INTRODUCTION

Fibronectin is a high molecular weight glycoprotein found in plasma and cell surfaces. Both cell - associated and soluble fibronectin are thought to have important roles in the inflammatory response and may contribute to the mainteinance of microvascular integerity during septic episodes (Polin, 1990).

Newborn infants have levels of fibronectin in plasma that are one third to one half those found in healthy adult. In addition, neonates with bacterial sepsis have a further depression in their plasma levels of fibronectin (Yodel, et al (1983).

The similarity in the susceptibility to bacterial infections of newborns and older patients with complement deficiencies has suggested that compIment might also be defective in newborns (Berger, 1990).

The low level of complement compenents may lead to decreased deposition of opsonic complement3 fragments on bacteria which leads to decrease in the process of opsonization resulting in severe defects in the opsonophagocytic mechanisms that are essential for the defense of the host aganist bacteria and other pathogens (Bruce, et al., 1987).

AIM OF THE WORK

To study the role, if any, of complement compenents C3 and C4 and fibronectin in increasing the susceptibility of newborn to bacterial infections.