Xeroderma Pigmentosum (XP):

A Defect in Nucleotide Excision Repair (NER)

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<u>Physiology</u>:

- & Autosomal recessive
- & Overly sensitive condition to ultraviolet radiation, usually in the form of sunlight
- Rare disorder (1 in 1 million people have XP in the US & Europe)
- Name comes from symptoms: xeroderma-dry skin, pigmentation- skin coloring
- - ø Sunburns (redness & blistering) that don't heal after a few minutes
 - g Freckles on skin
 - Bloodshot or irritated eyes due to photophobia (sensitivity to sunlight)
 - প্ল Discolored skin
 - ø Scaly and crusty skin
 - 🕫 Premature skin aging
 - g Skin thinning
 - ø Blindness caused by (non)cancerous tumors on the eye
 - я Spider-like blood vessels
 - ø Other symptoms:
 - ষ Cloudy cornea
 - ষ Eyelashes falling out
 - ম Thin eyelids that abnormally turn in-/outwards

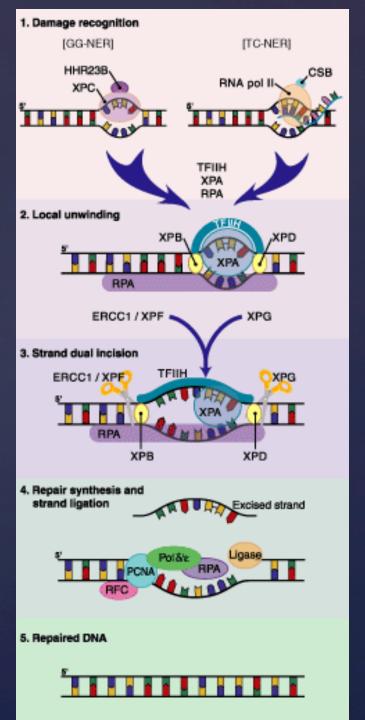


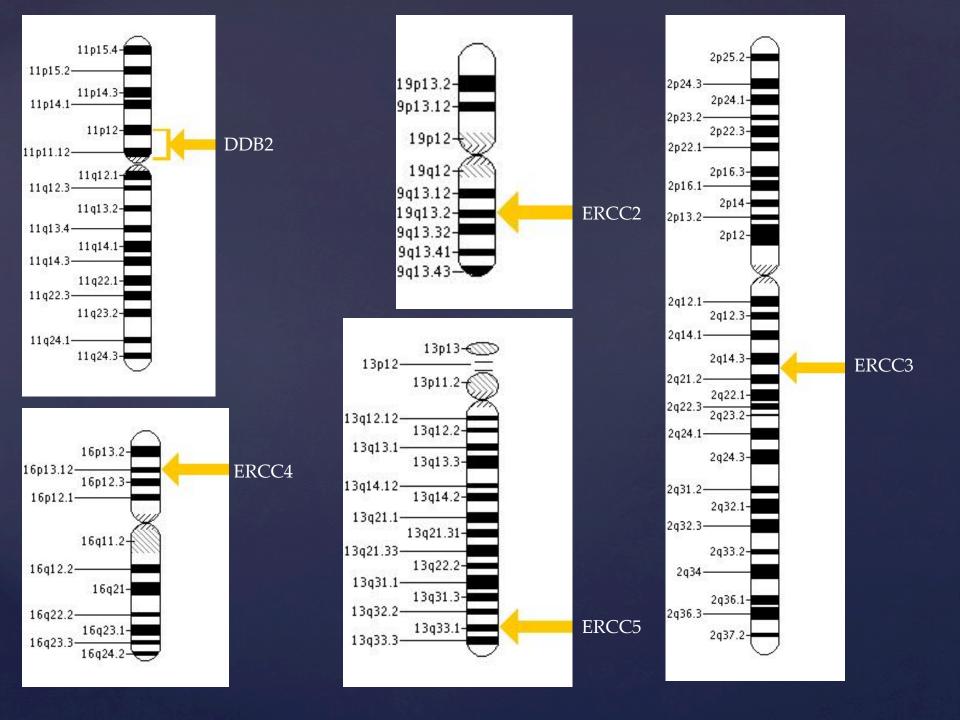


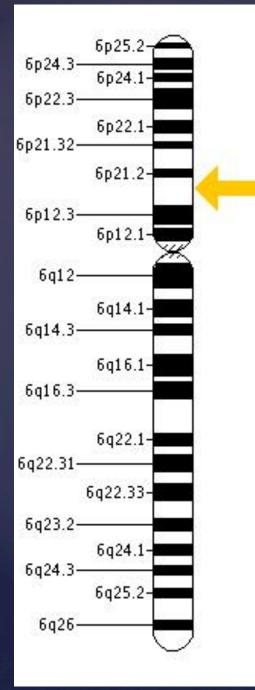
- XP is caused by a defect in gene(s) that does not allow for proper protein formation
- Example 12 Therefore, the ultraviolet-damaged DNA cannot be repaired or checked.
- k There are mutations in eight genes that cause XP:
 - ิ Ø DDB2 (damage-specific DNA binding protein 2)
 - ম Normal function: encodes necessary protein for UV-damaged DNA repair
 - ষ Located on Chromosome 11 arm p, the short arm (11p12-p11)
 - ø ERCC2 (excision repair cross-complementing rodent repair deficiency, complementation group 2)
 - ম Normal function: contains information needed to make XPD (xeroderma pigmentosum group D) protein, which helps repair damaged DNA
 - ষ Located on Chromosome 19 arm q, the long arm (19q13.2)
 - ø ERCC3 (excision repair cross-complementing rodent repair deficiency, complementation group 3)
 - ম Normal function: contains information needed to make XPB (xeroderma pigmentosum group B) protein, ATP dependent DNA helicase, which may be involved in the unwinding of DNA (5') of a damaged base
 - ষ Located on Chromosome 2 arm q (2q21)
 - g ERCC4 (excision repair cross-complementing rodent repair deficiency, complementation group 4)
 - Normal function: encodes a protein (endonuclease) involved in the 5' incision made during nucleotide excision repair
 - ষ Located on Chromosome 16 arm p (16p13.3)
 - g ERCC5 (excision repair cross-complementing rodent repair deficiency, complementation group 5)
 - Normal function: encodes endonuclease, which makes 3' incision during DNA excision repair after ultraviolet radiation damage
 - ষ Located on Chromosome 13 arm q (13q32-33)
 - ø POLH (polymerase (DNA directed), eta)
 - ম Normal function: contains information to make DNA polymerase eta, which skips over the abnormal segment of ultraviolet radiation damaged DNA during replication
 - ষ Located on Chromosome 6 arm p (6p21.1)
 - ø XPA (xeroderma pigmentosum, complementation group A)
 - ম Normal function: contains information to make protein that repairs damaged DNA
 - ষ Located on Chromosome 9 arm q (9q22.3)
 - ø XPC (xeroderma pigmentosum, complementation group C)
 - ম Normal function: same as XPA
 - ষ Located on Chromosome 3 arm p (3p25.1)

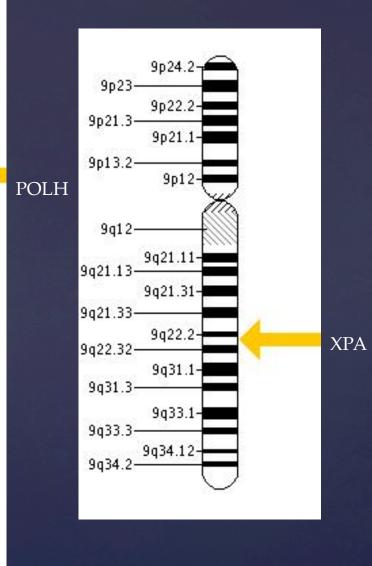
Molecular Cause RNA polymerase II codes for mRNAs, which carries instructions for making protein from DNA.

Transcription factor II H (TFIIH) is a protein complex which activates the RNA polymerase II preinitiation complex. In NER, TFIIH contains helicases needed for unwinding the DNA.











3p26.3-

3p25.2-

3p26.1-

- Amniocentesis- fetal cells are extracted from amniotic fluid (~20 mL), grown in a culture medium, and stained-->chromosomes are examined for abnormalities
- ø Chorionic villus sampling (CVS)- chorionic villi cells are removed from the placenta and are sent to a genetics lab for analysis
- & Cellular hypersensitivity to ultraviolet radiation and chromosomal breakage:
 - Xeroderma pigmentosum fibroblasts (cells that synthesizes the structural framework for tissues; in connective tissue) are stressed with different doses of UV radiation.
 - Ø Chromosomal breakage is evaluated in at least 100-200 cells, with at least 2 replicates for each dose.
 - ø Cells from the patient are compared with those from the patient's parents.
 - © Cells from unrelated healthy individuals are used as control.

XP Detection Methods





- k No cure for xeroderma pigmentosum
- Use sunscreen, protective clothing, hats and sunglasses to minimize amount of skin exposed to ultraviolet radiation
- Avoid ultraviolet radiation and sunlight by staying indoors and blocking the sun
- Use oral retinoids: "Oral retinoids have been shown to decrease the incidence of skin cancer in patients with xeroderma pigmentosum."
 - In an article in *The New England Journal of Medicine* published June 23, 1988, it is stated that a three-year controlled study was done on five xeroderma pigmentosum patients. "Patients were treated with isotretinoin (a retinoid) at a dosage of 2 mg per kilogram of body weight per day for two years... The patients had a total of 121 tumors (mean-24) in the two-year interval before treatment. During two years of treatment with isotretinoin, there were 25 tumors (mean-5) with an average reduction in skin cancers of 63%".

Treatments/Risks & Limits



- Laser surgery to remove moles and tumors, both benign and malignant
 - ø Mole removal does not use ultraviolet rays
 - ø Instead, carbon dioxide lasers are used
- k Inject monthly or weekly doses for the defected protein(s) depending on the chromosome(s) and gene(s) affected.
 - The injection would be possible using a needle into the skin
 - This technique is similar to the protein injection done in the brains of mice.
 - ø Doing this will hopefully make symptoms less severe and will allow for DNA (even partial DNA) to be repaired.
- Use lotion such as shea butter and aloe gel to sooth the blistering because blisters hurt a lot.
 - চিea butter is made from fat from the nut of the African shea tree.
 - 🛭 Aloe gel is also known as aloe vera.



Proposed Cure & Limits



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