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Basal Serum Cortisol and Adrenocorticotropic Hormone Levels in Patients with Atopic Dermatitis

Atopic dermatitis (AD) is a kind of chronic eczematous skin disease. This skin disease may be genetically inherited. AD is characterized by dry, scaly patches, with intense scratching which further causes skin thickening and darkening and may lead to bacterial infections. Skins which are extremely dry can even break down and ooze. Topical steroids are the mainstay of the treatment [1].

Tehranchinia et al. studied the "Basal Serum Cortisol and Adrenocorticotropic Hormone and IgE levels in Patients with AD". In the study the researchers evaluated 31 patients with a mean age of 34.1 ± 19.2 years with a history of AD and 31 control subjects matched in age and sex with no history of any inflammatory skin disease or allergies. Enzyme Linked Immunosorbent Assay (ELISA) technique was used to measure morning basal serum cortisol level, serum ACTH level, and serum IgE level in study group as well as in control group. Severity of the disease was evaluated by the Scoring Atopic Dermatitis (SCORAD) index.

The researchers reported no statistical difference in the mean basal serum cortisol level as well as ACTH level in the study and control groups. The mean of basal serum cortisol level was 10.09 ± 5.24 mg/dl (range 5.1-29.4) in AD group and 9.32 ± 3.59 mg/dl (range 5-17.5) in control group, the mean of ACTH level in AD group was 26.76 ± 17.57 pg/ml (range 6.8-66.8) while it was 26.42 ± 14.92 in control subjects. However, the serum IgE level was significantly varying in the two groups. The case group was reported with 328.48 ± 362.77 IU/ml (range 8-1033) while the control group was reported with 121.55 ± 185.47 (range 5-932) Serum IgE level. SCORAD index graded 61.28% of the patients with moderate AD. Serum IgE level was found to be significantly higher in AD patients and was correlated with disease severity. The results of the study were in accordance to some of the previous studies on the percutaneous systemic absorption of topical steroids leading to suppression of hypothalamic pituitary adrenal axis (HPAA).

Predictors of Pregnancy Outcome in Antiphospholipid Syndrome: A Review

Antiphospholipid syndrome (APS), also known as Hughes syndrome, is an autoimmune disorder which causes venous or arterial thrombosis or miscarriage. APS is characterised by high levels of antibodies directed against membrane anionic phospholipids or their associated plasma proteins or evidence of circulating anticoagulant [3].

Tabacco et al. reviewed the different predictors of poor pregnancy outcome in women with APS. Different researchers had suggested that intra-placental thrombosis is the main pathogenic event associated with maternal and foetal complications of APS pregnancies, whereas other studies demonstrate anti-phospholipid antibodies to be playing an interfering role. Based on the different researches, the author concluded that Doppler velocimetry in the second trimester is a useful tool for identifying APS resulting in poor pregnancy outcome. It was also suggested that the presence of CMV IgM false positivity could present a novel prognostic factor in poor outcomes in APS.
pregnancies. By reviewing different data, the authors concluded triple aPL positivity as a good diagnostic tool for the same. Other data provided by author suggest hypocomplementemia could be considered as a prognostic factor for pregnancy outcomes in APS. Identifying different variables associated with pregnancy failure can come up with positive result in APS pregnancies.

References

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