



TSH levels, overweight, BMI, and skin expression levels of DCT and CCBL2 genes are related to vitiligo treatment response with narrow band UVB phototherapy

Vitiligo is a chronic skin disease characterized by a lack of pigmentation in the skin of affected patients (Boniface, Seneschal, Picardo, & Taieb, 2017). The study of the functional status of the skin could be helpful in predicting the response to phototherapy treatment. To date, no studies about clinical, biochemical, and gene expression profiles related to response to treatment are available, particularly with narrowband ultraviolet B light phototherapy (nb-UVB), the first choice treatment in vitiligo (Majid, 2010). Therefore, and to identify clinical, biochemical, and skin gene expression patterns with prognostic utility, we conducted a study with 45 subjects with vitiligo vulgaris (VV): 23 patients with active VV (AVV, 10 male and 13 female) and 22 patients with stable VV (SVV, 14 male and 8 female). Two skin biopsies (from vitiligo lesions and

pigmented areas) of 4 mm in diameter were obtained before the administration of 48 nb-UVB phototherapy sessions, performed two times a week for a period of 6 months with an initial dose of 150 mJ/cm², and increments of 50 mJ/cm² every third session until the minimum dose of asymptomatic erythema was achieved. Each biopsy was used to isolate total RNA and to perform expression analysis with TruSeq Targeted RNA Expression analysis (RNA-Seq, Illumina, Inc., San Diego, CA) (Ocampo-Candiani et al., 2018), targeting 29 genes involved in skin pigmentation, apoptosis, cell survival, and signal transduction mechanisms.

The statistical analysis of clinical, biochemical parameters, response to treatment (defined as the degree of repigmentation achieved after phototherapy, and classified in three groups: *Low* [less than 10%]; *Middle* [10.1%

TABLE 1 Family history and early onset of vitiligo

Family history of vitiligo	≤30 years	>30 years	O.R.	C.I.	X ²	cP
Yes	18	2	5.78	1.00–62.29	5	.05
No	15	10	0.17	0.02–0.10	5	.05

Abbreviation: cP, corrected *p* value.

TABLE 2 Clinical and biochemical parameters observed for each nb-UVB treatment response group (low, middle, and high)

Clinical and biochemical parameters	Treatment response (mean ± SD)		
	Low <i>n</i> = 15	Middle <i>n</i> = 15	High <i>n</i> = 15
Age (years)	39.933 ± 15.462	39.267 ± 11.949	45.533 ± 15.528
Weight (kg)	90.433 ± 16.417 ^a	73.587 ± 20.780	77.867 ± 19.511
BMI	31.067 ± 4.913 ^b	27.653 ± 7.120	27.827 ± 5.211
Size (m)	1.705 ± 0.089	1.630 ± 0.084	1.667 ± 0.117
Hb (g/dL)	15.313 ± 1.373	14.233 ± 1.694	14.460 ± 1.594
Leukocyte (thou/mm ³)	6.565 ± 1.845	6.263 ± 1.256	6.652 ± 1.937
PLT (K/mcL)	239.000 ± 68.995	210.200 ± 39.223	229.333 ± 44.158
Glucose (mg/dL)	96.067 ± 6.112	97.000 ± 6.141	93.800 ± 11.378
Bun (mg/dL)	10.867 ± 3.378	9.867 ± 2.615	11.267 ± 3.595
Creatinine (mg/dL)	0.807 ± 0.175	0.700 ± 0.169	0.767 ± 0.168
T4 (mcg/dL)	7.167 ± 2.017	7.503 ± 1.260	7.703 ± 1.641
T3 (ng/dL)	135.145 ± 41.944	127.216 ± 20.863	120.778 ± 23.762
TSH (mIU/L)	2.277 ± 0.688 ^b	2.034 ± 0.630	1.645 ± 0.767

Abbreviations: BMI, body mass index; Hb, hemoglobin concentration; PLT, platelet; TSH, thyroid-stimulating hormone.

^aLow versus middle.

^bLow versus high.

p ≤ .05.

TABLE 3 Differences in gene expression profiles observed for treatment response groups

Pathway	Gene	Response to treatment			p value	
		≤10%	10.1% to 29.9%	≥30%		
Pigment	DCT unaffected	2.760 ± 0.218	3.148 ± 0.069	2.989 ± 0.081		
	DCT vitiligo	0.149 ± 0.116	1.777 ± 0.286	2.817 ± 0.232	.01 (A); .051 (B)*	
	MC1R unaffected	0.929 ± 0.190	1.510 ± 0.214	1.005 ± 0.214		
	MC1R vitiligo	0.866 ± 0.228	1.443 ± 0.166	1.498 ± 0.168		
	MC4R unaffected	0.220 ± 0.156	0.106 ± 0.073	0.012 ± 0.012		
	MC4R vitiligo	0.000 ± 0.000	0.000 ± 0.000	0.000 ± 0.000		
	POMC unaffected	0.441 ± 0.146	0.476 ± 0.169	0.739 ± 0.197		
	POMC vitiligo	0.638 ± 0.215	0.496 ± 0.174	0.535 ± 0.178		
	TYRP1 unaffected	3.508 ± 0.105	3.679 ± 0.079	3.442 ± 0.073		
	TYRP1 vitiligo	0.765 ± 0.189	1.496 ± 0.268	1.381 ± 0.218	.071 (A)**	
	MLANA unaffected	2.804 ± 0.087	2.992 ± 0.086	2.583 ± 0.180		
	MLANA vitiligo	0.264 ± 0.126	0.475 ± 0.237	0.689 ± 0.194		
	PHACTR2 unaffected	2.771 ± 0.143	3.027 ± 0.107	2.880 ± 0.093		
	PHACTR2 vitiligo	2.983 ± 0.070	3.021 ± 0.067	2.890 ± 0.070		
	Apoptosis	BAX unaffected	0.323 ± 0.123	0.842 ± 0.210	0.487 ± 0.177	
		BAX vitiligo	0.755 ± 0.221	0.670 ± 0.221	0.446 ± 0.143	
BCL2 unaffected		1.707 ± 0.211	1.877 ± 0.166	1.776 ± 0.194		
BCL2 vitiligo		1.506 ± 0.246	1.839 ± 0.204	1.683 ± 0.194		
BCL3 unaffected		2.112 ± 0.204	2.377 ± 0.122	2.124 ± 0.225		
BCL3 vitiligo		2.373 ± 0.131	2.242 ± 0.185	2.188 ± 0.165		
CASP3 unaffected		2.214 ± 0.189	2.664 ± 0.100	2.206 ± 0.212		
CASP3 vitiligo		2.504 ± 0.074	2.612 ± 0.084	2.448 ± 0.075		
CASP7 unaffected		1.270 ± 0.207	1.405 ± 0.196	1.402 ± 0.206		
CASP7 vitiligo		1.847 ± 0.160	1.460 ± 0.234	1.391 ± 0.173		
CASP8 unaffected		2.405 ± 0.172	2.603 ± 0.093	2.048 ± 0.250		
CASP8 vitiligo		2.447 ± 0.187	2.494 ± 0.173	2.411 ± 0.079		
CASP10 unaffected		1.902 ± 0.157	2.141 ± 0.175	1.803 ± 0.201		
CASP10 vitiligo		1.854 ± 0.227	1.881 ± 0.204	2.026 ± 0.157		
CFLAR unaffected		2.749 ± 0.075	2.515 ± 0.100	2.507 ± 0.201		
CFLAR vitiligo		2.630 ± 0.166	2.734 ± 0.082	2.655 ± 0.066		
FASLG unaffected		0.136 ± 0.093	0.264 ± 0.138	0.093 ± 0.075		
FASLG vitiligo		0.000 ± 0.000	0.065 ± 0.064	0.265 ± 0.150		
TNF unaffected		1.785 ± 0.171	1.803 ± 0.178	1.506 ± 0.235		
TNF vitiligo		1.608 ± 0.215	1.827 ± 0.205	1.522 ± 0.248		
TNFRSF1A unaffected	3.073 ± 0.076	3.269 ± 0.080	3.133 ± 0.081			
TNFRSF1A vitiligo	3.208 ± 0.070	3.203 ± 0.061	3.128 ± 0.062			
Oxidative stress	GGT1 unaffected	0.294 ± 0.118	0.497 ± 0.164	0.468 ± 0.179		
	GGT1 vitiligo	0.424 ± 0.180	0.233 ± 0.120	0.453 ± 0.156		
	CCBL2 unaffected	3.325 ± 0.040	3.466 ± 0.056	3.275 ± 0.060	.036 (C)*	
	CCBL2 vitiligo	3.380 ± 0.035	3.303 ± 0.063	3.258 ± 0.052		
	GPD1 unaffected	2.451 ± 0.212	2.513 ± 0.201	2.907 ± 0.182		
	GPD1 vitiligo	2.326 ± 0.254	2.678 ± 0.152	3.001 ± 0.122	.075 (B)**	
	TXN unaffected	4.269 ± 0.054	4.121 ± 0.071	4.218 ± 0.056		
TXN vitiligo	4.312 ± 0.036	4.300 ± 0.028	4.319 ± 0.036			

(Continues)

TABLE 3 (Continued)

Pathway	Gene	Response to treatment			p value
		≤10%	10.1% to 29.9%	≥30%	
Cell survival	CAPN3 unaffected	2.766 ± 0.165	3.047 ± 0.064	2.865 ± 0.072	
	CAPN3 vitiligo	2.303 ± 0.132	2.351 ± 0.153	2.223 ± 0.179	
	MITF unaffected	3.100 ± 0.079	3.128 ± 0.057	2.815 ± 0.208	
	MITF vitiligo	2.882 ± 0.061	2.866 ± 0.054	2.839 ± 0.078	
	CDC5L unaffected	3.360 ± 0.030	3.434 ± 0.061	3.338 ± 0.057	
	CDC5 L vitiligo	3.347 ± 0.055	3.423 ± 0.026	3.349 ± 0.049	
	MAPK1 unaffected	3.264 ± 0.064	3.368 ± 0.064	3.207 ± 0.080	
	MAPK1 vitiligo	3.317 ± 0.058	3.336 ± 0.063	3.193 ± 0.054	
Signal transduction	CSNK1G3 unaffected	2.515 ± 0.078	2.239 ± 0.163	2.000 ± 0.227	
	CSNK1G3 vitiligo	2.512 ± 0.069	2.359 ± 0.139	2.351 ± 0.052	
	NFKB1 unaffected	2.524 ± 0.224	2.830 ± 0.056	2.698 ± 0.064	
	NFKB1 vitiligo	2.884 ± 0.068	2.921 ± 0.049	2.722 ± 0.157	
	WNT7A unaffected	1.246 ± 0.260	1.302 ± 0.239	0.644 ± 0.200	
	WNT7A vitiligo	0.803 ± 0.271	1.405 ± 0.255	1.291 ± 0.216	

Note: The endogenous expression controls included were TPT1 and GAPDH. The results are presented as the means ± Standard Error. (A) Low versus middle; (B) low versus high; (C) middle versus high.

Abbreviations: apoptotic protein subfamily BCL-2, BCL3; CAPN3, calpain 3; CCBL2, beta-lyase conjugated cysteine; CDC5L, cell division cycle 5; CSNK1G3, casein kinase 1 Gamma 3; DCT, dopachrome tautomerase; GGT1, gamma-glutamyltransferase 1; GPD1, glycerol-3-phosphate dehydrogenase 1; MAPK1, MAP kinase 1; MC1R and MC4R, melanocortin 1 and 4 receptors; MITF, microphthalmia-associated transcription factor; MLANA, melan-A; NFKB1, nuclear factor Kappa B Subunit 1; PHACTR2, phosphatase and actin regulator 2; POMC, proopiomelanocortin; proapoptotic gene BAX, caspases (CASP) 3, 7, 8 and 10; the regulator of apoptosis CFLAR, and the ligand gene that stimulates apoptosis FASLG; TNF and TNFRSF1A, tumor necrosis factor alpha receptor and its ligand; TXN, thioredoxin; TYRP1, tyrosinase 1; WNT7A, Wnt 7A member 7A.

* $p \leq .05$; ** $p > .05$; $p < .1$.

and 29.9%]; and High [greater than 30%]), and gene expression profiles were performed to identify markers confirming the response to treatment.

Twenty patients (44.4%) presented a hereditary family history of vitiligo, 18 of which developed the disease before the age of 30. Therefore, hereditary history was established as an early age risk factor ($cP = .05$) (Table 1). Although 36 subjects (80%) presented some alteration in Antinuclear Antibody analysis, no association was found with the type of vitiligo or response to treatment.

After the evaluation, 42 (93.33%) subjects showed some degree of response to treatment: 7 subjects with AVV and 8 with SVV showed a low response, 7 subjects with AVV and 8 with SVV had a medium response to treatment, and 9 subjects with AVV and 6 with SVV showed a high response. The three subjects who did not present repigmentation after the treatment had AVV (6.67%). Concerning biochemical data, the ANOVA analysis showed high thyroid-stimulating hormone (TSH) levels in the low response group when compared to the other groups ($p \leq .05$). Further, this low response group also presented the highest weight and BMI ($p \leq .05$) (Table 2). The association between thyroid problems and the development of vitiligo is well known, especially in people with hypothyroidism (Gupta & Ammini, 2012; Kasumagic-Halilovic, Prohic, Begovic, & Ovcina-Kurtovic, 2011). On the other hand, there is growing evidence of an association between overweight and autoimmune-associated pathologies (Versini, Jeandel, Rosenthal, & Shoenfeld, 2014), which in turn have been associated with vitiligo (Spritz, 2006, 2007).

Moreover, the expression analysis identified significant differences in the expression of the DCT and CCBL2 genes and treatment response with predictive accuracy ($p \leq .05$) (Table 3). The expression profiles in the low response group were lower for DCT gene; and as this gene participates directly in the regulation of melanin levels in the skin (Salinas-Santander et al., 2018), it could be assumed that the repigmentation process of the skin is also affected. On the other hand, the CCBL2 gene, which participates in the oxidative stress response, shows a different expression pattern in unaffected skin when compared to the medium and high treatment response groups ($p \leq .05$) (Table 3). This result may imply the existence of a compensating effect against the stress in the skin of patients experiencing an intermediate response, which could have been induced by the same nb-UVB treatment, as previously published (Karsli, Akcali, Ozgoztasi, Kirtak, & Inaloz, 2014).

In conclusion, we found a group of markers with potential predictive utility when concerning the response to nb-UVB phototherapy.

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CONFLICT OF INTEREST


We the authors, declare that we have not conflict of interest.

64460, Monterrey, Nuevo León, Mexico.

Email: jocampo2000@yahoo.com.mx

ORCID

Jorge Ocampo-Candiani  <https://orcid.org/0000-0002-0213-0031>

Jorge Ocampo-Candiani¹ 
Mauricio Salinas-Santander²
Rocio Ortiz-López³
Eduardo de la Rosa-Moreno⁴
Victor Trevino³
Juan José Vilata-Corell⁵
Osvaldo Vázquez-Martínez¹
Jorge Ocampo-Garza¹
Celia Sánchez-Domínguez⁶
José Luis Alfonso-Sánchez⁷
Alejandra Villarreal-Martínez¹
Verónica Garza-Rodríguez¹

¹Facultad de Medicina, Servicio de Dermatología, Universidad Autónoma de Nuevo León, Hospital Universitario Dr. José Eleuterio González, Monterrey, Nuevo León, Mexico

²Departamento de Investigación, Facultad de Medicina Unidad Saltillo, Universidad Autónoma de Coahuila, Saltillo, Coahuila, Mexico

³Escuela de Medicina, Tecnológico de Monterrey, Monterrey, Mexico

⁴Centro de Investigación y Desarrollo en Ciencias de la Salud, Universidad Autónoma de Nuevo León, Monterrey, Nuevo León, Mexico

⁵Departamento de Dermatología, Universitat de València, Hospital General Universitario de Valencia, Valencia, Spain

⁶Departamento de Bioquímica y Medicina Molecular, Universidad Autónoma de Nuevo León, Facultad de Medicina, Monterrey, Nuevo León, Mexico

⁷Departamento de Medicina Preventiva y Salud Pública, Universitat de València, Hospital General Universitario de Valencia, Valencia, Spain

Correspondence

Jorge Ocampo Candiani, Servicio de Dermatología, Universidad Autónoma de Nuevo León, Hospital Universitario Dr. José Eleuterio González, Francisco I Madero poniente y Av. Gonzalitos s/n Postcode

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REFERENCES

- Boniface, K., Seneschal, J., Picardo, M., & Taieb, A. (2017). Vitiligo: Focus on clinical aspects, immunopathogenesis, and therapy. [review]. *Clinical Reviews in Allergy & Immunology*. <https://doi.org/10.1007/s12016-017-8622-7>
- Gupta, Y., & Ammini, A. C. (2012). Vitiligo, hypothyroidism and cardiomyopathy. *Indian Journal of Endocrinology and Metabolism*, 16(3), 463–465. <https://doi.org/10.4103/2230-8210.95715>
- Karsli, N., Akcali, C., Ozgoztasi, O., Kirtak, N., & Inaloz, S. (2014). Role of oxidative stress in the pathogenesis of vitiligo with special emphasis on the antioxidant action of narrowband ultraviolet B phototherapy. *The Journal of International Medical Research*, 42(3), 799–805. <https://doi.org/10.1177/0300060513516294>
- Kasumagic-Halilovic, E., Prohic, A., Begovic, B., & Ovcina-Kurtovic, N. (2011). Association between vitiligo and thyroid autoimmunity. *Journal of Thyroid Research*, 2011, 1–3. <https://doi.org/10.4061/2011/938257>
- Majid, I. (2010). Vitiligo management: An update. *British Journal of Medical Practitioners*, 3(3), 6.
- Ocampo-Candiani, J., Salinas-Santander, M., Trevino, V., Ortiz-López, R., Ocampo-Garza, J., & Sánchez-Domínguez, C. (2018). Evaluation of skin expression profiles of patients with vitiligo treated with nb-UVB therapy by targeted RNA-seq. *Anais Brasileiros de Dermatologia*, 93, 843–851.
- Salinas-Santander, M., Trevino, V., de la Rosa-Moreno, E., Verduzco-Garza, B., Sánchez-Domínguez, C. N., Cantú-Salinas, C., ... Ortiz-López, R. (2018). CAPN3, DCT, MLANA and TYRP1 are overexpressed in skin of vitiligo vulgaris Mexican patients. *Experimental and Therapeutic Medicine*, 15(3), 8. <https://doi.org/10.3892/etm.2018.5764>
- Spritz, R. A. (2006). The genetics of generalized vitiligo and associated autoimmune diseases. [Research Support, N.I.H., Extramural Review]. *Journal of Dermatological Science*, 41(1), 3–10. <https://doi.org/10.1016/j.jdermsci.2005.10.001>
- Spritz, R. A. (2007). The genetics of generalized vitiligo and associated autoimmune diseases. [Research Support, N.I.H., Extramural Review]. *Pigment Cell & Melanoma Research*, 20(4), 271–278. <https://doi.org/10.1111/j.1600-0749.2007.00384.x>
- Versini, M., Jeandel, P. Y., Rosenthal, E., & Shoenfeld, Y. (2014). Obesity in autoimmune diseases: Not a passive bystander. [review]. *Autoimmunity Reviews*, 13(9), 981–1000. <https://doi.org/10.1016/j.autrev.2014.07.001>