Dendrocytoclasis in Henoch-Schönlein Purpura

J. ARRESE ESTRADA,¹ F. GOFFIN,² F. CORNIL,² C. PIERARD-FRANCHIMONT³ and G. E. PIERARD¹

¹Department of Dermatopathology CHU du Sart Tilman, ²Department of Dermatology, CHR, Liège and ³Department of Dermatology, CHH, Huy, Belgium

We studied by immunohistochemistry the fate of factor XIIIa-positive dermal dendrocytes in Henoch-Schönlein purpura. We have observed apoptosis affecting most of the perivascular dendrocytes. Such an aspect of dendrocytoclasis has never previously been reported in inflammatory disorders in the absence of vasculitis.

(Accepted January 21, 1991.)

Acta Derm Venereol (Stockh) 1991; 71: 358-359.

G. E. Pierard, Department of Dermatopathology, CHU du Sart Tilman, B-4000 Liège, Belgium.

Leukocytoclastic (necrotizing) vasculitis is currently considered to result from the interplay between immune complexes, polymorphonuclear neutrophils and endothelial cells (1). Recently, dendrocytes – or at least a subset thereof – have been shown to be closely related to the microvasculature (2, 3). As these cells display phagocytic functions (4, 5), and could therefore play a role in the processing of immune complexes, we were interested to study their fate in necrotizing pediatric vasculitis.

PATIENTS AND METHOD

Skin biopsies were taken from early lesions of Henoch-Schönlein purpura occurring in children less than 13 years of age. We selected for this study 15 cases where perivascular deposits of immunoglobulins, mostly of the IgA type, and of complement were documented by immunofluorescence technique.

Controls consisted of 141 biopsies from normal skin (38), contact dermatitis (14), psoriasis (7), scleroderma (26), leprosy (9), peritumoral inflammatory reactions (47). Biopsy specimens were fixed in formalin and paraffin-embedded. Histological sections were stained with hemalumeosin.

Other sections 5 µm thick were dewaxed in xylene, hydrated in graded alcohols and preincubated with 0.05% pronase E (protease XXV, Sigma Chemical Co., St Louis, Mo, USA). Endogenous peroxidase was blocked with 3% hydrogen peroxide in methanol for 5 min at room temperature. PAP technique was used with factor XIIIa rabbit polyclonal antibody (Behring-werke, Marburg, FRG) at a dilution of 1:300 for 30 min. The 3-amino-9-ethylcarbazole was used as chromogen.

RESULTS

In all samples, leukocytoclastic vasculitis was present with extravasation of erythrocytes. The immunostaining with the factor XIII antibody revealed numerous dendrocytes in the inflammatory infiltrate. Many of them were plump. There were also signs of cytoplasmic fragmentation of dendrocytes, most probably originating from dendrites, as the diameter of these globules was small and as dendrites were almost unrecognizable (Fig. 1). Such dendrocytoclasis was prominent in all histological sections and was never seen in normal skin and in dermatitides without vasculitis (Fig. 2).

DISCUSSION

Our findings reveal that dendrocytes become altered during leukocytoclastic vasculitis, but this aspect of



Fig. 1. Leukocytoclastic vasculitis. Some Factor XIIIa-positive dendrocytes are plump (\nearrow). Fragmentation of the cytoplasm of dendrocytes (\blacktriangle , 3-amino-9-ethylcarbazole-positive black dots) and nuclear fragments (\triangle , hematoxylin-positive grey dots) are also present (anti-Factor XIIIa immunoperoxydase, \times 400).

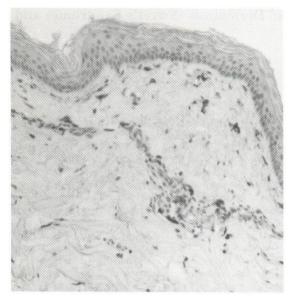


Fig. 2. Dendrocytes in normal skin do not present signs of apoptosis (anti-Factor XIIIa immunoperoxydase, ×100).

dendrocytoclasis was never seen in other inflammatory diseases (3–5) including our controls. It was observed, however, though to a lesser extent, in some PUVA-treated patients (6).

The cytoplasm (Fact- XIII-positive) fragmentation of dendrocytes is easily distinguished from the nuclear (Haematoxylin-positive) fragmentation of neutrophils. The dendrocytic alterations reminds one of a process of cell death called apoptosis (7–9). Apoptosis affects single cells and is characterized by disintegration of the cell into smaller particles, apoptotic bodies, which are then phagocytosed. They are present in physiological involution of tissues such as during the hair cycle (10). Diseases such as graftversus-host reaction, lichen planus, fixed drug eruptions, pseudopelade, regression of warts and neoplasms, and phototoxic reactions all induce apoptosis in the epidermis (11-20). It seems that dendrocytoclasis is the first example of the apoptotic process occurring in dermal cells.

REFERENCES

- Claudy AL. Vascularites leucocytaires: nouveaux concepts physiopathologiques. Ann Dermatol Venereol 1990; 117: 419–422.
- Arrese Estrada J, Piérard GE. Factor XIIIa-positive dendrocytes and the dermal microvascular unit. Dermatologica 1990; 180: 51–53.

- 3. Penneys NS. Factor XIII expression in the skin: observations and a hypothesis. J Am Acad Dermatol 1990: 22: 484–488.
- Arrese Estrada J, Laso Dosal F, Piérard-Franchimont C, Piérard GE. Heterogeneity in the cell population of the dermis. In: Piérard GE, Piérard-Franchimont C, eds. The dermis. From biology to diseases. Liège: 1989: 1–12. Monographies Dermatopathologiques Liégeoises.
- Cerio R, Griffiths CEM, Cooper KD, Nickoloff BJ, Headington JT. Characterization of factor XIIIa positive dermal dendritic cells in normal and inflamed skin. Br J Dermatol 1989; 121: 421–433.
- Piérard GE, Nikkels A, Arrese Estrada J, Ben Mosbah T, Piérard-Franchimont C. Dermal dendrocytes and photochemotherapy. Virchows Arch (A) [in press].
- Kerr, Wyllie AH, Currie AR. Apoptosis: a basic biological phenomenon with wide-ranging implications in tissue kinetics. Br J Cancer 1972; 26; 239–257.
- Searle J, Kerr JFR, Bishop CJ. Necrosis and apoptosis: distinct modes of cell death with fundamentally different ent significance. Pathol Ann 1982; Part 2, 17: 229.
- Duvall E, Wyllie AII, Morris RG. Macrophage recognition of cells undergoing programmed cell death (apoptosis). Immunology 1985; 56: 351.
- Weedon D, Strutton G. Apoptosis as the mechanism of the involution of hair follicles in catagen transformation. Acta Derm Venereol (Stockh) 1981; 61: 335–339.
- Kerr JFR, Searle J. A suggested explanation for the paradoxically slow growth rate of basal cell carcinomas that contain numerous mitotic figures. J Pathol 1972; 107: 41–44.
- Olson RL, Everett MA. Epidermal apoptosis: cell deletion by phagocytosis. J Cutan Pathol 1975; 2: 53–57.
- Hashimoto K, Kumakiri M. Colloid-amyloid bodies in PUVA-treated human psoriatic patients. J Invest Dermatol 1979; 72: 70–80.
- Weedon D, Shand E. Amyloid in basal cell carcinomas. Br J Dermatol 1979; 101: 141–146.
- Weedon D, Searle J, Kerr JFR. Apoptosis. Its nature and implications for dermatopathology. Am J Dermatopathol 1979; 1: 133–144.
- El-Labban NG, Osorio-Herrera E. Apoptotic bodies and abnormally dividing epithelial cells in squamous cell carcinoma. Histopathology 1986; 10: 921–931.
- Grubauer G, Romani N, Kofler H, Stanzl U, Fritsch P, Hintner H. Apoptotic keratin bodies as autoantigen causing the production of IgM-anti-keratin intermediate filament autoantibodies. J Invest Dermatol 1986; 87: 466-471.
- Piérard-Franchimont C, Piérard GE. Massive lymphocyte-mediated apoptosis during the ealry stage of pseudopelade. Dermatologica 1986; 172: 254–257.
- Walker NI, Bennett RE, Axelsen RA. Melanosis coli. A consequence of anthraquinone-induced apoptosis of colonic epithelial cells. Am J Pathol 1988; 131: 465–476.
- Kanerva L. Electron microscopic observations of dyskeratosis, apoptosis, colloid bodies and fibrillar degeneration after skin irritation with dithranol. J Cutan Pathol 1990; 17: 37–44.