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Case Report **Published Date:- 2018-12-06**

Linear IgA bullous dermatosis in a child successfully responding to oral antibiotics

Linear IgA bullous dermatosis (LABD) is a rare, chronic, autoimmune bullous dermatosis affecting young children and adults. The exact pathogenesis of this disease is still unknown, although both humoral and cellular immune response are involved. Clinically, it may show heterogeneous skin manifestations. However, it is characterized histologically by linear immunoglobulin A (IgA) deposits over the basal membrane, causing subepidermal blisters. Studies on LABD are relatively sparse and most of the publications are small series or single case reports. Several treatments are reported in literature, however, they should be used with care due to the risk of side effects. We report a case of linear IgA dermatosis with generalized lesions in a 7 year old child, with good outcome under dermocorticoids and antibiotics.

Review Article **Published Date:- 2018-05-23**

Metabolic Syndrome, Cardiovascular Disease and the Hair Growth Cycle: Addressing hair growth disruptions using Nourkrin® with Marilex® as a proteoglycan replacement therapy: A concise review

Alopecia is associated with an increased risk of coronary heart disease, and it appears that there is a relationship between the degree of hair loss and the risk of coronary heart disease, meaning, the greater the severity of alopecia, the greater the risk of coronary heart disease. Alopecia is also associated with an increased risk of hypertension, hyperinsulinemia, insulin resistance, metabolic syndrome as well as elevated serum total cholesterol and triglyceride levels. It has not been definitively established whether patients with androgenetic alopecia have a higher cardiovascular risk or prevalence of metabolic syndrome, and results of recent studies indicate that androgenetic alopecia patients do not show differences in insulin resistance or the prevalence of metabolic syndrome. However, androgenetic alopecia patients do show a higher cardiovascular risk, characterised by increased inflammatory parameters and Lp(a) levels. Data collected from female populations are scarce, but it would be interesting to extend our clinical knowledge with this type of data to further our understanding of the connection between androgenetic alopecia, metabolic syndrome and cardiovascular risk. The divergence in results from different studies done in this context may simply be a result of the composition of the study populations with respect to age, gender, severity of alopecia, sample size and perhaps ethnicity. In this connection, a large group of androgenetic alopecia patients is necessary, including different representative groups and varying severities of alopecia. Furthermore, it is recommended that all women and men with androgenetic alopecia be thoroughly examined and that lifestyle changes are made early on to reduce the risk of various problems associated with metabolic syndrome, since androgenetic alopecia can be considered an early marker of metabolic syndrome.
