

شبكة المعلومات الجامعية







شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



شبكة المعلومات الجامعية

### جامعة عين شمس

التوثيق الالكتروني والميكروفيلم

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# بالرسالة صفحات لم ترد بالإصل



Faculty of medicine Pediatric department

#### Some Trace elements in Patients with \$\beta\$ thalassemia major

19:00

(Essay)

Submitted For Partial Fulfillment of Master Degree In Pediatrics

4110 OP

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Assiut University Hospital 2006



#### Acknowledgement

Praise to ALLAH, the Merciful, and the compassionate for all countless gifts I have been offered. Of these gifts, those persons who were assigned to give me a precious hand so as to be able to fulfill this study, some of them will be cordially be acknowledged.

It is great pleasure to acknowledge my thanks to **DR**. **Fahim Mohammed Fahim**, professor of pediatrics, Faculty of Medicine, Assiut University. I have no sufficient words to express my deepest gratitude and sincere thanks for his kind endless help, generous advice, clarifications, suggestions and support during the whole scope of this review.

I would like to express my deepest thanks and sincere appreciation to **Dr. Hanna Abd El-Latif**, Lecturer of pediatrics, Faculty of Medicine, Assiut University, for his continuous encouragement, creative and comprehensive advice and support until this work came to existence.

Mohammed.M. Badawy
2006

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# THALASSEM



#### β-Thalassemia

#### **Definition**

Thalassemia is a hereditary anemia resulting from defects in hemoglobin production(Higgs et al.,2001) .  $\beta$  -Thalassemia, which is caused by a decrease in the production of  $\beta$  -globin chains , affects multiple organs and is associated with considerable morbidity and mortality(Cunningham et al., 2004).

Accordingly, lifelong care is required and financial expenditures for proper treatment are substantial. Thalassemia is among the most common genetic disorders worldwide; 4.83 percent of the world's population carry globin variants, including 1.67 percent of the population who are heterozygous for  $\alpha$ -Thalassemia and  $\beta$ -Thalassemia. In addition, 1.92 percent carry sickle hemoglobin, 0.95 percent carry hemoglobin E, and 0.29 percent carry hemoglobin C. Thus, the worldwide birth rate of people who are homozygous or compound heterozygous for symptomatic globin disorders, including  $\alpha$ -Thalassemia and  $\beta$ -Thalassemia, is no less than 2.4 per 1000 births, of which 1.96 have sickle cell disease and 0.44 have thalassemias (Angastiniotis et al., 1998).

#### Molecular and cellular pathology

 $\beta$  -Thalassemia is caused by any of more than 200 point mutations and, rarely, by deletions(Angastiniotis et al., 1998 ) .

Thalassemia is clinically heterogeneous because various genetic lesions variably impair globin-chain synthesis. However, genotypic variability at known loci is often insufficient to explain the disparate phenotypes of individual patients with the same genotype. Disparity between genotypes and phenotypes is particularly marked in thalassemia intermedia and hemoglobin E thalassemia. However, the known genetic factors are insufficient to account for the marked variability, and other genetic modifiers may exist (Weatherall "2001).

Recently, an  $\alpha$ -hemoglobin-stabilizing protein was identified that binds to and stabilizes free  $\alpha$ - chains, thereby blocking the production of reactive oxygen species and reducing oxidative damage to crythrocytes. This protein appears to modulate the clinical picture of  $\beta$ - thalassemia in a murine model but in human studies has not been found to modify thalassemia. Hemolysis and ineffective crythropoiesis together cause the anemia that occurs in thalassemia. The relative contributions of these two pathologic processes differ in various forms of thalassemia(Pootrakul et al.,2000).

The bone marrow of patients with thalassemia combins five to six times the number of crythroid precursors as does the bone marrow of healthy controls, with 15 times the number of apoptotic cells in the polychromatophilic and orthochromic stages (Centis et al., 2000).

Accelerated apoptosis, the major cause of ineffective erythropoiesis, is caused by excess  $\gamma$  -chain deposition in erythroid precursors(Pootrakul et al., 2000).