

Visual and Auditory Abnormalities in Patients with Vitiligo Vulgaris: A Case Control Study

Thesis

Submitted For Partial Fulfillment of Master Degree in
Dermatology

By

Rana Mamdouh Abd Elwahed

M.B.B.ch

Supervised by

Prof. Dr. Wedad Zoheir Mostafa

Professor of Dermatology

Faculty of Medicine, Cairo University

Dr. Marwa Fathy Hussien Ali

Lecturer of Dermatology

Faculty of Medicine, Cairo University

Dr. Amira Ahmed Aly Labib

Lecturer of Neurophysiology

Faculty of Medicine, Cairo University

Faculty of Medicine

Cairo University

2014

Acknowledgement

*First and for most, I am always indebted to **GOD**, the source of all human's knowledge.*

*I would like to express my deepest gratitude to **Prof. Dr. Wedad Zoheir Mostafa**, Prof of Dermatology, Faculty of Medicine, Cairo University, for her masterful teaching, continuous support, enthusiastic encouragement and correction. It was great honor as a master student to work under her supervision and learn from her how to make a research. To me, she is so more than a professor, she is an idol.*

*I am deeply indebted to **Dr. Marwa Fathy Hussien**, Lecturer of Dermatology, Faculty of Medicine, Cairo University. Her meticulous and continuous supervision was of great help for me throughout this work.*

*I would like to thank **Dr. Amira Ahmed Aly Labib**, Lecturer of clinical neurophysiology, Cairo University, her support and valuable advice will always be appreciated.*

*I feel deeply thankful to **Dr. Dina Abdel Monem**, lecturer of Ophthalmology, Cairo University and **Dr. Aliaa Aly Mostafa**, assistant lecture of Audiology, Cairo University for their valuable and precious help.*

*I would like to thank **Dr. Dalia Ibrahim**, Associate professor of public health, Cairo university for her support and precious help.*

I would like to thank all the staff members and colleagues at the department of Dermatology, for their sincerity, keenness and for setting an excellent example by just being who they are.

I would like to thank my patients for this research work and for their patience and cooperation.

Rana Mamdouh,

2014

ABSTRACT

Background: Melanocytes, the key cells in vitiligo are of neuro-ectodermal origin and exist in several organs (e.g. liver, spleen, lung, heart and brain) besides the skin. Their dysfunction in the skin occurs in vitiligo and there is controversial evidence of involvement of other sites.

Objective: The aim of the present work was to investigate the structure and/ or function of two of the organ systems containing melanocytes, the eyes and ears, to detect any impairment in non-segmental-vitiligo patients.

Patients and Methods: Sixty consecutive patients with non-segmental vitiligo fulfilling the inclusion criteria and twenty controls were the subjects of the present study. Clinical examination and VASI scoring were carried out on patients. For all subjects the following was done: 1. Fundus and slit lamp examination and electroretinogram were performed. 2. Visual evoked potentials were measured. 3. Audiometric measurements were also performed.

Results: The patient group was divided into those with less than 50% body surface involvement; group A (36 patients) and those with more than 50% body surface involvement group B (24 patients). Skin types of patients were III 25 pts, IV 28 pts and V 7 pts. All investigations pertaining to involvement of pigment cells in the eyes were negative invariably in all patients and controls. Auditory disturbances as evaluated by audiotometry revealed non significant involvement bilaterally in seven patients and unilateral in one (15 ears) with no statistical significant difference between group A and B, and was normal in controls.

These patients were asymptomatic. The degree of hearing loss did not correlate to the extent of vitiligo or to the presence or absence of vitiligo on the face. There was a positive correlation with the disease duration.

Although there was a statistical significant difference between groups A and B regarding disease duration and VASI score, but this difference had no impact on the hearing loss, where no significant difference between the different groups was shown.

Conclusion: Based on the present research, in a non segmental vitiligo patient population of higher skin types of various extent and both sexes, impairment of pigment cells in the visual apparatus could not be detected. On the other hand,

auditory abnormalities are detected through audiometry in 13.3 %, without statistical significance. It is therefore of importance to guard against further otological damage by avoidance of high noise jobs and drugs with risk of ototoxicity in these patients.

Key words:

Audiometry, Vitiligo, VEPs, ERG.

LIST OF ABBREVIATIONS

AC	: Adenylate cyclase
ACTH	: Adrenocorticotrophic hormone
AGRP	: Agouti related protein
ANOVA	: Analysis of variants
Arg160Trp (C478T)	: Arginine 160 Tryptophan (Cysteine478Threonine)
Arg163Gln (G488A)	: Arginine 163 Glutamine (Glycine 488Alanine)
ASIP	: Agouti signaling protein
Asp	: Aspartate
ATP	: Adenosine triphosphate
BAEPs	: Brainstem auditory evoked potentials
BB-UVB	: Broadband-UVB
β end	: β Endorphin
bFGF	: Basic fibroblastic growth factor
β LPH	: β Lipotropic hormone
cAMP	: Cyclic adenosine monophosphate
CD	: Cluster of differentiation
CL	: Cardiolipin
CLA	: Cutaneous lymphocyte association antigen
CLIP	: Corticotrophin like intermediate lobe
CRH	: Corticotrophin releasing hormone
Ct	: Cycle threshold
CTLA4	: Cytotoxic T lymphocyte antigen 4
DAG	: Diacyl glycerol
Db	: Decibels
DC	: Dendritic cell
DNA	: Deoxyribo nucleic acid
dNTPs	: Deoxynucleotide triphosphate
DPOAEs	: Distortion product otoacoustic emission
DQ	: Dopauinone
ERG	: Electroretinogram
ET-1	: Endothelin-1
GM-CSF	: Granulocyte monocyte colony stimulating factor

GPCRs	: G protein coupled receptors
Gs	: G proteins
GTC	: Guanidine thiocyanate
GTP	: Guanosine 5 triphosphate
H2O2	: Hydrogen peroxide
HLA	: Human leucocytic antigen
HPA	: Hypothalamic-pituitary-adrenal axis
HPRI	: Human Placental Ribonuclease Inhibitor
ICAM-1	: Intercellular adhesion molecule 1
IFN- γ	: Interferon gamma
Ig	: Immunoglobulins
IL	: Interleukin
IP3	: Inositol triphosphate
IQR	: Interquartile range
K	: Lysine
KUVA	: Khellin plus UVA
LASER	: Light amplification by stimulated emission of radiation
LCs	: Langerhans cells
L-Tyr	: L tyrosine
MCs	: Melanocytes
MC-Rs	: Melanocortin receptors
MHC	: Major histocompatibility complex
MMLV	: Moloney murine leukemia virus
mRNA	: Messenger Ribonucleic acid
MSH	: Melanocyte stimulating hormone
NALP1	: NACHT, LRR and PYD domains-containing protein 1
NB-UVB	: Narrow band-UVB
NGF	: Nerve growth factor
NK	: Natural killer cell
NSV	: Non-segmental vitiligo
NT	: N terminal
PACE4	: Paired basic amino acid residue cleaving enzyme 4
PCR	: Polymerase Chain Reaction
PCs	: Prohormone convertases
PKC	: Protein kinase C
POMC	: Proopiomelanocortin

PTA	: Pure tone audiometry
PTPN22	: Protein tyrosine phosphatase, non-receptor type 22
PUVA	: Psoralens plus UVA
qPCR	: Quantitative real time polymerase chain reaction
R	: Arginine
RNase	: Ribonuclease
ROS	: Reactive oxygen species
RQ	: Relative Quantification
SD	: Standard deviation
SV	: Segmental vitiligo
Tase	: tyrosinase
TGF-β	: Transforming growth factor beta
Th	: T helper
TNF-α	: Tumor necrosis factor alpha
T Regs	: T regulatory cells
TRP	: Tyrosinase related protein
UV	: Ultra violet
UVR	: Ultraviolet radiation
VASI	: Vitiligo Area and Severity Index
VEPs	: Visual evoked potentials
6BH4	: (6R)-L-erythro-5,6,7,8,-tetrahydrobiopterin



List of Figures

<i>Figure No.</i>	<i>Title</i>	<i>Page No.</i>
1.	Origin of melanocytes from the neural crest	5
2.	Melanocyte morphology	7
3.	Melanocyte role and representation of the different signaling pathways regulating melanogenesis: activation factors, receptors, second messengers, and melanogenic enzymes	10
4.	Stages of melanosome maturation	13
5.	The phototherapy vitiligo patient's sheet	39
6.	VASI score sheet	40
7.	Sites of electrodes application on the skull for visual evoked potential	42
8.	Sex distribution in group A, group B and group C	46
9.	Electroretinogram report	54
10.	Visual evoked potentials report	55

List of Tables

<i>Table No.</i>	<i>Title</i>	<i>Page No.</i>
1.	Data of patients in group A (vitiligo less than 50%)	47
2.	Data of patients in group B (vitiligo \geq 50%)	48
3.	Data of patients in group C (controls)	49
4.	Comparison of age, sex and residence between the study groups	50
5.	Comparison between group A and group B regarding precipitating factors, onset, course, duration and VASI score	51
6.	Hearing affection in the study groups	52
7.	Distribution of hearing frequencies affected in vitiligo patients	53
8.	Features of the sensorineural hypoacusis in patients with vitiligo	61
9.	Ocular abnormalities in vitiligo patients	63

LIST OF CONTENTS

	Page
Acknowledgment	ii
Abstract	iv
List of abbreviations	vi
List of figures	ix
List of tables	x
Introduction and Aim of the work	1
Review of literature	
 Chapter 1: Melanocytes	5
 Chapter 2: Vitiligo	25
Patients and Methods	37
Results	45
Discussion	56
Conclusion and Recommendations	64
Summary	65
References	68
Arabic summary	

INTRODUCTION

Vitiligo is an acquired, progressive, multifactorial, depigmenting disorder characterized by the appearance of circumscribed white macules or patches in the skin and/or mucous membranes due to progressive loss of functional melanocytes in the epidermis (*Guerra et al., 2010*). It affects 1–2% of the population worldwide, with no predilection for gender or race, and usually starts in childhood or young adulthood (*Kakourou, 2009*).

Embryonically, human melanocytes develop from the neural crest, later become distributed in the epidermis, hair bulbs of the skin, the uveal tract, the retinal pigment epithelium, the inner ear, and the leptomeninges, which are collectively regarded as melanocyte organs (*Goldgeier et al., 1984*).

Retinal, iris and ciliary pigment epithelial cells are derived from the neural ectoderm, more specifically from the extremity of the embryonic optical cup, which is also the origin of the retina. In contrast, the pigment-generating cells in the choroid and in the stroma of the iris and ciliary body, uveal melanocytes, are developed from the neural crest, the same origin as the melanocytes in skin and hair (*Hu et al., 2008*).

Although the color of the iris do not change in patients with even extensive vitiligo, depigmented areas in the pigment epithelium and choroid occur in up to 40% of patients (*Albert et al., 1983*). Moreover, the incidence of uveitis in patients with vitiligo is elevated, and the

incidence of vitiligo in patients with uveitis is also higher than expected (*Wagoner et al., 1983*).

The visual evoked potentials (VEPs) represent electrical activity of large populations of neurons in the visual cortex. They test the function of the visual pathway from the retina to the occipital cortex and measure the conduction of the visual pathways from the optic nerve, optic chiasm, and optic radiations to the occipital cortex and its excitability (*Odom et al., 2004*).

Electroretinogram (ERG) is a mass potential, which reflects the summed electrical activity of the retina (*Marmor et al., 2009*). ERG provides an objective, quantitative measure of retinal function and allows the clinician to monitor the function of rod cells, cone cells, and ganglion cells in each eye. It uses electrodes placed on the cornea or adjacent to the orbit to monitor changes in the electrical potential of the eye in response to specific stimuli. Careful manipulation of the stimulus and testing conditions allows the clinician to investigate different cell types and layers of the retina (*Burns and Baylor, 2001*).

The presence of otic melanocytes was first described by Alphonse Corti in 1831 (*Angrisani et al., 2009*). These cells are primarily located throughout the stria vascularis and modiolus of the cochlea, but they also exist in the vestibular organs (*Nordlund et al., 2006*). Melanocytes may have an important role in the inner ear as hearing is affected in systemic disorders that affect pigmented areas such as Vogt-Koyanagi and Waardenberg Syndromes (*Angrisani et al., 2009*). The presence of abnormalities in melanocytes is not limited to the peripheral

auditory system but also have been found in the brain stem in patients with pigment disorders (*Ardie et al., 1998*).

Pure-tone audiometry is the main test for the diagnosis of hearing loss. It can be achieved by using either air conduction (with headphones or loudspeakers) or bone conduction (by placing a vibrator on the mastoid bone behind the ear) (*Paquiera, Koehla and Jantzemb, 2012*).

AIM OF THE WORK

The aim of the present work was to investigate the structure and/ or function of two of the organ systems containing melanocytes, the eyes and ears, to detect any impairment in non-segmental-vitiligo patients.