Lichen sclerosus (LS) is considered to have an immunogenetic background. Several small studies, using serological typing, have reported that HLA-DR11, DR12, and DQ7 were increased in LS, with DR17 less frequent. This study aimed to validate and detect new HLA-DR and DQ associations with LS in females and its characteristic clinical
parameters. The cases, 187 female LS patients, and 354 healthy controls were all UK North Europeans. PCR-sequence specific primers method was applied to genotype the HLA-DR, DQ polymorphisms that correspond to 17 serologically defined DR and seven DQ antigens. Statistical analysis was performed with two-tailed Fisher's exact test with Bonferroni adjustment (p value after Bonferroni adjustment, Pc). We found increased frequency of DRB1*12 (DR12) (11.2% vs 2.5%, pc<0.01) and the haplotype DRB1*12/DQB1*0301/04/09/010 (11.2% vs 2.5%, p<0.001, pc<0.05), and a lower frequency of DRB1*0301/04 (DR17) (11.8% vs 25.8%, pc<0.01) and the haplotype DRB1*03/DQB1*02/DRB1*0301/DQB1*0201/02/03 (11.2% vs 24.6%, pc<0.0001) in patients compared with controls. HLA DR and DQ antigens were not associated with time of onset of disease, site of involvement, structural changes of genitals, and response to treatment with potent topical steroids. In conclusion, HLA-DR and DQ antigens or their haplotypes appear to be involved in both susceptibility to and protection from LS.

Keywords

genotyping; HLA-DQ; HLA-DR; lichen sclerosus; susceptibility
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