

سامية محمد مصطفى



شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم



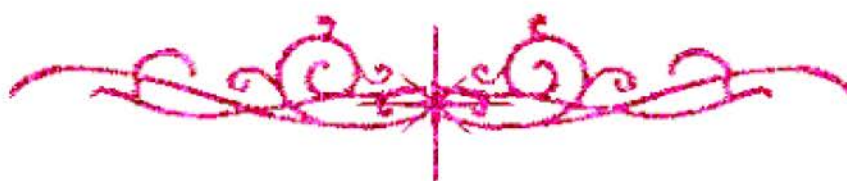
سامية محمد مصطفى



شبكة المعلومات الجامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



سامية محمد مصطفى



شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
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بعض الوثائق الأصلية تالفة



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شبكة المعلومات الجامعية



بالرسالة صفحات لم ترد بالأصل



STUDY OF THE INCIDENCE OF
EXERCISE INDUCED BRONCHOSPASM
IN CHILDREN
THESIS



SUBMITTED IN PARTIAL FULLFILMENT OF
MSc. IN CHEST DISEASES AND
TUBERCULOSIS

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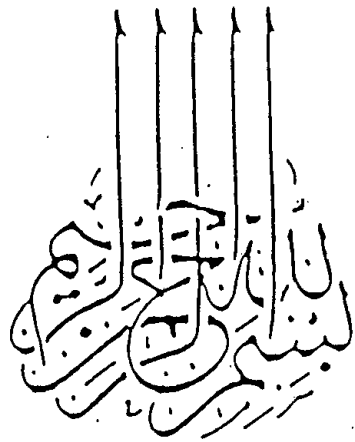
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« وَمَا أَوْثَقْتُمُ مِنَ الْعِلْمِ إِلَّا قَلِيلًا »

الإسراء - آية (٨٥)

Dedication :

To My Late

PROF. ABD EL- HAMEED

AL- HELALY

ACKNOWLEDGEMENT

I would like to begin by asking forgiveness to the late professor Abd El-Hameed AL-Helaly, the Godfather of Benha Chest Department who offered the idea of this work.

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ABBREVIATIONS

°C	=	degree centigrade
EIA	=	Exercise - induced asthma.
EIB	=	Exercise - induced bronchospasm.
FEF _{25-75%}	=	Forced expiratory flow between 25% and 75% of the vital capacity.
FEV1	=	Forced expiratory volume in the first second.
Fig.	=	Figure
F.V.C.=		Forced vital capacity.
He	=	helium
H ⁺ ion	=	hydrogen ion.
HIA	=	hyperventilation induced asthma.
K.Cal	=	Kilo caloric.
L/m	=	litter per minute
MEF _{25%}	=	Maximum expiratory flow at 25% of the vital capacity.
mg	=	milligram.
min	=	minute
ml	=	milliliter
M.V.V.=		maximum voluntary ventilation.
PEFR	=	peak expiratory flow Rate.
PO2	=	Partial pressure of oxygen
PCO2	=	Partial pressure of carbon dioxide
RHE	=	Respiratory heat exchange
V.C	=	Vital capacity
VE	=	minute ventilation
Vmax	=	instantaneous flow at any lung volume during an Forced vital capacity.

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INTRODUCTION
AND
AIM OF THE WORK

INTRODUCTION AND AIM OF THE WORK

Exercise - induced bronchospasm (EIB) has affected young persons as early as the first Olympic Games (**Pierson, 1988**). Shortness of breath following exercise is the hallmark of EIB. Many children and adolescents have struggled in play, physical education, training, and competition without knowledge of why they were having respiratory difficulties (**Fitch and Godfrey., 1976**).

The handicap of exercise induced bronchospasm has been largely overlooked until the last decade, when more physicians and athletes began to recognize the disorder (**Anderson, 1983**). Exercise- induced bronchospasm was very costly to an adolescent competitor in the XXI Olympiad in Munich, Germany, who had to relinquish his gold medal (**Clarke, 1984**). It was discovered that he was using a drug for his EIB. Only in the past decade has EIB been studied with any systematic fashion in regard to its prevalence, physiologic changes, and pharmacological management.

The aim of this work is to study the incidence of exercise induced bronchospasm in apparently healthy children between 11-16 years.

REVIEW OF LITERATURE