TOGETHER AGAINST GENODERMATOSES - NEWSLETTER 6 - July 2011

Since 2003, Genodermatoses in Mediterranean gets together stakeholders of the management of severe genodermatoses from Mediterranean and Middle-East countries. The aim of this project is to improve the health care and social care of patients with severe genodermatoses. This project has been initiated by Fondation Rene Touraine thanks to the support of one of its founding members: Laboratoires Pierre Fabre. Since 2008, this project is developing on the European level thanks to a co-funding from the European Union, in the framework of the Public Health Programme through the Together Against Genodermatoses grant (TAG n° 2007 335).

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October 13 – 15, 2011: the annual Genodermatoses in Mediterranean - Together Against Genodermatoses working session

The next Genodermatoses in Mediterranean - Together Against Genodermatoses meeting will be held on October 13-15, 2011. It is organized by MAGEC – Necker, the national centre of expertise for genetic skin diseases at Necker – Enfants Malades Hospital in Paris.

Meeting Programme

October 13

A satellite training course intended for specialists and paramedics willing to learn more about the health care of patients with inherited epidermolysis bullosa and ichthyosis, genetic counseling and therapeutic education.

October 14

A day focusing on the analysis of the participants' questionnaires. The morning will be focused on the exchange of « know-how » for an adapted health care of patients to each country's realities: patients, medical and paramedics' experience. The afternoon will be dedicated to discussing collaborative projects focusing on the patients.

October 15

A morning session with the industry to discuss the following issues:

- solutions to improve access to medicines, cosmetics, medical devices and other products
- grants for the training of specialists and nurses
- any partnership focusing on patient needs
- >Learn more about the programme

A questionnaire to share knowledge and experiences

To prepare this meeting, we invite health care professionals and patient organizations to answer a questionnaire. Three sections will cover:

- « Tips and hints » developed by patients and caregivers to improve the daily life in these diseases
- Medicine, cosmetics, medical devices and other products required to improve patient care.
- What you can bring to and what you can expect from collaborative projects in the field of diagnostic, care, training, clinical and therapeutic research.

> Take part in the survey

Educational grants to facilitate the participation of young teams

15 educational grants will be awarded to facilitate the participation of young teams.

> Learn more about the grants

> Download the application form

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News from the countries

Bulgaria

From: Ivelina Yordanova, Department of Dermatology and Venereology, Medical University, Pleven, Bulgaria

A new diagnostic method for epidermolysis bullosa

Thanks to a grant from DEBRA International, Bulgaria is starting a new diagnostic method - immunofluorescent antigen mapping for epidermolysis bullosa patients in Bulgaria.

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Italy

From: Dr. Maya El-Hachem, Department of Dematology, Ospedale Pediatrico Bambino Gesù; Giovanna Zambruno, Istituto Dermopatico dell'Immacolata, IRCCS, Roma; Gianluca Tadini, Dipartimento di Anestesiologia, Terapia Intensiva e Scienze Dermatologiche dell'Università di Milano

Diagnosis

The department of dermatology of the Ospedale Pediatrico Bambino Gesù is developping a muldisciplinary approach for the diagnosis of ichthyosis. A diagnosis test for ichthyosis wil be available soon.

Health Care

- One of the Ospedale Peditraco Bambino Gesù surgeons that trained in Birmingham Children's Hospital can now perform hand surgery for epidermolysis bullosa patients.
- The referent pediatrician for epidermolysis bullosa has written a book of specific recipes adapted to each age of EB patients. The book layout is under process.

Guidelines

- The national Italian Guidelines on "Diagnosis of inherited epidermolysis bullosa" have been published in March 2011 (validated by the National System for Guidelines and recognized by the Italian Ministry of Health). The expert group who contributed comprises all Italian TAG participants (Gianluca Tadini from Milan; May El-Hachem, Bruno Dallapiccola, Andrea Diociaiuti and Alberto Villani from OPBG; Corrado Angelo, Daniele Castiglia and G. Zambruno from IDI).
- On the Ospedale Pediatrico Bambino Gesù's website, www.ospedalebambinogesu.it, the information about inherited epidermolysis bullosa has been updated according to the multidisciplinary approach developed in Ospedale Pediatrico Bambino Gesù.

Training

- A seminar on Ectodermal Dysplasias was held in Milan on June 11, 2011. To download the programme, please click here.
- Two joint OPBG (May El Hachem) and IDI (Giovanna Zambruno's Institute) training initiatives are planned, the first one will be held on September 17 at IDI on "Xeroderma pigmentosum and trichothiodystrophy: from diagnosis to therapy" and the second one on November 17 at OPBG will deal with the global care of patients with severe genodermatoses. This second session will focus in particular on the link between reference centres and primary care by family paediatricians or general practitioners, as well as different aspects of patient care by nurses, physiotherapists, dieticians, psychologists etc., in a reference centre versus home setting. Both courses will receive CME accreditation (the second one also for nurses) and will be free of charge for participants. They will be organized with the support of the TAG project. The detailed programs will be sent soon.

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Kuwait

From: Arti Nanda, Senior Consultant Dermatologist and Pediatric Dermatologist, Head of Unit - Pediatric Dermatology

Publications on genetic skin diseases in Kuwait

Publications on genetic skin diseases in Kuwait and other countries have been listed. To access this bibliography, please click here.

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Lebanon

From: André Mégarbané, Head of the Medical Genetics Unit, Faculty of Medecine, Saint Joseph University, Beyrouth, Lebanon

The Molecular Genetics Unit (UGM) of the Saint Joseph University

- The Molecular Genetics Unit (UGM) of the Saint Joseph University got back to work at the end of the war in 1990. Its activity consists in the 3 founding axis of the human genetics: clinic genetics, (constitutional and molecular) cytogenetics, and molecular genetics.
- Regarding molecular diagnosis, more than 30 genetic diseases are analysed, including some ectodermal dysplasia.
- In the meanwhile, we are working on mapping the genes involved in very rare forms of genodermatoses, mainly recessive autosomal ones. To do so, the UGM equipped itself with a high-performance technical devices: automatic sequencers, SNP oligo-nuclotides arrays, real time PCR....
- The aim of these research projects is to know the spectrum of the mutations responsible in human genetic diseases frequently found in Lebanon. Understanding the mechanisms of genetics variability, of normal physiology and of the physiopathology of a protein to perform greatly reliable diagnosis tests and genotype-phenotype correlations (from patient to gene and from gene to patient) at a national and international level is becoming possible in Southern countries...

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The Netherlands

From: The International COL7A1 Mutation Database team
Dr. P.C. van den Akker, MD, curator, Department of Genetics, University Medical Center Groningen
Contact: p.c.van.den.akker@medgen.umcg.nl

The International COL7A1 Mutation in Dystrophic Epidermolysis Bullosa (DEB) Database

At the end of 2010, we have released the International COL7A1 Mutation in Dystrophic Epidermolysis Bullosa (DEB) Database. It can be freely accessed online at www.col7a1.org.

Over 700 patients with Dystrophic Epidermolysis Bullosa (DEB) and over 550 different COL7A1 mutations have been reported in the scientific literature and these numbers ever increase. Both in the clinical situations of paediatric dermatology and genetic counselling and in the research situation one would like to have instant access to all available information on these patients and mutations. However, it is both impractical and impossible to know all this information by head or even to have all these publications at hand for consultation.

For example, if a newborn with DEB would present with the homozygous mutation p.Arg2069Cys, general genotype-phenotype correlation rules would predict a "generalized other" recessive DEB phenotype for this baby. However, this mutation has been identified in 16 patients of whom 12 with the rare inversa type of recessive DEB, making this phenotype the most likely outcome in this baby. Although the skin phenotype can be very mild in the inversa type, the mucosal and oesophageal phenotype can be very severe. To find this extremely important information and make the correct diagnosis in this patient, an extensive literature study was required to date.

Therefore, we have built the International COL7A1 Mutation Database. This database contains all available information on all DEB patients reported: clinical information, results from immunofluorescence and electron microscopy studies in patients' skin biopsies, results from COL7A1 mutation analysis, and even the potentially disease modifying MMP1 promoter SNP genotype. All the information is freely available at the hand of a simple mouse click to every clinician and researcher in the world with a computer and internet connection. A simple database search would instantly reveal the strong association of the p.Arg2069Cys mutation with the inversa type of DEB.

Share information on DEB patients

We are working on entering the information on all published patients in the coming months. The database also contains a series of unpublished DEB patients from the centres involved in the construction of the

database. Sharing of information on unpublished patients greatly increases the quality, value and usefulness of the database and the available knowledge about DEB and associated mutations.
Therefore, we kindly invite other colleagues to join the collaboration on this project and to also submit their unpublished cases. For more information, please contact the administrator (contact information below), or see www.col7a1.org.

Mutation analysis can be indicated to confirm a clinical diagnosis of Epidermolysis Bullosa and to aid genetic counselling regarding prognoses and recurrence risks. Moreover, if the causative mutation(s) in the index patient is(are) known, carrier testing of at risk family members is possible, as well as invasive prenatal diagnosis or pre-implantation genetic diagnosis.

Mutation screening of the genes involved in Epidermolysis Bullosa is performed by two laboratories in the Netherlands. The COL7A1 gene, involved in Dystrophic Epidermolysis Bullosa, is screened in the Department of Human Genetics, Radboud University Medical Centre Nijmegen. For contact and practical information, including a request form, see http://www.dnadiagnostieknijmegen.nl/en/dd_request_en.php.
For the genes involved in the Simplex (KRT5, KRT14, PLEC1) and Junctional (LAMA3, LAMB3, LAMC2, COL17A1) subtypes of EB, mutation analysis is performed in the Department of Genetics, University Medical Center Groningen. For mutation analysis of these genes, Dr. H. Lemmink can be contacted (monsterontvangst@medgen.umcg.nl).

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Saudi Arabia

From: Khalid M. Al Aboud, M.D, Medical Director and Consultant Dermatologist, Department of Dermatology, King Faisal Hospital, Makkah, Saudi Arabia.

Genetic Skin diseases remain a very important health problem in Saudi Arabia, Gulf countries, and in Arab world in general.
In 2004, I and my colleagues [1] have provided a review about the published reports of genodermatoses in the Gulf Countries http://gulfdermajournal.com/2004-04.htm. Different types of genodermatoses exist in Saudi Arabia. Some of them are common while the others are rare. As the size of the kingdom of Saudi Arabia is very large, the uncommon and the rare genodermatoses have been observed in one region more than the others. For instance, families affected with Papillon-Lefèvre syndrome are observed in the central part (Riyadh) of Saudi Arabia [2]. Whereas families affected with Kindler syndrome [3] and hereditary hypotrichosis simplex [4] have been spotted in the western part.
The pattern of genodermatoses in the kingdom of Saudi Arabia is changing as new types keep emerging and appearing in different regions.

Two recent reports on two uncommon skin diseases: Pityriasis Rubra Pilaris (PRP) and Skin Fragility Woolly Hair Syndrome (SFWHS)

Cases of Pityriasis Rubra Pilaris (PRP) in eastern Province (Dammam)

Al-Natour [5] has reviewed 28 patients affected with PRP (MIM ID %173200). The clinical and the histopathological confirmations of the diagnosis were carried out in 16 cases of them. She found that type IV is the commonest type of PRP in the patients reviewed and she emphasized the importance of suspecting PRP in any patient with acute onset keratoderma.

Cases of Skin Fragility Woolly Hair Syndrome (SFWHS) in eastern province (Makkah)

Al-Owain M, et al, [6] reported a family with SFWHS (MIM ID #607655). It is the third family reported in the literature. This large Saudi family has 5 affected patients with SFWHS. The first case presented with palmoplantar keratoderma, woolly hair, variable alopecia, dystrophic nails, and excessive blistering to trivial mechanical trauma. Genetic mapping revealed a link to short arm of chromosome 6 that harbors the DSP. The authors introduced the term 'desmoplakinopathies' to describe all the phenotypes related to defects in the desmoplakin.

Some patients of the kindred described by Al-Owain are followed in dermatology department in King Abdulaziz Medical City, in Jeddah, and the number of affected patients reaches now 10. In contrast to other genodermatoses such as epidermolysis bullosa simplex (MIM 131800), patients with SFWHS do not appear to improve with age. Unlike other forms of keratoderma, this disorder was disabling, and patients required a wheelchair for mobility.

An unprecedent interest in helping patients affected with genodermatoses in Saudi Arabia

Dr Omar Al-Sheikh , the general secretary of Arab league of Dermatologists (PALD) and Dr Ali Raddadi , the president of Saudi Society of Dermatology and Dermatology Surgery (SSDDS) expressed their willingness to collaborate and support the project of «Genodermatoses and Mediterranean - Together Against Genodermatoses» to achieve its goals.
Both PALD and SSDDS are keen to set up a task force to deal with this important health issue.
The strategy includes:

- training the health care professionals (dermatologists, paediatricians, pathologists, family physicians, general practitioners, nurses, social workers...) on how to diagnose, manage, and deal with genodermatoses.
- improving the access of the affected patients to the highly specialized health care centers.
- supporting the families with genodermatoses and providing them with necessary medical supplies.

Dr Omar has already urged the members of PALD to enrich the Arabic version of online encyclopedias, like wikipedia, with updated reliable and informative data in Arabic on skin disorders including genodermatoses, so that it becomes readily available to the patients and their families.

>Learn more about the Papillon-Lefèvre Syndrome on Orphanet

>Learn more about the Pityriasis Rubra Pilaris on Orphanet

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Slovenia

From: Mateja Dolenc-Voljc; Polona Zakosek, Debra Slovenia

A study on epidermolysis bullosa patients in the Balkan Peninsula

At the initiative of Dr. Mirjana Liovic, DEBRA Slovenia is involved in the project of molecular diagnostics of EB simplex.
Dr. Liovic, Ph.D. (molecular biology of the cytoskeleton) and head of research projects at the Medical Faculty in Ljubljana deals primarily with the study of functions of keratin K5 and K14, which cause epidermolysis bullosa simplex disease. The study entitled "EB in the Balkan Peninsula and keratin nanoparticles as tool for protein therapy" also includes the countries of former Yugoslavia (Croatia, Serbia, Bosnia and Herzegovina, Montenegro, Macedonia). DEBRA Slovenia has the task of grooming and collecting samples of patients from the whole area.

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Sudan

From: Prof. Safiedin Ali, Department of Dermatology, Military Hospital,

The work was done with Dr Nancy Etag Seif, Dermatology resident in Sudan National Specialization Board.

A study in the two main hospitals for dermatology on 61 genodermatoses patients

We did a study for patients with genodermatoses in the two main hospitals for dermatology in Sudan, the Khartoum Teaching Dermatology Hospital and the Omdurman Military Dermatology. We obtained very interesting results. The number of patients seen between August 2009 - August 2010 were 61 genodermatoses patients: 35 females (57.4%) and 26 males (42.6%). 35.5% were of the age group 1-5 years. The mean age for the whole group was 9.403 and the standard deviation was 12.84.

Ichthyosis was the predominant disease

Ichthyosis was the predominant disease among other genodermatoses (50%) followed by xeroderma pigmentosa (13%), then palmoplantar keratosis (9.86%), neurofibromatosis (8.2%), ectodermal dysplasia (4.9%), epidermolysis bullosa (3.3%), and Darrier disease, Hailey-Hailey , tuberous sclerosis and aplasia cutis (1.6% for each). Among the icthyosis patients non bullous form was the predominant type being 17 (54.8%), followed by ictyosis vulgaris 5 (12.9%), then lamellar type 4 (12.8%), then acquired and bullous icthyosiform erythroderma 2 (6%) patients each. 71 % of the ichthyosis patients developed the disease since birth, while 29% developed the disease later in their life.

Consanguinity played a major role in icthyosis, being 23 (76.7%). 13 (41.9%) of the icthyosis group had positive family history of one or more member. 18 patients of icthyosis had an associated condition commonly palmoplantar keratosis. Most of these patients had some form of disability (54.8%).

Most of these patients were poor to the extent that they had difficulty in accessing treatment and specialized care. Those who were able to access treatment had good income. The support was mainly from families and few got medical insurance.

Next steps

- Establish an education and counselling program for the patients and their families about the genodermatoses
- Conduct more studies regarding prevalence of genodermatoses in other areas in Sudan.

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Syria

From: Nazek Jarjour, MD, Dermatologist, Lattakia, Syria

Awareness raising of specialists and general public on prevention and health care of severe genodermatoses patients

Presentations of genodermatoses and TAG project were organised in November 2010 at the Syrian Society of Dermatologists meeting, in March 2011 at the symposium of Dermatology in Lattakia and in April 2011 in Aleppo -the second major city- at the symposium organised with the Department of Dermatology - school of medicine, Aleppo university, and Al Hamdanyia dermatology center (the two main referral centers in town). The following subjects were treated: studies to develop, doctors training, patients health care and participation in the cooperative programmes.

Creation of the first group for genodermatoses in Aleppo

Interested dermatologists gathered and and the first group for genodermatoses in Aleppo was created. The group chose to start by studying inherited epidermolysis bullosa. A seminar on epidermolysis bullosa was held later in the same center. The team there has published a form for diagnosis and follow up for epidermolysis bullosa patients; it is being finalized to be distributed to other centers.

Awareness raising of the general public on inherited diseases

Awareness raising actions are undertaken for NGO and general public, e.g. a speech given at the meeting of a women's society.

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Tunisia

From: Prof. Mokhtar Insaf President of STDV, in association with the dermatology departments of Hédi Chaker - Sfax Hospital, Fatouma Bourguiba - Monastir Hospital, Farhat Hached - Sousse Hospital, Charles Nicolle - Tunis Hospital, La Rabta - Tunis Hospital, Military - Tunis Hospital, Tunis Pasteur Institute, Habib Thameur – Tunis Hospital and the group working on the XP, Nejib Doss

Bring social support, improve the life quality of the genodermatoses patients in Tunisia thanks to the cooperation between specialists, scientists, authorities and patients associations.

Genodermatoses are recognized as handicapping diseases by the Tunisian laws. Therefore genodermatoses patients have the same rights as a handicapped person such as free care and free transportation. In addition, in the framework of the National Public Health Plan, we are involved in the

Program Against Handicapping Childhood Diseases. Our objectives are to reduce the number of new cases through health education and prenatal diagnosis and improve the life quality and the care for genodermatoses patients.

Medical and scientific advances in the xeroderma pigmentosum field

Regarding medical and scientific activities in the XP field, we identified a new mutation in the XP A Group and new form of XPA without skin injury, relationship between pigmentosum macula, lentigo and melanoma, how to make prenatal diagnosis in the XPA and C families and prevent risk marriages by the identification of healthy heterozygous.

The training of troop units' doctors

Diagnosis of genodermatoses awareness-raising sessions have been scheduled for the troop units' doctors. Troop units' doctors are the ones who examine the young people before their enlistment. They refer palmoplantar keratoderma, ichthyosis and neurofibromatosis patients to dermatologists.

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Turkey

From: Şeniz ERGİN, MD, Pamukkle University Hospital, Department of Dermatovenereology, 20070 Kinikli Denizli-Turkey

The Lutfu TAT Symposium will be held on November 16-20, 2011 in Ankara during which a "Genodermatoses working group" will be established under the supervision of the Turkish Dermatology Association.

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News from the associations of patients

Bulgaria - Debra Bulgaria

A delegation from DEBRA Bulgaria (epidermolysis bullosa patients' association) came to Italy on February 21-25 where they were received by representatives of the Italian Parliament (On. Mariella Bocciardo) and Debra Italy, to download the programme please click here. The delegation visited Maya El Hachem and the OPBG on February 21st, and Giovanna Zambruno at the Institute on February 22nd. The aim was to establish links to improve diagnosis and care of epidermolysis bullosa patients, also in view of the new European directive on cross-border health care (directive 2011/24/EU, published on March 9).

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Croatia - Debra Croatia

From: Vlasta Zmazek, President of the Croatian Society for Rare Diseases, President of Debra Croatia

Since 1996, Debra Croatia is actively assisting people with epidermolysis bullosa and their families in Croatia and neighbouring countries. This association has established a system for the support of epidermolysis bullosa patients in Croatia. It also actively helped in the creation of Debra Serbia, Debra Slovenia and Debra Bosnia and Herzegovina.

Towards a regional cooperation with ex-Yougoslavia countries

Debra Croatia has organized a regional meeting of the Debra organisations form ex-Yugoslavia countries and an initiative for regional cooperation.

This cooperation is essential to help solving the recurrent issues linked to these pathologies, such as:

- the lack of interest in these diseases,
- the small number of associations,

• insufficient access to grants and funds,
• the lack of patients registries,
• the lack of training,
• the unavailability of specialists.

Through the regionally coordinated actions, DEBRA associations could play an engine role and make significative progress in the health care of rare diseases.
Croatia, as an official EU candidate country, has the possibility to apply for project funding through EU programs, which could considerably increase the effectiveness of the regional cooperation.

A first regional meeting !

On January 15th 2011, a meeting between Debra Croatia, Debra Slovenia, Debra Bosnia and Herzegovina and Debra Serbia took place in Zagreb, where the organizations agreed on engagement with the preparation of Rare Disease Day in the four countries and on providing their support to Dr. Liovic from Slovenia with her research project for Simplex epidermolysis bullosa.

The next actions

• A common research on quality of life of EB patients!
• Meetings and lectures for physicians!
• The second Symposium on epidermolysis bullosa (Zagreb 2012)

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Italy - UNITI, the Italian association for ichthyosis patients

On June 18, 2011, UNITI (Italian ichthyosis patients' association) held its annual meeting at the Institute with the participation of dermatologists from the Istituto Dermopatico dell'Immacolata, the Ospedale Pediatrico Bambino Gesù, and the Dipartimento di Anestesiologia, Terapia Intensiva e Scienze Dermatologiche dell'Università di Milano, all are participants in TAG. To download the programme, please click here.

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Morocco - The Moroccan Association for Genodermatoses (AMDG)

The genodermatoses association (AMDG) is taking a step forward in its action strategy:
• Patients' parents are now included in the board of the association
• A great awareness-raising campaign is planned for the upcoming months.
• A partnership convention is in process with another association who will enable the schooling of xeroderma pigmentosum children with the help of voluntary teachers.
• The website of the association is being finalized.
• The patronnage of personalities will help the association raise funds to help the health care of patients: xeroderma pigmentosum, as well as other severe genodermatoses, such as dystrophic epidermolysis bullosa or severe ichthyosis patients.

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The Netherlands - Debra International

The Debra International Care Congress will be held in the University Medical Center Groningen, The Netherlands, on October 27 - 30.
Learn more at www.debracongress2011.com

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Tunisia - Association to help xeroderma pigmentosum children

www.xp-tunisie.org.tn

The activities of the Xeroderma Pigmentosum Children Association are numerous. For example, M. Abdelmoumen Hleli, an active member of the association in Kasserine, distributed clothes and sunscreens in March 2011. In this governorate, 52 patients have been spotted in 2010 (there are 300 patients in Tunisia, with a mean prevalence of 1 to 2/20 000 and depending on regions 1/100).
The association has focused on the protection of children in their environment with:
• laying of UV filter (in 83 homes, 37 schools, 1 work place, 19 cars, 3 hospitals)
• distribution of sunglasses (150) and glasses (14)
• distribution of clothes and hats (180)
• distribution of sunscreens (375)
• supply of LED in 3 homes
To facilitate a protected life, it provided air conditioners in 24 homes and 3 hospitals.
To help patients and families, it organised activities in the Habib Thameur hospital in Monastir, as well as 2 short stays and one summer camp. To rally the general public and raise its awareness, the association made several campaigns with 28 televised interventions, 38 radio shows, 72 articles, 5 public meetings. Finally, the association plans on building a centre for xeroderma pigmentosum. To support genodermatoses patients, two patients associations were created. The main activity of the Support Association for XP children is to provide free UV living space and sun protection.
A very significative success is that Lamia passed her baccalaureat. To read the article published on June 30th, 2011, click here.

Tunisia - Nedra Association

Nedra association aims at supporting children and families with severe genodermatoses such as neurofibromatosis, ichthyosis, epidermolysis bullosa, anhydrotic ectodermal dysplasia.

Executive Agency for Health and Consumers

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