شبكة المعلومات الجامعية

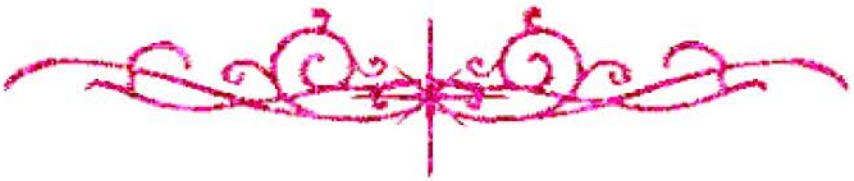
بسم الله الرحمن الرحيم

HOSSAM MAGHRABY

شبكة المعلومات الجامعية

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها

علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات

يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار

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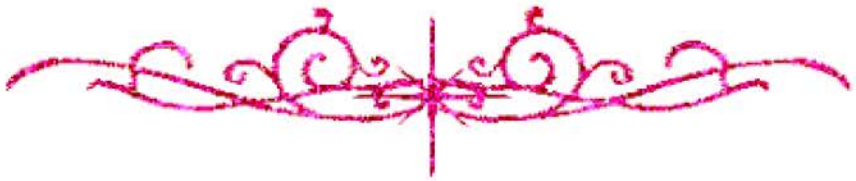
بعض الوثائق الأصلية تالفة



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بالرسالة صفحات

لم ترد بالأصل

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Benha Faculty of
Medicine
Pediatric Department

EVALUATION OF SCREENING FOR THYROID FUNCTION IN HIGH RISK NEWBORNS

Thesis

Submitted in partial fulfillment for

The Master Degree in

Pediatrics

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بسم الله الرحمن الرحيم

قالوا سبحانك لا علم لنا إلا ما علمتنا إنك أنت العليم الحكيم

صدق الله العظيم

سورة البقرة ـ آية(٣٢)

ACKNOWLEDGEMENT

First of all, thanks to **ALLAH**, the most gracious most merciful, whose magnificent help was the main factor in accomplishing this work.

I would like to express my deepest gratitude to **Prof. Dr. Mohamed El-Bakry,** Professor of Pediatrics, Benha Faculty of Medicine, Zagazig University, for his greatest help and sincere advice throughout this work.

My sincere thanks to **Dr. Adel Reyad,** Ass. Professor of Pediatrics, Benha Faculty of Medicine, Zagazig University, for his continuous encouragement and close valuable supervision.

My deepest appreciation to **Dr. Ibrahim Rageh**, Lecturer of Clinical Pathology, Benha Faculty of Medicine, Zagazig University, for his deepmost cooperation and support.

My great gratefulness to **Dr. Sahar El-Bayoumy**, Lecturer of Clinical Pathology, EL-Galaa Hospital, for her unlimited and generous support.

Maged I. Kazamel

Contents

List of Abbreviation

T_4	Thyroxine
T_3	Triiodothyronine
TRH	Thyrotropin-releasing hormone
TSH	Thyroid stimulating hormone, Thyrotropin
rT_3	Reverse T_3
T/S_{ratio}	Thyroid / Serum ratio
TG	Thyroglobulin
TPO	Thyroid peroxidase
TBG	Thyroxine-binding globulin
TTR	Transthyretin, thyroxine-binding prealbumin
TSI	Thyroid-stimulating immunoglobulins
TSAb	Thyroid-stimulating antibodies
PKU	Phenylketonuria
GA	Gestational age

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Introduction and Aim of the Work

INTRODUCTION

Over the past 15 to 25 years, neonatal screening for congenital hypothyroidism has been extremely successful in eradicating severe mental deficiency resulting from congenital hypothyroidism (Van Vliet ,1999).

For many years, the classical symptoms of an infant with congenital hypothyroidism were including a prolonged gestation of physiologic icterus, an umbilical hernia and an enlarged tongue and fontanel. However, with the arrival of population-based screening, it had shown that most infants with congenital hypothyroidism do not exhibit these signs and symptoms and would usually pass undetected. It has been shown from the screening that the disorder is more common than expected (Oakley et al.,1998).

The benefit of early postnatal treatment of congenital hypothyroidism was demonstrated by a number of clinical investigators, but early treatment was not usually possible because of the delayed appearance of classical sings and symptoms (Fisher, 2000).

In screening for congenital hypothyroidism, a normal range determined mostly from full-term infants is used to evaluate results from premature infants, whose T_4 levels are usually lower. This process produces a large number of false +ve screening tests for premature infants and engenders extrawork for the follow up programs and anxiety for many parents and health professionals (Frank et al., 1996).