PREVALENCE OF RUBELLA IN MENTAL RETARDATION IN

EGYPTIAN CHILDREN



Thesis Submitted in Partial Foli:!!lment For M.Sc. Degree in Pediatri's

EY

LAMIA MOHII ELDIN AED EL FATTAH

M. B. , D. Ch. Aim-Shams University



618.92916

Superviso: 3

67342

£. M

Prof. Dr. RADAH M. SHAVKE Professor of Pediatrics, Alu-Stemms University

Ass. Prof. Dr. SHERIN M. ABD EL FATTAH
Assistant Professor of Pediatrics,
Ain-Shams University

Prof. Dr. MAIMOUD SHAKER IBRAHIN Head of the Virology Department Shiftary Academy Laboratories

> Faculty of Medicine Atm-Shams University

> > 1992

Central Library - Ain Shams University

To my family



To my family

ACKNOWLEDGEMENT

I wish to express my sincere gratitude to professor Dr. Rabah M. Shawky, Professor of Pediatrics, Faculty of Medicine, Ain Shams University, for her great care, continuous enthusiastic stimulation, continuous everlasting encouragement, constructive supervision and advice throughout this work.

I am greatly indebted to Assistant Professor Dr. Sherin M. Abd El Fattah, Assistant Professor of Pediatrics, Faculty of Medicine, Ain Shams University, for her support, indispensable guidance, generous help, valuable comments and tedious effort on revising the details of whole work.

I do feel indebted to Professor Dr. Nahmoud Shaker Ibrahim, Head of Virology Department of the Military Academy Laboratories, who devoted much of his time to enlighten me the way of scientific research and without his endless encouragement and effort, this work would not have been completed.

For his great help and valuable advices, would like also to express my deepest gratitude to Assistant

Professor Dr. Samy El Shimi, Assistant Professor of Pediatrics, Faculty of Medicine, Ain Shams University.

Lastly, I feel deeply thankful to every person who helped me and gave a hand while performing this.

The candidate.

- 111 -

LIST OF ABBREVIATIONS

A.A.M.D. American Association of Mental D	Deficiency
---	------------

BHK Baby Hester Kidney Cell Culture

CF Complement Fixation

CSF Cerebrospinal Fluid

ELISA Enzyme Linked Immuno Sorbet Assay

FIA Fluorescence Immunoassay

HIT Haemoagglutination Inhibition Test

IgM Immunoglobulin M

IgG Immunoglobulin G

IQ Intelligence Quotient

ISG Immune Serum Globulin

PHA Passive Haemoagglutination

RIA Radioimmunoassay

RNA Ribonuclic Acid

UK prited Kingdom

U.S.A. United States of America

WHO World Health Organization

- IV -

CONTENTS

ge
1
3
3
3
4
5
9
2
3
4
5
5
5
8
0
0
2
9
2
4
4
5
7
1

Central Library - Ain Shams University

- V -

		Page
	- Diagnosis of mental retardation	.43
	- Prognosis of mental retardation	.44
	- Treatment of mental retardation	. 45
-	MATERIAL AND METHODS	. 46
-	RESULTS	. 53
-	DISCUSSION	.74
-	RECOMMENDATION	.84
-	SUMMARY	.85
-	REFERENCES	. 90
_	ARABIC SUMMARY	

LIST OF TABLES

Table	No. Page
1.	Ocular defect of congenital rubella syndrome16
2.	Showing the No and (%) of normal (control)
	children in different age groups with positive
	antirubella IgG and IgM53
3.	Showing the No and % of mentally retarded
	children in different age groups with positive
	antirubella IgM and IgG54
4.	Showing the No of normal (control) children
	and mentally retarded children with positive
	antirubella IgM56
5.	Showing the No of normal (control) children
	and mentally retarded children with positive
	antirubella IgG56
6.	Showing the degree of mental retardation (IQ)
	in different age groups57
7.	Distribution of the studied sample according
	to age, degree of mentality and IgG against
	rubella58
8.	Showing the No of cases with congenital
	anomalies in relation to positivity of IgG
	in different age groups59
9.	Showing the No of cases with congenital
	anomalies in relation to mentality60

Table	No. Page
10.	Correlation between cardiac affection and IgG61
11.	Correlation between cardiac affection and IgM61
12.	Correlation between mental age and IQ63
13.	Incidence of consanguinity in the studied
	groups64
14.	Correlation between consanguinity and IQ64
15.	Correlation between consanguinity and IgG and
	IgM65
16.	Correlation between birth order and IgG66
17.	Correlation between similarity in the family
	and IgG67
18.	Incidence of free and abnormal antenatal
	history in the studied patients68
19.	Incidence of free and past history in the
	studied patients69
20.	Correlation between age and IgG titer70
21.	Correlation between age and IgG and congenital
	anomalies in different age groups71
22.	Correlation between microcephaly and IgG72
23.	Showing the final diagnosis of mentally
	retarded cases in relation to positivity
	of IgG73

INTRODUCTION AND AND OF THE WORK

INTRODUCTION AND AIM OF THE WORK

Mental retardation is a state of arrested or incomplete development of mind. About 3 percent of the population are mentally handicapped, but the majority of these are in the mildly affected or educationally subnormal range (Birth et al., 1970).

Mental retardation is caused by many factors, endocrinal, genetical; inborn errors of metabolism, chromosomal disorders or exposure of the mother during pregnancy to irradiation, trauma, drugs and infections as toxoplasmosis, cytomegalovirus, syphilis, herpes, rubella and other infections [TORSH] (Bell and McQcomick, 1971).

The newborn infant suffering from intrauterine infection, may present with hydrocephaly or microcephaly, jaundice, enlarged liver and spleen, purpura and anemia which may also be found in cases of intrauterine infections. Congenital rubella syndrome results from transplacental transmission of the virus to the foetus from an infected mother in early pregnancy (Koops and Baltaglia, 1987).

Individual risk of congenital rubella depends upon the trimester of pregnancy in which maternal infection occurs (Birth et al., 1970).

The severity of damage may vary from mild auditory disease to multi-system or organ affection as affection of the eye, 'throat, lymph node, lung, and mentality (South and Sever, 1985). Congenital rubella normally remain stable but a progressive panecephalitis has been reported as a late manifestation (Kocen and Matthew, 1987).

The aim of this study is to detect the prevalence of anti-rubella antibodies, IgM and IgG, in children suffering from mental retardation and to find the relation between the level of these immunoglobulins in blood and the severity of the disease.