

شبكة المعلومات الحامعية

# بسم الله الرحمن الرحيم



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شبكة المعلومات الحامعية



شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم





ببكة المعلم مات المامعية

# hossam maghraby

# جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

# قسو

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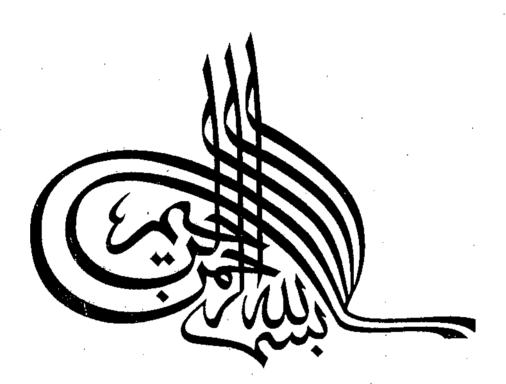


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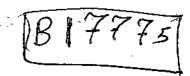


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# SOLUBLE INTERCELLULAR ADHESION MOLECULE-1 LEVELS IN PSORIATIC PATIENTS

# Thesis



Submitted to the Faculty of Medicine
University of Alexandria
In partial fulfilment of the
Requirements of the degree of

Master of Dermatology and Venereology

By

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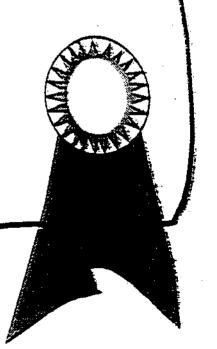
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**ARABIC SUMMARY** 

# INTRODUCTION



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### INTRODUCTION

#### **PSORIASIS**

#### Definition:

Psoriasis is a common, genetically determined, inflammatory and proliferative disease of the skin, the most characteristic lesions consist of chronic, sharply demarcated, dull-red, scaly plaques, particularly on the extensor prominences and in the scalp.<sup>(1)</sup> The disease is enormously variable in duration and extent and morphological variants are common.<sup>(1)</sup>

#### Incidence & Prevalence:

Large scale epidemiological surveys based on examination of populations indicate that the prevalence of psoriasis is between 1.5 and 3%. (2)

Several studies have demonstrated the marked familial tendency of psoriasis. Females tend to develop psoriasis earlier than males. Evaluation of the age of onset revealed two peaks: an early one at 16-22 years, and later one at 57-60 years. The earlier age of onset in females suggests a greater incidence in young females than in young males. Most races are affected but it is

probably absent in pure south American Indians and black, while Caucasians are particularly susceptible. (7)

#### Genetic Factors:

The propensity to develop psoriasis is inherited, probably in a polygenetic way, one gene probably sets a hyperproliferative rate of epidermis, while another or others set an oddity of immunity or inflammation. One gene resides on chromosome 17, and another on chromosome 6 near or within the major histocompatibility complex (MHC).<sup>(8)</sup>

Patients with psoriasis have increased incidences of HLA. B13, BW17, -BW16, BW37, CW6, DW11, DRW6 and DW7. The linkage to HLA.CW6 is the strongest, with a relative risk for psoriasis of 9 to 22. (8) Christophers and Hensler distinguished two types of non-pustular psoriasis on the basis of family history, HLA associations, and age of onset. They designated as type I those patients with a positive family history, onset during the second decade, and a lose association between HLA-CW6, -B13 and-BW 57 (a subtype of B17). Type II psoriasis manifests during the fifth decade, does not involve parents and Siblings, and is associated with HLA-CW2 and B27 with relative risks of developing psoriasis of 6.1 and 3.1, respectively. (9)

#### Provocative factors:

#### (1) Infection:

Acute guttate psoriasis may be precipitated by streptococcal infection.<sup>(10)</sup>

#### (2) Endocrinal factors:

Psoriasis shows peaks of incidence at puberty and menopause. (1) Also generalised pustular psoriasis may be induced by pregnancy and estrogen therapy. (11)

#### (3) Trauma:

Psoriasis may be induced by various types of trauma (Koebner phenomenon) in previously uninvolved skin. (12)

#### (4) stress:

Many authors stated that the severity of psoriasis may depend on prior stress, (13) others did not support this view. (14)

#### (5) **Drugs:**

Some drugs may precipitate or exacerbate psoriasis such as lithium, antimalarials,  $\beta$  adrenergic Blockers and the wisthdrawal of systemically administered corticosteroids. Others as non steriodal antiinflammatory drugs (16), as well as antidepressant drugs. (17)

#### (6) Light:

Photosensitivity may occur in psoriasis especially in old age, female sex and skin type I but on the other hand sun light