

CHAPTER 1

ANATOMY OF SKIN

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INTRODUCTION

The skin is the largest organ of the body, accounting for about 15 % of the total body weight of an adult (1,2). It covers the whole surface of the body and provides a physical barrier against external environment. This barrier function is important for people to survive, to protect against external physical, chemical and biological hazards, and to reduce water loss. Besides barrier properties against microbial threats, it also contributes to innate immunity with keratinocyte- and sweat-derived anti-microbial peptides and Langerhans cells. The skin is one of the major organs in maintaining the homeostasis of the body by its role in thermoregulation and blood pressure control (3). These functions are achieved by vasodilatation and vasoconstriction of the cutaneous vascular plexus, and sweating. It is an important sensory organ, sensing pain, changes in heat and pressure, by its rich nerve supply. Vitamin D synthesis takes place in the skin, so it plays a role in calcium metabolism and bone formation. It has an endocrine function provided by its subcutaneous fat content (1). For this reason, diseases involving the skin can lead to a large number of problems that disrupt patients' overall health and quality of life at different degrees. For better understanding the pathophysiology of the skin diseases, it is important to learn the structure and function of the healthy skin.

The skin is composed of three layers, namely from top to bottom: epidermis, dermis and hypodermis (subcutis). There are also skin appendages, including hair follicles, sebaceous glands, eccrine and apocrine sweat glands and nails. The thickness of these layers, distribution of epidermal appendages and the density of melanocytes varies considerably according to body site. The thickness of the epidermis varies from 0.1 to 1.5 mm, the thinnest in the eyelid and the thickest in the palms and soles (2,4,5). The back is the site where the thickest dermis is found

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