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Assessment of the Serum Ischemia Modified Albumin Level and its Relation to Total Oxidant Status and Disease Activity in Vitiligo Patients

Thesis

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Tist of Abbreviations

Abb.	Full term
ABSU	Absorbanco units
	Albumin-cobalt binding
	Antinuclear antibodies
	Amelanotic with sharply demarcated borders
AUC	
	Basic fibroblast growth factor
BMI	
BSA	
CAT	
CD8+	
CoCl2	
DAMPs	Damage-associated molecular patterns
	Dihydroxyphenylalanine
DTT	
ELISA	Enzyme-Linked Immunosorbent Assay
ET-1	.Endothelial 1
FDA	Food and drug administration
GSH	
GSH-PX	Glutathione peroxidase
H2O2	
HMB-45	Human melanoma black-45
HPDB	Hypomelanotic with poorly defined borders
HS	Highly significant
IMA	Ischemia Modified Albumin
INF-γ	
	Inter-quartile range
	Monobenzylether of hydroquinone
MDA	
	Masson Fontana stain
	Major histocompatibility complex 2
	Non cultured epidermal suspension
NO	
NPs	
NPV	Negative predictive value

Tist of Abbreviations cont...

Abb.	Full term
NDV	Noura pantida V
NPY	
NS	
	Non segmental vitiligo
O.D	
O2	
OMP	
	Positive predictive value
	Polyunsaturated fatty acid
	Psoralen plus UVA
	Quality of life assessment
ROC	Receiver operating characteristic curve
ROS	Reactive oxygen species
S	Significant
SCF	Stem cell factor
SNPs	Single nucleotide polymorphisms
SOD	Super-oxide dismutase
	Statistical Package for Social Science
	Total antioxidant status
	Topical calcineurin inhibitors
TLR	
	Total Oxidant Status
	Regulatory T cells
•	Vitiligo Area Scoring Index
	Vitiligo European Task Force Assessment
	Vitiligo Extent Tensity Index
	Vitiligo Disease Activity Score
VIDA DUUIC	viningo Disease Activity Store



1. Introduction

itiligo is an acquired depigmentary skin disorder by loss of functioning epidermal melanocytes. It occurs worldwide. Both genders and all races are affected (Bergqvist et al., 2020).

The etiopathogenesis of vitiligo is complex and unclear. Several etiological factors have been suggested such as autoimmune mechanism, genetic and environmental factors (Furue et al., 2016).

Among the etiological factors, oxidative stress can directly disturb melanin metabolism and undermine melanocyte survival through excessive accumulation of cytotoxic hydrogen peroxide. Oxidative stress may play an essential role in activating subsequent autoimmune responses related to vitiligo (Xie et al., 2015).

Reactive oxygen species (ROS) which are induced by multifactorial process and in conjunction with the impaired antioxidant defenses, lead to the loss of melanocyte redox homeostasis, and therefore, the stressed melanocytes generate damage-associated molecular patterns (DAMPs) or auto-antigens then initiate innate immunity and adaptive immunity, leading to the dysfunction and death of melanocytes (Wang et al., 2019).

High levels of reactive oxidative species (ROS) are observed in patients with active vitiligo, this is probably correlated with increased intracellular ROS production in the tissue of these patients



(Ines et al., 2009). Akoglu et al. (2013) found that total oxidant status serum levels (TOS) were higher and total antioxidant status serum levels (TAS) were lower in patients with vitiligo than in controls.

Ischemia-modified albumin (IMA) is a new biomarker for ischemia (Hatice et al., 2017). As in ischemic status, albumin loses binding capacity and the ability of transition metals on the N-terminal ends. A high level of IMA is also detected in diseases related to oxidative stress, such as psoriasis, vascular injury of diabetes mellitus, multiple sclerosis, some cancers, acute appendicitis, polycystic ovary syndrome and β-thalassemia major (Ahmad et al., 2016).

Ischemia-modified albumin (IMA) has been described as a biomarker of oxidative stress and extensively investigated recently (Shevtsova et al., 2021). Ozdemir et al. (2012) noted that IMA could be produced as an adaptive response to chronic hypoxia and oxidative stress. It has been shown that IMA had a strong predictive power, the sensitivity, specificity, capacity, and positive and negative predictive values of IMA were detected to be higher than other studied biomarkers of oxidative stress (Ataş et al., 2017).

In the view that oxidative stress has been linked to vitiligo pathogenesis and disease activity, IMA was detected to be higher in patients with vitiligo, we thought to investigate the serum level of IMA in vitiligo patients and its possible relation to TOS levels and disease activity.

2. AIM OF THE WORK

The aim of this work was to evaluate the serum level of ischemia modified albumin in vitiligo patients and its relation to total oxidant status and disease activity.

🥏 Vitiligo	Review of Titerature _

Chapter 1

3.1. VITILIGO

Titiligo is a chronic acquired disease characterized by appearance of circumscribed achromatic macules to patches often associated with leukotrachia in various parts of body, due to progressive destruction and reduction in numbers of melanocytes (*Varzhapetyan et al., 2019*).

3.1.1. Prevalence:

The prevalence of vitiligo worldwide ranges from 0.5% to 2% of general population without clear preference for race or sex, although women may be more likely to present for treatment because of cosmetic reasons and respond to surveys (*Bergqvist et al.*, 2020).

3.1.2. Pathogenesis:

3.1.8.1. **Genetic:**

Various studies have found that the frequency of vitiligo among 1st degree relatives varies from 0.14% to as high as 20%, this suggests strong familial tendency (*Alkhateeb et al.*, 2003).

Vitiligo is a poly-genetic disorder. A large scale genome studies have discovered approximately 50 different genetic loci that contribute to vitiligo risk, a large fraction of these genes encode proteins involved in immune regulation, cellular apoptosis and regulation functions of melanocytes (*Spritz et al.*, 2017).