Introduction

Psoriasis is a common chronic immune mediated disease affecting about 3% of general population world wide (**(Mandell , 2012)**. Psoriasis affects both sexes equally, and can occur at any age but the commonest incidence occurs between 15 and 25 years age. Psoriasis is a multi-factorial disease , so its development and or exacerbation appear to involve an interaction between genetic and environmental risk factors such as stress, trauma and infection **(Ghazizadeh et al., 2010).**

The most common type of psoriasis is the plaque type which charactriezed clinically by sharp demarcated erythematous plaques covered by silvery scales especially on extensor surfaces of the body**(Schon and Boehncke, 2005).**

Psoriasis is charactriezed by epidermal hyperproliferation, abnormal differentiation of epidermal keratinocytes and lymphocyte infiltration consisting mostly of T-helper lymphocyte which release type I cytokine like Interferon gamma(IFN-γ), tumor necrosis factor α (TNF-α) and interleukin (IL) II **(Wakkee et al., 2007).**

It is widely believed that psoriasis is not just a skin disease but a systemic inflammatory process mirrored by the elevation of inflammatory biomarkers in the patients' blood and this inflammation drives the process of atherosclerosis in psoriasis patients (**Boehncke and Boehncke , 2012)**.

There is a considerable evidence to show that psoriasis patients have a significantly increased risk of cardiovascular disease and cardiovascular risk

factors such as obesity, diabetes mellitus, hypertension, hyperlipidemia and smoking compared to the general population **(Ryan and Menter, 2012**). These factors contribute to the formation of atherosclerosis which is the hallmark of cardiovascular disease in which inflammation plays a major role **(Hansson, 2005).** Hyperhomocystenemia which is considered a risk factor for atheroscelerosis and thrombosis has also been reported in psoriatic patients **(Kazemi et al., 2006).**

Systemic medication used to treat psoriasis such as acitretin and cyclosporine can also increase the risk of cardiovascular diseases through inducing hypertention and hyperlipidemia **(Choi et al., 2010).**

An increased risk of atherothrombosis has been reported in psoriasis patients **(Gisondi and Girolomoni, 2009)**,but the relationship between inflammatory markers, haemostatic variables and coagulation markers in patients with psoriasis have not been adequately studied**(Karabudak et al.2008).**