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- H. 知的所有権の出願・登録状況（予定を含む）
なし。

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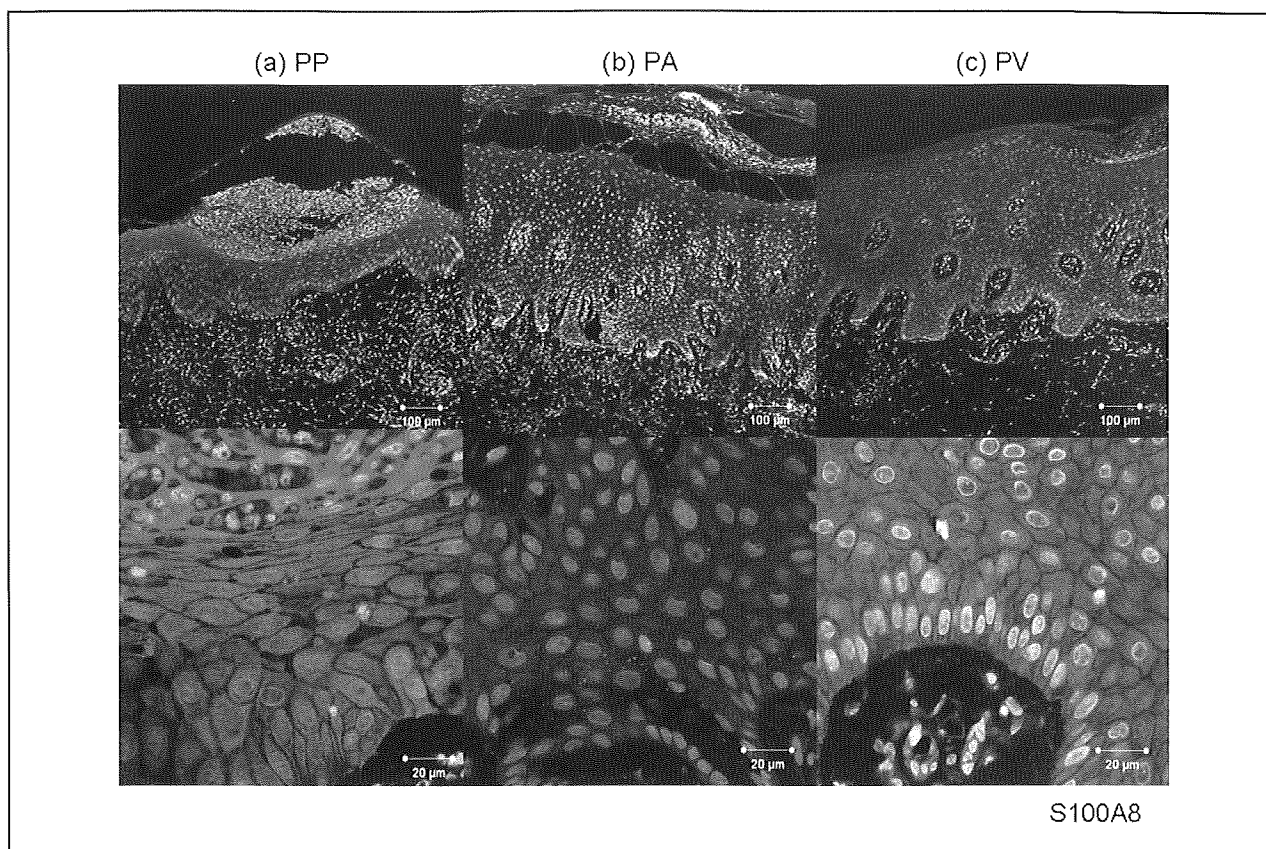


図 1. 乾癬病変部における S100A8 発現

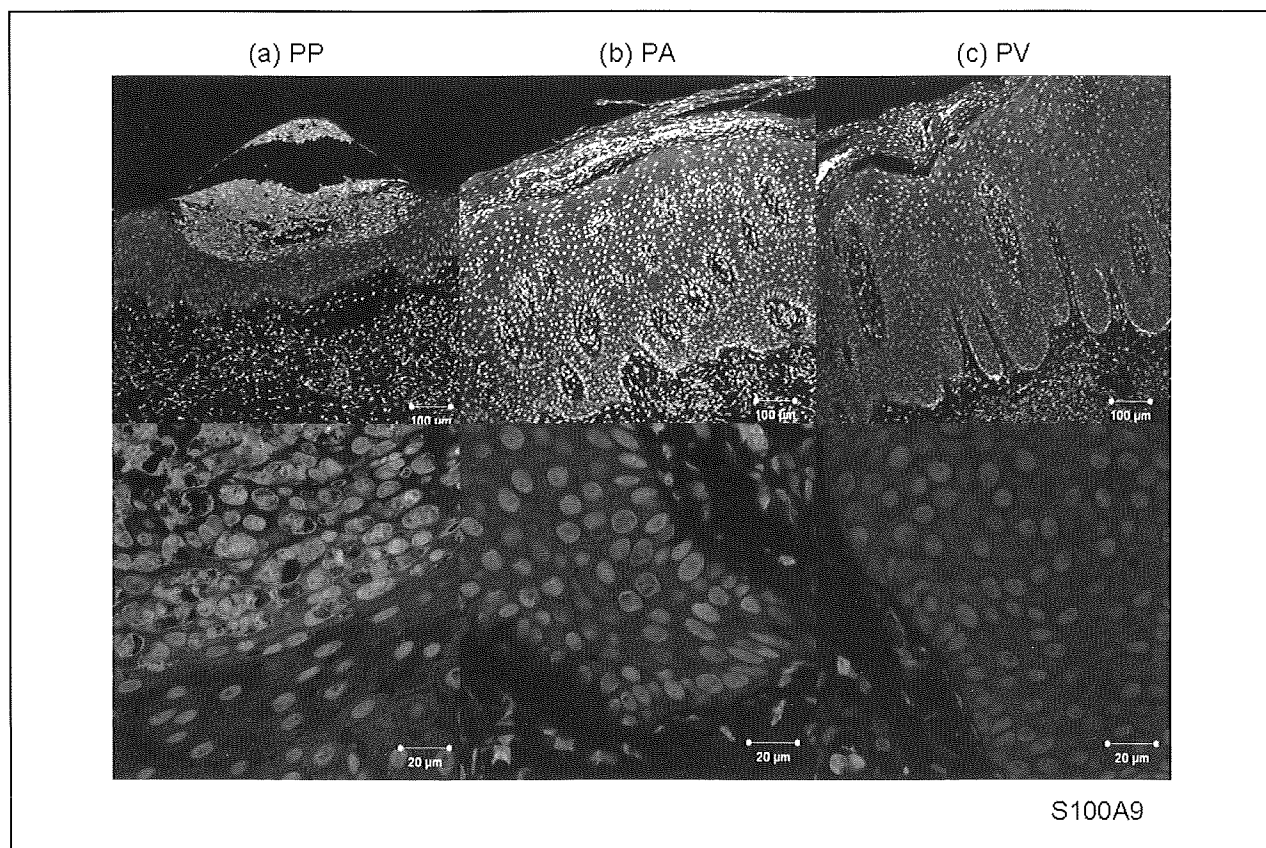


図 2. 乾癬病変部の S100A9 発現

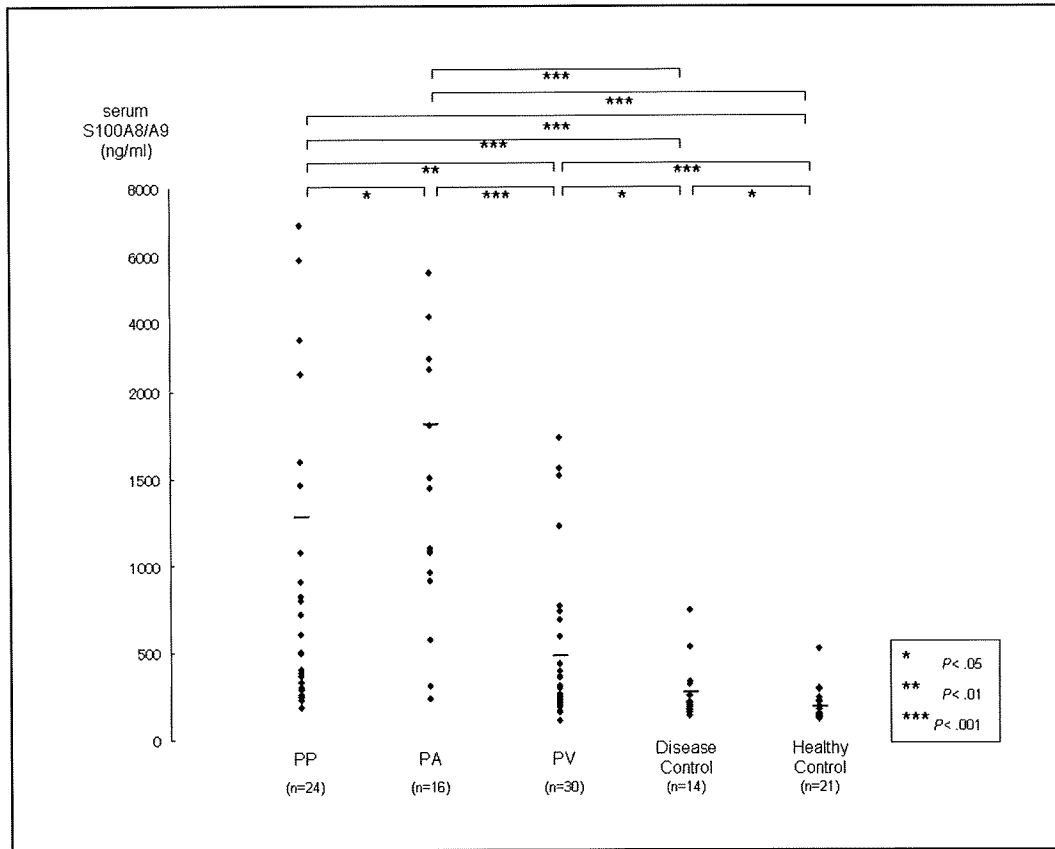


図 3. 乾癬病型別血清 S100A8/A9 レベル

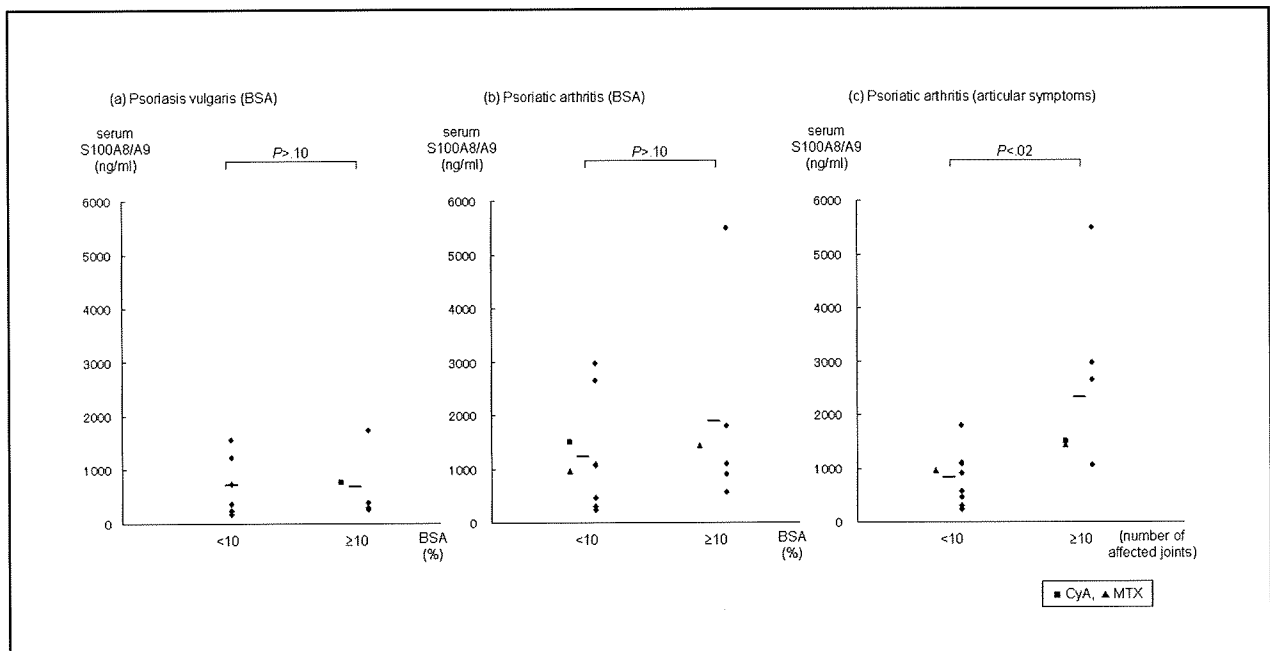


図 4. 血清 S100A8/A9 と皮疹重症度および関節症状の関連

厚生労働科学研究費補助金（難治性疾患克服研究事業）
分担研究報告書

幽門閉鎖合併単純型表皮水疱症におけるプレクチン発現パターンの解析

研究分担者 清水 宏 北海道大学大学院医学研究科皮膚科学分野 教授

研究要旨 プレクチンはプラキンファミリーに属するクロスリンカー蛋白であり、皮膚や筋肉などの様々な臓器で発現している。プレクチンは、両端の globular domain に rod domain が挟まれるダンベル状の構造を有しており、筋ジストロフィー合併単純型表皮水疱症（EBS-MD）患者のほとんどは、プレクチンの rod domain をコードする *PLEC1* の exon31 に遺伝子変異を認める。これに対して幽門閉鎖合併単純型表皮水疱症（EBS-PA）患者においては大部分が exon31 以外に遺伝子変異がみられる。今回われわれは、EBS-PA 患者の皮膚組織、培養細胞におけるプレクチンの発現パターンを解析した。EBS-MD では、全長のプレクチンを発現せずに rod domain が欠損した蛋白（rodless）の発現が保たれているという特徴を有していたが、EBS-PA では全長のプレクチン、rodless とともに発現していなかった。

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A. 研究目的

プレクチンは、中央の rod domain を N 末端と C 末端の globular domain がそれぞれ挟み込む、独特なダンベル様構造を呈する細胞骨格リンカー蛋白であり、皮膚・筋肉・消化管をはじめとした様々な臓器で発現している。プレクチンには全長の蛋白とともに、rod domain が除かれた rodless プレクチンが選択的スプライシングによって生じることが知られている。

幽門閉鎖合併型表皮水疱症（EBS-PA）は、プレクチンをコードする *PLEC1* の遺伝子変異によって生じることが知られている。過去の報告では、EBS-PA 患者の多くが rod domain をコードするエクソン31以外のエクソンで遺伝子変異を有するとされている。本研究の目的はプレクチンの様々な部位に対する抗体を用いることで、EBS-PA 患者におけるプレクチンの詳細な発現パターンを解析し、病態解明につなげることである。

B. 研究方法

プレクチンの EBS-PA の 3 症例について患者皮膚を解析した。プレクチンパターンを蛍光抗体法で解析した。プレクチンの N 末端領域、rod 領域、C 末端領域のそれぞれに対する抗体を用いて、患者皮膚組織のプレクチンの発現パターンを明らかとした。また、EBS-PA 患者由来羊水細胞のプレクチン発現パターンについて蛋白レベルと mRNA レベルで解析した。

C. 研究結果

EBS-PA 皮膚組織の蛍光抗体法の結果、プレクチンの N 末端、rod domain、C 末端の発現が著明に減弱～消失していた。免疫ブロットによる解析では、正常ヒト線維芽細胞抽出液で全長のプレクチンと rodless プレクチンが発現していたが、EBS-PA 由来羊水細胞抽出液では全長のプレクチン、rodless プレクチンともに著明に減弱していた。mRNA レベルでも EBS-PA 由来羊水細胞では全長と rodless プレクチンをコードする転写産物が減少していた。

D. 考 察

本研究の結果は、ほとんどのEBS-PAの患者で*PLECI*変異がrod領域をコードするエクソン31以外のエクソンに認められるという報告と一致する。すなわち、*PLECI*変異がrod領域以外にあるために、全長とrodlessプレクチンはともにnonsense-mediated mRNA decayによって発現が消失してしまうと考えられる。この結果は、EBS-MDにおいて全長のプレクチンは消失しているものの、rodlessプレクチンの発現が保たれているという所見とは対照的であり、このプレクチンの発現パターンの違いが、異なる臨床型を引き起こしていると考えられる。

E. 結 論

EBS-PAでは全長、rodlessプレクチンともに著明に発現が減弱～消失している。

F. 健康危険情報

特記すべきことなし。

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H. 知的所有権の出願・登録状況(予定を含む) 該当なし。

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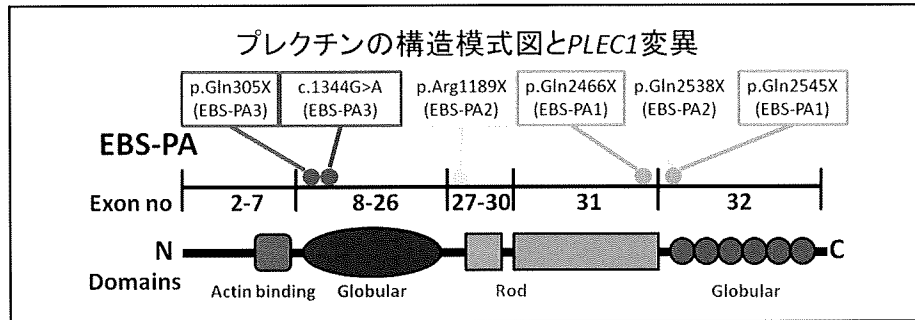


図 1

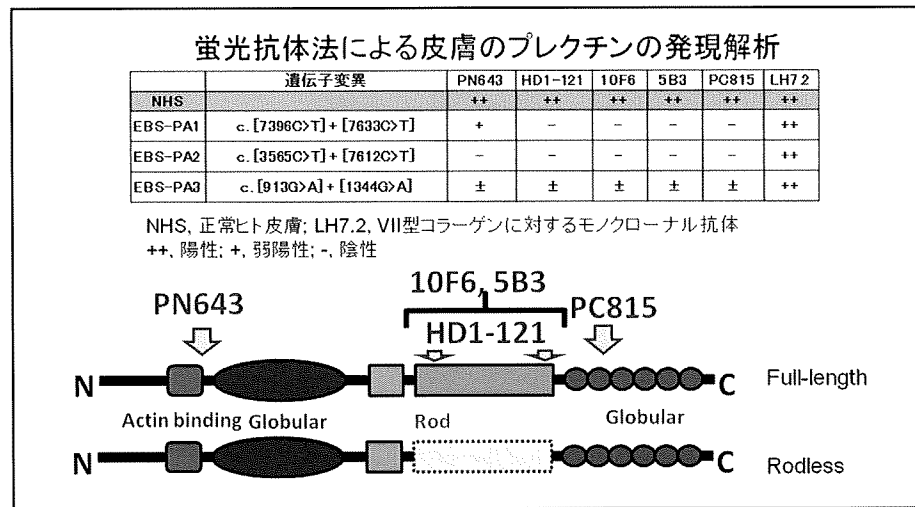


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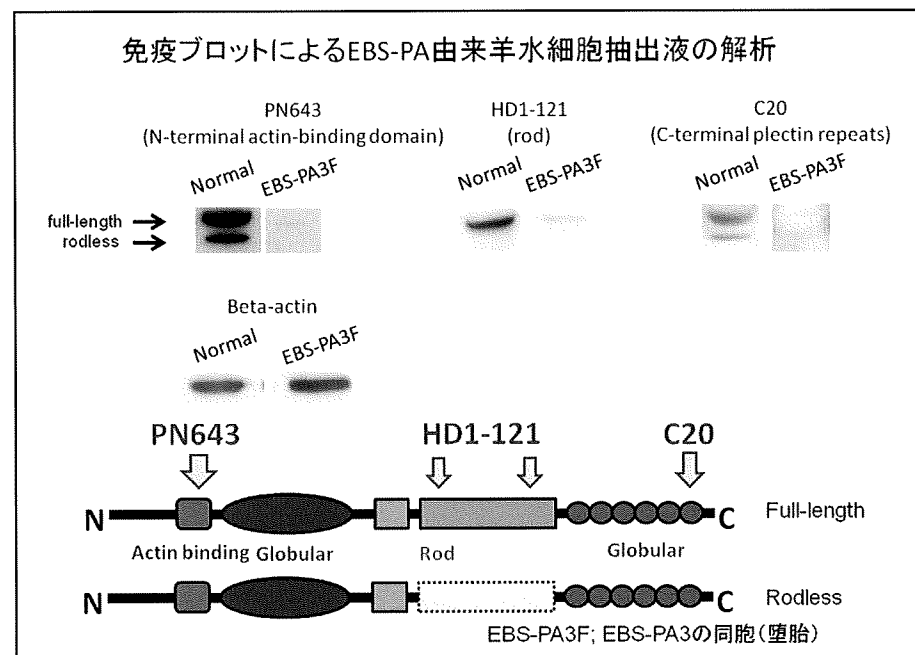


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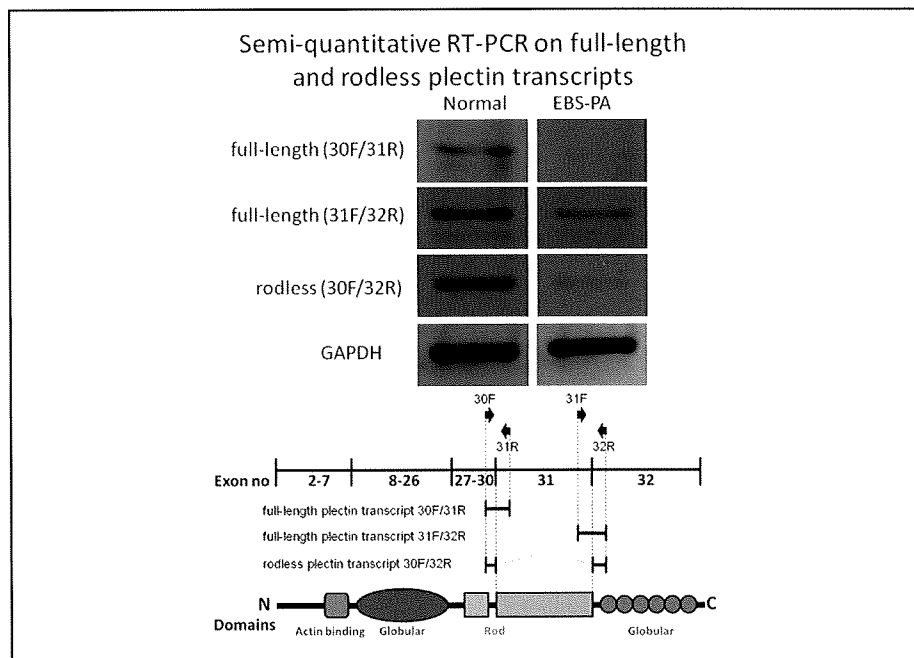


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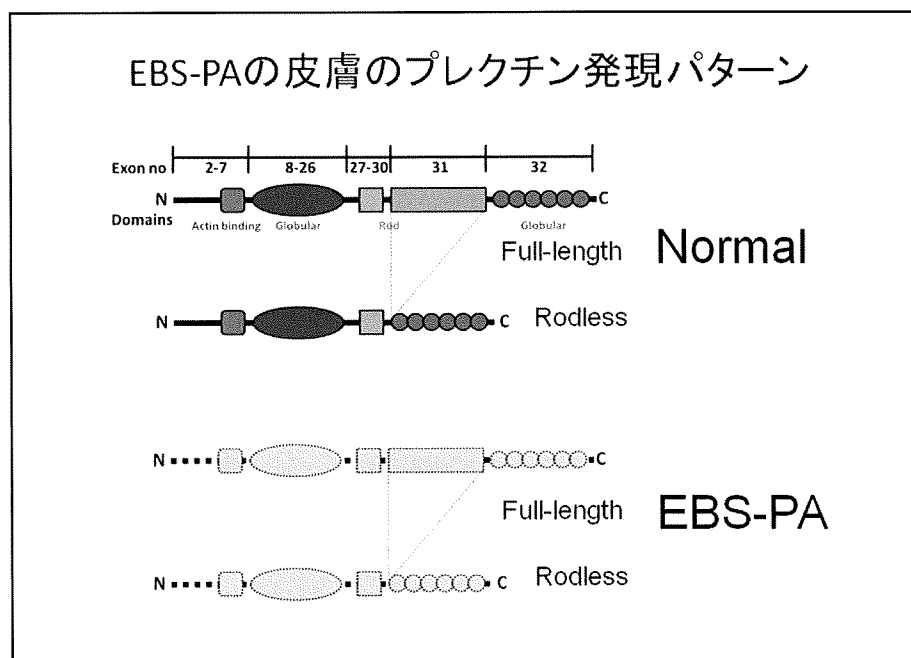


図 5

厚生労働科学研究費補助金（難治性疾患克服研究事業）
分担研究報告書

筋ジストロフィー合併単純型表皮水疱症におけるプレクチンの発現パターン

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研究要旨 プレクチンはプラキンファミリーに属するクロスリンカー蛋白であり、皮膚や筋肉をはじめとした様々な臓器で発現している。プレクチンは、両端の globular domain に rod domain が挟まれるダンベル状の構造を有している。筋ジストロフィー合併単純型表皮水疱症（EBS-MD）患者のほとんどは、プレクチンの rod domain をコードする *PLEC1* の exon31 に遺伝子変異を認める。今回われわれは、プレクチンの N 末端、rod domain、C 末端に対する抗体を用いて、*PLEC1* の遺伝子変異が確認された EBS-MD 患者の皮膚におけるプレクチンの発現パターンを解析した。また、同時に EBS-MD 患者由来の線維芽細胞におけるプレクチンの発現を解析した。EBS-MD では、全長のプレクチンを発現していないが、rod domain が欠損した蛋白の発現が保たれていた。

共同研究者

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A. 研究目的

プレクチンは、中央の rod domain を N 末端と C 末端の globular domain がそれぞれ挟み込む、独特なダンベル様構造を呈する細胞骨格リンカー蛋白であり、皮膚・筋肉・消化管をはじめとした様々な臓器で発現している。プレクチンには全長の蛋白とともに、rod domain が除かれた rodless プレクチンが選択的スプライシングによって生じることが知られている。

筋ジストロフィー合併型表皮水疱症（EBS-MD）は、プレクチンをコードする *PLEC1* の遺伝子変異によって生じることが知られている。過去の報告では、EBS-MD 患者の多くが rod domain をコードするエクソン31に遺伝子変異を有するとされている。本研究の目的はプレクチンの様々な部位に対する抗体を用いることで、EBS-MD 患者におけるプレクチンの詳細な発現パターンを解析し、病態解明につなげることである。

B. 研究方法

PLEC1 遺伝子に変異を持つことが証明されている EBS-MD の 6 症例について患者皮膚を解析した（図 1）。プレクチンパターンを蛍光抗体法で解析した。プレクチンの N 末端領域、rod 領域、C 末端領域のそれぞれに対する抗体を用いて、患者皮膚組織のプレクチンの発現パターンを明らかとした。また、EBS-MD 患者由来培養線維芽細胞のプレクチン発現パターンについて蛋白レベルと mRNA レベルで解析した。

C. 研究結果

EBS-MD 皮膚組織の蛍光抗体法の結果、プレクチンの N 末端と C 末端の発現が減弱しながらも保たれているのに対し、rod domain の発現はほぼ消失していた（図 2）。免疫ブロットによる解析では、正常ヒト線維芽細胞抽出液で全長のプレクチンと rodless プレクチンが発現していたが、EBS-MD 由来線維芽細胞抽出液では全長のプレクチンが消失し、rodless プレクチンのみが発現していた（図 3）。mRNA レベルでも EBS-MD 由来線維芽細胞では全長のプレクチンをコードする転

写産物が減少しており、逆にrodlessプレクチンの転写産物は正常ヒト線維芽細胞と同じ量を有していた(図4)。

D. 考 察

本研究の結果は、ほとんどのEBS-MDの患者で*PLEC1*変異がrod領域をコードするエクソン31に認められるという報告と一致する。*PLEC1*変異がrod領域にあるために、全長のプレクチンはnonsense-mediated mRNA decayによって発現が消失してしまうが、rodlessプレクチンの発現には影響しないと考えられる。

E. 結 論

EBS-MDでは、全長のプレクチンは発現していないが、rodlessプレクチンの発現が保たれている(図5)。

F. 健康危険情報

特記すべきことなし。

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