

# الآية

قال تعالى:

(وَقَضَىٰ رَبُّكَ أَلَّا تَعْبُوا إِلَّا إِيَّاهُ ۚ وَبِالْوَالِدَيْنِ إِحْسَانًا ۖ إِنَّمَا يُلِغِيَنَّ عَنْكَ الْكُفْرَ أَحْتَمًا  
أَوْ كَلَاهُمَا فَلَا تُؤْفِكْ لَهُمَا أُفًّا وَلَا تَنْهَرْهُمَا ۗ وَوَقُلْ لَهُمَا قَوْلًا كَرِيمًا (23) وَاخْضُضْ لَهُمَا  
جَنَاحَ النُّلِّ مِنَ الرَّحْمَةِ ۖ وَقُلْ رَبِّ ارْحَمْهُمَا كَمَا رَبَّيْتَنِي صَغِيرًا (24))

سورة الإسراء الآيات (23-24)

# Dedication

We dedicate this research study to all of our teachers who teach us any letter in any steps in our learning levels, to our family who help and stand with us to collect our samples, to our friends and college, to our faculty members in the Hematology laboratory, to everyone who wish the best for us.

# Acknowledgment

Thanks at first and last for the light of our life our God Allah who gave us the strength and good health while doing this project and guided us through the way in this life and for Prophet Mohammed the prayer and peace from Allah to him. Then we would like to express our special thanks for our family, friends and for Ustaz Abuzar Ahmed Ibrahim for this great efforts of supervising and leading us through this project, for all person who trust with us and allowed us to take the sample and complete the study. Finally to every person gave us something to light our pathway, we thank them for believing in us and who gave our study the importance that deserved.

## Abstract

This is analytical cross sectional study conducted in Khartoum state during the period from December 2013 to January 2014 to evaluate the effect of cigarette smoking on platelet count and indices on Sudanese males.

One hundred (100) samples were collected from smokers and seventy (70) samples were collected from non-smokers as control, all participants were informed about the study and informed consent for participation was obtained. The age of smokers between seventeen (17) and fifty five (55) years and consume from five to sixty cigarette per day for at least one year, and not suffer from bleeding, diabetes mellitus or hypertension.

2.5 ml of venous blood samples were collected in ethylene diamine tetra acetic acid (EDTA) containers. The platelet count and indices were investigated using hematological analyzer (sysmex KX-21N) and statistical package for social science (SPSS) computer program version 11.5 was used for data analysis.

The mean platelet count was significantly decreased in smokers when compared with non-smokers (P value=0.000) and this lowering in platelet count was not related to the number of cigarette per day or the duration of smoking.

There were no significant differences in mean platelet volume, platelet distribution width and platelet large cell ratio between smokers and non-smokers, P value (0.219), (0.178) and (0.296) respectively.

The peripheral blood smear was examined to determine the size, morphology and aggregation of platelet and there was no appearance of giant platelet, aggregation or abnormal morphology of platelet.

## الخلاصة

هذه دراسة تحليلية مقارنة أجريت في ولاية الخرطوم في الفترة من ديسمبر 2013 الى يناير 2014 لتوضيح تأثير تدخين السجائر على تعداد الصفائح الدموية ومؤشرات احجامها على الذكور السودانيين.

مائة عينة دم جمعت من المدخنين و سبعين عينة من غير المدخنين, جميع المشاركين تم تنويرهم بأهداف البحث واخذت موافقتهم. المدخنين كانت أعمارهم تتراوح بين سبعة عشر وخمسة وخمسين سنة ويستهلكون من خمسة الى ستين سيجارة في اليوم لمدة سنة واحدة على الأقل ولا يعانون من النزيف, مرض السكري او الضغط.

جمعت 2.5 ملم عينة دم من الوريد في حاوية تحتوي مانع التجلط EDTA . تم اجراء مجموع تعداد الصفائح الدموية ومؤشرات احجامها باستعمال الجهاز Sysmex KX-21 وتم تحليل البيانات المتحصل عليها بواسطة برنامج الحزم الاحصائية للعلوم الاجتماعية نسخة رقم 11.5.

النتائج المتحصل عليها لدى المدخنين وبمقارنتها مع العينة الضابطة أظهرت ان هناك نقص ذو دلالة إحصائية في متوسط تعداد الصفائح الدموية, قيمة P الجدولية (0,000) وان هذا النقص ليس له علاقة بعدد السجائر في اليوم او فترة التدخين.

لا توجد فروقات ذات دلالة احصائية في متوسط حجم الصفائح الدموية, توزيع الصفائح الدموية وحجم الصفائح الدموية الكبيرة, قيمة P الجدولية (0,219) (0,178), (0,296) على التوالي.

مسحة الدم الطرفي فحصت لمعرفة وجود حجم, شكل أو حدوث تجمعات للصفائح الدموية ولا يوجد صفائح دموية كبيرة او تجمعات للصفائح الدموية ولم يكن هناك صفائح دموية كبيرة, تجمعات او اشكال غير طبيعية للصفائح الدموية.

## List of Contents

No.	Contents	Page No.
	الآية	I
	Dedication	II
	Acknowledgement	III
	Abstract in English	IV
	Abstract in Arabic	V
	List of contents	VI
	List of tables	X
	List of figures	XI
	List of abbreviations	XII
<b>Chapter One</b>		
<b>Introduction and Literature Review</b>		
1.1	Introduction	1
1.2	Literature review	3
1.2.1	Platelet	3
1.2.1.1	Platelet production	3
1.2.1.1.1	The megakaryocytic cell series	5
1.2.1.1.1.1	Megakaryoblasts [MK1]	5
1.2.1.1.1.2	Promegakaryocyte [MK2]	5
1.2.1.1.1.3	Basophilic megakaryocytes [MK 3]	6
1.2.1.1.1.4	Megakaryocyte [MK4]	6
1.2.1.1.1.5	Platelets	6

1.2.1.2	Platelet structure	6
1.2.1.2.1	Platelet surface	6
1.2.1.2.2	Platelet membranous systems	7
1.2.1.2.3	Platelet cytoskeleton	7
1.2.1.2.4	Platelet granules and organelles	8
1.2.1.3	Platelet function	9
1.2.1.3.1	Platelet adhesion	9
1.2.1.3.2	Shape change and spreading	10
1.2.1.3.3	Platelet release reaction	10
1.2.1.3.4	Platelet aggregation	10
1.2.1.3.5	Clot formation and retraction	11
1.2.1.3.6	Procoagulant activity of platelet	11
1.2.1.3.7	Protease inhibitors	11
1.2.1.3.8	Growth factor	11
1.2.1.4	Platelet natural inhibition	11
1.2.1.5	Platelet indices	12
1.2.1.5.1	Mean platelet volume (MPV)	12
1.2.1.5.2	Platelet distribution width(PDW)	13
1.2.1.5.3	Platelet large cell ratio (P-LCR)	13
1.2.1.5.4	Plateletcrit (PCT)	14
1.2.1.6	Platelet disorders	14
1.2.1.6.1	Quantitative platelet disorders	14

1.2.1.6.1.1	Thrombocytopenia	14
1.2.1.6.1.1.1	Failure of platelet production	15
1.2.1.6.1.1.2	Increased destruction of platelets	15
1.2.1.6.1.2	Thrombocytosis	16
1.2.1.6.2	Qualitative platelet disorders	17
1.2.1.6.2.1	Congenital qualitative platelet defects:	17
1.2.1.6.2.2	Acquired qualitative platelet dysfunction	18
1.2.1.6.2.2	Acquired qualitative platelet dysfunction	18
1.3	Previous studies	19
1.4	Rationale	21
1.5	Objectives	22
1.5.1	General objectives	22
1.5.2	Specific objectives	22
<b>Chapter Two</b>		
<b>Material and Method</b>		
2.1	Study design	23
2.2	Study population	23
2.2.1	Inclusion criteria	23
2.2.2	Exclusion criteria	23
2.3	Ethical consideration	23
2.4	Data collection	23
2.5	Data analysis	23

2.6	Methods	2
2.6.1	Method of blood sample collection	23
2.6.2	Sysmex KX-21N	24
2.6.1.1	Requirements for blood collection	24
2.6.1.2	Procedure	24
2.6.2	Sysmex KX-21N	24
2.6.2.1	Principle of KX-21N	24
2.6.2.2	Reagents and materials	25
2.6.2.3	Procedure of KX-21N	25
2.6.3	Blood film preparation	25
2.6.3.1	Requirements	25
2.6.3.2	Technique of making blood film	26
2.6.4	Blood film staining	26
2.6.4.1	Principle of Leishman's stain	26
2.6.4.2	Preparation of Leishman's stain	27
2.6.4.3	Procedure of staining blood film	27
2.6.4.4	Morphology of platelet under light microscopy	27
<b>Chapter Three</b>		
<b>Results</b>		
3.1	Results	28
<b>Chapter Four</b>		
4.1	Discussion	35
4.2	Conclusion	37
4.3	Recommendation	38
	References	39
	Appendices	43-44

## List of Tables

No	Title	Page
1.1	Normal values of platelets indices.	14
3.1	Compare platelet count in cigarette smokers and non-smokers	29
3.2	Compare mean platelet volume in cigarette smokers and non-smokers.	30
3.3	Compare platelet distribution width in in cigarette smokers and non-smokers.	31
3.4	Compare platelet large cell ratio in cigarette smokers and non-smokers.	32
3.5	Platelet count in cigarette smokers according to the number of cigarette/day.	33
3.6	Show platelet count according to the duration of smoking.	34

## List of Figures

No	Title	Page
1.1	Development of megakaryocyte from pluripotential stem cell	4
1.2	Megakaryocytic series	5
1.3	Platelet ultra-structures	8
1.4	Platelet adhesion and aggregation	9
2.1	Ideal blood film	26
2.2	Blood film showing normal platelet morphology	27

## Abbreviations

5-HT	5-Hydroxytryptamine
ADP	Adenosine Diphosphate
ATP	Adenosine Triphosphate
BSS	Bernard Soiular Syndrome
CFU	Colony FactorUnit
CFU	Colony Forming unit
CLL	ChronicLymphocytic Leukemia
CO	Carbon Monoxide
CSF	Colony Stimulating Factor
DIC	Disseminated Intravascular Coagulopathy
DNA	Deoxyribonucleic Acid
DTS	Dense Tubular System
ECM	Extracellular Matrix
EDTA	Ethylene Diaminetetra Acetic Acid
EM	Extracellular Matrix
FFP	Fresh Frozen Plasma
fl	Fimtoliter
GM-CFU	Granulocyte Macrophage –Colony Forming Unit
GP	Glycoprotein
HCT	Hematocrit

HIV	Human Immunodeficiency Virus
HLA	Human Leukocyte Antigen
HPA-1a	Human Platelet antigen-1a
IL-3	Interleukin-3
IL-6	Interleukin-6
ITP	Idiopathic Thrombocytopenic Purpura
MCH	Mean Cell Hemoglobin
MCHC	Mean Cell Hemoglobin Concentration
MCV	Mean Cell Volume
Meg-CSF	Megakaryocyte-CSF
MK1	Megakaryoblast
MK2	Promegakaryocyte
MK3	Basophilic Megakaryocyte
MK4	Megakaryocyte
MPV	Mean Platelet Volume
N=C	Nuclear Cytoplasm Ratio
OCS	Open Canalicular System
PCT	Plateletcrit
PDGF	Platelet Derived Growth Factor
PDW	Platelet Distribution Width
PF4	Platelet Factor 4
PG	Prostaglandin

PGI <sub>2</sub>	Prostacyclin
P-LCR	Platelet-Large Cell Ratio
PLT	Platelet
RBC	Red Blood Cell
SCCS	Surface Connected Canalicular System
SLE	Systemic Lupus Erythematosus
SPSS	Statistic Package For Social Science
TPO	Thromopoietin
TTP	Thrombotic Thrombocytopenic Purpura
TXA <sub>2</sub>	Thromboxane A <sub>2</sub>
vWF	Von WillebrandFactor
β TG	BetaThromboglobulin
δ-SPD	Delta Storage Pool Disease