

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
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار



سامية محمد مصطفى



شبكة المعلومات الجامعية



بعض الوثائق الأصلية تالفة



سامية محمد مصطفى



شبكة المعلومات الجامعية



بالرسالة صفحات لم ترد بالأصل



**Correlation of Growth Hormone
And Anti Epileptic Therapy
In Idiopathic Epileptic Children**

Thesis
Submitted for the partial fulfillment
of the master degree in Pediatric

By
Gamal Abdel Nasser Mohammed
(M.B.B.C.H)

Supervisors
Prof. Mohammed Kamel Rezk
Professor of Pediatric
Faculty of Medicine
Benha University

Prof. Ahmed Sherif
Prof. of Pediatrics
Faculty of Medicine
Benha University

Prof. Mohsen Shalaby
Ass. Prof. of Pediatrics
Faculty of Medicine
Benha University

Prof. Amany Ameen Sleem
Prof. of Pharmacology
National Research Center

Faculty of Medicine
Benha University
2005

B

10572

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ
قَالُوا سُبْحَانَكَ لَا عِلْمَ لَنَا إِلَّا مَا
عَلَّمْتَنَا إِنَّكَ أَنْتَ الْعَلِيمُ الْحَكِيمُ

صدق الله العظيم

Acknowledgement

First and foremost thank Allah for allowing me to begin, to go through and to complete this work.

I would like to express my sincere gratitude to **Prof. Mohamed Kamal Rezk**, professor of Paediatrics, faculty of Medicine, Benha University, for giving me a lot of this valuable time and advices and his outstanding support and unlimited help throughout this work.

My deepest gratitude is to **Prof. Ahmed Sherief**, professor of Paediatrics, faculty of Medicine, Benha University for his sincere help, valuable advices and interests in the supervision of this work.

I am deeply indebted to **Ass. Prof. Mohsen shalaby**, Professor of Paediatrics, faculty of Medicine, Benha University. For his continuous supports meticulous supervision, valuable criticism, complete guidance and encouragement throughout this work.

I would also like to thanks **Prof. Amany Ameen Sleem**, **Professor of Pharmacology**, national research center, for giving me much of her time, in valuable help and advice.

Gamal Abdel-Naser

List of content

Acknowledgements

Abbreviation

List of tables

List of figures

1. Introduction	1-2
2- Review of literature	
- Epidemiology of epilepsy.	3-4
- Etiology.	5-10
- Pathology of epilepsy.	11-21
- Neurophysiology of epilepsy.	22-26
- Classification of epilepsy.	27-40
- Investigation.	41-44
- Treatment of epilepsy.	45-71
- Prognosis of epilepsy.	72-77
- Normal growth.	78-85
3. materials & methods.	86-90
4. results.	91-106
5. discussion.	107-111
6. summary.	112-113
7. conclusion.& recommend	114
8. Reference.	115-138
9. case presentation.	139-150

Abrevation

ACTH	adenocorticotropin
AEDs	antiepileptic drug
CHKNA4	the nicotinic cholinergic receptor subunits
CHRNA	the nicotinic acetylcholine receptor alpha-4subunite
CNS	central nervous system
CRF	corticotropin releasing factor
CSF	cerebrospinal fluid
C T	computed tomography
EASIA	enzyme amplified sensitivity immunoassay
EEG	electroencephalography
GABA	gamma-aminobutyric acid
G H	growth hormon
GHRF	growth hormon releasing hormon
GIT	gastro-intestinal tract
GRF	growth hormon releasing factor
Hz	hertez
IGF	insulin-like growth factors
IGFBP	insulin-like growth factor binding protein

ILAE	international league against epilepsy
LHRH	luteinizing hormon releasing hormon
Mabs	monoclonal antibodies
MRI	magnetic resonance imaging
PDS	paroxysmal depolarization receptor subunits
PET	positron emission tomography
TRH	thyrotropin releasing hormon
VA	veterans administration

List of tables

No.	Item	Pages
Table 1	Age – gender distribution among different groups	92
Table 2	Comparison between the studied groups as regards the consanguinity	94
Table 3	Comparison between the studied groups as regards the weight and height	96
Table 4	Comparison between weight to age percentile in the three groups	98
Table 5	Comparison between height to age percentile in the three groups	100
Table 6	Comparison between weight to height percentile in the three groups	102
Table 7	Comparison between the studied groups as regard G.H. level	104
Table 8	Comparison between female and male as regard G.H. level in the three studied groups	104
Table 9	Correlation between G.H. level and others parameters in the three studied groups	106
Table 10	Effect of different parameters in G.H. level in the three studied groups	106

List of figures

No.	Item	Pages
figure 1	Age distribution among different groups	93
figure 2	Gender distribution among different groups	93
figure 3	Comparison between the studied groups as regards the consanguinity	95
figure 4	Comparison between the studied groups as regards the weight	97
figure 5	Comparison between the studied groups as regards the height	97
figure 6	Comparison between weight to age percentile in the three groups	99
figure 7	Comparison between height to age percentile in the three groups	101
figure 8	Comparison between weight to height percentile in the three groups	103
figure 9	Comparison between the studied groups as regard G.H. level	105

Review of Literature

Introduction

Epilepsy is a chronic condition or rather, a group of conditions in which epileptic seizures tend to occur repeatedly without a detectable extracerebral cause (*Nelson, 2004*).

Epileptic seizures may be diagnosed after the child had two or more unprovoked seizures i.e. no concurrent illness or acute brain injury closely associated with the seizures. Some specific provoking factors leading to reflex seizures are permitted e.g. seizures provoked by photic stimulation or reading complex tests (*Camfield, 1999*).

Epilepsy begin most often in childhood or adolescence (*Hasuer 1997*), A few years of medication may be sufficient to treat some benign forms of epilepsy, but some epilepsies require life-long medication (*Morton 1996*), Which improve the prognosis of epilepsy is good: more than 70% of patient with newly diagnosed epilepsy will become seizure free or enter substantial remission with anti epileptic drugs (AEDs) (*Cockerell et al. 1995*).

Epilepsy and hormones are connected in a complicated manner. It is known that epilepsy itself may affect the hormonal balance and, furthermore Hormones may provoke or inhibit seizures (*Herzog 1996*), also It has been shown that AEDs have effects on endocrine function (*Duncan et al. 1999*).