IV. 研究成果の刊行に関する一覧表

### 研究成果の刊行に関する一覧表

# 書籍

	T	1	T	Т	1	Т	T
著者氏名	論文タイトル名	書籍全体の 編集者名	書籍名	出版社名	出版地	出版年	ページ
Kosho T	Discovery and delineation of dermatan 4-O-sulfotransfer ase-1 (D4ST1)-deficient Ehlers-Danlos syndrome	wada A	Current Geneti cs in Dermato logy			2013	
Kosho T,	Ehlers-Danlos synd rome associated wi th glycosaminoglyc an abnormalities		Progress in he ritable soft tis sue disease	Springer		2013	In press
	Bone and skin diso rders caused by a disturbance in the bioynthesis of chon droitin sulfate and dermatan sulfate.	N	Extracellular matrix: Pathob iology and sig naling	-	Berlin	2012	97-118
Kato M,	Haploinsufficiency of <i>STXBP1</i> and Ohtahara syndrom e.	Avoli M, Rogawski M, Olsen	Jasper's basic mechanism of the epileps ies, 4 <sup>th</sup> editio n	niversity		2012	824-834
S, Nakash	TGF-β and Geneti c Skeletal Disease s.			Springer			Submitted
S, Sugah ara K	Glycosaminoglycan chain analysis an d characterization (Glycosylation /Epi merization) (Chapt er 7)	nçoise	Methods in M olecular Biolo gy, "Proteogly cans: Methods and Protocol s"	ress, Sprin	New York	2012	99-115

Mizumoto S	Reduction of Chon droitin 4-O-Sulfotr ansferase-1 Express ion Causes Costell o Syndrome		Trends in Gly coscience and Glycotechnol ogy			2013	In press
Okada T	Efficient AAV vec tor production syst em: Towards gene therapy for Duch enne muscular dyst rophy.	Martin	Gene Therapy - Tools and Potential Appl ications				In press
古庄知己	Marfan症候群,Ehl ers-Danlos症候群	科』『小児 外科』編集	小児内科増刊 号・小児疾患 の診断治療基 準第4版	社	東京	2012	850-853
古庄知己	エーラスダンロス 症候群		別 冊 日 本 臨 牀・新領域別 症候群シリー ズNo.20・先天 異常症候群第 2版(下)	社		2012	721-726

発表者氏名	論文タイトル名	発表誌名	巻号	ページ	出版年
osho T" (# denot es equal contribu tion), Hatasaki K, Narumi Y, W akui K, Fukushi			83(2)	135-144	2012
ura T, Kosho T (corresponding aut hor), Inaba Y, Mi tsuhashi S, Ishida	Recessive RYR1 mutations in a patient with severe congenital nemaline myopathy with ophthalo moplegia identified through massively parallel sequencing.		158A(4)	772-778	2012
Nishimura-Tadaki A, Inaba Y, <u>Ko</u> <u>sho T</u> (correspon ding author), Miy	Neurodevelopmental features in 2q23.1 microde letion syndrome: Report of a new patient with intractable seizures and review of literature.		158 (4)	861-868	2012
amochi A, Kamiy a K, Yoshizu A, Okamoto H	Patient with the vascular, type of Ehlers-Danlos syndrome, with a novel point-mutation in the CO L3A1 gene.	J Dermatol	40(3)	226-228	2013
ashi S, Hamasaki Y, Terui K, <u>Hat</u> amochi A	Patient with the vascular, type of Ehlers-Danlos syndrome, with a novel point-mutation in the CO L3A1 gene.	J Dermatol	40(3)	226-228	2013

TT1: C TI 1	TTX7A :	I D	(7(1)	20.25	2012
M, Kitamura Y, Hamasaki Y, <u>H</u> atamochi A	UVA irradiation following treatment with topic al 8-methoxypsoralen improves bleomycin-induced scleroderma in amouse model, by reducing the collagen content and collagen gene expression levels in the skin.		67(1)	20-25	2012
amoto N, Ohashi H, <u>Kosho T</u> , I			44(4)	376-378	2012
no S# (# denotes equal contributi on), Sakai C, Ha takeyama H, Shii	-				In press
			34 (1)	108-110	2012

		49(8)	533-538	2012
wake N, Matsu moto N, Osaka H, Iai M, Aida	Neuropathology of Leukoencephalopathy with Brainstem and Spinal Cord Involvement and High Lactate caused by a homozygous mutation of DARS2.			In press
bayashi Y, Hisan				In press
ake N, Doi H, Ogata K, Kawai M, Matsumoto N	A novel SACS mutation in a Japanese family with atypical phenotype of autosomal recessive spastic ataxia of Charlevoix-Saguenay (ARS ACS).	51	2221-2226	2012
S, Mizuguchi T, Imoto K, Doi H, Kikuchi M, Tsu rusaki T, Saitsu H, <u>Miyake N</u> , Masuda M, <u>Mats</u>	Rapid detection of gene mutations responsible for non-syndromic aorti c aneurysm and dissecti on using two different methods: resequencing microarray technology a nd next-generation sequ encing.	131	591-599	2012

ake N, Touho H, Nishimura-Ta			78	803-810	2012
noya K, Arai H, Tsurusaki Y, D oi H, <u>Miyake N</u> ,	De novo and inherited mutations in the gene e ncoding a type IV coll agen α2 chain (COL4A 2) cause porencephaly.	t	90 (1)	86-90	2012
H, Miyamoto T, Nishiyama K, T surusaki T, Doi	A family of oculofacio cardiodental syndrome (OFCD) with a novel <i>BCOR</i> mutation and ge nomic rearrangements involving <i>NHS</i> .		57(3)	197-201	2012
H, Touyama M, Makita Y, Miya moto A, Hamada	Missense mutations in the DNA-binding/dimerization domain of NFIX cause Sotos-like syndrome.		50(3)	207-211	2012
itoh S, Tomizaw a K, Sudo A, A		_			In press

	r	r		r	
H, Nishiyama K, Tsurusaki Y, D	A girl with early-onset epileptic encephalopath y associated with micro deletion involving <i>CDK L5</i> .		34(5)	364-367	2012
tsu H# (# denote		t	20 (7)	796-800	2012
M# (# denotes eq			81(4)	399-402	2012
A , Tsuyusaki Y, Wada T, Iai	Contiguous deletion of SLC6A8 and BAP31 in a patient with severe dystonia and sensorineu ral deafness.		106(1)	43-47	2012
ZR, Stražišar B G, Osredkar D, Pečarič-Meglič	Early onset West syndr ome with severe hypo myelination and colobo ma-like optic discs in a girl with SPTAN1 mut ation.	•	53(6)	e106-110	2012
M, Koide A, Go		Ann Neurol	72(2)	298-300	2012

M, Osaka H, Mo			53(8)	1441-1449	2012.
H, Segawa M, K ondo Y, Sakamot o K, <u>Matsumoto</u> N, Tsuji S, No mura Y	Diffuse central hypomy elination presenting as 4H syndrome caused by compound heterozygo us mutations in POLR3 A encoding the catalytic subunit of polymeras e III.		320(1-2)	102-105	2012
Y, Nagai S, Sa saki M, Iwasaki T, <b>Matsumoto</b>	Progressive diffuse brain atrophy in West synd rome with marked hypomyelination due to SP TAN1 gene mutation.				In press
oya K, Kato M, Osaka H, Yokoc hi K, Arai H, K akita A, Yamam oto T, Otsuki Y, Shimizu S, Wad a T, Koyama N, Mino Y, Kondo N, Takahashi S, Hirabayashi S, Takanashi J, Oku mura A, Kumaga i T, Hirai S, Na betani M, Saitoh S, Hattori F, Y amazaki A, Subo Y, Nishiyama K, Miyatake S, Tsurusaki Y, D oi H, Miyake N, Matsumoto N, Saitsu H					In press
akami A, Okamo to N, <u>Miyake N</u> , Saitsu H, * <u>Mat</u>	A De Novo Deletion at 16q24.3 Involving AN KRD11 in a Japanese Patient With KBG Syndrome.	Part A			In press

ho H, Miyake N, Ohba C, Do	Sibling cases of Moya moya disease with different <i>RNF213</i> genotypes and varying clinical course and severity.				In pres
Doi H, Wakabay ashi M, Tsurusak i Y, <u>Miyake N</u> ,					In press
Kagitani-Shimono		Part A			In press
gawa S, <u>Sugahar</u> <u>a K</u>	Human genetic disorders caused by defective ge nes encoding biosynthetic enzymes for sulfated g lycosaminoglycans.				In press
h Y, Shirasawa S, Yokoyama T, <u>Y</u> <u>ue F</u> , Tomotsune	Unique kinetics of Oct3/4 microlocalization follo wing dissociation of hu man embryonic stem cel l colonies.		195(1)	50-56	2013
sunaga T, Aikaw a K, Kamada N,	valuation of human em bryonic stem cell-derive d hepatocyte-like cells for detection of CYP1 A inducers.	Drug Metab Phar macokinet	27(6)	598-604	2012
Shirasawa S, Yo koyama T, Fujim ura Y, Takeda K, Mizuguchi M,	Establishment of novel detection system for e mbryonic stem cell-deri ved hepatocyte-like cell s based on nongenetic manipulation with indocyanine green.	C Methods	18	12-20	2012

ata N, Abo Y, S hirasawa S, Yok oyama T, Yoshie S, <u>Yue F</u> , Tom	Gene pathway analysis of the mechanism by which the Rho-associate d kinase inhibitor Y-27 632 inhibits apoptosis in isolated thawed human embryonic stem cells.		64	12-22	2012
a Y, Hayashita-Ki noh H, Ohshima- Hosoyama S, Oka da H, Wada-Maed	Long-term engraftment of multipotent mesenchym al stromal cells that differentiate to form myoge nic cells in dogs with Duchenne muscular dystrophy.		20(1)	168-177	2012
Okada T, Fukud			20(7)	1384-1392	2012.
Otsu M, Sasaki E, <u>Okada T</u> , Wat anabe S	In vitro cell subtype-spe cific transduction of ade no-associated virus in m ouse and marmoset retinal explant culture.	Biochimie	94(12)	2716-2722	2012
hi H, Hayashita-K inoh H, Chiyo T,	Robust long-term transdu ction of common marmo set neuromuscular tissue with rAAV1 and rAAV9.	Acids			In press
a Y	Direct observation of hair components involved in formation of permanent waves.				In press
awa T, Watanabe M, <u>Nomura Y</u>	Dietary Glucosylceramid e Enhances Tight Juncti on Function in Skin Epi dermis via Induction of Claudin-1.	Biochem			In press

Nishiyama T, Nomura Y, Kishimoto Y, Aizawa S, Maruyama N, Ishigami A  Ohya A, Kobayashi M, Sakai Y, Kawashi ma H, Kageya	Ascorbic acid deficiency leads to epidermal atrophy and UVB-induced skin pigmentation in SM P30/GNL knockout hair ess mice.  Lymphocyte recruit ment via high endo thelial venules in lymphoid stroma of Warthin's tumor.	Pathology	132 45(2)	2112-2115 150-154	2012
Maruyama M, Ko bayashi M, Sakai Y, Hiraoka N, O			42(1)	53-59	2013
shino H, Suzawa K, Sakai Y, <u>Nak</u> <u>ayama J</u> , Fukuda	Two distinct lymphocyte homing systems involve d in the pathogenesis of chronic inflammatory g astrointestinal diseases.	hol	34	401-413	2012
yashi M, Hoshino H, Uchimura K,	Expression of long-form N-acetylglucosamine-6-O-sulfotransferase 1 in human high endothelial venules.	chem	60	397-407	2012
a A, Goso Y, Ko	Essential role of gastric gland mucin in preventin g gastric cancer in mice.		122	923-934	2012
	結合組織疾患-Marfan症 候群とEhlers-Danlos症候 群				
	遺伝カウンセリングの ノウハウ	臨牀と研究	89(5)	635-640	2012

#### 代表的な刊行物

- 1. <u>Kosho T</u>. Discovery and delineation of dermatan 4-O-sulfotransferase-1 (D4ST1)-deficient Ehlers-Danlos syndrome. In: Current Genetics in Dermatology (Oiso N, Kawada A, eds), InTech.
- 2. <u>古庄知己</u>. 結合組織疾患-Marfan 症候群と Ehlers-Danlos 症候群. 内分泌・糖尿病・代謝内科 34(3):210-220, 2012.
- 3. <u>古庄知己</u>. Marfan 症候群, Ehlers-Danlos 症候群. 小児内科増刊号・小児疾患の診断治療基準第 4 版 (編集:『小児内科』『小児外科』編集委員会), 東京医学社 (東京) 44: 850-853, 2012.
- 4. <u>古庄知己</u>. エーラスダンロス症候群. 別冊日本臨牀・新領域別症候群シリーズ No.20・先天異常症候群第 2 版(下), 日本臨牀社, 721-726, 2012.

# Discovery and Delineation of Dermatan 4-O-Sulfotransferase-1 (D4ST1)-Deficient Ehlers-Danlos Syndrome

Tomoki Kosho

Additional information is available at the end of the chapter

http://dx.doi.org/10.5772/55026

#### 1. Introduction

The Ehlers-Danlos syndrome (EDS) is a heterogeneous group of heritable connective tissue disorders affecting as many as 1 in 5000 individuals, characterized by joint and skin laxity, and tissue fragility [1]. The fundamental mechanisms of EDS are known to consist of dominant-negative effects or haploinsufficiency of mutant procollagen  $\alpha$ -chains and deficiency of collagen-processing-enzymes [2]. In a revised nosology established in the nomenclature conference held in June 1997 at Villefranche-sur-Mer, France, Beighton et al. [3] classified EDS into six major types (Table 1): classical type (OMIM#130000), hypermobility type (OMIM#130020), vascular type (OMIM#130050), kyphoscoliosis type (OMIM#225400), arthrochalasia type (OMIM#130060), and dermatosparaxis (OMIM#225410). Additional minor variants of EDS have been identified with molecular and abnormalities: dermatan 4-O-sulfotransferase-1 (D4ST1)-deficient type/musculocontractural type (OMIM#601776), Brittle cornea syndrome (OMIM#229200), EDS-like syndrome due to tenascin-XB deficiency (OMIM#606408), EDS with progressive kyphoscoliosis, myopathy, and hearing loss (OMIM#614557); the spondylocheiro dysplastic form (OMIM#612350), cardiac valvular form (OMIM#225320), and progeroid form (OMIM#130070) [4] (Table 1). This chapter focuses on a recent breakthrough in EDS: discovery and delineation of D4ST1-deficient EDS (DD-EDS).

# 2. History of D4ST1-deficient EDS

DD-EDS, caused by loss-of-function mutations in the carbohydrate sulfotransferase 14 (*CHST14*) gene coding D4ST1, has been identified independently as a rare type of arthrogryposis syndrome, "adducted thumb-clubfoot syndrome (ATCS)" [5]; as a specific



form of EDS, "EDS, Kosho Type" (EDSKT) [6]; and as a subset of kyphoscoliosis type EDS without evidence of lysyl hydroxylase deficiency, "Musculocontractural EDS" (MCEDS) [7].

	Prevalence §	Inheritance	Causative gene(s)
Major types			
Classical type	1/20,000	AD	COL5A1, COL5A2
Hypermobility type	1/5,000-20,000	AD	TNXB <sup>#</sup>
Vascular type	1/50,000-250,000	AD	COL3A1
Kyphoscoliosis type	1/100,000	AR	PLOD
Arthrochalacia type	30	AD	COL1A1*, COL1A2*
Dermatosparaxis type	8	AR	ADAMTS-2
Other variants			
D4ST1-deficient type	26	AR	CHST14
Brittle cornea syndrome	11	AR	ZNF469
EDS-like syndrome due to tenascin-XB deficiency	10	AR	TNXB
EDS with progressive kyphoscoliosis myopathy,	7	AR	FKBP14
and hearing loss			
Spondylocheiro dysplastic form	8	AR	SLC39A13
Cardiac valvular form	4	AR	COL1A2
Progeroid form	3	AR	B4GALT7

<sup>§,</sup> a fraction number represents the prevalence such as "one affected person in 20,000 individuals" for "1/20,000" and an integral number represents the sum of previously reported patients; AD, autosomal dominant; AR, autosomal recessive; COL5A1 or COL5A2,  $\alpha 1(V)$  or  $\alpha 2(V)$  procollagen; TNXB, tenascin-X; in a small subset of cases; COL3A1, α1(III) procollagen; PLOD; lysyl hydroxylase; COL1A1 or COL1A2, α1(I) or α2(I) procollagen; \*, splice-site mutations of the genes; ADAMTS2; procollagen I N-proteinase; CHST14, carbohydrate sulfotransferase 14; ZNF469, zinc finger protein 469; FKBP14, FK506-binding protein 14; SLC39A13, a membrane-bound zinc transporter; B4GALT7; xylosylprotein 4-beta-galactosyltransferase

Table 1. Classification of Ehlers-Danlos Syndromes

#### 2.1. Adducted thumb-Clubfoot syndrome

The original report of ATCS was written by Dündar et al. [8] from Erciyes University, Turkey, presenting two cousins, a boy aged 3.5 years and a girl aged 1.5 years, from a consanguineous Turkish family. In common, they had moderate to severe psychomotor developmental delay, ocular anterior chamber abnormality, facial characteristics, generalized joint laxity, arachnodactyly, camptodactyly, and distal arthrogryposis with adducted thumbs and clubfeet. They reported another patient with ATCS, a boy aged 3 months, from a consanguineous Turkish family including three affected siblings who died of unknown etiology between the ages of 1 and 4 months [9]. The patient also had bilateral nephrolithiasis, a unilateral inguinal hernia, and bilateral cryptorchidism. The authors

suggested that two brothers, aged 22 months and 7 months, from a Japanese consanguineous family reported by Sonoda and Kouno [10] would also fit the diagnosis of ATCS. The brothers had multiple distal arthrogryposis, characteristic facial features, cleft palates, short stature, hydronephrosis, cryptorchidism, and normal intelligence. Dündar et al. [9] also showed follow-up observations of the original patients: the intelligence quotient (IQ) was roughly 90 in one subject at age 7 years and 2 months and the other died of unknown cause at 5 years of age. Janecke et al. [11] from Innsbruck Medical University, Austria, reported two brothers with ATCS from a consanguineous Austrian family, one of whom died shortly after birth because of respiratory failure. The authors concluded that all these patients represented a new type of arthrogryposis with central nervous system involvement, congenital heart defects, urogenital defects, myopathy, connective tissue involvement (generalized joint laxity), and normal or subnormal mental development. In 2009, Dündar et al. reported that CHST14 was the causal gene for ATCS through homozygosity mapping using samples from four previously published consanguineous families. The authors mentioned some follow-up clinical findings including generalized joint laxity, delayed wound healing, ecchymoses, hematomas, and osteopenia/osteoporosis; and categorized ATCS as a generalized connective tissue disorder [5].

#### 2.2. EDS, Kosho type

We encountered the first patient with a specific type of EDS in 2000 and the second with parental consanguinity in 2003. They were Japanese girls with strikingly similar symptoms: characteristic craniofacial features; skeletal features including multiple congenital contractures, malfanoid habitus, pectus excavatum, generalized joint laxity, recurrent dislocations, and progressive talipes and spinal deformity; skin hyperextensibility, bruisability, and fragility with atrophic scars; recurrent hematomas; and hypotonia with mild motor developmental delay [12]. These symptoms overlapped those in the kyphoscoliosis type EDS (previously known as EDS type VI), which is typically associated with deficiency of lysyl hydroxylase (EDS type VIA) [13]. A rare condition with the clinical phenotype of the kyphoscoliosis type EDS but with normal lysyl hydroxylase activity were reported and named as EDS type VIB [13]. Therefore, we tentatively proposed that the two patients represented a clinically recognizable subgroup of EDS type VIB [12]. Through their long-term clinical evaluation as well as four additional unrelated Japanese patients including one with parental consanguinity and another reported by Yasui et al. [14], we concluded that they-four female patients and two male patients aged 4-32 years, represented a new clinically recognized type of EDS with distinct craniofacial characteristics, multiple congenital contractures, progressive joint and skin laxity, and multisystem fragility-related manifestations [15]. The disorder has been registered as **EDS** Kosho Type the London (EDSKT) Dysmorphology (http://www.lmdatabases.com/index.html) and in POSSUM (http://www.possum.net.au/). In 2009, we identified CHST14 as causal for the disorder through homozygosity mapping using samples from two consanguineous families and all the other patients were also found to have compound heterozygous CHST14 mutations [6].

#### 2.3. Musculocontractural EDS

Malfait et al. [7] from Ghent University, Belgium have found mutations in CHST14 through homozygosity mapping of two Turkish sisters and an Indian girl both presenting clinically with EDS VIB and with parental consanguinity. They had distinct craniofacial features, joint contractures, and wrinkled palms in addition to common features of kyphoscoliosis type EDS including kyphoscoliosis, muscular hypotonia, hyperextensible, thin, and bruisable skin, atrophic scarring, joint hypermobility, and variable ocular involvement. Malfait et al. [7] concluded that their series and ATCS, as well as EDSKT, formed a phenotypic continuum based on their clinical observations and identification of an identical mutation in both conditions; and proposed to coin the disorder as "musculocontractural EDS" (MCEDS).

# 3. Pathophysiology of D4ST1-deficient EDS

#### 3.1. Glycobiological abnormalities in D4ST1-deficient EDS

D4ST1 is a regulatory enzyme in the glycosaminoglycan (GAG) biosynthesis that transfers active sulfate to position 4 of the N-acetyl-D-galactosamine residues of dermatan sulfate (DS) (Fig. 1) [16, 17]. DS, together with chondroitin sulfate (CS) and heparan sulfate, constitutes GAG chains of proteoglycans and is implicated in cardiovascular disease, tumorigenesis, infection, wound repair, and fibrosis via DS-containing proteoglycans such as decorin and biglycan [18].

Sulfotransferase activity toward dermatan in the skin fibroblasts derived from the patients was significantly decreased to 6.7% (patient 1 with a compound heterozygous mutation: P281L/Y293C) and 14.5% (patient 3 with a homozygous mutation: P281L) of each age- and sex-matched control) (Fig. 2A). Disaccharide composition analysis of CS/DS chains isolated from the skin fibroblasts showed a negligible amount of DS and a slight excess of CS (Fig. 2B). Subsequently, we focused on a major DS proteoglycan in the skin, decorin, consisting of core protein and one GAG chain and playing an important role in assembly of collagen fibrils (Nomura, 2006). No DS disaccharides were detected in the GAG chains of decorin from the patients, whereas the GAG chains of decorin from the controls were mainly composed of DS disaccharides (approximately 95%) (Fig. 2C) [6].

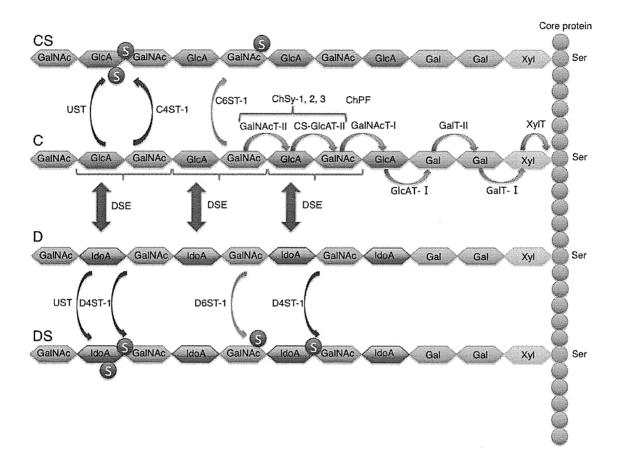
#### 3.2. Pathological abnormalities in D4ST1-deficient EDS

Hematoxylin and eosin (H&E)-stained light microscopy on patients' skin specimens showed that fine collagen fibers were present predominantly in the reticular to papillary dermis with marked reduction of normally thick collagen bundles (Fig. 3a, b). Electron microscopy showed that collagen fibrils were dispersed in the reticular dermis, compared with the regularly and tightly assembled ones observed in the control; whereas each collagen fibril was smooth and round, not varying in size and shape, similar to each fibril of the control (Fig. 3c, d) [6].

Patient	Family	Origin	CHST14 mutations	Sex	Age at initial	References
					publication	
1	1	Turkish	V49X homo	F	3.5y	[8]
2				M	1.5y	
3				F	бу	
4	2	Japanese	Y293C homo	M	4y	[10]
5				M	7m	
6	3	Austrian	R213P homo	M	0d†	[11]
7				M	12m	
8	4	Turkish	[R135G;L137Q] homo	F	1-4m†	[9]
9				M	1-4m†	
10				M	1–4m†	
11				M	3m	
12	5	Japanese	P281L/Y293C	F	11y	[12]
13	6	Japanese	P281L homo	F	14y	[12]
14	7	Japanese	P281L homo	M	32y	[15]
15	8	Japanese	K69X/P281L	M	32y	[14,15]
16	9	Japanese	P281L/C289S	F	20y	[15]
17	10	Japanese	P281L/Y293C	F	4y	[15]
18	11	Turkish	V49X homo	F	22y	[7]
19				F	21y	
20	12	Indian	E334Gfs*107 homo	F	12y	[7]
21	13	Japanese	P281L/Y293C	M	2y	[21]
22	14	Japanese	F209S/P281L	M	6у	[21]
23	15	Dutch	V48X homo	F	20y	[23]
24	16	Afghani	R274P homo	F	11y	[24]
25				F	0y	
26	17	Miccosukee	G228Lfs*13	F	16y	[25]

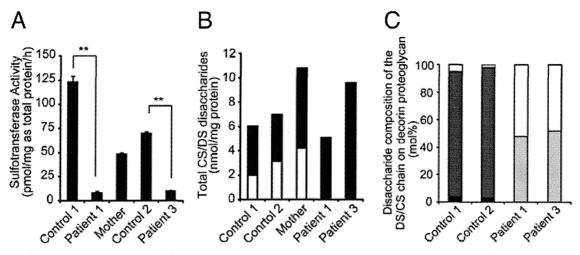
homo, homozygous mutation; /, compound heterozygous mutation; F, female; M, male; y, years old; m, months old; †, dead at the time of publication

Table 2. Reported patients with D4ST1-deficient EDS



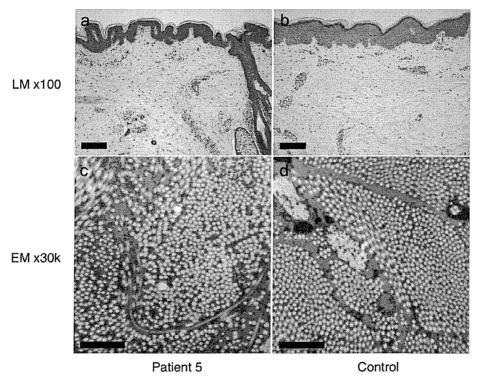
Biosynthesis of chondroitin sulfate (CS) and dermatan sulfate (DS) starts with binding a tetrasaccharide linker region, glucuronic acidβ1-3galactoseβ1-3galactoseβ1-4xyloseβ1-O- (GlcA-Gal-Gal-Xyl-), onto serine (Ser) residues of specific core proteins of proteoglycans, by  $\beta$ -xylosyltransferase (XylT),  $\beta$ 1,4-galactosyltransferase-I (GalT-I),  $\beta$ 1,3galactosyltransferase-II (GalT-II), and β1,3-glucuronosyltransferase-I (GlcAT-I), respectively. Subsequently, a disaccharide chain of chondroitin (C[N-acetyl-D-galactosamine(GalNAc)-GlcA]n is synthesized by N-acetyl-Dgalactosaminyltransferase-I (GalNAcT-I), N-acetyl-D-galactosaminyltransferase-II (GalNAcT-II), and CSglucuronyltransferase-II (CS-GlcAT-II) encoded by chondroitin synthase-1, 2, 3 (ChSy-1, 2, 3); and chondroitin polymerizing factor (ChPF). CS chains are matured through sulfation by chondroitin 4-O-sulfotransferase-1 (C4ST-1), chondroitin 6-O-sulfotransferase-1 (C6ST-1), and uronyl 2-O- sulfotransferase (UST). A disaccharide chain of dermatan (D) is synthesized through epimerization of a carboxyl group at C5 from GlcA to L-iduronic acid (IdoA) by dermatan sulfate epimease (DSE). DS chains are matured through sulfation by dermatan 4-O-sulfotransferase-1 (D4ST-1), dermatan 6-O-sulfotransferase-1 (D6ST-1), and UST. D4ST-1 deficiency, resulting in impaired 4-O-sulfation lock, probably allows back epimerization from IdoA to GlcA and finally leads to loss of DS and excess of CS.

Figure 1. Biosynthesis of dermatan sulfate and chondroitin sulfate.



A. Sulfotransferase activity of skin fibroblasts: A patient (a compound heterozygous mutation, P281L/Y293C; patient 1), her heterozygous mother, and her age-matched control (control 1); another patient (a homozygous mutation, P281L; patient 3) and his age-matched control (control 2). B. The total amounts of CS and DS derived from skin fibroblasts. The total disaccharide contents of CS and DS are shown in a black box and a white box, respectively. C. Proportion of the disaccharide units in the CS/DS hybrid chains in decorin secreted by the fibroblasts. A white box and a light gray box indicate GlcUA-GalNAc (4S) and GlcUA-GalNAc (6S), respectively, both composing CS. A dark gray box and a black box indicate IdoUA-GalNAc(4S) and IdoUA-GalNAc (6S), respectively, both composing DS.

Figure 2. Glycobiological studies [6].



H&E-stained light microscopy (LM) on skin specimens of a patient (a compound heterozygous mutation, P281L/C289S; patient 5) (a) and an age- and sex-matched control (b). Scale bars indicate 500 μm. Electron microscopy (EM) of the patient (c) and the control (d). Scale bars indicate 1  $\mu$ m.

Figure 3. Pathological studies [6].