# SAFETY AND EFFICACY OF THEOPHYLLINE IN TREATMENT OF CHILDHOOD ASTHMA

A Thesis

Submitted for Partial Fulfilment of Master Degree in Pediatrics

Submitted by

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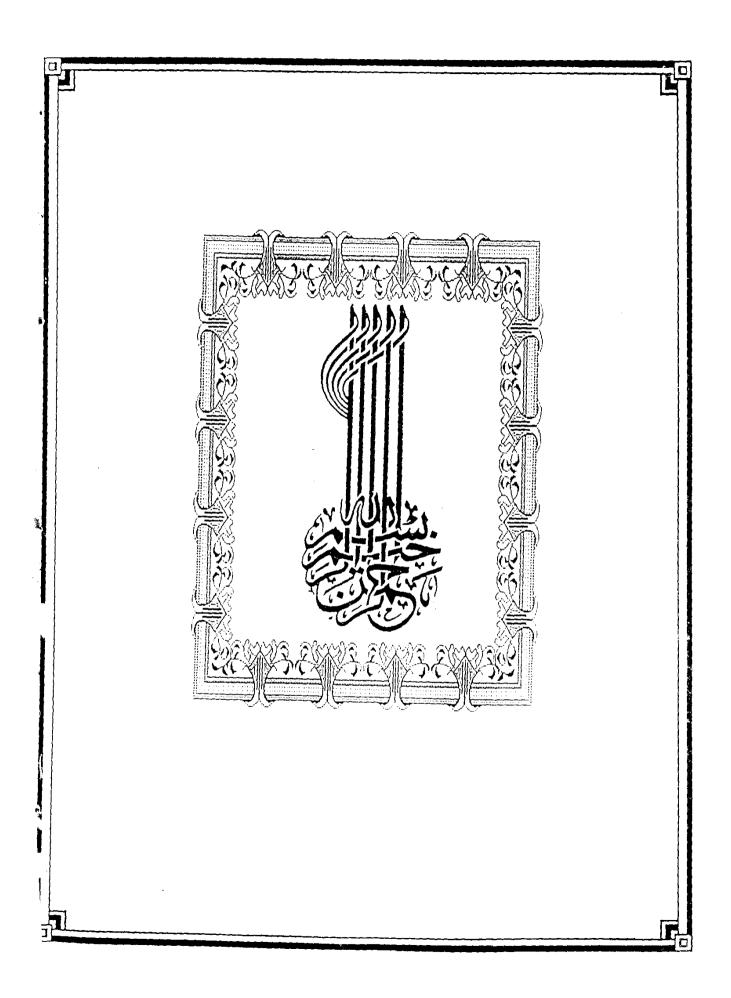
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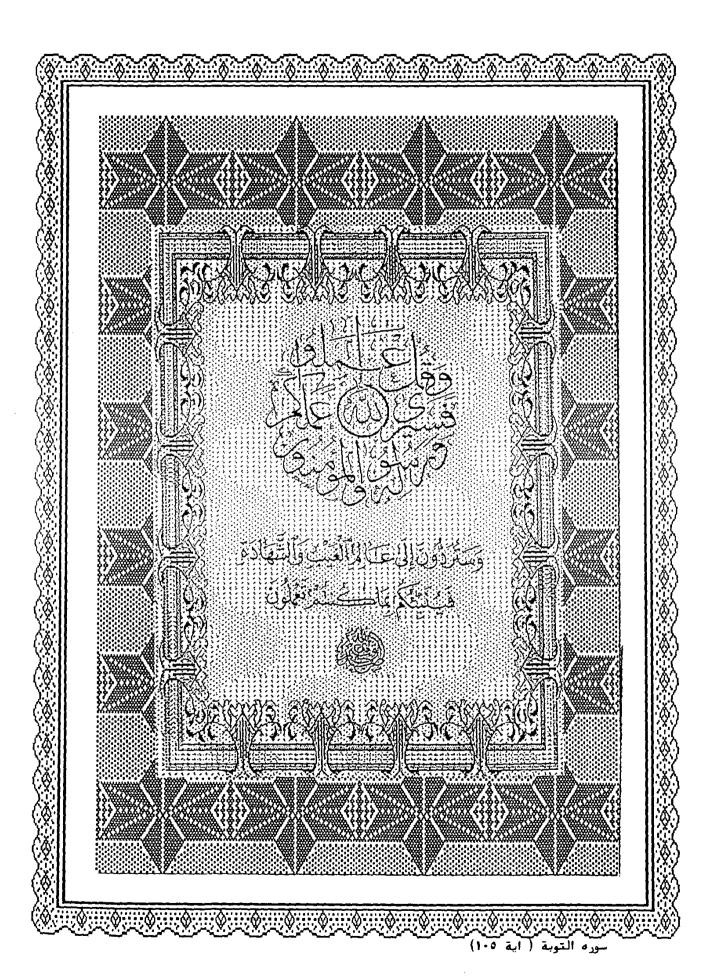
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"To those who believed in me, and those who didn't,
the first provided me with love and support,
the later gave me the motive and power
to accomplish this work"

And last but not least

To my Parents with all the love in the world

To my Beloved Husband for his patience and encouragement

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#### LIST OF ABBREVIATIONS

ATP Adenosine triphosphate

BHR Bronchial hyperresponsiveness

BLS Borderline significance

**C-AMP** Cyclic adenosine monophosphate

CNS Central nervous system

CO<sub>2</sub> Carbon dioxide

**COPD** Chronic obstructive pulmonary disease

F Female

FEV Forced expiratory volume

FVC Forced vital capacity
GIT Gastro-intestinal tract

IgE Immunoglobulin E

K<sup>+</sup> Pottasium

Lts Leukotriens

M Male

NS Not significant

PAF Platlet activating factor

PEFR Peak expiratory flow rate

PRIST Paper radio immuno sorbent test

RAST Radioallergosorbent test

RC Respiratory centre
SD Standard deviation

STC Serum theophylline concentration.

TLC Total leucocytic count

VC Vital capacity

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# INTRODUCTION

#### INTRODUCTION

Bronchial asthma is the most common lung disease in children and one of the leading causes of emergency room visits and hospital admissions. Acute episodes of asthma disrupt the lives of children at home and at school (Hill, 1989).

Asthma is a condition characterized by acute attacks of shortness of breath and wheezing associated with at least partially reversible airway obstruction (Bierman and Pearlman, 1990). This airway obstruction is believed to be caused by allergic inflammation leading to mucosal infiltration and edema with mucus hypersecretion combined with either primary or secondary smooth muscle hypertrophy and bronchial hyperactivity (Godfrey, 1990).

The availability of more and better medications for asthma contrasts with the reports of an increasing frequency of hospitalization and fatalities (Weinberger, 1989).

Theophylline, the well known bronchodilator, despite its potential for causing GIT and CNS side effects, is still the major drug used in the acute care setting, its major use is in daily continuous prophylaxis against events triggered by either allergic or

\*

continuous prophylaxis against events triggered by either allergic or non-allergic factors (Rooklin, 1989).

Theophylline is one of the various xanthine bronchodilators. It is one of the alkaloids that occur naturally in plants, e.g. coffee, tea, cocoa. Chemical structure shows that theophylline is methylated xanthine derivative (El-Hawary et al 1988).