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Prolactin, Oestrogen, Cortisol and Thyroid Levels in Cord Blood of Infants with Respiratory Distress Syndrome

A Thesis
Submitted For Partial Fulfillment Of M.D. In Obstetrics And Gynecology

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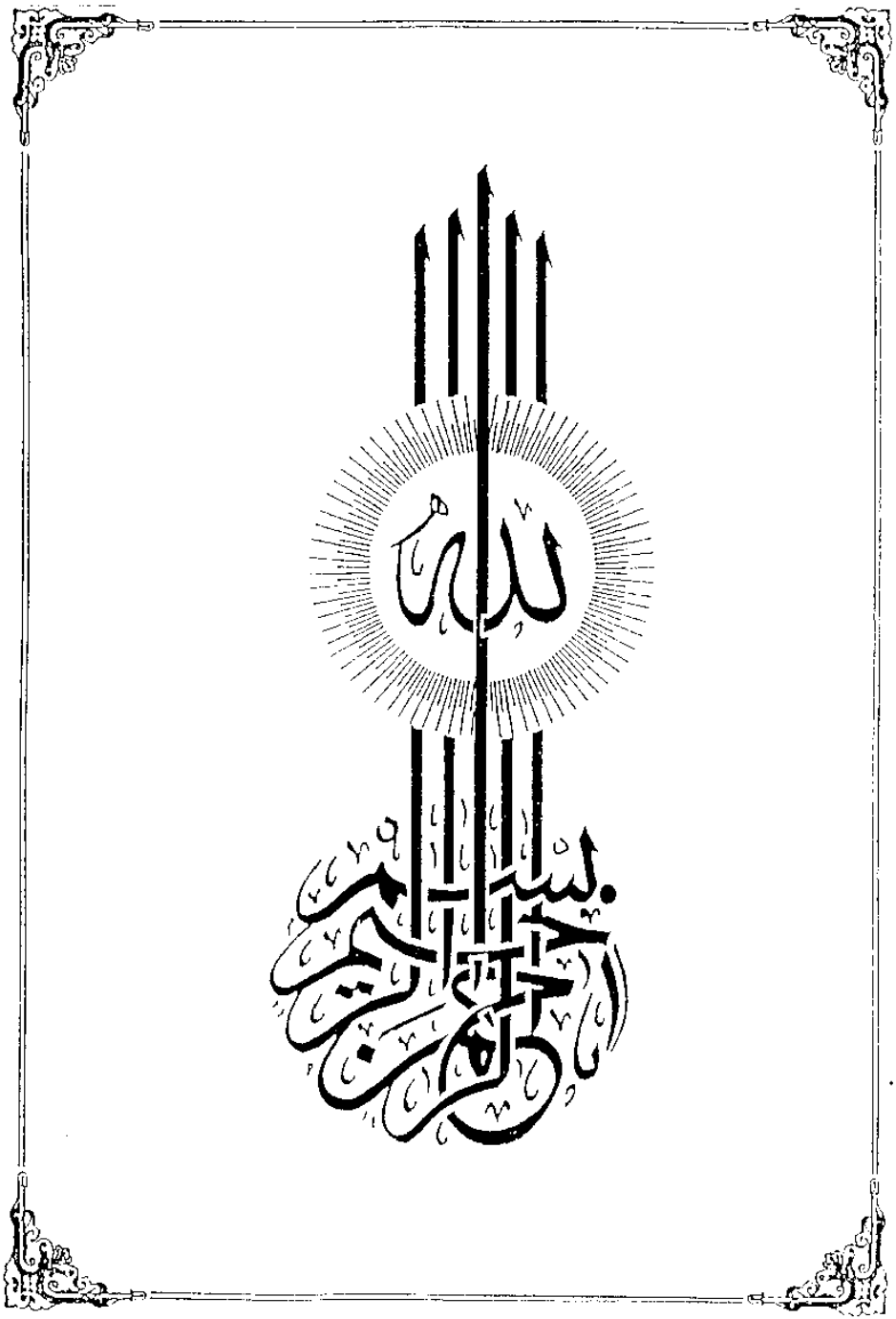
Acknowledgment



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CONTENTS

LIST OF TABLES

LIST OF TABLES

LIST OF TABLES

LIST OF TABLES

LIST OF FIGURES

LIST OF FIGURES

LIST OF FIGURES

LIST OF ABBREVIATIONS

Respiratory distress syndrome	RDS
Hyaline membrane disease	HMD
Tetratiodo thyronine	FT_4
Thyroid stimulating hormone	TSH
Continuous positive airway pressure	CPAP
Continuous negative airway pressure	CNP
Dipalmitoylphosphatidyl choline	DPPC
Phosphatidylglycerol	PG
Phosphatidyl choline (Lecithin)	PC
Phosphatidyl Inositol	PI
Choline phosphate cytidyltransferase	CPC
Phosphatidate phosphohydrolase	PAPas
Cytidine Monophosphate	CMP
Choline phosphotransferase	CPTas
Phosphatidic acid	PA
Cytidine triphosphate	CTP
Cytidine diphosphate	CDP
Adinosine Mono phosphate	AMP
Ventilation/Perfusion	V/P
Lecithin/Sphingomyelin	L/S
Foam Stability Test	F.S.
Fluorescence Polarization	F.P.
Rate Per Minute	r.P.M.
Cardiothymic/Thoracic Ratio	CT/T
Estradiol	E_2
Serum	S

Introduction

INTRODUCTION

Respiratory disorders are still a major cause of neonatal morbidity and mortality. Early diagnosis and treatment may significantly influence the outcome. Rapid assessment and diagnosis will allow early intervention and if necessary early transfer to tertiary center. The diagnosis of most respiratory disorders requires both clinical and radiological evaluation and often arterial blood gas sampling (Hanley. et al. 1963).
Respiratory distress syndrome (RDS) is a condition characterized by failure of pulmonary gas exchange following birth with progressive atelectasis. Surfactant deficiency is the principle cause for atelectasis (Halman and Gluck 1982).

The term respiratory distress syndrome is usually used for non-fatal cases in which the symptoms can be attributed to surfactant deficiency; while the term "Hyaline membrane disease" is used to specify the disorder when associated with atelectasis and hyaline membrane formation beside surfactant deficiency (Strang, 1977).

Crofton and Douglas (1981) reported that RDS accounts for 30% of all neonatal deaths and 50-70% of deaths in premature infants. Also Farrel and Avery (1975) had reported that RDS is the commonest cause of death among premature babies. So, the early diagnosis and proper management in a specially staffed and equipped hospital unit will help to decrease the neonatal mortality rate.

Valmen (1979) found that there is a substance normally present on the alveolar wall called pulmonary surfactant. Surfactant synthesis in the alveoli is dependent on normal PH, temperature and lung perfusion. Asphyxia, hypoxemia and pulmonary ischemia,