

A STUDY OF ESSENTIAL FATTY ACIDS IN ATOPIC DERMATITIS

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Arabic Summary

INTRODUCTION

For almost 60 years, it has been known that essential fatty acids (EFAs) are necessary for normal skin function and integrity [1, 2, 3]. That EFAs may play a role in several common skin disorders has begun to be widely appreciated only in the last decade [4, 5]. A dietary deficiency of EFAs as a cause of skin problems in adults is exceedingly rare as almost all diets contain adequate amounts of linoleic acid [3]. Most of the current interest regarding EFAs and the skin relates to the concept that intake of EFAs is usually adequate but abnormalities of EFA metabolism may lead to various skin diseases [6, 7].

The fundamental defects in atopy remain largely unknown. Cellular infiltrates consisting of T-helper lymphocytes, altered interleukin expression and secretion, and increased IgE production, are factors which indicate profound immunological changes in atopic dermatitis (AD). Accordingly most studies on AD have concentrated on deficiencies in immune-cell regulation and cytokines [8, 9, 10, 11]. Recent evidence however, suggests that the pathogenesis of AD might be related to a genetically inherited abnormality of the enzyme delta-6- desaturase activity; the first enzyme involved in the metabolism of EFAs [12, 13]. The resultant fatty acid abnormality is assumed to play a role in the pathophysiology of the disease [7, 14, 15].

The inhibition of EFA desaturation is suggested to lead to an imbalance in the synthesis of PUFA metabolites such as prostaglandins and leukotrienes which are important mediators of inflammation and have

profound effects on lymphocyte functions [15, 16]. Moreover, a reduction in PUFAs which are of major structural importance in cell membranes, may interfere with the integrity of cell membranes and the normal function of membrane bound receptors and enzyme systems [6, 7].

Support for this concept comes from several controlled clinical studies that demonstrate a significant clinical improvement in AD subjects following the administration of an oil containing gamma - linolenic acid (GLA) which would bypass the first step in the EFA metabolic pathway [17, 18, 19].

Aim of the work

Available data on plasma EFA abnormalities in AD patients have been reported in patients belonging to western populations who differ from Egyptians in their dietary habits. As it has been shown that differences in dietary habits between different populations influence their plasma lipid fatty acid composition [20, 21], this prompted us to carry out this study in order to elucidate whether EFA metabolism is disturbed among Egyptian patients who have AD. This will be achieved by comparing the plasma levels of the 2 main dietary EFAs; linoleic and alpha-linolenic acids and their major metabolites in AD patients with their corresponding levels in normal control individuals.

EFA measurements will also be investigated in relation to the IgE level, severity of the disease, age at onset of the dermatitis and the presence of a family and/or personal history of atopy.