

# **PREDICTORS OF OSTEOPATHY AMONG ADULT PATIENTS WITH THALASSAEMIA MAJOR**

**Thesis**

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## **ABSTRACT**

Beta-thalassemia is a hereditary disease due to unbalanced globin chain synthesis with ineffective erythropoiesis and increased peripheral hemolysis (Rafsanjani et al., 2009).

In spite of the improved treatment of this hematologic disorder and its complications,  $\beta$ -thalassemia patients exhibit an unbalance in bone mineral turnover with increased resorptive rates and suppression of osteoblast activity, resulting in diminished bone mineral density (BMD) more evident in the lumbar spine (Nawar et al., 2014).

A cross-sectional study included 40 patients with  $\beta$ -thalassemia major. Thirty seven were males (92.5%) and 3 patients were females (7.5%). Their ages ranged from 10 to 33 years with a mean of  $20.6 \pm 4$  years. All patients were subjected to full medical history, full clinical examination, and investigations which included: ALT, AST, bilirubin (total and direct), serum creatinine, calcium, phosphorus, 25(OH) vitamin D, ALP, FBG, 2hPPBG, TSH, free T4 and ferritin levels. Assessment of BMD was done by DEXA scan at three sites (AP-spine, left femur and right forearm).

Seventy nine (97.5%) patients had abnormal BMD where 34 (42.5%) patients were osteoporotic, 6 (7.5%) were osteopenic and 39 (47.5%) had both osteopenia and osteoporosis.

Bone mineral density was positively correlated with:

- **Vitamin D** levels ( $r = 0.30$ ,  $P = 0.008$  &  $r = 0.36$ ,  $p = 0.001$ ) at left femur and AP spine respectively
- **Calcium** levels ( $r = 0.29$ ,  $p = 0.008$ ,  $r = 0.32$ ,  $p = 0.004$  and  $r = 0.22$ ,  $p = 0.005$ ) at RT forearm, LT femur and AP spine respectively.

We observed a significant **positive** correlation ( $r = 0.29$ ,  $p = 0.008$ ) between right forearm DEXA scores and calcium levels, and a **negative** correlation with 2 hours post prandial blood glucose and ferritin levels. Regarding DEXA scores at left femur, a significant **positive** correlation

was observed with vitamin D ( $r=0.3$ ,  $p=0.001$ ) and calcium ( $r=0.32$ ,  $p=0.009$ ) levels, and a **negative** correlation with the following variables:

- FBG ( $r=-0.28$ ,  $p=0.006$ )
- 2h post prandial blood glucose ( $r=-0.3$ ,  $p=0.002$ )
- ALP ( $r=-0.32$ ,  $p=0.002$ )
- Ferritin levels ( $r=-0.26$ ,  $p=0.001$ )

There was a statistically significant difference with p-value of 0.02 between number of sites affected and history of splenectomy, where (21.6%) of these who underwent splenectomy had affection in 3 sites.

There was statistically significant difference ( $p=0.001$ ) between different DEXA results at left femur regarding **hypogonadism** in males and females while it was statistically significant at right forearm and AP spine only in female patients ( $p=0.02$  and 0.01).

**Keywords:**  $\beta$ -thalassemia major, bone mineral density, osteopathy, 25(OH)vitamin D.