Tenascin/hexabrachion is a large glycoprotein of the extracellular matrix. Previous reports have demonstrated that tenascin is associated with epithelial-mesenchymal interfaces during embryogenesis and is prominent in the matrix of many tumors. However, the distribution of tenascin is more restricted in adult tissues.

We have found tenascin to be present in normal human skin in a distribution distinct from other matrix proteins. Immunohistochemical studies showed staining of the papillary dermis immediately beneath the basal lamina. Examination of skin that had been split within the lamina lucida of the basement membrane suggested a localization of tenascin beneath the lamina lucida. In addition, there was finely localized staining within the walls of blood vessels and in the smooth muscle bundles of the arrectori pilorum. Very prominent staining was seen around the cuboidal cells that formed the basal layer of sweat gland ducts. The sweat glands themselves did not stain.

The distribution of tenascin in the papillary dermis was studied at high resolution by immunoelectron microscopy. Staining was concentrated in small amorphous patches scattered amongst the collagen fibers beneath the basal lamina. These patches were not associated with cell structures, collagen, or elastic fibers.

Tenascin could be partially extracted from the papillary dermis by urea, guanidine hydrochloride, or high pH solution. The extracted protein showed a 320-kD subunit similar to that purified from fibroblast or glioma cell cultures. We have developed a sensitive ELISA assay that can quantitate tenascin at concentrations as low as 5 ng/ml. Tests on extracts of the papillary dermis showed tenascin constituted about 0.02-0.05% of the protein extracted.
findings were reported by this group in developing embryonic gut (1). In embryonic skin, several reports have noted prominent tenasin staining in the mesenchyme beneath developing skin appendages, including chicken feather papillae and rat hair follicle, tooth bud and mammary gland (8, 10, 13).

In contrast to embryonic tissue, tenasin expression is reportedly very restricted in adult tissues. However, prominent expression of tenasin in the stroma of several types of human tumors was first noted by Bourdon et al., (3, 4). Similarly, Chiquest-Ehrismann et al. (10) found the protein expressed in developing embryonic rat mammary tissue but absent in normal adult tissue. They observed prominent induction of tenasin in the matrix surrounding chemically induced mammary carcinomas (10).

Because of the association of tenasin with dense connective tissue, including developing skin, and the matrix surrounding some epidermally derived tumors, we have examined adult skin to determine if tenasin expression persists in adult human skin, to determine its ultrastructural localization, and to characterize the protein isolated from skin relative to that produced by fibroblast and tumor cells in vitro.

Materials and Methods

Antibodies/Antigens

Monoclonal antibody 8IC6, an IgG2a immunoglobulin to human tenasin (3, 4), was used for affinity purification of tenasin from culture supernatant of a human glioma cell line, U-251 MG clone 3, as previously described (18). Tenasin was further purified by gradient sedimentation on a 15–40% (vol/vol) glycerol gradient (15, 18) before immunization of rabbits. Antiserum obtained after the second and subsequent boosts was affinity-purified on a column prepared by coupling 1 mg of the purified tenasin to cyanogen bromide-activated sepharose 2-B (45). The affinity-purified antiserum had no detectable reactivity with collagen types I, III, IV, and V, gelatin, keratin, laminin, or fibronectin on ELISA (14) and showed no reactivity to fibrillin, collagen types I, III, or VII, laminin, fibronectin, or keratin on Western blotting (46). Antibody from preimmune serum was purified on protein A-agarose (Sigma P4106) and used as a negative control in immunolocalization and immunoblotting. A mouse myeloma IgG2a immunoglobulin of no known specificity, 45.6 (3, 4), was used as a control for monoclonal studies.

A mouse monoclonal antibody to fibrillin (41) was the generous gift of Dr. L. Sakai (Oregon Health Sciences University, Portland, OR). Mouse monoclonal antibodies to laminin and type VII collagen were provided by Dr. R. Briggsman (University of North Carolina, Chapel Hill, NC). Mouse monoclonal antibody 3E3 to human fibronectin was from Dr. M. Pierschbacher (La Jolla Cancer Research Foundation, La Jolla, CA). Fluorescein and horse radish peroxidase-conjugated goat anti-mouse and anti-rabbit antibody (products, Piscataway, NJ) diluted 1:2 with Tris buffer at 4°C for 15 h. The blocks were washed for 6 h at 4°C in PBS and fixed in 2.5% glutaraldehyde in 0.1 M sodium cacodylate for 3 h. The blocks were extensively washed with 0.1 M sodium cacodylate, stained for 1 h at 4°C in 1% osmium tetroxide in 0.1 M sodium cacodylate, washed twice with 0.1 M sodium cacodylate, washed twice with 0.9% NaCl, and stained with 0.5% uranyl acetate in 0.9% NaCl for 2 h at room temperature. After rinsing with 0.9% NaCl, the blocks were dehydrated through 70%, 95%, and 100% ethanol followed by propylene oxide. The blocks were embedded in Epon Resin and cut in 60-nm sections (Ultracut E, Reichert Scientific Instruments, Buffalo, NY). The sections were stained for 30 min in 7.5% uranyl acetate, rinsed with water, and counterstained 10 min with Sato lead stain (43). Sections were examined using an electron microscope (model 300; Philips Electronic Instruments, Inc., Mahwah, NJ).

Tissue Extraction

Tissue obtained from autopsy or surgical specimens was incubated for 72–96 h at 4°C in Scelta buffer. This incubation causes the skin to split within the lamina lucida, separating the epidermis from the dermis (21). After separation, the basal lamina face of each section was extracted with one general buffers: 0.1 M sodium cacodylate (CAPS), 0.15 M NaCl, pH 11.0; 4 M urea, 0.1 M sodium borate, 0.5 M NaCl, pH 8.4; 4 M guanidine hydrochloride; PBS; or Scelta buffer at 4°C. Frozen sections were prepared following 2 and 7 d of extraction and stained for tenasin. The extracts were dialyzed against PBS and total protein was estimated by the method of Bradford (5) using reagents from Bio-Rad Laboratories (Richmond, CA). Purified human fibronectin was used as a protein standard. Tenasin content in the extracts was estimated by ELISA (14, see below) using affinity-purified tenasin as a standard.

ELISA Assay for Tenasin

96-well plastic plates (Falcon Labware, Becton, Dickinson & Co., Oxnard, CA) were coated overnight at 4°C with monoclonal antibody 8IC6 at 0.25 μg/ml in sodium carbonate buffer (0.05 M sodium carbonate, 0.02% sodium azide, pH 9.6). After washing with PBS-Tween (0.05% vol/vol Tween 20), 100 μl/well of purified tenasin diluted in 0.25% gelatin in PBS-Tween was loaded in a range of 0.25–16 ng/well for a standard curve. All samples were assayed in triplicate. Extracts to be tested were diluted in 0.25% gelatin in PBS-Tween. Following incubation for 2 h at 37°C, the plates were washed and incubated with affinity-purified rabbit antibody at 0.15 μg/ml in 0.25% gelatin in PBS-Tween for 2 h at 37°C. The plates were washed and incubated with horse radish peroxidase–conjugated goat anti-rabbit IgG (Tago Inc.) at 37°C for 2 h. Bound antibody was assayed colorimetrically using orthophenylenediamine (Sigma Chemical Co.). No detectable reactivity of affinity-purified antitenasin with mouse antibody was seen. Control plates using antibody purified from preimmune serum were also negative.
Indirect immunoperoxidase staining of 5-μm sections of formalin-fixed paraffin-embedded human skin using affinity-purified polyclonal antibody to human tenascin as described in Materials and Methods. Bound antibody was detected using the ABC peroxidase method. Shown are sections stained with preimmune antibody (A) and affinity-purified antibody (B). Prominent staining of the papillary dermis (arrow) is seen with enhancement around the infundibulum of the hair follicle (arrowhead). In addition, there is staining of the ductal portion of the eccrine sweat gland (open arrows). Bar, 200 μm.

Immunoblotting

Proteins were separated by PAGE by the method of Laemmli (32) on 5% gels or 4-15% gradient gels with 3% stacking gel. Proteins were transferred to nitrocellulose using a semi-dry blotting apparatus (LKB Instruments, Gaithersburg, MD) as described by Kyhse-Andersen (31). After transfer, the nitrocellulose was blocked in 3% BSA in PBS for 1 h at room temperature, incubated with monoclonal antibody at 2.5 μg/ml or affinity-purified polyclonal antibody at 0.5 μg/ml in 1% BSA in PBS-Tween for 2 h at room temperature, and washed with PBS-Tween. After incubation with horse radish peroxidase–conjugated antisera for 2 h at room temperature and washing with PBS-Tween, bound antibody was visualized using 4-chloronaphthol (Bio-Rad Laboratories) or diaminobenzidine (Sigma Chemical Co.).

Results

Distribution of Tenascin in Normal Adult Skin

Adult human skin from normal and pathological specimens was examined for presence of tenascin using immunofluorescent and peroxidase techniques. In normal adult skin, tenascin is localized primarily in the papillary dermis (Figs. 1 and 2). The staining was more pronounced within the papillary tips and was frequently sparse at the base of the rete ridges. The coarse patchy staining seen (Figs. 1 B, and 2 A) was distinct from the fine fibrillar pattern seen with antifibrillin staining (Fig. 2 B), and the more punctate staining seen with antifibronectin (Fig. 2 C). In contrast to staining seen with antibodies to the basal lamina (type IV collagen and laminin) or with antibodies to the immediate sublamina space (type VII collagen, Fig. 2 D), the band of tenascin staining extended 2-10-μm into the dermis. Skin was incubated in Scaletta buffer to induce splitting within the lamina lucida (21). Immunostaining of saline split skin showed tenascin in the separated dermis, but no staining of the epidermal layer above the lamina lucida (Fig. 3).

In addition, antibodies to tenascin gave pronounced stippled staining of arrector pilorum (Fig. 4 A) and nerves as well as some staining of arteries (Fig. 4 B), capillaries, and veins. In arteries, the staining appears to be within the smooth muscle of the arterial wall and not limited to the basement membrane (Fig. 4 B).

There is striking staining of the eccrine sweat ducts but no staining of the sweat glands (Fig. 4 C). The sweat ducts extending towards the epidermis staining intensely for tenascin. The coiled portion of the gland, which is primarily sweat gland but can include up to one third duct, showed no staining in many of the deeper coils. However, there was intense staining of up to one third of the tubules in more superficial coils (Fig. 1). This pattern suggests that the tenascin staining is limited to the ductal portion of sweat glands. The eccrine sweat duct is lined by two layers of cuboidal epithelial cells: an outer cell layer that rests on a basement membrane and an inner cell layer that has a cuticular border. The tenascin staining appears to completely surround the duct and extend between the outer cell layer to the inner cell layer, but does
not appear to extend to the lumen (Fig. 4 C). The staining is lost when the ducts enter the epidermis (Fig. 4 D).

Pretreatment of sections with elastase, collagenase, or hyaluronidase did not eliminate nor enhance the tenasin staining observed (not shown). Incubation of sections with PBS, Scaletta buffer, 4 M urea, or CAPS buffers was also unable to remove tenasin staining, although there was some decrease in the sections treated with the latter two (not shown). Incubation of sections with guanidine hydrochloride removed the sections from the slide.

In contrast to normal adult skin, dermis that was involved with primary malignancy (dermatofibrosarcoma protuberans, Fig. 5 A) or secondary invasion (squamous cell carcinoma, Fig. 5 B) showed marked increase in the tenasin staining in the matrix of the tumor. However, the nests of invasive squamous cells did not stain. This is in agreement with observations reported by Bourdon et al., (3) as well as Chiquet-Ehrismann et al., (10) on the distribution of this protein in tumors. In addition, examination of granulation tissue in rat skin in the late stages of healing after third degree burn (sections provided by Dr. A. Banes, University of North Carolina, NC) revealed markedly enhanced staining for tenasin (Fig. 5 C). The tenasin was prominent throughout the granulation tissue as well as laterally beneath the wound edge. The time course of induction of tenasin in wound healing is currently under study in our laboratories.

Electron Microscopic Immunolocalization

Studies on human skin demonstrated tenasin was present in small amorphous patches within the papillary dermis (Fig. 6). These patches were not labeled in control blocks stained with preimmune antibody. However, in the absence of labeling, the patches are indistinguishable from the many microfibrillar components and other amorphous patches in the dermis. No labeling was seen in the basement membrane or in the zone immediately beneath the lamina densa where characteristic anchoring fibrils are seen. The tenasin patches were not specifically associated with collagen or elastic fibers or cell surfaces. The labeled patches were often smaller in size than a well-spread hexabrachion molecule (see rotary shadowed molecule in inset, Fig. 6). Examination of multiple sections from several blocks failed to reveal any long strands of labeling, although a few extended patches of label were seen (Fig. 6 B). It thus appears unlikely that tenasin associates in an extended fiber like collagen or elastic microfibrils. These findings suggest the smaller patches may represent single or small clusters of hexabrachion molecules. En bloc staining with monoclonal antibody to tenasin gave essentially the same distribution as the affinity purified polyclonal antibody but with less intense gold labeling (not shown).

Extraction of Tenasin from Normal Skin

Extraction of tenasin from the dermal–epidermal junction of saline split skin was attempted using five buffers: (a) PBS; (b) 1 M NaCl, 10 mM Tris HCl, 1 mM EDTA, 0.02% sodium azide, pH 7.4 (Scaletta buffer); (c) 0.1 M CAPS, 0.15 M NaCl, pH 11; (d) 4 M urea in borate buffer; and (e) 4 M guanidine hydrochloride. In spite of prolonged incubation, no buffer completely removed the tenasin as assessed by immunohistochemistry. The staining observed after CAPS extraction was reduced ~50% and was more diffuse when compared to the other extraction buffers. Because of this, the CAPS extracts were chosen for further analysis.

The CAPS extracts were examined for tenasin by Western blotting using affinity-purified polyclonal antibodies and the monoclonal antibody 81C6. As shown in Fig. 7 A, the extract...
of the dermal face of the dermal–epidermal junction contained a 320-kD band that was recognized by both the polyclonal (lane 3) and monoclonal (lane 4) antibodies. This band had the same electrophoretic mobility as the tenascin purified from the glioblastoma cell line (lane 1). The mass of 320-kD was estimated relative to a set of very high molecular mass standards (Fig. 7 B and C) including reduced laminin, nonreduced fibronectin, reduced fibronectin, and reduced pig thyroglobulin. As noted in Fig. 7 C, these very high molecular mass standards deviate significantly from the curve estimated using high molecular mass markers (Bio-Rad Laboratories; Fig. 7 B, lane 3). This new curve is more accurate for estimating the size of similarly very large proteins, including the tenascin monomer (Fig. 7 B, lane 4 on gel, and C, arrow). Additional bands at ∼640 kD (arrow) and at the top of the gel are noted in Fig. 7 A, lane 3. The ∼640 kD band is thought to represent covalently linked dimers of tenascin (17). The band at the top of the gel represents complexes larger than 820 kD (the size of unreduced laminin). Whether these are trimers or complexes of tenascin with other molecules is not known. Both bands also blotted faintly with monoclonal antibodies to tenascin. The ∼640-kD band is also seen in silver stained SDS-PAGE gels of tenascin affinity-purified using 81C6 (Fig. 7 B, lane 4, arrow). The additional faint bands in Fig. 7 A, lane 3, may reflect breakdown products in the extract or minor alternatively spliced forms of tenascin. They are recognized by both the affinity-purified polyclonal antibody and the monoclonal antibodies to tenascin but are uniformly more intense with the polyclonal antibody. No tenascin was detected in the epidermal extracts stained with 81C6 (not shown). A very faint amount of staining was seen with the polyclonal antibody (Fig. 7 A, lane 2). This probably represents trace contamination with dermis as neither light nor electron microscopic localization show any tenascin above the lamina lucida. However, we cannot rule out very low levels of tenascin in the epidermis.

The tenascin content of these extracts was determined using an ELISA assay. As shown in Table I, no detectable

Figure 4. Indirect immunoperoxidase staining of 5-μm sections of formalin-fixed paraffin-embedded human skin using affinity-purified polyclonal antibody to tenascin. (A) Intense staining of the papillary dermis (arrowhead) as well as a network staining of an arrector pilorum muscle (arrow). (B) Staining within the wall of an artery in the hypodermis (arrow). (C) Intense staining of the ductal portion of an eccrine sweat gland (arrow) with no staining of the adjacent gland (arrowhead). The staining appears to extend between the cells of the outer cuboidal cell layer. (D) Staining of the sweat duct (arrow) is lost upon entering the epidermis (arrowhead). Bars, (A), (B), (D) 100 μm; (C) 20 μm.
Figure 5. Indirect immunoperoxidase staining of 5-μm sections of tumor matrix and granulation tissue in skin. (A) Dermatofibrosarcoma protuberans stained with affinity-purified antibody to tenascin. There is intense staining of the area involved with tumor (arrow) as well as the thin band of staining normally seen in the papillary dermis. (B) Invasive squamous cell carcinoma stained with monoclonal antibody 81C6 to tenascin. Note the prominent staining of the matrix surrounding the tumor islands (arrowhead) but no staining of the carcinoma cells (arrow). (C) Rat granulation tissue, 30 d after third degree burn, stained with affinity-purified antibody to tenascin. There is intense diffuse staining of the granulation tissue (solid arrows) that extends beneath the wound edge (open arrow). This is in marked contrast to the normal dermis at the right edge of the specimen that shows staining restricted to hair follicles (small arrowheads) and the DEJ (large arrowhead). Bars, (A and B) 200 μm; (C) 400 μm.

tenascin was extracted from the epidermal face of the dermal–epidermal junction (DEJ). While detectable amounts of tenascin were found in the extracts of the dermal face of the DEJ, these represented a small percentage of the total protein extracted (average 0.026%). However, because only part of the tenascin could be extracted from the dermis, we cannot quantitate the total tenascin found in skin. Whole dermis homogenates had less tenascin than extracts of the DEJ, in agreement with the histological studies which localized the protein to the zone adjacent to the DEJ. In contrast, an extract of a dermal tumor had significantly higher amounts of extractable tenascin than the whole skin or the DEJ extracts.

Discussion

The extracellular matrix proteins in the dermis of skin form the foundation necessary for maintenance of the structure and function of the skin. We have demonstrated that tenascin, a newly described 320-kD glycoprotein, is a structural component of normal adult dermis with a highly specific and unique distribution. Previous studies by Bourdon et al. (3) and Chiquet-Ehrismann et al. (10) failed to detect tenascin in adult mammalian skin, although studies by Crossin et al. (13) showed tenascin persisted at the dermal–epidermal interface in adult chicken skin. The failure of human skin ex-
Figure 6. Electron microscopic immunolocalization of tenascin in the dermis of adult human skin. (A) Beneath the DEJ, small amorphous patches are labeled with 10-nm gold. These patches are not specifically associated with collagen (solid arrows) or elastic fibers (open arrow). No labeling of the basement membrane or immediate sublamina zone is seen (lamina densa, large arrowhead; anchoring fibril, small arrowhead). Insert shows a rotary shadowed hexabrachion molecule at the same magnification. (B), (C), (D) Deeper in the papillary dermis there are fewer patches, but they still show no obvious association with the collagen fibers (solid arrows). Bar, 0.2 μm.
tracts to immunoadsorb the monoclonal antibody 8IC6 (3) was most likely because of the low tenascin content of skin relative to other tissues. In contrast to previous reports by Chiquet-Ehrismann et al. (10), we have found staining of adult rat skin very prominently around the hair follicles as well as less intensely along the DEJ. This discrepancy may reflect the lower level of staining of normal skin relative to that of the tumor matrix examined by Chiquet-Ehrismann et al. (10) as well as a poorer cross-reactivity of the rat tenascin with the antibody to chicken tenascin.

The function of tenascin in skin is not known. The prominence of this protein near the basal lamina in light microscopic studies suggests a possible role in maintenance of the DEJ. However, immunoelectron microscopy shows that tenascin is not an integral component of the basal lamina and lies beneath the anchoring fibrils. In addition, the tenascin staining reveals only discrete small patches and no evidence of organization into long fibers or fibrils. A complex network of tenascin that might play a structural role in maintaining the integrity of the subbasal lamina space cannot be ruled out. The inability to extract tenascin completely from the dermis might suggest some fraction of the hexabrachion molecules are cross-linked, possibly to other dermal components.

The pattern of tenascin staining does not reveal any obvious association with collagen fibers or elastic microfibrils to suggest a role in cross-linking these structures. A previous report on J1 protein had suggested tenascin staining of large collagen fibers as well as small collagen-associated fibers (42). Similar results were reported recently by Mackie et al. (35) for tenascin. However, these studies utilized a peroxidase reaction product to immunolocalize the tenascin. This product can diffuse small distances from the site of production and be adsorbed nonspecifically by adjacent structures (38) so is not as specific as immunogold for electron microscopic localization. In our study, we found no immunogold labeling of collagen fibers or elastic microfibrils.

Recently, Fine et al. (19, 20, 25, 26) have reported on two new proteoglycan epitopes in the upper papillary dermis of skin, similar to what we have seen with tenascin. One of these epitopes is a heparan sulfate proteoglycan core protein (25, 26) and the second a complex proteoglycan bearing both heparan sulfate and chondroitin-6 sulfate side chains (19, 20). Several studies have suggested tenascin binds to chondroitin sulfate proteoglycans (9, 23, 47). It is possible that the tenascin in dermis is interacting with the proteoglycan matrix that is not stained in these immunoelectron micro-

### Table I. ELISA Assay on CAPS Extracts of Skin

<table>
<thead>
<tr>
<th>Extract</th>
<th>Total protein mg/ml</th>
<th>Tenascin µg/ml</th>
<th>Percent of total protein that is tenascin</th>
</tr>
</thead>
<tbody>
<tr>
<td>E1</td>
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<td>&lt;0.02</td>
<td>&lt;0.003</td>
</tr>
<tr>
<td>D1</td>
<td>0.921</td>
<td>0.440</td>
<td>0.048</td>
</tr>
<tr>
<td>E2</td>
<td>0.53</td>
<td>&lt;0.02</td>
<td>&lt;0.004</td>
</tr>
<tr>
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<td>0.177</td>
<td>0.009</td>
</tr>
<tr>
<td>E3</td>
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<td>&lt;0.003</td>
</tr>
<tr>
<td>D3</td>
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<td>0.313</td>
<td>0.02</td>
</tr>
<tr>
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<td>&lt;0.0004</td>
</tr>
<tr>
<td>DFSP</td>
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<td>17.20</td>
<td>0.065</td>
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</table>

Three separate skin samples were split at the DEJ, and the dermal and epidermal faces were extracted as described in Materials and Methods. In addition, homogenates of a sample of whole skin as well as a sample of a dermatofibrosarcoma protuberans were made in the same buffer. The extracts were analyzed for tenascin content and total protein as described in Materials and Methods. E1, 2, and 3 represent extracts of the epidermal face of the DEJ. D1, 2, and 3 represent extracts of the dermal face of the DEJ.
scopic sections. Double labeling studies with these new antibodies to the proteoglycan matrix and antitenascin antibodies should help define if there is colocalization of these antigens.

The tenasin staining of the ductal portion of the sweat glands suggests a tighter association with the basement membrane of these structures than with the DEJ. Because of poor preservation of these structures in the en bloc stained immunoelectron microscopy sections, we have not yet been able to visualize the precise localization of the tenasin in these ducts. At the light microscope level, the striking staining of the ductal portion of sweat glands but virtual absence of staining of the glandular or intraepidermal portions of the gland suggests a significant role for tenasin in the sweat ducts.

Several recent studies suggest tenasin may play a more significant role in the maintenance of epidermal histogenesis than as a structural component. E. Mackie et al. (35) have shown tenasin can promote chondrogenic and osteogenic differentiation in vitro and chondrogenesis in vivo in wing bud cultures from chick embryos. This differentiation is normally inhibited by fibronectin, suggesting tenasin modulates the effects of this protein. Other workers have also suggested a role for tenasin in modulating cell−fibronectin interactions (11). While some studies on purified tenasin have suggested tenasin binding to fibronectin (11, 23, 24), other laboratories find no evidence of direct tenasin−fibronectin binding (9, 34). Even though tenasin does not completely colocalize with fibronectin in skin, it is interesting to speculate that the presence of both of these proteins in the papillary dermis adjacent to the basal lamina is not coincidental.

Bourdon et al. (3) first noted the prominence of tenasin in the matrix of several carcinomas but absence of tenasin production by established carcinoma cell lines in culture. We have also observed prominent staining of the matrix of several carcinomas of epidermal origin (Fig. 6, and our manuscript in preparation). These observations, along with the unique localization of tenasin in normal dermis, suggest that fibroblast production of tenasin may be regulated by factors produced by the epidermis or carcinoma (16), a view also proposed recently by Inaguma et al. (28) in their work on rodent mammary tumors, Außerheide et al. (1 and 2) in developing embryos, and Mackie et al. (36) in healing wounds.

Recently, studies reported by Jones et al. (29) and Pearson et al. (39) have shown tenasin contains a string of 13 repeats homologous to epidermal growth factor (EGF). These repeats have a high homology with the EGF-like repeats of the homologous to epidermal growth factor (EGF). These repeats have a high homology with the EGF-like repeats of the}

References


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