INTERFACE BETWEEN DERMATOLOGICAL DISORDERS AND NEUROPSYCHIATRIC DISORDERS

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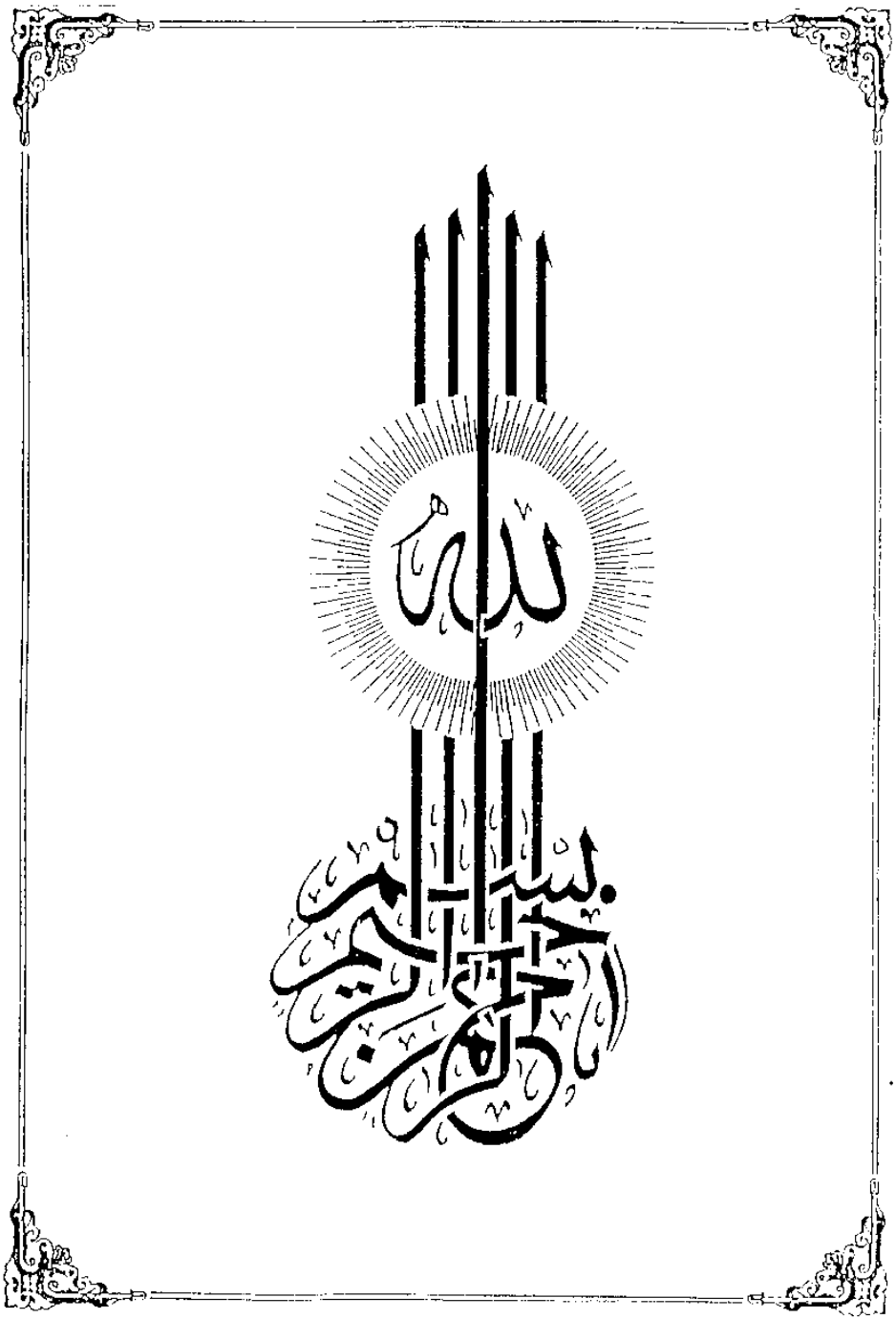
TO MY MOTHER
TO MENNA ALLAH



بسم الله الرحمن الرحيم

قالوا سبحانك لا علم لنا إلا ما علمتنا
إنك أنت العليم الحكيم

صدق الله العظيم

(سورة البقرة الآية ٣٢)

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INTERFACE BETWEEN DERMATOLOGICAL DISORDERS AND NEUROPSYCHIATRIC DISORDERS.

The skin is an everted section of the ectoderm, both skin and nervous system originate from the same embryologic origin,cutaneous lesions are often markers of internal disorders.

Disorders which affect both skin and nervous system may be:

1- Genetically determined as in cases of neurofibromatosis and tuberous sclerosis.

2- Metabolically determined as in case of acute intermittent porphyria and skin changes associated with schizophrenia.

3- Of immunological origin as in cases of Behcet's disease and dermatomyositis in which the cutaneous involvement is cardinal.

4- Physiologically determined,as the skin is physiologically one of the most important organ of emotional expression.

"The skin is a mirror of the soul"

This is made visible when certain types of feelings and excitement produce pallor,sweating,itching and goose flesh.

In addition it is made much more respectable in public opinion to have skin complaint than psychiatric one, thus many patients with anxiety,depression and hypochondriacal state present first to a dermatologist rather to a psychiatrist.

AIM OF THE WORK

1- Early detection of neuropsychiatric disorders presenting with dermatological complaints aiming for early diagnosis and estimating its prognosis.

2- Detection of the nature of the disorder and searching for the underlying common pathogenesis occurring in both skin and nervous tissue.

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INTRODUCTION

NEUROCUTANEOUS DISORDERS

CLASSIFICATION

CLASSIFICATION OF NEUROCUTANEOUS DISEASES

A search for a conceptual framework for the neurocutaneous diseases invites several logical possibilities,the most appealing of which is one based on aetiological and pathogenetic relationships. This,then, is the basis of the following classificatory scheme:

A)Developmental disorders

1-Dysplasia of the neural crest cells.

a) Neurofibromatosis.

b) Tuberous sclerosis.

2-Vascular malformations.

a) Sturge-Weber disease.

b) Cobb's syndrome.

c) Dermatomal haemangiomas with spinal vascular malformation.

d) Ataxia-telangiectasia.

e) Familial telangiectasia.

f) Von-Hippel-Lindau syndrome.
(Haemangioblastoma of cerebellum and retina).

3- Pigmentary abnormalities

a) LEOPARD syndrome.

b) Wardenburg's syndrome.

c) Incontinentia pigmenti.

d) Hypomelanosis of ITO.

e) Vogt-Koyanagi-Harada syndrome.

4- Epidermal nevus.

5- Ectodermal dysplasia.

6- Icthyosis-associated syndromes.

B)Infectious disorders

1- Viral.

a) Herpes simplex.

b) Herpes zoster.

c) Viral exanthema.

2- Bacterial: meningococcemia.

3- Rickettsial: Rocky Mountain spotted fever.

4- Spirochetal: syphilis and Lyme disease.

C)Metabolic disorders

1-Angiokeratoma corporis diffusim.

2- congenital hypothyroidism.

3-amino acid abnormalities.

D)Immune disorders.

1-Behcet's disease.

2-Dermatomyositis.

3- Lupus erythematosus.

4- Henoch-Schoenlein purpura.

1-DEVELOPMENTAL DISORDERS