411

قال تعالى:

{ الله نُورُ السَّمَاوَاتِ وَالْأَرْضِ مَثَلُ نُورِهِ كَمِشْكَاةٍ فِيهَا مِصْبَاحُ الْمِصْبَاحُ الْمِصْبَاحُ فِي زُجَاجَةً الزُّجَاجَةُ كَأَنَّهَا كَوْكَبُ دُرِّيٌ يُوقَدُ مِن شَجَرَةٍ مُّبَارَكَةٍ زَيْتُونِةٍ لَآ فِي زُجَاجَةٍ الزُّجَاجَةُ كَأَنَّهَا كَوْكَبُ دُرِّيٌ يُوقَدُ مِن شَجَرَةٍ مُّبَارَكَةٍ زَيْتُونِةٍ لَا فَرْقِيَةٍ وَلَا غَرْبِيَّةٍ يَكَادُ زَيْتُهَا يُضِيءُ وَلَوْ لَمْ تَمْسَسُنهُ نَارٌ نُورٌ عَلَى نُورٍ شَرَقِيَّةٍ وَلَا غَرْبِيَّةٍ يَكَادُ زَيْتُهَا يُضِيءُ وَلَوْ لَمْ تَمْسَسُنهُ نَارٌ نُورٌ عَلَى نُورٍ يَهْدِي الله لِنَورِهِ مَن يَشَاء وَيَضْرِبُ الله الله الأَمْثَالَ لِلنَّاسِ وَالله بِكُلِّ شَيْءٍ عَلِيمٌ }

صدق الله العظيم (سورة النور الآية (35)

Dedication

To my parents

To soul of **Shiekh** / **BabikerBadri** Founder of Ahfad Education Foundation

To my extended family & all friends

Acknowledgment

Special thanks are offered to my supervisor **Dr. Nadia Madani** (PhD in hematology) I am very indebted to her efforts & unfailing help.

Special worm thanksto **Khalid Alamin Omer** for his assistance during course of this work.

Worm thanks to **Dr. Shamseldein Hassab Alla Ahmed**. for his guidance

Special thanks to my colleagues **Mrs.Salma Hassan** (higher Diploma) director of **Alaa El-Rahman** Medical laboratory& **Miss Reham Idris** (B.Sc) at **Alaa El-Rahaman** Medical laboratory, Khartoum North for their assistance during course of this study I am grateful to **Dr. Abdelgadir Mohamed** (B.Sc. Ph.D, CSci. FIFST DIUNS) Director of **Food & Nutrition Center – Scientist House**, Khartoum North, and his staff who offered me the opportunity to meet visitors of the Centre seeking nutrition advice& body fitness programs.

I am very much appreciating the cooperation of visitors of Food & Nutrition Centre who have offered me such valuable data which has created the base for the present work.

Abstract

This study was done in Khartoum state during April to October 2015, to assessment of the effect of obesity on iron profile in Khartoum state Residents.

Forty nine obese and fifty one non obese individuals have participated in this study. The obese group was divided into: over obese, obese overweight, according to BMI calculation (Kg/m²).

A questionnaire comprising age, residence, chronic disease, level of obesity, and use of iron supplements, was filled in by all participants involved in this study.

Five ml of venous blood had been drowning in plain container for serum preparation to iron profiles test, the result of non- obese against obese is:

Serum iron (106.3 \pm 35.4 vs 66.9 \pm 35.4)

Serum ferritin (48 \pm 30.5 *vs* 22.6 \pm 19.5)

TIBC $(254 \pm 5.6 \ vs \ 269 \pm 58.3)$

 $T/S (26.4 \pm 1.2 \ vs \ 40.6 \pm 1.5)$

This study revealed that there is significant reduction in serum iron, s.ferritin, transferring saturation in obese group when compared with non-obese according to p. value is (0.05). However, exception which was noted that the total iron binding capacity showed an increase in obese group when compared with non-obese.

The study depicted that age group of 39-60 is mostly affected by obesity than other ages..

The present study has revealed that level of human obesity is directly proportional to serum iron, s.ferritin, transferring saturation.

ملخص الدراسة

هذه دراسة تحليلية وصفية أجريت على مجموعة من سكان ولاية الخرطوم خلال شهر أبريل إلى أكتوبر 2015، بهدف تقييم تأثير السُمنة في مستوى الحديد لدى سكان ولاية الخرطوم.

هذه الدراسة شملت 41 فرد يعانون من السُمنة و 51 فرد في الوزن الطبيعي. مستويات السُمنة مددت وفقا لحساب مؤشر كتلة الجسم، وقسم المشاركون إلى وزن طبيعي، زيادة الوزن، السُمنة، السُمنة المفرطة.

خمسة مل من الدم اخذت من جميع المشاركين في الدراسة وضعت في حاوية خاليه لإعداد المصل، لاختبار حاله الحديد.

كانت نتائج المجموعة التي تعاني من السُمنة مقابل المجموعة التي لا تعاني من السمنة على النحوالتالي:

تركيز الحديد بالدم:(66.9 ± 35.4 مقابل 35.4±106.3) مايكرو جرام /100مل.

تركيز الفريتين: (£22.6 مقابل 48±30.5) مايكرو جرام /ليتر

السعه الكلية لربط الحديد: (469±58.3 مقابل 254±5.6) مايكرو جرام/100مل

النسبة المئوية لتشبع الترانس فرين: (1.5±40.6 مقابل 1.5±40.6

هذه الدراسة لخصت أن هناك إنخفاض كبير في (تركيز الحديد ، تركيز الفريتين، النسبة المئوية لتشبع الترانسفيرين) في المجموعة التي تعاني من السُمنة عند مقارنتها مع المجموعة التي لا تعاني من السُمنة وفقاً للقيمة (0.05) باستثناء القدرة الكلية لارتباط الحديد.

الفئة العمرية (39-60) هي الأكثر تعرضاً للسمنة من غيرها.

انخفاض معدل الحديد يتناسب طردياً مع مقدار السُمنة.

Abbreviation

AT	Adipose Tissue
BMI	Body Mass Index
DIOS	Dysmetabolic Iron Overload Syndrome
DMT1	Divalent Metal Transporter 1
FPN	Ferroprotin
ID	Iron Deficiency
IL 6	Interleukin 6
IL1	Interleukin1
MetS	Metabolic Syndrome
mRNA	Messenger Ribonuclic Acid
NAFLD	Nonalcoholic Fatty Liver Disease
NHANES	National Health And Nutrition Examination Survey
NIBSC	National Institute for Biological Standard and Control
SF	Serum Ferritin
SPSS	Statistic Package For The Social Sciences
TfR1	Transferrin Receptor
TIBC	Total Iron Binding Capacity
TNF-α	Tumor Necrosis Factor Alfa
TS	Transferrin Saturation
UIBC	Unsaturated Iron Binding Capacity
WHO	World Health Organization

Table of Content

Торіс	Page No
الآية	I
Dedication	II
Acknowledgment	III
Abstract	IV
ملخص الدراسة	V
Abbreviations	VI
Table of content	VII
Chapter one: Introduction and literature review	
1-1 Introduction	2
1-2 Literature Review.	4
1-2-1 Iron Role in the Body	4
1-2-2 Physiology of Iron Metabolism	5
1-2-3 Iron Phenotype of Obesity	6
1-2-4 Mechanisms of underlying iron deficiency in obesity	7
1-2-5 Relevance of ID to the course of obesity	8
1-2-6 Response of iron parameters to weight reduction	9
1-2-7 Previous Studies.	10
1-3 Rationale	11
1-4 Objectives.	12
Chapter Two: Materials And Methods	
2-1 Study design.	14
2-2 Sampling.	14
2-3 Study area	14
2-4 Study population	14

2-5 Inclusion criteria	14
2-6 Exclusion criteria	14
2-7 Study duration	15
2-8 Specimen collection	15
2-9 Specimen processing	15
2-10 Data collection.	15
2-11 Iron profile	15
2-12 Data analysis	18
2-13 Ethical clearance	18
Chapter three: Results	
Chapter three: Results 3-1 Results	20
-	_
3-1 Results	_
3-1 Results	ations
3-1 Results Chapter Four: Discussion, conclusion, and recommend 4-1 Discussion	ations 24
3-1 Results Chapter Four: Discussion, conclusion, and recommend 4-1 Discussion 4-2 Conclusions	ations 24 25