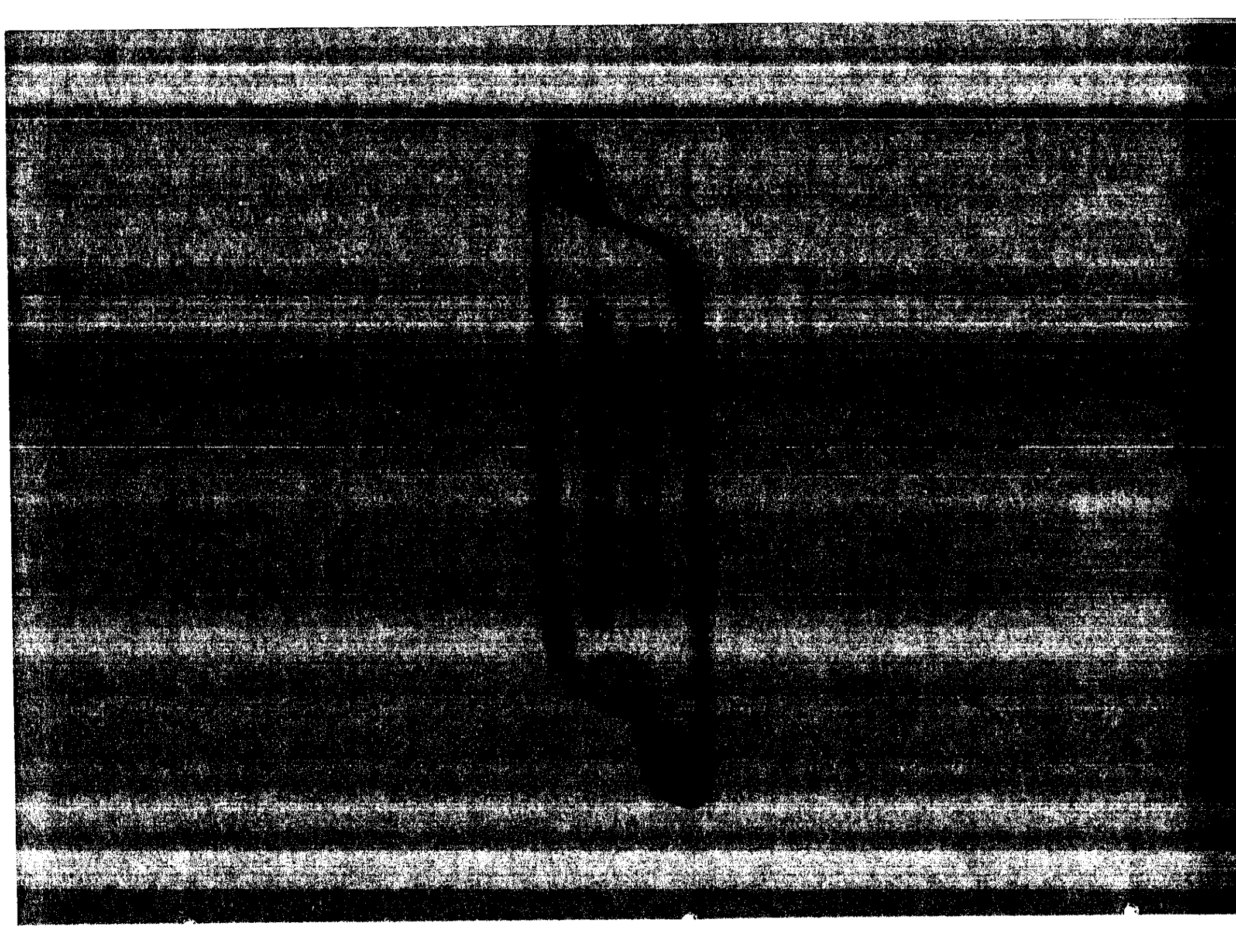

SUMMARY & CONCLUSION

The present study was carried out in Benha University Hospital and General Hospital of Mansoura.

The study included 30 psoriatic patients and 20 normal control. The main age of patients was 37.7±13.4 years. The age of control group was 37.2±7.6 years. The sex of patients was 11 males and 19 females.

The value of PASI less than 40 was in 23 patient and more than 40 was in 7 patients.

In PASI score less than 40, the duration of the disease was 2.8± 2.8 and in PSAI score more than 40, the duration was 8.1±7.3 with significant difference.

The level of serum IL-2R in the patients was 1247.9±867.8 u/ml. In the control groups, it was 111.9±32.4u/ml. There was a highly significant difference of the serum IL-2R. between the patients and control ($P<0.01$).

The serum IL-2R of the patients with PASI score <40 was 887.8±411.7 u/ml and with PASI score > 40, it was 2298.7±1193.7 u/ml. There was a significant difference in the serum IL-2R between the 2 PASI score $P<0.01$.

There was a positive significant correlation between the duration of the disease and the serum level of IL-2R. $r=+0.387$ $P<0.05$.

There was a positive significant correlation between the PASI score and the duration of the psoriatic disease $r=+0.337$ $P<0.05$.

There was a positive significant correlation between the serum level of IL-2R of the psoriatic patients and their PASI score $r=+0.755$ $P<0.01$.

CD3 was expressed in most of the lymphoid cells in the upper dermis and dermoepidermal junction.

CD4 was the prominent cells of the lymphocytic infiltrate in the dermis and in the dermoepidermal junction. CD8 was scarcely seen among the infiltrate.

From the present study, we concluded that :

1- The elevation of serum IL-2R represent a major evidence of T cell activation in psoriatic patients.
2- The serum level of IL-2R is positively correlated with the severity of the psoriatic lesion so, it has a great value for estimation the severity of psoriasis.

3- T cell infiltration, activation and disturbance of T cell function contribute in the pathogenesis of psoriasis.

4- For treatment of psoriasis we can propose using immuno-suppressive agent having selective inhibitory effect on CD4 lymphocyte function mainly IL-2 production e.g. CYA or using antibody against CD4.

5- Further studies are necessary to determine the triggering stimuli for T-cell activations in psoriatic disease.