

## ErbB2: Nonimmune genetic key to leprosy

Sir,

I read with interest, the article titled “Ligand-binding prediction for ErbB2, a key molecule in the pathogenesis of leprosy” in the January 2008 issue of IJDVL.<sup>[1]</sup> It illustrates the growing importance of structural bioinformatics in clinical medicine and drug discovery. However, the use of the term ‘ligand’ in place of ‘ligand-binding site’ in the article could be misleading. A ligand is a molecule that is able to bind to and form a complex with a biomolecule to serve a biological purpose. Bioinformatics tools like Q-Site finder<sup>[2]</sup> predict putative binding sites within biomolecular structures after excluding bound ligands. ErbB2 has no known ligands<sup>[3]</sup> (unlike other ErbB receptors) and signalling is mediated through heterodimerization with ErbB3 or homodimerization with another ErbB2 (proposed mechanism of signalling in leprosy).<sup>[4]</sup> Docking studies and

virtual high-throughput screening techniques are needed to identify unknown ligands (potential drug candidates) for ErbB2.<sup>[5]</sup>

Only extracellular *Mycobacterium Leprae* utilizes ErbB2 for downstream extracellular signal-regulated kinase (ERK) activation.<sup>[6]</sup> In contrast, lymphoid cell kinase (p56Lck) has been found to activate ERK 1/2 directly through a PKC  $\epsilon$ -dependent (Protein Kinase C  $\epsilon$ ), MEK-independent (MEK = MAPK/Erk kinase; MAPK = Mitogen-activated protein kinase) pathway in intracellular *Mycobacterium leprae*.<sup>[7]</sup> Hence, ErbB2 inhibitors are unlikely to have a huge impact on leprosy therapeutics.

ErbB2 is a membrane protein with an extracellular region comprised of four domains, a single transmembrane helix and an intracellular region with a tyrosine kinase domain.<sup>[8]</sup> The structure (PDB: 2A91) used in the study, is a truncated one with three domains and 510 residues.<sup>[9]</sup> The structure of the entire extracellular region of ErbB2 bound to herceptin is available in PDB: 1N8Z.<sup>[10]</sup>

There is strong epidemiological evidence that genetic factors influence susceptibility to leprosy *per se* and to the leprosy type. Majority of the genes implicated in susceptibility to leprosy are immunity-related such as tumor necrosis factor-alpha (TNF- $\alpha$ ) and interleukin (IL)-10.<sup>[11]</sup> A recent study of the spatial structure of the transmembrane domains of dimerized ErbB2 identified certain single-nucleotide polymorphisms (SNPs) which can excessively stabilize dimeric ErbB2 leading to spontaneous signalling.<sup>[12]</sup> Although the obvious relevance is its oncogenic potential, the possibility of a similar nonimmune mechanism that increases the susceptibility to leprosy, cannot be overlooked.

### Bell Raj Eapen

Specialist Dermatologist,  
Kaya Skin Clinic, Dubai, UAE

**Address for correspondence:** Dr. Bell Raj Eapen,  
Kaya Skin Clinic, Dubai, UAE.  
E-mail: webmaster@dermatologist.co.in

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