

NATIONAL DERMATOLOGY RESIDENT LECTURE SERIES SUMMARY

Lecture: Melanocytes and Melanogenesis by Dr. Aaron Wong

Date: April 28, 2020 via Zoom

Compiled by: Misha Zarbafian, PGY3, University of British Columbia

Melanocytes

- Embryonic development
 - Melanocytes originate from the ectodermal-derived neural crest
 - Melanocyte precursors are called melanoblasts
- Location in body
 - Melanocytes end up in the skin, hair follicle, ear, eye, and CNS
 - Think skin pigmentation, deafness, ocular findings
 - Highest density: face & genitalia

Melanization

- Involves transcription of necessary proteins, melanosome biogenesis, transfer of melanosome to keratinocytes
- Biological regulators
 - Mitf (Microphthalmia-associated transcription factor – “Master regulator”), Wnt, Endothelins (ET), Steel factor, Protein kinase C, Tyrosinase & Tyrosinase-related proteins
 - **Basic summary** – Mitf activation by:
 - Wnt
 - Steel factor binding to C-kit (MAPK pathway)
 - α -MSH-ACTH binding to MC1R
 - Melanin synthesis
 - Derivative of DOPA (eumelanin & pheomelanin)
 - Function: protect DNA from UV; converts light to heat
 - Located in modified lysosomes called melanosomes
 - Biosynthesis issues \rightarrow oculocutaneous albinism (OCA)
 - Melanosomes
 - Lightly pigmented skin: melanization stages II/III, smaller size, <20 per cell, distributed in groups of 2-10, degraded quickly
 - Darkly pigmented skin: melanization stage IV, larger size, >200 per cell, distributed as single melanosomes, degraded slowly

Melanosome has to be Transferred from Melanocyte to Keratinocyte

- Griscelli syndrome
 - Type 1 (neuro): MyoVa (myosin Va)
 - Type 2 (immune): Rab27
 - Type 3 (skin): Melanophilin (Mlph) & myosin Va (rarely)
 - Silvery hair common finding in all types
 - Uneven clumps of melanin in hair medulla (Chediak-Higashi “punctate pattern”)
- Chediak-Higashi Syndrome
 - Gene/Protein: LYST or CHS1 encoding lysosomal trafficking regulator
 - Leads to GIANT organelles
 - Skin: OCA, silvery hair, slate-gray skin

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- Heme/Immune: Easy bruising, infections, hemophagocytic syndrome
- Neurologic deterioration
- Labs: giant intracytoplasmic granules
- Treatment: Stem cell transplant
- Hermansky-Pudlak Syndrome
 - Gene (HPS 1, 3, 4, 5, 6, 7) & AP3B1; trafficking issue
 - Clinical:
 - “4 Ps”: Puerto Rico, Platelet dense bodies (missing), Pigment dilution (OCA), Pulmonary fibrosis

Melanocytopenic versus Melanopenic

- Melanocytopenic: decreased numbers of melanocytes
- Melanopenic: less or defective melanosomes
- By default, melanocytopenic conditions would be melanopenic as well
 - Piebaldism
 - Autosomal dominant (gene: C-kit proto-oncogene)
 - Protein: tyrosine-kinase receptor (phosphorylates Mitf)
 - Clinical: white forelock, reticulate depigmented, melanocytopenic areas
 - Management: reassurance, rule out deafness, cover-up, melanocyte transplant/transfer
 - Waardenburg Syndrome
 - Ocular (Heterochromia irides, dystopia canthorum)
 - Auditory (Sensorineural deafness)
 - Cutaneous (Depigmentation, white forelock/poliosis)
 - OCA
 - Generally, as the OCA # increases, affected individuals have more melanin
 - Disorder of melanization – defective genes affect melanin synthesis
 - OCA 1 is temp-sensitive (tyrosinase inactivates at $T > 37^{\circ}\text{C}$)
 - Vitiligo:
 - Subtypes: ponctué, inflammatory, figurate papulosquamous, blue, trichrome, quadrichrome, pentachrome, hypochromic
 - Management: active non-intervention, camouflage/make-up, topical steroids/calcineurin inhibitors, phototherapy, excimer laser, autologous transplant techniques, micropigmentation/tattooing, depigmentation, afa-melanotide, JAK kinase inhibitors, support group

Questions During Presentation

- List 5 diseases that can present with a white forelock (poliosis)
 - Inherited: Piebaldism, tuberous sclerosis, Waardenburg syndrome
 - Acquired: Vitiligo, alopecia areata, halo nevi, Vogt-Harada-Koyanagi
- List 3 syndromes that can present with silvery hair (do not confuse with poliosis)
 - Chediak-Higashi, Griscelli syndrome, Elejalde, OCA1, Hermansky Pudlak