

PULMONARY FUNCTION TESTS IN ASTHMATIC EGYPTIAN
CHILDREN BEFORE AND AFTER KETOTIFEN (ZADITEN)
AND/OR SODIUM CROMOGLYCATE (INTAL) THERAPY

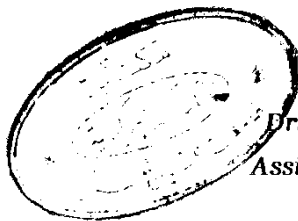
Thesis

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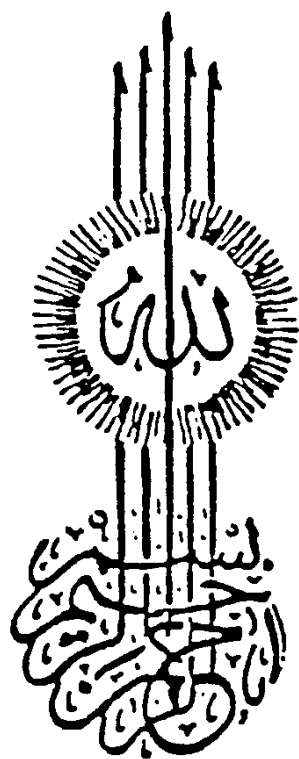
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To the Soul of
my Father

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Finally, I want to thank all my colleagues who participated in this work in oneway or another. I am most grateful to them.

ABBREVIATIONS

ATP	: Adenosine Triphosphate
A.T.S.:	American Thoracic Society.
CAMP	: Cyclic Adenosine Monophosphate
CGMP	: Cyclic Guanosine Mono Phosphate
COMT	: Catechol - oxy - methyl transferase
ECF-A	: Eosinophil Chemotactic Factor of anaphylaxis
FEV ₁	: Forced Expiratory volume in one second.
FVC	: Forced Vital Capacity
GTP	: Guanosine Triphosphate
IgE	: Immunoglobulin E.
IgG	: Immunoglobulin G.
IgGs-TS:	Short term sensitizing immunoglobulin.
LTC	: Leukotrienes C.
LTD	: Leukotrienes D.
LTE	: Leukotrienes E.
measr	: measured.
ml	: milli liter.
NCF	: Neutrophil Chemotactic Factor
PAF	: Platelet activating Factor
PCA	: Passive Cutaneous anaphylaxis
P.Co ₂	: Partial pressure of carbon dioxide
PEFR	: Peak expiratory flow rate
PGE ₁	: Prostaglandin E ₁
PGE ₂	: Prostaglandin E ₂
PGF ₂	: Prostaglandin F ₂
P.o ₂	: Partial Pressure of oxygen

Pred. : Predicted
P.V : Para - Influenza Virus
R.S.V.: Respiratory Syncytial Virus
RV : Residual Volume
SC : Subcutaneous
SRS-A : Slow reacting substance of anaphylaxis.
TLC : Total Lung Capacity
t : Student "t" paired test .
TxA₂ : Thromboxane A₂
VC : Vital Capacity

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INTRODUCTION

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Bronchial asthma is defined as reversible airway limitation with multiple etiological factors .It varies in clinical severity from its mildest form in which individuals may experience occasional bouts of wheezing , separated by long periods in which lung function is normal , to its most severe form in which patients are chronically incapacitated despite maximal therapy (Seale , 1986) .

It is characterized by air-flow obstruction due to bronchospasm, mucosal edema and excessive secretion causing mucus plugging resulting in ventilation-perfusion imbalance, and hypoxemia (Stempel and Mellon , 1984).

Different methods of investigations are available but pulmonary function tests can provide important diagnostic and prognostic information in the management of children with asthma . The pulmonary functions which are commonly affected in bronchial asthma :

Total lung capacity (T.L.C) is increased .

Functional residual capacity (F.R.C) is increased.

vital capacity (V.C) is usually decreased .

Forced vital capacity (F.V.C) is decreased .

Forced expiratory volume in one second (F.E.V₁) is decreased .

Maximum expiratory flow between 25%- 75 % (M.E.F 25% -75%) may be decreased . (Crofton and Douglas , 1981)

The vitalograph spirometer is a compulerized apparatus which is not used in children less than six years of age .

However, it is quite easy to use and given fast and accurate records of static and dynamic lung volumes (VC% , FVC% , FEV % and FEV_1 / FVC % . (Phelan et al., 1982).

AIM OF THE WORK

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The aim of this work is to evaluate the pulmonary function tests using the vitalograph spirometer , in asthmatic Egyptian children before and after giving ketotifen (Zaditen) and/or Sodium Cromoglycate (Intal).

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REVIEW OF LITERATURE

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