

Expression of Toll-Like Receptor 9 in Verruca Vulgaris

Thesis

Submitted for Fulfillment of M.Sc. Degree in Dermatology and
Venereology.

By

Osama Rashad Rabah Abo-Shahada
(M.B. B.C.H.)

Supervised by

Prof. Dr. Randa Youssef
Professor of Dermatology
Faculty of Medicine
Cairo University

Prof. Dr. Olfat Shaker
Professor of Biochemistry
Faculty of Medicine
Cairo University

Dr. Doaa Mahgoub
Assistant Professor of Dermatology
Faculty of Medicine
Cairo University

Faculty of Medicine
Cairo University
2010

ACKNOWLEDGEMENT

I would like to start by thanking Prof. Dr. Randa Youssef for her fatherly guidance and sincere support.

I would also like to thank Prof. Dr. Olfat Shaker for the large effort that she put in this study.

Also I would like to thank Asst. Prof. Dr. Doaa Mahgoub for tolerating my mistakes and taking the time and effort to correct them.

I owe special thanks to Dr. Heba Mashaly for her great help, supporting in collecting patients, monitoring treatment and supervising the clinical part of the work.

Many thanks to the residents of the dermatology department, faculty of medicine, Cairo University for helping me with the cases and an apology for burdening them with the work.

Special thanks to my dear friend Dr. Hani Shahata for full help and support.

Last but not least I would like to thank my great father, my brothers and my dear wife for support and understanding.

Abstract

Recent studies indicate that several Toll-like receptors (TLRs) are implicated in recognizing viral structures and instigating immune responses against viral infections. Warts are benign proliferations of skin and mucosa caused by the human papillomavirus (HPV). The effect of cryotherapy on wart clearance may be through necrotic destruction of HPV-infected keratinocytes or by inducing local inflammation that triggers an effective cell-mediated response. The aim of this study is to detect the expression of TLR 9 in verruca vulgaris & the possible changes that may occur in TLR 9 expression in adjacent warts after treating one of them. Polymerase chain reaction (PCR) and In-situ PCR of skin samples were performed to determine the expression and localization of mRNA of TLR 9. In normal human skin, the level of TLR9 was low. In verruca vulgaris lesions, the level of TLR9 was very high. After cryotherapy it was but not reach to normal skin level. Likewise, In-situ PCR indicated that keratinocytes of epidermis in NS little expressed TLR9, whereas TLR9 was strongly expressed on the epidermis and dermis of VV lesions. In addition, the mRNA of TLR9 was moderate expression in the VV after cryotherapy. Our results indicated that TLR9 may have an important role in cutaneous innate immune responses to cutaneous human papillomavirus infections and the using of cryocautery in treatment of warts may enhance the immune response against the viral infection.

Keywords:

Toll-like receptors; TLR9; Verruca Vulgaris; Cryotherapy.

TABLE OF CONTENTS

Page	Title
III	List of abbreviations
VI	List of tables
VI	List of figures
2	Introduction
6	Chapter 1 – Warts
32	Chapter 2 – Toll-like receptors
52	Chapter 3 – Toll-like receptor 9
61	Patients and methods
70	Results
80	Discussion
85	Conclusion and Recommendation
87	Summary
92	References

LIST OF ABBREVIATIONS

ALA	Aminolevulenic acid
APCs	Antigen presenting cells
CD	Cluster of differentiation
CMV	Cytomegalovirus
CO ₂	Carbon dioxide
CpG	Cytosinephosphatidyl- Guanosine
CpG-ODNs	CpG-containing oligodeoxynucleotides
DNA	Deoxyribonucleic acid
DNCB	Dinitrochlorobenzene
DPCP	Diphenylcyclopropenone
ds-DNA	Double stranded deoxyribonucleic acid
Er:YAG	Erbium Yttrium- Aluminum- Garnet
HIV	Human immunodeficiency virus
HLA	Human leukocyte antigen system
HMGB	High mobility group box 1 protein
HPV	Human papillomavirus
HSPs	Heat shock proteins
HSV	Herpes simplex virus
IFNs	Interferons
IFN- γ	Interferon gamma
IKK	Inhibitor kappa B (I κ B) kinase
IL	Interleukin
IL-1Rs	Interleukin-1 receptors
IRAK	Interleukin-1 receptor associated kinase

IRF	Interferon regulatory factor
I κ B	Inhibitor kabba B
LAM	lipoarabinomanna
LCs	Langerhans cells
LLRs	Leucine-rich repeats
LNCaP	Androgen-sensitive human prostate adenocarcinoma cells derived from the left supraclavicular lymph node metastasis from a 50-year-old caucasian male
LPS	Lipopolysaccharide
MBL	Mannose-binding lectin
MHC	Major histocompatibility complex
mRNA	Messenger RNA
MyD88	Myeloid differentiation factor 88
NF- κ B	Nuclear factor- kappa B
NOD	Oligomerization domain
Opn	Osteopontin
PAMPs	Pathogen-associated molecular patterns
PBMC	Peripheral blood mononuclear cell
PCR	Polymerase chain reaction
pDCs	Plasmacytoid dendritic cells
PHA	Phyto-haemagglutinin
PPD	Purified protein derivative
PRRs	Pattern-recognition receptors
RNA	Ribonucleic acid
SADBE	Squaric acid dibutyl este
SARM	Sterile alpha and HEAT/Armadillo motif
SLE	Systemic Lupus erythematosus

ssRNA	Single strand Ribonucleic acid
TAK1	Transforming growth factor- β associated kinase 1
TBK	Tank binding kinase
TDLN	Tumor draining lymph nodes
TGF- α	Transforming growth factor alfa
TGF- β	Transforming growth factor beta
TIR	Toll/ interleukin-1 receptors (IL-1R)
TIRAP	TIR domain-containing adaptor protein
TLR	Toll-like receptor
TNF	Tumor necrosis factor
TNF- α	Tumor necrosis factor alfa
TRAF	Tumor necrosis factor receptor associated factor
TRAM	TRIF-related adaptor molecule
TRIF	TIR-containing adaptor inducing interferon regulatory factor b
VLP	Virus like particles

LIST OF TABLES

Number	Page	Title
1	13	Different Types of HPV and Their Clinical Manifestations
2	42	Summary of TLRs Ligands
3	47	TLRs expression in many different cell types in the skin
4	48	Toll-like receptors (TLRs) in dermatologic disease
5	50	Clinical Trials of TLR Drugs
6	70	Sex distribution
7	70	Age and duration of lesions
8	71	The number of lesions in the patients
9	71	Previous treatments
10	72	Results for patients
11	72	Results for controls
12	73	Mean, standard deviation, minimum, maximum and median of TLR9 in all patients and controls
13	74	Mean, standard deviation, minimum, maximum and median of TLR9 in patients before and after cryocautery
14	75	Analysis of TLR9 in patients and controls
15	75	Analysis of TLR9 before and after cryocautery
16	75	Analysis of TLR9 in patients and controls
17	78	Correlation between TLR9 and duration of disease, age of patients and number of lesions

LIST OF FIGURES

Number	Page	Title
1	7	Genetic organization of papillomaviruses
2	9	HPV life cycle
3	14	Common warts
4	17	Histopathology of common warts
5	36	TLRs structure
6	43	Mammalian Toll-like receptors and their ligands
7	46	Signaling pathways for the different TLRs
8	57	Spatiotemporal signaling of TLR9
9	63	Instruments used for skin biopsy
10	63	The punches
11	65	Cryogun
12	73	TLR9 levels in patients and in controls
13	74	TLR9 levels before and after cryocautery

Introduction

INTRODUCTION

Warts are benign proliferations of skin and mucosa caused by the human papillomavirus (HPV). Currently, more than one hundred types of HPVs have been identified. Certain HPV types tend to occur at particular anatomical sites; however, warts of any HPV type may occur at any site (*Rivera and Tyring, 2004*). They may exist in different forms; common warts (verruca vulgaris), plane or flat warts (verruca plana), genital warts (condyloma acuminata), and plantar warts (verruca plantaris) (*Lipke, 2006*).

Treating warts is a therapeutic challenge for most physicians. No single therapy has been effective in achieving complete remission in every patient. (*Sterling, et al., 2001*).

Common and plantar warts may regress spontaneously from one to two years. Therapeutic options include cryotherapy with liquid nitrogen, electrosurgery, laser ablation, intralesional bleomycin, salicylic acid, cimitidine, interferone, imiquimod, or sensitization with a compound such as a candida antigen. Topical irritants like tretinoin may be effective in flat warts. Anogenital warts need to be followed carefully due to the risk of squamous cell carcinomatous changes (*Kodner and Nasraty, 2004*).

Cryotherapy is available for the treatment of verruca vulgaris in primary care and dermatology offices. It is considered a second-line therapy (*Leman and Benton, 2000*). The effect on wart clearance may be through necrotic destruction of HPV-infected keratinocytes or by inducing local inflammation that triggers an effective cell-mediated response (*Stulberg and Hutchinson, 2003*).

Toll-like receptors (TLRs) are mammalian homologues of Toll, which was originally identified in *Drosophila* (*Rocket et al., 1998*).

Toll-like receptors (TLRs) represent a family of type I transmembrane proteins that are characterized by an extracellular leucine-rich repeat domain and a cytoplasmic domain similar to interleukin (IL)-1 receptor (*Belvin & Anderson 1996*). TLRs mediate an innate immune response by directly recognizing pathogen-associated molecular patterns (PAMPs) that are common among a large group of pathogens like, bacterial cell-wall components (such as lipopolysaccharide (LPS), peptidoglycan (PGN), and lipoteichoic acid), fungal cell wall (zymosan), viral double-stranded RNA molecules, and unmethylated CpG DNA (*Aderem & Ulevitch 2000 ; Akira et al., 2001*). Toll-like receptors (TLRs) have been shown to be a major class of PRRs because they can respond to different PAMPs (*Medzhitov and Janeway, 2000 & Medzhitov, 2001*).

In mammals, at least, 13 identified TLRs (*Roach et al., 2005*) with distinct specificities to recognize highly conserved structural motifs of microbial pathogens as well as several host-derived molecules been identified (*Akira and Takeda, 2004*). There are at least 10 TLRs in humans and 13 in mice. Both humans and mice have TLRs 1–9. TLR10 is only found in humans, whereas TLR11 is only found in mice (*West et al., 2006*).

TLR9 can be activated by unmethylated CpG DNA derived from bacterial and viral genomes (*Lund et al., 2003*).

Verruca vulgaris skin lesions expressed TLR3 and 9 in addition to IFN- β and TNF- α . These viral-induced proinflammatory cytokines may play a pivotal role in cutaneous innate immune responses. (*ku et al., 2008*).

▪ **Aim of the work:**

The aim of the work is to detect the expression of TLR 9 in verruca vulgaris & the possible changes that may occur in TLR 9 expression in adjacent warts after treating one of them by cryotherapy.

Review of literature

Chapter 1: Warts

CHAPTER 1: WARTS

HISTORY

Cutaneous warts were known to the ancient Greeks and Romans in the first century. Genital warts were believed to be a form of syphilis or gonorrhoea until the twentieth century. In 1907, the viral nature of warts was established by Ciuffo. The viral particle was observed in 1949, using an electron microscope. Eighty three types have been isolated in 1976, but then more than one hundred and thirty types of human papillomaviruses (HPVs) have been identified based on polymerase chain reaction (PCR) (*Nebesio et al., 2001*).

Papillomaviruses were derived from the Latin word in which the Greek prefix "papilla" means nipple or pustule while the Greek suffix "oma" means tumor (*Lyell, 1966*).

Human papillomaviruses, which represent the causative virus of warts, are members of the Papovaviridae family (*Zheng and Baker, 2006*).

PATHOGENESIS

- **VIROLOGY**

Human papillomavirus is a double stranded (ds) deoxyribonucleic acid (DNA) virus which is fifty five nanometer in diameter. Its capsid lacks an envelope, making HPVs very stable, infectious for years, and resistant to many therapeutic agents. The HPVs ds-DNA genome is composed of eight thousands nucleotide base pairs, which encode eight gene proteins: six are early and known as (E) genes and