1. Exp Dermatol. 2014 Mar 11. doi: 10.1111/exd.12369. [Epub ahead of print]

T helper 17 and Tregs: A novel proposed mechanism for NB-UVB in Vitiligo.

Hegazy RA(1), Fawzy MM, Gawdat HI, Samir N, Rashed LA.

Author information:

(1)Department of Dermatology, Kasr AlAini Hospital, Cairo University, Egypt.

Narrowband ultraviolet (NB-UV)B is accepted as corner stone therapy for vitiligo. Its influence on the expression of IL-17, IL- 22 and FoxP3 as markers for the Th17 and Tregs lineages has not been studied before in the context of non-segmental vitiligo (NSV). The study included 20 active NSV patients who received 36 NB-UVB sessions and 20 controls. Clinical evaluation (VASI) and determination of tissue expression of IL-17, IL-22 and FoxP3 by qRT-PCR (lesional, perilesional) were carried out before and after therapy. Baseline levels of IL-17 and IL-22 were significantly higher in patients while FoxP3 was significantly lower. After therapy, IL-17 and IL-22 significantly dropped, whereas, FoxP3 significantly increased (lesional, perilesional). Baseline and post-treatment VASI showed significant positive correlations with IL-17 and IL-22 and significant negative correlation with FoxP3 expression. Restoration of the balance between Th17 and Tregs might represent a novel pathway for the improvement NB-UVB exerts in vitiligo patients.

PMID: 24617827 [PubMed - as supplied by publisher]

2. Dermatol Surg. 2014 Feb;40(2):152-61. doi: 10.1111/dsu.12392. Epub 2013 Dec 19.

Autologous platelet rich plasma: topical versus intradermal after fractional ablative carbon dioxide laser treatment of atrophic acne scars.

Gawdat HI(1), Hegazy RA, Fawzy MM, Fathy M.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: A proposal has recently been made regarding the potential adjuvant use of platelet-rich plasma (PRP) with fractional carbon dioxide laser (FCL) for the correction of acne scars.

OBJECTIVE: To compare the efficacy and safety of two administration modes of autologous PRP (intradermal injection (ID) and topical application) after FCL with that of FCL alone in the treatment of atrophic acne scars.

PATIENTS AND METHODS: Thirty patients were randomly divided into two groups. Both underwent split-face therapy. Group 1 was administered FCL followed by ID PRP on one side and FCL followed by ID saline on the other. In group 2, one cheek was

treated with FCL followed by ID PRP, and the other received FCL followed by topical PRP. Each patient received 3 monthly sessions. The final assessment took place at 6 months.

RESULTS: Combined PRP- and FCL-treated areas had a significantly better response ($p = .03$), fewer side effects, and shorter downtime ($p = .02$) than FCL-treated areas, but there were no significant differences in ID- and topical PRP-treated areas in degree of response and downtime ($p = .10$); topically treated areas had significantly lower pain scores.

CONCLUSION: The current study introduces the combination of topical PRP and FCL as an effective, safe modality in the treatment of atrophic acne scars with shorter downtime than FCL alone and better tolerability than FCL combined with ID PRP.

PMID: 24354616 [PubMed - in process]

3. J Eur Acad Dermatol Venereol. 2013 Dec 12. doi: 10.1111/jdv.12329. [Epub ahead of print]

Homocysteine and other cardiovascular risk factors in patients with lichen planus.

Saleh N(1), Samir N, Megahed H, Farid E.

Author information:

(1)Department of Dermatology Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Chronic inflammation was found to play an important role in the development of cardiovascular risk factors. Homocysteine (Hcy) and fibrinogen have been identified as a major independent risk factor for cardiovascular disease. Lichen planus is assumed to be closely related to dyslipidaemia. Several cytokines involved in lichen planus pathogenesis, could explain its association with dyslipidaemia. Also chronic inflammation with lichen planus has been suggested as a component of the metabolic syndrome.

OBJECTIVE: The aim of this study was to detect a panel of cardiovascular risk factors in patients of lichen planus.

PATIENTS AND METHODS: This study was done on 40 patients of lichen planus and 40 healthy controls. All patients and controls were subjected to clinical examination. Serum levels of homocysteine, fibrinogen and high-sensitive C-reactive protein (hs-CRP) were measured by enzyme-linked immunosorbent assay technique (ELISA). Metabolic syndrome parameters including anthropometric measures, lipid profiles, blood sugar and blood pressure were studied.

RESULTS: Patients with lichen planus showed significant association with metabolic syndrome parameters than controls ($P < 0.001$). Serum homocysteine, fibrinogen and hs-CRP were significantly higher in lichen planus patients than controls ($P < 0.001$). Serum homocysteine correlated with both serum hs-CRP and serum fibrinogen. However, there was no correlation between serum levels of

homocysteine and fibrinogen with any metabolic syndrome criteria and related disorders except for a negative correlation of fibrinogen with high-density lipoprotein (HDL).
CONCLUSION: In the present work, patients with lichen planus were found to have higher makers of both metabolic and cardiovascular risk factors in relation to controls most probably due to long standing inflammation.

PMID: 24330130 [PubMed - as supplied by publisher]

4. Lasers Med Sci. 2013 Dec 11. [Epub ahead of print]

1064 Nd:YAG laser for the treatment of chronic paronychia: a pilot study.

El-Komy MH(1), Samir N.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, 5 Falaky Street, Bab El-Louk, Cairo, Egypt, mkomy@hotmail.com.

Paronychia, which can be acute or chronic, is characterized by erythema, edema, and tenderness at the proximal and occasionally lateral nail folds. Causes of chronic paronychia include excessive moisture, contact irritants, trauma, and

candida infection. Chronic paronychia is usually multifactorial and difficult to treat. The aim of the present work was to assess the role of neodymium-doped yttrium aluminium garnet (Nd:YAG) laser as a new modality for the treatment of chronic paronychia. In this interventional pilot study, eight female patients suffering from long-standing paronychia received 2-5 Nd:YAG laser sessions (4 weeks apart). Fluences ranged between 70 to 80 J/cm(2), using a 2.5-mm spot size handpiece, and pulse duration was set at 0.7 ms. Patients were digitally photographed and clinically evaluated before starting the treatment and at each session. Seven of our patients showed various degree of improvement regarding erythema and swelling of their proximal nail folds. Nail plate abnormalities also improved in six patients. These preliminary results document the efficacy and feasibility of Nd:YAG laser as one of the treatments that could ameliorate chronic paronychia.

PMID: 24326744 [PubMed - as supplied by publisher]

5. J Am Acad Dermatol. 2013 Dec;69(6):1062-6. doi: 10.1016/j.jaad.2013.07.043.

Scleromyxedema: a novel therapeutic approach.

El-Darouti MA(1), Hegazy RA, Fawzy MM, Mahmoud SB, Dorgham DA.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Egypt.

PMID: 24238173 [PubMed - indexed for MEDLINE]

6. Eur J Dermatol. 2013 Sep-Oct;23(5):733-4. doi: 10.1684/ejd.2013.2139.

Impact of vitiligo on the health-related quality of life of 104 adult patients, using Dermatology Life Quality Index and stress score: first Egyptian report.

Fawzy MM(1), Hegazy RA.

Author information:

(1)Department of Dermatology Faculty of Medicine, Cairo University. 511 Al Ahram Street, Giza, Egypt.

PMID: 24126099 [PubMed - in process]

7. J Am Acad Dermatol. 2013 Nov;69(5):840-2. doi: 10.1016/j.jaad.2013.07.026.

Assessment of interleukin-17 and vitamin D serum levels in psoriatic patients.

El-Moaty Zaher HA(1), El-Komy MH, Hegazy RA, Mohamed El Khashab HA, Ahmed HH.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

PMID: 24124829 [PubMed - indexed for MEDLINE]

8. Arch Dermatol Res. 2014 Apr;306(3):239-45. doi: 10.1007/s00403-013-1414-x. Epub 2013 Sep 20.

Estimation of tissue and serum lipocalin-2 in psoriasis vulgaris and its relation to metabolic syndrome.

El-Hadidi H(1), Samir N, Shaker OG, Otb S.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Giza, Egypt.

Adipose tissue is now considered an endocrine organ secreting different cytokines known as adipocytokines. Lipocalin-2 has been recently identified as an adipokine present in the circulation, it is related to insulin resistance, obesity, atherosclerotic diseases and type 2 diabetes. Lipocalin-2 and psoriasis are assumed to be closely associated with the metabolic syndrome. The aim of the present study is to estimate the level of lipocalin-2 in the serum and tissue of psoriatic patients and to correlate these levels with markers of metabolic syndrome, CRP and disease severity. This study was done on 30 patients of psoriasis and 30 healthy controls. All patients and controls were subjected to

clinical examination. Serum, tissue levels of lipocalin-2 and C-reactive protein (CRP) were measured by enzyme linked immunosorbent assay technique. Metabolic syndrome parameters including anthropometric measures, lipid profiles, blood sugar and blood pressure were studied. Patients with psoriasis showed significant association with metabolic syndrome parameters than controls. Tissue lipocalin-2 was significantly higher than serum levels in psoriasis patients. A significant difference was detected in tissue levels of lipocalin-2 and not in the serum between patients and controls. Both tissue and serum lipocalin-2 correlated with CRP. Although there was a correlation between tissue and serum levels of lipocalin-2 in patients, there was no correlation between both of them with metabolic syndrome and related disorders. Our results revealed that patients with psoriasis are at increased risk of metabolic and cardiovascular complications, tissue lipocalin-2 is more specific to psoriasis than serum lipocalin-2. Lipocalin-2 has no role in determining severity of the disease. Neither tissue nor serum lipocalin-2 conveys cardiovascular risk in psoriasis patients.

PMID: 24052155 [PubMed - in process]

9. Indian J Dermatol. 2013 Jul;58(4):326. doi: 10.4103/0019-5154.113947.

The Evaluation of the Impact of Age, Skin Tags, Metabolic Syndrome, Body Mass Index, and Smoking on Homocysteine, Endothelin-1, High-sensitive C-reactive Protein, and on the Heart.

El Safoury OS(1), Ezzat M, Abdelhamid MF, Shoukry N, Badawy E.

Author information:

(1)Department of Dermatology, Cairo University, Cairo, Egypt.

BACKGROUND: Skin tags (STs) are small, pedunculated skin-colored or brown papules that occur around any site where skin folds occur. The literature is short of comprehensive and controlled clinical studies aimed to evaluate the atherogenic risk factors in patients with STs.

AIM OF WORK: The aim of this study is to evaluate the impact of age, STs, metabolic syndrome (METs), body mass index (BMI), and smoking on homocysteine (Hcy), endothelin-1 (ET-1), high-sensitive C-reactive protein (Hs-CRP), and on cardiovascular diseases.

MATERIALS AND METHODS: This study included 30 cardiac patients with STs, 30 non-cardiac patients with STs, and 30 healthy controls with neither heart disease nor STs. History of smoking, measurement of height, weight, BMI, waist circumference (WC), blood pressure, STs number, color, acanthosis nigricans, estimation of serum level of fasting glucose, triglycerides (TGs), cholesterol, high-dense lipoproteins (HDL), Hcy, ET-1, Hs-CRP, and the presence of the METs were elicited in the three groups.

RESULTS: Regarding the Hcy, ET-1, and Hs-CRP, the cardiac-STs group showed the highest levels and the control group showed the least ($P < 0.001$). The percents of patients with METs were 56.7% in the cardiac-STs, 40% in the non-cardiac-STs, and 0% in the control group ($P < 0.001$). Mean BMI exceeded the limit of obesity in the cardiac-STs group (30.9 ± 3.9) and the non-cardiac-STs group (32.6 ± 6)

and was normal in the control group (24.7 ± 2.8). Hyperpigmented STs were present in 66.7% of the cardiac-STs group. Multivariate regression analysis for the independent effectors on Hcy level were the presence of STs ($P < 0.001$), METs ($P = 0.001$), and BMI ($P = 0.024$). Regarding ET-1, the effectors were the presence of STs and METs ($P = 0.032$). For Hs-CRP, effectors were the presence of STs ($P < 0.001$) and smoking ($P = 0.040$). Multivariate logistic regression of the predictors of cardiac disease showed that the independent predictors of the occurrence of cardiac disease were BMI ($P < 0.001$), STs ($P = 0.002$), and METs ($P = 0.037$).

CONCLUSION: STs may act as a physical sign of underlying raised cardiac atherogenic factors. This may indicates an ongoing risk on coronary circulation which may indicate further corrective action, hopefully early enough. The association of ST with obesity and METs represents a Bermuda Triangle that act against the heart.

PMCID: PMC3726896

PMID: 23919019 [PubMed]

10. Arch Dermatol Res. 2013 Dec;305(10):939-44. doi: 10.1007/s00403-013-1392-z. Epub 2013 Jul 25.

Osteopontin and adiponectin: how far are they related in the complexity of psoriasis?

Kadry D(1), Hegazy RA, Rashed L.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt, dina.mkadry@gmail.com.

Increasing attention has been drawn towards the involvement of both osteopontin (OPN) and adiponectin in psoriasis. The relationship between them has been studied before in the context of essential hypertension. To our knowledge, whether a relation between them exists in cases of psoriasis and the metabolic status in such patients have not been investigated. We aimed to verify their possible roles and relations in psoriasis and its metabolic associations. 35 patients with psoriasis vulgaris and 35 controls were included. Patients were clinically assessed by PASI and investigated for the presence of metabolic syndrome (MetS) and/or its components. Plasma levels of OPN and adiponectin were measured using ELISA. On comparing psoriatics to controls, patients showed significantly elevated levels of OPN (90.474 ± 21.22 vs 34.709 ± 13.95 ng/mL) and significantly depressed levels of adiponectin (4,586 ± 1.187 vs 5,905 ± 1.374 ng/mL), ($p < 0.001$). Strong negative correlation between plasma OPN and adiponectin was detected in patients ($r = -0.912$, $p < 0.001$), but not in controls. OPN elevation was related to diabetes mellitus, insulin resistance, and MetS. Adiponectin depression was related to body mass index, and MetS. This study demonstrates for the first time a significant correlation between OPN and adiponectin in psoriasis, hypothesized to be mostly attributed to the inflammatory milieu of psoriasis and MetS as well as the enhanced

renin-angiotensin-aldosterone system previously documented in psoriasis. Adjuvant therapies aiming at modulating levels of OPN and adiponectin are speculated to add benefit in psoriasis treatment and protecting against its metabolic risks.

PMID: 23884541 [PubMed - in process]

11. Int J Dermatol. 2013 Oct;52(10):1268-73. doi: 10.1111/j.1365-4632.2012.05846.x. Epub 2013 Jul 8.

Ear, nose, and throat involvement in Egyptian patients with pemphigus vulgaris: a step towards a better management.

Fawzy MM(1), Hegazy RA, Abdel Fattah AF.

Author information:
(1)Departments of Dermatology and Otorhinolaryngology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: The frequency of ear, nose, and throat (ENT) involvement in pemphigus vulgaris (PV) is not clear; thereby, the importance of setting routine ENT examination for patients with PV could not be deduced.
OBJECTIVE: Determine the prevalence of ENT involvement in patients with PV in Egypt; to modify the routine protocol and achieve a step towards better management.

PATIENTS AND METHODS: Thirty-four patients with PV were included. Patients were asked about ENT symptomatology and evaluated for ENT manifestations.
RESULTS: Twenty-five patients complained from ENT symptoms (74%). The pharyngeal/laryngeal-related symptoms were the most common. Eighty-two percent of patients had positive endoscopic findings. The most common were pharyngeal/laryngeal (76.5%). In total, the positive endoscopic findings superseded the positive symptomatic findings. More severe involvement was documented in non-smoking patients ($P < 0.05$).
CONCLUSION: Full ENT examination as a routine for all patients with PV could be of great value, as it would lead to more accurate diagnosis, therefore improved management.

PMID: 23829869 [PubMed - in process]

12. Eur J Dermatol. 2013 Jun 1;23(3):350-5. doi: 10.1684/ejd.2013.2023.

Interleukin 17, Interleukin 22 and FoxP3 expression in tissue and serum of non-segmental vitiligo: A case- controlled study on eighty-four patients.

Elela MA(1), Hegazy RA(1), Fawzy MM(1), Rashed LA(2), Rasheed H(1).

Author information:

(1)Department of Dermatology.

(2)Department of Biochemistry, Kasr Al Aini Hospital, Cairo University, 511 Al Ahram Street/Giza Square 12211 Cairo, Egypt.

Background: Skewing of responses towards T helper (Th) 17 and away from T regulatory cells (T-regs) has been suggested to be partially involved in autoimmune diseases like vitiligo. Aims: Clarify the possible role and relationship between Th17 and T-regs in vitiligo by measuring tissue, systemic levels of interleukin (IL)-17, IL-22 and Forkhead box P3. Patients and methods: 84 non-segmental vitiligo patients and 80 controls were included. Vitiligo Area Scoring Index, Vitiligo Disease Activity and stress score were determined. Skin biopsies underwent immunohistochemical staining for IL-17, IL-22 and FoxP3 and their systemic levels were determined by ELISA and quantitative real time PCR. Results: Mean area % of +ve immunostaining and serum levels of IL-17 (34.12 ± 5.12, 23.62 ± 8.17 pg/mL) and IL-22 (48.63 ± 19.23, 43.53 ± 11.95 pg/mL) were significantly higher in patients compared to controls (15.33 ± 4.19, 12.83 ± 3.29 pg/mL) (13.44 ± 3.82, 9.92 ± 4.7 pg/mL) ($P<0.001$). Mean area % of +ve immunostaining and peripheral blood levels of FoxP3 were significantly lower in patients (2.67 ± 0.54, 0.574 ± 0.32) compared to controls (7.12 ± 0.18, 1.48 ± 0.49) ($P<0.001$). In patients, a positive correlation between IL-17 and IL-22 was detected ($r = 0.671$, $P<0.001$), each showing negative correlation with FoxP3 ($r = -0.548$, $P<0.001$), ($r = -0.382$, $P<0.001$). VASI, VIDA and stress score correlated positively with IL-17, IL-22 and negatively with FoxP3. Conclusion: Th17 and T-regs are intertwined in the complexity of vitiligo giving hope of treatment through adjuvant therapies controlling the delicate balance between

them.

PMID: 23797460 [PubMed - in process]

13. J Eur Acad Dermatol Venereol. 2013 May 10. doi: 10.1111/jdv.12179. [Epub ahead of print]

Estimation of vitamin D levels in patients with pemphigus vulgaris.

El-Komy MH(1), Samir N, Shaker OG.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Keratinocyte acantholysis as a result of pathogenic Dsg3-antibodies production by B cells leads to Pemphigus vulgaris (PV). Vitamin D, through its participation in several immune modulatory functions including B cells apoptosis, Th2 cell differentiation, apoptotic enzyme regulation and Tregs functions, may be actively involved in the immune regulation of PV.

OBJECTIVE: To evaluate Vitamin D status in PV patients in comparison to controls in an attempt to determine its role in this autoimmune disease.

METHODS: Using ELISA technique, 25-hydroxyvitamin D (25OHD) was determined for 34 pemphigus vulgaris patients and 20 healthy volunteers. Phosphorus and parathormone were also determined in the patient group.

RESULTS: 25OHD was significantly lower in patients than controls (P = 0.008). There was a statistically significant difference between both groups regarding suboptimal Vit. D levels (P = 0.007).

CONCLUSION: Patients with PV have significantly lower serum vitamin D levels in comparison to controls and that these low levels were not related to age, BMI or pattern of sun exposure. The associated Vitamin D insufficiency in patients with PV may possibly exacerbate their disease through various immune related mechanisms.

PMID: 23659586 [PubMed - as supplied by publisher]

14. Clin Exp Dermatol. 2013 Dec;38(8):830-5. doi: 10.1111/ced.12099. Epub 2013 Apr 3.

Broadband ultraviolet A vs. psoralen ultraviolet A in the treatment of vitiligo: a randomized controlled trial.

El Mofty M(1), Bosseila M, Mashaly HM, Gawdat H, Makaly H.

Author information:

(1)Phototherapy Unit, Dermatology Department, Cairo University, Cairo, Egypt.

BACKGROUND: Psoralen ultraviolet A (PUVA) and narrowband (NB)-UVB have been shown

to be efficacious in the treatment of vitiligo. With large and repeated doses, UVA may lead to immediate skin darkening and to delayed tanning. Our previous experience with broadband (BB)-UVA in vitiligo showed encouraging results.
AIM: To test the efficacy of BB-UVA in vitiligo and to evaluate if it could provide an alternative treatment for this condition.
METHODS: This prospective, randomized, controlled, comparative clinical trial enrolled 45 patients with vitiligo, who were randomly divided into three groups, with group A receiving UVA 15 J/cm(2) /session, group B receiving UVA 10 J/cm(2) /session, and group C receiving PUVA. The patients received three sessions/week for 5 months, with 60 sessions in total.
RESULTS: At the mid-point of treatment, clinical response was significantly higher in patients receiving PUVA than in the other two groups At the end of the study, clinical response was comparable for groups A and C (UVA 15 J/cm(2) and PUVA, respectively), and both were significantly higher than the group receiving UVA 10 J/cm(2) . Patients in the PUVA group responded mainly with perifollicular pigmentation, whereas those receiving UVA responded mainly with lesional tanning.
CONCLUSIONS: BB-UVA at a dose of 15 J/cm(2) /session gives results for vitiligo that are comparable to PUVA, suggesting it might be useful when oral psoralens are contraindicated.

PMID: 23551324 [PubMed - in process]

15. Skin Pharmacol Physiol. 2013;26(2):101-7. doi: 10.1159/000346698. Epub 2013 Feb 20.

Serum ferritin and vitamin d in female hair loss: do they play a role?

Rasheed H(1), Mahgoub D, Hegazy R, El-Komy M, Abdel Hay R, Hamid MA, Hamdy E.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

AIM: Evaluation of serum ferritin and vitamin D levels in females with chronic telogen effluvium (TE) or female pattern hair loss (FPHL), in order to validate their role in these common hair loss diseases.

METHODS: Eighty females (18 to 45 years old) with hair loss, in the form of TE or FPHL, and 40 age-matched females with no hair loss were included in the study. Diagnosis was based upon clinical examination as well as trichogram and dermoscopy. Serum ferritin and vitamin D2 levels were determined for each participant.

RESULTS: Serum ferritin levels in the TE (14.7 ± 22.1 μg/l) and FPHL (23.9 ± 38.5 μg/l) candidates were significantly lower than in controls (43.5 ± 20.4 μg/l). Serum vitamin D2 levels in females with TE (28.8 ± 10.5 nmol/l) and FPHL (29.1 ± 8.5 nmol/l) were significantly lower than in controls (118.2 ± 68.1 nmol/l; $p < 0.001$). These levels decreased with increased disease severity. Serum ferritin cut-off values for TE and FPHL were 27.5 and 29.4 μg/l, respectively, and those for vitamin D were 40.9 and 67.9 nmol/l.

CONCLUSION: Low serum ferritin and vitamin D2 are associated with hair loss in females with TE and FPHL. Screening to establish these levels in cases of hair loss and supplementing with them when they are deficient may be beneficial in the treatment of disease.

PMID: 23428658 [PubMed - indexed for MEDLINE]

16. J Drugs Dermatol. 2013 Jan;12(1):e7-e13.

Fractional CO(2) laser treatment vs autologous fat transfer in the treatment of acne scars: a comparative study.

Azzam OA(1), Atta AT, Sobhi RM, Mostafa PI.

Author information:
(1)Department of Dermatology, Kasr El-Ainy Hospital, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Acne scars present a highly challenging and frustrating clinical problem. Fractional CO2 laser treatment has led to marked improvement in scars, and fat transfer, or fat grafting, has also recently proven very useful in regenerative medicine.

OBJECTIVE: To compare fractional CO2 laser treatment and fat grafting in the treatment of acne scars.

MATERIALS AND METHODS: Twenty patients were included in this study, 10 received 3 sessions of fractional CO2 laser therapy, and 10 received fat grafting. All patients were then followed up for 3 months, and results were assessed with digital photographs taken by a committee of 3 physicians, by a single-blinded physician, and by reports of patient satisfaction.

RESULTS: In the fractional CO2 laser treatment group, under 20% of patients were graded as having excellent scar improvement, 0 as having marked scar improvement, under 10% as having mild scar improvement, and almost 70% as having moderate scar improvement. In the fat-grafting group, the scar and overall improvement were graded as 30% excellent, 30% marked, 20% moderate, and 20% mild.

CONCLUSION: Fat grafting proved to be more effective in the treatment of acne scars than ablative fractional CO2 laser treatment. There were many points in its favor, the most significant being the clinical improvement in scars and texture. This supports the stem cell theory of adipose tissue in regenerative medicine.

PMID: 23377343 [PubMed - indexed for MEDLINE]

17. J Dermatolog Treat. 2013 Dec;24(6):422-6. doi: 10.3109/09546634.2013.768327. Epub 2013 May 21.

Mycophenolate mofetil: a novel immunosuppressant in the treatment of dystrophic epidermolysis bullosa, a randomized controlled trial.

El-Darouti MA(1), Fawzy MM, Amin IM, Abdel Hay RM, Hegazy RA, Abdel Halim DM.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University , Cairo , Egypt.

BACKGROUND: No effective treatment has been found for epidermolysis bullosa dystrophica (EBD).

OBJECTIVE: To evaluate the efficacy and safety mycophenolate mofetil (MMF) in treating EBD.

METHODS: This randomized controlled double-blinded study included 35 patients with severe generalized EBD. Patients were randomly divided into two groups: group I (18 patients) received cyclosporine therapy (5 mg/kg/day) and group II (17 patients) received MMF therapy (500-1500 mg/day). Clinical assessment was made weekly for 3 months from the start of the treatment. Patients were assessed by measuring the extent of the disease, the % of improvement, assessing the number of new blister formation and the time of complete healing of new blisters. Side effects were recorded when detected.

RESULTS: The % of improvement in the disease extent was statistically significantly higher ($p = 0.009$) in group I (mean ± SD: 59.21 ± 22.676) than in group II (mean ± SD: 44.03 ± 25.71). As regards the number of new blisters and the rate of healing of blisters, there was no statistically significant difference between both groups ($p = 0.693$ and 0.404, respectively). No serious side effects were reported.

CONCLUSION: MMF seems to be a good therapeutic option for the long-term treatment

of EBD, it can be a good alternative for patients who cannot tolerate cyclosporine.

PMID: 23336818 [PubMed - in process]

18. J Cosmet Laser Ther. 2013 Feb;15(1):13-20. doi: 10.3109/14764172.2012.738910.

Non-ablative 1540 fractional laser: how far could it help injection lipolysis and dermal fillers in lower-face rejuvenation? A randomized controlled trial.

Leheta T(1), El Garem Y, Hegazy R, Abdel Hay RM, Abdel Halim D.

Author information:
(1)Dermatology Department, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Rejuvenation of the lower face can be challenging and no single modality can accomplish all its complex events.
PATIENTS AND METHODS: This 18-month study included 24 female patients with a primary complaint of lower-face aging signs. They were randomly allocated to either Group A, who received injection lipolysis and hyaluronic acid dermal filler, or Group B who in addition received non-ablative 1540 fractional laser.
The improvement evaluation score used was the global aesthetic improvement scale (GAIS). Patient's satisfaction level was also recorded. Both were repeated at Months 6, 13 and 18.

RESULTS: At all evaluations, laser group showed higher degree of improvement. Interestingly, at short-term evaluation (6 month), there was no significant difference between both groups ($P > 0.05$). However, the laser group improvement in comparison to the other group became significant in the long-term evaluations (13 and 18 months) ($P < 0.05$).

CONCLUSION: This study further documents the importance of combination therapy in facial rejuvenation, offering a treatment protocol combining injection lipolysis and hyaluronic acid as an effective, safe, short-term therapeutic option in lower-face rejuvenation. The addition of 1540 non-ablative fractional laser to the protocol offers a higher efficacy with longer-term effects and no adverse events.

PMID: 23057533 [PubMed - indexed for MEDLINE]

19. Dermatol Ther. 2012 May-Jun;25(3):273-6. doi: 10.1111/j.1529-8019.2012.01456.x.

Intralesional cryosurgery and intralesional steroid injection: a good combination therapy for treatment of keloids and hypertrophic scars.

Weshahy AH(1), Abdel Hay R.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Cairo, Egypt.

Hypertrophic scars and keloids exhibit high recurrence rates following surgical excision. Intralesional cryosurgery (ILC) can achieve a higher degree of effectiveness than the surface cryotherapy. The aim of this study is to assess the clinical efficacy of ILC using Weshahy cryoneedles followed by IL steroid in a trial of getting rid of the fibrous mass by destruction, not by surgery to avoid being under tension of the new scar. This study included 22 patients. Evaluation of the volume reduction of the lesions was done after a single ILC session followed by IL steroid injections. There was a significant decrease in the volume of the lesions after 4 months ($P < 0.01$), with a volume reduction of 93.5%. By using ILC at the base of keloids or hypertrophic scars, we can change the old fibrous tissue into a recent scar or granulation tissue which will respond more successfully to IL steroid injection.

PMID: 22913446 [PubMed - indexed for MEDLINE]

20. Int J Dermatol. 2012 Jul;51(7):785-9. doi: 10.1111/j.1365-4632.2011.04977.x.

Downregulation of TLR-7 receptor in hepatic and non-hepatic patients with lichen planus.

El Tawdy A(1), Rashed L.

Author information:

(1)Department of Dermatology, Cairo University, Cairo, Egypt. a_tawdy@hotmail.com

BACKGROUND: Lichen planus (LP) is an inflammatory disease of the skin and oral mucosa. The association of LP and chronic hepatitis C virus (HCV) is well established, with variable prevalence rates among different populations.
Toll-like receptors (TLRs) are key regulators of both the innate response and the adaptive response. However, TLRs also interact with endogenous ligands released by necrotic cells, and this process can intensify autoimmune diseases such as rheumatoid arthritis and systemic lupus erythematosus.
OBJECTIVE: To investigate the role of Toll-like receptor-7 (TLR-7) in LP through the detection of TLR-7 protein, and to compare between the expression of TLR-7 protein in HCV-positive and HCV-negative patients with LP.
MATERIALS AND METHODS: The study included 20 skin biopsies from patients with LP and 10 control biopsies. TLR-7 protein was detected by Western blot analysis. Detection of HCV-specific antibodies in the patient serum was done using ELISA technique.
RESULTS: Our analysis revealed a significantly lower level of TLR-7 protein in all the LP skin biopsies compared with controls. The expression showed no difference between HCV-positive and HCV-negative patients.
CONCLUSION: We concluded that TLR-7 abnormal expression in LP may have an impact on the pathogenesis of the disease. TLR-7 receptor and HCV relationship in patients with LP could not be confirmed by this study.

PMID: 22715821 [PubMed - indexed for MEDLINE]

21. Clin Exp Dermatol. 2013 Mar;38(2):160-3. doi: 10.1111/j.1365-2230.2012.04413.x. Epub 2012 Jun 8.

Glutathione S-transferase M1 and T1 genetic polymorphism in Egyptian patients with nonsegmental vitiligo.

Bassiouny DA(1), Khorshied MM.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Kasr El-Ainy University Hospital, Cairo University, Cairo, Egypt. daliabas73@yahoo.com

Oxidative stress and accumulation of free radicals might play a role in the pathogenesis of vitiligo. Glutathione S-transferase (GST) is a multigene family of enzymes that detoxify oxidative stress products. In this study, genotyping by multiplex PCR of GSTM1 and GSTT1 in 101 women with nonsegmental vitiligo vulgaris and 101 age-matched healthy female volunteers showed that only the GSTM1 null genotype (P=0.04) was significantly overexpressed in patients with vitiligo. Analysis of the combined effect of GSTM1 and GSTT1 genotyping identified a significant association of risk for vitiligo with the GSTT1/GSTM1 double-null type only (P=0.01; OR=2.69; 95% CI 1.12-6.46). Age of onset of vitiligo was

significantly earlier in patients with the T1 null genotype (P<0.01) and those with the T1-/M1+ and T1-/M1- combined genotypes (P<0.01 and P=0.01, respectively). In conclusion, the GSTM1 gene and the GSTM1/GSTT1 double-null genotype may be a risk factor for vitiligo in Egyptian patients. Inability to cope with oxidative stresses because of GST deficiency may cause early disease onset.

PMID: 22681588 [PubMed - indexed for MEDLINE]

22. J Dermatolog Treat. 2014 Apr;25(2):137-41. doi: 10.3109/09546634.2012.698249. Epub 2012 Jul 25.

Do combined alternating sessions of 1540 nm nonablative fractional laser and percutaneous collagen induction with trichloroacetic acid 20% show better results than each individual modality in the treatment of atrophic acne scars? A randomized controlled trial.

Leheta TM(1), Abdel Hay RM, Hegazy RA, El Garem YF.

Author information:

(1)Dermatology Department, Cairo University, Faculty of Medicine , Cairo , Egypt.

BACKGROUND: There have been no well-controlled studies evaluating the efficacy of combining 1540 nm nonablative fractional laser with percutaneous collagen induction (PCI) and trichloroacetic acid (TCA) 20% in the treatment of atrophic acne scars.

OBJECTIVE: We hypothesized that combined alternating sessions of both modalities would show better results than each individual modality.

METHODS AND MATERIALS: Thirty-nine patients with post acne atrophic scars were included in this study. Patients were randomly equally divided into three groups; group 1 was subjected to six sessions of PCI combined with TCA 20% in the same session, group 2 was subjected to six sessions of 1540 nm fractional laser and group 3 was subjected to combined alternating sessions of the previously mentioned two modalities.

RESULTS: Scar severity scores improved by a mean of 59.79% (95% CI 47.38-72.21) ($p < 0.001$) in group 1, a mean of 61.83% (95% CI 54.09-69.56) ($p < 0.001$) in group 2 and a mean of 78.27% (95% CI 74.39-82.15) ($p < 0.001$) in group 3. The difference in the degree of improvement was statistically significant when comparing the three groups using ANOVA test ($p = 0.004$).

CONCLUSION: The current work recommends combining 1540 nm nonablative fractional laser in alternation with PCI and TCA 20% in the treatment of atrophic acne scars.

PMID: 22640000 [PubMed - in process]

23. Indian J Dermatol. 2012 Mar;57(2):102-6. doi: 10.4103/0019-5154.94275.

Skin tags and acanthosis nigricans in patients with hepatitis C infection in relation to insulin resistance and insulin like growth factor-1 levels.

El Safoury OS(1), Shaker OG, Fawzy MM.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND: Skin tags (ST) are papillomas commonly found in the neck, axillae of middle-aged and elderly people

AIM: Insulin and insulin-like growth factor (IGF-1) levels are affected by hepatitis C virus (HCV) infection and both of them may be implicated in the etiopathogenesis of ST and acanthosis nigricans (AN) through their proliferative and differentiating properties. So, the aim of this work was to evaluate the impact of HCV infection on ST and AN through the estimation of insulin resistance and IGF-1.

MATERIALS AND METHODS: PARTICIPANTS WERE ARRANGED INTO FOUR GROUPS: (ST +ve / HCV +ve) 23 subjects, (ST+ / HCV -ve) 19 subjects, (HCV -ve / ST-ve) 20 subjects and (ST-ve /HCV +ve) 22 subjects. Age, ST size, color, number, AN, fasting glucose, fasting insulin, insulin resistance, IGF-1, HCV-antibodies (Ab) were recorded.

RESULTS: The mean number of ST in Group 1 was half the number of ST in Group 2 (11.0±9.3 / 22.3±14.0) (P=0.005). The difference in insulin resistance between the same groups was non-significant (13.1±10.6 / 9.0±5.5) (P=0.441) while the difference in IGF-1 was statistically significant (218.6±46.2 /285.4±32.8)

(P=0.002). The multivariate logistic regression for the variables revealed that insulin resistance is the only factor affecting the occurrence of ST (OR=1.096, P=0.023). Multivariate regression analysis for the variables showed that HCV was borderline but not a significant factor affecting the number of ST (Beta=-0.409, P=0.053). The number of patients with AN was doubled in Group 2 in comparison to Group 1 but this was non significant 3(13%) / 6(32%) (P=0.2800).
CONCLUSION: HCV is associated with a significant decrease in the ST number and in the serum level of IGF-1 together with an obvious decrease in the occurrence of AN. Our results may point to the entrant effect of insulin resistance and IGF-1 in ST and AN development. The current study suggests the evaluation of IGF-1-lowering agents in the control of ST and AN especially in the females with polycystic ovary and in the prevention of the recurrence of ST after surgical removal.

PMCID: PMC3352629
PMID: 22615504 [PubMed]

24. J Am Acad Dermatol. 2013 Jul;69(1):e19-23. doi: 10.1016/j.jaad.2012.03.004. Epub 2012 May 8.

Hair loss in pityriasis versicolor lesions: a descriptive clinicopathological study.

Mostafa WZ(1), Assaf MI, Ameen IA, El Safoury OS, Al Sulh SA.

Author information:

(1)Department of Dermatology, Kasr Al Ainy School of Medicine, Cairo University, Cairo, Egypt. wedad_mostafa@kasralainy.edu.eg

BACKGROUND: We have observed that hair thinning and/or loss occur at times as a presenting symptom or sign in patients with pityriasis versicolor (PV).

OBJECTIVE: Our objective was to verify and explore this clinical observation and depict its underlying pathology.

METHODS: A total of 39 patients with PV were examined during a period of 11 months and skin biopsy specimens were taken from lesional and nonlesional skin. Hematoxylin-eosin- and periodic acid-Schiff-stained sections were examined and described. Results were statistically analyzed.

RESULTS: Hair loss and/or thinning within PV lesions was shown in 61.5% of patients (P value < .0005), appearing most commonly on forearms, abdomen, and neck as well as the beard area (only in male participants). Histopathologically, in addition to the classically described features of PV, basal hydropic degeneration, follicular degeneration, miniaturization, atrophy, plugging, and/or hair shaft absence occurred in 46% of lesional versus 20.5% of nonlesional biopsy specimens (P value < .05); these changes appeared to be directly or indirectly related to the presence of Malassezia organisms in hair follicles and/or stratum corneum.

LIMITATIONS: Some patients with PV lesions on the face did not approve facial biopsy.

CONCLUSION: This study provides clinical and histopathological evidence that PV

lesions may be associated with hair thinning and/or loss.

PMID: 22575159 [PubMed - indexed for MEDLINE]

25. Eur J Dermatol. 2012 Jul-Aug;22(4):481-7. doi: 10.1684/ejd.2012.1730.

Reduction of RANTES expression in lesional psoriatic skin after narrow band ultraviolet therapy: a possible marker of therapeutic efficacy.

Rateb AA(1), Fawzi MM, Abdel Hay RM, Mohammed FN, Amr KS.

Author information:
(1)Dermatology Department, Faculty of Medicine, 13th Abrag Othman, Kournish el Maadi, 11431 Cairo Cairo University, Egypt.

BACKGROUND: The regulated upon activation, normal T cell expressed and secreted (RANTES) production in psoriatic lesions may amplify the inflammation in these lesions. Narrow band ultraviolet B (NB-UVB), a therapeutic modality for psoriasis, affects the expression of inflammatory cytokines and chemokines.
OBJECTIVE: Our aim was to evaluate RANTES mRNA expression in skin lesions of psoriasis before and after NB-UVB phototherapy.

METHODS: This study included 25 psoriatic patients who received 24 sessions of NB-UVB. Skin biopsies were taken before and after phototherapy for real time PCR evaluation of RANTES mRNA.
RESULTS: The relative quantitation values (RQ) of RANTES mRNA expression was significantly reduced after treatment. A significant negative correlation was found between pre-treatment RQ RANTES mRNA expression and post-treatment PASI score. We found a significant negative correlation between dRQ RANTES mRNA expression (difference between RQ RANTES mRNA expression before and after phototherapy) and PASI score after phototherapy. We found significant negative correlations between pre-treatment RQ RANTES mRNA expression and both initial response session number and total NB-UVB dose at the end of phototherapy.
CONCLUSION: NB-UVB reduces RANTES mRNA expression in psoriatic lesions. Pre-treatment RQ RANTES mRNA expression could be considered as a marker for clinical improvement and NB-UVB phototherapy efficacy.

PMID: 22531960 [PubMed - indexed for MEDLINE]

26. Acta Dermatovenerol Croat. 2012;20(1):14-20.

Detection of plasma and urinary monoamines and their metabolites in nonsegmental vitiligo.

Shahin Z(1), Leheta TM, Abdel Hay RM, Abdel Aal HM, Rashed LA.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Egypt.

Vitiligo is one of the most troubling diseases to both patient and physician. Monoamines are chemical compounds derived from the hydroxyderivative of amino acids. They have been implicated in many dermatoses, but their role in the etiopathogenesis of vitiligo remains obscure. The aim of the study was to evaluate the role of the neural factor in the pathogenesis of nonsegmental vitiligo (NSV) by measuring catecholamines and their metabolites in plasma and urine of patients suffering from NSV, and to correlate these factors with the onset and activity of the disease. The study included 20 patients with NSV and 20 healthy individuals. All subjects were subjected to plasma and urine detection of catecholamines and 5-hydroxyindoleacetic acid (5-HIAA) using high-performance liquid chromatography and electrochemical detection. Comparison of plasma and urinary catecholamines and 5-HIAA between the patient and control groups revealed a statistically significant increase in the group of NSV patients ($P<0.05$). There was no statistically significant difference ($P>0.05$) between the patients with recent and old onset of NSV. In conclusion, the increase in the level of monoamines may be the initiating event in the pathogenesis of NSV.

PMID: 22507469 [PubMed - indexed for MEDLINE]

27. J Dermatolog Treat. 2014 Jun;25(3):223-5. doi: 10.3109/09546634.2012.674194. Epub 2012 Jun 10.

Using trichloroacetic acid in the treatment of acanthosis nigricans: a pilot study.

Zayed A(1), Sobhi RM, Abdel Halim DM.

Author information:

(1)The Department of Dermatology, Kasr El-Ainy University Hospital, Cairo University , Cairo , Egypt.

BACKGROUND: Despite several therapeutic modalities, acanthosis nigricans (AN) remains a difficult dermatosis to treat.

OBJECTIVE: This study aims to test the safety and efficacy of trichloroacetic acid (TCA) as a chemical peel in the treatment of AN in a random sample of Egyptian female patients.

METHOD: Six females with AN lesions were included in this pilot study. All patients received chemical peeling sessions using TCA over the affected skin lesions. Sessions were carried out to all patients once per week. Treatment was continued for 1 month. Treatment efficacy was evaluated by determining the average rate of response of the lesions to the treatment on a weekly basis.

RESULTS: All patients showed improvement as regard hyperpigmentation, thickening, and the overall appearance. The physician assessment was excellent in three lesions, moderate in five, and was mild in two. No side effects had been reported.

CONCLUSION: The study may present TCA as a safe, easy, and an effective method

for the treatment of AN.

PMID: 22494198 [PubMed - in process]

28. J Am Acad Dermatol. 2012 Dec;67(6):1182-8. doi: 10.1016/j.jaad.2012.02.030. Epub 2012 Mar 28.

Hypopigmented parapsoriasis en plaque, a new, overlooked member of the parapsoriasis family: a report of 34 patients and a 7-year experience.

El-Darouti MA(1), Fawzy MM, Hegazy RA, Abdel Hay RM.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: In the past 7 years we have extensively studied an uncommon hypopigmented disorder that, apart from hypopigmentation, showed many common features with parapsoriasis en plaque (PSEP), both clinically and histopathologically.

OBJECTIVE: We sought to verify whether this disorder should be considered a hypopigmented variant of PSEP and thus be referred to as hypopigmented PSEP.

METHODS: A total of 34 patients presenting with this peculiar hypopigmented disorder were included (2003-2010). Patients were subjected to a predesigned algorithm excluding all possible differential diagnoses of hypopigmented lesions.

RESULTS: Our findings indicated that this disorder can be diagnosed as hypopigmented PSEP. These findings included: (1) exclusion of all other disorders causing similar hypopigmented lesions; (2) shape and size of the lesions being very similar to those of classic small PSEP (small-plaque parapsoriasis [SPP]); (3) similar distribution of the lesions (trunk, proximal upper and lower limbs) to the classic PSEP; (4) digitiform extensions of most the lesions (70.5% of our patients) as in SPP; (5) absence of itching as in PSEP (SPP type); (6) good response to narrowband ultraviolet B in 76.4% of the patients (n = 26); and (7) during follow-up 5 patients (14.7%) converted into hypopigmentd mycosis fungoides.
LIMITATIONS: A limitation in our study is that we did not perform clonal T-cell receptor gene rearrangement because of limited resources.
CONCLUSION: Based on our findings we believe that this hypopigmented disorder is a well-defined new variant of the PSEP family that shows, apart from the hypopigmentation, all the features of PSEP, particularly the SPP variant, and accordingly could be referred to as hypopigmented PSEP.

PMID: 22459359 [PubMed - indexed for MEDLINE]

29. Photodermatol Photoimmunol Photomed. 2012 Apr;28(2):84-90. doi: 10.1111/j.1600-0781.2011.00643.x.

A comparative study on efficacy of UVA1 vs. narrow-band UVB phototherapy in the treatment of vitiligo.

El-Zawahry BM(1), Bassiouny DA, Sobhi RM, Abdel-Aziz E, Zaki NS, Habib DF, Shahin DM.

Author information:
(1)Department of Dermatology, Kasr El-Ainy University Hospital, Cairo University, Cairo, Egypt.

BACKGROUND/PURPOSE: Narrow-band ultraviolet B (NB-UVB) is considered the most effective and safe initial treatment for moderate-to-severe vitiligo but phototoxicity and possible carcinogenicity are the reported side effects. Ultraviolet A1 (UVA1) phototherapy has overlapping biological effects to NB-UVB and is relatively free of side effects associated with other phototherapy regimens.
METHODS: Forty patients with vitiligo were included in this prospective, randomized controlled comparative clinical trial. Twenty patients received NB-UVB and 20 received UVA1 three times weekly for 12 weeks. The UVA1 group was divided into two subgroups. Ten patients received moderate and 10 received low dose of UVA1. Serum samples were collected before and after 36 sessions to assess soluble interleukin 2 receptor level. Patients were clinically evaluated before therapy then monthly according to Vitiligo Area Scoring Index (VASI) and Vitiligo European Task Force (VETF) scores. In addition, extent of response was determined

by a blinded dermatologist comparing before and after therapy photographs. Pattern of response and side effects were recorded.

RESULTS: NB-UVB was superior to UVA1 with a significant difference in blinded dermatological assessment (P<0.001), percentage change in VASI score (P<0.001) and percentage change in VETF area score (P=0.001). No significant difference in side effects was observed between both groups. Comparing UVA1 subgroups, better response in moderate-dose group was found as regard to percentage change in VASI (P<0.001) and percentage change in VETF area score (P=0.001), while no significant difference was found in blinded dermatological assessment (P=0.121).

CONCLUSION: NB-UVB phototherapy remains to be an effective and safe therapeutic option in vitiligo. Response to UVA1 in vitiligo seems to be dose dependent and seems to be of limited value in treatment of vitiligo as a monotherapy. Further studies combining it with other lines of therapy such as systemic steroids may prove beneficial.

PMID: 22409711 [PubMed - indexed for MEDLINE]

30. J Cosmet Dermatol. 2012 Mar;11(1):65-71. doi: 10.1111/j.1473-2165.2011.00599.x.

A single-blinded comparative study between the use of glycolic acid 70% peel and the use of topical nanosome vitamin C iontophoresis in the treatment of melasma.

Sobhi RM(1), Sobhi AM.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Melasma is a common pigmentary disorder. Despite the availability of a wide range of skin-lightening treatments, melasma of skin remains a therapeutic challenge.

OBJECTIVE: The aim of this study was to evaluate the efficacy and safety of nanosome vitamin C iontophoresis and to compare the therapeutic effects of nanosome vitamin C iontophoresis vs. glycolic acid peel 70% in the treatment of melasma in Egyptian women.

METHODS: This study included 14 patients of melasma with skin type IV-V taken for a right-left comparison study of six sessions. Glycolic acid 70% peel was applied on the right side, whereas nanosome vitamin C was applied by iontophoresis on the other side. The results are evaluated using the melasma area and severity index score and with photographs at baseline and after six sessions. Also the photographs were evaluated by two single-blinded physicians before and after sessions.

RESULTS: Both sides were improved, but the side treated with nanosome vitamin C showed better results. Side effects were few and transient.

CONCLUSION: We concluded that nanosome vitamin C is a new, safe and effective, easy and painless method in the treatment of melasma.

PMID: 22360337 [PubMed - indexed for MEDLINE]

31. J Dermatolog Treat. 2014 Apr;25(2):130-6. doi: 10.3109/09546634.2012.674192. Epub 2012 May 8.

Deep peeling using phenol versus percutaneous collagen induction combined with trichloroacetic acid 20% in atrophic post-acne scars; a randomized controlled trial.

Leheta TM(1), Abdel Hay RM, El Garem YF.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University , Cairo , Egypt.

BACKGROUND: Deep peeling using phenol and percutaneous collagen induction (PCI) are used in treating acne scars.

AIM: To compare deep peeling using phenol and PCI combined with trichloroacetic acid (TCA) 20% in treating atrophic acne scars.

METHODS: 24 patients with post-acne atrophic scars were randomly divided into two groups; group 1 was subjected to one session of deep peeling using phenol, and group 2 was subjected to four sessions of PCI combined with TCA 20%. As a secondary outcome measure, side effects were recorded and patients were asked to assess their % of improvement by a questionnaire completed 8 months after the

procedure.

RESULTS: Scar severity scores improved by a mean of 75.12% ($p < 0.001$) in group 1 and a mean of 69.43% ($p < 0.001$) in group 2. Comparing the degree of improvement in different types of scars, within the same group after treatment, revealed a significant highest degree of improvement in the rolling type ($p = 0.005$) in group 2.

CONCLUSION: Deep peeling using phenol and PCI with TCA 20% were effective in treating post-acne atrophic scars.

PMID: 22397516 [PubMed - in process]

32. Indian J Dermatol. 2011 Nov;56(6):641-6. doi: 10.4103/0019-5154.91819.

The possible role of trauma in skin tags through the release of mast cell mediators.

El Safoury OS(1), Fawzy MM, Hay RM, Hassan AS, El Maadawi ZM, Rashed LA.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Egypt .

BACKGROUND: Skin tags (ST) are common benign tumors of the skin but their etiopathogenesis is not well understood. STs arise in sites subjected to trauma. It was proved that mast cells are recruited to sites of skin trauma and increase

their tumor necrosis factor-α (TNF-α) content.

AIM: STs are linked to obesity and frictional sites, but this has not been studied at the molecular level. We hypothesized that mast cells, TNF-α and its family member, TNF-related apoptosis-inducing ligand (TRAIL) might play a role in the pathogenesis of STs as a response to trauma.

MATERIALS AND METHODS: A study was done on 15 patients with STs. Two STs and a snip of normal skin were obtained in each subject. We counted the mast cells after Toluidine blue staining. Enzyme-linked immunosorbant assay was used to measure TNF-α level while reverse transcriptase polymerase chain reaction was used to evaluate the level of TRAIL mRNA expression.

RESULTS: Mast cell count in all STs was significantly higher than that in control ($P=0.0355$). There was a highly significant increase in the level of TNF-α in all STs as compared to its level in controls ($P<0.0001$). Expression of TRAIL mRNA was significantly higher in STs as compared to its expression in controls ($P<0.0001$).

CONCLUSION: Our study suggests that mast cells, TNF-α and TRAIL may play a role in the pathogenesis of STs.

PMCID: PMC3276887

PMID: 22345761 [PubMed]

33. J Eur Acad Dermatol Venereol. 2013 Mar;27(3):351-5. doi: 10.1111/j.1468-3083.2011.04417.x. Epub 2012 Jan 2.

Estimation of tissue osteopontin levels before and after different traditional

therapeutic modalities in psoriatic patients.

El-Eishi NH(1), Kadry D, Hegazy RA, Rashed L.

Author information:

(1)Departments of Dermatology and Biochemistry, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Several lines of evidences support a major role for Th1 cells in psoriasis. Treatment of psoriasis with cyclosporine, methotrexate and psoralen plus ultraviolet A (PUVA) is associated with clinical improvement and decrease in epidermal hyperplasia. Osteopontin (OPN) exerts a T-helper type 1 (Th1) cytokine function, regulating inflammatory cell accumulation and function.

OBJECTIVE: To detect the effects of methotrexate, cyclosporine and PUVA on OPN expression in psoriatic plaques, and whether these changes correlate with clinical response.

METHODS: For three groups of psoriatic patients (each including 12 patients), the Psoriasis Area Severity Index (PASI) and levels of lesional skin OPN were determined using enzyme-linked immunosorbent assays before and after treatment with methotrexate, cyclosporine or PUVA. Skin biopsies from 20 healthy volunteers served as control for OPN levels in normal skin.

RESULTS: Baseline lesional skin of psoriatic patients showed a statistically significant elevation of OPN levels in comparison to controls. Three months after therapy, the three therapeutic modalities were associated with a significant decrease in the mean levels of PASI and tissue OPN, with the PUVA group showing

the highest level of reduction in OPN levels and cyclosporine group showing the highest level of reduction in PASI.

CONCLUSION: Our study points to the possible role played by OPN in the pathogenesis of psoriasis and in reflecting disease severity. These standard therapeutic modalities used in the current study were associated with a significant decrease in PASI and OPN levels. They constitute highly effective therapeutic modalities for psoriasis, which might exert their anti-psoriatic activity partially through altering the expression of OPN.

PMID: 22221192 [PubMed - in process]

34. J Eur Acad Dermatol Venereol. 2013 Jan;27(1):103-8. doi: 10.1111/j.1468-3083.2011.04368.x. Epub 2011 Dec 8.

Basic fibroblast growth factor and tumour necrosis factor alpha in vitiligo and other hypopigmented disorders: suggestive possible therapeutic targets.

Seif El Nasr H(1), Shaker OG, Fawzi MM, El-Hanafi G.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: In healthy skin, there is a molecular microenvironment that favours the survival of melanocytes and regulates their function. Keratinocytes synthesize and secrete several cytokines that have stimulatory and inhibitory effects on melanocytes.

AIM OF THE WORK: This work was conducted to evaluate the expression of basic fibroblast growth factor (bFGF) and tumour necrosis factor alpha (TNF-α) mRNA levels in lesional skin of vitiligo, hypopigmented mycosis fungoides and hypopigmented tinea versicolor.

PATIENTS AND METHODS: Forty eight patients (25 vitiligo, 14 hypopigmented mycosis fungoides, 9 hypopigmented tinea versicolor) and 10 healthy controls were included. A 4 mm punch skin biopsy was taken from lesional skin of patients, and the normal skin of controls for quantitative PCR examination of TNF-α and bFGF mRNA.

RESULTS: The level of TNF-α mRNA in lesional skin of the three studied disorders was significantly higher than in the control group, while the level of bFGF mRNA was significantly lower in lesional skin of the three diseases than the control skin. A significant inverse correlation was demonstrated between the mRNA levels of the two studied cytokines in vitiligo and hypopigmented MF lesions.

CONCLUSION: The study's findings demonstrate that the studied hypopigmented (vitiligo, hypopigmented MF, hypopigmented TV) disorders show similar changes in their cutaneous microenvironment with increased TNF-α and decreased bFGF mRNA expression. This cytokine microenvironment change may be implicated in the pigment loss and hence these cytokines may have future therapeutic implications.

PMID: 22151832 [PubMed - indexed for MEDLINE]

35. Eur J Dermatol. 2012 Jan-Feb;22(1):42-5. doi: 10.1684/ejd.2011.1575.

Expression of peroxisome proliferator activator receptor β/δ (PPARβ/δ) in acne vulgaris.

Elmongy NN(1), Shaker O.

Author information:

(1)Dermatology Department, Medical Biochemistry Department, Cairo University, 35 Dokki street, Giza, 12311 Cairo, Egypt. nnaradw@yahoo.com

Sebum production is the key factor in the pathophysiology of acne. Studies in sebocyte and human sebaceous gland biology indicate that agonists of peroxisome proliferator-activated receptors (PPARs) alter sebaceous lipid production. Our objective was to detect the expression of PPARβ/δ in acne lesions and find its contribution to disease pathogenesis. Twenty five acne vulgaris patients (14 males, 11 females) were included. In addition, 12 healthy volunteers (6 males, 6 females) served as controls. Punch biopsies (3mm) were taken from lesional skin of all patients, non-lesional skin in 12 patients, and from the healthy controls.

The biopsies were estimated quantitatively for the level of PPARβ/δ mRNA using reverse transcriptase-polymerase chain (RT-PCR) technique. PPARβ/δ mRNA levels were significantly higher in patients than controls (p=0.00) and in patients' lesional than non-lesional skin (p=0.00). No significant difference however, was found between inflammatory and non-inflammatory lesions. Age and disease duration had no influence on mean PPAR mRNA levels in lesional skin. PPARβ/δ is over expressed-in inflammatory and non-inflammatory acne vulgaris and may well be considered as a candidate target in future acne therapy. However, elucidation of its functional role is recommended.

PMID: 22146481 [PubMed - indexed for MEDLINE]

36. J Eur Acad Dermatol Venereol. 2012 Dec;26(12):1522-32. doi: 10.1111/j.1468-3083.2011.04333.x. Epub 2011 Nov 24.

Peroxisome proliferator-activated receptor gamma, a possible culprit in mycosis fungoides: an immunohistochemical study.

Youssef R(1), Hegazy RA, Fawzy MM, Abdel Halim DM, Nabil N, Sayed SS, Shaker OG.

Author information:

(1)Department of Dermatology, Kasr AlAini Hospital, Cairo University, Cairo, Egypt.

BACKGROUND: It still remains debatable whether peroxisome proliferator-activated

receptor gamma (PPARγ) is pro- or antineoplastic, and its exact role in mycosis fungoides (MF) remains unclear.

OBJECTIVE: This prospective comparative study aimed to investigate the expression of PPARγ in MF and compare it with psoriatics and controls in a trial to deduce its possible role in MF. Also, we tried to clarify the relation between PPARγ and Bcl-2 in MF.

METHODS: Twenty MF patients, 20 psoriatic patients and 20 controls were included. All participants underwent a skin biopsy, and immunohistochemical staining for both PPARγ and Bcl-2 were performed. Western blot analysis was performed for detection of both PPARγ and Bcl-2.

RESULTS: The mean area per cent of PPARγ measured in the MF patients (57.1217±9.502417) was significantly higher ($P<0.001$) when compared with that of both the psoriatics (2.989±1.723) and controls (35.9357±8.1789). The mean area per cent of Bcl-2 in MF patients (9.3763±6.6328) was significantly higher ($P<0.001$) than that of both the psoriatics (2.35±1.35) and the controls (0.73105±0.5302)]. Our results were confirmed using the western blot analysis. We detected a highly significant positive correlation between the PPARγ and Bcl-2 mean area per cents in all patients. In our MF patients, both parameters were also positively correlated with the age of the patient, duration and stage of MF ($P<0.05$).

CONCLUSION: Our data suggest a possible role for PPARγ in the pathogenesis of MF possibly through several mechanisms, one of which might be conferring upon the lymphoma cells, a survival advantage at least partially through up regulating Bcl-2.

PMID: 22112149 [PubMed - indexed for MEDLINE]

37. Indian J Dermatol. 2011 Jul;56(4):393-7. doi: 10.4103/0019-5154.84765.

A clinical evaluation of skin tags in relation to obesity, type 2 diabetis mellitus, age, and sex.

El Safoury OS(1), Ibrahim M.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND: Skin tags (STs) have been investigated as a marker of type 2 diabetes mellitus (DM), yet the relation of STs to obesity is still a matter of controversy.
AIM: The aim of the study is to explore the relation of number, size and color of STs to obesity, diabetes, sex and age in one study.
METHODS: The study included 245 nondiabetic (123 males and 122 females) and 276 diabetic (122 males and 154 females) subjects. We recorded age, sex, body mass index (BMI), relevant habits, STs color, size, and number in different anatomical sites.

RESULTS: The presence and the mean number of STs was more in obese than nonobese participants ($P = 0.006$ and $P < 0.001$, respectively) and was not affected by sex. However, the number increased significantly with age. The presence of mixed-color STs was related to obese ($P < 0.001$) participants. Multivariate logistic regression revealed that only BMI was significantly associated with the mixed-color STs (OR = 3.5, $P < 0.001$). The association of DM (OR = 1.7) with mixed-color STs was nonsignificant ($P = 0.073$). Neither age nor sex had any association with mixed-color STs. Within cases that developed mixed-color STs, the multivariate analysis showed that only BMI had a significant correlation to the number of STs (beta = 0.256, $P = 0.034$).

CONCLUSION: The study showed that not only the number but also the presence of mixed-color ST was related to obesity, but not to diabetes. The presence of mixed-color STs in nondiabetic subjects needs close inspection of BMI.

PMCID: PMC3179001

PMID: 21965846 [PubMed]

38. J Eur Acad Dermatol Venereol. 2012 Sep;26(9):1122-6. doi: 10.1111/j.1468-3083.2011.04229.x. Epub 2011 Sep 16.

DNA polymorphisms and tissue cyclooxygenase-2 expression in oral lichen planus: a case-control study.

Abdel Hay RM(1), Fawzy MM, Metwally D, Kadry D, Ezzat M, Rashwan W, Rashed LA.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Oral lichen planus (OLP) is a chronic inflammatory disorder defined as a precancerous condition. Special attention has been paid to the expression of cyclooxygenase-2 (COX-2) and its potential role in development of oral squamous cell carcinoma. The identification of single nucleotide polymorphisms that affect gene function or expression and contribute to disease predisposition has become a major area of investigation toward understanding the mechanisms for cancer.
OBJECTIVE: The objective of this study is to investigate the association between the COX-2 765G>C gene polymorphism, tissue COX-2 expression and the development of OLP as a chronic inflammatory condition.
METHODS: This study was done on 50 patients with OLP and 50 healthy controls. COX-2 activity was assessed by measuring tissue prostaglandin E (PGE)2 levels by enzyme immunometric assay kit. COX-2 765G>C gene polymorphism was assessed by reverse transcriptase-polymerase chain reaction (RT-PCR) followed by restricted fragment length polymorphism (RFLP).
RESULTS: OLP patients showed statistically significant higher mean PGE2 than the control group. We did not observe any statistically significant differences in genotype distribution or allele frequency between the patients and the control group ($P > 0.05$). Odds ratio showed no statistically significant association between COX-2 765G>C polymorphism and lichen planus.
CONCLUSION: The present evidence thus indicates that variation in the COX-2 gene is unlikely to be of relevance to the aetiology of OLP. As this is the first

report concerning the COX-2 -765G>C gene polymorphism and the risk of OLP, additional studies with larger sample size will be required to confirm these findings.

PMID: 21923838 [PubMed - indexed for MEDLINE]

39. Indian J Dermatol Venereol Leprol. 2011 Sep-Oct;77(5):577-80. doi: 10.4103/0378-6323.84061.

Skin tags, leptin, metabolic syndrome and change of the life style.

El Safoury OS(1), Abdel Hay RM, Fawzy MM, Kadry D, Amin IM, Abu Zeid OM, Rashed LA.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Skin tags (STs), are papillomas commonly found in the neck and in the axillae of middle-aged and elderly people. Metabolic syndrome (MS) is a complex of interrelated risk factors for cardiovascular disease and diabetes. Epidemiologic studies of different ethnic populations have indicated that

hyperleptinaemia and leptin resistance are strongly associated with MS.

AIM: To study the possible relation of skin tags and leptin levels to MS guided by the International Diabetes Federation (IDF) diagnostic criteria.

METHODS: This study included 80 participants, 40 ST patients and 40 apparently healthy controls. Age, sex, waist circumference (WC), body mass index (BMI), smoking status, fasting glucose level, insulin level and insulin resistance were estimated as well as cholesterol, triglycerides, HDL, criteria of MS, and leptin levels.

RESULTS: The univariate analysis showed that WC, BMI, fasting glucose, insulin levels, insulin resistance, cholesterol, triglycerides, HDL, and leptin levels were significantly higher in ST patients compared to controls (P<0.001). The multivariate analysis between MS components and ST showed that only high triglyceride levels (OR 1.205/95% CI 1.044-1.391/P=0.011) and low HDL levels (OR 0.554/95% CI 0.384-0.800/P=0.002) were significantly associated with ST. Multivariate linear regression analysis of the predictors of high plasma leptin levels, showed that high triglyceride levels (OR 0.287/95% CI 0.410-3.56/P=0.014), and low HDL levels (OR -0.404/95% CI -8.7 to -2.08/P=0.002) were significant predictors.

CONCLUSION: The results of this study suggested that the presence of both ST and hyperleptinaemia in patients with STs may be associated with high levels of triglycerides and low levels of HDL and this could suggest that changing the life style of patients with ST may have a beneficial role.

PMID: 21860156 [PubMed - indexed for MEDLINE]

40. Eur J Dermatol. 2011 Nov-Dec;21(6):866-9. doi: 10.1684/ejd.2011.1496.

Effect of narrow band ultraviolet B on survivin in psoriatic skin lesions.

Nagui NA(1), Abdel Hay RM, Rashed LA.

Author information:

(1)Department of Dermatology, Cairo University Faculty of Medicine, Egypt.

Background: Suppression of apoptosis is responsible for epidermal thickness in psoriasis. Survivin is an anti-apoptotic protein that can be modulated by ultraviolet B (UVB). Aim: Our aim was to investigate the role of survivin in psoriasis and to evaluate the effect of narrow band (NB)-UVB on the survivin levels in psoriatic lesions. Methods: This study included 20 psoriatic patients and 20 healthy controls. Patients were treated with 24 sessions of NB-UVB. Skin biopsies were taken from the affected skin of each patient before and after treatment, and from the controls, to examine survivin levels by ELISA. Results: Survivin was significantly upregulated in psoriasis compared to controls (p<0.001). We found significant positive correlations between survivin levels before therapy and the extent of body involvement (r=0.675, p=0.002), as well as the PASI score (r=0.67, p=0.001). A significant decrease in survivin levels was observed post treatment compared to baseline levels (p<0.001). Conclusion: We found increased survivin levels in psoriasis and a significant reduction following NB-UVB induced clinical improvement of psoriasis.

PMID: 21856559 [PubMed - indexed for MEDLINE]

41. J Eur Acad Dermatol Venereol. 2012 Sep;26(9):1097-104. doi:
10.1111/j.1468-3083.2011.04215.x. Epub 2011 Aug 18.

Acral lesions of vitiligo: why are they resistant to photochemotherapy?

Esmat SM(1), El-Tawdy AM, Hafez GA, Zeid OA, Abdel Halim DM, Saleh MA, Leheta TM, Elmofty M.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Acral lesions of vitiligo are usually resistant to conventional lines of treatment as well as surgical interventions.
OBJECTIVE: To clarify causes underlying resistance of acral lesions to pigmentation in vitiligo by studying some of the factors associated with mechanisms of repigmentation following photochemotherapy.
METHODS: The study included twenty patients with active vitiligo. Skin biopsies were taken from lesional and perilesional skin of areas expected to respond (trunk and proximal limb) and skin of acral areas, before and after PUVA therapy. Sections were stained with H and E, Melan-A, MHCII, CD1a, SCF and c-kit protein.
RESULTS: Before treatment acral areas showed significantly lower hair follicle

density, melanocyte density, Langerhans cell (LC) density, epidermal MHCII expression, lesional SCF expression and perilesional c-kit expression. Following treatment with PUVA in both non-responsive acral and repigmenting non-acral lesions identical immunohistochemical changes in the form of significant decrease in LC density, epidermal MHC-II and SCF expression were observed.
CONCLUSION: The surprisingly similar histochemical changes in response to PUVA in acral and non-acral lesions did not manifest with clinical repigmentation except in non-acral ones. Factors such as inherent lower melanocyte density, lower melanocyte stem cell reservoirs and/or lower baseline epidermal stem cell factor may be considered as possible play makers in this respect.

PMID: 21851425 [PubMed - indexed for MEDLINE]

42. Australas J Dermatol. 2011 Aug;52(3):167-71. doi: 10.1111/j.1440-0960.2010.00688.x. Epub 2010 Aug 24.

Thymus and activation-regulated chemokine in different stages of mycosis fungoides: tissue and serum levels.

Abou El-Ela M(1), El-Rifae Ael-A, Fawzi M, Abdel Hay R, Gohary Y, Shaker O.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND/OBJECTIVES: Thymus and activation-regulated chemokine (CCL17) is a member of the CC chemokines known to attract T-helper 2 type memory T cells and to participate in different T-helper 2 diseases. The aim of this study is to determine both serum and tissue levels of thymus and activation-regulated chemokine in patients with different stages of mycosis fungoides.

METHODS: Thirty-two patients with different stages of mycosis fungoides and 10 controls were included in the study. Skin biopsies and blood samples were taken to evaluate both tissue and serum levels of thymus and activation-regulated chemokine using the enzyme-linked immunosorbent assay method.

RESULTS: The mean tissue level of thymus and activation-regulated chemokine in 10 tumour-stage patients was significantly higher (P = 0.002) than in the controls. The mean serum level of thymus and activation-regulated chemokine in all stages of mycosis fungoides patients was not significantly elevated (P = 0.131, 0.725 and 0.622) compared with controls. Both tissue and serum levels of thymus and activation-regulated chemokine correlated significantly with both the disease extent and duration in the three different stages of mycosis fungoides.

CONCLUSION: Thymus and activation-regulated chemokine may be a marker for disease activity of mycosis fungoides, and may have a role in monitoring disease progression.

PMID: 21834810 [PubMed - indexed for MEDLINE]

43. Eur J Dermatol. 2011 Sep-Oct;21(5):691-5. doi: 10.1684/ejd.2011.1422.

Peroxisome proliferator receptor (PPAR) β/δ in psoriatic patients before and after two conventional therapeutic modalities: methotrexate and PUVA.

El Eishi N(1), Hegazy R, Abou Zeid O, Shaker O.

Author information:

(1)Department of Dermatology, Cairo University, Cairo, Egypt.

nermineleishi@gmail.com

Peroxisome proliferator-activated receptor β/δ is a member of the nuclear hormone receptor superfamily suggested to contribute to psoriasis pathogenesis. Methotrexate and PUVA mainly target the T cell-mediated immunopathology of psoriasis. Our work aimed at estimating PPARβ/δ in psoriatic patients and investigating whether the standard therapeutic modalities (methotrexate and PUVA) exert their anti-psoriatic activity partially through altering PPARβ/δ levels. RT-PCR was used to measure PPAR β/δ mRNA levels in twenty four chronic plaque psoriasis patients. Patients were divided into two groups (12 patients each); group A received intramuscular methotrexate and group B was treated by PUVA 3 times/week in a PUVA 1000 cabin for ten weeks each, followed by measurement of

PPAR β/δ mRNA levels. Twelve healthy volunteers served as controls. PPAR β/δ mRNA levels were significantly elevated in all patients and significantly decreased ten weeks after treatment, however, post treatment levels were still significantly elevated in comparison with those of controls. PPAR β/δ mRNA levels showed a significant positive correlation with disease duration.

PMID: 21697059 [PubMed - indexed for MEDLINE]

44. Indian J Dermatol. 2011 Jan;56(1):44-7. doi: 10.4103/0019-5154.77551.

The use of narrow band ultraviolet light B in the prevention and treatment of postherpetic neuralgia (a pilot study).

Nabarawy EE.

Author information:
Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND: Postherpetic neuralgia (PHN) is a common complication of herpes zoster that is frequently unresponsive to most of the available treatment modalities. Broad band ultraviolet B radiation (UVB) has a well-known anti-inflammatory effect. Moreover, it decreases neural damage and cutaneous nerve density. It was found that broad band UVB might have a role in the prevention and treatment of PHN.

AIM: This study was carried out to evaluate the effect ofnarrow band UVB (nbUVB) in the treatment PHN.

PATIENTS AND METHODS: The study included 17 patients with distressing post herpetic neuralgia. Patients were evaluated using the Verbal Rating Scale (VRS). The patients received nbUVB sessions, three times a week, for a total of 15 sessions or until the pain disappeared. Patients were followed up for a period of 3 months after the end of therapy.

RESULTS: Using intention to treat analysis, more than 50% improvement was achieved in 6 (35.29%) and 8 (47.06%) patients, at the end of therapy and after 3 months follow up, respectively. An improvement less that 50% was achieved in 11 (64.71%) and 9 (52.94%) patients, at the end of therapy and after 3 months follow up, respectively. The pain severity assessed by the VRS significantly improved both at the end of sessions (P = 0.005) and after 3 months follow up (P = 0.005).

CONCLUSION: nbUVB may be of beneficial use in the treatment of PHN.

LIMITATION: Small number of patients and limited follow-up period.

PMCID: PMC3088934

PMID: 21572791 [PubMed]

45. Exp Dermatol. 2011 Sep;20(9):715-9. doi: 10.1111/j.1600-0625.2011.01299.x. Epub 2011 May 16.

Association between the leptin gene 2548G/A polymorphism, the plasma leptin and the metabolic syndrome with psoriasis.

Abdel Hay RM(1), Rashed LA.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Psoriasis is a disorder with genetic and immunologic background. Leptin can regulate the T-helper response.

OBJECTIVE: Our primary goal is to study the functional polymorphism (G-2548A) of the leptin (LEP) gene in the genetic predisposition of psoriasis, and our secondary goal is to examine factors affecting plasma leptin levels in psoriasis and to compare patients with and without metabolic syndrome (MS).

METHODS: The study involved 94 patients with psoriasis and 100 healthy controls. Analysis of G-2548A polymorphism of the LEP gene was made by the PCR and restriction fragment length polymorphism technique. The relationship between LEP gene polymorphism and the clinical features of the patients was analysed. Plasma leptin levels and proportions of comorbidities in patients vs controls were compared.

RESULTS: In controls, the GA, AA and GG frequencies were 50%, 30% and 20%, respectively, while in patients, the distribution of genotypes was 42.5%, 20.2% and 38.3%, respectively, with significant difference (P = 0.014) between patients and controls. In patients with MS, the GG, GA and AA frequencies were 61.5%, 23.1% and 15.4%, respectively, while in patients without MS, the distribution of genotypes was 29.4%, 50% and 20.6%, respectively, with significant difference (P = 0.014) between both groups. Plasma leptin showed a significant higher levels

in the patients versus the controls (P < 0.001), and among the different LEP genotypes (P < 0.001) in the patients' group.

CONCLUSION: LEP G-2548A polymorphism could be a predictor for higher plasma leptin and increased risk of psoriasis and could be used as a marker for psoriasis-related comorbidity risk.

PMID: 21569107 [PubMed - indexed for MEDLINE]

46. Dermatol Surg. 2011 May;37(5):626-33. doi: 10.1111/j.1524-4725.2011.01954.x. Epub 2011 Apr 1.

Subcision versus 100% trichloroacetic acid in the treatment of rolling acne scars.

Ramadan SA(1), El-Komy MH, Bassiouny DA, El-Tobshy SA.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, EL-Manial, Cairo, Egypt.

Comment in

Dermatol Surg. 2011 May;37(5):634-6.

BACKGROUND: Acne scarring is common but surprisingly difficult to treat. Newer techniques and modifications to older ones may make this refractory problem more manageable. The 100% trichloroacetic acid (TCA) chemical reconstruction of skin scars (CROSS) method is a safe and effective single modality for the treatment of atrophic acne scars, whereas subcision appears to be a safe technique that provides significant improvement for rolling acne scars.

OBJECTIVE: To compare the effect of the 100% TCA CROSS method with subcision in treating rolling acne scars.

METHODS: Twenty patients of skin types III and IV with bilateral rolling acne scars received one to three sessions of the 100% TCA CROSS technique for scars on the left side of the face and subcision for scars on the right side.

RESULTS: The mean decrease in size and depth of scars was significantly greater for the subcision side than the 100% TCA CROSS ($p<.001$). More side effects in the form of pigmentary alteration were observed with the 100% TCA CROSS method.

CONCLUSION: For rolling acne scars in patients with Fitzpatrick skin types III and IV, subcision shows better results with fewer side effects than the 100% TCA CROSS technique, although further decrease in scar depth with time occurs more significantly after 100% TCA CROSS.

PMID: 21457391 [PubMed - indexed for MEDLINE]

47. Clin Exp Dermatol. 2011 Apr;36(3):302-4. doi: 10.1111/j.1365-2230.2010.03980.x. Epub 2010 Dec 24.

Estimation of (IgA) anti-gliadin, anti-endomysium and tissue transglutaminase in the serum of patients with psoriasis.

Nagui N(1), El Nabarawy E, Mahgoub D, Mashaly HM, Saad NE, El-Deeb DF.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

Studies have indicated an association between psoriasis and coeliac disease (CD), an immune-mediated gluten-dependent enteropathy; however, the precise relationship between psoriasis and CD remains controversial. We aimed to assess the prevalence of the CD-associated IgA antibodies antigliadin antibody (AGA), tissue transglutaminase (tTG) and antiendomysium antibody (EMA) in patients with psoriasis. In total, 41 patients with psoriasis and 41 healthy controls were enrolled in this study. Blood samples were taken from all participants, and screened for AGA, tTG and EMA. We found a significantly higher level of AGA in patients with psoriasis than in controls, but levels of tTG and EMA were not significant. There was also a significantly higher prevalence of AGA, tTG and EMA in the patient group (34.1%, 34.1% and 14.6%, respectively) than in the control group (2.4%, 22% and 4.9%, respectively). We conclude that the significantly high prevalence of AGA antibodies in patients with psoriasis supports the possibility of a link between psoriasis and gluten-sensitive enteropathies, especially CD.

PMID: 21418272 [PubMed - indexed for MEDLINE]

48. J Eur Acad Dermatol Venereol. 2012 Jan;26(1):66-70. doi:
10.1111/j.1468-3083.2011.04010.x. Epub 2011 Mar 2.

Plasma and tissue osteopontin in relation to plasma selenium in patients with psoriasis.

Kadry D(1), Rashed L.

Author information:
(1)Departments of Dermatology, Cairo University, Cairo, Egypt. dina.mkadry@gmail.com

BACKGROUND: The association between psoriasis and cardiovascular diseases (CVD) is well documented yet the underlying mechanisms remain unknown. Over-expression of osteopontin (OPN) was reported in plasma of patients with psoriasis; with increased cardiovascular risk factors in these patients. Selenium (Se) compounds are effective in down-regulation of OPN expression.
OBJECTIVE: We investigated the levels of OPN and Se in psoriasis, and their relation to metabolic status in patients to identify a possible link between these markers and co-morbidities observed.

METHODS: Plasma and tissue samples from 20 patients with psoriasis and 10 control subjects were collected for enzyme-linked immunosorbent assays. The clinical significance of plasma, tissue OPN and plasma Se levels in patients vs. control subjects was analysed in relation to metabolic disorders.
RESULTS: Plasma and tissue OPN were significantly higher in patients than in controls ($P < 0.001$). Plasma Se levels were significantly lower in patients than in controls ($P < 0.001$). Elevated plasma OPN levels (≥ 51.10 ng/mL) and depressed plasma Se (≤ 5.19 μg/dL) were significantly associated with the occurrence of psoriasis. Plasma OPN negatively correlated with plasma Se in patients ($P = 0.003$), but not in controls ($P = 0.183$).
CONCLUSIONS: High plasma OPN and low plasma Se levels are predictable factors for occurrence of psoriasis. Further studies examining the effects of Se supplementations on the levels of plasma OPN, together with their effects on psoriasis outcome and cardiovascular risk factors in these patients, are needed.

PMID: 21366712 [PubMed - indexed for MEDLINE]

49. Skin Res Technol. 2012 Feb;18(1):36-44. doi: 10.1111/j.1600-0846.2011.00511.x. Epub 2011 Feb 22.

Classification of papulo-squamous skin diseases using image analysis.

Mashaly HM(1), Masood NA, Mohamed AS.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

hebamash2@gmail.com

INTRODUCTION: Papulo-squamous skin diseases are variable but are very close in their clinical features. They present with the same lesions, erythematous scaly lesions. Clinical evaluation of skin lesions is based on common sense and experience of the dermatologist to differentiate features of each disease.

AIM: To evaluate a computer-based image analysis system as a helping tool for classification of commonly encountered diseases.

MATERIALS AND METHODS: The study included 50 selected images from each of psoriasis, lichen planus, atopic dermatitis, seborrheic dermatitis, pityrasis rosea, and pitryasis rubra pilaris with a total of 300 images. The study comprised three main processes peformed on the 300 included images: segmentation, feature extraction followed by classification.

RESULTS: Rough sets recorded the highest percentage of accuracy and sensitivity of segmentation for the six groups of diseases compared with the other three used techniques (topological derivative, K-means clustering, and watershed).

Rule-based classifier using the concept of rough sets recorded the best percentage of classification (96.7%) for the six groups of diseases compared with the other six techniques of classification used: K-means clustering, fuzzy c-means clustering, classification and regression tree, rule-based classifier

with discretization, and K-nearest neighbor technique.

CONCLUSION: Rough sets approach proves its superiority for both the segmentation and the classification processes of papulo-squamous skin diseases compared with the other used segmentation and classification techniques.

PMID: 21338407 [PubMed - indexed for MEDLINE]

50. Eur J Ophthalmol. 2011 Sep-Oct;21(5):529-37. doi: 10.5301/EJO.2011.6294.

Pentoxifylline (anti-tumor necrosis factor drug): effective adjuvant therapy in the control of ocular cicatricial pemphigoid.

El Darouti MA(1), Fakhry Khattab MA, Hegazy RA, Hafez DA, Gawdat HI.

Author information:

(1)Department of Dermatology, Kasr Aini Hospital, Cairo University, Cairo, Egypt.

PURPOSE: The detection of tumor necrosis factor-a (TNF-a) in conjunctiva affected by ocular cicatricial pemphigoid (OCP) may indicate that this cytokine plays an important role in its pathogenesis. The purpose of this randomized, controlled, comparative, blinded study was to evaluate the effectiveness of adding pentoxifylline as an anti-TNF-a drug to the well-documented therapy of steroids

and cyclophosphamide in controlling OCP.

METHODS: Thirty patients with different grades of OCP were included. They were randomly divided into 2 equal groups. Group A patients received pulse steroid and cyclophosphamide therapy; in addition, group B patients received intravenous pentoxifylline. Patients were evaluated before and after therapy clinically, histopathologically, and serologically (serum level of TNF-a). Twenty controls were included to compare their serum TNF-a level with that measured in patients with OCP.

RESULTS: Group B patients showed a more significant improvement in their clinical and histopathologic evaluation. The serum TNF-a was significantly higher in OCP cases prior to therapy compared to the control group ($p = 0.0001$). Following therapy, serum TNF-a showed a more significant reduction in group B patients (77.4 ± 26.1 to 19.2 ± 15.6) compared to group A patients (50.3 ± 14.3 to 36.2 ± 18.3).

CONCLUSIONS: The significantly increased level of serum TNF-a in OCP as compared to controls proves that TNF-a has an important role in the pathogenesis of this disease. The study illustrates that the addition of pentoxifylline to pulse steroid cyclophosphamide therapy is an effective, safe, and economical method in controlling OCP through directly reducing TNF-a levels, with long periods of remission as detected in our 18-month follow-up period.

PMID: 21279976 [PubMed - indexed for MEDLINE]

51. Dermatol Surg. 2011 Feb;37(2):207-16. doi: 10.1111/j.1524-4725.2010.01854.x. Epub

2011 Jan 26.

Percutaneous collagen induction versus full-concentration trichloroacetic acid in the treatment of atrophic acne scars.

Leheta T(1), El Tawdy A, Abdel Hay R, Farid S.

Author information:
(1)Dermatology Department, Faculty of Medicine Student Hospital, Cairo University, Cairo, Egypt.

BACKGROUND: Percutaneous collagen induction (PCI) promotes removal of damaged collagen and induces more collagen immediately under the epidermis. The chemical reconstruction of skin scars (CROSS) method is a focal application of full-concentration trichloroacetic acid (TCA) to atrophic acne scars. The CROSS method has the advantage of reconstructing acne scars by increasing dermal thickening and collagen production.
OBJECTIVE: To compare the safety and efficacy of PCI and the 100% TCA CROSS method for the treatment of atrophic acne scars.
MATERIALS AND METHODS: Thirty participants were randomly equally divided into two groups; group 1 underwent four sessions (4 weeks apart) of PCI, and group 2 underwent four sessions (4 weeks apart) of 100% TCA CROSS.
RESULTS: Acne scarring improved in 100% of patients. Scar severity scores improved by a mean of 68.3% ($p<.001$) in group 1 and a mean of 75.3% ($p<.001$) in group 2. The difference in the degree of improvement was not statistically

significant between the groups (p=.47).

CONCLUSIONS: PCI and 100% TCA CROSS were effective in the treatment of atrophic acne scars.

PMID: 21269351 [PubMed - indexed for MEDLINE]

52. J Eur Acad Dermatol Venereol. 2011 Nov;25(11):1288-94. doi: 10.1111/j.1468-3083.2010.03966.x. Epub 2011 Jan 17.

Insulin-like growth factor-1 in psoriatic plaques treated with PUVA and methotrexate.

El-Komy M(1), Amin I, Zidan A, Kadry D, Zeid OA, Shaker O.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt. komy_m@yahoo.com

BACKGROUND: The pathogenesis of psoriasis is thought to depend on the activation of immune cells and their secreted cytokines, chemokines and growth factors like IGF-1 which may contribute to the epidermal hyperplasia of psoriasis. Treatment of psoriasis with PUVA and methotrexate are associated with clinical improvement

and decrease in epidermal hyperplasia.

OBJECTIVE: To examine the effects of PUVA and methotrexate therapy on IGF-1 expression in psoriatic plaques and whether this change correlates with clinical response.

METHODS: For 24 psoriatic patients, the PASI score and levels of lesional IGF-1 and its mRNA were determined by RT-PCR before and after treatment with either methotrexate or PUVA. Skin biopsies from 12 healthy volunteers served as control for IGF-1 levels in normal skin.

RESULTS: Lesional skin of psoriatic patients showed a statistically significant elevation in IGF-1 and its mRNA levels in comparison to control (P = 0.0001). Both methotrexate and PUVA treatment were associated with a significant decrease in both PASI scores and lesional IGF-1 after 10 month treatment.

CONCLUSION: Both methotrexate and PUVA therapy for psoriasis are associated with a decrease in PASI score and IGF-1. The IGF-1 down-regulation may possibly be a consequence of the decrease in cytokines and inflammatory cellular infiltrate that occur following treatment with either modalities or due to their effect on local fibroblast activity and proliferation.

PMID: 21241374 [PubMed - indexed for MEDLINE]

53. Indian J Dermatol. 2010 Jul-Sep;55(3):238-45. doi: 10.4103/0019-5154.70669.

Assessment of bone mineral density by dual x-ray absorptiometry in dermatological patients treated by corticosteroids.

Salem D(1), Talaat S, Abdel-Halim MR, Mohsen KM.

Author information:

(1)dept.of dermatology & radiodiagnosis, Cairo University, Cairo, Egypt.

BACKGROUND: Corticosteroids are mainstay of dermatological therapy and they are also a well known cause of osteoporosis. The objective of the present study was to find out the influence of the systemic intake of corticosteroids, either by the oral route or by IV pulse administration, on bone mineral density in dermatological patients using dual X-ray absorptiometry (DXA).

MATERIALS AND METHODS: This study was carried on 100 patients and 55 controls. The first group of patients included 55 patients undergoing long-term oral corticosteroid therapy daily and the second group included 45 patients who received IV dexamethasone pulse therapy. DXA was measured once for both the controls and patients in group 1. DXA was measured twice for patients in group 2, before starting pulse therapy (baseline DXA) and six months after regular treatment with pulse therapy (follow-up DXA).

RESULTS: The results show that significant reduction in BMD occurs in both groups, however, oral corticosteroids produce significantly more reduction in BMD in the lumbar spine. BMD was not found to be affected by the cumulative doses of corticosteroids, the duration of daily oral corticosteroid intake, or the number

of IV dexamethasone pulses.

CONCLUSION: Corticosteroid treatment causes significant BMD loss in patients treated by either route. Prophylactic treatment against osteoporosis is mandatory in patients receiving either form of corticosteroids.

PMCID: PMC2965908

PMID: 21063514 [PubMed]

54. Indian J Dermatol Venereol Leprol. 2010 Sep-Oct;76(5):538-42. doi: 10.4103/0378-6323.69083.

Increased tissue leptin hormone level and mast cell count in skin tags: a possible role of adipoimmune in the growth of benign skin growths.

El Safoury O(1), Fawzi M, Abdel Hay RM, Hassan AS, El Maadawi Z, Rashed L.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND: Skin tags (ST) are common tumors. They mainly consist of loose fibrous tissue and occur on the neck and major flexures as small, soft, pedunculated protrusions. Decrease in endocrine, hormone level and other factors are thought to play a role in the evolution of ST. Leptin is an adipocyte-derived hormone that acts as a major regulatory hormone for food intake and energy

homeostasis. Leptin deficiency or resistance can result in profound obesity and diabetes in humans. A role of mast cell in the pathogenesis of ST is well recognized.

AIMS: To investigate the role of leptin in the pathogenesis of ST and to clarify whether there is a correlation between mast cell count and leptin level in ST.

METHODS: Forty-five skin biopsies were taken from 15 patients with ST. From each patient, a biopsy of a large ST (length >4 mm), a small ST (length <2 mm) and a normal skin biopsy (as a control) were taken. The samples were processed for leptin level. Skin biopsies were stained with hematoxylin and eosin and toluidine blue-uranyl nitrate metachromatic method for mast cell count was used.

RESULTS: There was a significant increased level of leptin in the ST compared to the normal skin. It was highly significant in small ST than in big ST (P = 0.0001) and it was highly significant in small and big ST compared to controls, P = 0.0001 and P = 0.001, respectively. There was a significant increase in mast cell count in the ST, which did not correlate with the increased levels of leptin.

CONCLUSION: This is the first report to demonstrate that tissue leptin may play a role in the pathogenesis of ST. The significant increase in the levels of leptin and mast cell count in ST may indicate a possible role of adipoimmune in the benign skin growths.

PMID: 20826994 [PubMed - indexed for MEDLINE]

55. J Dermatolog Treat. 2012 Feb;23(1):4-10. doi: 10.3109/09546634.2010.487887. Epub

2010 Sep 7.

Comparative study of the effect of a daily steroid regimen versus a weekly oral pulse steroid regimen on morphological changes, blood sugar, bone mineral density and suprarenal gland activity.

El-Darouti MA(1), Mashaly HM, El-Nabarawy E, El-Tawdy AM, Fawzy MM, Salem DS, El-Kaffas KM, El Sayed DA.

Author information:

(1)Departments of Dermatology, Cairo University, Cairo, Egypt.

Comment in

J Dermatolog Treat. 2012 Feb;23(1):2-3.

BACKGROUND: The most serious side effects of systemic steroids include osteoporosis and suprarenal suppression. Many steroid regimens have been suggested to minimize these side effects; one of them is oral steroid pulse therapy.

OBJECTIVE: To compare the side effects of a daily oral steroid regimen versus a weekly oral steroid pulse regimen on bone mineral density and suprarenal suppression.

METHODS: Thirty patients with different skin diseases were divided into two groups: 15 for oral daily steroids (ODS) (group 1) and 15 for weekly oral pulse steroids (WOPS) (group 2). They were evaluated for bone mineral density (measured

by DEXA) and suprarenal suppression (measured by serum cortisol level), morphological changes and blood sugar. Treatment was continued for 6 months to 3 years.

RESULTS: Cushingoid features in group 1 were observed in 73%, yet they were not detectable in group 2. Disturbed blood sugar in group 1 was 33% and 0% in group 2. The serum cortisol level was lower in patients on ODS than those on WOPS. The effect of WOPS on bone mineral density was very limited in comparison with the ODS.

CONCLUSION: Weekly oral steroid pulse therapy induces no significant bone loss and no suprarenal suppression and can be an alternative option in the treatment of chronic disorders requiring long-term oral steroid therapy.

PMID: 20819024 [PubMed - indexed for MEDLINE]

56. Dermatol Ther. 2010 Jul-Aug;23(4):428-34. doi: 10.1111/j.1529-8019.2010.01345.x.

A large scale analytical study on efficacy of different photo(chemo)therapeutic modalities in the treatment of psoriasis, vitiligo and mycosis fungoides.

El-Mofty M(1), Mostafa WZ, Bosseila M, Youssef R, Esmat S, El Ramly A, Fawzi M, Mahgoub D, Nagui N, Mashaly HM, El-Fangary M, Fathy M.

Author information:

(1)Phototherapy Unit, Dermatology Department, Kasr El-Aini, Faculty of Medicine,

Cairo University, Cairo, Egypt.

Psoriasis, vitiligo, and mycosis fungoides (MF) are among the most frequently treated dermatological diseases by photo(chemo)therapy. The objectives are to determine which photo (chemo) therapeutic modality could achieve the best response in the treatment of psoriasis, vitiligo, and MF. The design used in this study is retrospective analytical study. The study included 745 patients' records; 293 with psoriasis, 309 with vitiligo, and 143 with early MF, treated in the Phototherapy Unit, Dermatology Department, Kasr El-Aini Hospital, Cairo University by either psoralen and ultraviolet A (PUVA), narrow band ultraviolet B (NB-UVB), psoralen and narrow band UVB (P-NBUVB), broad band UVB (BB-UVB), or broad band UVA (BetaBeta-UVA). Data were retrieved from the computer database of the unit and statistically analyzed. In psoriasis, oral and topical PUVA and NB-UVB were found to be equally effective, whereas oral PUVA had significantly better results than both UVA and BB-UVB at the end of therapy. In generalized vitiligo, PUVA and P-NBUVB had significantly better results than NB-UVB alone. In early MF, there was no statistically significant difference between the response to oral PUVA and NB-UVB. PUVA and NB-UVB are good choices in patients with psoriasis and early stage MF, whereas PUVA appears the best choice in the treatment of vitiligo.

PMID: 20666832 [PubMed - indexed for MEDLINE]

57. J Eur Acad Dermatol Venereol. 2011 Mar;25(3):290-5. doi:

10.1111/j.1468-3083.2010.03783.x.

Clinical study of nail changes in leprosy and comparison with nail changes in diabetic patients.

El Darouti MA(1), Hussein S, Al Tahlawy SR, Al Fangary M, Mashaly HM, El Nabarawy E, Al Tawdy A, Fawzi M, Abdel Hay RM.

Author information:
(1)Dermatology Department, Faculty of Medicine, Cairo University, and Cairo Leprosy Hospital, Cairo, Egypt.

BACKGROUND: Nail changes in leprotic patients are not specific to leprosy, and may be observed in other peripheral neuropathies. Diabetes is one of the diseases that present with nail dystrophy secondary to peripheral neuropathy, vasculopathy, trauma and infections. Therefore, nail changes in diabetic neuropathy are expected to be very similar to that of leprosy.
OBJECTIVES: To evaluate the frequency and pattern of nail changes in Egyptian leprotic patients with the different spectrums of the disease, and to compare nail changes in leprosy with those seen in patients with diabetic neuropathy.
METHODS: The study included 115 leprosy patients and 60 patients with diabetic peripheral neuropathy. Nail examination was thoroughly carried out and various nail changes were recorded including the location of the involved nails (fingers, toes).
RESULTS: Our study detected similar incidence of nail changes in both

multibacillary (MB) (86%) and paucibacillary (PB) patients (86%). Flag sign (alternating horizontal bands of whitish and pinkish discoloration of the nail) observed in our study was not reported before. It was more commonly seen in MB patients (21%) than in PB patients (14%). Our results also revealed that the nail changes were more commonly seen in leprosy patients (86%) than in diabetic patients (68%).

CONCLUSION: Nail changes in leprosy are multifactorial, and could be related to one or more of the following: neuropathy, endarteritis, trauma, drugs or superimposed infections. Nail changes in leprosy may be used as an additional clue that helps in the diagnosis.

PMID: 20609034 [PubMed - indexed for MEDLINE]

58. J Eur Acad Dermatol Venereol. 2011 Feb;25(2):215-20. doi: 10.1111/j.1468-3083.2010.03759.x. Epub 2010 Jun 21.

Autologous melanocyte-keratinocyte suspension in the treatment of vitiligo.

El-Zawahry BM(1), Zaki NS, Bassiouny DA, Sobhi RM, Zaghloul A, Khorshied MM, Gouda HM.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Kasr El-Aini University Hospital, Cairo University, Cairo, Egypt.

BACKGROUND: In stable vitiligo, several techniques of autologous transplantation of melanocytes are used. Autologous melanocyte transplantation of non-cultured melanocytes is one of those techniques with variable reported outcomes.

OBJECTIVE: The objective of this study was to evaluate the response to autologous melanocyte-keratinocytes suspension transplantation in cases of stable vitiligo.

METHODS: A total of 25 cases of vitiligo were treated by autologous melanocyte-keratinocytes suspension transplantation. After 6-17 months, patients' response was evaluated according to the extent of pigmentation (excellent 90-100%, good 50-89%, fair 20-49% and poor response <20%).

RESULTS: Of the 25 patients treated, 22 continued the follow-up period. Five (23%) patients showed excellent response, 7 (32%) good, 6 (27%) fair and 4(18%) showed poor response.

CONCLUSION: Unlike transplantation of cultured melanocytes, which requires experience in culture technique, autologous melanocyte-keratinocytes suspension transplantation is an easy economic technique, which may be used in resistant areas of stable vitiligo.

PMID: 20569286 [PubMed - indexed for MEDLINE]

59. J Dermatolog Treat. 2011 Feb;22(1):2-10. doi: 10.3109/09546630903410182. Epub 2010 Jun 5.

Diphencyprone and topical tacrolimus as two topical immunotherapeutic modalities. Are they effective in the treatment of alopecia areata among Egyptian patients? A study using CD4, CD8 and MHC II as markers.

Hunter N(1), Shaker O, Marei N.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt. nahlahunter1@yahoo.com

OBJECTIVE: To evaluate the efficacy of two topically applied immunomodulative agents through the detection of lymphocyte subsets using monoclonal antibodies against CD4, CD8 and MHC II.

METHODS: Fifty patients from the Departments of Medical Biochemistry, Dermatology and Pathology at Cairo University with different degrees of alopecia areata (AA) were included in this study. They were classified into two groups each of 25 patients. Each patient was treated with the immunomodulative agent on one side of the scalp and the other side was left as a control. Biopsies were taken from all patients at the beginning of treatment and at the end of the study. Tissue specimens were prepared for histologic and immunophenotypic analysis. The main

outcome measures were the uses of diphencyprone (DPCP) and topical tacrolimus as two topical immunotherapeutic modalities in the treatment of AA.
RESULTS: A clinical response of 68% was achieved in group A (treated with DPCP) while group B (treated with 0.1% tacrolimus) showed an insignificant clinical response. Decreased expression of CD4 and increased expression of CD8 and MHC II was detected in the post-treated areas compared with pretreated areas in cases treated with DCPC. In tacrolimus-treated cases, there was a decrease in CD4 and MHC II, with no change in CD8 between the pre- and post-treated areas.
CONCLUSION: DCPC is one of the most accepted therapeutic modalities in the treatment of AA, with a favourable prognosis among patchy hair loss. MHC II expression was the one correlating with clinical response. Tacrolimus, though beneficial in other dermatoses, could not be considered effective in the treatment of AA.

PMID: 20524872 [PubMed - indexed for MEDLINE]

60. J Am Acad Dermatol. 2010 Aug;63(2):259-65. doi: 10.1016/j.jaad.2009.07.050. Epub 2010 May 11.

Leukocytoclastic vasculitis and necrolytic acral erythema in patients with hepatitis C infection: do viral load and viral genotype play a role?

El-Darouti MA(1), Mashaly HM, El-Nabarawy E, Eissa AM, Abdel-Halim MR, Fawzi MM, El-Eishi NH, Tawfik SO, Zaki NS, Zidan AZ, Fawzi M, Abdelaziz M, Fawzi MM, Shaker

OG.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

mohammad_eldarouti@yahoo.com

BACKGROUND: Leukocytoclastic vasculitis (LCV) and necrolytic acral erythema (NAE) are skin disorders associated with hepatitis C virus (HCV) infection. However, they have not been found to occur simultaneously in the same patient.

OBJECTIVE: We sought to analyze the role of serum HCV-RNA levels and HCV genotype in the pathogenesis of both LCV and NAE in an attempt to assess whether these two parameters play a role in mutual exclusivity of LCV and NAE in the same patient.

METHODS: The study included 11 patients with LCV and 13 with NAE, all of whom were infected with HCV. All 24 patients were evaluated for the quantitative levels of HCV-RNA, using real-time polymerase chain reaction. HCV genotyping was performed on 10 patients in each group (N = 20).

RESULTS: Patients with LCV had a higher prevalence of moderate and high levels of HCV-RNA viremia (P = .038) than those with NAE. However, there was no significant difference in HCV genotype between LCV and NAE groups (P = .211).

LIMITATIONS: Small number of cases is a limitation.

CONCLUSION: Viral load seems to play a role in determining the response of the skin to HCV infection. High levels of HCV viremia were found to be significantly associated with LCV but not with NAE. HCV viremia may play a role in the development of LCV in HCV-infected patients.

PMID: 20462666 [PubMed - indexed for MEDLINE]

61. Indian J Dermatol. 2010;55(1):20-4. doi: 10.4103/0019-5154.60345.

A study of androgen and estrogen receptors alpha, beta in skin tags.

El Safoury O(1), Rashid L, Ibrahim M.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.
omar_safoury@hotmail.com

BACKGROUND: In women, the age of 50 is suggested to be the turning point of life at which the development of skin tags comes to a stop. A major event that occurs around this period of life is menopause/andropause. After menopause, estrogen receptors amounts decrease significantly. As skin is considered as the largest nonreproductive target on which estrogens and androgens act, we assume a possible relationship between the pathogenesis of skin tags and sex steroid balance. Another phenomenon is the association of skin tags in obese patients, which may also be explained by the interplay of sex steroids and their receptors in skin tags.

AIMS: Here we see that in obese patients, hyperandrogenism occurs as a result of hyperinsulinemia as well as peripheral conversion of estrogens into androgens in the excessive adipose tissue. To examine the possible role of androgen and estrogen receptors in etiopathogenesis of skin tags.
MATERIALS AND METHODS: To examine these hypotheses, we measured the level of androgen and estrogen receptors (both alpha and beta) in skin tags compared to control. We also correlated the level of receptors to body mass index, and compared those levels in patients with acanthosis nigricans compared to normal.
RESULTS: The level of estrogen receptors (both alpha and beta) was significantly higher in skin tags than in controls with a P value of 0.004 and 0.001, respectively. The same upsurge was found for androgen receptors in skin tags relative to control with a P value of 0.001. No statistically significant difference in receptor level was found either among patients with acanthosis nigricans and those without, or in correlation to body mass index (our participants were overweight non diabetic).
CONCLUSION: These results suggest the possible role of androgen and estrogen receptors in etiogenesis of skin tags, and propose that the neck is an androgen dependent area just similar to the axillae and the groins, though hairless.

PMCID: PMC2856367
PMID: 20418971 [PubMed]

62. Photodermatol Photoimmunol Photomed. 2010 Apr;26(2):107-9. doi: 10.1111/j.1600-0781.2010.00496.x.

Bcl-2 expression in mycosis fungoides before and after PUVA therapy.

Weshahy H(1), Mahgoub D, El-Eishy N, El-Tawdy AM, Bassiouny DA, Hunter N, Hindawi A.

Author information:

(1)Department of Dermatology, Kasr El-Aini University Hospital, Cairo University, Cairo, Egypt.

PUVA is the first therapeutic choice in early stages of mycosis fungoides (MF). In this study the effect of PUVA on bcl-2 expression in MF was assessed in 15 patients (three stage Ia and 12 stage Ib) and 10 controls. Two biopsies were taken from each patient before and after 24 sessions of PUVA therapy. Histopathological assessment and immunohistochemical staining for bcl-2 was performed and showed positive bcl-2 staining of lymphocytes in 53% of MF cases (8/15) before PUVA, with no statistically significant difference in the bcl-2 level before and after PUVA therapy (P value 0.3). A statistically significant difference was found in the bcl-2 level between control samples and MF patients' biopsies before (P value 0.02) and after PUVA therapy (P value 0.011). In conclusion, a lack of decline in the bcl-2 level and the absence of clinical or histopathological correlation with the bcl-2 level before and after PUVA therapy in MF patients suggest that PUVA-induced apoptosis in MF cases may occur through pathways other than bcl-2 inhibition.

PMID: 20415745 [PubMed - indexed for MEDLINE]

63. Indian J Dermatol. 2009;54(4):364-8. doi: 10.4103/0019-5154.57615.

Comparative evaluation of long pulse Alexandrite laser and intense pulsed light systems for pseudofolliculitis barbae treatment with one year of follow up.

Leheta TM.

Author information:

Department of Dermatology, Cairo University, Cairo, Egypt. lehetatahra@yahoo.com

BACKGROUND: Existing remedies for controlling pseudofolliculitis barbae (PFB) are sometimes helpful; however the positive effects are often short lived. The only definitive cure for PFB is permanent removal of the hair follicle.

AIMS: Our aim was to compare the efficacy of the Alexandrite laser with the intense pulsed light system in the treatment of PFB and to follow up the recurrence.

METHODS: Twenty male patients seeking laser hair removal for the treatment of PFB were enrolled in this study. One half of the face was treated with the long-pulse Alexandrite laser and the other half was treated with the IPL system randomly. The treatment outcome and any complications were observed and followed up for one year.

RESULTS: All patients exhibited a statistically significant decrease in the

numbers of papules. Our results showed that the Alexandrite-treated side needed seven sessions to reach about 80% improvement, while the IPL-treated side needed 10-12 sessions to reach about 50% improvement. During the one year follow up period, the Alexandrite-treated side showed recurrence in very minimal areas, while the IPL-treated side showed recurrence in bigger areas.
CONCLUSIONS: Our results showed that both systems might improve PFB but Alexandrite laser was more effective at reducing PFB than IPL.

PMCID: PMC2807715

PMID: 20101340 [PubMed]

64. Indian J Dermatol. 2009;54(4):361-3. doi: 10.4103/0019-5154.57614.

Treatment of periocular hyperpigmentation due to lead of kohl (surma) by penicillamine: a single group non-randomized clinical trial.

El Safoury OS(1), El Fatah DS, Ibrahim M.

Author information:
(1)Department of Dermatology, Research Biostatistics Unit, Management Team, EBM Unit, MEDC, Cairo University, Egypt. omar_safoury@hotmail.com

BACKGROUND: Periocular hyperpigmentation is a condition in which skin of eyelids become darker in color than the normal surrounding skin. Lead and other heavy

metals produce increased pigmentation because of deposition of metal particles in the dermis and increased epidermal melanin production.

AIMS: This study was conducted to evaluate the dual effect of chelation therapy in treating periocular hyperpigmentation and lead toxicity.

METHODS: The study population consisted of nine females complaining from dark coloration of their eyelids. The nine females were continuously using kohl as eyeliner. Lead levels in conjunctiva and serum before and after D-penicillamine (D-PCN) oral administration were estimated in relation to vertical, horizontal length, and degree of hyperpigmentation score.

RESULTS: Highly significant P values (0.000) were obtained as regard to the conjunctival lead levels, serum lead levels, horizontal length, and degree of darkness score before and after D-PCN therapy. A less significant P value (0.040) was recorded as regard to the vertical length.

CONCLUSION: Regardless other causes, this study spots the light on a new concept for periocular hyperpigmentation from lead toxicity in adult females using kohl and suggests D-PCN in a low divided dose (750 mg/day) for its treatment.

PMCID: PMC2807714

PMID: 20101339 [PubMed]

65. Indian J Dermatol. 2009;54(4):319-22. doi: 10.4103/0019-5154.57605.

Quantitation of mast cells and collagen fibers in skin tags.

El Safoury OS(1), Fawzy MM, El Maadawa ZM, Mohamed DH.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

omar_safoury@hotmail.com

BACKGROUND: Skin tags are common benign skin tumors usually occurring on the neck and major flexors of elder people.

AIMS: The aim of this study is to perform quantitation of mast cells and collagen fibers in skin tags and normal skin in diabetics and nondiabetics, to find a possible correlation between mast cells and collagen fibers in the pathogenesis of skin tags.

METHODS: Thirty participants with skin tags were divided into two groups (15 diabetic and 15 nondiabetic). Three biopsies were obtained from one anatomical site: A large skin tag, a small skin tag, and adjacent normal skin. Mast cells stained with Bismarck brown were counted manually in ten different fields of each section with magnification x1000 and the average count was correlated with the percentage of mean collagen area in five fields done by the image analyzer.

RESULTS: A statistically significant correlation between mast cell count and percentage of collagen mean area was detected in both studied groups (except in large skin tags of the nondiabetic group).

CONCLUSION: The positive correlation between mast cell count and percentage of collagen mean area suggests the critical role of mast cells in the etiogenesis of skin tags through its interaction with fibroblasts.

PMCID: PMC2807705

PMID: 20101330 [PubMed]

66. Clin Exp Dermatol. 2010 Oct;35(7):781-5. doi: 10.1111/j.1365-2230.2009.03774.x.

Expression of cyclin D1 and p16 in psoriasis before and after phototherapy.

Abou EL-Ela M(1), Nagui N, Mahgoub D, El-Eishi N, Fawzy M, El-Tawdy A, Abdel Hay R, Rashed L.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt. omleila2@yahoo.com

BACKGROUND: Psoriasis vulgaris (PV) is characterized by keratinocyte hyperproliferation. Altered expression of cell-cycle regulatory genes involved in the cyclin D1／p16 INK4-pRb pathway may contribute to this epidermal hyperproliferation.

AIM: To assess the expression of cyclin D1 and p16 in psoriasis, and to evaluate the effect of phototherapy on their expression.

METHODS: The study population comprised 25 patients with PV and 10 healthy controls. Patients were treated with 24 sessions of either narrowband ultraviolet (UV) B or psoralen UVA. Skin biopsies were taken from the affected skin of each patient before and after treatment, and from the healthy controls, to examine

cyclin D1 and p16 expression.

RESULTS: Before phototherapy, the mean value of cyclin D1 concentration in patients was significantly greater than that in controls and the mean value of p16 concentration in patients was significantly lower than that in controls. Following treatment, we detected a significant decrease in cyclin D1 and a significant increase in p16.

CONCLUSION: Cyclin D1 upregulation and p16 downregulation may play a role in the pathogenesis of psoriasis. Normalization of the levels of both parameters may be a mechanism by which phototherapy induces remission in psoriasis.

PMID: 20089081 [PubMed - indexed for MEDLINE]

67. J Dermatolog Treat. 2011 Feb;22(1):31-7. doi: 10.3109/09546630903460260. Epub 2010 Jan 14.

Sulfasalazine and pentoxifylline in psoriasis: a possible safe alternative.

el-Mofty M(1), el-Darouti M, Rasheed H, Bassiouny DA, Abdel-Halim M, Zaki NS, el-Hanafy G, el-Hadidi H, Azzam O, el-Ramly A, Fawzy M.

Author information:

(1)The Department of Dermatology, Kasr El-Aini University Hospital, Cairo University, Cairo, Egypt.

BACKGROUND: Conventional therapy of extensive psoriasis is effective but has complications. Biologics are safer but expensive.

OBJECTIVE: To assess the efficacy of sulfasalazine and pentoxifylline, which have TNF antagonizing and anti-proliferative action in the treatment of psoriasis.

METHODS: In this randomized controlled trial, 32 patients with extensive psoriasis were divided into four groups: group A received sulfasalazine; group B received pentoxifylline; group C received both drugs; and group D received methotrexate. The Psoriasis Area and Severity Index (PASI) score was done at weeks 0, 2, 4, 6 and 8.

RESULTS: A significant reduction in PASI score occurred in groups C and D ($p = 0.043$ and 0.018, respectively). A significantly higher percentage of PASI score reduction occurred in group D compared with groups A, B and C ($p = 0.006$, 0.003 and 0.030, respectively). An excellent response occurred in one patient (14.3%) in group D. A very good response occurred in two patients (22.2%) in group C, and in five patients (71.4%) in group D. A moderate response occurred in three patients (37.5%) in group A, one patient (12.5%) in group B, and one patient (14.3%) in group D.

CONCLUSION: Although incomparable to methotrexate, combined sulfasalazine and pentoxifylline produced a good response in cases of extensive psoriasis. Multicentre studies are needed to validate these results.

PMID: 20073999 [PubMed - indexed for MEDLINE]

68. Am J Dermatopathol. 2010 Apr;32(2):162-9. doi: 10.1097/DAD.0b013e3181b72678.

Immunohistochemical study of the expression of matrix metalloproteinase-9 in skin lesions of mycosis fungoides.

Rasheed H(1), Tolba Fawzi MM, Abdel-Halim MR, Eissa AM, Mohammed Salem N, Mahfouz S.

Author information:

(1)Department of Dermatology, Cairo University, Egypt.

Matrix metalloproteinase-9 (MMP-9) has been correlated with poor clinical outcome in various malignancies and is associated with enhanced tumor growth and dissemination through its role in angiogenesis. This study was carried out to review the immunohistological staining of MMP-9 in skin lesions of different stages of mycosis fungoides (MF). The study was carried on 22 patients with MF and 10 healthy controls. Immunohistochemical staining using MMP-9 monoclonal anti-human antibodies was performed to determine the intensity of expression and distribution pattern of MMP-9 in MF lesions and in normal control skin. The general intensity of expression of MMP-9 was found to be significantly higher in cases with MF than in controls, and it increased in direct proportion to the increase in disease severity, being greatest in the tumor stages. A significantly greater number of blood vessels were found in cases with MF when compared with controls, and the MMP-9 expression by endothelial cells was significantly higher in endothelial cells within tumor cell aggregates than in endothelial cells outside the tumor cell aggregates. This study raises the possibility that MMP-9

may play an important role in the development of MF lesions, and its significantly higher expression in tumor stages may point to a possible role in disease progression. Further studies are needed to validate these findings and to assess the possible therapeutic role of drugs targeting MMP-9 in the treatment of MF.

PMID: 20051814 [PubMed - indexed for MEDLINE]

69. Indian J Dermatol. 2009;54(1):41-5. doi: 10.4103/0019-5154.48985.

A study comparing chemical peeling using modified Jessner's solution and 15% trichloroacetic Acid versus 15% trichloroacetic acid in the treatment of melasma.

Safoury OS(1), Zaki NM, El Nabarawy EA, Farag EA.

Author information:
(1)Department of Dermatology, Cairo University, Cairo, Egypt.
omar_safoury@hotmail.com

BACKGROUND: Melasma is a symmetric progressive hyperpigmentation of the facial skin that occurs in all races but has a predilection for darker skin phenotypes. Depigmenting agents, laser and chemical peeling as classic Jessner's solution, modified Jessner's solution and trichloroacetic acid have been used alone and in combination in the treatment of melasma.

OBJECTIVES: The aim of the study was to compare the therapeutic effect of combined 15% Trichloroacetic acid (TCA) and modified Jessner's solution with 15% TCA on melasma.

MATERIALS AND METHODS: Twenty married females with melasma (epidermal type), with a mean age of 38.25 years, were included in this study. All were of skin type III or IV. Fifteen percent TCA was applied to the whole face, with the exception of the left malar area to which combined TCA 15% and modified Jessner's solution was applied.

RESULTS: Our results revealed statistically highly significant difference between MASI Score (Melasma Area and Severity Index) between the right malar area and the left malar area.

CONCLUSION: Modified Jessner's solution proved to be useful as an adjuvant treatment with TCA in the treatment of melasma, improving the results and minimizing postinflammatory hyperpigmentation.

PMCID: PMC2800869

PMID: 20049268 [PubMed]

70. J Cosmet Dermatol. 2009 Dec;8(4):275-81. doi: 10.1111/j.1473-2165.2009.00471.x.

Different therapeutic modalities for treatment of melasma.

Azzam OA(1), Leheta TM, Nagui NA, Shaarawy E, Hay RM, Hilal RF.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Chemical peels and topical depigmenting agents have become a popular modality in the treatment of melasma.

AIMS: To compare the clinical efficacy of trichloroacetic acid peel 20%vs. Jessner's solution peel vs. the topical mixture of hydroquinone 2% and kojic acid.

PATIENTS AND METHODS: Forty five patients with melasma were randomly assigned into three groups of fifteen patients each. Group A received Jessner's solution peel, group B received trichloroacetic acid peel 20%, and group C received topical hydroquinone 2% and kojic acid. All patients were seen in follow-up period after 16 weeks; clinical evaluation using Melasma Area and Severity Index (MASI) score and photography were recorded before and after treatment and after 16 weeks.

RESULTS: There was a decrease in MASI score in all three groups after treatment and after follow-up period but after treatment MASI score was statistically significantly lower in group A than group C ($P = 0.01$), and it was also statistically significantly lower in group B than group C ($P < 0.001$) but there was no statistically significant difference between groups A and B. After the follow-up period, MASI score was statistically significantly lower in group A than group C ($P < 0.001$), statistically significantly lower in group B than group C ($P < 0.001$), and statistically significantly lower in group B than group A ($P = 0.035$). The statistical analysis was done through one-way anova followed by least significant difference (LSD).

CONCLUSION: Trichloroacetic acid 20% showed better results than Jessner's solution as peeling agent and hydroquinone 2% with kojic acid as a topical agent in the treatment of melasma.

PMID: 19958431 [PubMed - indexed for MEDLINE]

71. J Eur Acad Dermatol Venereol. 2010 Mar;24(3):264-9. doi: 10.1111/j.1468-3083.2009.03401.x. Epub 2009 Sep 8.

Five-year experience in the treatment of alopecia areata with DPC.

El-Zawahry BM(1), Bassiouny DA, Khella A, Zaki NS.

Author information:
(1)The Department of Dermatology, Kasr El-Aini University Hospital, Cairo University, Cairo, Egypt.

BACKGROUND: The effectiveness of Diphencyprone (DPC) in alopecia areata (AA) was demonstrated in several studies with highly variable response rates ranging from 5% to 85%.
OBJECTIVE: The response rate and variable factors affecting the prognosis were studied focusing on long-term follow-up with or without maintenance therapy.
METHODS: A total of 135 cases of AA were treated with DPC. Patients were divided into five groups according to the area of scalp affected: Grade 1 AA: 25-49%

scalp affection; Grade 2 AA: 50-74% scalp affection; Grade 3 AA: 75-99% scalp affection; alopecia totalis and alopecia universalis. An initial response was defined as appearance of new terminal hair within treated sites. Excellent response was defined as terminal hair covering >75% of the scalp. Relapse meant >25% hair loss. Maintenance therapy meant ongoing therapy once every 1-4 weeks after excellent response. Follow-up was performed to detect any relapse of AA.
RESULTS: Ninety-seven patients continued therapy for >or=3 months. After an initial 3 month lag, cumulative excellent response was seen in 15 patients (15.4%), 47 patients (48.5%), 51 patients (52.6%) and 55 patients (55.7%) after 6, 12, 18 and 24 months respectively in a mean median time of 12 months. The only patient variable affecting the prognosis was baseline extent of AA. Excellent response was seen in 100%, 77%, 54%, 50% and 41% in Grade 1, Grade 2, Grade 3, AA totalis and AA universalis patients respectively. Side-effects were few and tolerable. Hair fall >25% occurred in 17.9% of patients on maintenance and 57.1% of patients without maintenance therapy (P-value=0.025).
CONCLUSION: Diphencyprone is an effective and safe treatment of extensive AA. A long period of therapy is needed and will increase the percentage of responders especially in alopecia totalis and universalis. Maintenance therapy is recommended to reduce the risk of relapse.

PMID: 19744175 [PubMed - indexed for MEDLINE]

72. Pediatr Dermatol. 2009 Jul-Aug;26(4):448-51. doi: 10.1111/j.1525-1470.2009.00951.x.

Ligneous conjunctivitis with oral mucous membrane involvement and decreased plasminogen level.

El-Darouti M(1), Zayed AA, El-Kamah GY, Mostafa MI.

Author information:

(1)Department of Dermatology, Cairo University, Cairo, Egypt.

Mohamed_eldarouti@yahoo.com

Ligneous conjunctivitis (MIM 217090) is a rare autosomal recessive hereditary disorder. We report a case with both ligneous conjunctivitis and ligneous periodontitis in association with plasminogen type I deficiency. Diagnosis was based on the clinical and histological findings and most importantly, decreased serum level of plasminogen type I.

PMID: 19689523 [PubMed - indexed for MEDLINE]

73. J Cutan Pathol. 2010 Jan;37(1):68-74. doi: 10.1111/j.1600-0560.2009.01310.x. Epub 2009 Jul 13.

An immunohistochemical study of laminin in basal cell carcinoma.

Mostafa WZ(1), Mahfouz SM, Bosseila M, Sobhi RM, El-Nabarawy E.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND: Laminins are components of the extracellular matrix that mediate cell adhesion, growth, migration, proliferation and differentiation. Basement membrane (BM) laminins, in particular, may play a role in enhancing carcinoma cell motility.

AIM: To evaluate the distribution pattern of laminin in basal cell carcinoma (BCC), as regards the basement membrane, cellular cytoplasm, peritumoral lacunae and surface epithelium and to correlate laminin distribution with different variants of BCC.

PATIENTS AND METHODS: Skin biopsy specimens were obtained from 21 BCC patients for routine histopathological and immunohistochemical study. Laminin was evaluated qualitatively and semiquantitatively using monoclonal mouse antihuman antibody (Dako-Laminin, 4C7. Code No: MO638, which reacts with the terminal globular domain of the α5 chain)

RESULTS: The majority of BCC cases showed patchy cytoplasmic distribution of laminin. The BM expression of laminin, in most cases, was well defined, fine and linear with irregular areas of thickening. Staining intensity was moderate in differentiated and mixed variants, weak in superficial spreading and absent in morpheic types.

CONCLUSION: Cytoplasmic and basement membrane laminin is important in the pathogenesis and invasion of BCC. Most laminin was in basement membrane zone (BMZ), and the more differentiated the tumor, the more cytoplasmic and BM

staining it expressed.

PMID: 19615022 [PubMed - indexed for MEDLINE]

74. Br J Dermatol. 2009 Aug;161(2):313-9. doi: 10.1111/j.1365-2133.2009.09208.x. Epub 2009 Apr 10.

The use of sulfasalazine and pentoxifylline (low-cost antitumour necrosis factor drugs) as adjuvant therapy for the treatment of pemphigus vulgaris: a comparative study.

el-Darouti M(1), Marzouk S, Abdel Hay R, el-Tawdy A, Fawzy M, Leheta T, Gammaz H, Al Gendy N.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.

BACKGROUND: Pemphigus vulgaris (PV) represents a potentially life-threatening autoimmune blistering disease in which IgG autoantibodies are directed against cell-cell adhesion molecules. Tumour necrosis factor (TNF)-alpha has been suggested to have a possible role in the mechanism underlying acantholysis.
OBJECTIVES: This comparative double-blinded study was carried out to estimate the

use of both sulfasalazine (SSZ) and pentoxifylline (PTX) (low-cost anti-TNF drugs) as an adjuvant therapy for PV.

METHODS: The study included 64 patients with PV: 42 patients received the full treatment regimen (with SSZ and PTX) and 22 patients followed the same regimen except they received placebo instead of PTX and SSZ. Five healthy subjects were included as controls. Serum samples were taken to measure TNF-alpha levels in the control group and before starting treatment in both the patient groups and this was repeated every 2 weeks for 8 weeks; a clinical assessment was made every week for all the patients.

RESULTS: The serum level of TNF-alpha was statistically higher in both groups of patients than in the healthy individuals. There was a statistically significant decrease in the serum levels of TNF-alpha in patients in group 1 compared with those in group 2 at 6 and 8 weeks. There was also a significant clinical improvement in patients in group 1 compared with those in group 2.

CONCLUSION: The use of PTX and SSZ as adjuvant therapy in the treatment of PV induced a faster and more significant decrease in the serum level of TNF-alpha, and this decrease was associated with rapid clinical improvement.

PMID: 19466963 [PubMed - indexed for MEDLINE]

75. J Dermatol Sci. 2009 May;54(2):76-87. doi: 10.1016/j.jdermsci.2009.02.002. Epub 2009 Mar 20.

Topical calcineurin inhibitors in atopic dermatitis: a systematic review and

meta-analysis.

El-Batawy MM(1), Bosseila MA, Mashaly HM, Hafez VS.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

OBJECTIVES: To build a critical appraisal of the available literature to evaluate the effectiveness of topical calcineurin inhibitors in treatment of atopic dermatitis (AD), in comparison to topical corticosteroids (TCs) and/or placebo.

REVIEW METHODS:

DESIGN: systematic review and meta-analysis.

DATA SOURCES: electronic search of MEDLINE Pubmed along the last 10 years (1997-2006).

STUDY SELECTION: randomized control trials of TCIs reporting efficacy outcomes, in comparison to TCs or vehicle (placebo) or both. Data synthesis: of 210 articles, 19 studies were included, 10 for tacrolimus and 9 for pimecrolimus, involving 7378 patients of whom 2771 applied tacrolimus, 1783 applied pimecrolimus, and 2824 were controls. Both drugs were significantly more effective than a vehicle. However, two long-term trials comparing demonstrated the value of pimecrolimus in reduction of flares and steroid-sparing effect after 6 months. Compared to TCs, both 0.1% and 0.03% tacrolimus ointments were as effective as moderate potency TCs, and more effective than a combined steroid regimen. Tacrolimus was more effective than mild TCs.

CONCLUSIONS: TCIs in AD are more effective than placebo. Although less effective

than TCs, pimecrolimus has its value in long-term maintenance and as a steroid-sparing agent in AD, whenever used early enough, at first appearance of erythema and/or itching. In treatment of moderate to severe AD, topical tacrolimus is as effective as moderately potent TCs, and more effective than mild preparations. Chronic AD lesions of the face and flexures are the most justified indication for topical calcineurin inhibitors.

PMID: 19303745 [PubMed - indexed for MEDLINE]

76. J Eur Acad Dermatol Venereol. 2009 Apr;23(4):406-9. doi: 10.1111/j.1468-3083.2008.03064.x.

Serum and tissue expression of transforming growth factor beta 1 in psoriasis.

Zaher H(1), Shaker OG, EL-Komy MH, El-Tawdi A, Fawzi M, Kadry D.

Author information:
(1)Department of Dermatology, Cairo University, Cairo, Egypt.

BACKGROUND: In psoriasis, keratinocyte hyperplasia may be explained by imbalance of growth factors responsible for epidermal proliferation and altered metabolism of their receptors. Transforming growth factor-beta 1 (TGF-beta1) implications in the pathogenesis of psoriasis can be attributed to several mechanisms besides keratinocyte cell cycle inhibition.

OBJECTIVES: To evaluate the relation between serum and tissue levels of TGF-beta1 in psoriasis and their correlation with disease parameters.

PATIENTS AND METHODS: Serum and punch biopsy of involved and non-involved skin of 22 patients with psoriasis vulgaris and 10 controls were collected for quantification of TGF-beta1 by enzyme-linked immunosorbent assay kit.

RESULTS: Serum level of TGF-beta1 in psoriatic patients was higher than controls in a statistically non-significant manner. Correlations between serum level of TGF-beta1 and extent of the disease (P = 0.007) and Psoriasis Area and Severity Index (PASI) score (P = 0.005) were observed. Mean tissue levels of TGF-beta1 were highest in psoriatic lesions in contrast to normal skin of psoriatic patients and healthy controls, but not statistically significant. Correlation between tissue levels of TGF-beta1 in non-involved skin and extent of the disease (P = 0.007) and PASI score (P = 0.013) was detected. Correlation was detected between levels of TGF-beta1 in psoriatic plaques and serum of patients (P = 0.035), but not between levels of TGF-beta1 in non-involved skin and serum.

CONCLUSIONS: Tissue expression of TGF-beta1 in psoriasis may be affected by the stage of development of the lesion. The direct relation between TGF-beta1 in psoriatic plaques and serum imply that the mechanisms for TGF-beta1 production and release in both these compartments may be related.

PMID: 19175705 [PubMed - indexed for MEDLINE]

77. Photodermatol Photoimmunol Photomed. 2008 Oct;24(5):256-9. doi: 10.1111/j.1600-0781.2008.00371.x.

Different narrowband UVB dosage regimens in dark skinned psoriatics: a preliminary study.

Youssef RM(1), Mahgoub D, Mashaly HM, El-Nabarawy E, Samir N, El-Mofty M.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Giza, Egypt.

BACKGROUND: Psoriasis is a common and relapsing disease, which is both physically and psychologically disabling. Narrowband UVB (NB-UVB) is used in fair-skinned population in suberythemogenic doses with good results; however, in the darker skin population (skin types III, IV, V) erythemogenic doses have not been thoroughly investigated.

AIM: A left-right bilateral comparative trial was carried out to compare the suberythemogenic dose of NB-UVB vs. erythemogenic dose in the treatment of dark-skinned psoriatic patients.

PATIENTS AND METHODS: The study was conducted on 20 patients with chronic plaque psoriasis. The left side was treated with the dose causing minimal erythema [100% of minimal erythema dose (MED)] while the right side received 70% of this MED (suberythemogenic side).

RESULTS: Our results revealed no statistically significant difference in PASI final and in the percentage of reduction of PASI score between both sides as well as the total number of sessions (P-value>0.05), while the total cumulative UVB dose on the suberythemogenic side was significantly lower (P-value<0.001).

CONCLUSION: Our study recommends reducing the dose regimen of NB-UVB and consequently the cumulative UVB dose by using the suberythemogenic dosing schedule even in dark skin population.

PMID: 18811867 [PubMed - indexed for MEDLINE]

78. Br J Dermatol. 2008 Jul;159(1):86-90. doi: 10.1111/j.1365-2133.2008.08592.x. Epub 2008 Jul 1.

Expression of insulin-like growth factor-I in lesional and non-lesional skin of patients with morphoea.

Fawzi MM(1), Tawfik SO, Eissa AM, El-Komy MH, Abdel-Halim MR, Shaker OG.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Dokki, Cairo, Eqypt.

BACKGROUND: Morphoea (scleroderma) is a chronic disorder characterized by circumscribed sclerotic plaques with the hallmark of increased fibroblast activation and fibrosis. Through its effect on connective tissue cells and immune cells, insulin-like growth factor (IGF)-I has been found to play a role in some autoimmune connective tissue diseases and has been implicated in the pathogenesis of several fibrotic disorders.

OBJECTIVES: To evaluate the role of IGF-I in the pathogenesis of morphoea.

METHODS: The study was carried out on 15 patients with morphoea and nine healthy controls. Two 5-mm punch skin biopsies were taken from every patient (one from lesional and one from non-lesional skin) and a single biopsy was taken from the normal skin of each control. A 10-mL blood sample was also taken from each patient and control. Quantitative detection of tissue and serum levels of IGF-I was done using an enzyme-linked immunosorbent assay technique.

RESULTS: IGF-I in lesional skin was significantly higher than in non-lesional and control skin ($P = 0.001$ and $P = 0.021$, respectively). Moreover, a significantly higher level of IGF-I was detected in patient serum when compared with control serum ($P < 0.001$). A direct significant correlation existed between lesional and non-lesional skin level ($r = 0.618$, $P = 0.014$), and between lesional skin level and Rodnan score ($r = 0.538$, $P = 0.039$).

CONCLUSIONS: Despite the small sample size, this study suggests that IGF-I plays an important role in the pathogenesis of fibrosis, characteristic of morphoea. Studies on a larger number of patients with morphoea as well as on patients with systemic sclerosis are recommended. Furthermore, therapeutic trials using IGF-I antagonist (octreotide) are highly recommended in patients with morphoea.

PMID: 18489607 [PubMed - indexed for MEDLINE]

79. Photodermatol Photoimmunol Photomed. 2008 Feb;24(1):38-42. doi: 10.1111/j.1600-0781.2008.00334.x.

A comparative study of different treatment frequencies of psoralen and ultraviolet A in psoriatic patients with darker skin types (randomized-controlled study).

El-Mofty M(1), El Weshahy H, Youssef R, Abdel-Halim M, Mashaly H, El Hawary M.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt. medhatelmofty@hotmail.com

BACKGROUND: Photochemotherapy psoralen and ultraviolet A (PUVA) is a viable option for treatment of psoriasis. However, concerns about its side effects have raised the need to change current PUVA protocols. The aim of this study is to determine whether reducing the treatment frequency of PUVA to twice/week instead of three times/week would affect the efficacy of PUVA therapy.

PATIENTS AND METHODS: The study included 20 psoriatic patients, randomized into two groups, 10 patients in each group. The first group received two weekly sessions, the second group received three. The study lasted until complete clearance or for 12 weeks (endpoint). Psoriasis area and severity index (PASI) score was done prior to therapy, at mid therapy and at end of therapy (PASI final).

RESULTS: No significant different in PASI final and in the percentage of reduction of PASI score between both groups (P value >0.05) was found. However, a significant difference in the total number of sessions and the total cumulative UVA doses between both groups was found (P value <0.001).

CONCLUSION: Our study suggests reducing PUVA frequency and the cumulative UVA dose does not compromise the efficacy of PUVA, but it may improve its benefit/risk ratio. RESTRICTIONS: Few number of cases.

PMID: 18201356 [PubMed - indexed for MEDLINE]

80. Eur J Dermatol. 2007 Nov-Dec;17(6):469-75. Epub 2007 Oct 19.

Ultrasound biomicroscopy in the diagnosis of skin diseases.

El-Zawahry MB(1), Abdel El-Hameed El-Cheweikh HM, Abd-El-Rahman Ramadan S, Ahmed Bassiouny D, Mohamed Fawzy M.

Author information:
(1)The Department of Dermatology Kasr El-Aini University Hospital, Cairo-University, Cairo, Egypt.

Ultrasound scanning is becoming an important diagnostic tool in dermatology. The major advantages of this technique are its non invasive non-ionizing nature and its relatively low cost. We aimed to evaluate the accuracy of ultrasound biomicroscopy (UBM) in the diagnosis of eight skin disorders namely, morphea, keloid, lichen planus, chronic eczema, psoriasis, port wine stain, seborrheic keratosis, and photo-aged skin, through correlation of its findings with clinical and pathological assessment. Fifty seven patients with the above diseases were

examined by ultrasound biomicroscopy (UBM). Two areas, one of normal skin and the other from lesional skin, were examined for each patient. Skin biopsies were taken from the same lesion examined by UBM. In morphea, the dermal echogenicity was increased and the thickness of morphea plaques correlated significantly with disease severity. Keloids appeared as low echogenic images. In lichen planus and chronic eczema the dermis appeared as sound shadow. In psoriasis, an intermediate zone between the epidermis and dermis (B zone) was detected. Its thickness correlated significantly with the PASI score. Port wine stain lesions appeared hypoechoic. Seborrheic keratosis appeared as a sound shadow. In photo-aged skin a subepidermal low echogenic band (SLEB) was detected. We conclude that UBM is a non-invasive diagnostic tool in dermatology which can be used to give valuable information about disease progress and the effectiveness of therapy.

PMID: 17951126 [PubMed - indexed for MEDLINE]

81. Dermatol Clin. 2007 Jul;25(3):401-17, x.

Pigmentary disorders in the Mediterranean area.

El-Mofty MA(1), Esmat SM, Abdel-Halim MR.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt.
medhatelmofty@hotmail.com

The Mediterranean area represents the area of land that borders the Mediterranean basin. It is composed of several countries that share many geographic and racial characteristics. Although Mediterraneans seem to share common skin type and are subjected to similar enviromental factors, they still represent a genetic and socioeconomic diversity. True prevalence of pigmentary disorders in this area depends on large epidemiologic studies, including countries that are not available. This article, however, highlights and classifies the most important developmental (heritable-genetic) and acquired pigmentary disorders seen and reported in this important area of the world.

PMID: 17662906 [PubMed - indexed for MEDLINE]

82. J Cosmet Dermatol. 2007 Jun;6(2):89-94.

Combined trichloroacetic acid peel and topical ascorbic acid versus trichloroacetic acid peel alone in the treatment of melasma: a comparative study.

Soliman MM(1), Ramadan SA, Bassiouny DA, Abdelmalek M.

Author information:
(1)The Department of Dermatology, Kasr El-Aini University Hospital, Cairo University, Cairo, Egypt.

BACKGROUND: Melasma is a common acquired hypermelanosis that is difficult to treat. Several chemical peeling agents were used in treatment of melasma. Topical vitamin C was also used with minimal side effects.

AIM: To compare the effect of 20% trichloroacetic acid (TCA) peel alone vs. 20% TCA peel combined with topical 5% ascorbic acid in cases of epidermal melasma.

PATIENTS AND METHODS: Thirty women with bilateral epidermal melasma (Fitzpatrick skin types III and IV) were divided into two groups (A and B, 15 patients each). Before therapy, digital photography and a melasma area and severity index (MASI) score were done for each patient. Groups A and B were primed for 2 weeks before TCA peel. Group B also applied 5% ascorbic acid topically once daily; 20% TCA peel was done for all patients weekly until clearance of melasma or for a maximum of six peels. Group B continued to use 5% ascorbic acid topically in between peels and during the 16-week follow-up period. Patients were assessed at the end of peeling sessions and at the end of follow-up by photography, MASI score, and a global evaluation by the patient.

RESULTS: Group B compared with group A showed a significant decrease in MASI score at the end of TCA peels ($P < 0.001$) and at the end of the 16-week follow-up period ($P < 0.003$). Global evaluation showed that 13 patients (87%) in group B improved or maintained their improvement compared with only 10 patients (67%) in group A.

CONCLUSION: Topical ascorbic acid combined with 20% TCA peel in melasma improves the results and helps in maintaining the response to therapy.

PMID: 17524124 [PubMed - indexed for MEDLINE]

83. Int J Dermatol. 2006 Sep;45(9):1043-6.

Microscopic study of normal skin in cases of mycosis fungoides.

El-Darouti MA(1), Marzouk SA, Bosseila M, Zeid OA, El-Safouri O, Zayed A, El-Ramly A, Abdel-Halim MR.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Cairo, Egypt. Mohammed_eldarourti@yahoo.com

BACKGROUND: During therapy of patients with mycosis fungoides (MF) at the Department of Dermatology, Kasr El-Aini Hospital, follow-up biopsies are routinely taken every 2 months. It was noticed that lesions of MF might become clinically normal during treatment, and yet still show microscopical evidence of MF. This finding raised the possibility that clinically normal skin in MF could be microscopically involved.

AIM: The aim of our work was to evaluate the degree of histopathological involvement of normal-looking skin in patients with MF.

PATIENTS AND METHODS: Thirty patients with stage IB were biopsied from their normal skin. Two biopsies were taken: one proximal (2 cm) and the other distal (> 5 cm) from any visible lesion. Ten normal controls were included in the study. All specimens were stained with H&E and examined microscopically. The microscopical diagnosis was confirmed by immunophenotyping.

RESULTS: Epidermotropism was detected in 21 (70%) of the proximal skin biopsies and 14 (47%) of the distal skin biopsies, whereas no biopsy from the control group showed epidermotropism. All the proximal skin biopsies showed dermal infiltrate and 90% of the biopsies from the distal normal skin showed dermal infiltrate (mostly superficial perivascular).

CONCLUSION: Normal skin in patients with MF could be affected microscopically and this may raise questions regarding the credibility of the current staging classification of MF, and may necessitate taking biopsies from normal skin before starting topical treatment. During MF treatment, biopsies from cured lesions are required before starting withdrawal.

PMID: 16961506 [PubMed - indexed for MEDLINE]

84. Int J Dermatol. 2006 Mar;45(3):292-6.

Histopathological study of apparently normal skin of patients with leprosy.

El-Darouti MA(1), Hussein S, Marzouk SA, Nabil N, Hunter NS, Mahgoub D, El-Eishi NH, Abdel-Halim MR.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Egypt. mohammad_eldarouti@yahoo.com

BACKGROUND: Several clinical and laboratory observations point to the possible microscopical affection of normal-looking skin in leprosy.
OBJECTIVE: This study was carried out to verify the microscopical affection of apparently normal-looking skin in different types of leprosy.
PATIENTS AND METHODS: The study included 50 patients with different clinical types of leprosy. Biopsies from both skin lesions and normal-looking skin were obtained from each patient and examined for microscopical evidence of leprosy.
RESULTS: Microscopical affection of normal-looking skin was detected in 52% of our cases, with higher incidence of affection towards the lepromatous end of the disease.
CONCLUSION: Our findings underscore that the incidence of microscopical affection of normal-looking skin in leprosy is much higher on the lepromatous end of the spectrum of leprosy than on the tuberculoid end; during treatment, the leprosy granulomas may disappear from the normal skin before the clinical lesions. Moreover, the microscopic picture of indeterminate leprosy can be observed in the normal-looking skin of patients with tuberculoid leprosy or lepromatous leprosy, and this description appears not to be confined to the entity known as indeterminate leprosy.

PMID: 16533232 [PubMed - indexed for MEDLINE]

85. Int J Dermatol. 2006 Mar;45(3):239-44.

Muckle-Wells syndrome: report of six cases with hyperpigmented sclerodermoid skin

lesions.

El-Darouti MA(1), Marzouk SA, Abdel-Halim MR.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Egypt.

mohammad_eldarouti@yahoo.com

Muckle-Wells syndrome (MWS) is a rare syndrome, characterized by chronic recurrent urticaria, often combined with fever, chills, rigors, malaise, and arthralgia. Progressive sensorineural deafness, and, in approximately one third of the patients, amyloidosis of the kidneys as well as of other organs may occur. It was first described in 1962 by Muckle and Wells. Herein we describe six cases of MWS showing, in addition to the classic features of MWS, unique skin lesions that to the best of our knowledge have not been described before in association with MWS.

PMID: 16533222 [PubMed - indexed for MEDLINE]

86. Eur J Dermatol. 2006 Jan-Feb;16(1):67-71.

Lipoprotein (a) and nitrites in Behcet's disease: relationship with disease activity and vascular complications.

Esmat S(1), El Sherif H, Anwar S, Fahmy I, Elmenyawi M, Shaker O.

Author information:

(1)Department of Dermatology, Cairo University, Egypt. khaled1@soficom.com.eg

Our objective was the assessment of serum lipoprotein(a) {Lp(a)} and nitrites in Behcet's disease (BD) patients and their relation to vascular events and disease activity. Thirty cases of BD and 14 healthy volunteers were included. Serum levels of Lp(a) were estimated using enzyme-linked immunosorbent assays. Serum nitrites were measured according to the method of Benjamin and Vallence. Compared to controls, BD patients had significantly lower concentrations of serum nitrites, and significantly higher concentrations of Serum Lp(a). Significantly higher levels of serum Lp(a) were observed in patients with vascular complications, while significantly lower levels of serum nitrites were found during disease activity and in patients with erythema nodosum like lesions. Increased serum lipoprotein (a) may contribute to the increased incidence of vascular complications in Behcet's disease. Decreased nitrites can be considered as a marker of disease activity that may be related to endothelial dysfunction.

PMID: 16436346 [PubMed - indexed for MEDLINE]

87. Eur J Dermatol. 2006 Jan-Feb;16(1):17-22.

Vitiligo vs. hypopigmented mycosis fungoides (histopathological and

immunohistochemical study, univariate analysis).

El-Darouti MA(1), Marzouk SA, Azzam O, Fawzi MM, Abdel-Halim MR, Zayed AA, Leheta TM.

Author information:

(1)Dermatology department, Faculty of Medicine, Cairo University, Egypt.

mohammad_eldarouti@yahoo.com

Vitiligo is a common skin disease characterized by the presence of well circumscribed, depigmented milky white macules devoid of identifiable melanocytes. On the other hand, hypopigmented mycosis fungoides (MF) is a rare variant of MF which presents clinically as persistent hypopigmented macules and patches. Both disorders show a predominance of CD8+ T cells in tissue samples and hence the differentiation between the two diseases on clinical, histopathological and even immunohistochemical grounds may offer great difficulty. The aim of this work is to identity certain histopathological clues which might help to differentiate between the two diseases. The study included 54 patients (26 vitiligo patients and 28 patients with Hypopigmented MF). Skin biopsies were taken and examined by hematoxylin and eosin and CD3, CD4 and CD8 markers were performed for ten vitiligo and nine MF patients. We have found that epidermotropism, hydropic degeneration of basal cells, partial loss of pigment, preservation of some melanocytes, presence of lymphocytes within the papillary dermis, increased density of the dermal infiltrate and wiry fibrosis of the papillary dermal collagen were detected with a significantly higher incidence in

hypopigmented MF rather than vitiligo (P-values < 0.0001, < 0.00011, < 0.00011, = 0.001, = 0.008 and = 0.001 respectively). On the other hand, focal thickening of the basement membrane, complete loss of pigmentation, total absence of melanocytes, as well as absence or sparsness of lymphocytes in the dermal papillae were seen much more frequently in vitiligo. Statistical analysis of these differences was significant with P-values < 0.00011, < 0.00011, < 0.00011, = 0.008 respectively, regarding these pathological criteria. We conclude that differentiation of hypopigmented MF from vitiligo is possible by relying on the histopathological clues described in this study. This is particularly useful in areas of the world where cost benefit is crucial.

PMID: 16436337 [PubMed - indexed for MEDLINE]

88. Photodermatol Photoimmunol Photomed. 2005 Dec;21(6):281-6.

Narrow band UVB (311 nm), psoralen UVB (311 nm) and PUVA therapy in the treatment of early-stage mycosis fungoides: a right-left comparative study.

El-Mofty M(1), El-Darouty M, Salonas M, Bosseila M, Sobeih S, Leheta T, Nada H, Tawdy A, Amin I, El-Enany G.

Author information:
(1)Phototherapy Unit, Dermatology Department, Faculty of Medicine, Cairo University, Egypt. medhatelmofty@hotmail.com

BACKGROUND: Psoralen ultraviolet A (PUVA) is a widely used first-line therapy for treatment of early cutaneous T-cell lymphoma. Narrow band UVB (UVB-NB) (311 nm) has been recently introduced as another effective line of treatment. It is postulated that the efficacy of UVB-NB could be enhanced by addition of psoralen.
AIM: The aim of the present work was to compare the clinical and histopathologic efficacy of PUVA and UVB-NB in the treatment of early-stage MF (stages IA, IB and IIA), and to evaluate whether psoralen adds to the efficacy of UVB-NB or not.
Patients and Methods: Twenty patients (stage IA, IB or IIA) were divided into two equal groups: group I received UVB-NB on the right body half vs. PUVA on the left side of the body for 48 sessions, and group II received PUVB-NB on the right side of the body vs. PUVA on the left side for 36 sessions. The sessions were administered three times weekly.
RESULTS: In group I, almost equal results were obtained on both sides, i.e., UVB-NB and PUVA were equally effective in the treatment of early stages of MF, both clinically and histopathologically. In group II, PUVB-NB was found to be as effective as conventional PUVA in the treatment of early-stage mycosis fungoides, also on both clinical and histopathological grounds.
CONCLUSION: UVB-NB phototherapy should be included among the initial therapeutic options of mycosis fungoides in view of its efficacy, convenience, and likelihood of fewer long-term adverse effects. Addition of psoralen does not seem to enhance its therapeutic efficacy.

PMID: 16313238 [PubMed - indexed for MEDLINE]

89. Int J Dermatol. 2005 Aug;44(8):674-6.

Branchio-oculo-facial syndrome with bilateral linear scars of the neck.

El Darouti MA(1), Marzouk SA, Azzam OA, Nada HR, Sobhi RM, El Nabarawi I.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

A case of branchio-oculo-facial syndrome with bilateral linear scars affecting both sides of the neck is described. The disease occured in a male patient aged 20 years and presented with facial asymmetry, pre and postauricular pits, lip pits, microphthalmia, broad malformed nose, colobomas and dystrophic right kidney. In addition, there were bilateral linear hypertrophic scars on both sides of the neck. We believe that the latter lesions may represent the end stage of dermal thymus; a rare condition which has been reported so far in only four cases, two of which had branchio-oculo-facial syndrome.

PMID: 16101871 [PubMed - indexed for MEDLINE]

90. Int J Dermatol. 2005 May;44(5):361-5.

Basaloid follicular hamartoma.

El-Darouti MA(1), Marzouk SA, Abdel-Halim MR, Zidan AZ, Fawzy MM.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Cairo, Egypt.

mohammad_eldarouti@yahoo.com

Basaloid follicular hamartoma (BFH) is a unique benign follicular hamartoma characterized by variable clinical presentations, identical histologic features and possible associations with numerous disorders. Basaloid follicular hamartoma may be hereditary or acquired. Hereditary cases may be either generalized or unilateral nevoid. Although the generalized forms are usually associated with systemic manifestations, such as myasthenia gravis,(2) it may occasionally present without internal disorders. On the other hand, the acquired forms of BFH may present in the form of localized or solitary forms. Herein we present four cases of BFH, one of them (first case) represents a unique form of the generalized variant of BFH, showing no associated internal disorders.

PMID: 15869532 [PubMed - indexed for MEDLINE]

91. Int J Dermatol. 2004 Aug;43(8):595-6.

Reticulate acropigmentation of Dohi: a report of two new associations.

El Darouti M(1), Marzouk SA, Fawzi M, Rabie M, El Tawdi A, Abdel Azziz M.

Author information:

(1)Department of Dermatology, Cairo University, Egypt. mohammad_eldarouti@yahoo.com

PMID: 15304186 [PubMed - indexed for MEDLINE]

92. Photodermatol Photoimmunol Photomed. 2004 Jun;20(3):148-56.

Different low doses of broad-band UVA in the treatment of morphea and systemic sclerosis.

El-Mofty M(1), Mostafa W, El-Darouty M, Bosseila M, Nada H, Yousef R, Esmat S, El-Lawindy M, Assaf M, El-Enani G.

Author information:

(1)Department of Dermatology, Phototherapy Unit, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND: Numerous treatment modalities, some with potentially hazardous side effects, are currently used for morphea (M) and systemic sclerosis (SS) with limited success. Low-dose ultraviolet A (UVA) phototherapy (20 J/cm(2)) was found to be highly effective for sclerotic patches, even in patients with advanced and rapidly evolving lesions.

OBJECTIVE: To determine the effectiveness of different low doses of UVA in treating patients with M and SS.

METHODS: Sixty-three patients complaining of M and 15 patients complaining of SS received 20 sessions of UVA (320-400 nm) each. Patients were divided randomly into three groups that received 5, 10 and 20 J/cm(2), with cumulative UVA doses of 100, 200, and 400 J/cm(2), respectively. The efficacy of therapy was judged clinically (by sequential inspection and palpation) and histopathologically by morphometry in M cases.

RESULTS: Obvious clinical improvement, with no comparable differences between various low UVA doses, was noted in patients with M and SS, accompanied by histopathological changes towards normalization of collagen.

CONCLUSIONS: After 20 sessions, it appears that lower doses of UVA (5, 10 J/cm(2)) are as beneficial as the relatively higher dose (20 J/cm(2)) in the treatment of M and SS.

PMID: 15144393 [PubMed - indexed for MEDLINE]

93. Photodermatol Photoimmunol Photomed. 2004 Apr;20(2):93-100.

Suggested mechanisms of action of UVA phototherapy in morphea: a molecular study.

El-Mofty M(1), Mostafa W, Esmat S, Youssef R, Bousseila M, Nagi N, Shaker O, Abouzeid A.

Author information:

(1)Department of Dermatology, Phototherapy Unit, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND: Ultraviolet A (UVA) phototherapy proved to be an efficient line of treatment of scleroderma. The mechanism through which it acts is still not clear.

OBJECTIVES: To detect the mechanism of action of UVA phototherapy in morphea through measuring its effect on the levels of different parameters related to collagen metabolism.

METHODS: Twenty-one cases of morphea were treated with low-dose broad-band UVA for 20 sessions. Twelve cases received 20 J/cm(2)/session with a cumulative dose of 400 J/cm(2) and nine cases received 10 J/cm(2)/session with a cumulative dose of 200 J/cm(2). The response was assessed clinically every week. Two skin biopsies were taken from the lesional skin of each patient before starting and after the end of therapy. Paraffin sections were examined for quantitative polymerase chain reaction measurement of collagen I, collagen III, collagenase, transforming growth factor-beta (TGF-beta) and interferon gamma (IFNgamma).

RESULTS: Eighteen patients reported remarkable softening of the skin lesions, with variable degrees ranging from moderate in 57.1% of them good in 19% to very good response in 9.5%. After treatment, all the studied parameters revealed statistically significant changes. There was a significant decrease in collagen I, collagen III and TGF-beta and a significant increase in collagenase (MMP-1) and IFNgamma. The relative change was found to be greatest in collagenase, followed by IFNgamma then TGF-beta and finally collagen I. The changes in collagen I, collagenase, IFNgamma and TGF-beta were found to increase gradually

with the degree of clinical response. In all the parameters studied the relative change was significantly higher in cases treated with 20 J/cm(2)/session in contrast to those treated with 10 J/cm(2)/session although no statistically significant difference could be detected in the clinical response to those doses. CONCLUSIONS: The efficacy of low-dose UVA phototherapy in the treatment of localized scleroderma is mainly obtained by the increased production of MMP-1 and IFNgamma, and to a lesser extent by decreasing TGF-beta and collagen production. Concerning the use of 10 or 20 J/cm(2)/session those effects are dose dependent, but the clinical response does not significantly differ.

PMID: 15030594 [PubMed - indexed for MEDLINE]

94. J Dermatol. 2002 Jul;29(7):404-10.

Detection of herpes simplex virus DNA in serum and oral secretions during acute recurrent herpes labialis.

Youssef R(1), Shaker O, Sobeih S, Mashaly H, Mostafa WZ.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

Although herpes simplex virus (HSV) has been detected in the peripheral blood of immunocompromised patients and in neonates with disseminated disease, the extent

to which the virus may be present in the blood during a localized infection in otherwise healthy patients is still unknown. Literature on patterns of HSV shedding into the oral cavity at the prodromal stage of the disease, during recurrences, and also during asymptomatic periods is still lacking. The present study aims at the detection of HSV DNA in the serum and oral secretions during acute herpes labialis using a highly sensitive technique, the polymerase chain reaction (PCR). The study included 10 patients with acute herpes labialis and five healthy controls. Using PCR, herpes simplex virus DNA was detected in the serum of seven patients (70%) and in the saliva of nine patients (90%). One of the control cases showed positive HSV DNA in the saliva (20%). There was good statistical agreement between the presence of HSV DNA in the serum and saliva. Frequency of attacks, patient's age, and gender had no statistically significant effect on the presence of the virus in serum or in saliva. It is concluded that HSV viremia during attacks of recurrent herpes simplex is more frequent than previously appreciated.

PMID: 12184636 [PubMed - indexed for MEDLINE]

95. Int J Dermatol. 2001 Dec;40(12):777-81.

Eccrine syringosquamous metaplasia.

El Darouti MA(1), Marzouk SA, El Hadidi HA, Sobhi RM.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

PMID: 11903677 [PubMed - indexed for MEDLINE]

96. Int J Dermatol. 2001 Jul;40(7):454-7.

Folliculo-sebaceous cystic hamartoma.

El-Darouty MA(1), Marzouk SA, Abdel-Halim MR, El-Komy MH, Mashaly HM.

Author information:

(1)Dermatology Department, Faculty of Medicine, Cairo University, Cairo, Egypt.

PMID: 11679002 [PubMed - indexed for MEDLINE]

97. Photodermatol Photoimmunol Photomed. 2001 Aug;17(4):159-63.

PUVA and PUVB in vitiligo--are they equally effective?

Mofty ME(1), Zaher H, Esmat S, Youssef R, Shahin Z, Bassioni D, Enani GE.

Author information:

(1)Dermatology Department, Phototherapy Unit, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND/AIMS: The combination of psoralens with different types of ultraviolet (UVL) sources in the treatment of vitiligo has led to different reports of success. The purpose of this trial is to compare in a random right-left comparison study the efficacy and side effects of oral 8-MOP plus UVA (PUVA) and oral 8-MOP plus UVB (broadband, 290-320 nm P-UVB) in the treatment of vitiligo.
METHODS: The study included 24 cases of extensive vitiligo involving more than 30% of the body surface area in a bilateral symmetrical distribution. Each patient received 0.7 mg/kg 8-MOP orally 2 h before the light session. The right side of the body was exposed to UVA (320-400 nm), while the left half was exposed to UVB (290-320 nm). The patients received 3 sessions/week for a total of 30 sessions.
RESULTS: Both PUVA and PUVB produced moderate (50-60%) improvement, with similar incidences of phototoxic reaction and skin thickening. However, the study revealed a significant difference in the number of sessions needed to improve produce erythema and perifollicular pigmentation as well as a moderate response, the response on the UVA side always being earlier. Furthermore, the amount of joules needed to achieve the same response was 10 times greater on the UVA side than on the UVB side.
CONCLUSION: The use of psoralen plus broadband UVB is as effective as PUVA in the treatment of vitiligo. However, the long-term side effects of psoralen plus UVB are unknown.

PMID: 11499536 [PubMed - indexed for MEDLINE]

98. Int J Dermatol. 2000 May;39(5):365-8.

Retiform hemangioendothelioma.

El Darouti M(1), Marzouk SA, Sobhi RM, Bassiouni DA.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

PMID: 10849129 [PubMed - indexed for MEDLINE]

99. Photodermatol Photoimmunol Photomed. 2000 Apr;16(2):43-9.

Low-dose broad-band UVA in morphea using a new method for evaluation.

El-Mofty M(1), Zaher H, Bosseila M, Yousef R, Saad B.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

Until recently, various therapies for localized scleroderma have been used with

limited success. Recently, phototherapy, with or without psoralen, was proposed as a successful treatment modality. The aim of this study was to evaluate the effect of broad-band low-dose ultraviolet A (UVA) phototherapy in patients with localized scleroderma, using a new method for evaluation. Twelve patients complaining of morphea were exposed to UVA irradiation at a dose of 20 J/cm2 3 times per week for 20 sessions. Selected covered plaques served as internal controls. The efficacy of therapy was judged clinically by sequential inspection and palpation. In biopsy specimens from exposed and covered plaques stained with hematoxylin and eosin (H & E) and Masson trichrome stains, the concentration of collagen per dermal surface area was measured with the use of a computerized image analyzer. All patients reported remarkable softening of skin lesions, confirmed by sequential palpatory assessment. A significant reduction in the mean concentration of collagen per surface area was detected in the plaques exposed to UVA (the P value being 0.007, $P<0.01$), whereas in the covered plaques the difference was not statistically significant (the P value being 0.10, $P>0.05$).
The conclusion is that low-dose broad-band UVA phototherapy is a very effective and safe treatment modality for localized scleroderma.

PMID: 10823310 [PubMed - indexed for MEDLINE]

100. J Cutan Pathol. 2000 Apr;27(4):183-5.

Failure of detection of mucin in the clear halos around the epidermotropic lymphocytes in mycosis fungoides.

El Darouti M(1), Marzouk SA, Horn TD.

Author information:

(1)Department of Dermatology, Cairo University, Egypt.

Epidermotropic lymphocytes in mycosis fungoides typically reside in clear lacunae. The material forming this space is unknown. Thirty specimens from 30 patients with mycosis fungoides were stained with alcian blue, modified Mowry's colloidal iron and mucicarmine to determine if some form of mucin could be identified. Using these stains, no form of mucin was noted in the lacunae surrounding the epidermotropic lymphocytes of mycosis fungoides. The cause of the clear spaces around epidermotropic lymphocytes in mycosis fungoides remains unexplained, but is unlikely to represent mucin deposition.

PMID: 10774939 [PubMed - indexed for MEDLINE]

101. Pediatr Dermatol. 1997 Sep-Oct;14(5):351-4.

An epidemiologic study of perianal dermatitis among children in Egypt.

Mostafa WZ(1), Arnaout HH, el-Lawindi MI, el-Abidin YM.

Author information:

(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

Perianal dermatitis is a common problem occurring among infants and children. Streptococci, particularly beta-hemolytic group A organisms, play a major role in its causation. An epidemiologic association between perianal dermatitis caused by group A beta-hemolytic streptococci in some patients and pharyngeal colonization with the same organisms seems to exist. A similar relation is also true for other organisms, including non-group A beta-hemolytic streptococci and Staphylococcus aureus. This was the main conclusion of a hospital-based study performed on 150 children with perianal dermatitis. All patients were subjected to a questionnaire, clinical examination, two perianal swabs, and two throat swabs. The bacteriologic examination of the perianal swabs revealed the presence of beta-hemolytic streptococci in 35.3% of the cases, half of which were of the group A beta-hemolytic strain (17.3%) and half of which were non-group A (18%). Throat swabs revealed the presence of beta-hemolytic streptococci in 44% of cases, half of which were found to belong to group A (21.3%) and half to non-group A (22.7%). Among patients with perianal dermatitis caused by group A beta-hemolytic streptococci, 53.8% had associated pharyngeal colonization by the same organism. S. aureus was isolated from the perianal skin in five patients (3.4%); in four of whom the same organism also grew in cultures from throat swabs. A relatively good association between pharyngeal colonization by beta-hemolytic streptococci and Staphylococci and the presence of perianal dermatitis caused by the same organisms was demonstrated using the Kappa test of agreement (K = 0.4).

PMID: 9336803 [PubMed - indexed for MEDLINE]

102. Int J Dermatol. 1996 Apr;35(4):252-6.

Necrolytic acral erythema: a cutaneous marker of viral hepatitis C.

el Darouti M(1), Abu el Ela M.

Author information:

(1)Department of Dermatology, Cairo University Faculty of Medicine, Egypt.

BACKGROUND: Necrolytic acral erythema (NAE) is a distinctive skin lesion that was found to affect the dorsa of the feet of seven patients having active viral hepatitis C. Necrolytic acral erythema occurs in the form of well circumscribed dusky erythematous areas that develop flaccid blisters in their early stages and a hyperkeratotic surface in their chronic form. Microscopically, lesions of NAE are similar to those of other necrolytic erythemas such as necrolytic migratory erythema, pellagra, and zinc deficiency.

METHOD: Seven patients with NAE were included in this study. These patients underwent microscopic examination of punch biopsy specimens of the affected skin, abdominal sonography, CT scan of pancreas, and a liver biopsy. Blood samples were obtained for complete blood picture, serum glucose, zinc, amino acids, liver function tests, and markers of hepatitis.

RESULTS: All patients with NAE were found to have hepatitis C by ELISA and PCR.

CONCLUSIONS: Necrolytic acral erythema is a distinctive type of necrolytic erythemas that was observed to occur almost exclusively with viral hepatitis C. Therefore, it should be considered an important cutaneous marker of hepatitis C, particularly in areas showing a high incidence of this form of hepatitis.

PMID: 8786182 [PubMed - indexed for MEDLINE]

103. J Dermatol. 1996 Mar;23(3):209-13.

Disseminated cryptococcosis with cutaneous lesions.

Mostafa WZ(1), Ishak EA, Ekladious EM, Arnaout HH.

Author information:
(1)Department of Dermatology, Cairo University, Egypt.

A case of disseminated cryptococcosis in an HIV-negative patient presenting with cutaneous lesions is described for the first time in Egypt. The patient, a 16-year-old male, presented with cough, expectoration, loss of weight, and cutaneous lesions, mainly on the face and trunk. The lesions consisted of vegetating crusted plaques discharging purulent to sanguinous fluid and flattened, shiny, erythematous to brownish plaques. Anorexia, headache and personality changes soon followed. Histopathological examination of lesions was highly suggestive of a deep mycosis, particularly cryptococcosis. The fulminant

disease advanced with central nervous system involvement. The progression was not arrested when systemic antifungal therapy was administered late in the disease course. Pathological examination of lungs, liver, pancreas and spleen revealed disseminated infection with no evidence of other underlying pathology. Disseminated cryptococcosis is a morbid infection, rare in an area where heightened awareness and raised index of suspicion will surely allow earlier diagnosis, management and better prognosis.

PMID: 8935633 [PubMed - indexed for MEDLINE]

104. Int J Dermatol. 1994 Aug;33(8):588-92.

Clinical study of a new preparation of 8-methoxypsoralen in photochemotherapy.

el-Mofty AM(1), el-Sawalhy H, el-Mofty M.

Author information:
(1)Department of Dermatology, Faculty of Medicine, Cairo University, Egypt.

BACKGROUND: Oral 8-methoxypsoralen is the drug of choice in photochemotherapy of several dermatoses, e.g., vitiligo and psoriasis. The aim of this trial is to produce a new preparation of the drug, which is able to overcome the difficulties met with the oral use of the older preparations.
METHODS: A new preparation containing ultramicronized methoxypsoralen (8-MOP) in

10 mg capsules was tried in an open trial. The trial included 53 patients (15 psoriasis, 26 vitiligo, and 12 tinea versicolor). Light testing showed that the strongest erythema appeared 30 minutes after ingesting the capsules. Patients were exposed to UVA after that period. Laboratory studies were also performed using high performance liquid chromatography to assay the serum concentrations of the drug on normal individuals.
RESULTS: Thirteen of the 15 psoriasis patients (87%) showed an excellent response (a remission) after 30 sittings. Twenty-two of the 26 vitiligo patients (85%) showed an excellent response (acceptable repigmentation) after 70 sittings. The 12 patients with tinea versicolor (100%) showed complete repigmentation after 12 sittings. The laboratory studies showed the optimum time to be between 35 to 55 minutes, verifying the clinical observation.
CONCLUSIONS: The therapeutic effective dose was found to be 0.25 mg/kg. This new preparation of 8-MOP proved to be well tolerated by the patients, causing no epigastric discomfort, nausea, or vomiting, overcoming the biggest obstacle of oral 8-MOP therapy. It was also well tolerated by patients known to be sensitive to oral and/or topical 8-MOP therapy.

PMID: 7960360 [PubMed - indexed for MEDLINE]

105. Int J Dermatol. 1994 Aug;33(8):570-2.

Naftifine versus miconazole/hydrocortisone in inflammatory dermatophyte infections.

Nada M(1), Hanafi S, al-Omari H, Mokhtar M, el-Shamy S, Mühlbacher J.

Author information:

(1)Department of Dermatology, Cairo University, Egypt.

PMID: 7960355 [PubMed - indexed for MEDLINE]

106. Int J Dermatol. 1993 Jul;32(7):508-11.

Lupus miliaris disseminatus faciei--pathologic study of early, fully developed, and late lesions.

el Darouti M(1), Zaher H.

Author information:

(1)Department of Dermatology, Cairo University Faculty of Medicine, Egypt.

BACKGROUND: Lupus miliaris disseminatus faciei is a chronic inflammatory disorder, which affects adults of both sexes.

METHODS: This study included 25 patients with lupus miliaris disseminatus faciei. Three biopsies, representing early, fully developed, and late lesions, were taken from each patient.

RESULTS: Histopathologic examination of the different lesions revealed that in

early lesions, all of them showed superficial perivascular and periappendigeal cellular infiltrate composed mostly of lymphocytes and few histiocytes with occasional neutrophils. The fully developed lesions showed a sarcoidal granuloma only (40%), sarcoidal granuloma with abscess (24%), sarcoidal granuloma around areas of caseation necrosis (20%), and a mixture of sarcoidal and tuberculoid granulomas (16%).
CONCLUSIONS: All the late lesions showed extensive fibrosis especially in the perifollicular areas. Scattered lymphocytes, histiocytes and neutrophils were present within the fibrotic areas. A possible explanation of the pathogenesis is discussed.

PMID: 8340186 [PubMed - indexed for MEDLINE]

107. J Dermatol Surg Oncol. 1993 Feb;19(2):123-6.

Intralesional cryosurgery. A new technique using cryoneedles.

Weshahy AH.

Author information:
Dermatology Department, Faculty of Medicine, Cairo University, Egypt.

A new method for applying cryosurgery in depth has been performed in a trial in order to achieve more effectiveness and avoid many of the disadvantages of

conventional techniques. A needle is introduced into the skin from one point and runs through the deeper tissues of the lesion, appearing at the surface on the opposite border. A cryogen is then passed through one end of the needle and vents to the atmosphere from the opposite end. An ice cylinder is formed around the embedded part of the needle within the deeper tissues. The distance of extension of freezing can be estimated by insertion of thermocouple needles as well as by the degree of extension of the whitish ice balls formed around the points of contact between the skin surface and the visible portions of the needle. New varieties of needles have been developed to facilitate improved efficacy in achieving better depth of freeze. The needles are angled, curved, and hook-shaped. Some are partially insulated to better localize the direction of freezing. The process was very practical, and effectively eradicated 85% of epidermal lesions after one freeze; 15% needed additional sessions as did deeper dermal lesions.

PMID: 8429137 [PubMed - indexed for MEDLINE]