

**TO MY PARENTS AND
FAMILY**

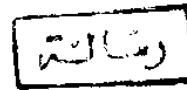


NEUTROPHIL PHAGOCYtic FUNCTION IN NEONATAL SEPTICEMIA

Thesis

**Submitted for partial fulfilment
of Master Degree in Pediatrics**

By



Ashraf Mohammed Abd El-Aty Ghazy

M.B., B.Ch. (1986)

618.9201
A . M

Supervisors

Prof. Dr. Khalil Abd El-Hady Mourad

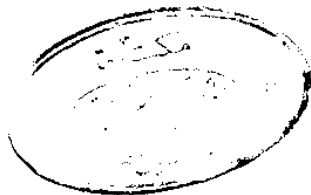
Professor of Pediatrics

Dr. Ismail Sadek Ismail

Assist. Prof. of Pediatrics

Dr. Aisha Yassin Abd El-Ghaffar

Lecturer of Clinical Pathology



**Faculty of Medicine
Ain Shams University
1993**

ACKNOWLEDGEMENT

Praise be to God and peace and blessings of Allah be upon the Prophet.

I wish to express my gratitude to Professor Dr. Khalil Abd El-Hady Mourad, Professor of pediatrics, Ain Shams University, for giving me the privilege of working under his supervision and guidance in finishing this thesis.

I would like to express my deep thanks to Dr. Ismail Sadek Ismail, Assist. Prof. of pediatrics, Ain Shams University, for his encouragement and guidance throughout the whole work.

My sincere gratitude also goes to Dr. Aisha Yassin Abd El-Ghaffar, Lecturer of clinical pathology, Ain Shams University, for her kind patience, encouragement and support during the practical part of this thesis.

To everyone who participated in some way or another, to teach me in this life, I owe my thanks and gratitude.

CONTENTS

	<i>Page</i>
. INTRODUCTION & AIM OF THE WORK.....	(1)
. REVIEW OF LITERATURE:	
. Chapter I: Neonatal Septicemia:	
- Definition.....	(3)
- Incidence.....	(3)
- Aetiology.....	(4)
- Pathophysiology.....	(10)
- Clinical manifestations.....	(15)
- Diagnosis.....	(22)
- Prevention.....	(30)
- Treatment.....	(31)
- Prognosis.....	(40)
. Chapter II: Neonatal Immunity:	
-Neutrophils in neonates.....	(41)
-Complement in neonates.....	(50)
-Immunoglobulins in neonates.....	(51)
-Cell-mediated immunity in neonates.....	(52)
. SUBJECTS AND METHODS.....	(53)
. RESULTS.....	(63)
. DISCUSSION.....	(80)
. SUMMARY	(88)
. CONCLUSION AND RECOMMENDATION	(91)
. REFERENCES.....	(92)
. ARABIC SUMMARY.	

LIST OF ABBREVIATIONS

ANC	:	Absolute. neutrophilic Count.
CRP	:	C-reactive protein.
DIC	:	Disseminated intravascular Coagulation.
EOD	:	Early onset disease.
ET	:	Exchange transfusion.
G.A	:	Gestational age.
GBS	:	Group. B streptococci.
GIT	:	Gastrointestinal tract.
IVIG	:	Intravenous immunoglobulins.
LOD	:	Late onset disease.
MPO	:	Myeloperoxidase.
NICU	:	Neonatal Intensive Care Unit.
NSP	:	Neutrophil storage pool.
PMNLs	:	Polymorphonuclear Leucocytes.
RDS	:	Respiratory distress syndrome.
TLC	:	Total Leucocytic Count.

LIST OF TABLES

No	Title	Page
1	Incidence of clinical findings in septic neonates	(65)
2	Sex distribution of neonates under study.....	(66)
3	Comparison of clinical data of septic neonates group and control group	(67)
4	Blood culture of septic neonates	(68)
5	Comparison of laboratory results of septic neonates group and control group	(70)
6	Comparison of laboratory results of septic neonates who survived and those who died	(71)
7	Comparison of laboratory results of preterm and full-term in healthy control group	(72)
8	Comparison of laboratory results of preterm and full-term in septic neonates group	(73)
9	Comparison of laboratory results of septic preterm and healthy preterm	(74)
10	Comparison of laboratory results of septic full term and healthy full-term	(75)

LIST OF FIGURES

No	Title	Page
1	TLC and ANC of septic neonates and control groups	(76)
2	I/T ratio of septic neonates and control groups	(77)
3	Organisms encountered in blood culture of septic neonates	(78)
4	Phagocytic index and lytic index of septic neonates and control groups	(79)

INTRODUCTION AND AIM OF THE WORK

INTRODUCTION AND AIM OF THE WORK

Introduction:

The incidence of neonatal septicemia varies between 1 and 10 per 1000 live births (Klein et al., 1983). The mortality exceeded 90% prior to antibiotics, but now it varies between 20% and 50% (Speer et al., 1985).

Newborn infants are known to be particularly susceptible to bacterial infections (Sacchi et al., 1982). The most important neonatal factor predisposing to infection is prematurity or low birth weight; there is a 3 to 10 fold higher incidence of sepsis in these infants than in full-term normal birth weight infants (Gotoff, 1992).

The function of the immune system is to protect the body from damage caused by invading micro-organisms. This defensive function is performed by various cellular and humoral components which interact with each other, producing a co-ordinated immune response, directed towards eliminating the pathogen or minimizing the damage it causes (Aloisi, 1988).

Neutrophils through phagocytosis serve a protective function to the body by ingestion and killing of invading microbes (Griffin, 1982).

The newborn's inflammatory response to infection may be impaired. There is an evidence of defective polymorphonuclear leukocyte functions in newborn infants in their defense against microbial infection (Miller, 1979).

Aim of the work:

The aim of this study is to assess the neutrophil phagocytic function of neonates in cases of septicemia.

REVIEW OF LITERATURE

CHAPTER I

NEONATAL SEPTICEMIA

. Definition:

Neonatal septicemia is a clinical syndrome characterized by systemic signs of infection and accompanied by bacteremia occurring in the first month of life (Klein and Marcy, 1976).

. Incidence:

The incidence of neonatal septicemia has been estimated to range from 1- to 10- per 1000 live births (Klein et al., 1983).

Eisenfeld et al., (1983) suggested that the incidence of neonatal septicemia may be even higher than is currently appreciated. Bacteria were isolated from the blood or cerebrospinal fluid of 41% of neonates who died within 28 days of life. In two thirds of these neonates, post-mortem cultures provided the only evidence of bacterial infection.

Pierce et al., (1984) reported that the incidence of neonatal septicemia has not decreased during the post decade, and may even has increased because of the development of life support techniques that have permitted

the survival of the extremely premature or otherwise high-risk neonate.

Aetiology:

I- Modes of Infection:

a- Prenatal:

Transplacental transmission of bacteria during an apparent maternal illness is difficult to establish, but it has been documented in patients infected with *listeria monocytogenes* (Albritton et al., 1976).

Ascending infection is the most common route by which bacteria gain access to the unborn infant. Intra-uterine neonatal colonization and infection is more common following rupture of membranes, particularly when the duration of rupture exceeds 24 hours. Subsequent aspiration of such contaminated amniotic fluid into the infant's lungs and/or gastrointestinal tract, under conditions of fetal distress and asphyxia, predisposes to septicemia (Naeye et al., 1971).

b- Natal:

Feigin et al. (1987), reported that microorganisms- which are normal vaginal inhabitants can invade the newborn in some cases when the natural defence mechanisms are