شبكة المعلومات الجامعية

بسم الله الرحمن الرحيم

شبكة المعلومات الجامعية

التوثيق الالكتروني والميكروفيلم

شبكة المعلومات الجامعية

جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

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شبكة المعلومات الجامعية

بعض الوثائق الأصلية تالفة

EOSINOPHILIC CATIONIC PROTEIN (E.C.P) ASSESSMENT IN ATOPIC DERMATITIS

Thesis

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وذلك في تمام الساعة الحادية عشر من يوم الخميس الموافق ٢٠٠٠/٨/٢ بمدرج قسم الأمراض الجلدية والتناسلية بكلية طب الإسكندرية وبمناقشة الطالبة بعد أن عرضت موجز الرسالة موضحاً بالشرائح الملونة والصور والرسومات البيانية ومن خلال المناقشة المستفيضة تبين للجنة الحكم أن الطالبة قد استوفت متطلبات البحث والفرص منه وألمت به إلماماً كاملاً :

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CONTENTS

INTRODUCTION

Atopic dermatitis

Atopic dermatitis is a chronically relapsing skin disorder of early infancy, childhood & adolescence. Frequently associated with elevated serum IgE levels and a personal or family history of atopic dermatitis, allergic rhinitis and or asthma[1].

Atopic dermatitis is the most acceptable term in the sense of dermatitis associated with atopy[2].

Atopic dermatitis is an important manifestation of the atopic diathesis. It is not only frequently accompanies allergic respiratory disease but often precedes it as the initial clinical manifestation of allergic disease. The evaluation and management of patients with atopic dermatitis is therefore an integral part of an allergists practice and training[3].

Clinical features:

There are three identifiable phases of AD, the infantile, the children and the adulthood phases [2].

The infantile phase:

The rash starts on the cheeks, but it may occur on any part of the skin. The napkin area is spared. Extensor involvement of the limbs may develop when the child begin to crawl. Initial lesions are edematous, erythematous papules which may become confluent. They are often markedly excoriated with exudation and crusting.

Secondary infection & lymphadenopathy often occur. More than 50% of affected babies gradually develop the flexural pattern of childhood phase, while less half of the cases clear up by the age of 18 to 24 months [2].

The childhood phase:

Beyond 18 months, the sites most characteristically involved are elbows, knees, wrists, ankles flexures and sides, of the neck. The erythematous and oedematous papules tend to be replaced by lichenification. The lesions also tend to be erythematous and scaly, infrequently generalized exfoliation occurs. Exudative lesions may occur on the hands and discord patches of eczema are occasionally present on limbs.

Acute vesiclation, generalised of localised should always suggest the possibility of 2ry bacterial or viral infections [2].

The adulthood phase:

The picture is essentially similar to that in later childhood, with lichenification especially of the flexures and hands. There may be associated pruritus ani or pruritus vulvae. Localised patches of atopic dermatitis can occur on the nipples, especially in adolescent and young women. A distribution on the face, upper arms and back may be correlated with the areas of maximal thermal sweating [2].

Associated disorder of atopic dermatitis:

- Asthma of allergic fever develop in approximately 50% of children with atopic dermatitis. The age of onset is later than eczema [2].

- Contact uticaria: it is a common problem in atopic children. Contact with tomatos, and citrus fruits may induce redness, swelling and itching of perioral area or cheeks within minutes[2].
- Drug sensitivity: anaphylactic drug sensitivity is common in atopic person because of increased liability to produce IgE after natural exposure to antigens [2].
- Food allergy: abdominal symptoms due to food allergy are more frequent in patients with atopic disorder [2].
- Occupational dermatitis: More than 80% of persons with occupational dermatitis are from atopic individuales [3]. 70% of AD patients have hand dermatitis[4] generally caused by non specific irritants rather than contact allergens. The dry hyperirritable skin is excessively prone to scalling, fissuring and infection after exposure to water, soap, detengents, solvents and physical trauma, contact urticaria to protein antigens may lead to eczematous hand dermatitis in food handlers[5].

Complication of atopic dermatitis cutaneous infection:

Bacterial infection: Staphylococcal colonization, commonly staph. aureus of atopic skin is almost always present even without frank infection. Obvious staphylococcal infection such as impetigo are more common in atopic patients[6]. Non, involved skin in atopic dermatitis patient is found to be colonized with staph. aureus. Staph. aureus superantigen produce dermatitis in normal shin of the atopic patient.

Viral infection: Patients with atopic dermatitis may develop generalised herpes infection (eczema herpeticum) and vaccinia (eczema vaccinatum) to produce clinical picture of kaposi's varicelliform eruption. Other viral infection including warts, molluscum contagiosa more common, more wide spread in atopic dermatitis patients. Any acute vesicular eruption in

more wide spread in atopic dermatitis patients. Any acute vesicular eruption in an atopic dermatitis patient may suggest the diagnosis of secondary bacterial or viral infection[2].

Eye complication:

Irritation of conjunctiva is a common symptom in atopic persons. Patient with sever atopic dermatitis may develop bilateral anterior subcapsular cataract. They are also at risk of developing corticosteroid induced cataract. Lid eczema, dennie morgan fold (infra orbital), orbital darkening also keratoconus may be found as a sequlae[7].

Diagnosis of AD[7]:

The diagnosis of AD is primarly a clinical task. Hanifin and Rajka were the first who put a scheme for uniform assessment of AD. Their proposal comprises the following.

Absolute features:

The presence of these features is considered a must. They include the following:

1- Pruritus

2- Typical morphology and distribution (facial and extensor involvement in infant and young children. Flexural lichenfication or linearity in adult).

3- Tendency toward chronic or chronically relapsing course.

4- Personal or family history of atopy (asthma, allergic rhinitis or atopic dermatitis).

Associated features:

- Xerosis
- Ichthyosis/palmar hyperlinearity/keratosis pilaris.