

**COST Initiative Occupational Skin Diseases (OSD)  
StanDerm Seminar  
Etiology and Prevention of Occupational Contact  
Dermatitis: New Challenges**



# Skin barrier and inflammation

Stefan F. Martin, PhD



EADV - EUROPREVENTION  
CAMPAIGN: HEALTHY SKIN @ WORK



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# Skin barrier

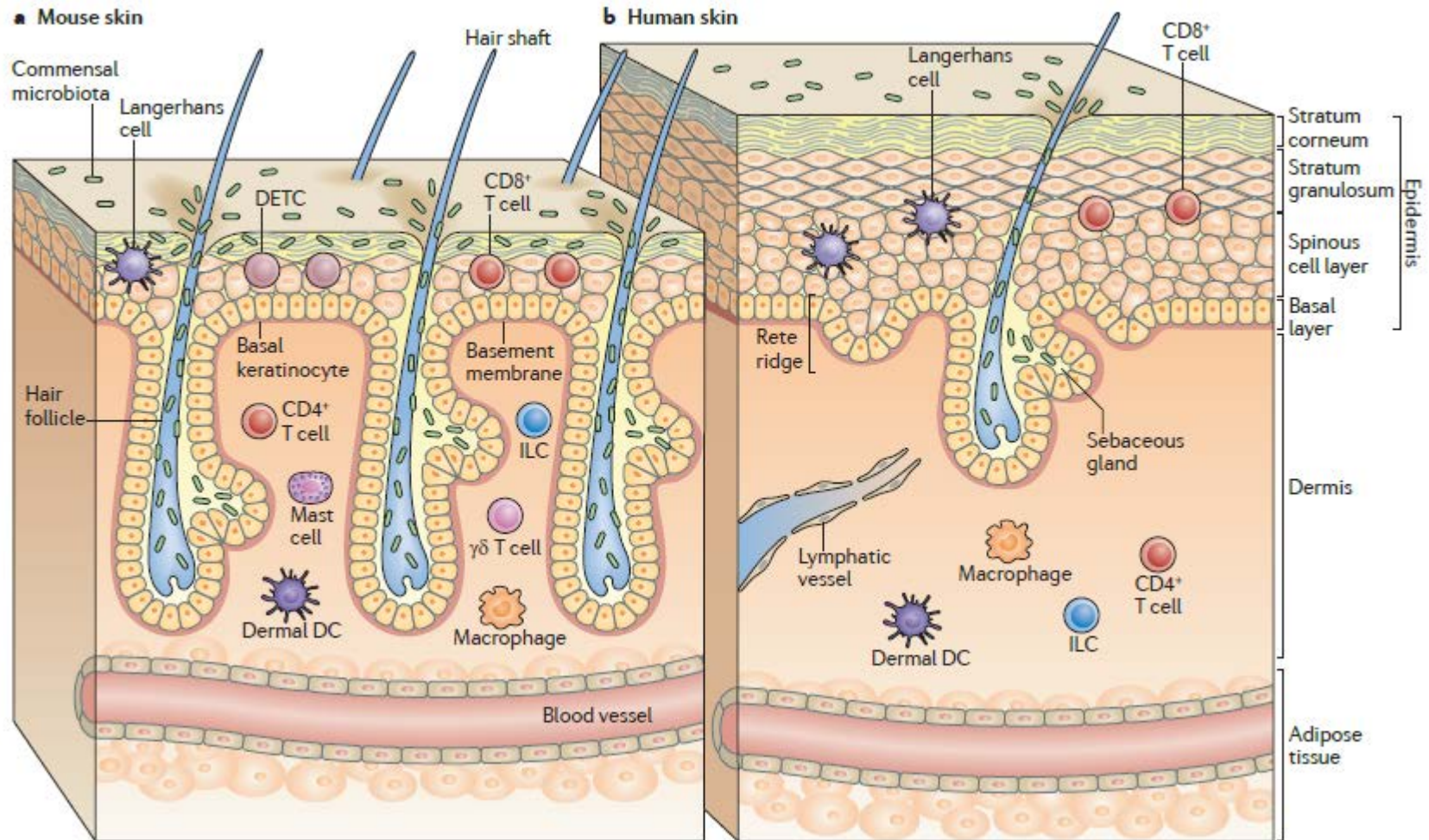
- Mechanical barrier (Stratum corneum, tight junctions...)
- Biochemical/metabolic barrier (redox systems, detoxification systems)
- Immunological barrier (commensal flora (skin microbiota), antimicrobial peptides, structural cells, immune cells, extracellular matrix (ECM))

⇒ **Skin as a strong multifunctional barrier**

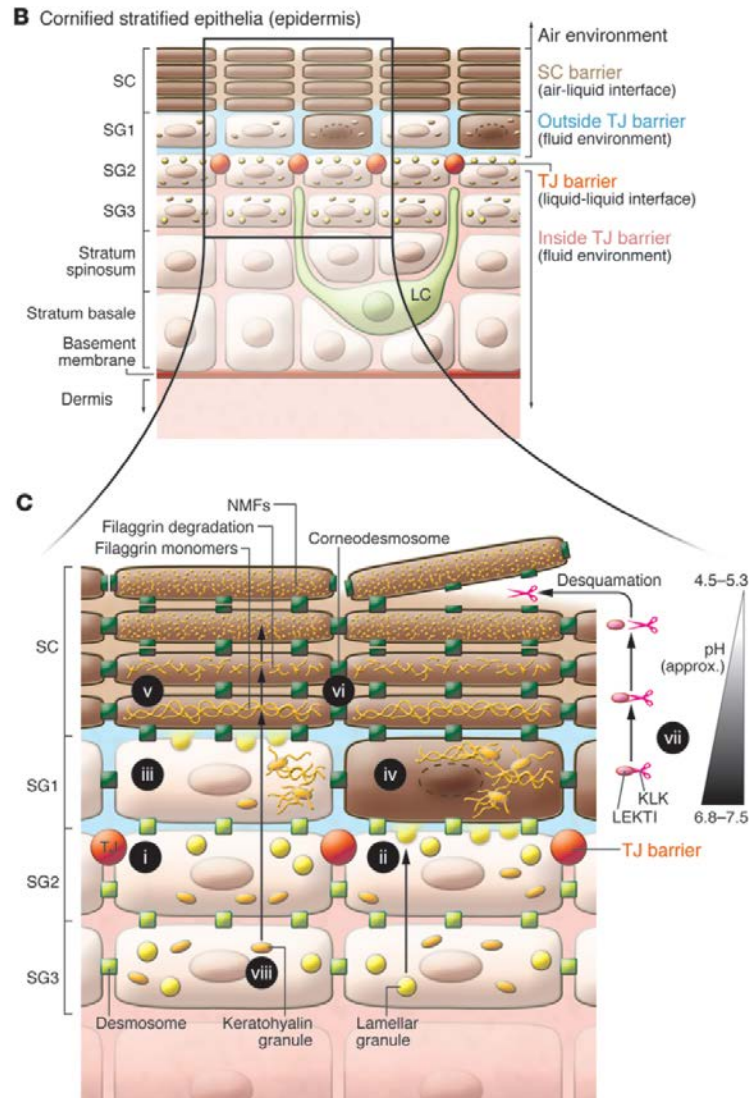
⇒ **Penetration, avoidance of detoxification and overcoming the immunological barrier in immunity and disease**



# Structure and cellular components of skin in mice and humans



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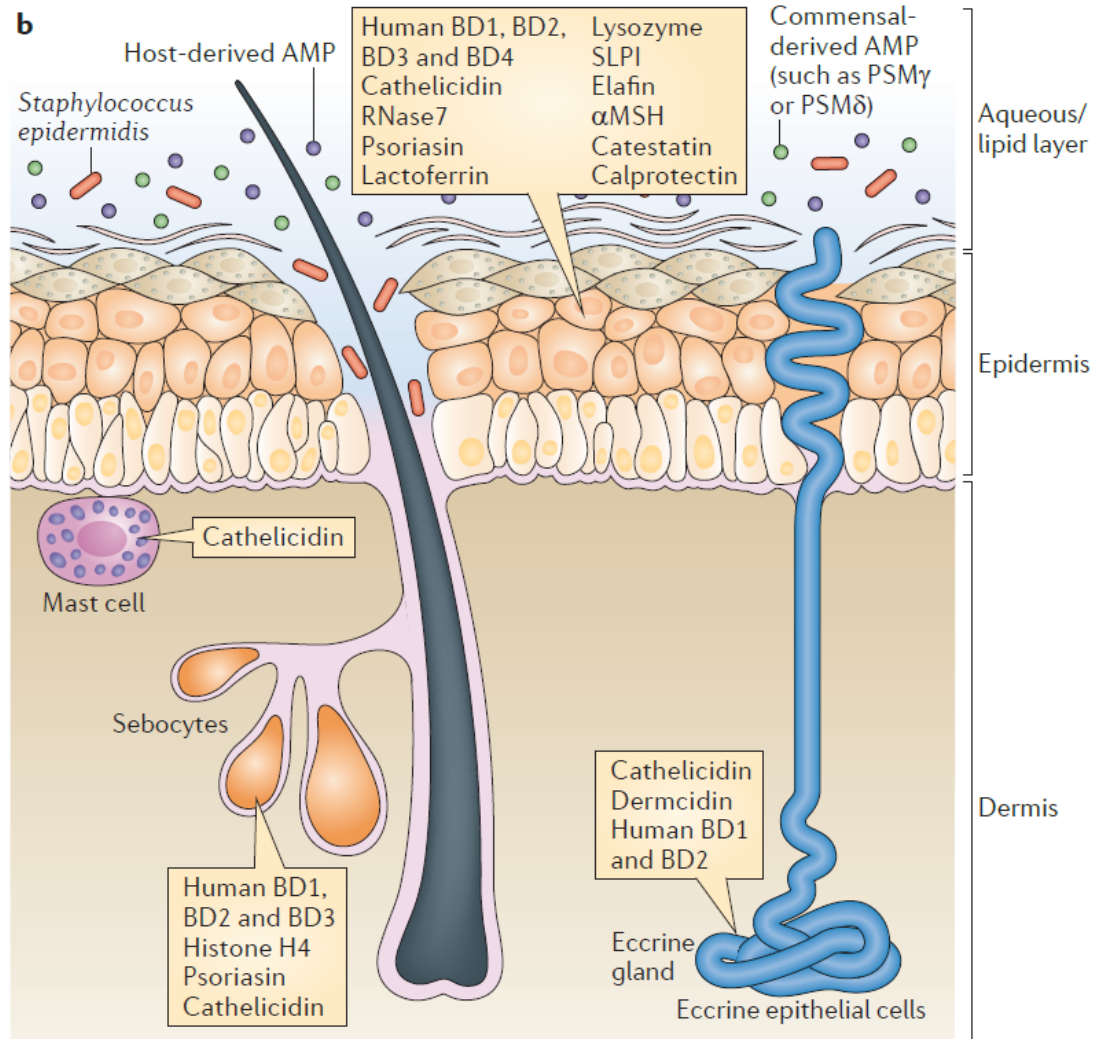
**Table 1**

Skin barrier–related genes associated with AD/AD-like dermatitis

Gene symbol	Gene name	Functions	Representative refs. <sup>A</sup>
Filaggrin system			
<i>FLG</i>	Filaggrin	Major constituent of keratohyalin granules; bundling keratin filament to form keratin pattern; degradation products are reported to have skin-moisturizing activity	62, 69
Desquamation			
<i>SPINK5</i>	Serine peptidase inhibitor, Kazal type 5	pH-dependent inhibition of KLK5 and KLK7	86
<i>KLK7</i> <sup>B</sup>	Kallikrein-related peptidase 7	Digestion of corneodesmosin	96
<i>CDSN</i>	Corneodesmosin	Structural protein of corneodesmosomes	97 <sup>C</sup>
Others			
<i>CSTA</i>	Cystatin A	Cysteine protease inhibitor of house dust mite protease	125
<i>CLDN1</i> <sup>D</sup>	Claudin 1	Integral transmembrane protein of TJs	109

<sup>A</sup>For more detailed data on gene variants, see ref. 75. <sup>B</sup>The association with AD is still controversial (126). <sup>C</sup>Only reported as responsible for peeling skin syndrome type B. <sup>D</sup>No atopic disease has been reported to complicate in patients with NISCH, who totally lack claudin 1 protein (107, 108).

# The epithelial barrier of the skin and antimicrobial peptides (AMP)



# Potential modes of ECM activation of immune cells

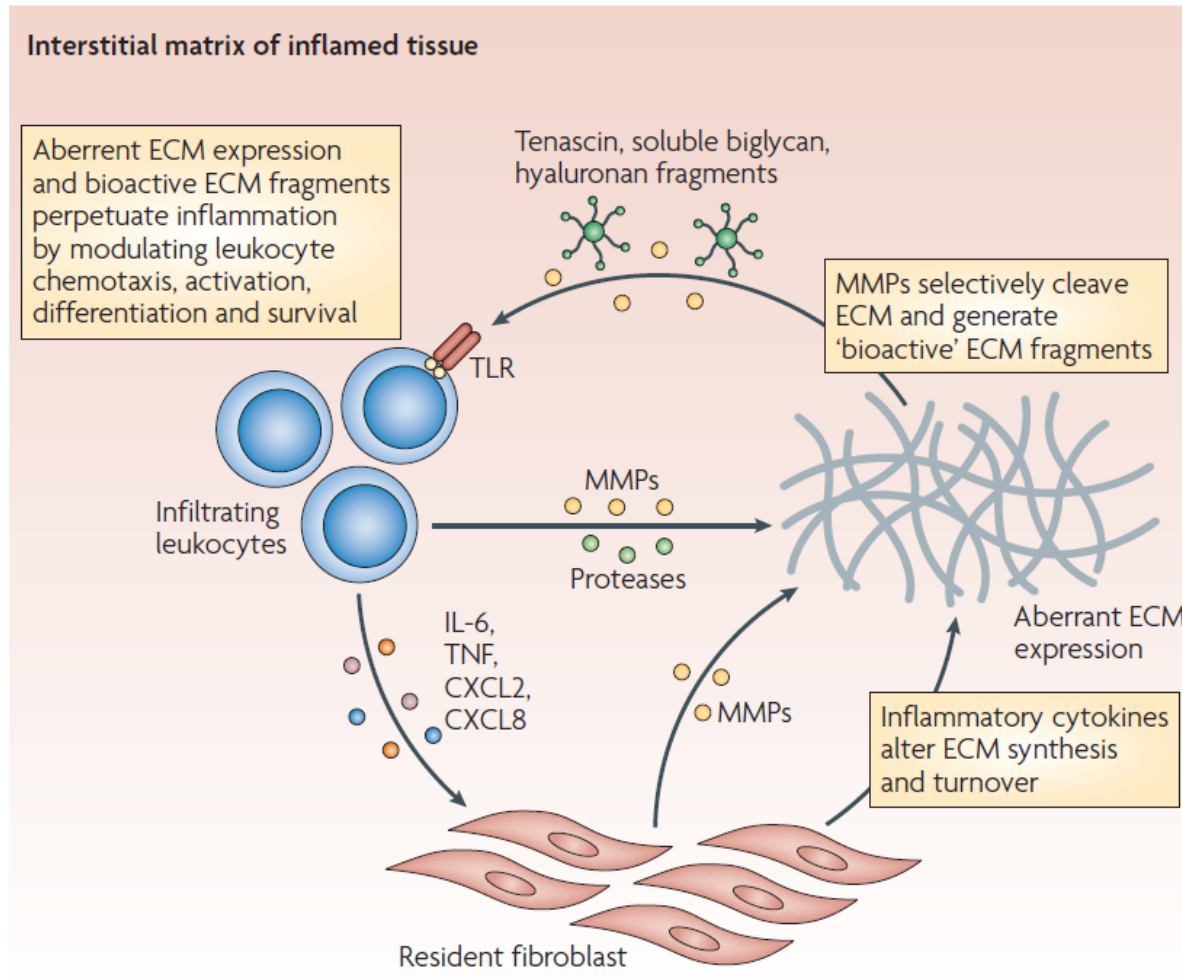


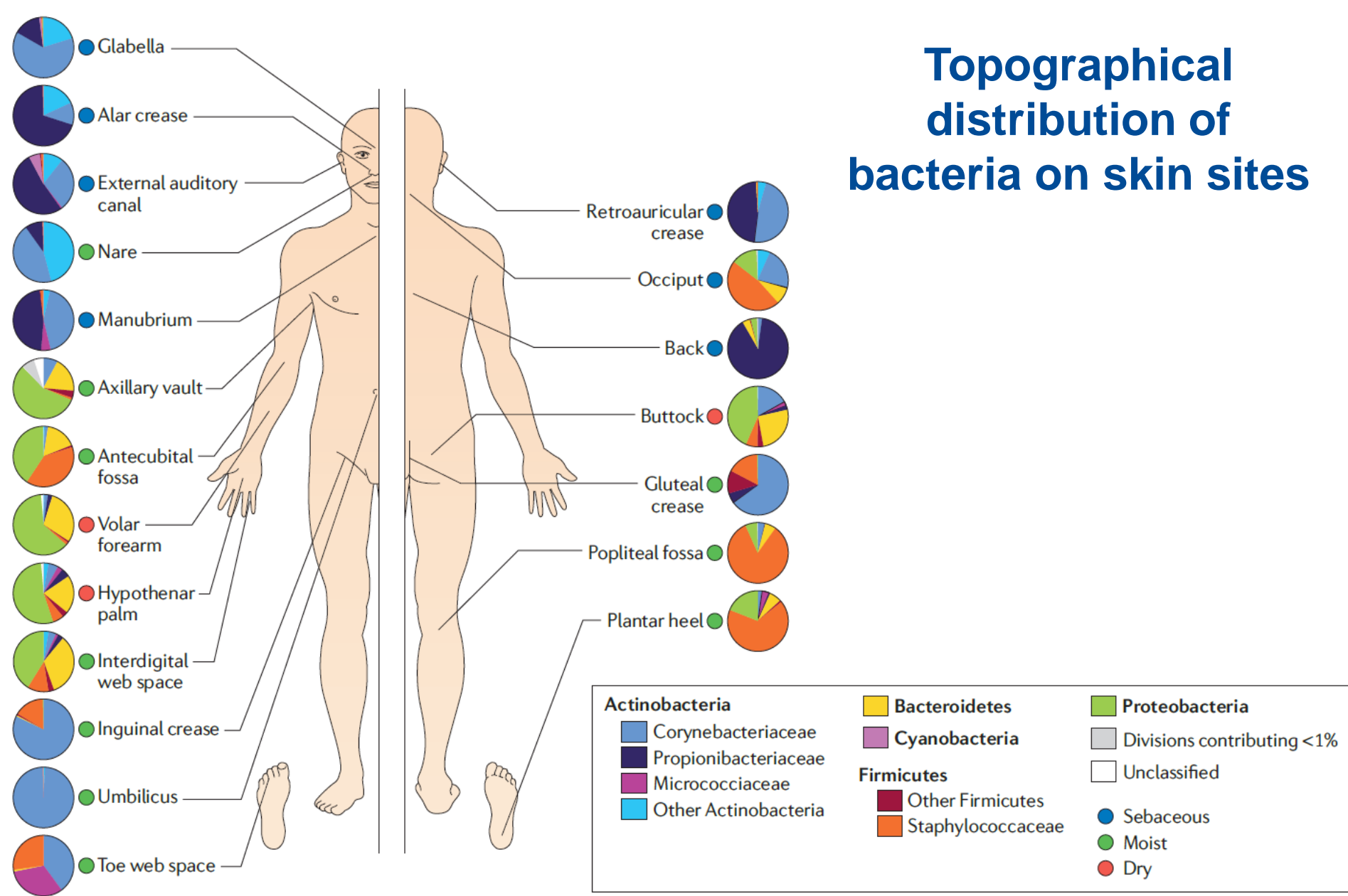
Table 1 | **Examples of factors that can modulate the ECM in inflamed tissues**

Factor	Effects on ECM	Refs
<b>Cytokines</b>		
TNF	Upregulation of osteopontin, MMP9 and the vascular laminins $\alpha$ 4 and $\alpha$ 5; downregulation of most other ECM molecules	37,113, 124,125
IL-17	Upregulation of MMP9	114
TGF $\beta$	Upregulation of most ECM molecules	125
IFN $\gamma$	Downregulation of most ECM molecules; downregulation of MMP1, MMP2, MMP3, MMP7, MMP9 and MMP10	125,126
IL-1 $\beta$	Upregulation of laminin $\alpha$ 4; upregulation of MMP1, MMP3, MMP7 and MMP9;	37,39,121
<b>Proteases</b>		
MMP2, MMP9	Cleavage of cell–matrix receptors (for example, dystroglycan)	55
MMP2, MMP9	Inactivation of chemokines (for example, CXCL12)	127
MMP9	Activation of chemokines (for example, CXCL8, CXCL6 and CXCL5); surface release of TNF, which alters local concentrations	119,120
MMP2, MT1–MMP	Production of CXCR3 receptor antagonists (for example, CCL7); degradation of IL-1 $\beta$ , which alters local concentrations of this cytokine	118,121, 122
MMP1, MMP3	Production of CXCR3 receptor antagonists (for example, CCL2, CCL8 and CCL13)	128
MMP7	Cleavage of syndecan 1 and syndecan 4; cleaved syndecans bind to chemokines, which alters their local availability	129

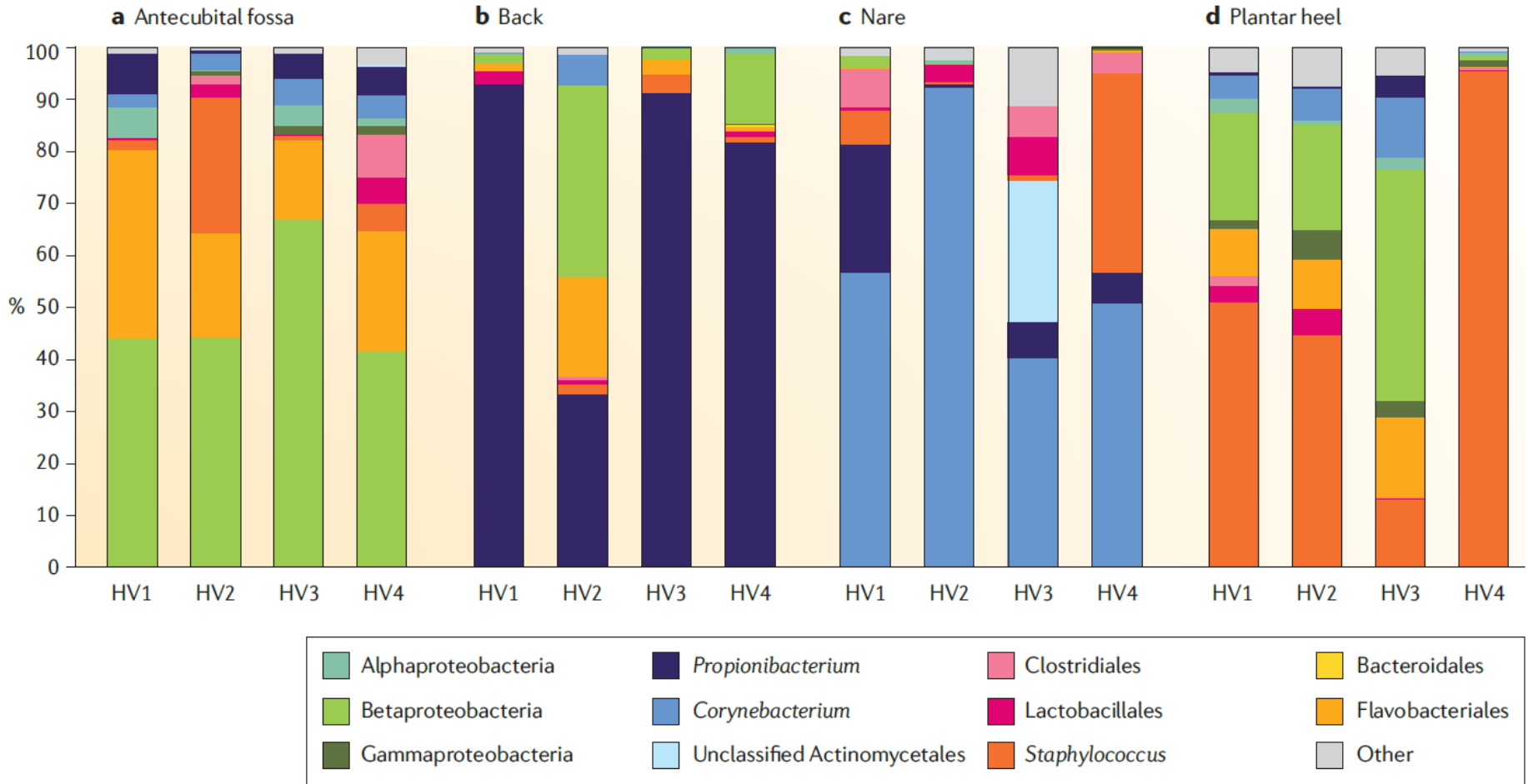
CCL, CC-chemokine ligand; CXCL, CXC-chemokine ligand; CXCR, CXC-chemokine receptor; ECM, extracellular matrix; IFN $\gamma$ , interferon- $\gamma$ ; IL, interleukin; MMP, matrix metalloproteinases; TGF $\beta$ , transforming growth factor- $\beta$ ; TNF, tumour necrosis factor.



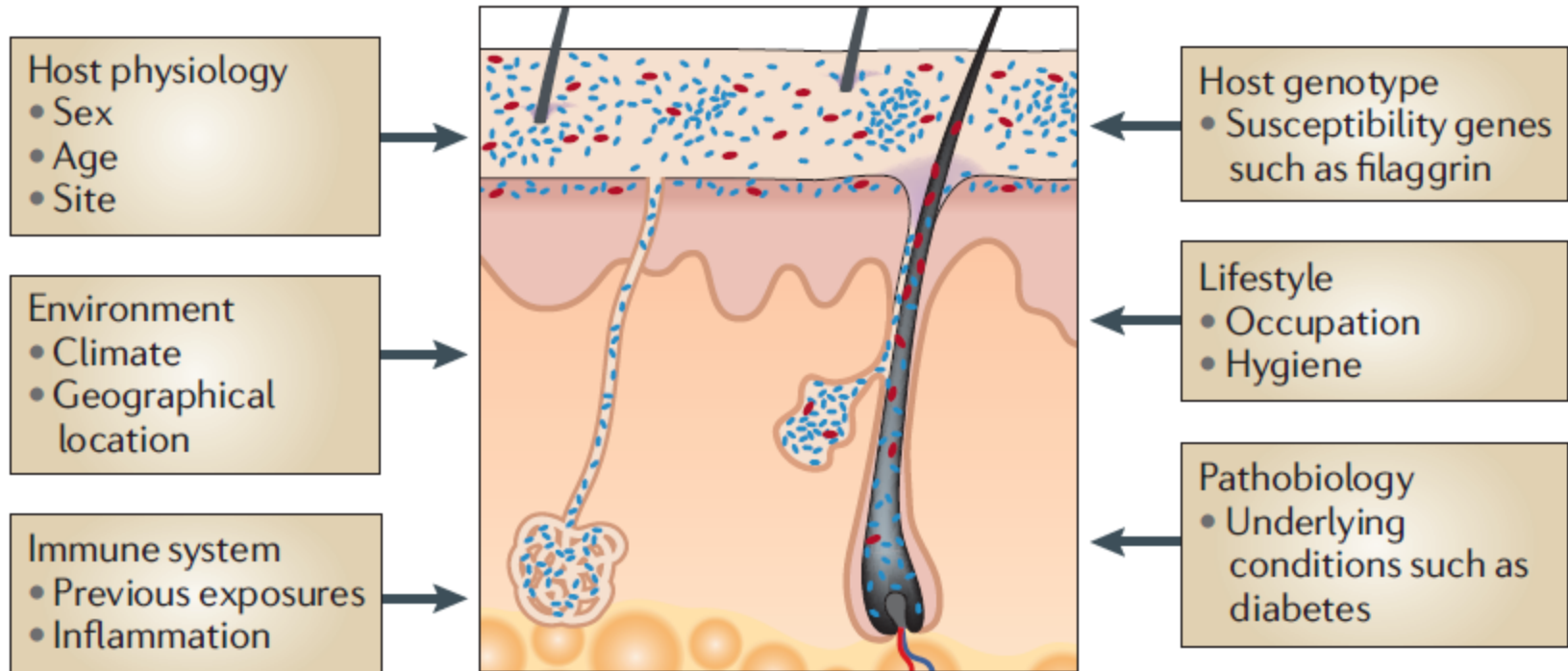
# Topographical distribution of bacteria on skin sites



# Interindividual variation of the skin microbiome

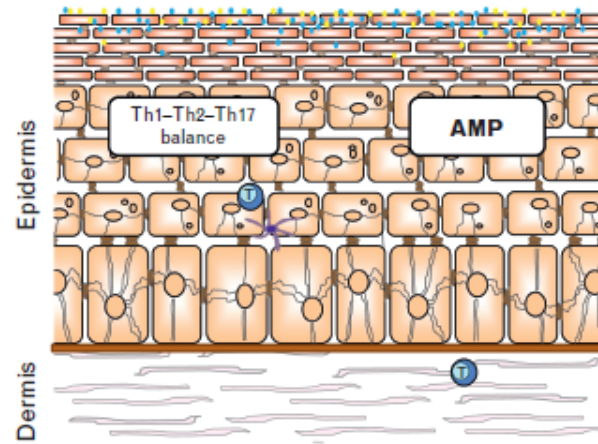


# Factors contributing to the variation in the skin microbiome



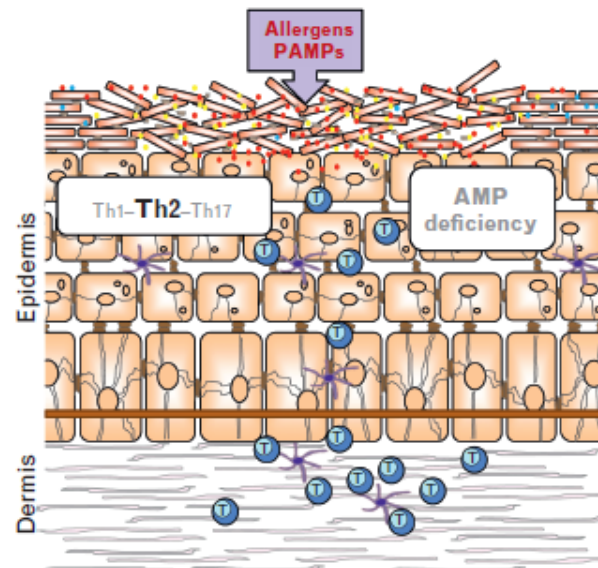
# Skin microbiome, dysbiosis and inflammation

Homeostasis in normal skin



- Microbiome of healthy normal skin
- Intact epithelial barrier
- Adequate production of antimicrobial peptides
- Adequate response of innate and adaptive immune system (balanced Th1-Th2-Th17 response)

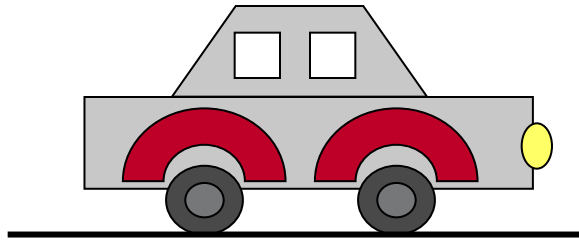
Dysbiosis and infection in atopic dermatitis



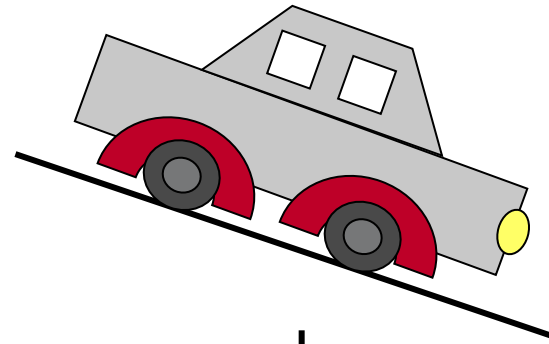
- Colonization by *S. aureus*
- Poor skin barrier
- Penetration of allergens and microbial components
- Inadequate production of antimicrobial peptides
- Th2 cytokine response predominates leading to poor skin barrier and suppression of innate host defense system

# Immune homeostasis – an active process

open break (passive)



closed break (active)

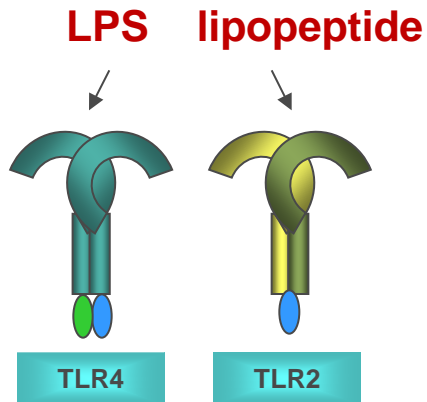
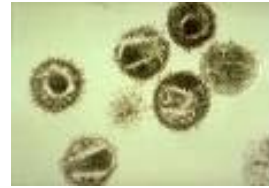
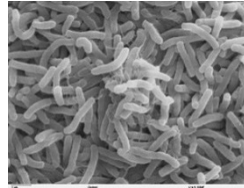


innate immune response  
**inflammation**

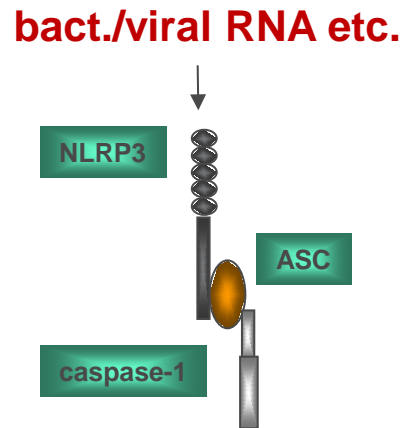
**overcome  
immunoregulatory  
default**

**adaptive immune response**

# **Danger signals** activate the innate immune system and thereby trigger inflammation



**Toll-like receptors**



**NLRP3 inflammasome**

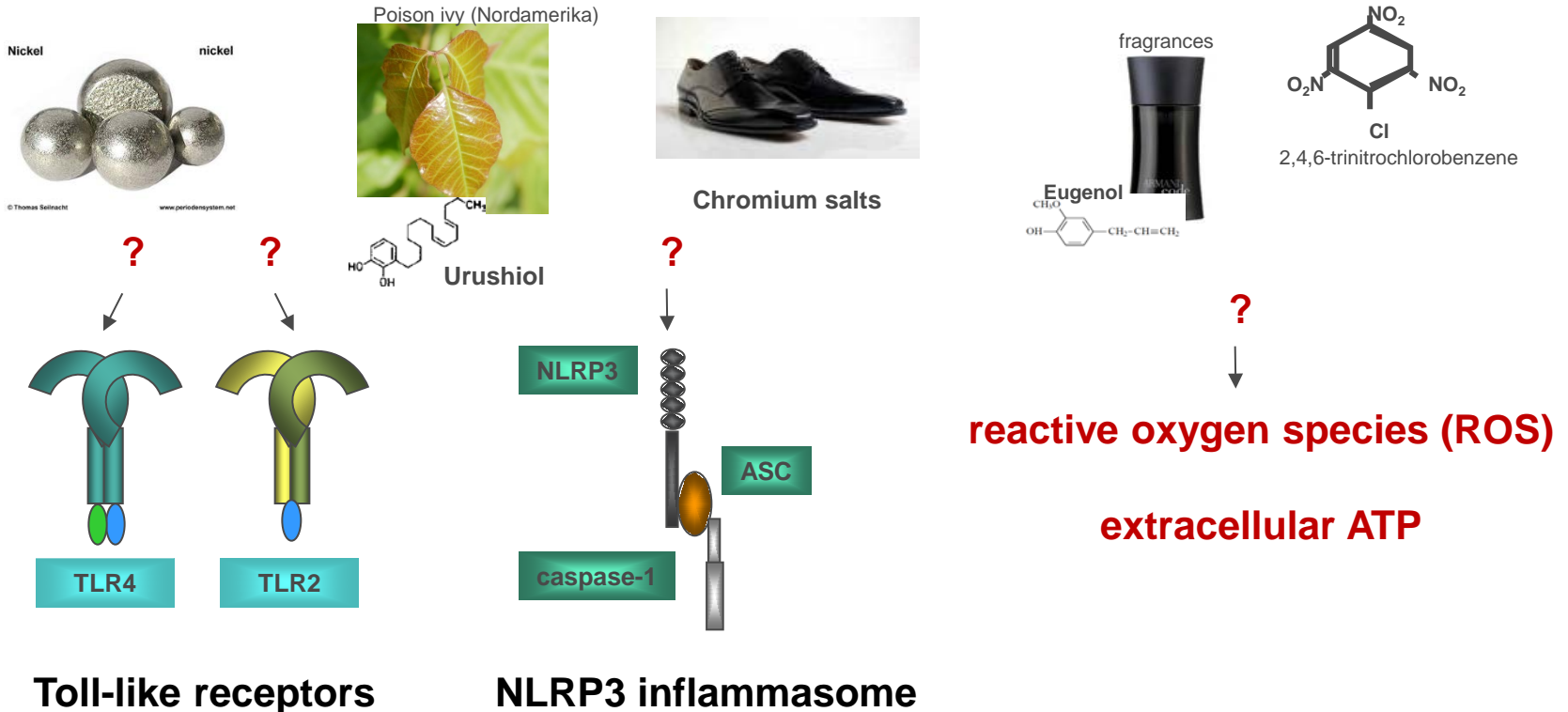
**bacteria/viruses**

**reactive oxygen species (ROS)**

**extracellular ATP**

**activation of the  
innate immune system  
-> inflammation: DC activation  
and migration**

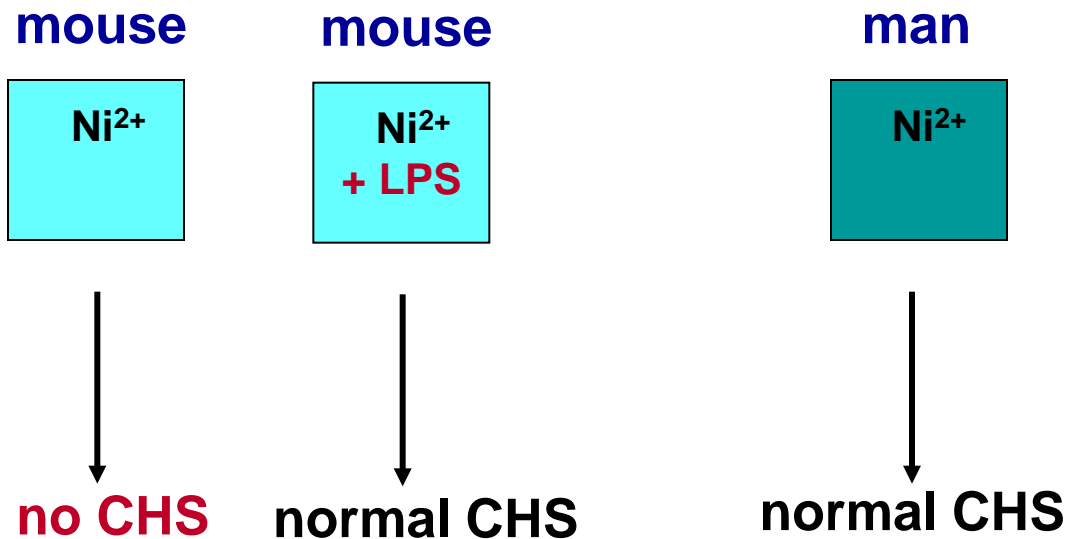
# Danger signals activate the innate immune system and thereby trigger inflammation



activation of the *innate* immune system  
 -> inflammation: DC activation and migration

TLR, NLRP3 etc.: **P**attern **R**ecognition **R**eceptors (PRR, Charles A. Janeway)

# Species-specific differences in allergic contact dermatitis: LPS, a ligand for TLR4, provides the missing innate *danger signal*

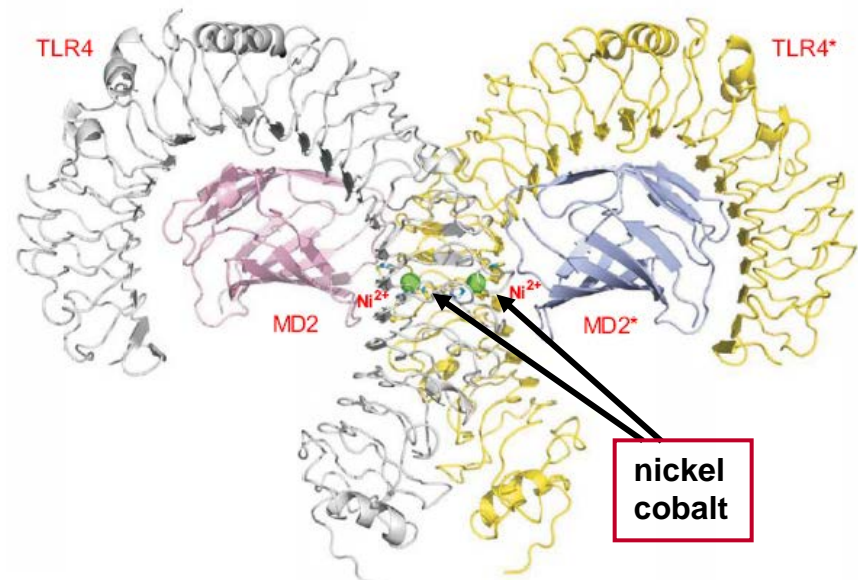
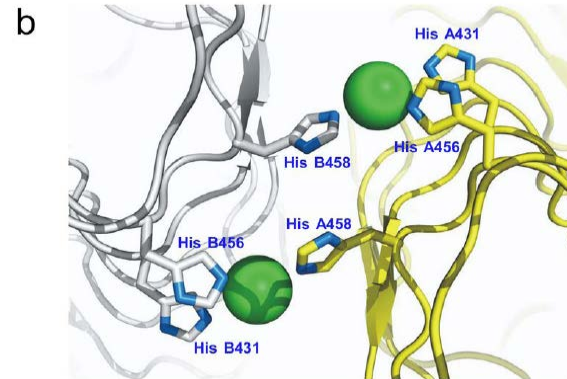




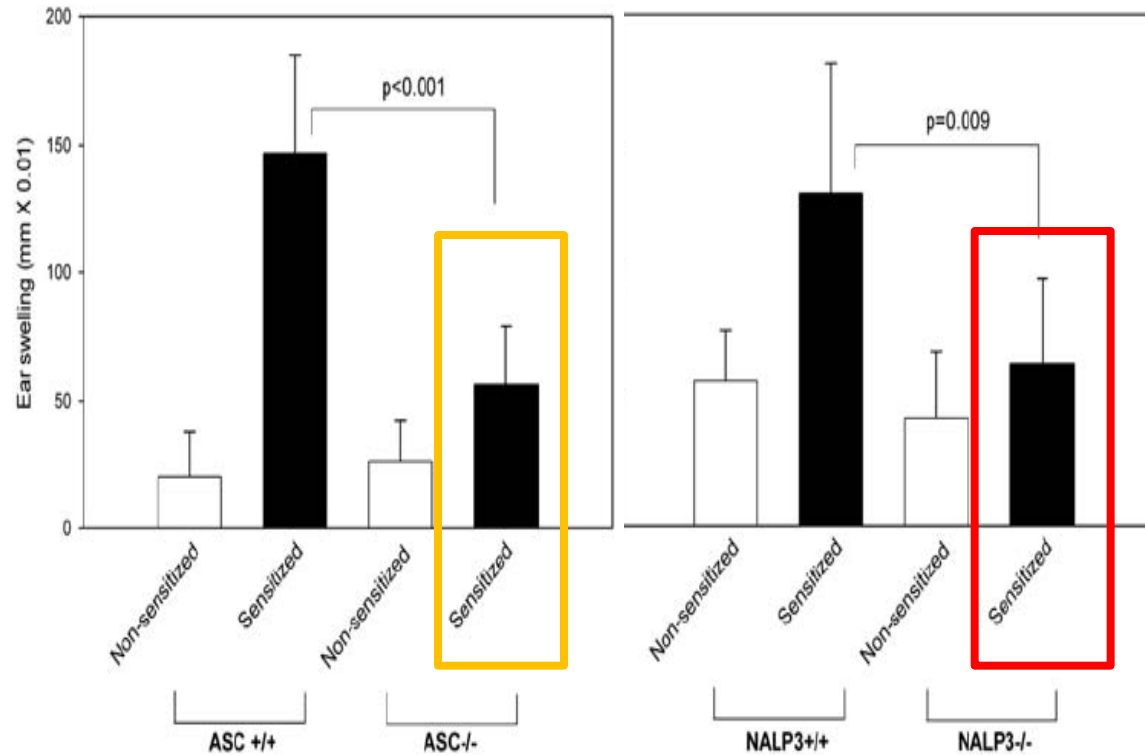
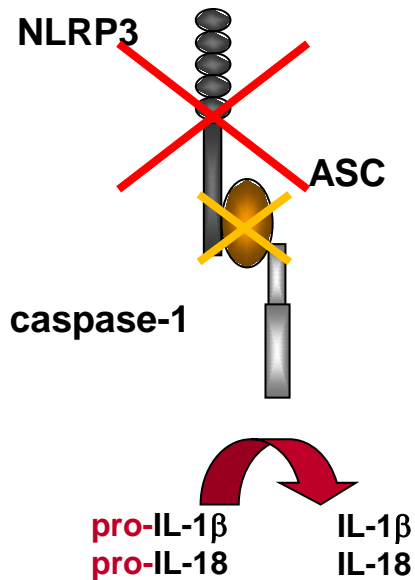
# Nickel and cobalt bind directly to human but not mouse TLR4 and induce receptor dimerization

**a**

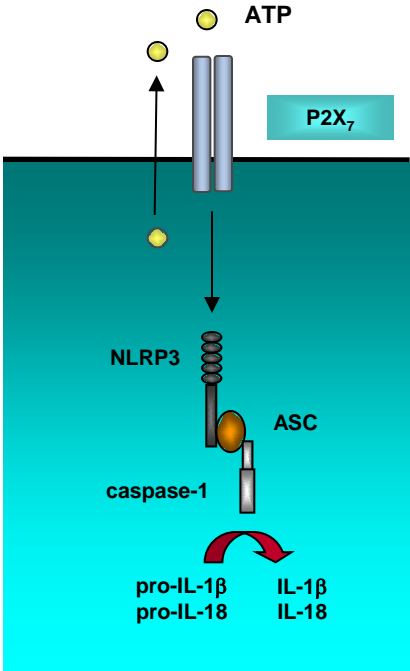
hTLR4	LRR14	DLP SLEFLDLSRNLSEFKGCCSQSDF	396
mTLR4	LRR14	ALPSLSYLDLSRNALSFSGCCSYSDL	394
hTLR4	LRR15	GTTSLKYLDLSEFNGVITMSSNFL	419
mTLR4	LRR15	GTNSLRHLDLSEFNGAIIMSANFM	417
hTLR4	LRR16	GLEQLE <sup>431</sup> HLDFQ <sup>431</sup> HSNLKQMSEFSVFL	444
mTLR4	LRR16	GLEELQ <sup>456</sup> HLDFQ <sup>458</sup> HS <sup>458</sup> TLKRVTEFSAFL	442
hTLR4	LRR17	SLRNLIYLDIS <sup>456</sup> HT <sup>458</sup> TRVAFNGIFN	468
mTLR4	LRR17	SLEKLLYLDIS <sup>456</sup> Y <sup>458</sup> TN <sup>458</sup> TKIDFDGIFL	466
hTLR4	LRR18	GLSSLEVLKMGANSFQENFLPDIFT	493
mTLR4	LRR18	GLTSLN <sup>456</sup> TLKMGANSFKDNTLSNVFA	491
hTLR4	LRR19	ELRNLTFLDLSQCQLEQLSPTAFN	517
mTLR4	LRR19	NTTNLTFLDLSKQCQLEQISWGVFD	515
hTLR4	LRR20	SLSSLQVLNMS <sup>456</sup> HNNFFSLDTPFYK	541
mTLR4	LRR20	TLHRLQLLNMS <sup>456</sup> HNNLFLDSSHYN	539
hTLR4	LRR21	CLNSLQVLDYSLN <sup>456</sup> IMTSKKQELQ <sup>458</sup> H	566
mTLR4	LRR21	QLYSLSTLDCSFN <sup>456</sup> RIETSKGI-LQ <sup>458</sup> H	563
hTLR4	LRR22	FPSSLAFNLNTQNDFA	582
mTLR4	LRR22	FPKSLAFFNLTNNSVA	579
hTLR4	LRRCT	CTCE <sup>456</sup> HQSFLQWIKDQRQLLVEVERM	607
mTLR4	LRRCT	CICE <sup>456</sup> HQKFLQWVKEQKQFLVNVEQM	604



# ASC- or NLRP3-deficient mice fail to develop CHS to TNCB

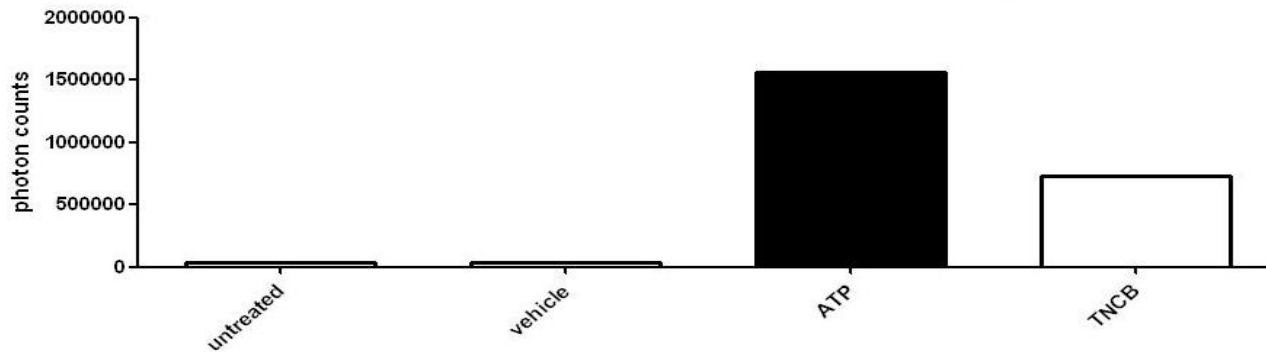
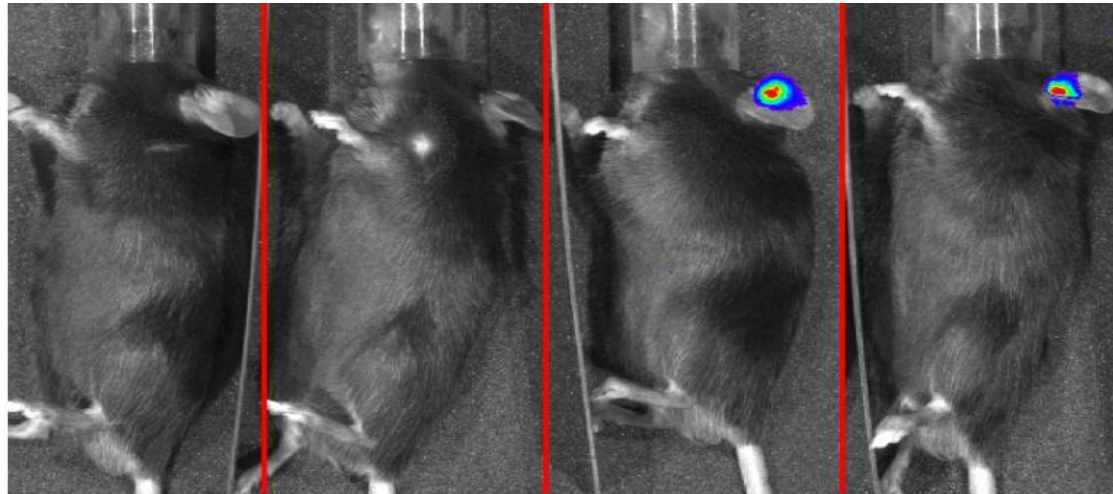


# NLRP3 inflammasome activation by the **endogenous danger signal** ATP and the purinergic receptor P2X<sub>7</sub>

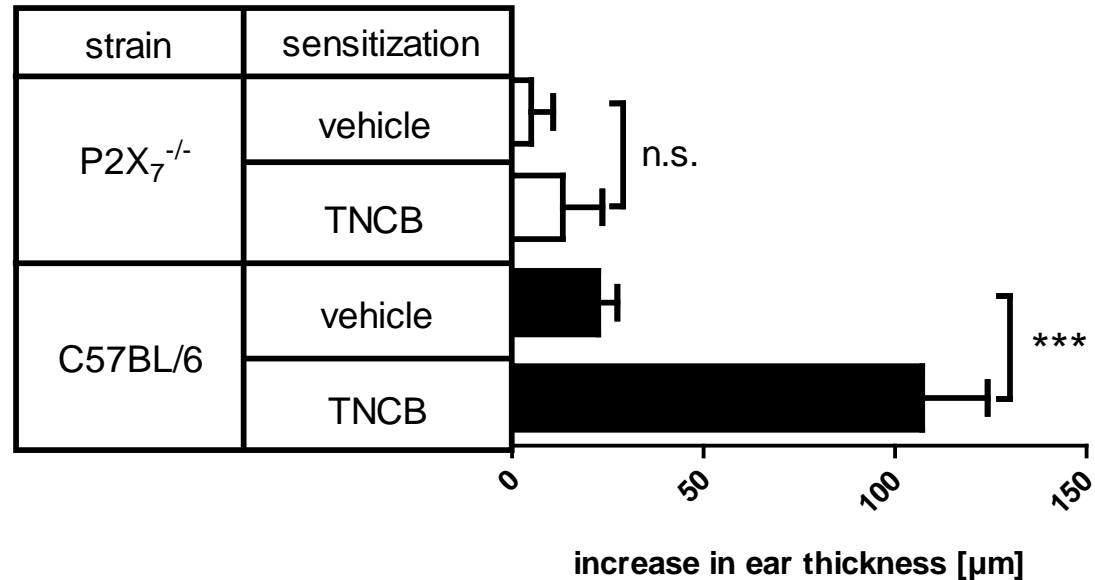
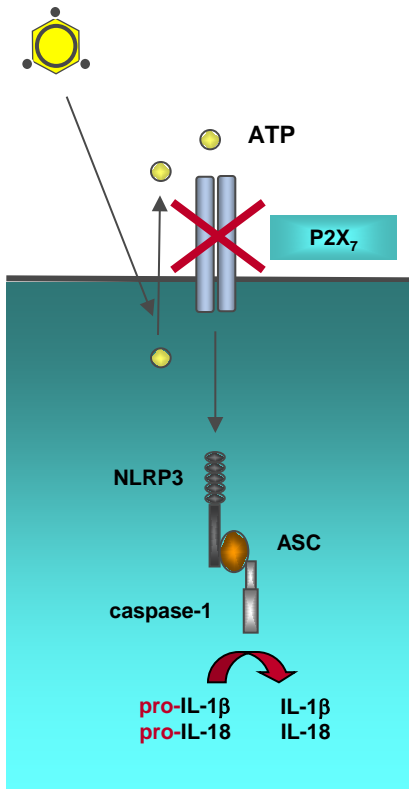


# ATP release in the skin triggered by TNCB application

untr. Ctrl.    vehicle Ctrl.    ATP injection    TNCB



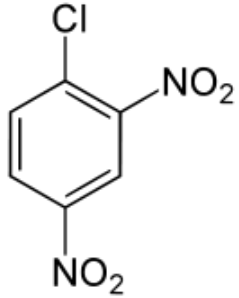
# P2X<sub>7</sub>-deficient mice are resistant to contact hypersensitivity (CHS)



# Differences between the strong contact allergen DNCB and the weak contact allergen/tolerogen DNTB

skin penetration

glutathione depletion

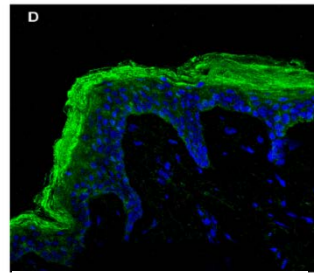
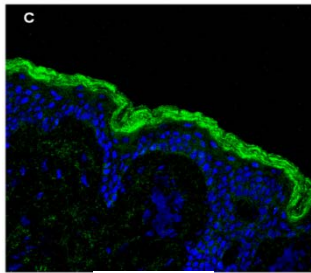
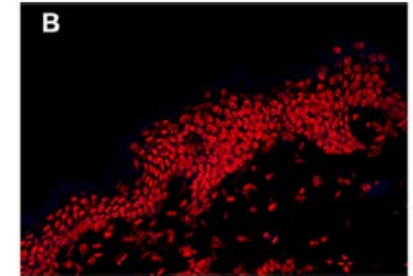
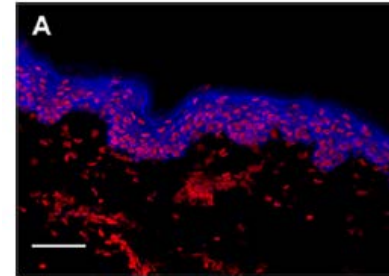
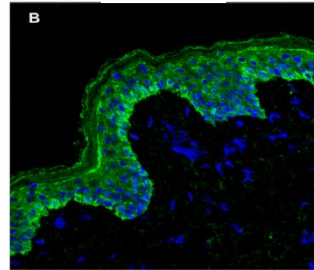
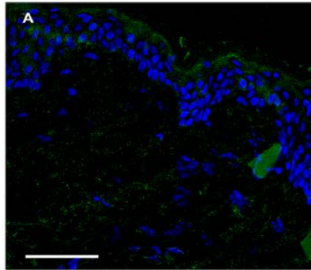


vehicle

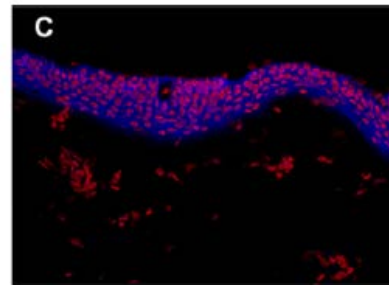
DNCB

vehicle

DNCB



DNTB



DNTB

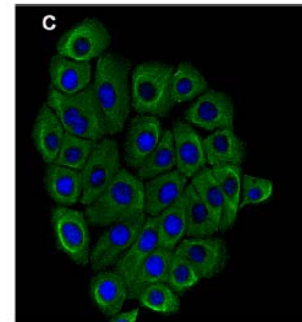
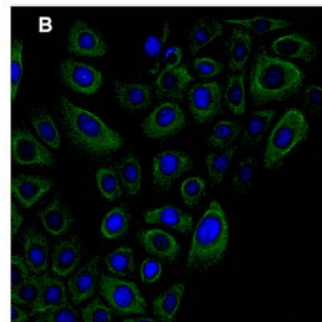
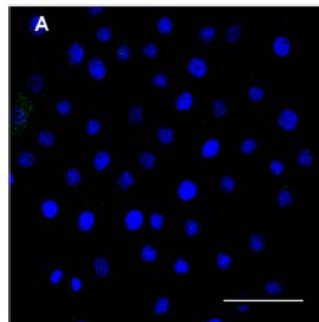
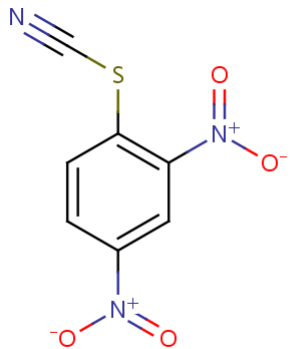
DNTB + croton oil

protein haptentation

vehicle

DNCB

DNTB



# Summary

- Danger signals are essential for activation of the innate immune system
- Contact allergens are danger signals (nickel, cobalt, palladium) or induce their release/formation
- Inflammation overcomes the immunological barrier (opening the brake)

**Other mechanisms and therapeutic relevance to be discussed  
by Dr. Philipp Esser**