HLA Alleles and Susceptibility to Dermatological Disorders Associated with *Helicobacter pylori* Infection: a Significant Association to HLA-Cw*06

(dermatological disorders / Helicobacter pylori / HLA-A, -B, -C, -DRB1, -DQB1 allele frequencies)

E. KULCSÁROVÁ¹, H. FAZEKAŠOVÁ¹, J. KRÁLOVIČOVÁ¹, M. BUC¹, K. KOLIBÁŠOVÁ², E. HEGYI²

¹Department of Immunology, Faculty of Medicine, Comenius University, and ²Department of Dermatovenerology, Postgraduate Medical School, Bratislava, Slovakia

Abstract. The occurrence rate of HLA class I and class II alleles was established in 24 patients suffering from dermatological disorders associated with the *Helicobacter pylori* infection. The increased frequency of HLA-C*0602, 4 was found to be 0.1875 compared to 0.0733 in the control group (odds ratio: 2.913; two-sided P value: P = 0.0251). Our data suggest that the HLA-Cw6 molecule play a role in the susceptibility to the *Helicobacter pylori* infection.

Helicobacter pylori is a gramnegative bacillus, which is an important aetiopathological factor of chronic gastritis, gastric and duodenal ulcers, and gastric adenocarcinomas (Blaser, 1992; Bayerdorffer et al., 1995; Cover and Blaser, 1996). An association between *H. pylori* infection and chronic urticaria, rosacea, Sjögren's syndrome, and other dermatological disorders was observed; moreover, a beneficial effect of *H. pylori* eradication in their treatment was reported, too (Kolibášová et al., 1994; Rebora et al., 1994; Bohmeyer et al., 1996).

The induction of an autoimmune response is one of the mechanisms by which *H. pylori* could induce gastritis, gastric and duodenal ulcers, and perhaps also dermatological disorders (Negrini et al., 1996; Appelmelk et al., 1998). Since associations between some autoimmune diseases and HLA antigens/alleles are well established (Todd et al., 1988; Hammer et al., 1995), we have decided to look for such a possible association by investigating HLA allele frequencies in patients suffering from dermatological disorders associated with the *H. pylori* infection. According to our knowledge, no similar studies have been reported so far.

Received September 22, 2000. Accepted December 18, 2000.

Corresponding author: Enikő Kulcsárová, Department of Immunology, Faculty of Medicine, Comenius University, Sasinkova 4, 811 08 Bratislava, Slovakia. Tel.: + 421 (7) 59357450; fax: + 421 (7) 59357578; e-mail: kulcsarova@hotmail.com

Material and Methods

HLA-A, -B, -C, -DRB1 and -DOB1 allele frequencies were investigated in 24 patients suffering from dermatological disorders associated with H. pylori infection (urticaria chronica - 8 patients, rosacea - 11 patients, eczema chronicum – 5 patients). The urea breath test and the enzyme-linked immunosorbent assay were used for the laboratory diagnosis of H. pylori infection. All patients were H. pylori positive and they were subjected to detailed clinical examinations. The diagnosis of the H. pylori gastritis was confirmed by an oesophagogastroduodenoscopy in 9 patients; no patient suffered from a gastric or duodenal ulcer. The control group represented 109 unrelated healthy individuals typed for HLA-A, -B, -C alleles (Kulcsárová et al., 2000), and 143 unrelated healthy individuals typed for HLA-DRB1, DOB1 alleles (Fazekašová et al., 1998), respectively.

DNA extraction

Genomic DNA was isolated from peripheral blood leucocytes obtained from EDTA-treated blood. The DNA was prepared by the salting-out method. Erythrocytes were destructed in red-cell lysis buffer (0.32 M saccharose, 1% Triton X-100, 5 mM MgCl₂, 12 mM Tris, pH 7.5). A centrifugation for 5 min followed; the pellet was then rinsed with water and resuspended in 300 µl of nuclei lysis buffer (0.375 M NaCl, 0.12 M EDTA, pH 8.0), 10 µl of 1% SDS and 100 µl of 5 M NaCl. Five hundred µl of phenol-chloroform were added after 20 min incubation, and the mixture was vortexed and centrifuged for 10 minutes. DNA aspirated from the top aqueous phase was precipitated with 95% ethanol, washed in 70% ethanol and resuspended in distilled water.

Amplification conditions

Dynal HLA-A, -B low-resolution-SSP (Dynal, Oslo, Norway) and Olerup SSP HLA-C low-resolution (Olerup SSP AB, Oslo, Norway) primer sets were used. They contained 5'- and 3'-primers for the identification

of alleles A*0101 to A*8001, B*0702 to B*8201 and Cw*0102 to Cw*1802. Twenty four PCR reactions for HLA-A, 48 for HLA-B and 20 for HLA-Cw were performed per sample in a reaction volume of 10 µl, not including a 10 µl mineral oil overlay. Twenty four primer mixes specific to the second exon were used to identify HLA-DRB1 alleles (20 for identification of DR1-DR16, three for DR51, DR52, and one for DR53 specificities). Similarly, 8 primer mixes were used for the identification of HLA-DQ1-DQ10 alleles. Each tube in the set contained a primer solution consisting of a specific primer mix, i.e. the allele- and group-specific primers as well as a control primer pair matching nonallelic sequences. One hundred and ten ng DNA, 5 µl of a PCR-solution 10x (PCR buffer, 50 mM MgCl₂, 200 µM of dNTP, glycerol, cresol red, respectively), 0.4 U Taq-polymerase (GIBCO, London, U.K.), and 5 µl of a primer mix formed the PCR reaction mixtures. PCR amplifications were carried out in a thermocycler

"PTC-100™-Programmable Comprised Thermal Controller" (MJ Research, Inc., Watertown, MA). Cycling parameters were: 2 min at 94°C, followed by 10 cycles of 10 s at 94°C, and 60 s at 65°C, 20 cycles of 10 s at 94°C, 50 s at 61 °C, and 30 s at 72°C.

Gel electrophoresis

PCR products were electrophoresed in 1% agarose gels containing $0.5~\mu g/ml$ ethidium bromide. The gels were run for 15~min at 15~V/cm in 0.5x TBE buffer and visualized using UV illumination.

The Fisher's exact test was used to test significance of allele frequency differences.

Results

The occurrence rates of HLA-A, -B, -C alleles in the investigated group of patients are given in Table 1. The most frequent HLA-A alleles were A*0201-22 (0.2333) and A*0301-3 (0.2000); the most common HLA-B alle-

Table 1. Frequencies of HLA-A, -B and -C alleles in H. pylori-positive patients and healthy controls

HLA-A	f controls N=218	f patients N=48	HLA-B	f controls N=218	f patients N=48	HLA-C	f controls N=218	f patients N=48
A0101-2	0.1284	0.1333	B0702-8	0.0872	0.1333	Cw0101-3	0.0229	0.0333
A0201-22	0.2615	0.2166	B0801-4	0.0826	0.0333	Cw02021-3	0.0412	0.0167
A0301-3	0.1376	0.2000	B1301-4	0.0596	0.0667	Cw0302-9	0.0733	0.0833
A2301	0.0275	0.0667	B1401-2	0.0183	0.0333	Cw0401-6	0.1559	0.1333
A2402-14	0.0917	0.1167	B1501-37	0.0505	0.0500	Cw0501-2	0.0412	0.0167
A2501-2	0.0367	0.0667	B1801-5	0.0779	0.1167	Cw0602,4	0.0733	0.1875
A2601-8	0.0550	0.0167	B2701-11	0.0596	0.0333	Cw0701-10	0.2293	0.3167
A1101-4	0.0596	0.0500	B3501-21	0.1009	0.0833	Cw0801-4	0.0321	0.0667
A2901-3	0.0138	0.0000	B3701-2	0.0046	0.0500	Cw1202-6	0.1468	0.1167
A3001-4	0.0183	0.0167	B3801-2	0.0550	0.0333	Cw1301	0.0000	0.0000
A31012	0.0138	0.0000	B3901-12	0.0137	0.0500	Cw1402-3	0.0000	0.0000
A3201-2	0.0321	0.0333	B4001-10	0.0321	0.0500	Cw1502-6	0.0137	0.0000
A3301-3	0.0046	0.0167	B4101-2	0.0137	0.0000	Cw1601-4	0.0183	0.0000
A3401-2	0.0092	0.0000	B4201-2	0.0046	0.0000	Cw1701-2	0.0229	0.0000
A3601	0.0092	0.0000	B4402-10	0.0917	0.0667	Cw1801-2	0.0091	0.0000
A4301	0.0000	0.0000	B4501	0.0046	0.0000	Cx	0.1192	0.0000
A6601-3	0.0092	0.0000	B4601	0.0046	0.0000			
A6801-3	0.0138	0.0167	B4701-2	0.0091	0.0167			
A6901	0.0046	0.0333	B4801-3	0.0000	0.0000			
A7401-3	0.0092	0.0167	B4901	0.0137	0.0333			
A8001	0.0000	0.0000	B5001-2	0.0046	0.0167			
Ax	0.0642	0.0000	B5101-9	0.0412	0.0167			
			B5201	0.0091	0.0167			
			B5301-2	0.0046	0.0333			
			B5401	0.0046	0.0000			
			B5505	0.0137	0.0167			
			B5601-3	0.0183	0.0000			
			B5701-4	0.0275	0.0167			
			B5801-2	0.0137	0.0167			
			B5901	0.0000	0.0000			
			B6701	0.0045	0.0000			
			B7301	0.0000	0.0000			
			B7801-2	0.0046	0.0167			
			B8101	0.0000	0.0000			
			B8201	0.0046	0.0000			
			Bx	0.0642	0.0000			
Total	1.0000	1.0000		0.9992	1.0000		0.9991	1.0000