

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكرو فيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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بالرسالة صفحات
لم ترد بالأصل



High versus Low Dose Caffeine as Respiratory Stimulant in Preterm Infants

Thesis

*Submitted for Partial Fulfillment of Master Degree
in Pediatrics*

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2020

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سببنا نك لا علم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٣٢

Acknowledgment

*First and foremost, I feel always indebted to **ALLAH**,
the Most Kind and Most Merciful.*

*I'd like to express my respectful thanks and
profound gratitude to **Prof. Ola Galal Badr
El-Deen**, Professor of Pediatrics - Faculty of
Medicine- Ain Shams University for her keen
guidance, kind supervision, valuable advice and
continuous encouragement, which made possible the
completion of this work.*

*I am also delighted to express my deepest
gratitude and thanks to **Dr. Yasmin Aly
Farid Mohamed Aly**, Lecturer of Pediatrics,
Faculty of Medicine, Ain Shams University, for her
kind care, continuous supervision, valuable
instructions, constant help and great assistance
throughout this work.*

*I would like to express my hearty thanks to all
my family for their support till this work was
completed.*

*Last but not least my sincere thanks and
appreciation to all patients participated in this
study.*

Eslam Mohamed Ali Mazrou

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List of Abbreviations

Abb.	Full term
<i>ABG</i>	<i>Arterial blood gases</i>
<i>ALTE</i>	<i>Apparent life threatening event</i>
<i>AOP</i>	<i>Apnea of prematurity</i>
<i>BMD</i>	<i>Bone mineral density</i>
<i>BPD</i>	<i>Bronchopulmonary</i>
<i>CAP</i>	<i>Caffeine for Apnea of Prematurity</i>
<i>CBC</i>	<i>Complete blood picture</i>
<i>CNS</i>	<i>Central nervous system</i>
<i>CPAP</i>	<i>Nasal-continuous positive airway pressure</i>
<i>CRP</i>	<i>C- reactive protein</i>
<i>FDA</i>	<i>Food and Drug Administration</i>
<i>GABA</i>	<i>Gamma-aminobutyric acid</i>
<i>GER</i>	<i>Gastroesophageal reflux</i>
<i>GERD</i>	<i>Gastroesophageal reflux disorder</i>
<i>GFR</i>	<i>Glomerular filtration rates</i>
<i>GI</i>	<i>Gastrointestinal</i>
<i>IH</i>	<i>Intermittent hypoxemia</i>
<i>IV</i>	<i>Intravenous</i>
<i>NEC</i>	<i>Necrotizing enterocolitis</i>
<i>NICU</i>	<i>Neonatal intensive care unit</i>
<i>NIPPV</i>	<i>Noninvasive positive pressure ventilation</i>
 <i>OSAS</i>	 <i>Obstructive sleep apnea syndrome</i>
<i>PDA</i>	<i>Patent ductus arteriosus</i>
<i>PMA</i>	<i>Post-menstrual age</i>

List of Abbreviations (Cont...)

Abb.	Full term
<i>RBS</i>	<i>Random blood sugar</i>
<i>ROP</i>	<i>Retinopathy of prematurity</i>
<i>ROP</i>	<i>Retinopathy of prematurity</i>
<i>RSV</i>	<i>Respiratory syncytial virus</i>
<i>SIDS</i>	<i>Sudden infant death syndrome</i>
<i>VLBW</i>	<i>Very low-birth-weight</i>
<i>wGA</i>	<i>Weeks of the gestational age</i>
<i>WHO</i>	<i>World Health Organization</i>

INTRODUCTION

Caffeine is one of the widely used medications in the neonatal care units and in spite of its widespread use in preterm infants, there has been little information about the optimal efficient dose in those patients (*Faramarzi et al., 2018*).

Caffeine therapy for treatment of apnea of prematurity (AOP) is well established over the past few years, yet the optimal loading and maintenance dose of caffeine in preterm infants is not well-studied (*Mohammed et al., 2015*).

AOP is a developmental disorder that occurs as a result of immature respiratory control mechanisms (*Di Fiore et al., 2013*) and it may be associated with intermittent hypoxemia, hence may be related to greater incidence of deleterious neurodevelopmental outcomes and retinopathy of prematurity (ROP) (*Martin et al., 2011*).

AOP is a common complication of preterm birth, which affects more than 80 % of neonates with a birth weight less than 1, 000 g. Methylxanthine including caffeine and theophylline, are a mainstay in the treatment and prevention of AOP (*Schoen et al., 2014*).

Methylxanthines have been used as the backbone of pharmacologic treatments of respiratory disorders in preterm