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مركز الشبكات وتكنولوجيا المعلومات

قسم التوثيق الإلكتروني



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جامعة عين شمس

التوثيق الإلكتروني والميكرو فيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
على هذه الأقراص المدمجة قد أعدت دون أية تغييرات





A comparative study on the efficacy and safety of using Azathioprine alone, combining it with Narrow Band (UVB) and to oral minipulse Steroids plus NB-UVB in stabilizing active non-segmental vitiligo

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بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

سبحانك لا علم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

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List of Abbreviations

ACE	:	Angiotensin converting enzyme
AZA	:	Azathioprine.
BBUVB	:	Broad Band UVB.
bFGF	:	Basic fibroblast growth factor
CS	:	Corticosteroids.
DAMP	:	Damage associated molecular pattern.
FDA	:	Food and drug administration.
FMS	:	Fontana-Masson stain.
Gp100	:	Glycoprotein 100.
HF-NCSCS	:	Hair Follicle-Derived Neural Crest Stem Cells
HGF	:	Hepatocyte growth Factor
HSP70i	:	Heat shock protein 70i.
IBD	:	inflammatory bowel disease
ICAM-1	:	Intercellular adhesion molecule- 1.
IFN	:	Interferon
LRR	:	Leucine-rich repeats.
MART-1	:	Melanoma antigen recognized by T1 cells
MC1R	:	Melanocortin 1 receptor
NBUVB	:	Narrow band ultraviolet B rays
NSV	:	Non segmental vitiligo.
OMP	:	Oral minipulse steroids.
PAMP	:	Pathogen associated molecular pattern.
PRR	:	Pattern recognition receptor.
PUVA	:	Psoralen plus UVA.
RNS	:	Reactive nitrogen species.
ROS	:	Reactive oxygen species.
SCC	:	Squamous cell carcinoma

List of Abbreviations

SLE	:	Systemic lupus erythematosus
TCI	:	Topical Calcineurin Inhibitors
TCS	:	Topical corticosteroids.
TNF	:	Tumor necrosis factor.
TPMT	:	Thiopurine methyl transeferase
TRP	:	Tyrosinase-related protein.
UV	:	Ultraviolet.
UVR	:	Ultra violet radiation
VASI	:	Vitiligo area scoring index.
VES	:	Vitiligo extent score.
VES PLUS	:	Vitiligo extent score plus.
VIDA VES score	:	Vitiligo disease activity score.

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Introduction

Vitiligo is an idiopathic, acquired, circumscribed, hypomelanotic skin disorder, characterized by milky white patches of different sizes and shapes. It is due to loss of functional melanocytes resulting in the absence of pigment production of the skin and mucosal surfaces (*Taieb and Picardo, 2010*).

The most common form of vitiligo, non-segmental vitiligo or vitiligo vulgaris, is symmetrical and may be localized to certain areas. It may also spread to involve the entire body surface. In contrast, segmental vitiligo only affects one side of the body and usually has limited progression. The two types of vitiligo may co-exist, in which case response to treatment in the segmented areas is usually poor (*Picardo and Taieb, 2010; Ezzedine et al. 2012*).

The immune system has a great role in the pathogenesis of all non-segmental vitiligo, including focal, generalized and universal types. Therefore, the available therapeutic modalities are directed toward suppression or regulation of these immunological changes (*Radmanesh and Saedi, 2006*).

Topical corticosteroids (TCS) are used as first-line therapy as monotherapy (e.g. in localized vitiligo), or in combination with phototherapy or other topical agents (e.g. in generalized vitiligo). Systemic corticosteroids halt disease progression and induce repigmentation when used at the onset or early stages of disease, in some cases resulting in complete