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Mean Serum Level of C-reactive protein in Moderate and Severe Acne Patients

Muhammad Armughan ^{a≡}, Shazia Bano ^{b*#}, Hafiz Bashir Ahmed ^{a#}, Deepa Mohan Lal ^{c#}, Gurgez Karim Bukhsh ^{do} and Muhammad Asif Ansari ^{e†}

^a Liaquat University of Medical and Health Sciences, Pakistan.
^b Dermatology Peoples University of Medical and Health Sciences for Women (PUMHSW), Sindh,
Pakistan

^c Dermatology Dow University of Health Sciences Karachi, Sindh, Pakistan.
^d Khidmat Khalq Foundation Hospital Hyderabad, Pakistan.
^e Liaquat University Hospital Hyderabad, Pakistan.

Authors' contributions

This work was carried out in collaboration among all authors. All authors read and approved the final manuscript.

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Original Research Article

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ABSTRACT

Objective: To determine the mean serum level of C-reactive protein in moderate and severe acne patients visiting to a tertiary care hospital.

Setting and Duration Study: This study was conducted at Department of Dermatology, Liaquat University of Medical & Health Sciences (LUMHS), Jamshoro, Pakistan, from November 3, 2020 to May 2, 2021.

Materials and Methods: This study was conducted in the Department of dermatology, Liaquat University of Medical & Health Sciences (LUMHS), Jamshoro, from November 3, 2020 to May 2, 2021. An inform consent was also taken prior to the enrolment of patients in the study. The selected participants were referred to the laboratory for hypersensitive-CRP (Hs-CRP) measurement. All the patients of any gender, aged between 16 to 40 years associated with moderate and severe acne duration of more than 3 months were included in this study. Effect

[■]Medical officer;

[#]Assistant Professor;

^ωDermatologist,

[†]Senior Medical officer;

^{*}Corresponding author: E-mail: drshaziabanopk@gmail.com;

modifiers were controlled through stratification of age, gender, duration of acne, and severity of acne (moderate / severe) and these stratified groups were compared by applying independent sample t-test by using $P \le 0.05$ as significant.

Results: Mean \pm SD of age was 22.7 \pm 5.3 years. Mean \pm SD of C-reactive protein was 4.15 \pm 1.2 (µg/ml). In distribution of gender, out of 56 patients, 30 (53.6%) were male while 26 (46.4%) were female. Out of 56 patients 21 (37.5%) had moderate acne vulgaris while 35 (62.5%) had severe Acne vulgaris.

Conclusion: It is to be concluded that mean serum level of C-reactive protein in severe acne patients was high as compared to moderate acne patients. Epidemiological and research data should be expanded by further studies to validate the current findings.

Keywords: Acne vulgaris; C-reactive protein; propionibacterium acnes.

1. INTRODUCTION

Acne vulgaris is one of the most common skin diseases affecting humans, characterized by inflamed and non-inflamed lesions, manifested as comedones, papules, pustules and nodules [1,2].

Propionibacterium acnes is known to be involved in the pathogenesis of inflammatory acne. It can be considered as an immune response against antigens P acne in the follicular lumen [3]. Subsequent release of lysosomal enzymes by neutrophils leads to follicular epithelium rupture and progressive inflammation. In addition, P. acne caused monocyte lesions of acne to produce high levels of IL-1 and tumor necrosis factor-α (TNF-α) [4]. C-reactive protein (CRP) appears in acute phase of inflammatory process due to infection, injury and C-reactive protein (CRP) level decreased or disappears when infection is subside or heal the injury [5]. The acne is creating local inflammatory reaction that could potentially become systemic [6]. The inflammation in the acne is very severe it is systemic, then it can be assumed that serum CRP levels increase in patients with acne vulgaris [7]. Today, acne is classified as an inflammatory condition just before clinical lesions appearance [8]. The inflammatory reaction in acne vulgaris occurred because changes in sebum composition. Therefore, CRP levels may be elevated in acne if the amount of local inflammation is high enough [9]. The role of serum level of C-reactive protein in moderate and severe acne patients is underestimated [9,10]. By keeping this in mind the present study is designed to figure out the magnitude of the problem in terms of current fact and figures. If results of this study show significant rise in the mean level of C-reactive protein, then we will be able to suggest a clear cut link between the rise in C-reactive protein levels with moderate and

severe acne in context of our local population. As result of this study will fill the gap, open new forum of discussion and offered additional information to dermatologist that can influence their clinical practice.

2. MATERIALS AND METHODS

This study was conducted in the Department of dermatology, Liaguat University of Medical & Health Sciences (LUMHS), Jamshoro, from November 3, 2020 to May 2, 2021. An inform consent was also taken prior to enrolment of patients in the study. The selected participants referred were to the laboratory hypersensitive-CRP (Hs-CRP) measurement. All the patients of either gender, age between 16 to 40 years associated with moderate and severe acne duration more than 3 months were included in this study. Patients age >40 years, history of any systemic treatment, particularly vitamin D or supplementation calcium therapy phototherapy within the last six months history of drug induced acne. Patients with history of diagnosis of a systemic disease, such as diabetes mellitus, parathyroid or disorders, autoimmune diseases, anemia, atopy, chronic renal or liver disease, malignancy were excluded from this study.

The data was entered and analyze into statistical packages for social science (SPSS Version 22.0). Mean±SD was calculated for age, duration of acne, global acne grading system GAGS score and serum level of C-reactive protein. Frequencies and percentages were calculated for gender and severity of acne (moderate / severe). Effect modifier were controlled through stratification of age, gender, duration of acne, and severity of acne (moderate / severe) and these stratified group were compared by applying independent sample t-test by using P \leq 0.05 as significant.

3. RESULTS

In distribution of gender, out of 56 patients, 30 (53.6%) were male while 26 (46.4%) were female. Out of 56 patients, 21 (37.5%) patients had moderate Acne vulgaris while 35 (62.5%) had severe Acne vulgaris.

In this study 56 patients were included to assess the mean serum level of C-reactive protein in acne patients visiting to a tertiary care hospital and the results were analyzed as: Mean ± SD of age was 22.7±5.3 with C.I (21.28--24.11) years. Mean ± SD of duration of acne was 33.2±6.2 with C.I (31.53--34.86) months. Mean ± SD of global acne grading system GAGS score was 26.5±5.1 with C.I (25.13--27.86). Mean ± SD of C-reactive protein was 4.15±1.2 with C.I (3.82--4.47) (µg/mI) as shown in Table 1. Stratification of age group, gender, duration of acne and severity of acne was done with respect to C-reactive protein in order to assess significant difference as shown in Table 2.

4. DISCUSSION

Acne vulgaris (AV), a chronic inflammatory disease of skin [11,12]. P. acnes colonization

within the follicles and inflammation triggers hyperkeratinization and the obstruction of the pilosebaceous follicles leading to the occurrence of acne lesions [13,14]. Inflammation is a major factor in the pathogenesis of acne. CRP, the most commonly used inflammatory biomarker, is produced primarily by hepatocytes under the influence of cytokines such as IL-6 and TNF-alpha, which are elevated in AV patients [15,16].

CRP serum levels have been widely studied in many diseases because it is a cheap and accessible marker of inflammation [17]. When measured by high sensitivity tests, CRP population distribution was generally static for both genders and ethnic groups: Values of 0.3, 0.6, 1.5, 3.5, and 6.6 µg/l have been reported as estimates of the 10th, 25th, 50th, 75th, and 90th percentiles respectively for middle-aged people [18]. In addition, CRP levels are not altered by diet. Therefore, CRP is considered an appropriate marker for assessing systemic inflammatory levels. Inflammatory markers CRP level increased in blood after inflammation nonspecific inflammation [19]. CRP is an acute phase protein mainly synthetized in liver cells and regulated by many cytokines [20].

Table 1. Descriptive statistics n=56

Variable	Mean	95% confidence interval	Minimum	Maximum
AGE (Years)	22.7±5.3	21.2824.11	16	40
 Duration of acne(Months) 	33.2±6.2	31.5334.86	3	120
 Global acne grading System Gags Score 	26.5±5.1	25.1327.86	19	38
 C-reactive Protein(μg/ml) 	4.15±1.2	3.824.47	3.0	7.7

Table 2. Stratification of different variable with C - reactive protein n=56

Variable		C-reactive protein	
	Mean	±SD	_
Age group [In Years]			
16 – 25 (n=43)	4.11	1.0	0.639
>25 (n=13)	4.27	1.3	
Gender with C-reactive pro	tein		
Male (n=30)	4.21	1.2	0.652
Female (n=26)	4.08	0.9	
Duration [In months] of acn	e with C-reactive protein	n	
3 – 30 (n=39)	4.28	1.3	0.361
>30 (n=17)	3.96	0.9	
Severity of acne with C-rea	ctive protein		·
Moderate (n=21)	4.05	1.0	0.435
Severe (n=35)	4.31	1.3	

The findings of our study are comparable with multiple studies conducted bν researchers. In our study, the mean age was 22.7±5.3 years. The study of Ramanand SJ, et al, [21] noted age as 20.73±0.38 years. Mohammed RH, et al, [22] reported mean age as 20.6±3.7 years, Jiménez-Gallo D, et al, [23] noted as 37.4±12.0 years whereas El-Taweel AA, et, al [24] noted as 19.4±2.62 and 20.2±1.64 years in cases and control groups. In current study, the mean duration of acne was 33.2±6.2 months. Karabay EA, et al, [10] noted the duration of disease as 37.97±28.19 months. In current study, the mean CAGS score was 26.5±5.1. In recent study, the mean C-reactive protein was 4.15±1.2 (µg/ml). The study of Karabay EA, et al, [10] noted the level CRP as 3.79±0.95. Ramanand SJ, et al, [21] reported CRP level as 2.01±0.19 whereas Mohammed RH, et al [22] noted as 6.9±4.9. Another study of El- Taweel AA, et al, [24] reported the level of Creactive protein as 3.97±4.07 and 2.26±1.87 in and controls respectively whereas Namazi MR. et al, [25] reported 2.27±4.87 µg/ml in cases and 3.12±3.67 µg/ml in

In present study, out of 56 patients, 30 (53.6%) were male while 26 (46.4%) were female. There were 38.2% males and 61.8% females noted in Mohammed RH, et al [22]. The study of Jiménez-Gallo D, et al, [23] reported to have 36 (48.64%) males and 38 (51.36%) females. El-Taweel AA, et al, [24] reported to have 38 (63.33%) females. In our study, 21 (37.5%) patients had moderate Acne vulgaris while 35 (62.5%) had severe AV. Karabay EA, et al, [10] further reported that 08 patients (12.3%) had mild, 14 patients (21.5%) had moderate and 43 patients (66.2%) had severe acne vulgaris. Mohammed RH, et al, [22] reported the severity of AV as moderate in 38 patients (55.9%), 12 patients (17.6%) with mild and other 12 patients with severe form with (17.6%) prevalence. Namazi MR, et al, [25] reported to have 22 cases of moderate acne and 20 cases of severe acne. In this study, stratification of confounders / effect modifiers with respect to C-reactive protein, insignificant difference was noted in age group (P=0.639),gender (P=0.652),duration (P=0.361) and severity of acne (P=0.435).

5. CONCLUSION

It is to be concluded that mean serum level of C-reactive protein in severe acne patients was high

as compare to moderate acne patients. There is a need to conduct random studies using a large sample size with multiple study centers in Pakistan to confirm the results of future and current research.

DISCLAIMER

The products used for this research are commonly and predominantly use products in our area of research and country. There is absolutely no conflict of interest between the authors and producers of the products because we do not intend to use these products as an avenue for any litigation but for the advancement of knowledge. research Also, the funded producing bν the company rather it was funded by personal efforts of the authors.

CONSENT

As per international standard or university standard, patients' written consent has been collected and preserved by the author(s).

ETHICAL APPROVAL

As per international standard or university standard written ethical approval has been collected and preserved by the author(s).

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

- Habeshian KA, Cohen BA. Current issues in the treatment of acne vulgaris. Pediatrics. 2020;145(Supplement 2):S225-30.
- 2. Goodarzi A, Mozafarpoor S, Bodaghabadi M, Mohamadi M. The potential of probiotics for treating acne vulgaris: A review of literature on acne and microbiota. Dermatologic therapy. 2020;33(3): e13279.
- 3. O'Neill AM, Gallo RL. Host-microbiome interactions and recent progress into understanding the biology of acne vulgaris. Microbiome. 2018;6(1):1-6.

- Vowels BR, Yang S, Leyden JJ. Induction of proinflammatory cytokines by a soluble factor of Propionibacterium acnes: Implications for chronic inflammatory acne. Infect Immun.1995;63:3158-65.
- Monib KM, El- fallah AA, Salem RM. Inflammatory markers in acne vulgaris: Saliva as a novel diagnostic fluid. Journal of Cosmetic Dermatology. 2022;21(3): 1280-5.
- 6. Stong C. Saliva May Be a Novel Diagnostic Tool for Monitoring Inflammation in Acne Vulgaris. Dermatology Advisor; 2021.
- 7. Aslan Kayiran M, Karadag AS, Al-Khuzaei S, Chen W, Parish LC. Antibiotic resistance in acne: mechanisms, complications and management. American Journal of Clinical Dermatology. 2020;21(6):813-9.
- 8. Greydanus DE, Azmeh R, Cabral MD, Dickson CA, Patel DR. Acne in the first three decades of life: An update of a disorder with profound implications for all decades of life. Disease-a-Month. 2021 Apr 1;67(4):101-3.
- Shamsuzzaman AS, Winnicki M, Lanfranchi P, Wolk R, Kara T, Accurso V, et al. Elevated C-reactive protein in patients with obstructive sleep apnea. Circulation 2002;105:2462-4.
- Karabay EA, Çerman AA. Serum levels of 25-hydroxyvitamin-d and C-reactive protein in acne vulgaris patients. Türkiye Klinikleri Dermatol Derg. 2019;29(1): 1-6.
- Samuels DV, Rosenthal R, Lin R, Chaudhari S, Natsuaki MN. Acne vulgaris and risk of depression and anxiety: A meta-analytic review. Journal of the American Academy of Dermatology. 2020;83(2):532-41.
- 12. Ak M. A comprehensive review of acne vulgaris. J. Clin. Pharm. 2019;1(1): 17-45.
- 13. El-Tonsy TM, Mohammed MA, Hamed YA, Tawfik SH. Bacteriological study of Acne Vulgaris in Cairo Egypt. The Egyptian Journal of Hospital Medicine. 2018;72 (9):5203-9.
- 14. Melnik BC, Schmitz G. Role of insulin, insulinlike growth factor-1, hyperglycaemic food and milk consumption in the

- pathogenesis of acne vulgaris. Exp Dermatol. 2009:18(10):833-41.
- Erpolat S, Arslanyılmaz Z, Kaygusuz İ. Serum zinc levels in patients with acne vulgaris and its correlation with severity of acne. DicleTipDergisi. 2016;43(2):310-4.
- Zacho J, Tybjaerg-Hansen A, Jensen JS, Grande P, Sillesen H, Nordestgaard BG. Genetically elevated C-reactive protein and ischemic vascular disease. N Engl J Med. 2008;359(18):1897-908.
- Meier-Ewert HK, Ridker PM, Rifai N, Regan MM, Price NJ, Dinges DF, et al. Effect of sleep loss on C-reactive protein, an inflammatory marker of cardiovascular risk. J Am Coll Cardiol 2004;43:678-83.
- Ridker PM, Rifai N, Rose L, Buring JE, Cook NR. Comparison of C-reactive protein and low density lipoprotein cholesterol levels in the prediction of first cardiovascular events. N Engl J Med 2002;347:1557-65.
- 19. Eklund CM. Proinflammatory cytokines in CRP baseline regulation. Adv Clin Chem 2009:48:111–36.
- 20. Black S, Kushner I, Samols D. C-reactive protein. J Biol Chem 2004;279:48487–90.
- 21. Ramanand SJ, Ramanand JB, Raparti GT, Ghanghas RR, Halasawadekar NR, Patil PT. High sensitivity C-reactive protein (hs-CRP) and clinical characteristics, endocrine, metabolic profile in Indian women with PCOS: a correlation. Int J Reprod Contracept Obstet Gynecol. 2014;3(1):118-26.
- 22. Mohammed RH, Mohammed GF, Abd-el-Hamid AS, Eyada MM. Correlation of IL-8 and C-reactive protein serum levels with the severity of inflammatory acne vulgaris: a comparative study. ARC J Dermatol. 2016;1:10-5.
- 23. Jiménez-Gallo D, De La Varga-Martinez R, Ossorio-García L, Albarrán-Planelles C, Rodríguez C, Linares-Barrios M. The clinical significance of increased serum proinflammatory cytokines, C-reactive protein, and erythrocyte sedimentation rate in patients with hidradenitis suppurativa. Mediators inflammation. 2017;2017.
- 24. El-Taweel AA, Salem RM, El-Shimi OS, Bayomy HE, Mohamed SO. Type I and type II acute-phase proteins in acne vulgaris. J Egypt Women's Dermatol Soc. 2019;16(1):31-9.

25. Namazi MR, Parhizkar AR, Jowkar F. Serum levels of hypersensitive-C-reactive

protein in moderate and severe acne. Indian Dermatol Online J. 2015;6(4):253-9.

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