Seborrheic dermatitis (SD) is a common, recurrent disease with chronic progression that affects sebaceous areas, such as skin in the chest, forearms, face, nasal area and scalp. In fact, SD is a marker of disability from the digestive, endocrine, immune, and nervous systems [3, 8, 13].

The purpose of the work is to analyze the scientific literature regarding the constitutional and psychological features of the occurrence and course of seborrheic dermatitis (SD). A review of the literature indicates that diabetes is a multifactorial disease with complex and multifaceted pathogenesis. The works of recent years reflect the involvement in the pathogenesis of SD of virtually all integrating systems of the organism and the main links of its basic functional systems. In the phenotypic manifestation of SD involved both exogenous (physico-chemical, biological) and endogenous (nervous system, genetic predisposition and immune disorders) factors. The pathogenetic mechanisms of dermatitis are polymorphic and do not contradict but complement each other.

Studying the constitutional and psychological features of SD in Ukrainian residents is thus a promising area of research.

Keywords: seborrhoeic dermatitis, course, genetic markers, psychological features, clinical anthropology.
Constitutional and psychological features of seborrheic dermatitis (analysis of scientific literature)

Increased discharge of sebum is observed in patients with Parkinson’s disease, cranial nerve paralysis. Destabilization of the autonomic and hormonal systems in patients may be associated with hereditary disintegration of the antinociceptive system of the hypothalamus, which controls the level of opiates neuropeptides of the blood, and through the pituitary gland - with the functional state of the organs of the endocrine system [4].

Clinically significant of skin differences between ethnic groups have been reported, especially not only with skin color (people with white skin are prone to the disease), but with the formation and sebum excretion processes [21, 26, 28]. The genetic nature of the disease is justified by the possibility of irregular dominance of SD and the most frequent manifestation in patients with III (B) blood group [17, 20].

It is suggested that hereditary predisposition is one of the main factors in the development of seborrheic dermatitis. It is characterized by the so-called “seborrheic constitution”, which reflects a high genetic predisposition to the development of this disease. Usually, such patients have a family history [5, 8, 9].

Conducted by I. V. Polesko [7] analysis of class I HLA antigens and specificity of class II DRB1, DQA1, DQB1 in patients with this skin disease substantiated the existence of genetic determinism of the disease and classified as probable markers class A10 and A23 antigens I. The skin microbiota changes and its bactericidal properties are reduced, creating a favorable environment for the pathogenic flora, which provokes inflammation [6, 23].

In the development of SD, hormonal imbalance also plays an important role. The hormonal regulation of sebum production involves the adrenal cortex, hypothalamus, pituitary gland, sex glands, which hormones affect the receptors located on sebocytes. The secretion of sebum is directly controlled by androgens, since affinity receptors are located on the surface of sebocytes and epidermocytes [15, 24].

The level of total testosterone in the blood of most patients with SD is within the normal range, but the conversion of testosterone is 20-30 times higher than in healthy subjects. In the affected areas of the skin, this process takes place most intensively [15].

There is evidence of a higher incidence of SD in obese individuals, but the exact mechanism of development is unknown. Decreased estrogen levels are a contributing factor in the development of menopausal women [19].

A. A. Gaidash et al. [2] studied the structure and physical properties of the extracellular matrix of the dermis in individuals with different body types using atomic force microscopy. Scientists have concluded that the features of the intercellular substance of the skin depend on the type of constitution and are caused by variations in the viscosity of the interstitial fluid and the structure of the pores. In asthenic, the risks of the inflammatory process in the skin are mainly due to the high rates, but the more specific nature of the generalization. Hypersthenic, on the contrary, have low speeds and generalization of pathological processes in conditions of greater uncertainty.

In patients with SD increased expression of Toll-like receptors, their activation under the influence of various pathogens on macrophages and other cells of innate immunity causes the expression of many genes of chemokines and proinflammatory cytokines [11, 12, 19].

The mechanism of a person's individual predisposition to seborrhea remains virtually unexplored. These are probably congenital disorders of skin permeability, barrier function of the stratum corneum and immune response to free fatty acids or proteins and polysaccharides [1, 13, 22, 25].

Thus, the polymorphism of histological and clinical forms of SD substantiates its multifactorial nature, which combines both genetic predisposition and metabolic disorders and adequate control of the cell cycle.

Conclusions and prospects for further development

1. From the review of the literature, it became known that information on the etiopathogenesis of seborrheic dermatitis was accumulated a lot, but the transition to quality has not yet occurred, because there was no qualitative breakthrough in the use of personalized algorithms for diagnosis and management of patients combining medical treatment considering the constitutional and psychological characteristics of the patient.

Thus, if we consider SD in terms of multifactoriality, and this is necessary to maximize the effectiveness of therapeutic interventions, it is necessary to recognize that the existing approaches to the search for constitutional and psychological features in each individual need careful study and refinement.

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функциональных систем. У фенотиповому прояві СД запечатні як екзогенні (фізико-хімічні, біологічні), так і ендогенні (невро-ва система, генетична схильність та імунні порушення) фактори. Патогенетичні механізми дерматиту поліморфні та не суперечать, а доповнюють один одного. Вивчення конституціональних та психологічних особливостей СД у мешканців України таким чином є перспективним напрямком дослідження.
Ключові слова: себорейний дерматит, перебіг, генетичні маркери, психологічні особливості, клінічна антропологія.

КОНСТИТУЦІОНАЛЬНИЕ И ПСИХОЛОГИЧЕСКИЕ ОСОБЕННОСТИ СЕБОРЕЙНОГО ДЕРМАТИТА (АНАЛИЗ НАУЧНОЙ ЛИТЕРАТУРЫ)

Хасавнех Ахмад Раед

Аннотация. Цель работы - проанализировать научную литератuru о конституциональных и психологических особеннос-тях возникновения и течения себорейного дерматита (СД). Проведенный обзор литературных источников указывает на то, что СД относится к мультифакториальным заболеваниям со сложным и многообразным патогенезом. Работы послед-них лет отражают участие в патогенезе СД практически всех интегрирующих систем организма и главных звеньев его базовых функциональных систем. К фенотипическим проявлениям СД привлечены как экзогенные (фізико-хімічні, біологічні), так и ендогенні (невро-ва система, генетична схильність та імунні порушення) фактори. Патоге-нетические механизмы дерматита полиморфны и не противоречат, а дополняют друг друга. Изучение конституциональ-ных и психологических особенностей СД у жителей Украины таким образом является перспективным направлением исследования.

Ключевые слова: себорейный дерматит, течение, генетические маркеры, психологические особенности, клиническая антропология.