Immunohistochemical Localization of Desmosomal and Cytoskeletal Proteins in the Epidermis of Healthy Individuals and Patients with Hailey-Hailey’s Disease

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We have studied the immunohistochemical localization of desmosomal and cytoskeletal proteins in the epidermis of healthy individuals and patients with Hailey-Hailey’s disease. It was found that the localization of desmosomal proteins (desmoplakin, desmoglein) and keratin filaments in the involved epidermis of patients with Hailey-Hailey’s disease was almost same as that in the normal epidermis of healthy individuals. In contrast, the localization of actin filaments in the involved epidermis of patients with Hailey-Hailey’s disease differed from that in the normal epidermis of healthy individuals.

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Although few desmosomes are revealed when mouse epidermal cells are cultured in medium with a low Ca\(^{2+}\) content, desmosomes very soon develop after adding Ca\(^{2+}\) to the medium (1). Recently, it has been reported that actin filaments develop sooner than desmoplakin or keratin filaments along the cell membranes after the addition of Ca\(^{2+}\) to low-Ca\(^{2+}\) medium (2). Furthermore, we have found that cytochalasin B, which causes the disruption of actin filaments, inhibits Ca\(^{2+}\)-induced desmosome formation in cultured human epidermal cells (3). These data indicate that actin filaments might play a crucial role in the formation of desmosome in epidermal cells. Hailey-Hailey’s disease is one of the diseases whose characteristic clinical finding is bulla formation due to acantholyis in the epidermis, with genetic malformation of desmosomes (4). In this study, we investigated whether there were any differences of the localization of actin filaments and desmosomal proteins between the epidermis of patients with Hailey-Hailey’s disease and the normal epidermis of healthy individuals.

MATERIALS AND METHODS

Three monoclonal antibodies were used for immunofluorescence: a monoclonal anti-desmoplakin I (Chemical Credential), a monoclonal anti-desmoglein (Boehringer Mannheim Biochemica) and a monoclonal anti-cytokeratin No. 1-8 (Boehringer Mannheim Biochemica). The secondary antibody used was fluorescent isothiocyanate (FITC)-labelled rabbit IgG anti-mouse IgG (Hoechst). Rhodamine phallolidin (Wako) was used as a fluorescent labelling probe for actin filaments.

Skin biopsies were obtained from the involved area and the uninvolved area (axillary regions) of 2 patients with Hailey-Hailey’s disease and normal skin (axillary regions) samples were obtained from 4 healthy individuals aged 30 to 50 years. The biopsies were immediately snap-frozen in liquid nitrogen, and stored at –70°C until used. Serial 5-μm sections were cut on a cryostat at –20°C, air-dried, and fixed in acetone. After hydration in phosphate-buffered saline (PBS), sections were incubated with each of three kinds of monoclonal antibodies, described above, for 1 h at room temperature. In each case, a concentration of 1 μg/ml of these antibodies was used. The sections were then washed with PBS, and incubated with the secondary antibody at a 1:30 dilution for 30 min, rinsed with PBS, and mounted in glycerol. Control included the omission of primary antibodies or substitution of non-relevant antibodies.

For staining of actin filaments, the sections were fixed in 3.7% formaldehyde in PBS and then incubated with rhodamine phallolidin for 30 min at room temperature.

RESULTS

The localization of desmosomal proteins (desmoplakin, desmoglein) and keratin filaments in the involved epidermis of patients with Hailey-Hailey’s disease (Fig. 2a,b,d) was almost same as that in the normal epidermis of healthy individuals (Fig. 1a,b,d). Desmosomal proteins were present along the cell margins in a linear pattern in all cases (Figs. 1a,b, 2a,b), and keratin filaments were present throughout the epidermis in a uniform fashion in all cases (Figs. 1d, 2d).

On the other hand, the localization of actin filaments in the involved epidermis of patients with Hailey-Hailey’s disease differed from that in the normal epidermis of healthy individuals. In the involved
epidermis of Hailey-Hailey’s disease, the linear pattern of actin filaments along the cell margins, which could be seen in the normal epidermis (Fig. 1c), was obscured in the epidermal regions around the bulla (Fig. 2c). However, in the uninvolved epidermis of Hailey-Hailey’s disease, the linear pattern of actin filaments along the cell margins could be seen (data not shown) as well as in the normal epidermis of healthy individuals (Fig. 1c).

DISCUSSION

Previous data (2, 3) have indicated that actin filaments might play a crucial role in the formation of desmosomes in cultured epidermal cells. Our results (shown in Fig. 1c and in a previous report (5)) have shown that actin filaments are present along the cell margins in a linear pattern in the normal epidermis, and that this arrangement was similar to that of the desmosomal proteins (Fig. 1a, b). These results also suggest that actin filaments might be relevant to desmosome formation in the epidermis.

In Hailey-Hailey’s disease, there is malformation of desmosomes in the involved epidermis (4). However, we found that there was no difference of the localization pattern of desmosomal proteins in the epidermis between Hailey-Hailey’s disease (Fig. 2a, b) and normal epidermis (Fig. 1a, b). In contrast, the localization of actin filaments in the involved epidermis of Hailey-Hailey’s disease (Fig. 2c) differed considerably from that seen in the normal epidermis (Fig. 1c). However, the localization of actin
filaments in the uninvolved epidermis of Hailey-Hailey’s disease (data not shown) was almost same as that seen in the normal epidermis of healthy individuals (Fig. 1c). Thus, it is possible that this change of actin filaments is not inherited, but precedes desmosomal changes in the epidermis of Hailey-Hailey’s disease.

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REFERENCES

Correlation between Ageing and Collagen Gel Contractility of Human Fibroblasts
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To investigate the influence of ageing on wound healing, we cultured fibroblasts derived from human dermis in type I collagen gel, and evaluated the relationship between gel contractility and ageing. Cells were obtained from children (0–15 years old, Group A), early adulthood (16–40 years old, Group B), middle adult (41–60 years old, Group C), and elderly (61 or older, Group D). Gel contractility was determined by measuring the diameter on the second day after gel preparation. Within the tenth passage, gel contraction was the most marked in Group A, but did not differ among the other groups. Gel contraction at passages 30–40 did not differ from those within the tenth passage in Groups B, C and D, but it decreased markedly in Group A to a value similar to that in the other groups. These results show that fibroblasts in childhood are more contractile than those in adulthood and are more readily affected by passages (in vitro ageing).

Wound healing is empirically known to occur earlier in younger patients and is delayed with age (1–3). In addition, studies with various in vivo experimental systems have shown that wound contracture, an important function in wound healing, decreases with age (2). However, the mechanism still remains obscure.

Bell et al. (4) embedded and cultured fibroblasts in type I collagen gel and observed formation of a dermis-like structure following gel contracture. They suggested that this gel contraction phenomenon could be an in vitro model of wound contracture. We evaluated the collagen gel contractility of fibroblasts derived from human dermis at various ages and also investigated the contractility at early passages and late passages of culture (in vitro ageing).

MATERIALS AND METHODS
Cell culture
Human dermal fibroblasts were obtained from explants of normal dermis of variously aged men and women as described previously (5). All cells were grown and maintained in Dulbecco’s modified Eagle’s medium (Nissui Pharmaceutical Co., Tokyo, Japan) containing 10% (V/V) fetal...