

TRANSPLACENTAL TRANSMISSION OF CERTAIN VIRUSES IN PREGNANCY AMONG EGYPTIANS



Thesis

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M.D. degree in Paediatrics*

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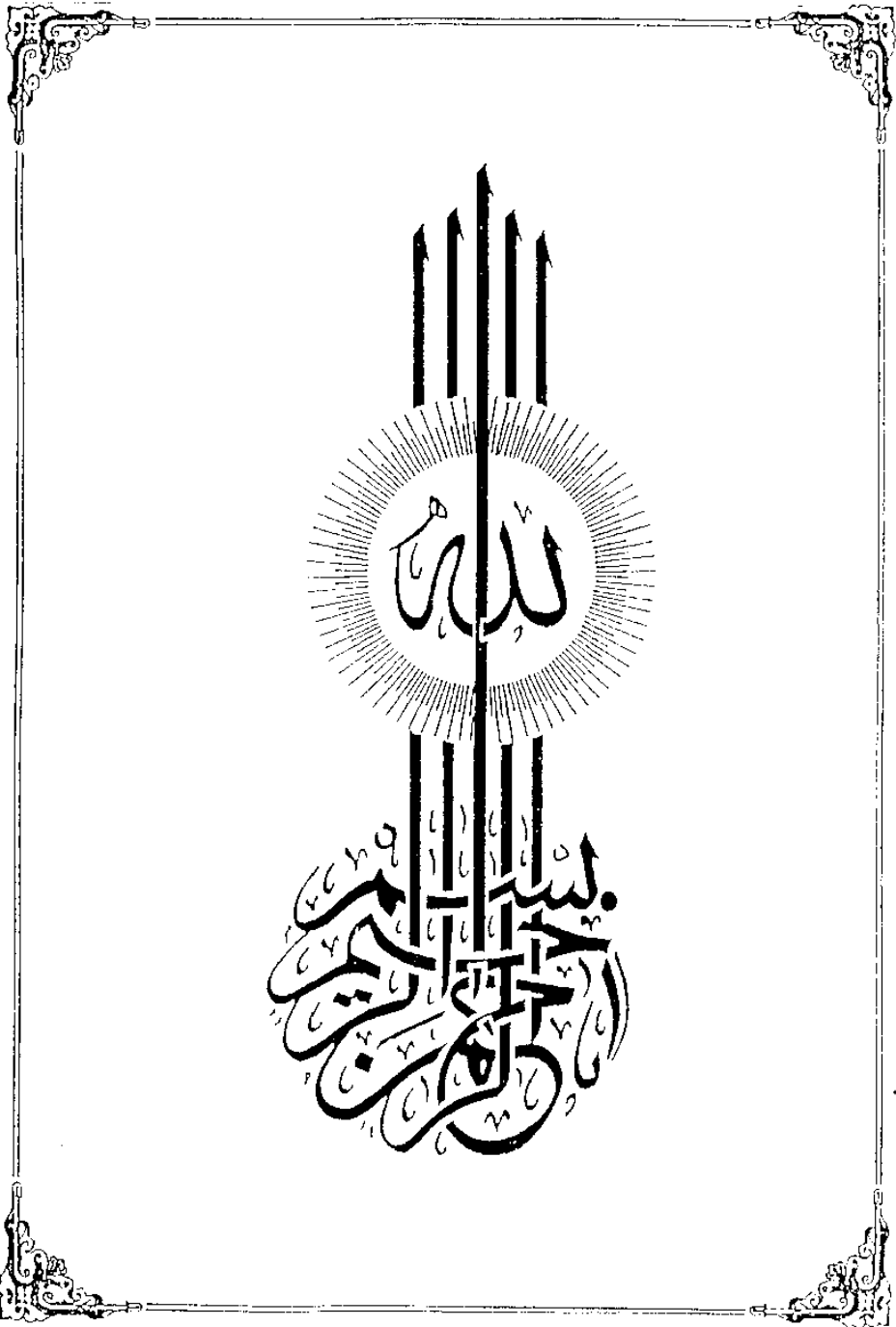
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List of Abbreviations

<i>Bss</i>	: Balanced salt solution.
<i>CF</i>	: Complement fixation.
<i>CMV</i>	: Cytomegalovirus.
<i>COX A</i>	: Coxsackie A virus.
<i>COX B</i>	: Coxsackie B virus.
<i>ECHO viruses</i>	: Enteric cytopathogenic human orphan virus.
<i>HI</i>	: Haemagglutination inhibition.
<i>HSV</i>	: Herpes simplex virus.
<i>LBM pools</i>	: Lim Benyesh - Melnick pools.
<i>MEM</i>	: Minimum essential medium.
<i>PBS</i>	: Phosphate buffered saline.

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INTRODUCTION AND AIM OF THE WORK

The placenta and the amniotic membranes are effective barriers which generally protect developing foetus from infection. However, there are a number of pathogens which, under some circumstances, may cross these barriers and affect the foetus (Cauchi, et al., 1984).

The possible effects on the foetus include congenital malformations, chronic and subacute infections, depending on the agent involved and the gestation at which infection occurs (Baley, 1987).

Chronic intrauterine viral infections with such viruses as rubella, cytomegalovirus and herpes simplex are known to cause severe disseminated disease in neonates. More recently, a wide variety of virus infections acquired in the perinatal period has been recognized (Overall and Glasgow, 1970). Of the enterovirus group, much attention has been given to the association of coxsackievirus B infection with myocarditis. (Kibrick, 1961). A number of ECHO virus strains have also been associated with neonatal infections and nursery epidemics (Jahn, and Cherry, 1966).

This work aims at the study of placental transmission of the above mentioned viruses and the role of these viruses in causing neonatal diseases.

