

Introduction and Aim of the Work

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Rickets is a disease of growing bone in children. The description of its signs and symptoms dates back to the year 1582 (Wallis, 1957). Since Hess has discovered the relation of such clinical syndrome to ultraviolet rays in 1921, the discovery which was followed by full description of vitamin D biochemistry and strict relation to rickets, many investigators have paid attention to disclose the secrets of vitamin D substrate metabolism in order to designate each of its metabolic products, the site of its formation, and the degree of its collaboration in calcium and phosphorus metabolism. (Neville, 1966), (Blunt, 1968), (Haussler et al., 1968) and (Oslon and DeLuca, 1969). The latter trials have paved the way to the full description of the major active vitamin D metabolite which was given the name 1,25-dihydroxy cholecalciferol as described by Holick et al. and Lawson et al., 1971.

In the present time, it is well known that rickets; the clinical and pathological syndrome; has a big variety of causes affecting vitamin D, calcium, or phosphorus metabolic pathway that were classified by different ways by many investigators.

In our present work, our aim is to reach the aetiologic diagnosis of our patients who were presenting with clinical manifestations of rickets and whose ages were exceeding 2 years at time of examination through clinical and biochemical evaluations trying to find out the prevalence of each type of

rickets in our community among children of this age group, and the characteristic clinical or biochemical features helping the assessment of cases and reaching to the aetiology of rickets in each of them and as well paving the way for further studies aiming at disclosing the still present secrets in this subject.