1.6	1	1	EV	EVL
57	5.04	12.00	2.1	8	2	EV	EVL
58	6.30	9.00	1.4	5	3	PU	Adrenaline injection+electrocauterization
59	2.10	4.00	1.3	7	3	PU	Adrenaline injection+electrocauterization
60	3.10	2.00	1.1	9	2	PU	Adrenaline injection+electrocauterization
61	7.00	3.00	1.0	9	2	EV	EVL
62	1.46	5.50	1.5	13	2	EV	EVL
63	.42	2.40	1.2	10	1	EV	EVL
64	19.00	10.00	1.8	7	2	EV	EVL

	Direct bilirubin (mg/dl)	PT (second prolong)	INR	Length of stay(days)	PRC (unit)	Cause of bleeding	Endoscopic treatment
65	3.10	9.00	1.5	14	3	EV	EVL
66	5.40	7.00	1.6	6	2	EV	EVL
67	4.89	6.00	1.3	5	1	EV	EVL
68	4.89	3.00	1.4	5	1	EV	EVL
69	4.00	1.60	1.0	5	2	EV	EVL
70	4.00	1.60	1.0	5	2	EV	EVL
71	5.90	2.10	1.1	3	0	EV	EVL
72	2.00	2.30	1.2	6	3	EV	EVL
73	2.40	5.00	1.4	6	2	EV	EVL
74	1.94	3.90	1.2	2	0	EV	EVL
75	2.20	2.30	1.1	4	3	EV	EVL
76	4.10	12.00	2.5	9	1	EV	EVL
77	1.00	2.00	1.1	3	2	EV	EVL
78	4.04	17.30	2.0	4	1	EV	EVL
79	6.50	7.00	1.8	6	2	EV	EVL
80	22.00	1.80	1.1	13	3	EV	EVL
81	5.80	10.00	1.5	6	2	EV	EVL
82	.70	11.00	2.5	8	7	EV	EVL
83	2.07	1.30	1.1	3	1	EV	EVL
84	6.10	7.40	1.6	1	1	EV	EVL
85	5.04	12.00	2.1	8	2	EV	EVL
86	5.04	12.00	2.1	8	2	EV	EVL
87	6.30	9.00	1.4	5	3	GV	Glue injection



	Direct bilirubin (mg/dl)	PT (second prolong)	INR	Length of stay(days)	PRC (unit)	Cause of bleeding	Endoscopic treatment
88	2.10	4.00	1.3	7	3	PU	Adrenaline injection +electro cauterization
89	.42	2.40	1.2	10	1	PU	no treatment
90	19.00	10.00	1.8	7	2	PU	no treatment
91	3.10	9.00	1.5	14	3	PU	no treatment

ศูนย์วิทยุทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

	Dead during admission	The date that infection occur after admission	Type of infection
1	survive	0	none
2	survive	0	none
3	survive	1	possible infection
4	survive	1	possible infection
5	survive	0	none
6	survive	0	none
7	survive	0	none
8	survive	1	possible infection
9	survive	0	none
10	survive	0	none
11	survive	3	possible infection
12	survive	0	none
13	survive	0	none
14	survive	2	possible infection
15	survive	0	none
16	survive	1	possible infection
17	survive	0	none
18	survive	0	none
19	survive	0	none
20	survive	0	none
21	survive	1	possible infection
22	survive	0	none
23	survive	0	none
24	survive	1	possible infection
25	survive	0	none

	Dead during admission	The date that infection occur after admission	Type of infection
26	survive	0	none
27	survive	0	none
28	survive	1	possible infection
29	survive	1	possible infection
30	survive	2	possible infection
31	survive	2	UTI
32	dead	2	SBP
33	survive	3	possible infection
34	survive	0	none
35	survive	0	none
36	survive	0	none
37	survive	0	none
38	survive	0	none
39	survive	0	none
40	survive	0	none
41	survive	0	none
42	survive	0	none
43	survive	0	none
44	survive	0	none
45	survive	0	none
46	survive	0	none
47	survive	0	none
48	survive	0	none
49	survive	0	none
50	survive	0	none

	Dead during admission	The date that infection occur after admission	Type of infection
51	survive	0	none
52	survive	0	none
53	survive	0	none
54	survive	0	none
55	survive	0	none
56	survive	0	none
57	survive	1	possible infection
58	survive	1	possible infection
59	survive	1	possible infection
60	survive	1	possible infection
61	survive	1	possible infection
62	survive	1	possible infection
63	survive	1	possible infection
64	survive	3	UTI
65	survive	3	bacteremia
66	survive	3	possible infection
67	survive	0	none
68	survive	0	none
69	survive	0	none
70	survive	0	none
71	survive	0	none
72	survive	0	none
73	survive	0	none
74	survive	0	none

	Dead during admission	The date that infection occur after admission	Type of infection
75	survive	0	none
76	survive	0	none
77	survive	0	none
78	survive	0	none
79	survive	0	none
80	survive	0	none
81	survive	0	none
82	survive	0	none
83	survive	0	none
84	survive	0	none
85	survive	1	none
86	survive	1	none
87	survive	1	none
88	survive	1	none
89	survive	1	none
90	survive	1	none
91	survive	3	none
92	survive	3	none
93	survive	0	none

## ภาคผนวก ง

แบบเก็บข้อมูลในงานวิจัย การศึกษาประสิทธิผลของนอร์ฟลอกซาซินระยะสั้นในการป้องกัน  
การติดเชื้อแบคทีเรียในผู้ป่วยตับแข็งที่มีเลือดออกจากทางเดินอาหารส่วนบน

เลขที่ ---- ID

1. ชื่อ-นามสกุล.....HN..... AN.....
2. อายุ ..... ปี
3. เพศ ..... 1.ชาย ..... 2. หญิง
4. สาเหตุของตับแข็ง ..... 1. แอลกอฮอล์ ..... 2. Viral hepatitis  
..... 3. แอลกอฮอล์ + viral hepatitis ..... 4. อื่นๆ.....
5. Child- Pugh classification ..... 1. A ..... 2. B ..... 3. C
6. Hepatic encephalopathy ..... 1. มี ..... 2. ไม่มี
7. Previous SBP ..... 1. มี ..... 2. ไม่มี
8. Comorbid disease .....
9. Cause of bleeding ..... 1.EV ..... 2. GV  
..... 3. PU ..... 4. อื่นๆ
10. จำนวน PRC ที่ได้รับ ... .. Unit
11. Endoscopic treatment ..... 1. EVL .....2. Glue inject  
.....3.Adrenaline injection+ Electrocoagulation  
.....4.อื่นๆ.....
12. PROVED INFECTION ..... 1. มี ..... 2. ไม่มี
  - 12.1. ตำแหน่งของการติดเชื้อแบคทีเรีย  
..... 1. SBP ..... 2. Bacteremia ..... 3. UTI  
..... 4. Pneumonia ..... 5. อื่นๆ
  - 12.2. ผล Culture .....
13. POSSIBLE INFECTION .....1. มี .....2. ไม่มี
14. จำนวนวันที่ผู้ป่วยเข้ารพ.ถึงวันที่เกิดการติดเชื้อแบคทีเรีย ..... วัน
15. Hct ..... WBC ..... Plt.....

16. BUN..... Cr.....
17. TB..... DB..... PT..... INR.....
18. เสียชีวิตขณะอยู่โรงพยาบาล .....1. ใช่ .....2. ไม่ใช่
19. จำนวนวันที่อยู่โรงพยาบาล ..... วัน



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย

### ประวัติผู้เขียนวิทยานิพนธ์

นายเอกวีร์ ศรีปริวุฒิ เกิดวันที่ 17 พฤษภาคม พ.ศ. 2516 ที่จังหวัดพิษณุโลก สำเร็จ การศึกษาระดับปริญญาตรี แพทยศาสตรบัณฑิต จากคณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย ในปี พ.ศ. 2539 จากนั้นเข้ารับราชการเป็นแพทย์ใช้ทุนที่โรงพยาบาลพุทธชินราช จังหวัดพิษณุโลก ในปี พ.ศ. 2539 - 2540 และโรงพยาบาลสมเด็จพระยุพราชนครไทย จังหวัดพิษณุโลก ในปี พ.ศ. 2540 - 2542 จากนั้นได้เข้ารับการฝึกอบรมเป็นแพทย์ประจำบ้านของแผนกอายุรกรรม โรงพยาบาลจุฬาลงกรณ์ ในปี พ.ศ. 2542 - 2545 จนสำเร็จได้วุฒิบัตรผู้มีความรู้ ความชำนาญในสาขาวิชาอายุรศาสตร์ ขณะนี้กำลัง ศึกษาต่อในหลักสูตรวิทยาศาสตรมหาบัณฑิต สาขาวิชาอายุรศาสตร์ (โรกระบบทางเดินอาหาร) ณ ภาควิชา อายุรศาสตร์ คณะแพทยศาสตร์ จุฬาลงกรณ์มหาวิทยาลัย



ศูนย์วิทยทรัพยากร  
จุฬาลงกรณ์มหาวิทยาลัย