

بسم الله الرحمن الرحيم



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شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



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جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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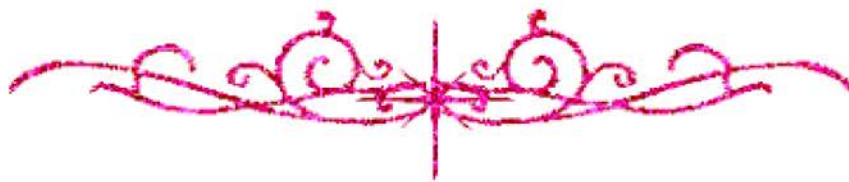


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بالرسالة صفحات

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EVALUATION OF SCREENING FOR THYROID FUNCTION IN HIGH RISK NEWBORNS

Thesis

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا سبحانك لا علم لنا

إلا ما علمتنا إنك أنت

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List of Abbreviation

T₄	Thyroxine
T₃	Triiodothyronine
TRH	Thyrotropin-releasing hormone
TSH	Thyroid stimulating hormone, Thyrotropin
rT₃	Reverse T₃
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

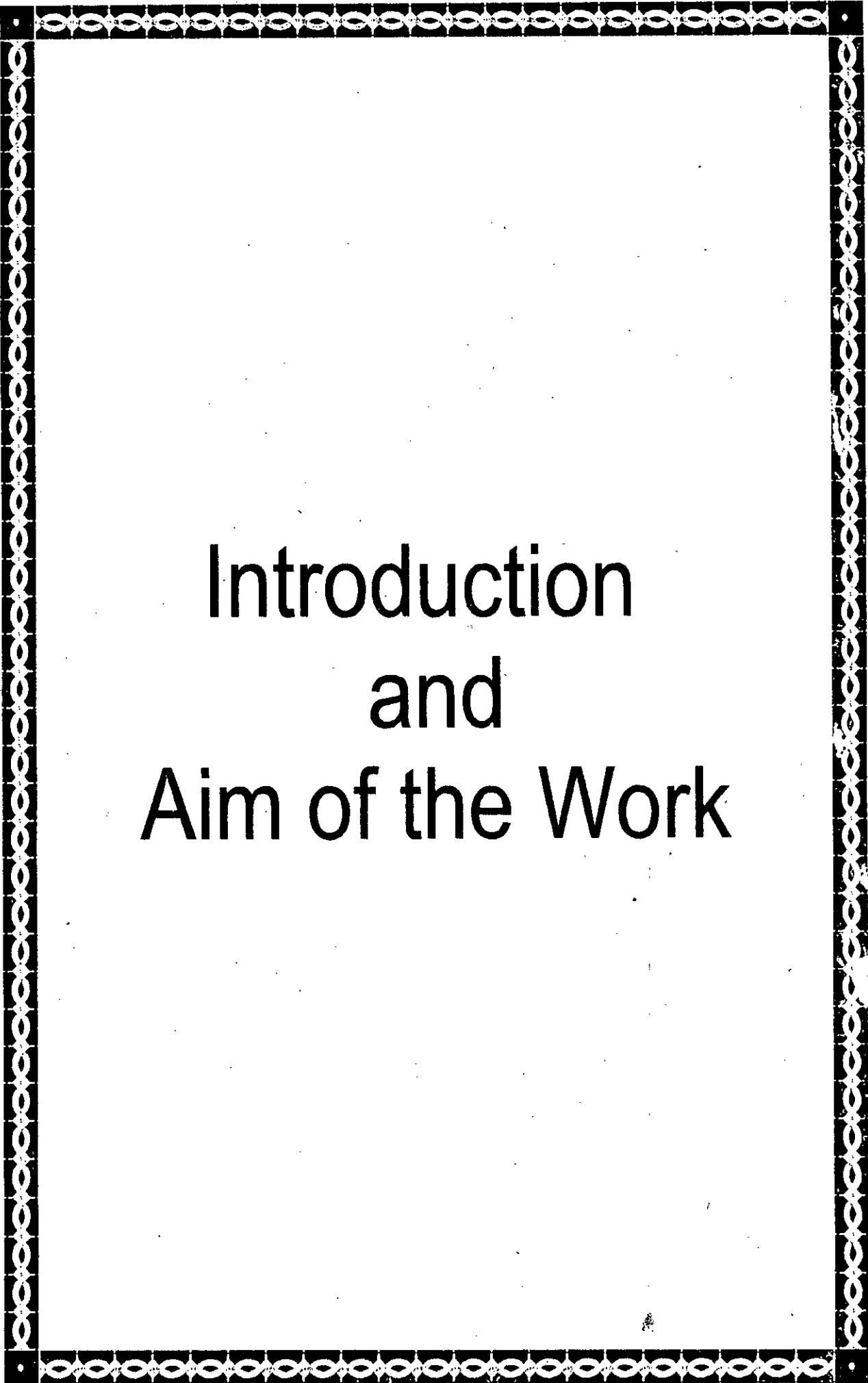
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Introduction and Aim of the Work

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 signs 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).