Mast cells and their proteases are thought to participate in the development of skin blisters in various pathological conditions. In this study, suction blistering was used as an experimental model to evaluate the significance of mast cells in blister formation after pre-treatment of normal skin with intradermal injections of 100 μg/ml compound 48/80 (a mast cell degranulator) or with 0.1% capsaicin cream. Tryptic and chymotryptic enzyme activities in blister fluids were measured with sensitive p-nitroanilide substrates. Repeated injections of compound 48/80 once a day on 3 or 5 consecutive days or capsaicin applications 3 times a day for 7 or 10 days were used to induce mast cell degranulation and inflammation in normal skin. Both treatments ultimately led to decreased wheal and erythema reactions before suction blistering, but neither treatment affected the size or formation rate of suction blisters. No suction blister fluids had detectable levels of chymotryptic activity, but blister fluids from bullous pemphigoid, herpes zoster and insect bullous eruption, used as the control, revealed clear chymotryptic activity. In addition, tryptic activity in suction blister fluids was not significantly altered after compound 48/80 and capsaicin pre-treatments. However, if the wheal reaction was induced immediately before suction blistering, a significantly increased rate in blister formation together with increased tryptic activity was found, but, unexpectedly, no chymotryptic activity could be detected in blister fluids. The results show that repeated mast cell degranulation in normal skin has no effect on the formation rate of suction blisters, which developed more rapidly on acutely healing skin. This is probably due to skin oedema rather than mast cell proteases, since no chymotryptic activity was detected in suction blisters where tryptic activity exhibited high individual variation. Key words: mast cell; protease; suction blister.

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Mast cells and their serine proteinases, tryptase and chymase, have been assumed to be important regulatory elements in cutaneous inflammatory and blistering diseases (1–3). Bullous pemphigoid is characterized by urticarial lesions, which appear prior to blister formation. The participation of mast cells has been suggested to be a factor in the development of skin lesions in pemphigoid, since the early lesion mast cells are hypogranulated and their granules are spread extracellularly (3). In addition, high histamine and tryptase levels detected in pemphigoid blister fluids indicate mast cell activation (2, 4). In the health- looking skin of patients with dermatitis herpetiformis, injection of compound 48/80 has in some cases been found to cause a dermatitis herpetiformis-like bullous lesion, which suggests mast cell involvement (5).

Since suction blisters arise in the lamina lucida of the basement membrane (6), a suction blister device was used in this study to clarify whether (a) the matrix and basement membrane structures in normal skin can be affected by preceding compound 48/80 treatment leading to more rapid suction blister formation, or whether (b) depletion of mast cells from mediators by repeated administration of compound 48/80 could result in slower suction blister formation. Since sensory nerves and mast cells form a close anatomical and functional unit in skin and neuropeptides can induce mast cell degranulation (1), capsaicin pre-treatment (7) was used to clarify the possibility that disturbances in sensory-nerve and mast cell interactions could modulate suction blister formation. The levels of trypsin- and chymotrypsin-like enzyme activities were measured in the blister fluid in order to evaluate the influence of these compounds.

MATERIAL AND METHODS

Chemicals
Aprotinin, Tris(hydroxymethyl)aminomethane, bovine serum albumin (BSA), compound 48/80, 8-methyl-n-valinyl-6-nonenamide (capsaicin), Z-Gly-Pro-Arg-p-nitroanilide, soybean trypsin inhibitor (SBTI) and heparin sodium salt from porcine intestinal mucosa were obtained from Sigma (St Louis, MO, USA). N-Succinyl-Ala-Ala-Pro-Phe-p-nitroanilide was purchased from Vega (Tucson, Alabama, USA).

Treatment of skin for suction blistering
Experiment I. This experiment included 7 healthy volunteers (5 females and 2 males, age range 23–48 years, mean 38 years). Before blister induction, 3 adjacent skin areas of each subject were selected either on the medial forearm (4 subjects) or on the thigh (3 subjects). Of the 3 skin areas, the first was treated with 0.1% capsaicin cream (the drug was dissolved in Novalan® base cream, Orion Corporation, Helsinki, Finland) 3 times a day for 7 days and with 100 μl 0.9% NaCl intradermal injection per day on 3 consecutive days immediately before inducing suction blisters. The second skin area, imitating the first, was treated topically with Novalan cream and with an injection of 100 μl (100 μg/ml) compound 48/80. The last injection of the compound 48/80 was given 1–2 h before starting the blister induction. By then, the wheal and flare had subsided entirely. The third skin area, which served as the control, was treated with both Novalan cream and 0.9% NaCl injections. In each skin area, 2 adjacent 100 μl injections were given matching the adjacent caps in the suction blister device. All injections were given by the same person. Before starting the experiment, each 25 cm² skin area was marked with skin tape. The suction blister device (Dermovac, Ventipress OY, Finland) was applied on each treated skin area using a vacuum pressure of 300 mmHg. Full-size blisters were obtained within approximately 2.5 h. Blister fluid samples were collected immediately from 2–3 intact blisters on each skin area.

Experiment II. This suction blister experiment included 3 healthy female subjects (age range 31–48 years, mean 42 years). Suction blis-
Bullous diseases: Herpes zoster

<table>
<thead>
<tr>
<th>Subject 1</th>
<th>Control</th>
<th>SBTI</th>
<th>Subject 2</th>
<th>Control</th>
<th>Aprotinin</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient 1</td>
<td>7.2</td>
<td>5.4</td>
<td>1.4</td>
<td>0.70</td>
<td></td>
</tr>
<tr>
<td>Patient 2</td>
<td>8.3</td>
<td>6.1</td>
<td>0.94</td>
<td>0.32</td>
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</tr>
<tr>
<td>Patient 3</td>
<td>8.3</td>
<td>7.1</td>
<td>0.25</td>
<td>0.07</td>
<td></td>
</tr>
</tbody>
</table>

Bullous pemphigoid

| Patient 1 | 23.2 | 19.6 | 0.17 | 0.16 |
| Patient 2 | 40.9 | 34.8 | 0.28 | 0.24 |

Insect bullous eruption

| Patient 1 | 20.8 | 17.9 | 0.30 | 0.05 |

Erythema multiforme

| Patient 1 | 18.4 | 17.2 | ND   | ND   |

Epidermolysis bullosa simplex

| Patient 1 | 20.2 | 15.9 | ND   | ND   |

Suction blisters: Control = control area without any treatment; Control II = single 100-µl injection of 0.9% NaCl; and Compound 48/80 = single 100-µl injection of 100 µg/ml compound 48/80 immediately before suction blister.

SBTI, soybean trypsin inhibitor. ND, not detected.

RESULTS

Suction blister formation

Capsaicin induced an erythematous reaction, which was maximal about 1 h after topical application, but attenuated gradually after repeated treatments (3 times a day for 7 or 10 days), as is expected during capsaicin treatment (7). A single injection of compound 48/80 induced wheal and erythema within 15 min, but repeated intradermal injections for 2 or 4 days (on 3 or 5 consecutive days) produced a diminished area of wheal and flare (wheal area from 7.2 and 17.7 cm² on the third day, respectively, when soybean trypsin inhibitor was present in the assay; 11.7 cm² on the first day to 5.8 ± 3 cm² on the third day, p < 0.02, n = 7), which suggests depletion of mast cells from granules (11, 12). In addition, the duration of wheal decreased from 2.0 ± 0.6 h to 0.7 ± 0.3 h (p < 0.00001, n = 7). No spontaneous blister formation was observed during the course of injections.

In the first and second experiments, the fully developed blisters appeared within 2.5 h and at about the same time on each treated area. No apparent differences could be observed in the rate or size of blister formation. In the third experiment, the fully developed blisters appeared within 2.47 ± 0.1 h on the NaCl-treated control area, within 2.61 ± 0.2 h on the area without any treatment and within 1.67 ± 0.09 h on the area treated with compound 48/80 (p < 0.001, n = 3).

Tryptic and chymotryptic activities in suction blister fluids

In all experiments, tryptic activity, but not chymotryptic activity, could be detected in blister fluids. In the first experiment, tryptic activity in suction blister fluids from control, capsaicin- and compound 48/80-treated sites was 9.8 ± 9.2, 6.4 ± 3.5 and 6.4 ± 3.2 U/l (n = 7), respectively, but the activity was reduced to 7.3 ± 4.4, 4.9 ± 2.4 and 6.5 ± 3.7 U/l, respectively, when soybean trypsin inhibitor was present in the assay mixture. In the second experiment, the corresponding values in control, capsaicin- and compound 48/80-treated sites were 18.5 ± 7.4, 20.2 ± 7.2 and 17.7 ± 11.7 U/l (n = 3), respectively, but only 9.8 ± 5.0, 11.3 ± 3.0 and 8.9 ± 1.8 U/l, respectively, in the presence of soybean trypsin inhibitor. Both capsaicin and compound 48/80 significantly reduced tryptic activity compared to the control site, while no such significant reduction could be observed with chymotryptic activity.
compound 48/80 could not significantly alter tryptic activity in either experiment. However, variation between subjects was high, and increased, decreased and unchanged tryptic activity following both pre-treatments was observed.

The third experiment showed that the injection of compound 48/80 immediately before inducing suction blisters could increase tryptic activity in all three subjects to 1.4 to 5.7-fold compared with the controls. However, only one subject displayed clearly elevated tryptic activity in the presence of soybean trypsin inhibitor (Table I). Despite the extensive wheal reaction no chymotryptic activity could be detected in any of the suction blister fluids (Table I).

DISCUSSION

Previous studies have suggested that mast cells are involved in different bullous eruptions (2–5, 13). The degranulation of mast cells could be a result of complement activation and formation of anaphylatoxin C3a and C5a, or due to the action of neuropeptides and cytokines (1). Although mast cells are not in direct morphological contact with the basement membrane, released granules could reach this zone. Subsequently, tryptase and chymase could cleave the basement membrane directly (14, 15) or indirectly by first activating collagenolytic proteinases (14–17) and stimulating fibroblasts (18). Thus, mast cell activation in the urticarial wheal could result in weakening of the connective tissue and, consequently, increased sensitivity to blister formation during suction blister induction.

A total treatment duration of 2 days with compound 48/80 was assumed to be long enough to cause any mast cell-dependent alterations to the normal dermal connective tissue, but a 4-day treatment was also used for confirmation. Although repeated compound 48/80 injections resulted in significantly diminished wheal, probably due to depletion of mast cells from granules (11, 12), this pre-treatment had no apparent effect on the rate or size of suction blister formation. Similarly, the pre-treatment with capsaicin for 7 or 10 days led to attenuation of the erythematous reaction, suggesting depletion of sensory nerves from neuropeptides (7), but no alterations in suction blister formation were observed. Furthermore, no significant alterations in tryptic activity were detected although the variation between subjects was high. This suggests that in some cases tryptase was present in the basement membrane zone in increased quantities, and in other cases tryptase was mostly depleted from that zone. The reason for the high variation in tryptic activity, despite the clearly diminished wheal area, could be that large tryptase-heparin proteoglycan complexes diffuse in and are cleared from the extracellular matrix slowly. At the moment, no physiological inhibitor is known for tryptase suggesting prolonged action time in the extracellular environment (1). However, other tryptase enzymes from plasma may also account for the variation in activity levels (10). The unresponsiveness to compound 48/80 and capsaicin pre-treatments and high variation in tryptic activity suggest that mast cells, tryptase and sensory nerves are not the key factor in suction blister formation on normal skin.

The single compound 48/80 injection immediately prior to suction blistering increased both the rate of suction blister formation and tryptic activity. However, only 1 subject out of 3 showed clearly elevated tryptic activity in the presence of soybean trypsin inhibitor. This suggests that other tryptic enzymes, e.g. those from plasma (10), may be more significant than tryptase in the suction blister formation. In addition, the dermal oedema itself could explain, in part, this blistering sensitivity. However, since high tryptic activity levels were measured in blister fluids of bullous diseases, paralleling the previous study (2), tryptase could maintain the developed blisters in these diseases by continuously degrading fibronectin (14) and activating collagenolytic metalloproteinases (14, 16).

One marked finding was that chymotryptic activity was not detected in suction blister fluids, indicating no role in the development of suction blisters. This may be due to slow diffusion of even larger chymase-heparin proteoglycan complexes than tryptase-heparin proteoglycan complexes (19) or rapid inactivation of chymase and cathepsin G by protease inhibitors (20, 21) in an acute wheal reaction on normal skin. In blister fluids from bullous eruptions, chymotryptic activity was detected, suggesting a role in their pathomechanism (15). This could be due to inactivation of p1-protease inhibitor and p1-antichymotrypsin by chymase (20), and a balance may have been reached between chymase inactivation and protease inhibitor cleavage in more chronic conditions. Therefore, chymase may well be inducing blisters (15) in circumstances where its controlling mechanisms fail.

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