

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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بالرسالة صفحات لم ترد بالأصل



HYPOCALCIURIA OF PREECLAMPSIA AND ITS RELATION TO PARATHYROID HORMONE LEVEL

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BY
ABDEL MONEIM ABDEL AZEEZ EL SAYED ARAKEEB
M. B. B. Ch.

Supervisor
SUPERVISORS

Fatma A. H.
Prof. Dr.
**FATMA HASSAN
ABDEL KHALIK**
Professor of Obstetrics and
Gynecology
Faculty of Medicine
Menoufiya University

Samia Hassan
Prof. Dr.
**SAMIA HASSAN
KANDEIL**
Professor and Head of Clinical
Pathology Department
Faculty of Medicine
Menoufiya University

N. Kamel
Dr. NASSER KAMAL ABDEL AAL
Lecturer of Obstetrics and Gynecology
Faculty of Medicine - Menoufiya University

B
11/1/95
FACULTY OF MEDICINE
MENOUIYA UNIVERSITY
1995
Mona Salem

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

سُبْحَانَكَ يَا عِلْمَ لَنَا يَا
عَلَمَتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم

«البقرة ٢٠»

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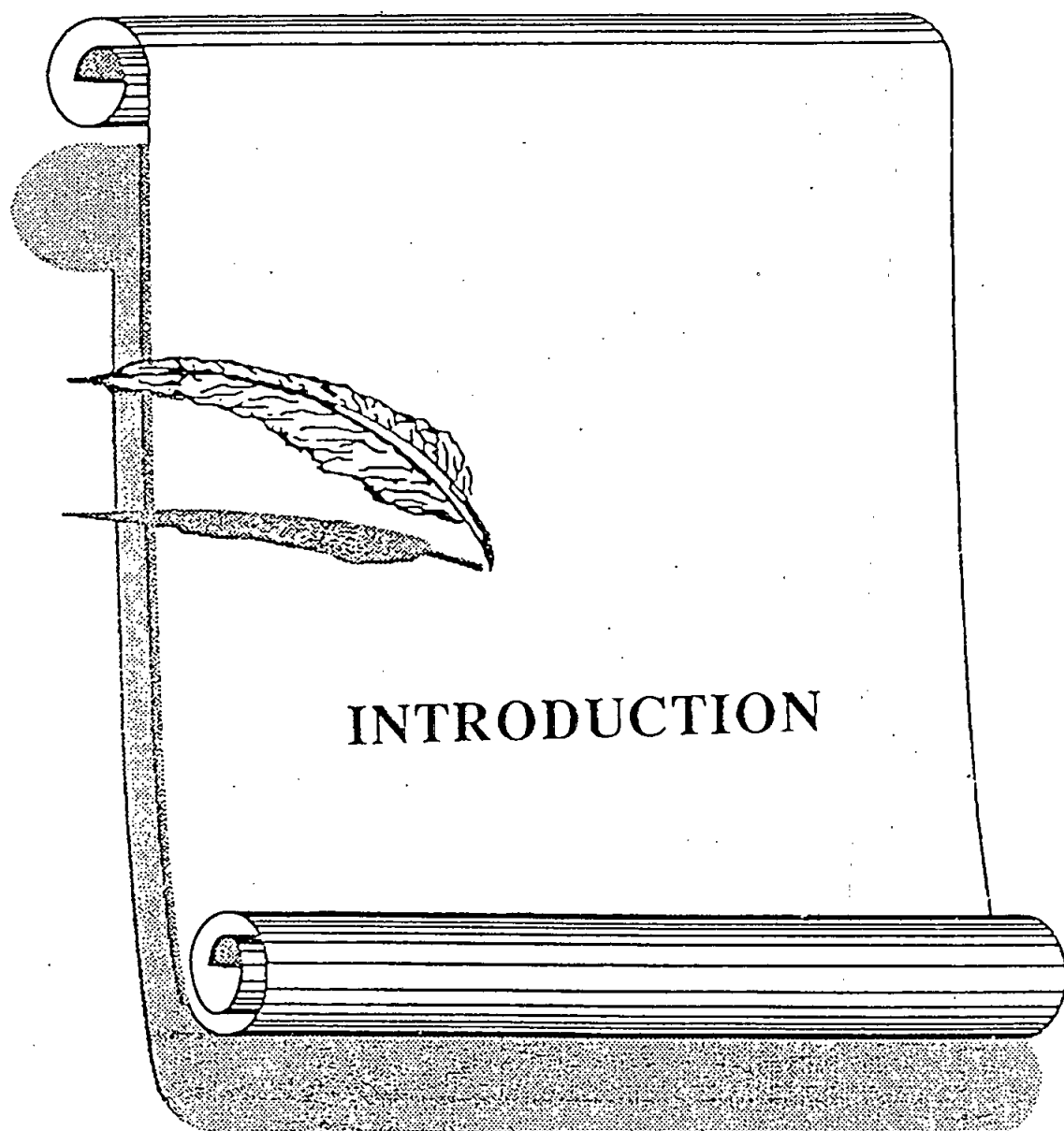
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INTRODUCTION

Hypertension complicates at least 10 percent of all pregnancies and is an important cause of both perinatal and maternal morbidity and mortality (Naeye and Friedman, 1979 and Augensen and Bergsjø, 1982).

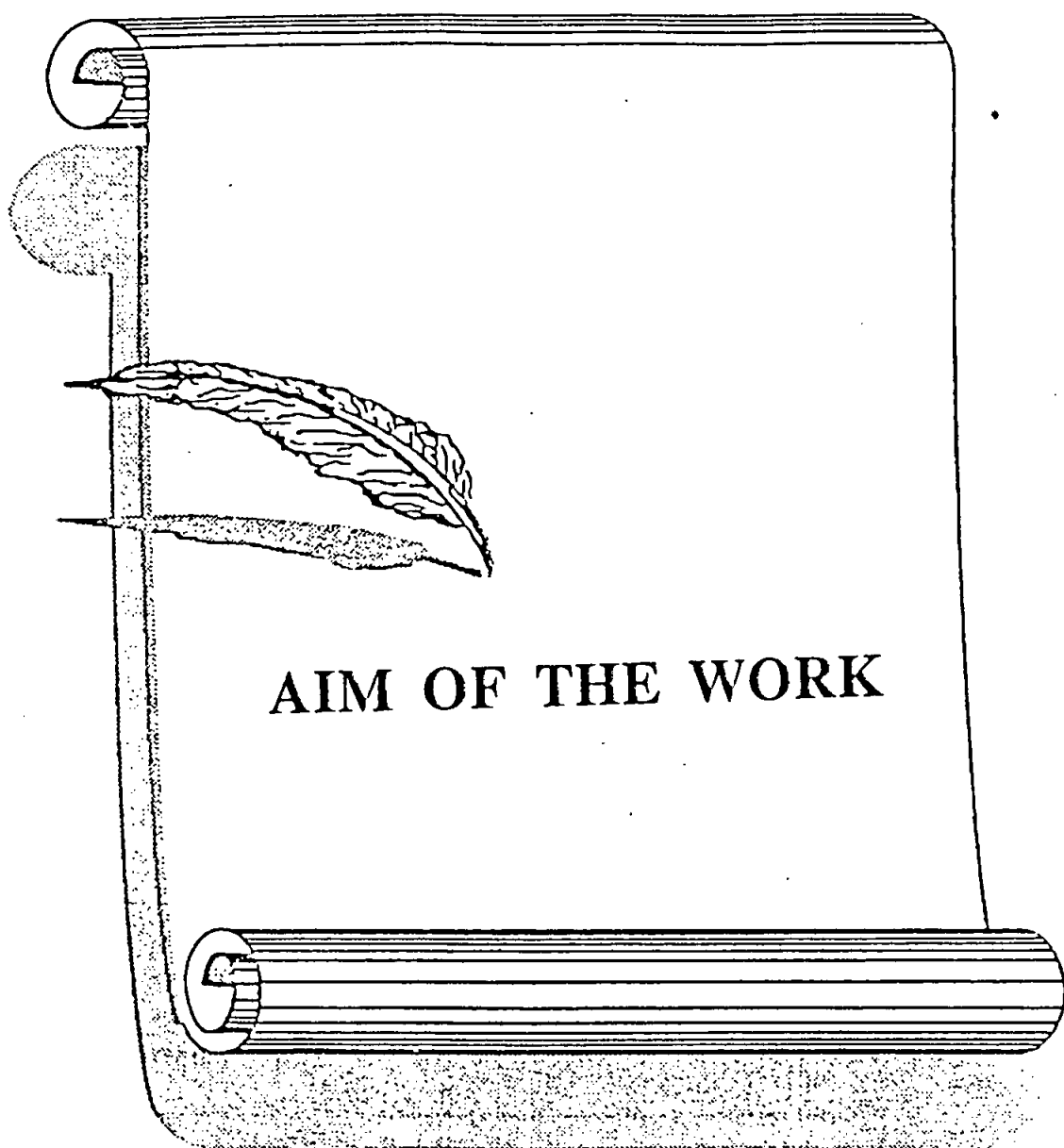
Nevertheless, there is still considerable confusion about classification, pathogenesis and management of hypertensive disorders of pregnancy.

Preeclampsia , (hypertension in pregnancy in association with the excretion of > 300 mg of urinary protein per 24 hours after 20 weeks gestation) is associated with a higher fetal risk than any other forms of hypertensive disorders of pregnancy.

Reliable diagnostic criteria are needed to distinguish the various forms of gestational hypertension.

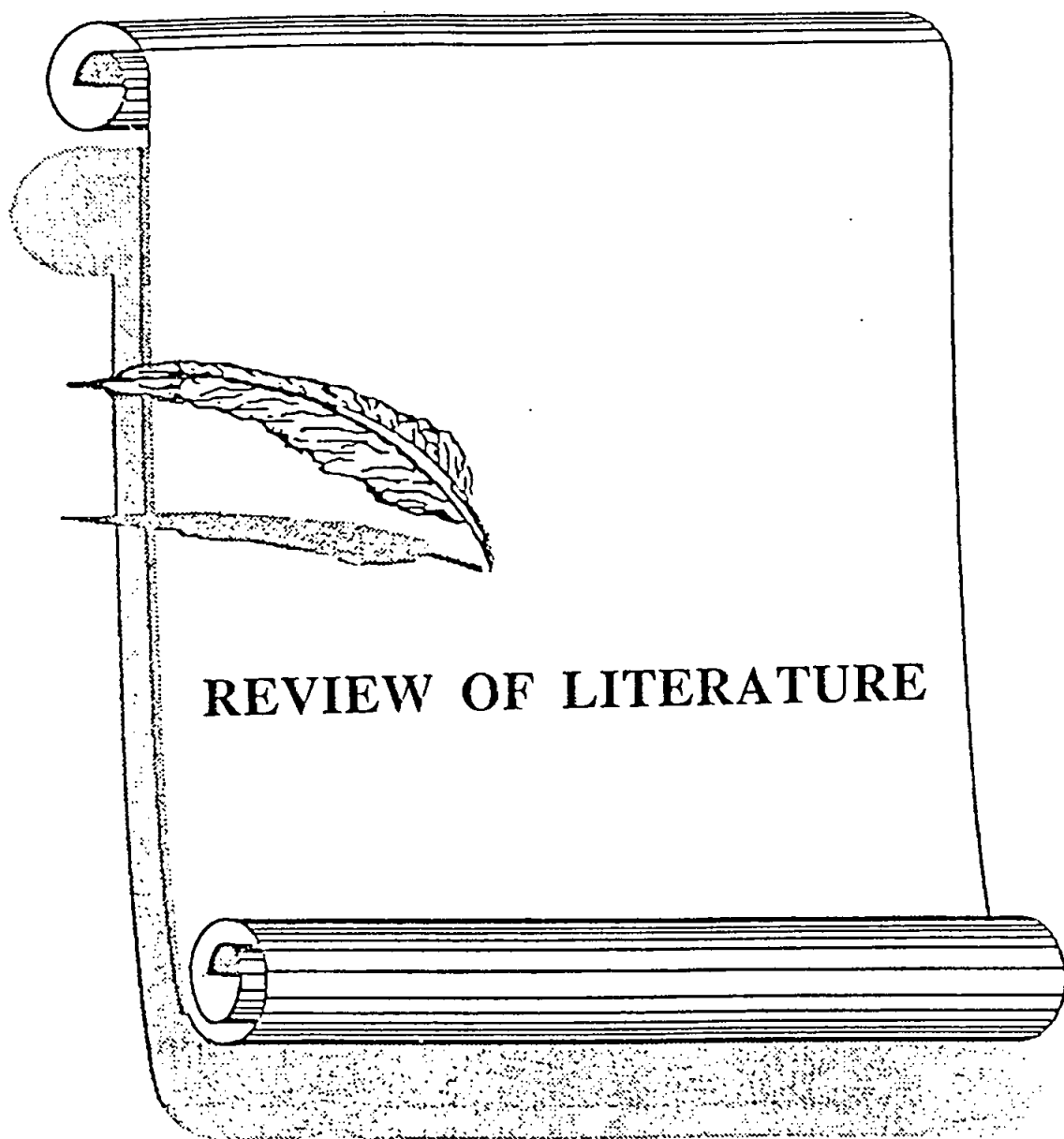
Alterations in calcium metabolism are common features of renal diseases. Recently it has become apparent that various forms of hypertension may also be associated with abnormalities of calcium metabolism. Also hypocalciuria has been suggested as a diagnostic tool for differentiating preeclampsia from other forms of hypertension during pregnancy (Taufeld et al, 1987).

Since the parathyroid hormone (PTH) and vitamin D ($1,25 (\text{OH})_2 \text{D}_3$) play critical roles in calcium metabolism. We therefor investigated the role of PTH in the pathogenesis of hypocalciuria in preeclamptic patients.



AIM OF THE WORK

- 1- To study the values of urinary calcium excretion in patients with pregnancy induced hypertension and / or chronic hypertension with pregnancy and comparing it with those of normotensive pregnancy.
- 2- To correlate changes affecting calcium metabolism in one hand and the severity of pregnancy induced hypertension on the other hand.
- 3- To evaluate the relationship between the urinary calcium excretion and the parathyroid hormone level in preeclamptic patients.



REVIEW OF LITERATURE

HYPERTENSIVE DISORDERS WITH PREGNANCY

Pregnancy may induce hypertension in previously normotensive women or aggravate hypertension in women who have underlying hypertension (Brown, 1989). In the last 20 to 30 years a considerable number of new names has been introduced including preeclampsia (PE), edema, proteinuria, hypertension gestosis (EPH - gestosis), pregnancy - induced hypertension (PIH). and gestational hypertension (GH) (Davey, 1985).

The American College of Obstetricians and Gynecologists (1986), defined the hypertensive disorders associating pregnancy or the perperium:

Hypertension : as a diastolic pressure of at least 90 mmHg or a systolic pressure of at least 140 mmHg or a rise in diastolic pressure of at least 15 mmHg or in systolic blood pressure of at least 30 mmHg. The blood pressure reading cited must be obtained at least two occasions 6 hours or more apart.

Preeclampsia : as the development of hypertension with proteinuria, edema, or both, induced by pregnancy after 20th week of gestation, and sometimes earlier when there are extensive hydatidiform changes in the chorionic villi.

Eclampsia : is diagnosed when convulsions not caused by any coincidental neurological disease such as epilepsy, develop in a woman who also has clinical criteria for preeclampsia.

Superimposed Preeclampsia or eclampsia : is defined as preeclampsia or eclampsia that develops in a woman with chronic hypertensive vascular or renal disease.

Chronic hypertensive disease : is defined as persistent hypertension, of whatever cause antedating pregnancy or detected before 20th week of gestation in