

Sudan University of Sciences and Technology
College of Graduate Studies

The Value of Plasma Uric acid, Urea, Creatinine and Electrolytes in Diagnosis of Pre-eclampsia

By

Mohamed Abdel Fattah Abdel Monim Mohamed
B.Sc in Medical Laboratory Sciences

A thesis Submitted for Partial fulfillment of the
Requirement for the Degree of M.Sc in Clinical
Chemistry

Supervisor

Dr. Moawia Hussien Elobeid
Department of Biochemistry
University of National Ribat

October 2005

Dedication

To my parents, wife and lovely son, to whom I
shared my joyful life and were very kind.

I give this work as a gift to all of you.

Acknowledgement

SOME WORDS OF THANKS

While doing this research, I gained a strong appreciation of this fact, I couldn't do it without the help of many talented, dedicated peoples.

While I cannot possibly thank all of them here, I do wish to express my appreciation to those who help has been most valuable.

My Sincere thanks to:

- My supervisor Dr, Moawia Hussien Elobeid
- Dr. Adam Saleh
- Dr, Mohamed Bahaaldeem
- Dr. Solafa Alradi

To all truly outstanding people, and to many others, I give my warmest personal regards and thanks

Abstract

A prospective study conducted during the period of March 2005 to October 2005 to evaluate some of the renal functions in preeclamptic toxemia of pregnancy by measuring blood urea, creatinine, uric acid and electrolytes (Na^+ , K^+). The population of the study includes 25 apparently healthy pregnant women and 50 pregnant ladies proved to have preeclamptic toxemia. Blood samples were taken and plasma was separated. Urea, creatinine, uric acid, sodium and potassium were determined. The result obtained for both groups were statistically analyzed using 't' test correlation.

The result obtained from this study showed that there were significant difference between uric acid levels in normal pregnancy and preeclamptic pregnant women (mean difference 3.4 mg/dl and $P < 0.05$) while in urea, creatinine, sodium and potassium there were no significant differences ($P > 0.05$). Uric acid measurement showed that there was a correlation between preeclampsia and uric acid level in blood. Complete renal damage was found to be very rare.

النتائج

أجريت هذه الدراسة خلال الفترة من مارس 2005 م وحتى أكتوبر 2005 م بغرض تقييم بعض وظائف الكلى في حالة التسمم الإرتعاجي لحالات الحمل وذلك ب قياس نسبة البولينا، الكرياتينين، الحمض البولي والكهارل (الصوديوم و البوتاسيوم) في الدم. يشمل مجتمع الدراسة 25 من الحوامل يتمتعون بصحة كاملة و 50 من الحوامل اثبت اكلينيكيًا أنهم يعانون من حالة التسمم الإرتعاجي. أخذت منهم عينة الدم وتم فصل البلازما ثم تم قياس كل من البولينا، الكرياتينين، الحمض البولي والكهارل، و قد تم تحليل هذه النتائج (إحصائيا باستعمال اختبار (ت)

أوضحت النتائج أنه يوجد اختلاف ذو معنى واضح في نتائج الحمض البولي بين المجموعتين (متوسط الفرق 3.4مل جرام/دسل و قيمة فرضية (الإحتمال الإحصائي أقل من 0.05). كما أوضحت النتائج أنه لا يوجد اختلاف إحصائي ذو معنى واضح بالنسبة لليوريا، الكرياتينين، الصوديوم والبوتاسيوم بين المجموعتين (فرضية الإحتمال (أكثر من 0.05).

أوضح قياس الحمض البولي أن هناك توافق بين حالة التسمم الإرتعاجي في الحمل و قيمة الحمض البولي في الدم. كما أوضحت الدراسة أن حالات الفشل الكلوي التام نادرة جدا.

CONTENTS

| | | |
|-------|--|------|
| | Dedication | II |
| | Acknowledgement | III |
| | Abstract | IV |
| | Abstract | V |
| | Contents | VI |
| | List of Tables | VIII |
| | List of figures | IX |
| 1.0 | Introduction and literature review | 1 |
| 1.1 | General Introduction and Justification | 1 |
| 1.2 | Renal Function | 2 |
| 1.2.1 | Urea | 4 |
| 1.2.2 | Creatinine | 6 |
| 1.2.3 | Uric Acid | 8 |
| 1.2.4 | Urinary Protein | 11 |
| 1.3 | Biochemical changes in Pregnancy | 13 |
| 1.4 | Preeclampsia | 16 |
| 1.5 | Epidemiology of preeclampsia | 19 |

| | | |
|-------|--|----|
| 1.6 | Etiology and risk factors of preeclampsia | 21 |
| 1.7 | Clinical Feature of preeclampsia | 24 |
| 1.8 | Laboratory findings of preeclampsia | 27 |
| 1.9 | Objectives | 29 |
| 2.0 | Material and methods | 30 |
| 2.1 | Materials | 30 |
| 2.1.1 | Study population | 30 |
| 2.1.2 | Sampling | 30 |
| 2.1.3 | Chemicals and reagents | 31 |
| 2.1.4 | Equipments and Apparatus | 31 |
| 2.2 | Method | 33 |
| 2.2.1 | Quantitative determination of urea | 33 |
| 2.2.2 | Quantitative determination of creatinine | 34 |
| 2.2.3 | Quantitative determination of uric acid | 35 |
| 2.2.4 | Determination of K ⁺ and Na ⁺ level by flame photometer method | 37 |
| 3.0 | Results and Analysis | 39 |
| 4.0 | Discussion | 50 |
| 5.0 | Conclusion & Recommendations | 52 |
| 6.0 | References | 53 |

LIST OF TABLES

- 1) Comparison between plasma uric acid in a patients and controls (mg/dl).
- 2) Comparison between plasma urea in patients and controls (mg/dl).
- 3) Comparison between plasma creatinine in patients and controls (mg/dl).
- 4) Comparison between plasma sodium in patients and controls (mmol/l).
- 5) Comparison between plasma potassium in patients and controls (mmol/l).
- 6) Normal and abnormal levels of uric acid in patients and controls
- 7) Normal and abnormal levels of Na^+ in patients and controls
- 8) Normal and abnormal levels of K^+ in patients and controls
- 9) Normal and abnormal levels of urea in patients and controls
- 10) Normal and abnormal levels of cretinine in patients and controls

LIST OF FIGURES

- 1) Plasma uric acid in patients and controls (mg/dl)
- 2) Plasma urea in patients and controls (mg/dl)
- 3) Plasma creatinine in patients and controls (mg/dl)
- 4) Plasma sodium in patients and controls (mmol/l)
- 5) Plasma potassium in patients and controls (mmol/l)
- 6) Normal and abnormal levels of uric acid in patients and controls
- 7) Normal and abnormal levels of Na^+ in patients and controls
- 8) Normal and abnormal levels of K^+ in patients and controls