

# **Dedication**

*To the heart of my life*

*My father*

*To the candle which burn to light my life*

*My mother*

*To those who have made it possible*

*My teachers*

*To who ever encouraged me*

*My sister, colleagues and my friends*

*I dedicate this work*

*Malaz .....*

# ***Acknowledgement***

Praise to “Allah” the most gracious and the most merciful for enabling me to finish this work.

My profound appreciation and thanks go to Dr. Munsoor Mohammed Munsoor for supervising and guiding me

Thanks to the medical staff of Alzaytouna Specialist Hospital for sample collection

A lot of thanks to all medical staff of (Prof. Anwar Alkordofani)laboratory  
Specially Dr. Mustafa for practical assistance

Thanks to my colleagues for the various assistance and encouragement they have offered to me

*Malaz.....*

## ***Abstract***

This is case-control analytical study that aimed to determine platelet count and indices , also to detect hemoglobin electrophoresis and sickling test in sickle cell patients in Khartoum state. This study was conducted during September-2018 to April-2019 in Khartoum state. following informed consents, one hundred person were included (fifty were cases (26 males and 24 females) and fifty were controls (25 males and 25 females) blood samples were taken from both group at Alzaytouna Specialist Hospital.

Two ml of venous blood were collected from hundred individuals into EDTA containers. All samples were tested for platelets count and indices, sickling test and hb electrophoresis. The blood samples were tested by sysmex (kx-21N), a fully automated device and Mini cap Cibia for Hb electrophoresis, all results were analyzed by (SPSS) program. The frequency of sickle cell anemia showed that there were 26 individuals (52%) sickle cell trait (hb-AS), and 24 individuals (48%) were sickle cell disease (hb-SS).

The results showed that platelets counts and platelet indices (MPV , PDW and PCT) were higher in case compared with controls(P:0.000), (P:0.000), (P:0.005) and (P:0.000) respectively. but the platelets indices P-LCR (P:0.666) difference were not changed. Mean of plt count, MPV, PDW, PCT and P-LCR were ( $425.64 \pm 171.250$ ), ( $10.250 \pm 1.2706$ ), ( $10.474 \pm 2.0546$ ), ( $.3966 \pm 0.15175$ ) and ( $20.458 \pm 509672$ ) respectively in case group. Whereas were found in control group ( $283.78 \pm 59.283$ ), ( $9.4101 \pm 1.0148$ ), ( $11.454 \pm 1.6375$ ), ( $0.2632 \pm .05468$ ) and ( $21.014 \pm 6.8568$ ) respectively .

The mean of HbF in SS ( $20.12 \pm 14.25$ ), AS ( $17.45 \pm 27.134$ ) and not found in AA individuals. The highest level of HbS was seen in SS ( $75.38 \pm 15.25$ ), AS ( $42.88 \pm 17.294$ ) and not found in AA persons. The level of HbA was found to be highest in AA individual ( $97.34 \pm 0.47$ ), AS ( $34.92 \pm 28.92$ ) and not found in SS individuals. HbA<sub>2</sub> was observed in little amount in SS ( $3.0 \pm 0.65$ ), AS ( $3.19 \pm 0.801$ ) and AA ( $2.7 \pm 0.47$ ) individuals.

## ملخص البحث

هذه دراسة وصفية تحليلية هدفت لتحديد تعداد الصفائح الدموية ومؤشراتهما ، اختبار المنجلة والرحلان الكهربائي للخضاب عند المصابين بالانيميا المنجلية فى ولاية الخرطوم .أجريت هذه الدراسة فى الفترة من سبتمبر-2018 إلى ابريل-2019 بولاية الخرطوم. أخذت الموافقة من المرضى وقد تمت إحاطتهم بأهداف البحث. تم أخذ عينات من 100 شخص (50 عينة من المرضى) 26 عينة من الرجال و 24 عينة (من النساء)، 50 عينة من الأصحاء (25 عينة من الرجال و 25 عينة من النساء) أخذت وحللت فى مستشفى الزيتونة التخصصي.

تم سحب 2 مل من الدم الوريدي من مائة شخص ووضعها فى وعاء يحتوى على مادة مانعه للتجلط. ثم اختبار جميع العينات لتعداد الصفائح ومؤشراتهما، فحص التمنجل والرحلان الكهربائي للخضاب. تم تشخيص العينات بواسطة جهاز سيسمكس (kx-21N الآلي)، minicapcbia لتحديد الرحلان الكهربائي للخضاب وتحليلها بالحاسوب باستخدام برنامج الحزمة الإحصائية (SPSS). أوضحت النتائج ان عدد ستة وعشرين هم من حاملي فاقه الدم المنجلية (hb-As) ويشكلون نسبة (52%) بينما هناك أربعة وعشرين مريضا يشكلون نسبة (48%) هم من المصابين بفاقة الدم المنجلية (hb-SS) .

وجد ارتباط قوى بين عدد الصفائح الدموي m ومؤشرات الصفائح الدموية (Platelet count, MPV, PCT and PDW) لمجموعة المرضى مقارنة بالمجموعة الضابطة والزيادة ت شكل اختلاف ذا دلالة (P<0.005) (P<0.000)، (P<0.000) (P<0.000) على التوالي. بينما (P>0.666) P-LCR لا تشكل اختلاف ذو دلالة. متوسط الصفائح الدموية ومؤشراتهما (Platelet count, MPV, and PDW) (PCT (0.3966 ± 0.15175), (10.474 ± 2.0546), (10.250 ± 1.2706), (425.64 ± 171.250), (20.458 ± 509672) and على التوالي عند المرضى. بينما وجد المتوسط فى المجموعة الضابطة (0.2632 ± .05468), (11.454 ± 1.6375), (9.4101±1.0148), (283.78 ± 59.283), (21.014 ± 6.8568) على التوالي .

وجد ان متوسط HbF عند المصابين بالانيميا المنجلية (SS) هو (20.12±14.25) و حاملي الانيميا المنجلية (AS) هو (17.45±27.134) ولا يوجد فى الاشخاص السليمين . متوسط HbS يوجد بكمية كبيرة فى ال SS وهو (75.38±15.25)، وال AS هو (42.88±17.294) وغير موجود ايضا فى الاشخاص السليمين. اعلى متوسط ل HbA موجود عند الاشخاص السليمين وهو (97.34±0.47)، وال AS وهو (34.92±28.302)، وغير موجود عند ال SS. بكميات قليلة يوجد HbA2 فى ال SS بنسبة (3.0±0.65)، وعند ال AS بنسبة (3.19±.801) وعند الاشخاص الطبيعيين بنسبة (2.7±0.47).

## **Abbreviations**

SCD	Sickle cell disease
ml	Milliliter
C/L	Cell per liter
CBC	Complete blood count
EDTA	Ethylene diaminetetraacetic acid
Hb-F	Fetal hemoglobin
fl	Fimto liter
g/dl	Gram per deciliter
g/l	Gram per liter
Hb	Hemoglobin
Hb-AS	Heterozygous Sickle cell trait
Hb-SS	Homozygous Sickle cell disease
MCH	Mean cell hemoglobin
MCHC	Mean cell hemoglobin concentration
MCV	Mean cell volume
PCV	Package cell volume
Pg	Pico gram
Plt	Platelets
PCR	Polymerase chain reaction
RBCs	Red blood cells
Hb-S	Sickle hemoglobin
SNP	Single nucleotide polymorphism
SPSS	Statistical Package for Social Science
TWBCs	Total white blood cell counts
Hb-A	Adult hemoglobin
PC	Platelets counts
MPV	Mean Platelet Volume
PDW	Platelet Distribution Width
PCT	Platelet Crit
P-LCR	Platelet Large Cell Ratio
B.D.W	Buffer distilled water
UL	Micro liter
V/V	Volume per volume
TEB	Tris/ EDTA/borate
GP	Glycoprotein
CD	Cluster of differentiation
ADP	Adenosine Diphosphate
G-6-PDD	Glucose 6 phosphate dehydrogenase deficiency
VWF	Von willebrand factor
TPO	Thrombopoitein

# **Table of content**

Dedication.....	I
Acknowledgment .....	II
Abstract .....	III
ملخص البحث.....	IV
List of Abbreviations .....	V
Table of contents.....	VI
List of tables.....	IX
List of figures.....	X

## **Chapter One**

### **Introduction and Literature Review**

1.1 Platelet.....	1
1.1.1 Platelet structure.....	2
1.1.2 Platelet production.....	2
1.1.3 Platelet function.....	3
1.1.3.1 Adhesion.....	4
1.1.3.2 activation.....	4
1.1.3.3 Trigger.....	5
1.2 Disorder of platelet function.....	5
1.2.1 Thrombocytopenia.....	5
1.2.2 Thrombocytosis.....	5
1.3 Platelet indices.....	5
1.3.1 Platelet count.....	6
1.3.2 Plateletcrit(PCT).....	6
1.3.3 Mean platelet volume (MPV).....	6
1.3.4 Platelet distribution width (PDW).....	6
1.3.5 Platelet large cell ratio (P-LCR).....	6
1.4 Anemia's.....	7
1.4.1 Classification of anemia.....	7
1.4.2 Etiological Classification of anemia.....	8
1.5 Sickle Cell Anemia.....	9
1.5.1 History of sickle cell anemia.....	9
1.5.2 Etiology of sickle cell anemia.....	10
1.5.3 Classification and variant of sickle cell anemia.....	11
1.5.3.1 Sickle cell trait (heterozygous).....	11
1.5.3.2 Homozygous sickle cell disease (hb-SS).....	12
1.5.3.3 Variant of sickle cell anemia(double heterozygous).....	13

1.5.4 Genetic and inheritance of sickle cell anemia.....	13
1.5.5 Pathogenesis of sickle cell anemia.....	14
1.5.6 Sign and symptoms of sickle cell anemia.....	15
1.5.6.1 Vaso-occlusive crisis.....	15
1.5.6.2 A plastic crisis.....	16
1.5.6.3 Splenic sequestration crisis.....	16
1.5.6.4 Hemolytic crisis.....	16
1.5.7 Complication of sickle cell anemia.....	16
1.6 Laboratory diagnosis of sickle cell anemia.....	16
1.7 Literature review.....	17
1.8 Justification.....	18
1.9 Objectives.....	19
1.9.1 General objective.....	19
1.9.2 Specific objectives.....	19

## **Chapter Two**

### **Materials and Methods**

2.1 Study design.....	20
2.2 Study area and time.....	20
2.3 Study population.....	20
2.4 Inclusion criteria.....	20
2.5 Exclusion criteria.....	20
2.6 Sample size.....	20
2.7 Ethical consideration.....	20
2.8 Data collection.....	21
2.8.1 Self administrated pre-coded questionnaires.....	21
2.8.2 Data processing.....	21
2.9 Methodologies.....	21
2.9.1 Collection of blood sample.....	21
2.9.2 Laboratory analysis.....	21
2.9.2.1 Platelet counts and indices from (CBC).....	21
2.9.2.2 Platelet count and indices.....	22
2.9.3 Sickling test.....	22
2.9.3.1 Principle of sickling test.....	22
2.9.3.2 Reagents.....	23
2.9.3.3 Method and result.....	23
2.9.4 Cellulose acetate electrophoresis at alkaline.....	23
2.9.4.1 Principle of cellulose acetate electrophoresis.....	23
2.9.4.2 Equipment.....	23
2.9.4.3 Reagents.....	24

2.9.4.4 Method.....	24
2.9.4.5 Interpretation and comment.....	25

**Chapter Three**  
**Results**

results.....	26
--------------	----

**Chapter Four**  
**Discussion, Conclusion and Recommendation**

4.1 Discussion.....	29
4.2 Conclusion.....	31
4.3 Recommendation.....	31
References.....	32
Appendices.....	39
Appendice(1).....	39
Appendice(2).....	40
Appendice(3).....	41
Appendice(4).....	42



## ***List of Tables***

Table (2.1) Reference value of platelets .....	27
Table(3.1):Level of( HbA, HbA <sub>2</sub> , HbF, HbS) in case and control... ..	34
Table (3.2): Comparison of (PLT Count, MPV, PDW, PCT and PLCR) in case and control .....	35

## ***List of Figures***

Figure (3.1): Relation between sample and sex.....	33
Figure (3.2): Age groups among different types of sickle anemia and control .....	34