

CYTOLYTIC DEGENERATION OF KERATINOCYTES ADJACENT TO LANGERHANS CELLS IN PITYRIASIS ROSEA (GIBERT)

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Abstract. Unique cytolitic degeneration of keratinocytes adjacent to Langerhans cells was observed in five cases of pityriasis rosea (Gibert). In the cytolitic area, the normal keratinocyte structures were absent except for free ribosomes. In addition, a similar cytolitic part of a keratinocyte was enveloped by the elongated dendrites of the Langerhans cell and was detected within its cytoplasm. The significance of these findings is discussed with respect to anticytoplasmic antibodies in the sera of patients with pityriasis rosea.

Key words: Pityriasis rosea; Langerhans cell; Keratinocyte-Langerhans cell interaction

Recent interpretations concerning the function of the Langerhans cell (LC) (5, 6, 8, 10) suggest that the LC represents an intra-epidermal phagocyte or macrophage concerned with antigen processing, though its exact function in the epidermis is still obscure.

Breathnach (1) demonstrated partial cytolitic changes in the cytoplasm of a keratinocyte immediately adjacent to a LC in normal human skin. Though Breathnach's findings appear important in elucidating the possible function of the LC, no other reports have been presented on the morphological changes in normal or pathological skin.

While studying the morphological changes in the herald lesions of pityriasis rosea with the aid of the electron microscope, we have frequently found similar cytolitic changes in keratinocytes immediately adjacent to Langerhans cells, just as Breathnach mentioned.

In this communication we describe keratinocyte-LC relations and discuss their significance in pityriasis rosea.

MATERIALS AND METHODS

Biopsy specimens were removed from herald lesions of 5 patients with pityriasis rosea. The specimens were fixed in 1% OsO₄ for 2 hours at 4°C, then dehydrated in graded ethanol series and embedded in Epon 812. Ultrathin sections, stained with uranyl acetate and lead citrate, were examined in a Hitachi HU-11A electron microscope.

RESULTS

During the course of the study, cytolitic changes in a keratinocyte immediately adjacent to a Langerhans cell (LC) were frequently observed in the epidermis of all 5 patients with pityriasis rosea. Fig. 1 shows a swelling of a part of the cytoplasm of the keratinocyte closely adjacent to a LC. This cytolitic area of the keratinocyte seems to be enveloped by the LC. The cytolitic area of the cytoplasm shows fine granularity, free ribosomes, but the normal structure of a keratinocyte is absent. There are no cytolitic changes in two keratinocytes on the opposite side, while the cytolitic appearance of the keratinocyte is noted at the site enveloped by the LC dendrite.

Fig. 2 shows a similar phenomenon. The LC closely attached to the budding area of a keratinocyte shows a fine granularity, free ribosomes and that which is evidently part of the keratinocyte cytoplasm. Usually the plasma membranes of each cell appear preserved and are not fused. Occasionally, as seen in Fig. 3, the residual organelles of the keratinocyte are seen in the lytic area. That portion of the plasma membranes which is in contact with the LC is partially indistinct. However, the organelles of a LC are not seen in such a cytolitic area. In addition, similar cytolitic

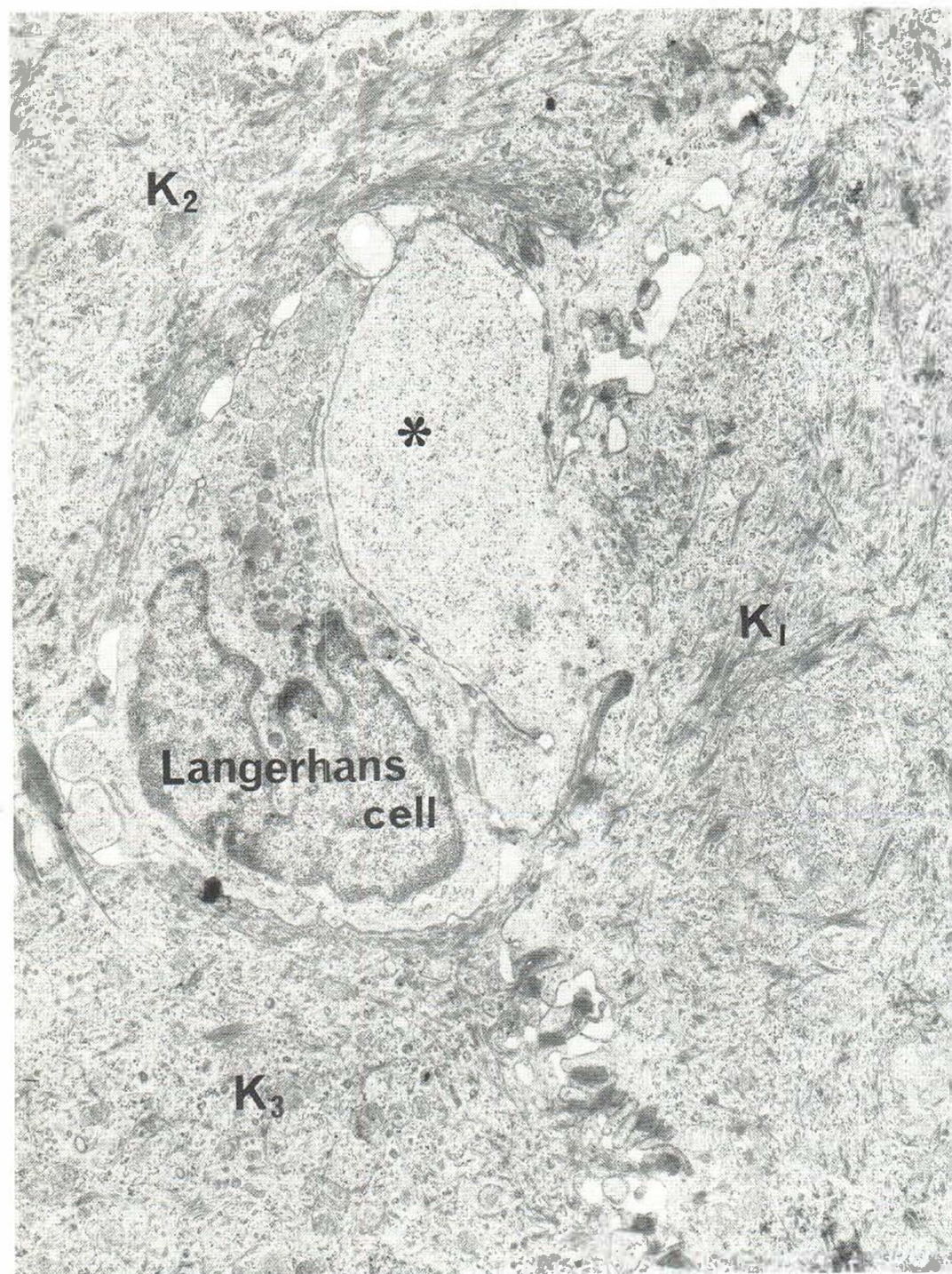


Fig. 1. The cytolitic area (*) of a keratinocyte (K_1) closely adjacent to a Langerhans cell, showing a fine granularity. There are no cytolitic changes in two keratinocytes (K_2 , K_3) on the opposite side. $\times 13900$.

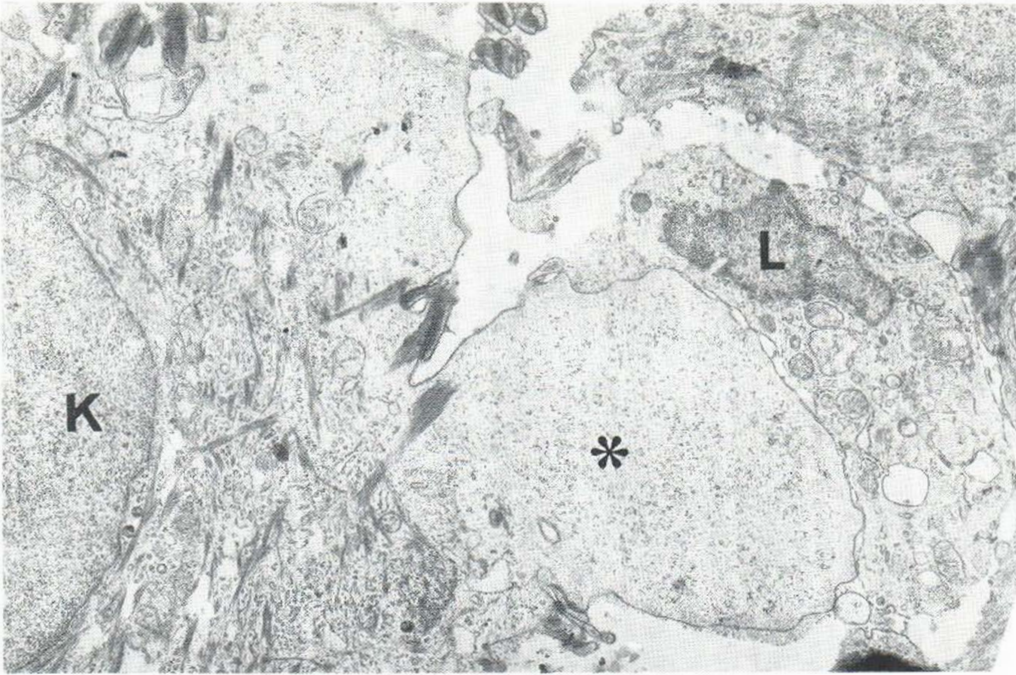


Fig. 2. The budding area of a keratinocyte (K) closely attached to the Langerhans cell (L), showing a fine granularity (*). $\times 10700$.

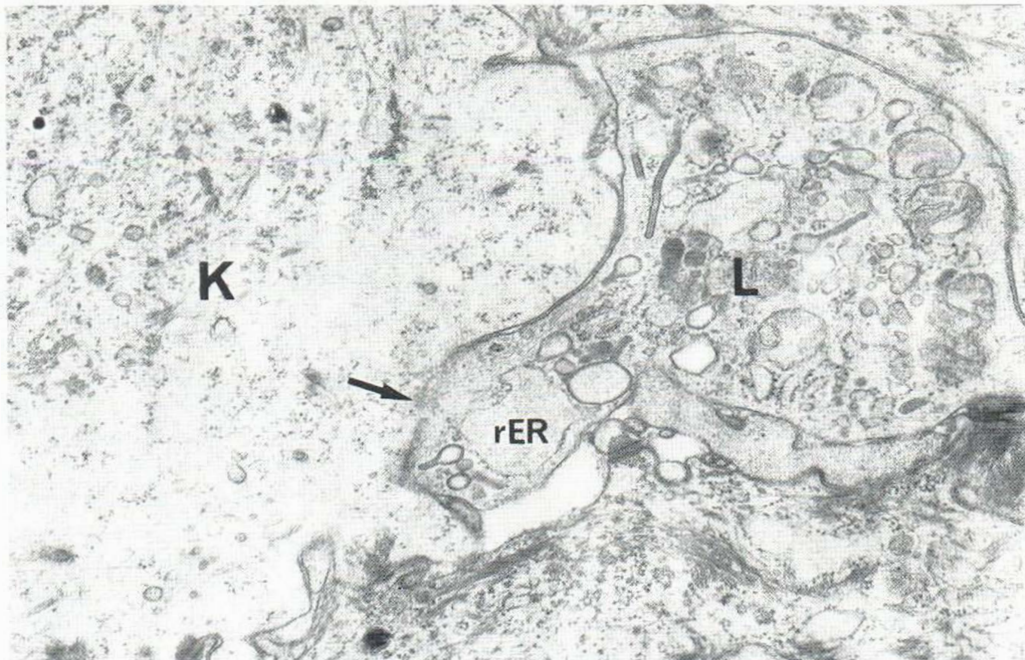


Fig. 3. The residual organelles of a keratinocyte (K) observed in the cytolitic area. The portion of the plasma membrane in contact with the Langerhans cell (L) appears

partially indistinct (arrow). rER: rough surfaced endoplasmic reticulum. $\times 24200$.

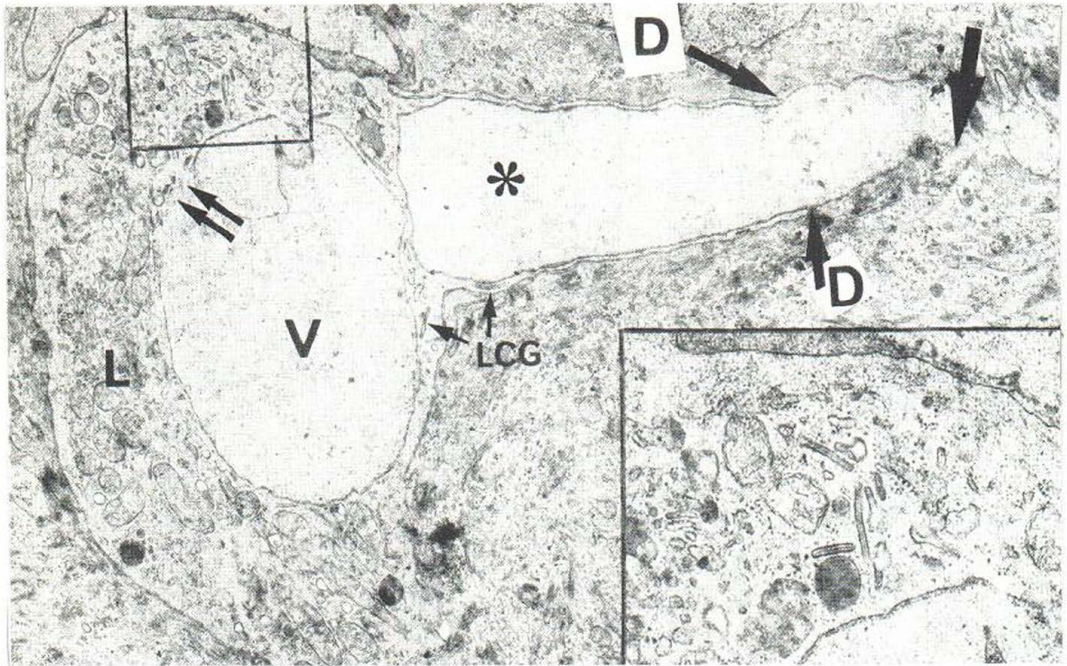


Fig. 4. The large cytolitic area is contiguous with the small part of the keratinocyte (bold-faced arrow) and enveloped by the elongated dendrites (D arrow) of the Langerhans cell (L). The membrane of the ingested

vacuole (V) within the Langerhans cell appears somewhat indistinct (double arrows). Inset: higher magnification of Langerhans cell granules demarcated by lines (top left). LCG: Langerhans cell granules. $\times 10700$; inset, $\times 26000$.

cytoplasm of the keratinocyte is seen within the LC cytoplasm (Fig. 4). This cytolitic area is contiguous with a small portion of the keratinocyte and is enveloped by the elongated dendrites of the LC. The membrane of the ingested vacuole within the LC is somewhat indistinct. It seems possible that the LC may ingest the degenerate cytoplasm of the keratinocyte. These Langerhans cells demonstrate a prominently enlarged endoplasmic reticulum containing amorphous materials, Golgi complexes, ribosomes, lysosome-like dense bodies, vacuoles and LC granules. There was no evidence of LC granules being attached to plasma membrane in those areas.

DISCUSSION

In this study, the partial cytolysis of the keratinocyte just adjacent to a Langerhans cell has been demonstrated. The LC envelops the cytolitic part of the keratinocyte, and occasionally seems to ingest the cytolitic portion within its cytoplasm.

Previously, Breathnach (1) reported a similar

cytolitic phenomenon of the keratinocyte adjacent to a LC in normal human skin and suggested that the LC might function as an intra-epidermal macrophage or phagocyte. However, he stated that these reported phenomena were found by chance and that they are extremely rare in normal skin and have never been found in pathological skin (2). It is therefore worth noting that these phenomena have commonly been observed in the epidermis of herald lesions in pityriasis rosea.

Though the exact function of the LC is uncertain, several recent studies indicate that it may be involved in immune mechanisms. Kuwahara (6) stated that the LC may be an immunological memory cell, possibly taking part in immune formation. Hashimoto (5) suggested, on the basis of an experiment in which intradermally injected horse-radish peroxidase was detected in LC granules, that the LC may be a specialized phagocyte related to primary antigen processing and to the transfer of the processed antigen by cell-to-cell fusion with the lymphoid cell. In fact, Silberberg (10) reported the apposition of mononuclear cells to LCs in con-

tact allergic reactions. Subsequently, Masutani (8) reported a similar phenomenon in DNCB-sensitized hairless mouse epidermis. In addition he stated that the indeterminate dendritic cells developed into LCs during DNCB sensitization. From these results he agreed with Hashimoto concerning the function of the LC.

Pityriasis rosea is a relatively common disease of unknown etiology. Many epidemiological and clinical features suggest that virus or micro-organism infection may be implicated, but no supportive evidence has been demonstrated to date (3, 4, 7, 9, 12).

Recently, however, we have detected the presence of anti-cytoplasmic IgM antibody in the patients' sera (11). From recently published opinions held with respect to the function of the LC, it seems possible that this cytoplasmic antibody may be produced as a result of partial cytolitic degeneration of the keratinocytes adjacent to the Langerhans cell, as described above.

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