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"Expanding the frontiers of dermatology": The skin an organ revealing congenital and acquired defects in the immune system.

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The skin is among the larger organs exposed to the environment like the respiratory, and alimentary systems, in the body. It is composed of an avascular Epidermis underlaid by connective tissue the Dermis, whose vessels supply the surface layers. In the Dermis, as in any connective tissue both types of vessels (blood and lymph) differ in their structure and content. Blood vessels carry mainly red cells, platelets, and a few leucocytes, plus fibrinogen. Lymph contains, pure White Blood Cells (WBC) and serum. The epidermal layer has no memory, which limits its protective function. WBC, have memory and identify self from foreign. The lymphatic vessels, carrying these cells start as in any organ, blind-ended capillaries, collecting extracellular fluid and circulating WBC, which infiltrate all organs, except the nervous system and bone. WBCs destroy non-familiar

material (foreign or neoplastic). This network has attracted little interest especially that it is an important source of pure WBC and their secretions. These cells exit and enter lymphatic vessels, across spaces in the vessel wall. They are laced with specialized button-like adhesion points similar to tight and adherent junctions (Baluk et al. 2007).they are non-endothelial, lack a basement membrane and pericytes (Tammela and Alitalo 2010). Chemotactic factors attract WBC, to threatened areas. Immunodeficiency is often due to WBC failure, this can be detected testing these cells live. The closeness of these vessels to the epidermal surface allows collecting WBC pure, live and active. In this study, we are illustrating the above, using a modified "Skin Window" (SW) technique.

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