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شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

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شبكة المعلومات الجامعية

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التوثيق الالكتروني والميكروفيلم

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التوثيق الإلكتروني والميكروفيلم

قسم

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بالرسالة صفحات لم ترد بالأصل

BLOOD LEAD LEVEL IN PRETERM AND FULL-TERM DELIVERING WOMEN AND THEIR NEONATES

Thesis

SUBMITTED FOR PARTIAL FULFILLMENT OF M.Sc. DEGREE IN ***CLINICAL BIOCHEMISTRY***

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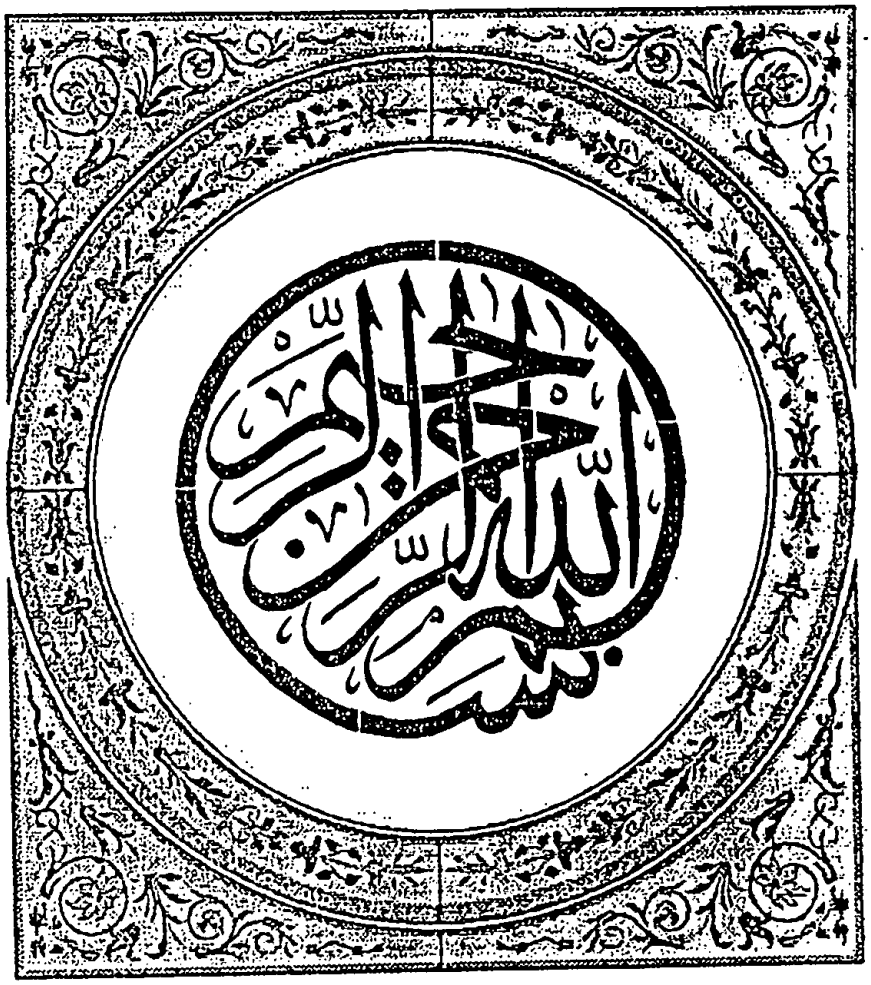
بسم الله الرحمن الرحيم

To My

Beloved

Family

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PVC	Polyvinyl chloride
RBCs	Red blood cells
RLUS	Relative light units.
RNA	Ribonucleic acid
SGA	Small gestational age
TEL	Tetraethyl lead
TIBC	Total iron binding capacity
TML	Tetramethyl lead
TRH	Thyrotropin-releasing hormone
TSH	Thyroid stimulating hormone
U ALAD	urinary δ-aminolevulinic acid dehydratase
UCP	Urinary coproporphyrin
WBCs	White blood cells
WHO	World Health Organization
X-RF	X-ray film
ZPP	Zinc protoporphyrin

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INTRODUCTION

INTRODUCTION

Lead is the fifth most abundant metal in the world, after iron, copper, zinc, and aluminum. High blood lead levels can affect survival and development of the fetus and the infant. Sterility, abortion, stillbirth, premature delivery and adverse pregnancy outcomes such as low birth weight, failure to thrive and impaired mental development of infants were recognized at low lead exposure levels. Lead can readily cross the placenta during the entire pregnancy and fetal levels ultimately equilibrate with maternal levels (Rom, 1976 and Mirghani, 1997).

Mayer et al. (1986) consistently identified a link between maternal blood level of 100 - 150 µg/L and disturbance in early infant and neurological behavior performance. They concluded that the previously accepted safe maternal blood level of 250 µg/L is too high, and that adverse reproductive and neurobehavior effects may occur at blood lead levels commonly found in the population of many nations today.

McMichael et al. (1986) showed that preterm deliveries were significantly related to maternal blood lead levels at