

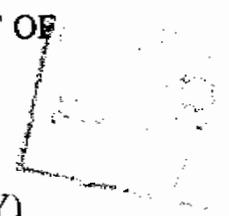
QUESTIONNAIRE ABOUT PRE ECLAMPSIA

AN OUTLINE FOR A THESIS
SUBMITTED FOR PARTIAL FULFILLMENT OF
M.S DEGREE

(OBSTETRICS AND GYNAECOLOGY)

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**Introduction
and
Aim of the Work**

INTRODUCTION AND AIM OF THE WORK

Pre eclampsia and eclampsia are common complications of pregnancy and from one of the dangerous triad of complications (Hemorrhage, Hypertension and sepsis) That are responsible for the majority of maternal deaths. These hypertensive disorders are even more important causes of perinatal mortality and severe morbidity.

These disorders remain among the most important unsolved problems in obstetrics. Pre eclampsia and eclampsia are mostly preventable good prenatal supervision, with detection of signs and symptoms of incipient pre eclampsia followed by appropriate treatment will ameliorate many cases with satisfactory outcome for both mother and foetus.

The word eclampsia does not mean fits, for the original greek word means to "Flash out". This is because of the observation that many women who ultimately have fits and go on to coma, may experience the visual symptoms of flashes of light before having fits.

Many theories were suggested for aetiology of pre eclampsia :

1- Renin angiotensin Aldosterone system.

As Angiotensin II is known to be the most powerful vaso constrictor in the human. That is suggested as the cause of hypertension in pregnancy (Gant and co-workers 1973) demonstrated that increased vascular sensitivity to angiotensin II clearly preceed the development of pregnancy induced hypertension.

2- PROSTAGLANDINS :

The E prostaglandins are vasodilators while the F prostaglandins are vasoconstrictors and two recently identified related compounds, prostacyclin and thromboxan are powerful regulators of blood clotting prostacycline is vaso dilator in its action and thromboxan is vaso constrictor.

Remuzzi et al 1980 found that tissue Prostacyclin activity from the umbilicus and Placenta was significantly less in pre eclampsia than in uncomplicated pregnancies.

3- The role of dissiminated Intravascular coagulation. The pioneering studies of page 1948 more than 20 years ago provided evidence for relation ship between D.I.C. and the preeclampsia syndrome.

4- IMMUNOLOGICAL FACTORS :

Pre eclampsia may be caused by an imperfect maternal immune response to the Foetus due to lack of, or defective gene product. This was postulated by suther land et al., 1981. Pathophysiology of pre eclampsia and eclampsia could be explained by the generalized vaso spasm that leads to cardio vascular changes liver changes, kidney changes, Brain changes, Endocrine and metabolic changes and Hematological changes.

The success of treatment of preeclampsia depends on early recognition and immediate management.

Many medications were suggested for the treatment of pre eclampsia and eclampsia such as :-

Hypotensive drugs - Epidural anaesthesia - Diuretics Magnesium sulfate.

The only specific treatment of pre eclampsia is termination of pregnancy (Pritchard and McDonald 1984).

AIM OF THE THESIS :

This thesis aims at evaluating the problem of pre eclampsia with its complications in the department of obstetrics and gynaecology

AIN SHAMS UNIVERSITY to clarify situation as regards the aetiology, pathology and various lines of management using a questionnaire study among all the members of the staff in the department.

Material and Methods

MATERIAL AND METHODS

A. Questionnaire will be established including :

- 1- Incidence and risk factors.
- 2- Different theories proposed for aetiology of pre eclampsia and eclampsia.
- 3- Different pathological changes and complications.
- 4- Different lines of treatment and follow up.

The questionnaire will be distributed among all the members of the staff of the department of obstetrics and Gynaecology Ain Shams Faculty Of Medicine.

The results will be statistically analysed using the suitable parameters.

Methods of statistical analysis.

1- Data representation :

The collected data were represented in the form of tables, bar graphs, percentage bar graphs and pie charts.

2- t-test of difference of proportions :

The t-score is given by :

$$t = \frac{P_1 - P_2}{\sigma \sqrt{\frac{1}{n_1} + \frac{1}{n_2}}}, \quad \sigma = \sqrt{\frac{n_1 S_1^2 + n_2 S_2^2}{n_1 + n_2 - 2}}$$

Where,

n_1, n_2 : are the sample sizes of samples 1 & 2

P_1, P_2 : are proportions in samples 1 & 2

S_1^2, S_2^2 : are sample variances in samples 1 & 2

n_1+n_2-2 : is the degree of freedom

If t (calculated) is greater than t (tabulated) .

There is a significant difference

3- Chi-square test :

$$\text{Chi-square} = \sum_{i=1}^k \frac{(O_i - E_i)^2}{E_i}, \quad i = 1, 2, \dots, k$$

Where,

O_i : observed value

E_i : expected value

K : number of observations

$K-1$: number of degrees of freedom

If chi-square (calculated) is greater than chi-square (tabulated)
there is a significant difference.

Review of Literature

Review

Definition :

Hughes (1972) stated that : the committee of terminology of American obstetricians and gynecologists. Suggested the following definition :

- a. Pre-eclampsia : Is the development of hypertension with proteinuria, edema or both induced by pregnancy after 20th week of gestation or sometimes earlier when there is extensive hydatidiform changes in the chorionic villi.
- b. Eclampsia : Is the occurrence of convulsions, not caused by any coincidental neurologic disease such as epilepsy, in a woman whose condition also fulfills the criteria for preeclampsia.

The unsatisfactory term toxemia of pregnancy was based on the idea that it's due to unknown circulatory toxins.

According to **Jones and Joyce (1987)**, the American college of obstetricians and gynecologists classified the hypertension occurring during pregnancy as :

I. Pre-eclampsia-eclampsia :

Two of the following three must be present :