



Case Report

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Increased Vitamin D Signalling Markers in the Skin of Atopic Dermatitis Patients

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Abstract

Vitamin D-mediated signalling is discussed controversial in regard of allergic sensitization and atopic dermatitis (AD). In this study we determined that in AD patients two main target genes of vitamin D-mediated signalling CYP24A1 (vitamin D 24-hydroxylase) and TSLP (thymic stromal lymphopoietin) are strongly upregulated in both affected as well as non-affected skin of AD patients vs healthy volunteers skin. We conclude that this increased local vitamin D-mediated signalling resulting is in a strong local pro-inflammatory and pro-allergic conditions present in the skin of AD patients with an impact on the systemic vitamin D-signalling and systemic allergic sensitization.

Keywords: Atopic Dermatitis; Skin; Vitamin D; Thymic Stromal Lymphopoietin; Allergic Sensitization; 24-Hydroxylase

Introduction

Serum vitamin D levels have been described to be positively or negatively affected in atopic dermatitis [1-4]. Endogenous serum as well as skin concentrations of the endogenous bioactive vitamin D receptor (VDR) ligand 1,25-dihydroxy-vitamin D₃ (1,25VD₃) are hard to determine using analytical techniques due to the low endogenous levels in the range of 10⁻¹²M [5]. Just ELISA / RIA techniques in combination with prior chromatography enable a reliable determination of this derivative in serum. Levels of the 1,25VD₃-precursor 25-hydroxy-vitamin D₃ (25VD₃), which is present in higher levels in serum, can routinely be determined in serum samples. Polymorphisms of the VDR are present in patients with severe AD indicating a strong association of vitamin D-mediated signaling and AD [6]. In addition the VDR can heterodimerize with the retinoid X receptor (RXR) which ligands [7-9] were associated with positively influencing VDR-RXR-mediated signalling [10,11].

In various studies reduced serum levels of 25VD₃ are found in serum of adult and young AD patients and were even partly inversely correlating with the disease status [12-14]. Unfortunately it is not clear if this phenomenon is due to reduced dietary vitamin D intakes, reduced UV skin exposure and/or targeted down-

regulation of serum vitamin D homeostasis via vitamin D binding proteins [15,16], comparable to fatty acids and retinoids under inflammatory conditions, reviewed in Rühl [17,18]. Positive effects of vitamin D supplementation or administration of more stable and less calcemic synthetic VDR agonists are found on clinical markers of AD [19,20], while other studies determined negative effects [21,22]. Various studies postulate that due to reduced 25VD₃ levels targeted vitamin D supplementation may be an optimal treatment strategy for improving AD conditions [23,24]. Unfortunately, just limited AD-relevant target organs like the skin and the immune system were examined for vitamin D-mediated signaling during allergic sensitization, chronic manifested atopic dermatitis and after vitamin D-supplementation studies [12-14]. These lacks of knowledge make it difficult to judge the potential positive and negative impact of vitamin D signaling and supplementation in AD.

Case Presentation

In this study we determined based on immunohistological studies the semi-quantitative occurrence of the two VDR-signaling markers TSLP and CYP24A1 [22,25] in normal skin from healthy volunteers compared to affected and non-affected

skin of AD-patients. CYP24A1, the 24-hydroxylase responsible for inactivation of 1,25VD3, is the most common and sensitive marker of VDR-mediated signaling [25], while TSLP is a well-known vitamin D target and trigger of TH2-signalling and thereby a major initiator of allergic sensitization [22,26,27]. For both proteins an increased presence was observed in the epidermis and infiltrating cells in dermis of affected and non-affected skin of AD-patients compared to skin of healthy volunteers (Figure 1). AD-skin possesses remarkably more CYP24A1 protein in epidermis, especially in the *stratum basale*. CYP24A1 expressing cells were

broadly distributed throughout the dermis of healthy and AD-skin. Interestingly, the number of CYP24A1 expressing infiltrating cells seems to be smaller in both affected and non-affected AD-skin than in healthy skin. In contrast to CYP24A1, TSLP presence is scattered in the epidermis of healthy skin and strongly increased in differentiating epidermal keratinocytes over the *stratum basale* of AD-skin. Furthermore, the proportion of infiltrating cells with TSLP presence is further increased in affected skin, thereby increasing TSLP levels in AD-lesions.

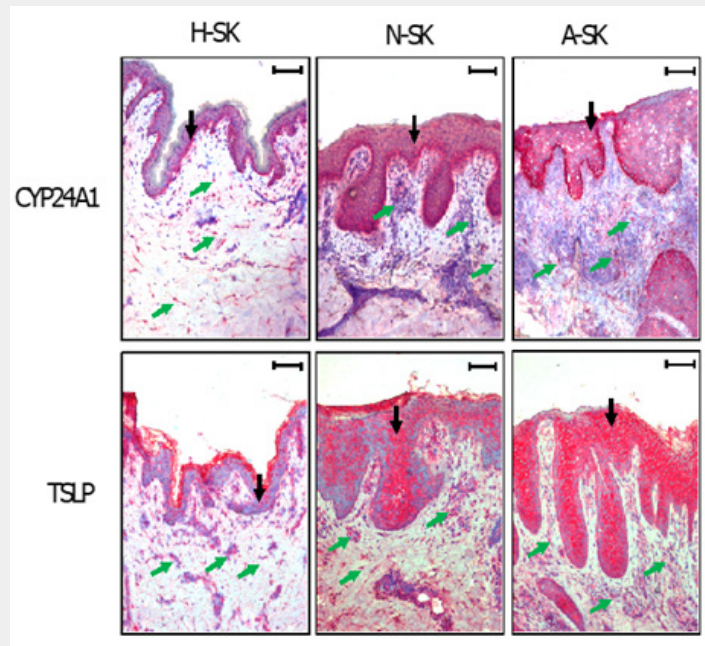


Figure 1: Expression of CYP24A1 and TSLP in the skin from healthy controls (n=3, 52 year, 66% female) and patients with atopic dermatitis (n=3, 29 years, 66% female, 32 SCORAD). Representative immunohistochemical images of CYP24A1 and TSLP staining of healthy (H-SK), non-affected (N-SK) and affected skin (A-SK). Bars, 100 µm. [Tissue cryo-sections were stained with anti-human CYP24A1 (Sigma-Aldrich, Taufkirchen, Germany) or TSLP (Bioss Inc., Woburn, USA) and goat anti-rabbit IgG (DAKO Diagnostika, Hamburg, Germany). Images were taken at the Axioplan light microscope (Carl Zeiss, Jena, Germany)]. Ethical approval for the study was obtained from the local ethics committee (EA1/168/06).

Discussion

Our data describe a strongly induced vitamin D signaling and thereby pro-allergic conditions in the affected and non-affected skin of AD-patients. These data are partly in contrast with the described reduced 25VD3 serum values present in AD-patients and the potential connection of reduced vitamin D intake, represented by reduced 25VD3 serum levels, and AD [1,14,28,29]. We suggest that serum vitamin D levels may be reduced by our organisms in a feedback mechanism to dampen local vitamin D-mediated pro-allergic and pro-inflammatory conditions, comparable to feedback mechanisms of serum vitamin A levels during local inflammation [17,18,30].

Conclusion

These results prove that vitamin D mediated signaling is strongly increased in affected and non-affected skin of AD-patients

and thereby resulting in strong pro-inflammatory and pro-allergic conditions present in the skin of atopic dermatitis.

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