

# Epidermolysis bullosa

---

Prof. Dr. Bert Callewaert

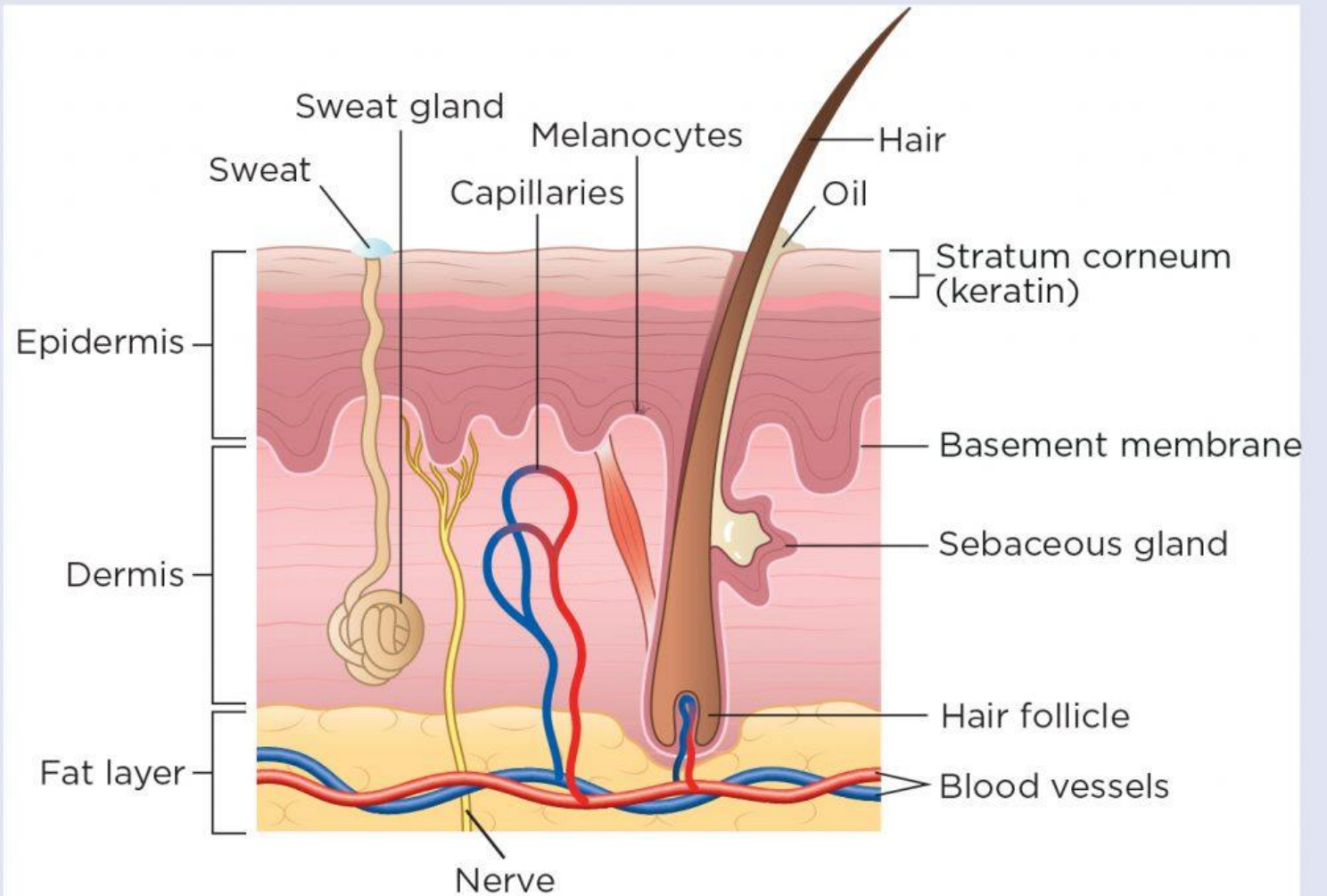
Center for medical genetics, Ghent

MSG Genetica, March 11, 2025

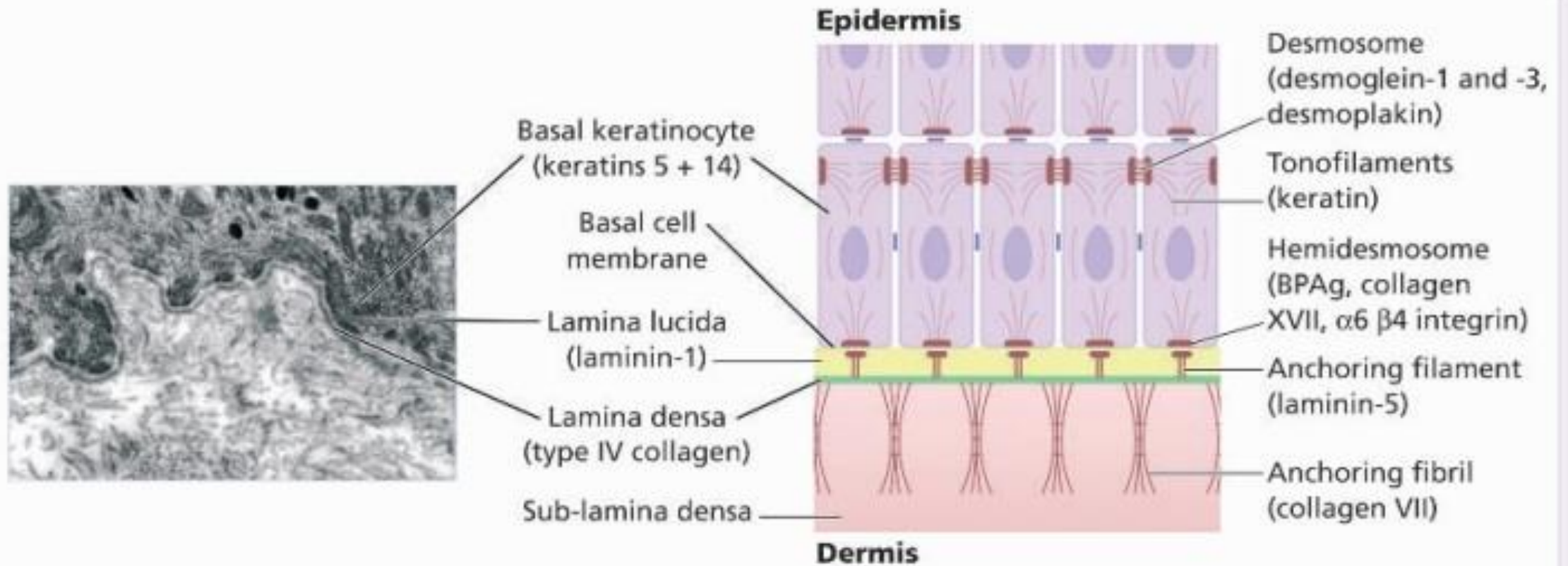
# The skin

---

Fig 1. **Cross-section through the skin**



# The dermo-epidermal junction



# The dermo-epidermal junction

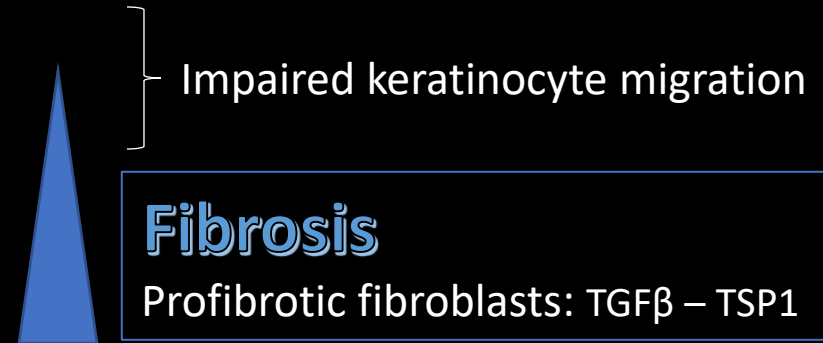


- Scaffold for cellular adhesion
- Selective permeable barrier for cells and molecules
- Template for repair: development, apoptosis, cell necrosis, and cell differentiation

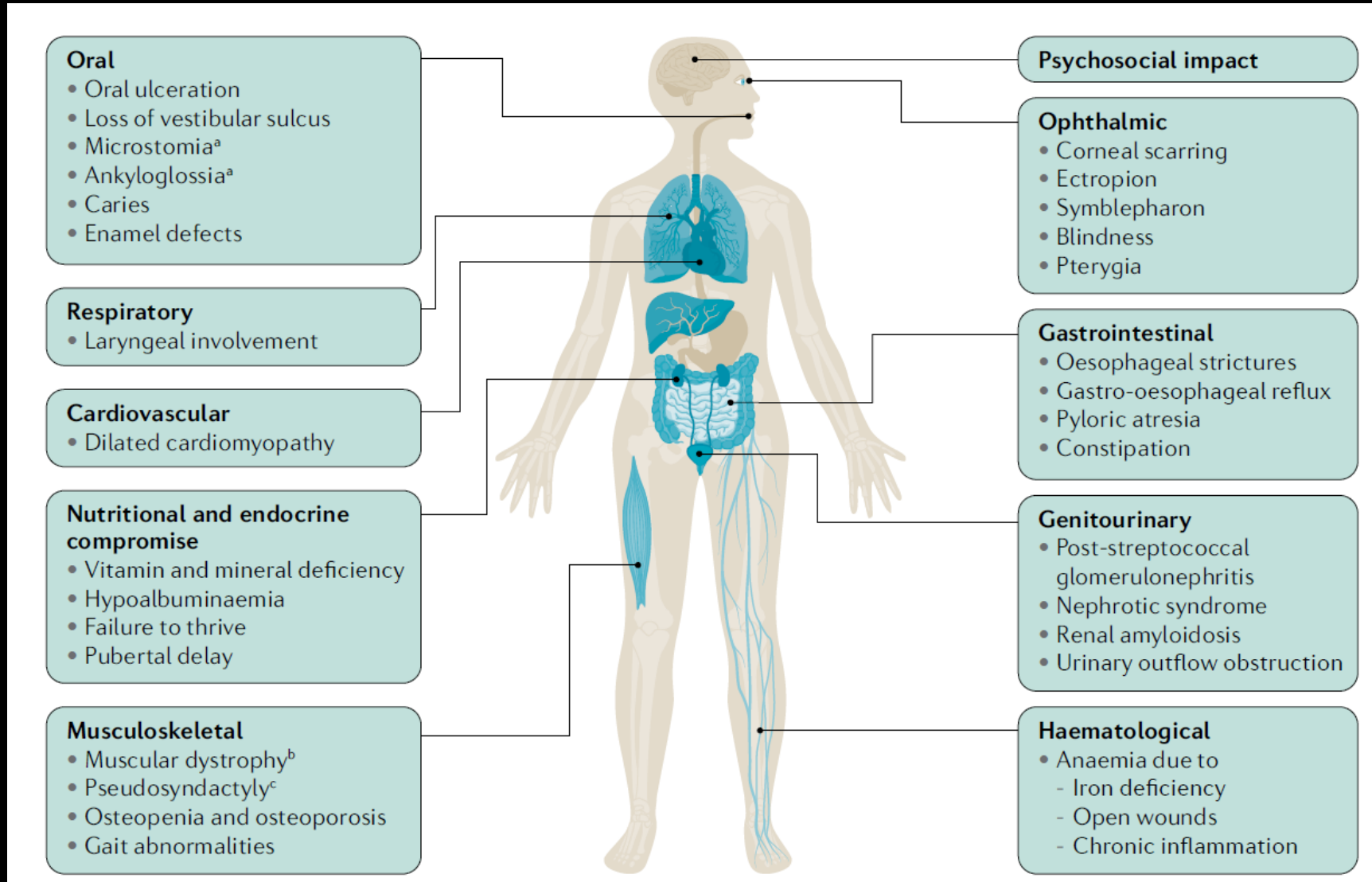
# Epidermolysis bullosa (EB)

---

- Mechanobullous disorder
- 1-2/100 000 live borns
- 4 types:
  - EB simplex (70%): epidermal fragility
  - Junctional EB: lamina lucida
  - Dystrophic EB: lamina densa
  - Kindler EB: splits at various levels
- *Multisystemic* disorder



# Multisystemic involvement



# EB Simplex

- AD > AR
- Localized vs severe
- Tissue fragility
- Failure to thrive (sometimes): protein loss, larynx – esophagus involvement
- Neuropathic pain / itch
- Thick nails
- Mottled pigmentation
- Palmoplantar keratoderma





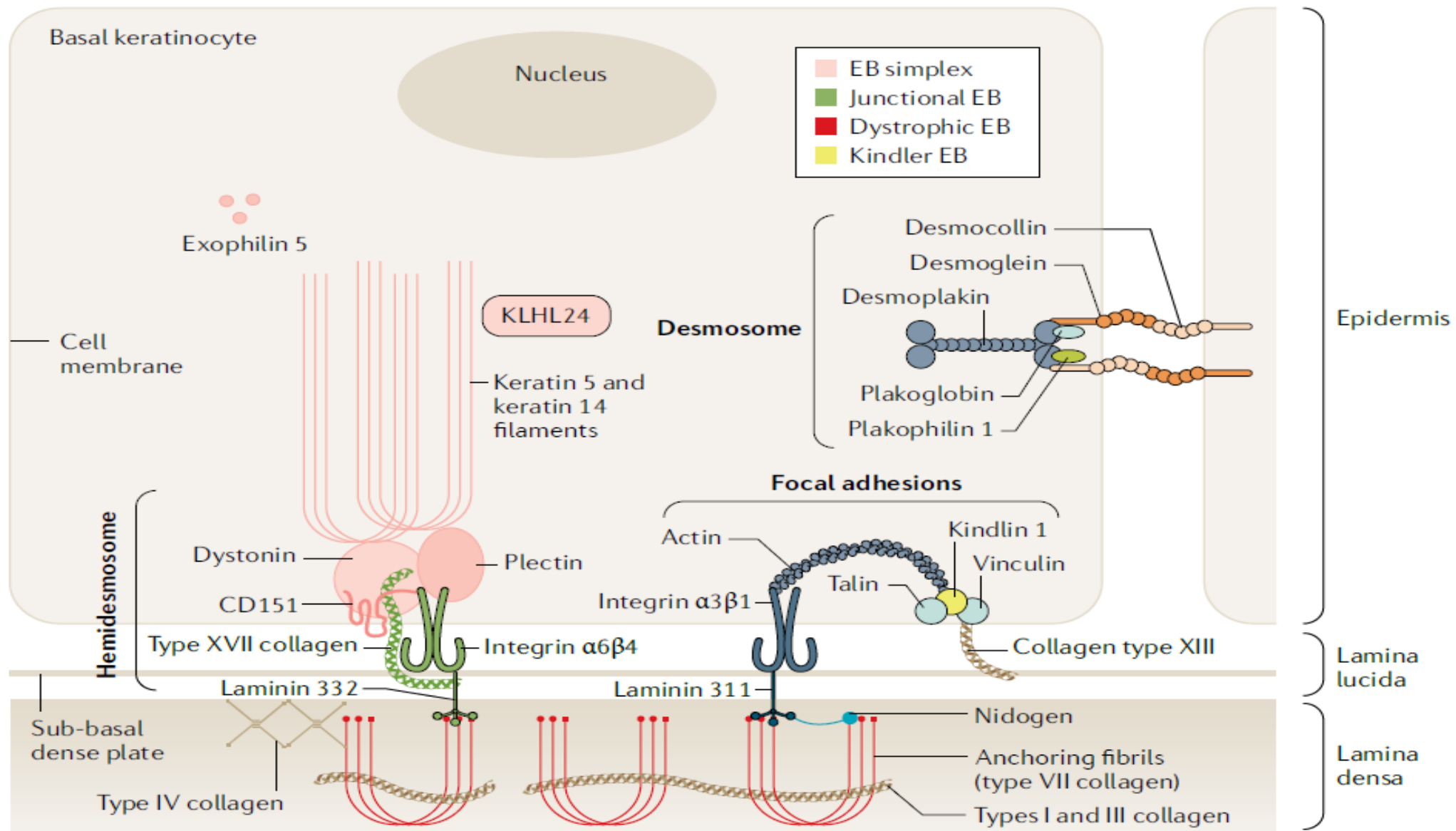
Localized vs severe  
 Palmoplantar keratoderma  
 Mottled pigmentation  
 Thickened nails

Has et al, 2020 Br J Dermatology



# EB Simplex

- Keratin assembly and interactions
  - *KRT5 >> KRT14*
  - *Dominant negatief (heterodimers): → aggregates –  $\Delta$  cytoplasmic stiffness → cytolysis*
- Hemidesmosomal proteins
  - *PLEC* (plectin) (*+/- muscular dystrophy/pyloric stenosis (AR)*) : cytoskeletal linker protein
  - *DST* (dystonin): AR
  - *EXPH5* (exophilin 5) (exosome function, keratin transport)
  - *CD151* (*+/- nephropathy*): cell adhesion – transport of integrins
- Control of keratin proteostasis
  - *KLHL24: substrate adaptor for ubiquitin E3 ligases: prevents keratin 14 degradation*



# Junctional EB

- AR > AD
- Severe
- Mucosal involvement
- Mitten deformity (pseudosyndactyly)
- Dental enamel hypoplasia (note: also in carriers)
- Residual/partial functioning protein → milder disease
  - Intermediate (less granulation)
  - inversa (flexural areas)
  - late – onset
  - localized (acral)

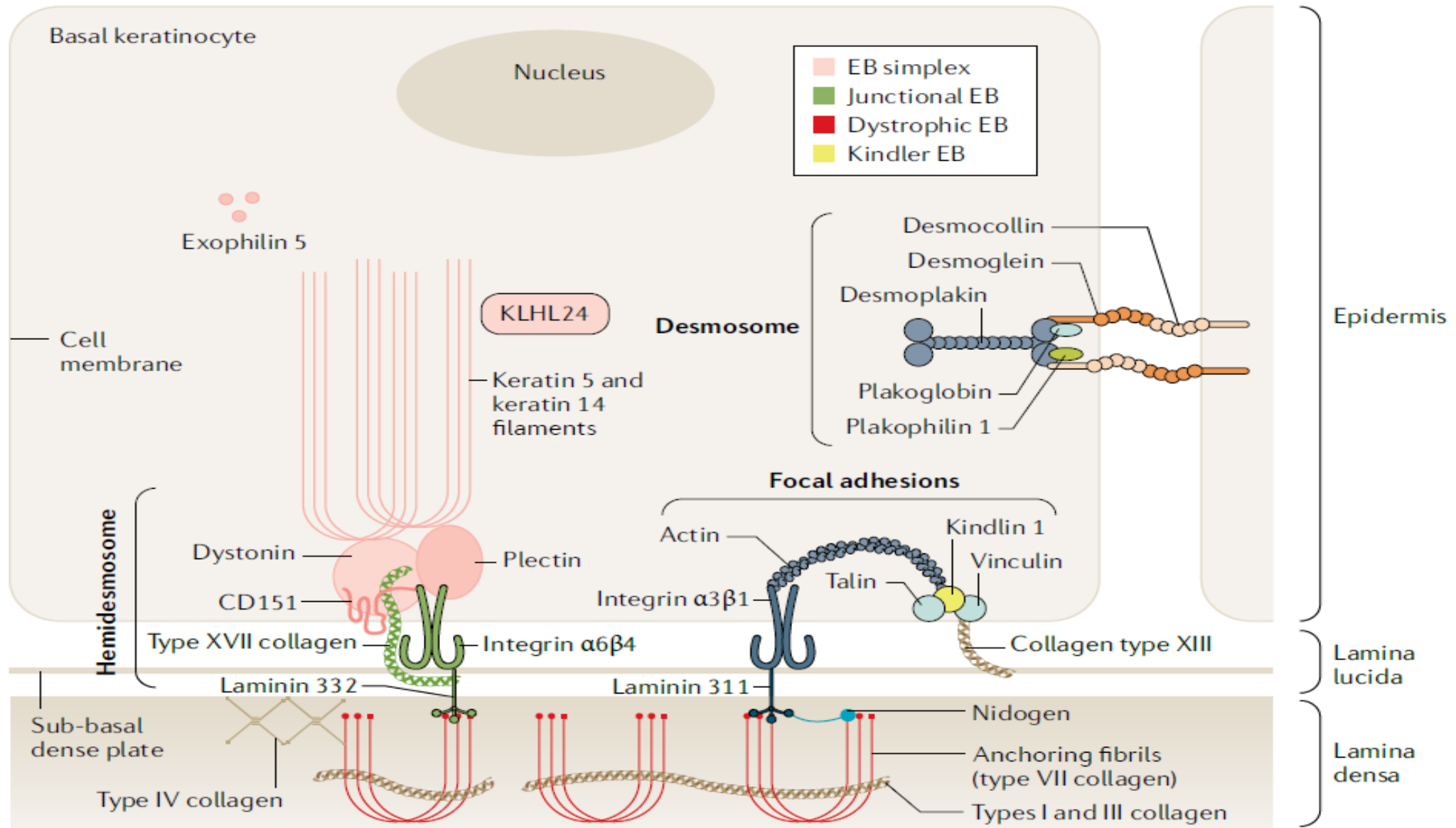




# Junctional EB

- Anchorage of basal keratinocytes to the basement membrane
  - COL17A1 (homotrimer Collagen 17)
    - Skin atrophy, depigmentation, hair loss (*role of COL17 in follicle stem cells and melanocyte stemcells*)
    - Carcinogenesis (directed cell mobility)
  - Hemidesmosomes
    - Laminin 332 (*LAMA3, LAMB3, LAMC2*): anchorage lamina lucida  
*extracutaneous – mucosal involvement – failure to thrive - cornea – kidney - lung*
    - Integrin  $\alpha 6\beta 4$  (*ITGA6, ITGB4*)  
*Pyloric stenosis, nail dystrophy*
    - Integrin  $\alpha 3$  (*ITGA3*)  
*Lung disease – nephrotic syndrome (podocyte)*





# Dystrophic EB

- Blisters, fibrosis, scars, milia
- AD (often milder)
  - Intermediate (birth – mucous membranes: oral/esophageal)
  - Localized (acral) – nails
  - Pruriginosa: linear cords of papules – nails
  - Self-improving: resolution < 2y
- AR
  - >>Severe – mitten deformities
  - Intermediate (contractures)
  - Inversa: flexural
  - Localised
  - Pruriginosa
  - Self-improving

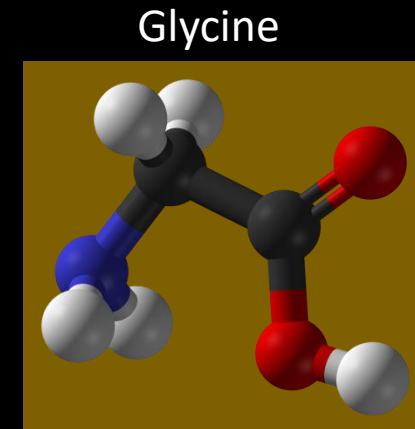
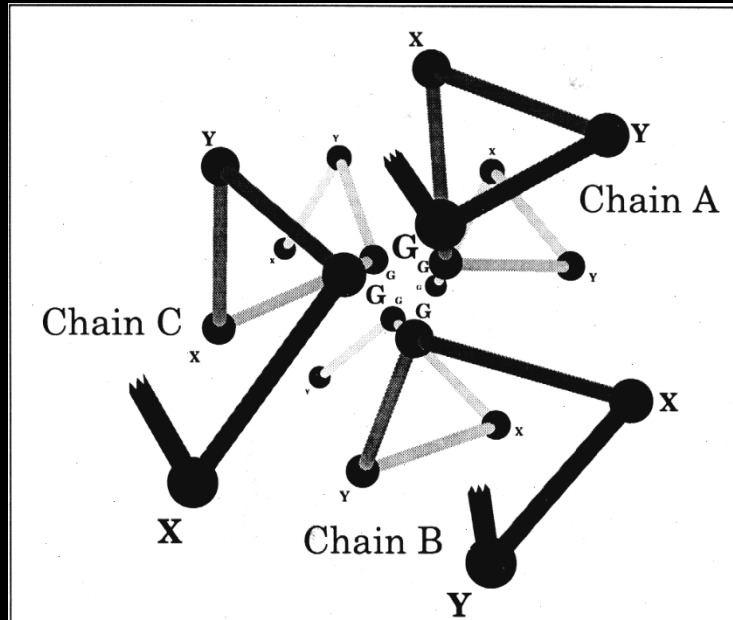


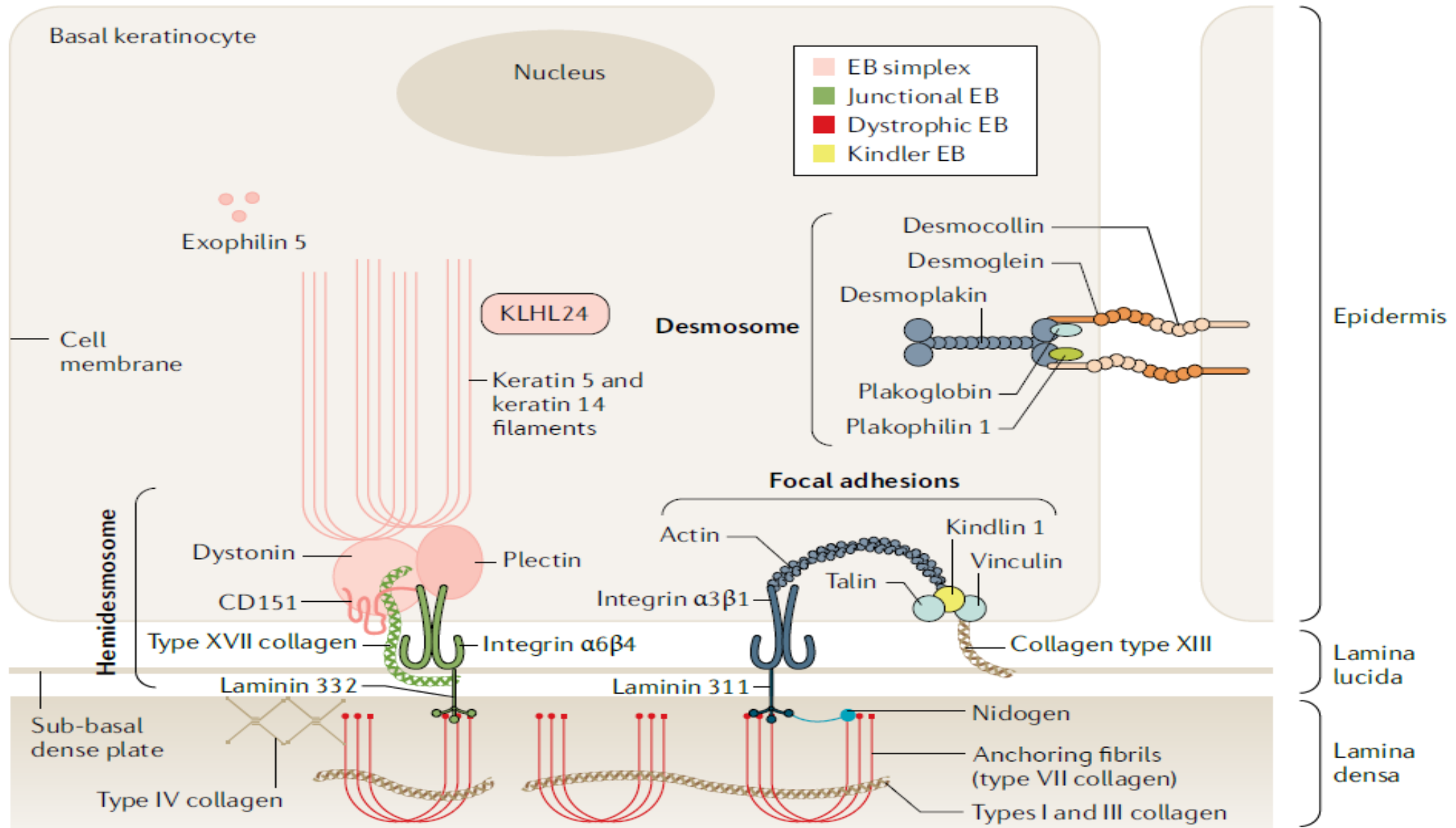


Has et al, 2020 Br J Dermatology

# Dystrophic EB

- COL7A1: disruption of anchoring fibrils
  - Arise perpendicularly from the lamina densa and bridges laminin 332 with collagen fibrils in the superficial papillary dermis
  - AD: glycine substitutions: dominant negative effect
  - AR: PTC/missense variations





# Kindler EB

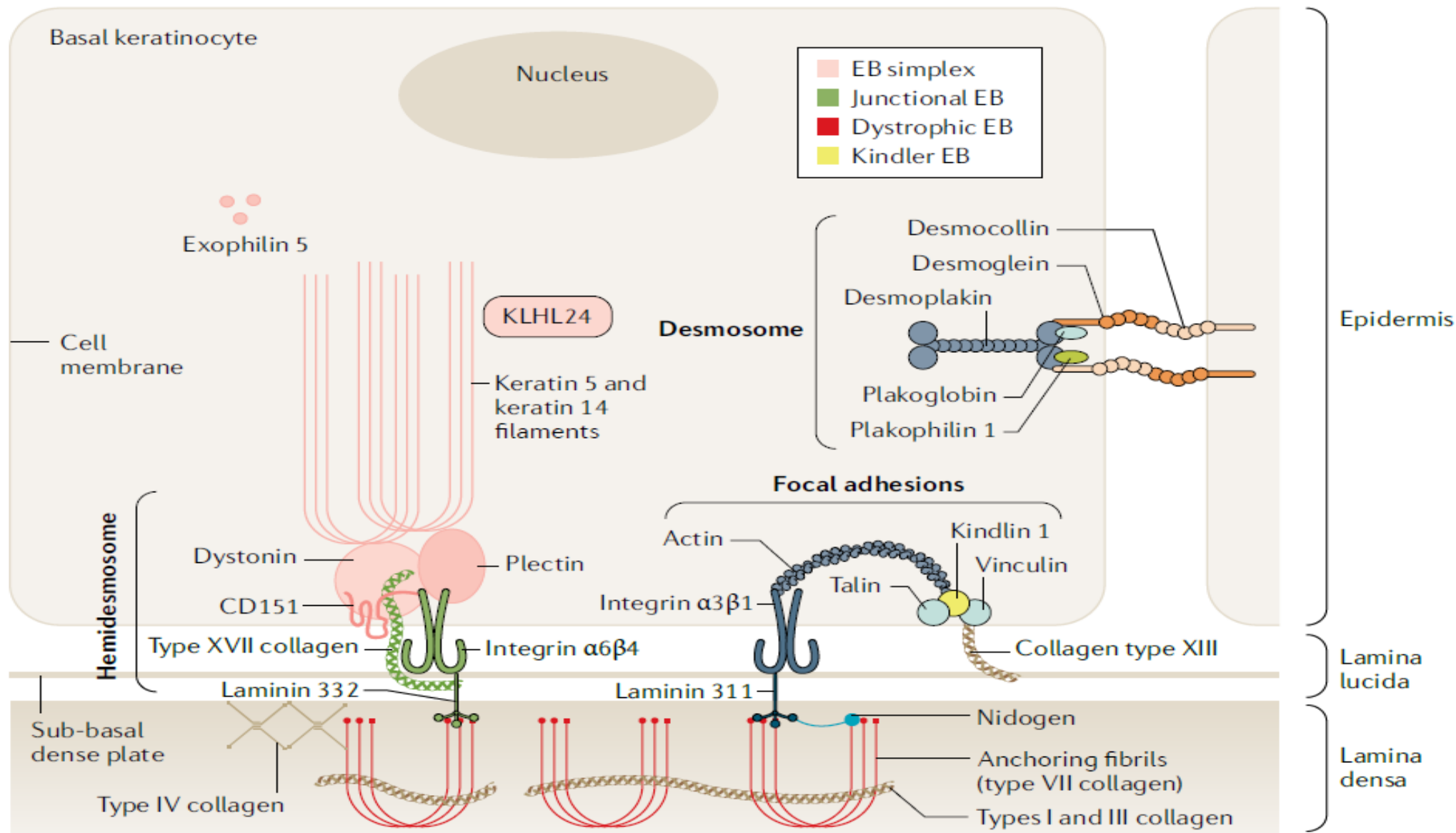
- Rare
  - *Childhood*: Blisters, *photosensitivity*, mucosal fragility, palmoplantar keratoderma
  - *Later*: poikiloderma (dorsum hands / neck), erythema, hyper/hypopigmentation, skin atrophy, mucocutaneous scarring, palmoplantar hyperkeratosis. +/- *colitis, esophageal narrowing*
  - Epithelial cancers and non-melanoma skin cancer (SCC)
  - Ectopic hair follicle development
  - Splits at different levels: scars and fibrosis





# Kindler EB

- Kindlin-1 (*FERMT1*)
  - Integrin activator: effect on cellular adhesion, migration, proliferation, survival and proliferation, and ECM assembly.
  - Wide tissue distribution
  - TGF $\beta$  and WNT –  $\beta$ -catenin signaling (av $\beta$ 6-mediated)
  - UVB radiation induces pro-inflammatory cytokines (IL6, TNF) → apoptosis  
anti-oxidant therapy?



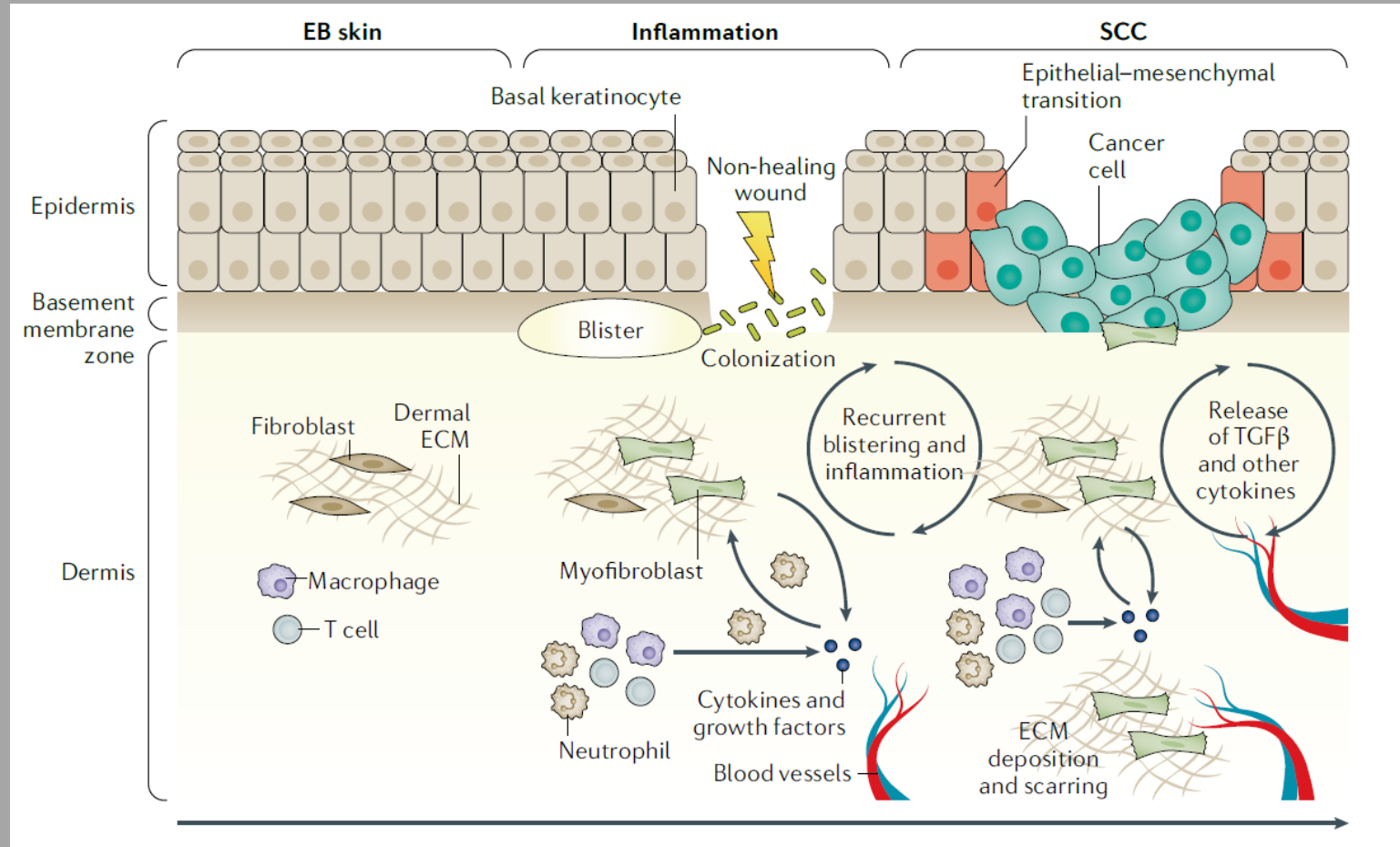


# Cancer risk

---

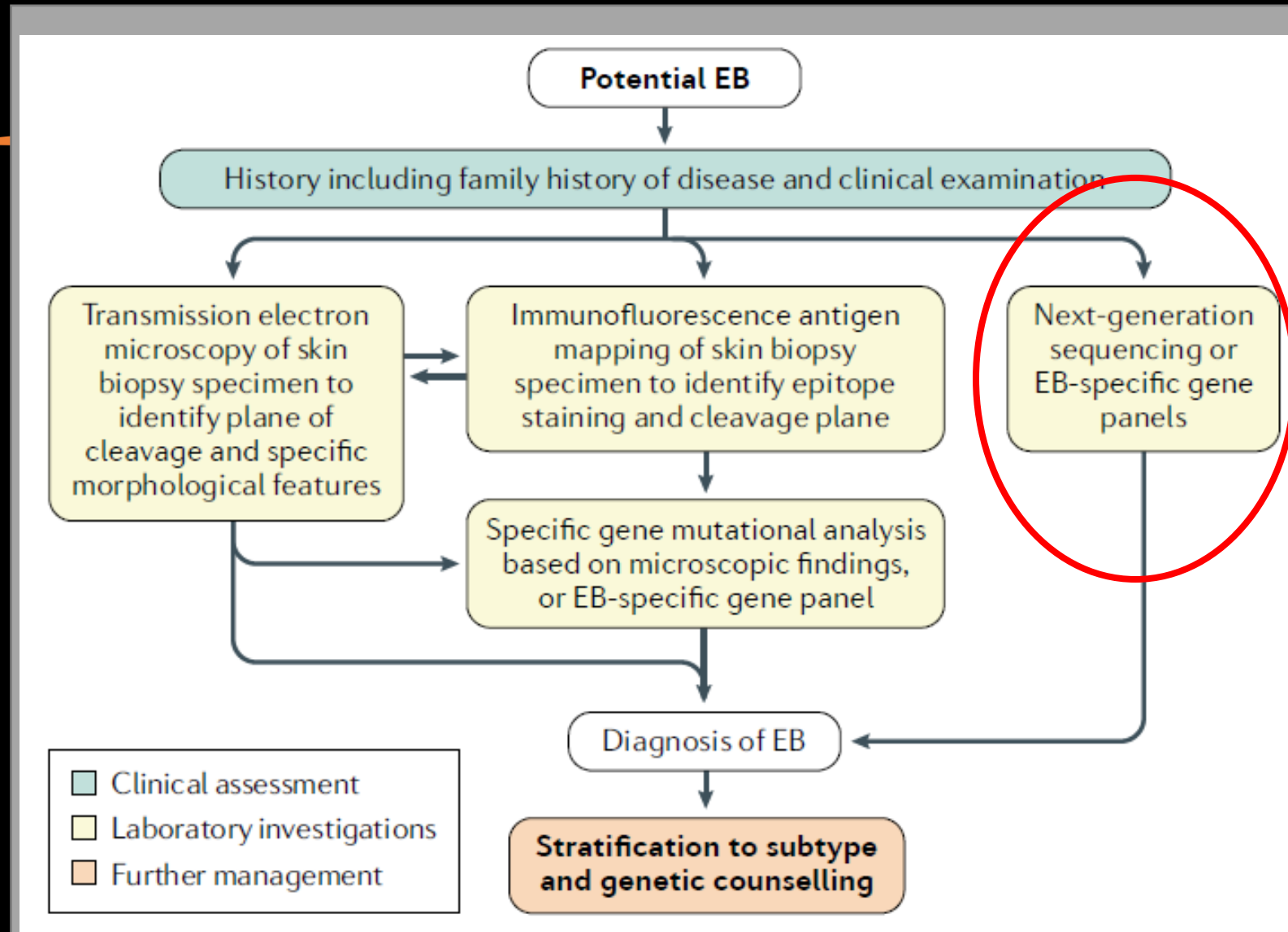
- Skin/mucosal squamous cell carcinoma (>>RDEB), ↑ above 20y
  - 40% ± 35
  - 80% ± 55Y
  - Mean survival 5 years following first SCC diagnosis
- Basal cell carcinoma (UV-exposed)

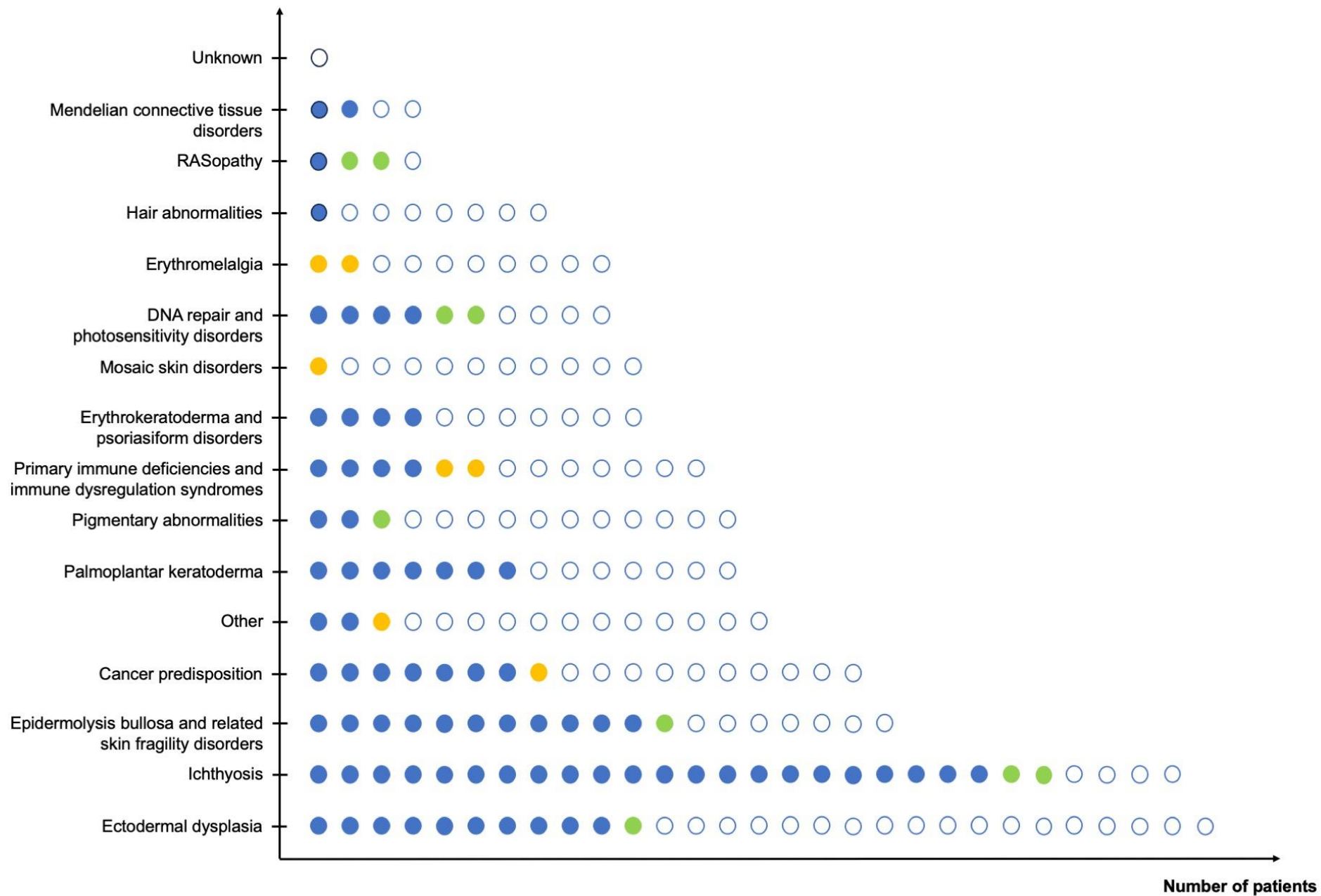
# Cancer risk



# Diagnosis

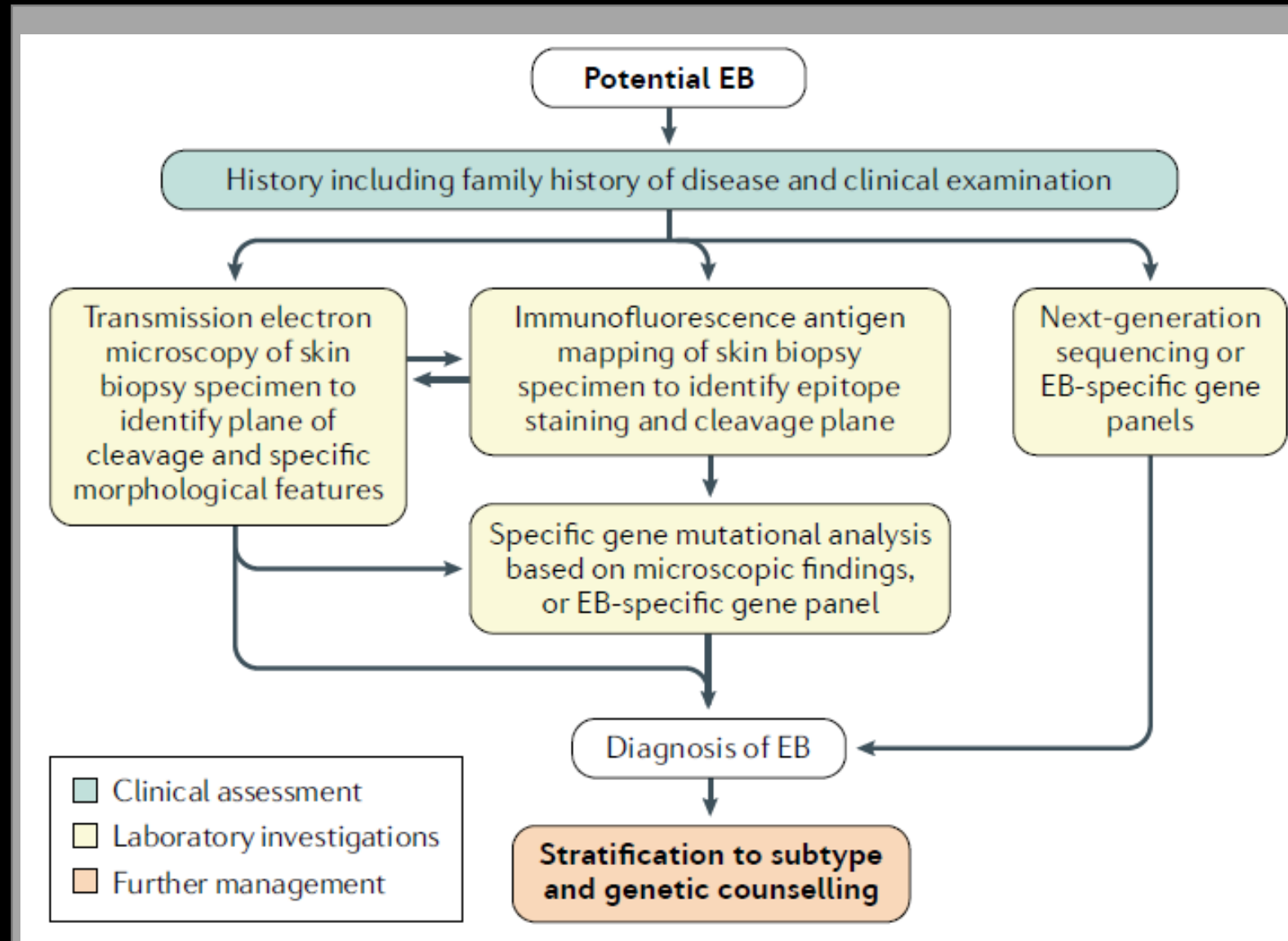
- Clinical diagnosis (and prognosis): often difficult at birth – onset
- Later onset: diaper – crawling
- *Specific* clinical signs:
  - blisters and keratoderma: localized EBS
  - Confluent PPK and herpetiform blisters: severe EBS
  - Microstomia, mitten deformity, contractures, milia: dystrophic EB
  - Photosensitivity Kindler EB
  - Erosions + neonatal pyoric stenosis: JEB ( $\alpha 6\beta 4$  integrin)
  - NS (ITGA3, JEB)





# Diagnosis

- Prognosis – management - therapy
- Prenatal diagnosis
- Preimplantation diagnosis



# Differential diagnosis

- Skin fragility disorders (AR)
  - *DSP (JUP)*: generalized skin and mucosal erosions, absent nails and hair: lethal
  - *PKP1*: ectodermal dysplasia – skin fragility
  - *DSC3*: recurrent skin vesicles, hypotrichosis (crown and facial hair)
- Peeling skin (AR)
  - *TGM5*: palms and soles
  - *CSTA*: palmoplantar peeling – widespread exfoliative ichthyosis
  - *CSTB*: seasonal PPK - peeling
  - *CDSN, SERPINB8, FLG2*: inflammatory ichthyosiform erythroderma
  - *SPINK5*: Netherton sy
  - *CAST*: Plack syndrome: leukonychia, acral punctate keratoses, hypotrichosis, knuckle pads
  - *DSG1, DSP*: PPK, hypotrichosis, hyper-IgE, erosions, scaling
- Hyperkeratotic disorders (> AD)
  - *KRT1, 2, 10*: erythroderma – blistering – scaling (flexural areas) +/- PPK
  - *KRT6A, 6B, 6C, 16, 17*: painful PPK + blistering, hyperkeratotic nail dystrophy
- CTD: *PLOD3*: bone fragility – aneurysms – contractures- blistering

Peeling skin



© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH. ALL RIGHTS RESERVED

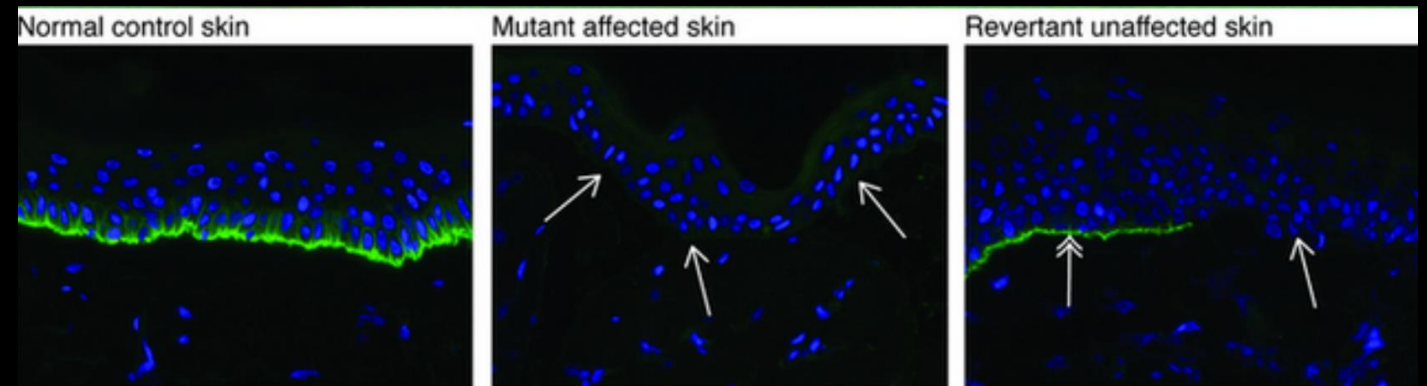
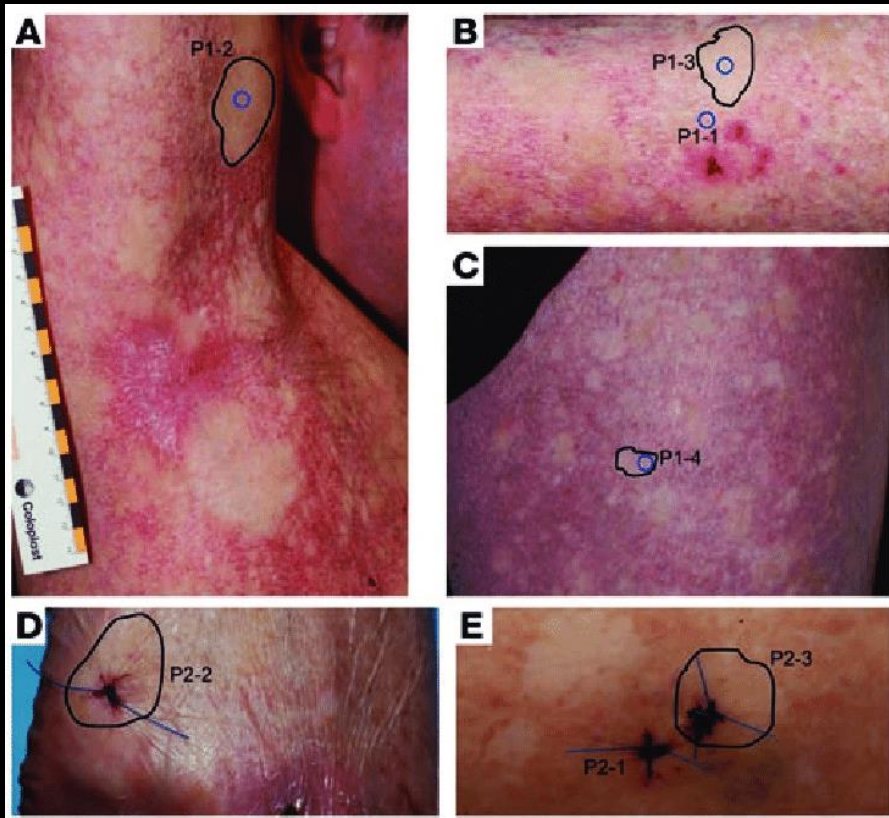


PPK



# Revertant mosaicism

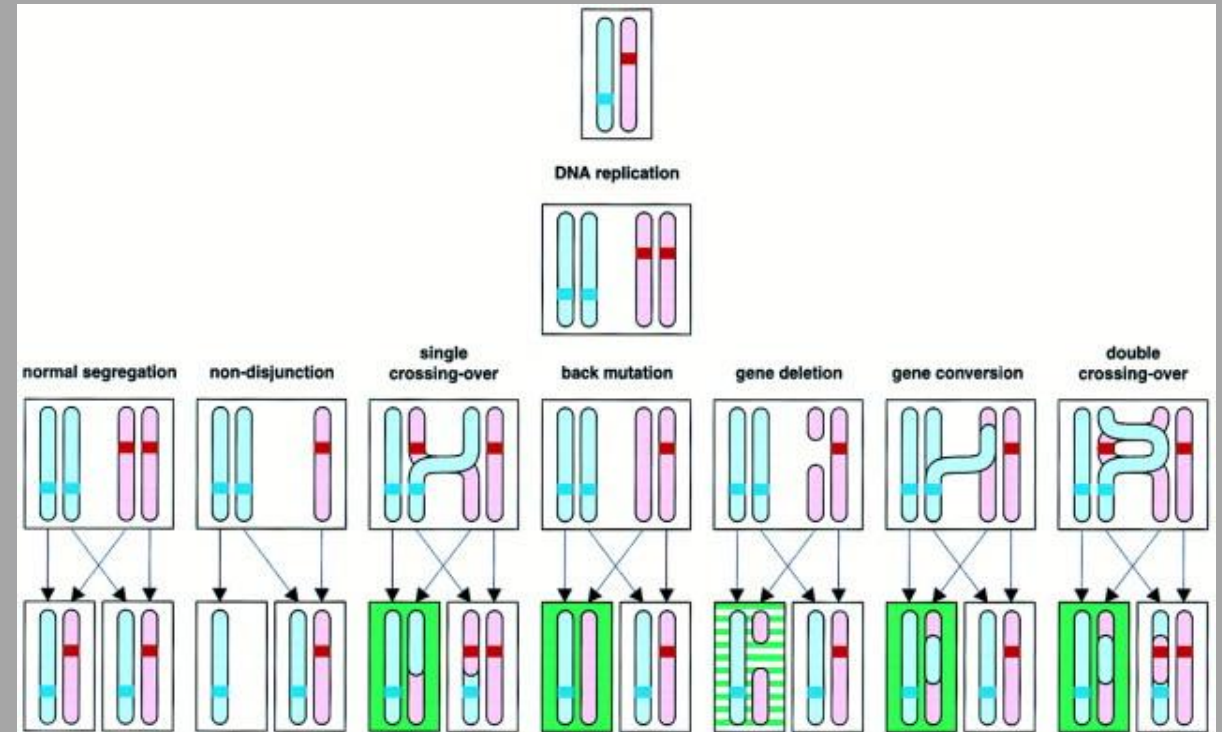
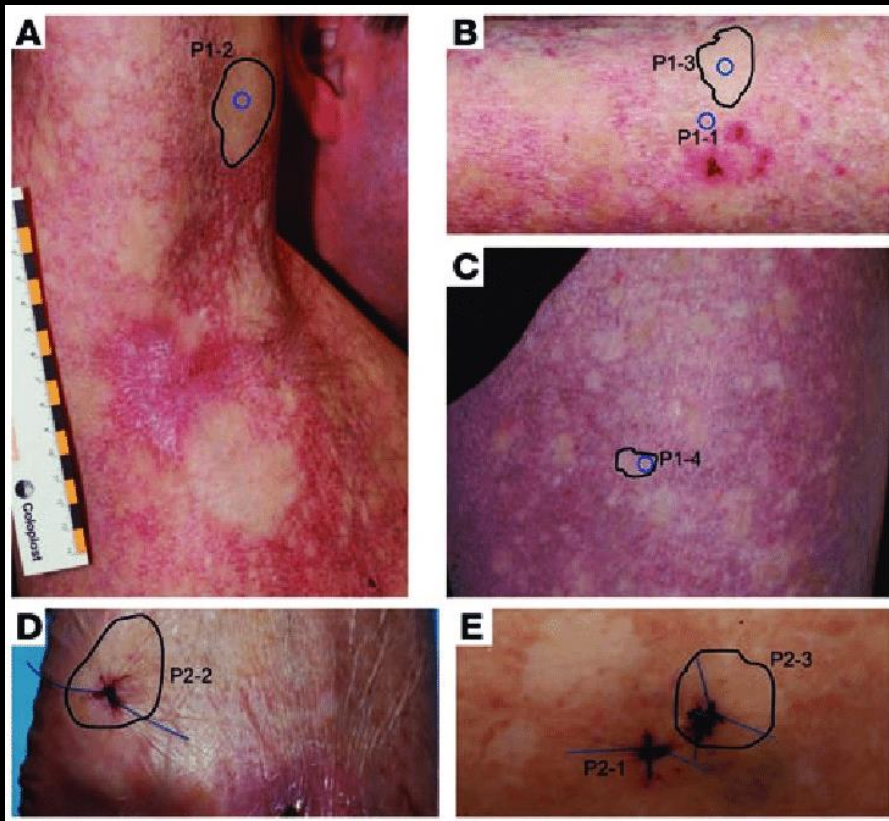
- Jonkman et al. Cell. 1997 Feb 21;88(4):543-51: atrophic epidermolysis bullosa  
COL17A1: c.1706delA; c.C3676T → reverted mosaicism of c.1706delA in keratinocytes



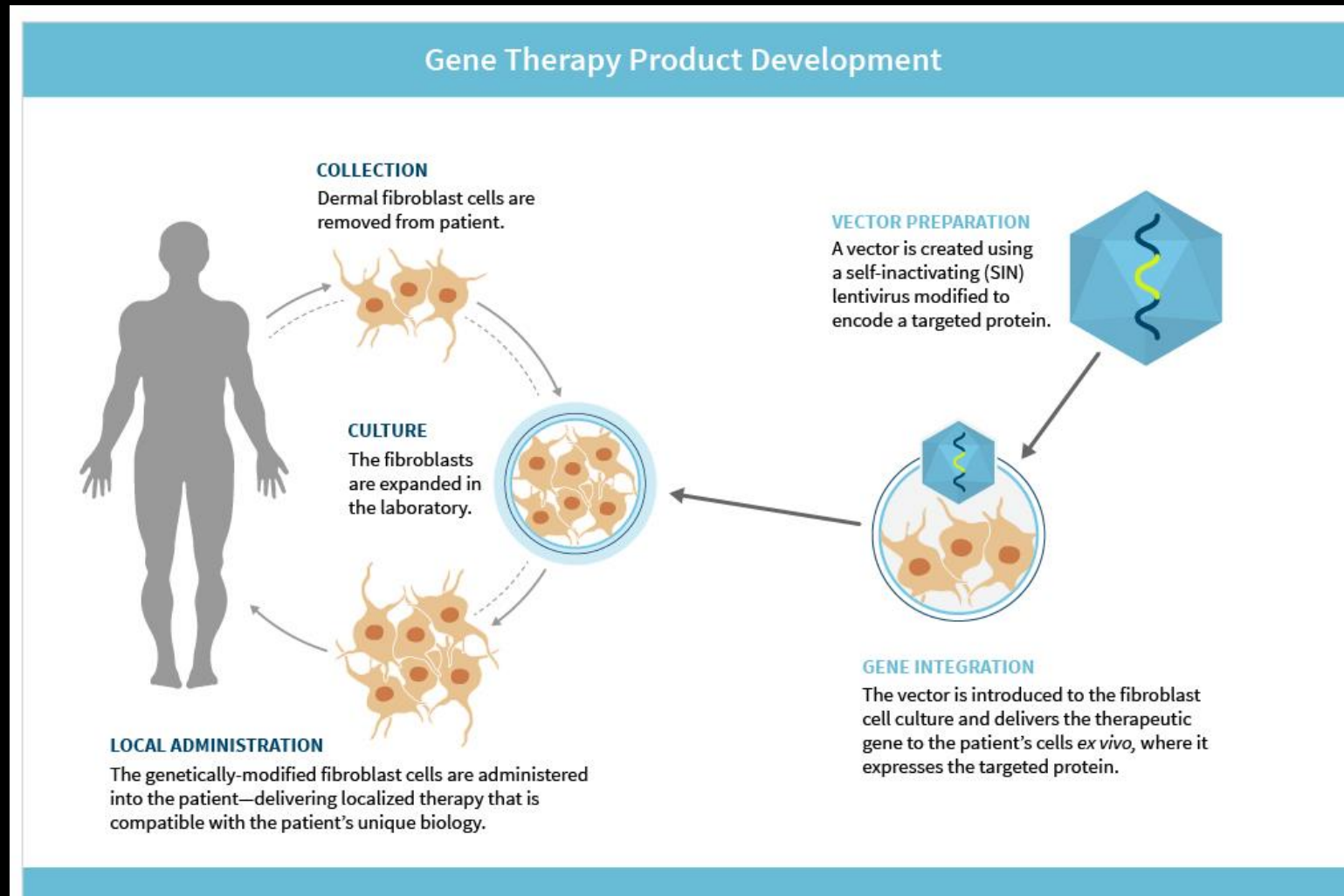


# Revertant mozaicism

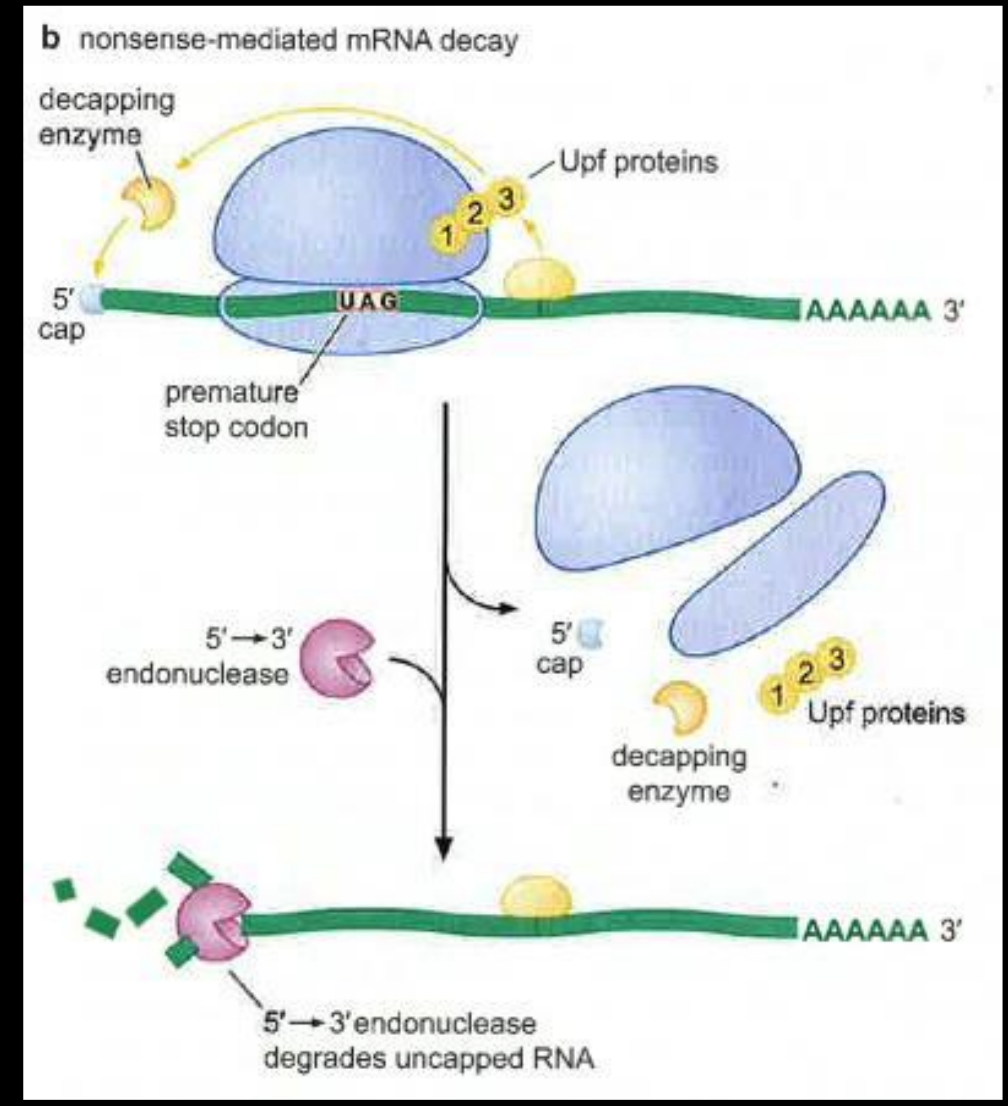
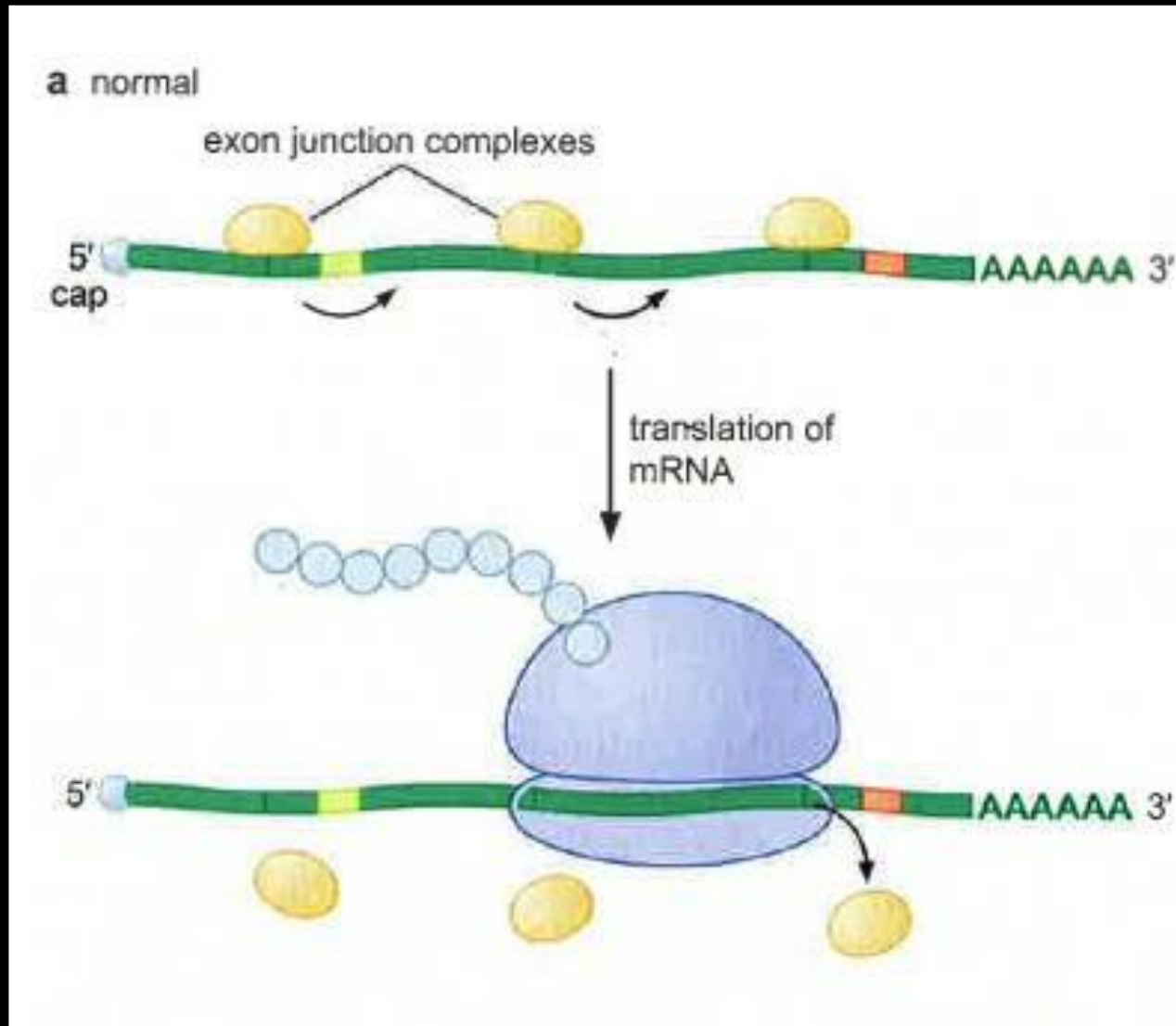
- Jonkman et al. Cell. 1997 Feb 21;88(4):543-51: atrophic epidermolysis bullosa  
COL17A1: c.1706delA; c.C3676T → reverted mozaicism of c.1706delA in keratinocytes

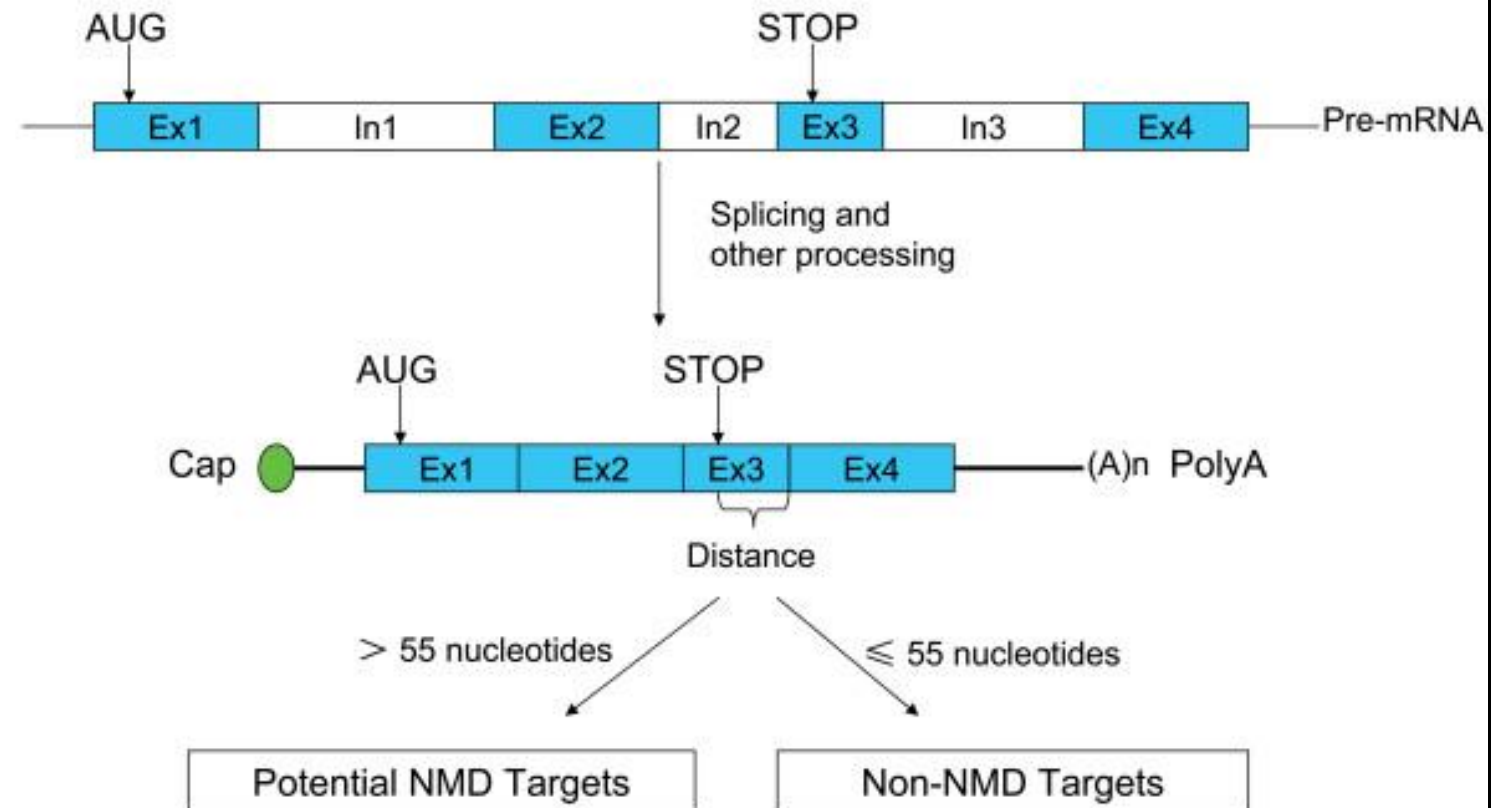


# Revertant mosaicism → Gene therapy



# Nonsense mediated decay

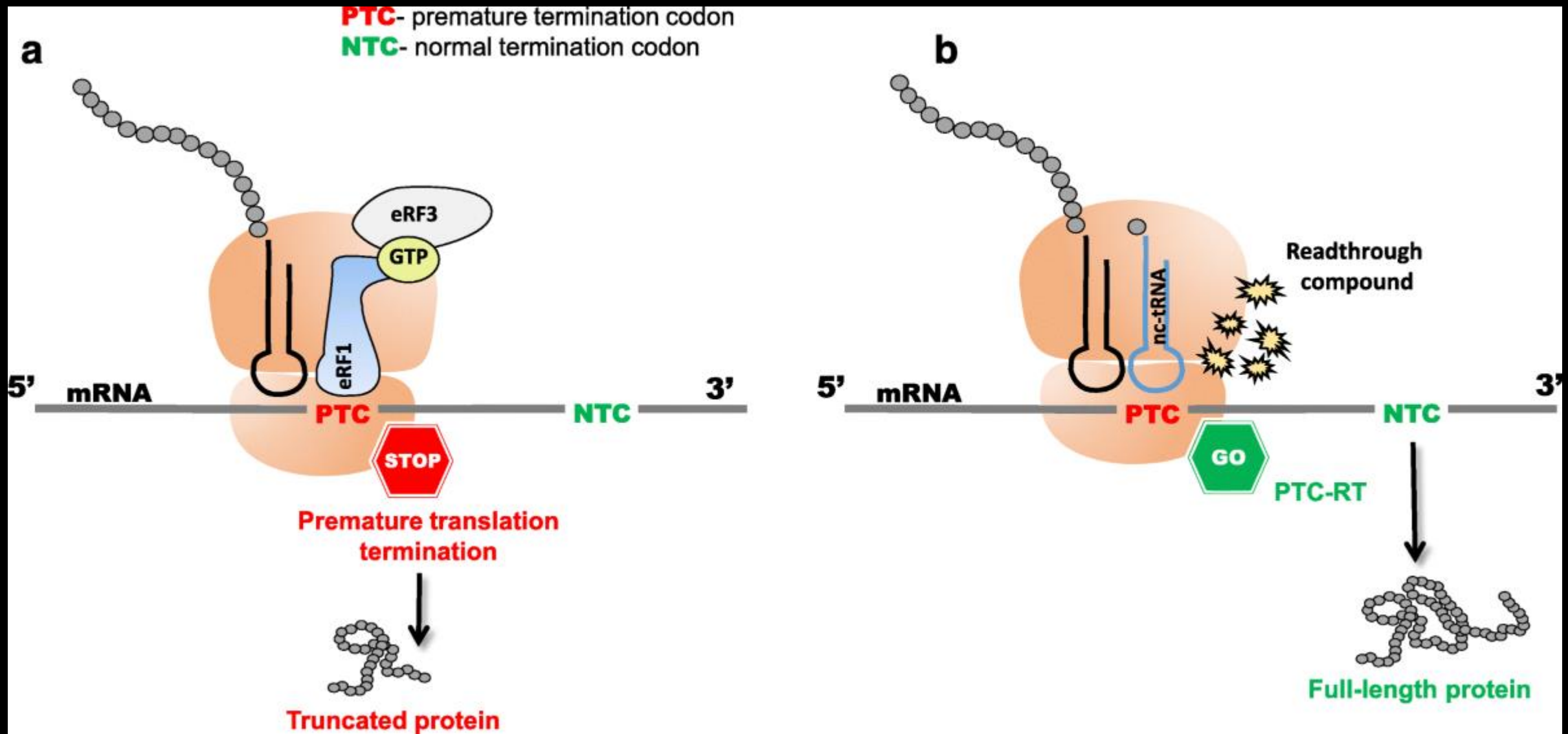


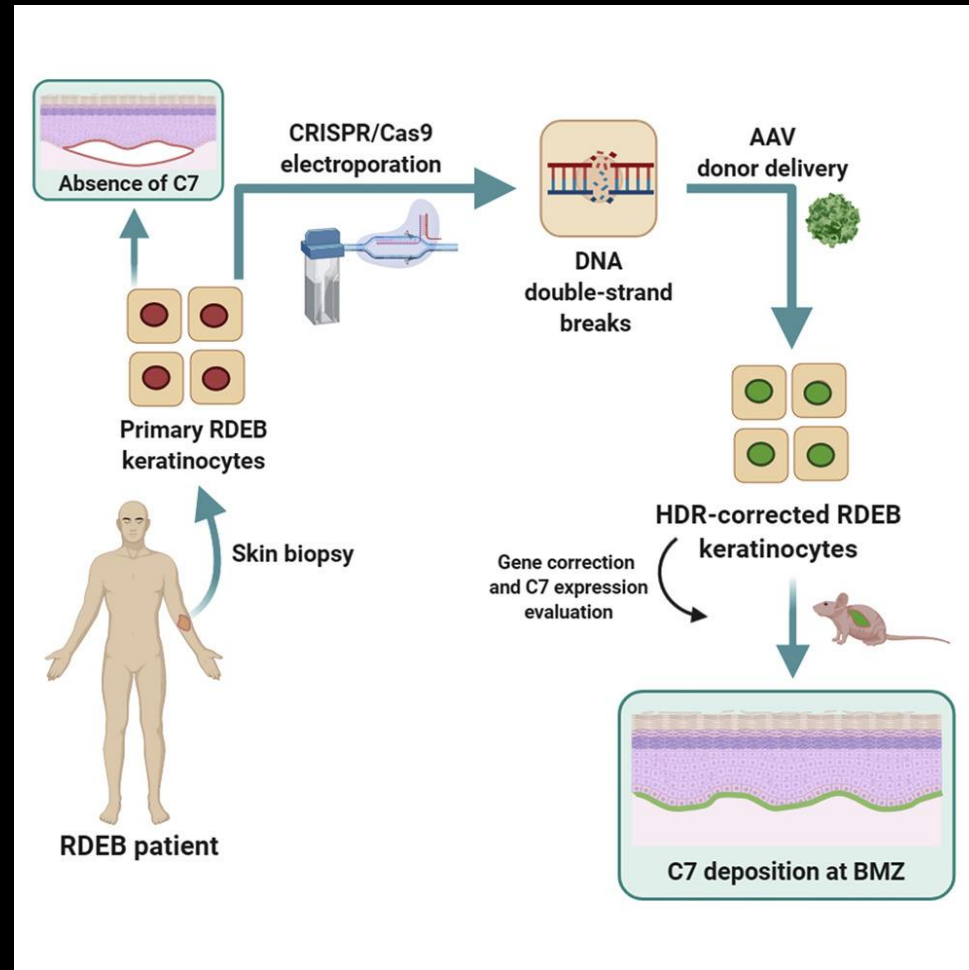


**Ex\*:** Exons    **In\*:** Introns    **AUG:** start codon    **STOP:** termination codon

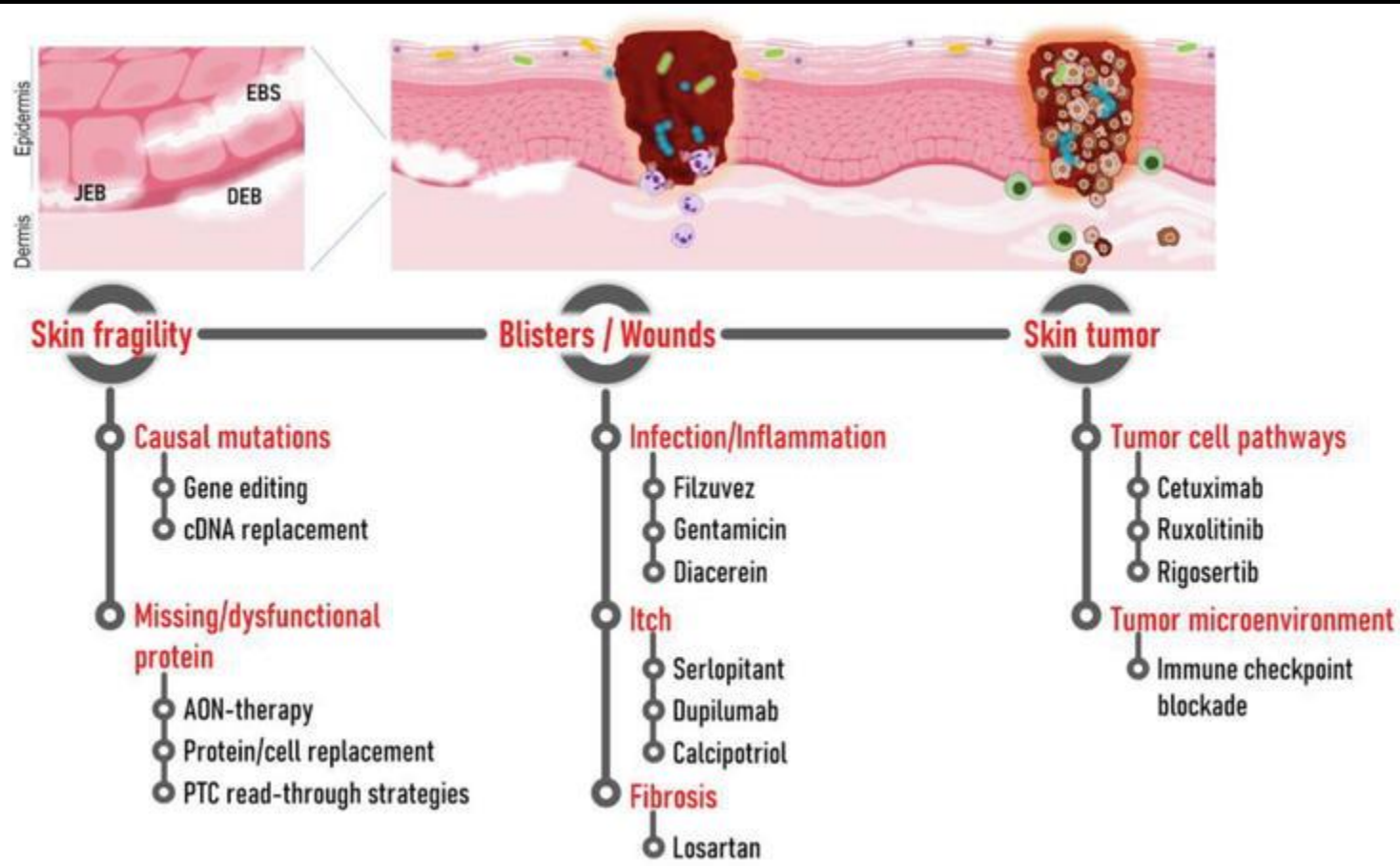


# Read-through drug: e.g. gentamycin, AON

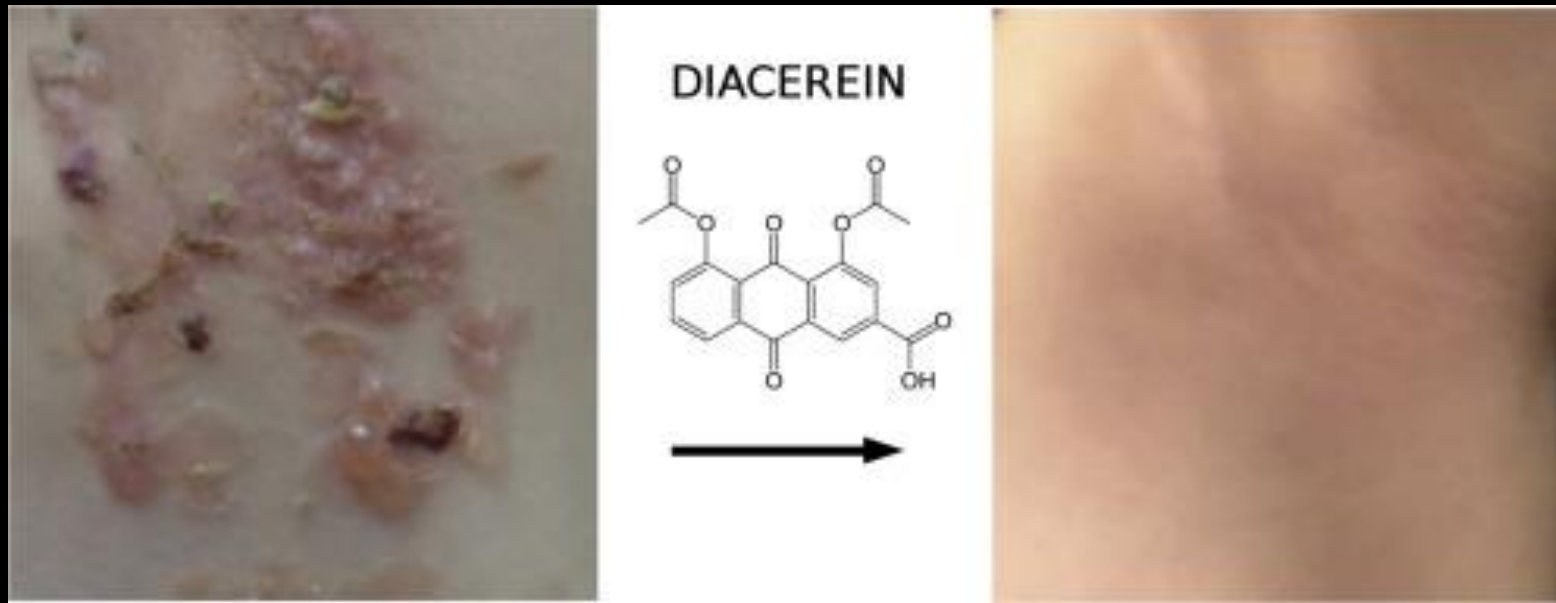








- Keratin aggregates  $\rightarrow$  autocrine IL1 $\beta$  signaling  $\rightarrow$  stress  $\rightarrow$  cytolysis



IL1 $\beta$   $\downarrow$

# Darier disease

---

- Autosomal dominant
- Multiple red or brown papules with hyperkeratosis (rough – wart-like)  
“keratosis follicularis”  
> chest, back, scalp, and forehead
- nail abnormalities (eg, longitudinal erythronychia)
- mucosal involvement
- Usually starts around puberty
- Exacerbations throughout the lifespan



# Darier disease

---

- Autosomal dominant
- Multiple red or brown papules with hyperkeratosis (rough – wart-like)  
“keratosis follicularis”  
> chest, back, scalp, and forehead
- nail abnormalities (eg, longitudinal erythronychia)
- mucosal involvement
- Usually starts around puberty
- Exacerbations throughout the lifespan



# Darier disease

---

- Exacerbations
  - sunlight
  - Heat and humidity
  - Friction
  - Stress
  - Medications



# Darier disease

---

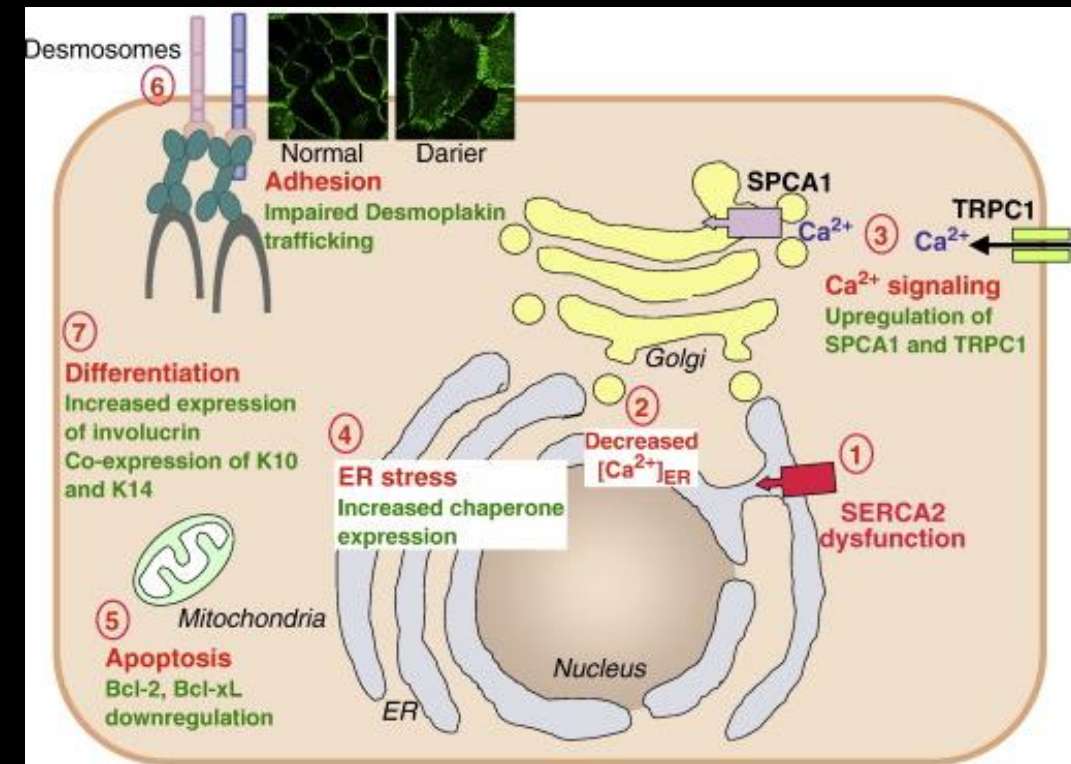
- Diagnosis
  - Clinical
  - Skin biopsy
  - Genetics: *ATP2A2* (AD)





# Darier disease

- Diagnosis
  - Clinical
  - Skin biopsy
  - Genetics: *ATP2A2*
- Therapy
  - Retinoids, corticosteroids, and moisturizers.
  - Oral retinoids (e.g., Acitretin or Isotretinoin) for severe cases.
  - Antibiotics for secondary infections.
  - Lifestyle modifications to reduce triggers.



# Hailey – Hailey disease

---

- Autosomal dominant
- red, raw, and blistered areas of skin that occur most often in skin folds, such as the groin, armpits, neck, and under the breasts.

Crusty scaly → itchy/burny

- “Benign chronic pemphigus”
- Squamous cell carcinoma
- Early adulthood
- Exacerbations throughout the life span



# Hailey – Hailey disease

---

- Exacerbations
  - Moisture (such as sweat)
  - Friction
  - weather

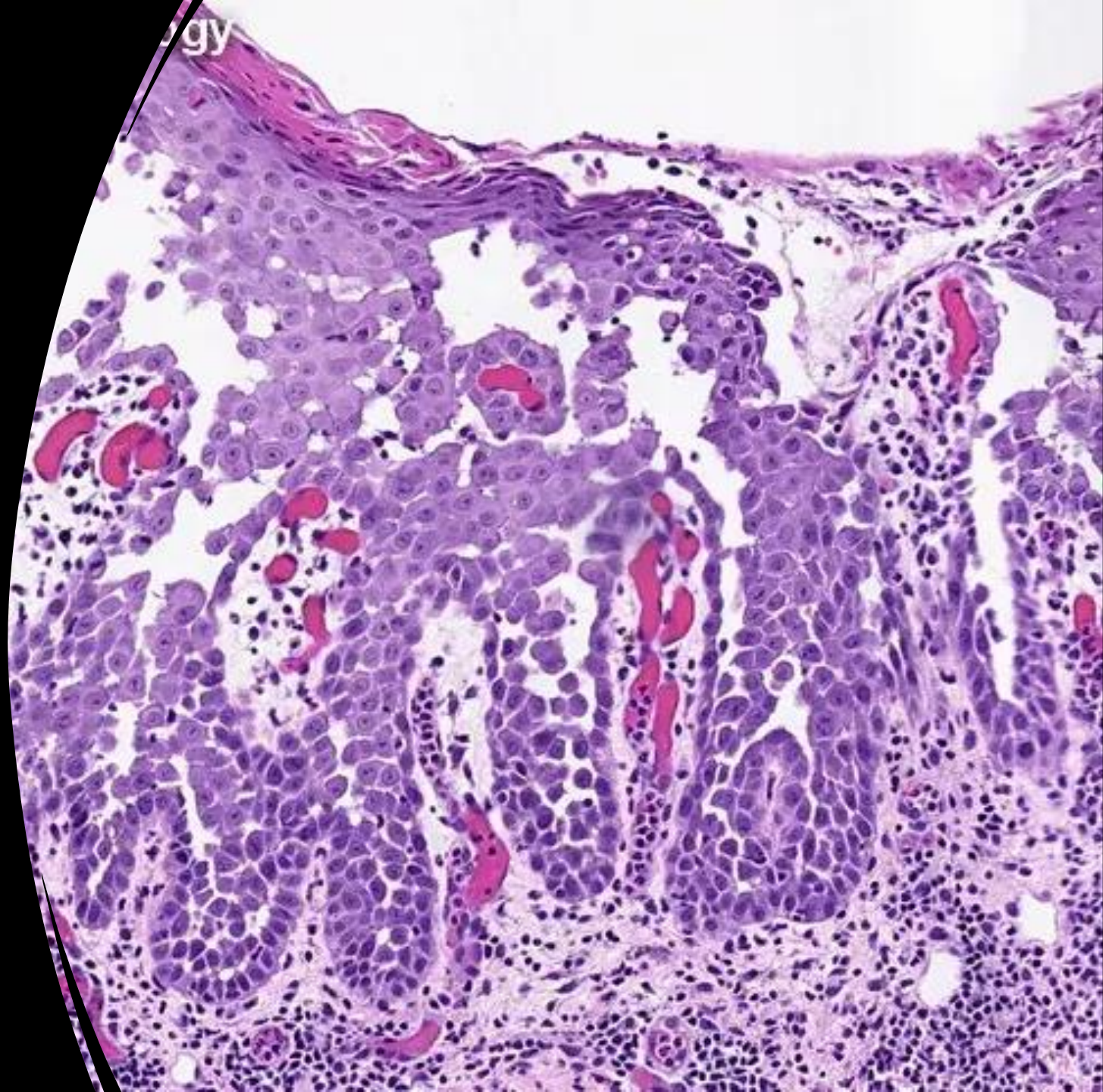




# Hailey – Hailey disease

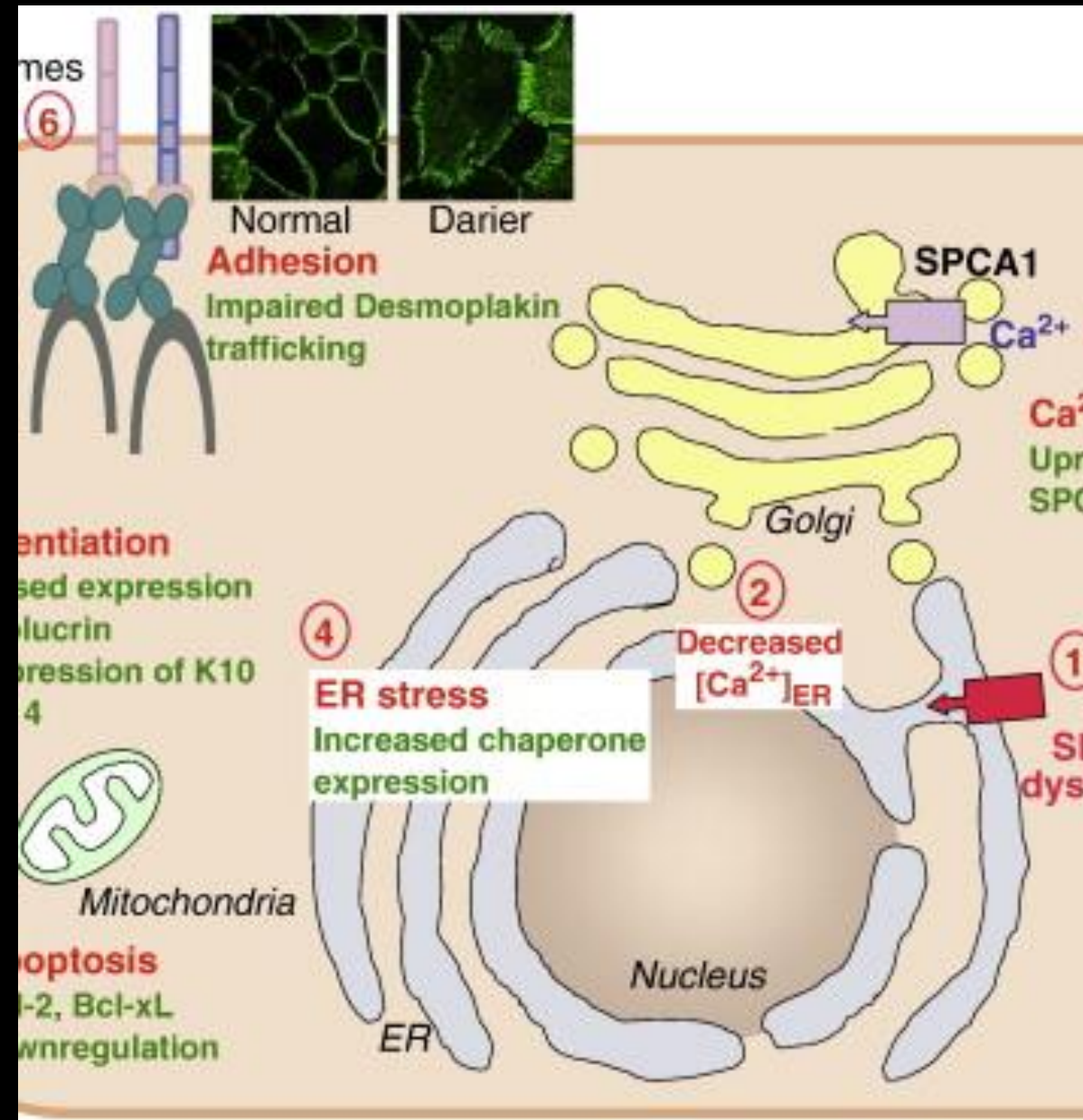
---

- Suprabasal clefting
  - Vesicles and bullae
  - Papillae extend into bullae
  - Individual and groups of cells in bullae
- Loss of intercellular bridges
  - Loose cell connections
  - 'brick wall' appearance





- Hailey Hailey disease *ATPC1A2*
- Darrier disease: *ATP2A2*



# Thank you for your attention !

---

## Bullous disease

- Classification EB ~ level of split
- Multisystemic disorder
- Clinical diagnosis / prognosis is difficult
  - NGS
- Promising therapy (gene addition / knock down)