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Introduction:

Psoriasis is considered to be a multigenic inflammatory skin disease with hyperproliferation and abnormal differentiation of the epidermal keratinocytes. In our previous work we showed that the fibronectin splice variant EDA⁺FN (oncofetal fibronectin), its receptor the $\alpha 5$ -integrin, the keratinocyte growth factor (KGF), and its receptor (KGFR) are overexpressed in psoriatic uninvolved skin, compared to normal skin. EDA⁺FN and KGF both stimulate keratinocyte proliferation, moreover KGF is also known to induce $\alpha 5$ -integrin expression.

Aim:

To measure the effect of exogenous KGF on the EDA⁺FN production of fibroblasts, keratinocytes and HaCaT cells.

Results:

Materials and Methods:

•**Cell cultures:** Fibroblasts (5th passage) Keratinocytes (3rd passage) and HaCaT cells were seeded into 6 well plates at density of 0.3×10^6 cells per cm^2 in the appropriate media and were maintained in humidified atmosphere containing 5% CO₂. These cells were incubated with different concentrations of human recombinant KGF (10 ng/ml, 25 ng/ml, 50 ng/ml, 100 ng/ml). We measured the EDA⁺FN gene and protein levels 24 hours after exogenous KGF treatment.

•**Real-time RT-PCR:**

18S rRNA expression served as internal control. Results are expressed as mean \pm SEM. Relative expressions were calculated using the $\Delta\Delta\text{CT}$ method.

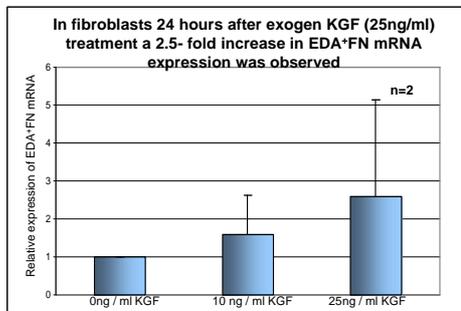
•**Immunocytochemistry on cultured human fibroblasts, keratinocytes and HaCaT cells:** primary antibody: mouse MoAb for EDA⁺FN (IST-9), DAPI was used for nuclear staining.

secondary antibody: goat anti-mouse IgG-Alexa 546

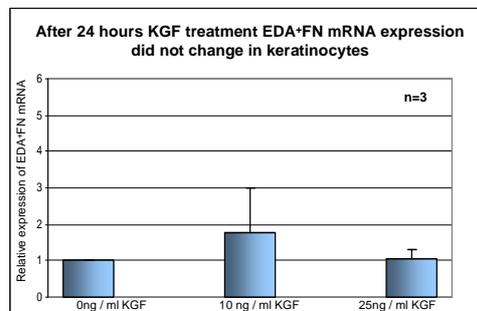
•**Flow cytometry:**

primary antibodies: mouse MoAb for EDA⁺FN (IST-9), mouse MoAb IgG₁ (isotype control), secondary antibody: goat anti-mouse IgG-Alexa 647

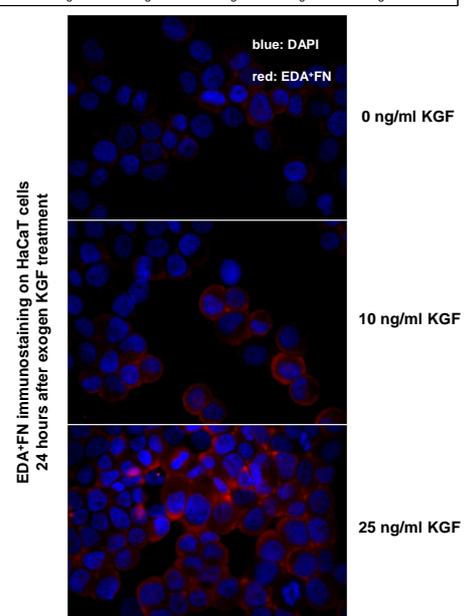
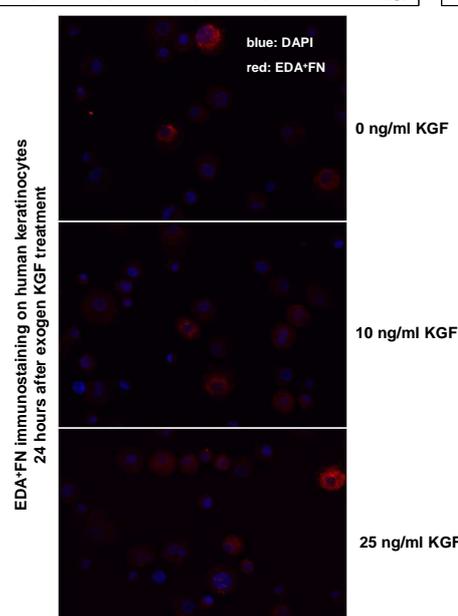
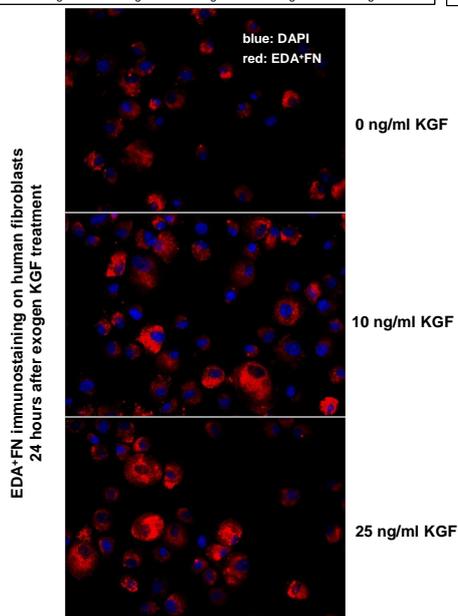
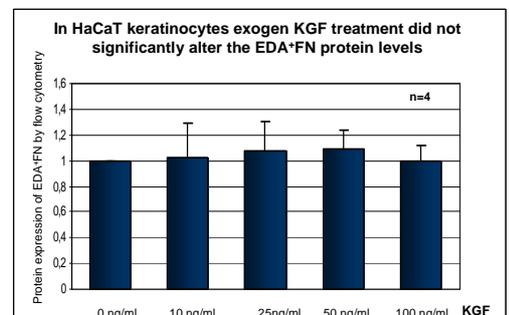
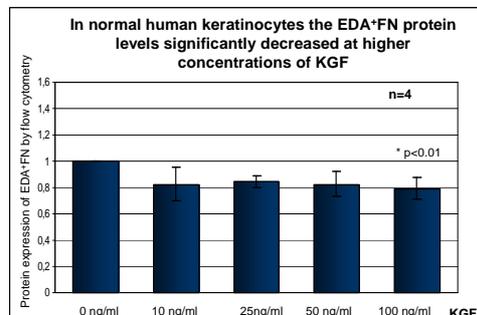
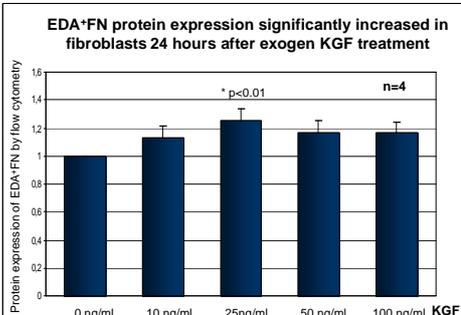
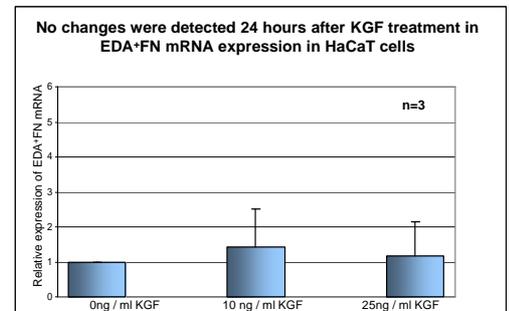
Normal human fibroblasts



Normal human keratinocytes



HaCaT cells



Conclusion:

Our results suggest that KGF can promote the production of EDA⁺FN, therefore it may contribute to the altered homeostasis in the uninvolved skin of psoriatic patients.