

Use of Scale Antibodies for the Detection of Antigens in Psoriatic Lesions

Sir,

We read with great interest about the work of Iversen et al. (1) on the detection of antigens in psoriatic lesions. We think that our research conducted in 1978 using immunoelectrophoresis and immunodiffusion techniques (2) ought to be compared with Iversen's and the results discussed. Serum and skin scales obtained from normal and psoriatic subjects by immunodiffusion and immunoelectrophoretic techniques were used to produce rabbit's antibodies in regard to psoriatic sera and skin extracts.

The results corroborated the quantitative modifications of immunoglobulins and showed in addition the presence of multiple precipitation lines in the alpha and gamma regions. Precipitation arcs are often distinct in alpha 2 regions and particularly clear in the additional arcs of the gamma regions. In alpha 2 regions, the position of the arc could pertain to the protein (PM = 360 000) described in the "pregnancy zone". In the gamma zones, additional arcs may have suggested the presence of an unknown immunoglobulin or other protein in the serum.

Lastly, IgG was found in psoriatic scales but was not present in normal scales or sera. In effect, our study suggested that in psoriatic scales there was an unknown substance found in the gamma regions which was not found in normal scales or normal human serum.

We are interested in Iversen's opinion concerning a possible relation between undetected proteins in gamma regions and his recent discovery of antipso p27.

REFERENCES

1. Iversen OJ, Bergh K, Lysvand H. Use of scale antibodies for the detection of antigens in psoriatic lesions. *Acta Derm Venereol (Stockh)* 1993; 73: 31-34.
2. Bertrand MA, Ormières C, Bazex J, et al. Techniques d'immunodiffusion et d'immunoélectrophorèse appliquées au psoriasis. *Ann Dermatol Venereol* 1978; 105: 501-503.

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In response to the Letter by Bazex et al.

In our research described in the article "Use of scale antibodies for the detection of antigen in psoriatic lesions", we used labelled scale antibodies in an attempt to detect and localize important antigens in psoriatic lesions. On the basis of various techniques we presented evidence that the major antigen in psoriatic lesions is identical with pso p27.

As reported in the article "Techniques d'immunodiffusion et d'immuno-électrophorèse appliquées au psoriasis", Bertrand et al. used a rabbit antiserum against a psoriatic scale extract in immunoelectrophoresis, detecting the presence of a precipitation line with scale extract which was not detected when normal

scale or serum was used as antigen source. It is impossible to compare this precipitinogen with pso p27 because the immunological methods and the antisera used by them and by us are different. However, we have now succeeded in sequencing the N-terminal amino acid sequence of pso p27 and obtained specific antibodies against this peptide. This pso p27 peptide and the corresponding antibodies may represent important tools in comparing pso p27 with other antigen candidates in psoriasis and in other chronic inflammatory disorders.

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