

GENDER DIFFERENCES IN DERMATOLOGY: ADAM AND EVE – FOREVER DIFFERENT

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Ever since the women's movement brought the issue of women's health to the fore in the 1960's, gender differences have been a major focus in health care. Gender differences in the etiology, incidence and course of skin diseases are the subject of this study. Sex steroids have a differential effect on the development and function of the immune system in men and women, resulting in dimorphism: women show a greater immune response to exogenic insults and stronger autoimmune reactions than men. The prevailing concept is that androgens are anti-inflammatory and depress both cellular and humoral immunity, while estrogens activate the immune system in a more complex manner: T-helper 1 responses are ameliorated while T-helper 2 responses are induced or accelerated. During pregnancy, a physiologic hyperestrogenic immunosetting, dermatoses characterized by activation of innate immunity and the TH2 adoptive arm are exacerbated while those involving the adoptive TH1 arm are usually ameliorated. We will explore a broad range of inflammatory and autoimmune diseases in the field of dermatology through the gender lens. Data on gender specific dermatoses, the basic immune endocrine interplay that guides the immunomodulatory effects of sex hormones, and the molecular mechanism of action of those hormones through cellular receptors will be discussed.