

الآية

بسم الله الرحمن الرحيم

قال تعالى:

قُلْ لَوْ كَانَ الْبَحْرُ مِدَادًا
لِكَلِمَاتِ رَبِّي لَنَفِدَ الْبَحْرُ
قَبْلَ أَنْ تَنْفَدَ كَلِمَاتُ رَبِّي
(وَلَوْ جِئْنَا بِمِثْلِهِ مَدَدًا) 109

صدق الله العظيم

سورة الكهف الآية 109

DEDICATION

TO:

My parents who taught
me that the best kind of
knowledge to have is that
which is learned for its
own sake.

To:

My dear sister and my
two Brothers.

To:

The memory of my uncle

HALA

Acknowledgment

All my thanks are in the name of Allah, the most Gracious and the
.most Merciful

In this instance, I extended my thanks, deep sincere gratitude and honest appreciation to my supervisor **Dr. Mohammed Siddiq** Department of, Histopathology, Sudan University of Science and Technology, for his kindness, good guidance, valuable direction and generous advice that has kept me on the right track.

I'm grateful to **Tr. Mohammed El-Daw & Tr. Mohammed Al-Habib** for their Kind cooperation, patience and warm encouragements.

My deep thanks to my father **Tr. Mahmoud El-haj**, his belief that it was, indeed, possible to finish kept me going.

My thanks are also extended to **Dr. Abdalla Hassab El-rasol** and **Tr. Sharaf Eldeen** for their helpful comments, support and sharing generously their time.

Special thanks to all my committee members in Al- Saudi hospital for their support and useful suggestions.

Deep thanks to many friends who cheered me on from the beginning, especially my brother Hashim, my sister Hind, Humam Husham, Adam Balah Talab, Yahya and my best friends Aesha Hassan and Fatima El-haj, and special thanks to my family for

their good-natured forbearance with the process and for their pride in this accomplishment. It was a team effort.

Abstract

This study was conducted in industrial areas in Khartoum state during the period from May to October 2011. It was aimed to study the cytomorphological patterns of respiratory and urinary tracts of paint workers.

Sputum and urine samples were collected from 100 paint workers, all of them were male, non-smokers or snuffers or alcoholics, selected randomly as case group, their age ranged from 16 to 77 years with mean age of 31 year. In addition to fifty healthy individuals were selected as control, their age ranged from 16 to 55 years with mean age 35 year.

Sputum and urine samples were prepared and stained with Papanicolaou stain. The study found urine and sputum cytological results of the study group were significant when correlated to control group. In sputum cytological results of the study groups: 46% showed no changes, acute inflammatory cells were observed in 18%, chronic inflammatory cells were observed in 28 % and dyskaryotic cells in 8%. While no cytological changes were showed in control groups.

In urine cytological results of the study groups: 79% showed no cytological changes, acute inflammatory cells were observed in 14%, chronic inflammatory cells were observed in 1% and dyskaryotic cell were observed in 1%. While no cytological changes were showed in control groups.

The study found a significant relation between sputum and urine cytological results with the duration of employment , and no significant relation between sputum and urine cytological results with age, working load of employment, and types of paint.

The study concluded that exposure to paints and its solvents are the risk factors of respiratory and urinary tract atypical cellular changes and the possibility of respiratory and urinary tract infection. The degree of change depends on duration of exposure to the paints and its solvents.

The study recommends that painting workers must wear safety protective clothes such as, mask, coats and eye glass. They also should undergo continuous cytological screening of urine and sputum; also more advanced diagnostic methods should be done to detect cytological changes in their urine and sputum. More studies should be conducted to address this topic as it is a serious problem and for better assessment larger study group must be included. It is also important to design studies with better exposure assessment to identify the underlying carcinogenic agents encountered in painting.

أجريت هذه الدراسة في المناطق الصناعية بولاية الخرطوم في الفترة من مايو حتى أكتوبر 2011. هدفت الدراسة إلى معرفة النمط الشكلي الخلوي في الجهاز التنفسي والبولي لعمال الطلاء. تم جمع عينات القشع والبول من 100 عامل بوهية، جميعهم من الذكور غير المدخنين أو مدمنو المشروبات الكحولية أو متعاطو التبك، تم اختيارهم عشوائياً، تراوحت أعمارهم من 16-77 سنة ومتوسط أعمارهم 31 سنة، إضافة لذلك، تم جمع 50 عينة من أفراد أصحاء كعينات ضابطة، تراوحت أعمارهم من 16-55 سنة ومتوسط أعمارهم 35 سنة.

تم تحضير وصبغ مسحات القشع والبول بصبغة بابانيكولا، وجدت الدراسة ان النتائج الخلوية للقشع والبول في عينات الدراسة ذات دلالة إحصائية عند مقارنتها مع عينات الفئة الضابطة. في نتائج عينات القشع لم يلاحظ وجود تغييرات خلوية في (46%)، تمت ملاحظة الخلايا الالتهابية من النمط الحاد في 18% و الخلايا الالتهابية من النمط المزمن في 28% وتمت ملاحظة خلايا السوي نووية في (8%) ولم يتم تحديد أي تغييرات في عينات الفئة الضابطة. أما في عينات البول لم يلاحظ وجود تغييرات خلوية في (79%)، تمت ملاحظة الخلايا الالتهابية من النمط الحاد في (14%) و الخلايا الالتهابية من النمط المزمن في (1%) وتمت ملاحظة خلايا السوي نووية في (1%) ولم يتم تحديد أي تغييرات في عينات الفئة الضابطة.

وقد أظهرت النتائج وجود ارتباط بين التغييرات الخلوية في القشع والبول وفترة العمل ولم نجد ارتباط بينها والعمر وعبء العمل اليومي ونزاع البوهية.

خلصت الدراسة إلى أن التعرض للبوهية ومذيباتها من العوامل المسببة للتغيرات السرطانية للانمطية الخلوية في الرئة، والمثانة و احتمالية الإصابة بالتهابات الجهاز البولي والتنفسي وتعتمد درجة التغييرات الخلوية على مدة التعرض للبوهية ومذيباتها.

LIST OF CONTENTS

Title	Page
آية من القرآن الكريم	I
Dedication	II
Acknowledgment	III
Abstract (English)	IV
مستخلص الدراسة	VI
List of contents	VII
List of abbreviation	XII
List of tables	XIII
List of photographs	XIV
CHAPTER ONE	
1. INTRODUCTION	
1.1 Introduction	2
1.2 Justification	4
1.3 Objectives	5
1.3.1 General objective	5
1.3.2 Specific objectives	5
CHAPTER TWO	
2. LITERATURE REVIEW	
2.1 Respiratory tract	7
2.1.1 Respiratory tracts anatomy	7
2.1.2 Normal histology of the respiratory tract:	7
2.1.3 Cytology of the normal respiratory cellular material	8
2.1.3.1 The squamous epithelium	8
2.1.3.2 Ciliated bronchial columnar cells	8
2.1.3.3 Goblet cells	8
2.1.3.4 Non epithelial cells	9
2.1.3.4.1 pulmonary macrophages	9
2.1.3.4.2 Leucocytes	9
2.1.3.4.3 other non epithelial cell	9
2.1.3.5 Mucus and other non cellular materials	10
2.1.3.6 Foreign materials in sputum	10
2.1.3.7 Undigested food particles	10
2.1.4 Cytology of the abnormal epithelial cells	10
2.1.4.1 Squamous cells	10

2.1.4.2 Bronchial cells	11
2.1.4.3 Squamous metaplasia and reserve cell hyperplasia	11
2.1.4.4 Bronchpulmonary dysplasia	11
2.1.4.5 Other cellular components	11
2.1.5 World health organization of lung cancer	12
2.1.6 Risk factors of lung cancer	12
2.1.6.1 Cigarette smoking	12
2.1.6.2 Occupation	12
2.1.6.3 Family history	13
2.1.6.4 Diet	13
2.1.6.5 Recurring inflammation	13
2.1.6.6 Air pollution	13
2.2 Urinary tract system	14
2.2.1 Urinary tract anatomy	14
2.2.1.1 The kidneys	14
2.2.1.2 The ureters	14
2.2.1.3 The urinary bladder	15
2.2.1.4 The urethra	15
2.2.2 Bladder normal histology	15
2.2.3 Cytology of normal urinary tract:	16
2.2.3.1 Superficial (umbrella) cell	16
2.2.3.2 Upper tract specimens	16
2.2.3.3 Squamous cells	17
2.2.4 Pathological conditions	17
2.2.4.1 Non.neoplastic conditions	17
2.2.4.1.1 Renal Stones	17
2.2.4.1.2 Chronic Pyelonephritis	17
2.2.4.1.3 Hydronephrosis and Hydroureter	17
2.2.4.1.4 Pyonephrosis	18
2.2.4.1.5 Xanthogranulomatous Pyelonephritis (XGP)	18
2.2.4.1.6 Renal Cysts	18
2.2.4.1.7 Autosomal Dominant Polycystic Kidney Disease (ADPKD)	19
2.2.4.1.8 Vascular Diseases	19
2.2.4.1.9 Miscellaneous	19
2.2.4.2 Neoplastic Conditions	19
2.2.4.2.1 Benign	19
2.2.4.2.1.1 Oncocytoma	19
2.2.4.2.1.2 Angiomyolipoma (AML)	20

2.2.4.2.1.3 Other Benign Tumours	20
2.2.4.2.2 Malignant Tumours	20
2.2.4.2.2.1 Renal Cell Carcinoma	20
2.2.4.2.2.2 Renal Cell Carcinoma, Clear Cell Type	20
2.2.4.2.2.3 Chromophil Renal Cell Tumours	21
2.2.4.2.2.4 Chromophobe Renal Cell Tumours	21
2.2.4.2.2.5 Collecting Duct Carcinomas	21
2.2.4.2.2.6 Renal Cell Carcinoma, Unclassified	21
2.2.4.2.2.7 Urothelial Carcinoma	22
2.2.4.2.2.8 Other Cancers	22
2.2.5 Bladder cancer	22
2.2.6 World health organization classification of bladder tumors	22
2.2.6.1 Epithelial tumors	22
2.2.6.2 Non-epithelial tumors	23
2.2.7 Risk factors of bladder cancer	23
2.2.7.1 Urinary catheter	23
2.2.7.2 Personal or family history	23
2.2.7.3 Smoking	23
2.2.7.4 Industrial chemicals	23
2.2.7.5 Age	24
2.2.7.6 Sex	24
2.2.7.7 Chemotherapy with the anti-cancer	24
2.2.7.8 Chronic inflammation	24
2.2.7.9 Exposure to arsenic	24
2.2.7.10 Bladder birth defect	25
2.3 Cytological techniques of Respiratory and Urinary system\specimens collection and processing	25
2.4 Other Methods of diagnosis	27
2.4.1 Radiological methods	27
2.4.2 Computed tomography (CT) scan	27
2.4.3 Magnetic Resonant Image (MRI):	27
2.4.4 Monoclonal-Antibodies	28
2.5 Sensitivity and Specifity of Respiratory and Urinary tracts	28
Cytology	
2.6 Paint	29
2.7 Pigment	30
2.8 Binders	30
2.9 Solvent	30

2.10 Types of paints	30
2.11 Carcinogenic potential of painting	31
2.12 Human carcinogenicity data	31
CHAPTER THREE	
3. Materials and Methods	
3.1 Study design	36
3.2 Study area	36
3.3 Materials	36
3.4 Study population	36
3.5 Inclusion criteria	36
3.6 Exclusion criteria	36
3.7 Sample size	37
3.8 Sample collection and preparation	37
3.8.1 Sputum	37
3.8.2 Urine	37
3.9 Sample staining	37
3.10 Data analysis	38
3.11 Ethical considerations	38
3.12 Assessment of results	38
CHAPTER FOUR	
4. Results	
4.1 Results	40
CHAPTER FIVE	
5. Discussion, Conclusion and Recommendations	
5.1 Discussion	58
5.2 Conclusion	62
5.3 Recommendations	62
References	63
Appendix (1)	69
Appendix (2)	70

List of abbreviations

Abbreviation	Form
--------------	------

PAP	Papanicolaou
EA50	Eosin Azore 50
OG6	Orange G 6
H & E	Haematoxyline and Eosin
DPX	Disterene Plastiser Xylene
Hcl	Hydrochloric acid
D.W	Distilled water
AML	Angiomyolipoma
XGP	Xanthogranuulomatoous Pyelonephritis
ADPKD	Autosomal Dominant Polycystic Kidney Diease
ESRD	End Stage Renal Disease
TCC	Transitional Cell Carcinoma
GIT	Gastro Intestinal Tract
HNPCC	Hereditary Nonpolyposis Colorectal Cancer
BAL	Bronchoalveolar Lavage
FNAB	Fine Needle Aspiration Biopsy
CT scan	Computed Tomography scan
MRI	Magnetic Resonant Image
FISH	Fluorescent Insitu Hyperdization
VUR	Vesicoureteral
RICK	Radio Isotopes Center of Khartoum
PAHs	Polycyclic Aromatic Hydrocarbons

List of Tables

Table, No.	Title	Page
1	Relation between sputum cytological results and the study group	44
2	Relation between cytological results and the study group	44
3	Relation between the sputum cytological results and duration of employment.	45
4	Relation between urine cytological results and duration of employment	46

5	Frequency of sputum cytological results and case age group	47
6	Frequency of urine cytological results and case age group	48
7	Frequency of sputum cytological results and working load/day	49
8	Frequency of urine cytological results and working load/day.	50
9	Frequency of sputum cytological results and type of painting	51
10	Frequency of urine cytological results and type of painting	52

List of photographs

Photograph, No.	Title	Page
Photograph (1)	Shows Polymorph cells in sputum smear have been taken from 33 years old painting worker, papanicolaou .(stain, (200 X	53
Photograph (2)	Shows Dyskaryotic cell in sputum smear have been taken from 52 years old wall painting worker , .(papanicolaou stain, (400 X	54
Photograph	Shows RBCs in urine smear taken from 42 years old metal painting worker, works for 15 years in metal	55

(3)	.(painting, papanicolaou stain, (400 X	
Photograph (4)	Shows lymphocyte cells in urine smear taken from 70 years old wall painting worker, papanicolaou stain, .(400 X	56