CHARACTERIZATION OF DIFFERENT CLINICAL PHENOTYPES FOR PSORIASIS IN EGYPTIAN PATIENTS

Thesis

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Presented by

KARIM ABD ELFATTAH AGGOUR

M.B.B.Ch. Faculty of Medicine

Under Supervision of

Dr.MAHIRA HAMDY EL SAYED

Professor of Dermatology, Venereology and Andrology
Faculty of Medicine – Ain-Shams University

Dr. GHADA FATHY MOHAMED

Assistant Professorof Dermatology, Venereology and Andrology
Faculty of Medicine –Ain-Shams University

Faculty of Medicine
Ain-Shams University

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بسم الله الرحمن الرحيم

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

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سورة البقرة الاية 32

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KARIM AGGOUR

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List of Abbreviations

ACE inhibitors	*Angiotensin-converting enzyme inhibitors*
BSA	*Body surface area*
Cm	*Centimeter*
DLQI	*Dermatology life quality index*
FFAs	*Free fatty acids*
Fig	*Figure*
GWAS	*Several Genome-wide association studies*
HDL-C	*Reduced high density lipoprotein-cholesterol*
HIV	*Human immunodeficiency virus*
IL	*Interleukin*
IMID	*Immune-mediated inflammatory disease*
MCA	*Multiple correspondence analysis*
MetS	*Metabolic syndrome*
MHC	*Major histocompatibility complex*
Mm	*Millimeter*
MTX	*Methotrexate*
N	*Number*
NAFLD	*Non-alcoholic fatty liver disease*
NSAIDs	*Non-steroidal anti-inflammatory drugs*
PAI	*Plasminogen activator inhibitor*
PASI	*Psoriasis area and severity index*
PDGF	*Platelet derived growth factor*
PGA	*Physicians global assessment*
PsA	*Psoriatic arthritis*
Prob.	*Probability*
PSORS 1-9	*Psoriasis Suscetibility 1-9*

PUVA	*Psoralen Ultraviolet A*
sdLDL	*Small dense low-density lipoprotein*
SPSS	*Statistical Package for Social Science*
TGF	*Transforming growth factor*
Th	*T helper*
TNF-α	*Tumor necrosis factor alpha*
Refs	*Reference*

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INTRODUCTION AND AIM OF WORK

Introduction

Psoriasis is a serious inflammatory skin disease affecting about 2.5% of the general population, it has been considered to be a single disease entity, characterized by a spectrum of well-defined clinical symptoms. It is based on this assumption that the vast majority of genetic, pathophysiological and therapeutic research has been conducted in this disease (**Naldi et al, 2004**).

An alternative hypothesis is that psoriasis represents a common pattern of different inflammatory skin diseases, each resulting from different specific pathophysiological processes and responding better to different treatments, indeed several findings support this latter hypothesis. In particular, psoriasis beginning early in life seems to be clinically and genetically different from late onset disease(**Stuart et al, 2002, Ferrandiz et al, 2002**).Many different genetic loci have been associated with psoriasis, again suggestive of multiple disease forms (**Capon et al, 2004**).

It was accepted that there are a number of distinct phenotypes of psoriasis, genetic and/or environmental factors are under intense evaluation, it is important to come to a consensus on the classification of phenotypes of psoriasis such consensus will simplify stratification of psoriasis phenotypes and facilitate their link to confirmed investigational data (**Whalley et al, 2004**).

There is also variation of features of psoriasis dependent on anatomical sites. Until the reasons for this variation are fully understood it is proposed that they are recorded as a phenotypic entity, although subsequently they may be shown to be part of a common pathogenetic

mechanism (**Griffiths et al, 2007**).

A further distinction arises according to the age of onset of the plaque psoriasis type I < 40 & type II > 40 year of age in which genetic evidence indicates that these forms distinguished according to association with genes within the major histocomptability complex class I on chromosome 6p, most notably HLA-cw 0602 while type II is not associated (**Chren et al, 1997**).

Aim of the Work

The aim of this study is to identify distinct clinical phenotypes of psoriasis in Egyptian patients.

OVERVIEW OF PSORIASIS

(CHAPTER I)