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GASTROINTESTINAL DISORDERS IN CHILDREN WITH WHEEZY CHEST

618,923

**Thesis Submitted
for Partial Fullfilment of M.Sc Degree
in Paediatrics**

By

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2006**

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

ACKNOWLEDGMENTS

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I would like to express my deepest gratitude and sincere thanks to Prof. Asmaa Hamed Sherit, professor of Paediatrics, faculty of Medicine, Assiut University, for her valuable instructions, kind support, encouragement, continuous help and effort and for very close supervision throughout this work.

I would like to express my deepest gratitude and sincere thanks to Dr. Zeinab M. El-Kady, Assistant Professor of Paediatrics, faculty of Medicine, Assiut University for her great help, advice, kind supervision, and continuous support allover this study.

It is of great pleasure to acknowledgment my deepest thanks to Dr. Maha Barakat, Assistant Professor of Tropical Medicine and Gastroenterology, Faculty of Medicine, Assiut University, for her keen supervision, kind advice, constructive suggestions and giving me unlimited time throughout this work.

Mohammad Hussein Hassanean

2006

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**INTRODUCTION AND
AIM OF THE WORK**

INTRODCUTION AND AIM OF THE WORK

Although the wheezy chest problem in children is primarily caused by bronchial asthma, other non-asthmatic causes could be responsible e.g. bronchiolitis, pneumonia, and bronchopneumonia (Boat and Orenstein, 2000).

It has been indicated through several studies that various gastrointestinal disorders frequently occur in patients with bronchial asthma (Caffarelli et al., 1998; Caffarelli et al., 2000). Of particular interest is the gastro-oesophageal reflux which may develop as a consequence of asthma or at times may be a provocative factor for it (Gustafsson et al., 1990). Also, other gastrointestinal symptoms have been reported in children with asthma including abdominal pain or colic, vomiting, constipation, diarrhoea, bloating and eructations (Caffarelli et al., 2000). These symptoms may be related to asthma itself or to the drugs used in its treatment (Shapiro and Christie, 1979; Stein et al., 1980).

Further, it should be noted that, the relation between gastrointestinal disorders and asthma is not limited to just symptom problems. It has been shown that there are gastrointestinal histopathological changes in patients with asthma with cytokine production resembling that observed in the bronchial mucosa (Wallaert et al., 1995). Also, the intestinal permeability has been demonstrated to increase in patients with asthma (Benard et al., 1996).

Moreover, some gastrointestinal symptoms have been reported also in patients with non-asthmatic patients e.g. bronchiolitis and bronchopneumonia (Owayed et al., 2000).