

Abstract

There are no cures and limited treatments for systemic scleroderma (SSc). SSc is an often-fatal autoimmune disease where excessive collagen deposition (fibrosis) in the skin and internal organs causes significant loss of mobility, pain, and tissue dysfunction. SSc pathology is characterized by three main processes: autoimmunity, restricted blood flow to tissues, and fibroblast dysfunction leading to fibrosis of ranging organs. In this study, previously published single-cell transcriptomics data from normal skin (NS) and SSc skin was reanalyzed using Seurat and CellChat packages to examine these three core pathologies. CellChat analysis of signaling between fibroblast, immune, and endothelial cell populations identified the CXCL signaling pathway as perturbed in SSc skin. Differential expression testing corroborated this observation, revealing dysregulation in the receptor-ligand pair CXCR4-CXCL12 and primarily implicates endothelial-to-mesenchymal transitioning cells (EndoMT), as well as fibroblasts expressing DMKN as contributors to this dysregulation.

Methods

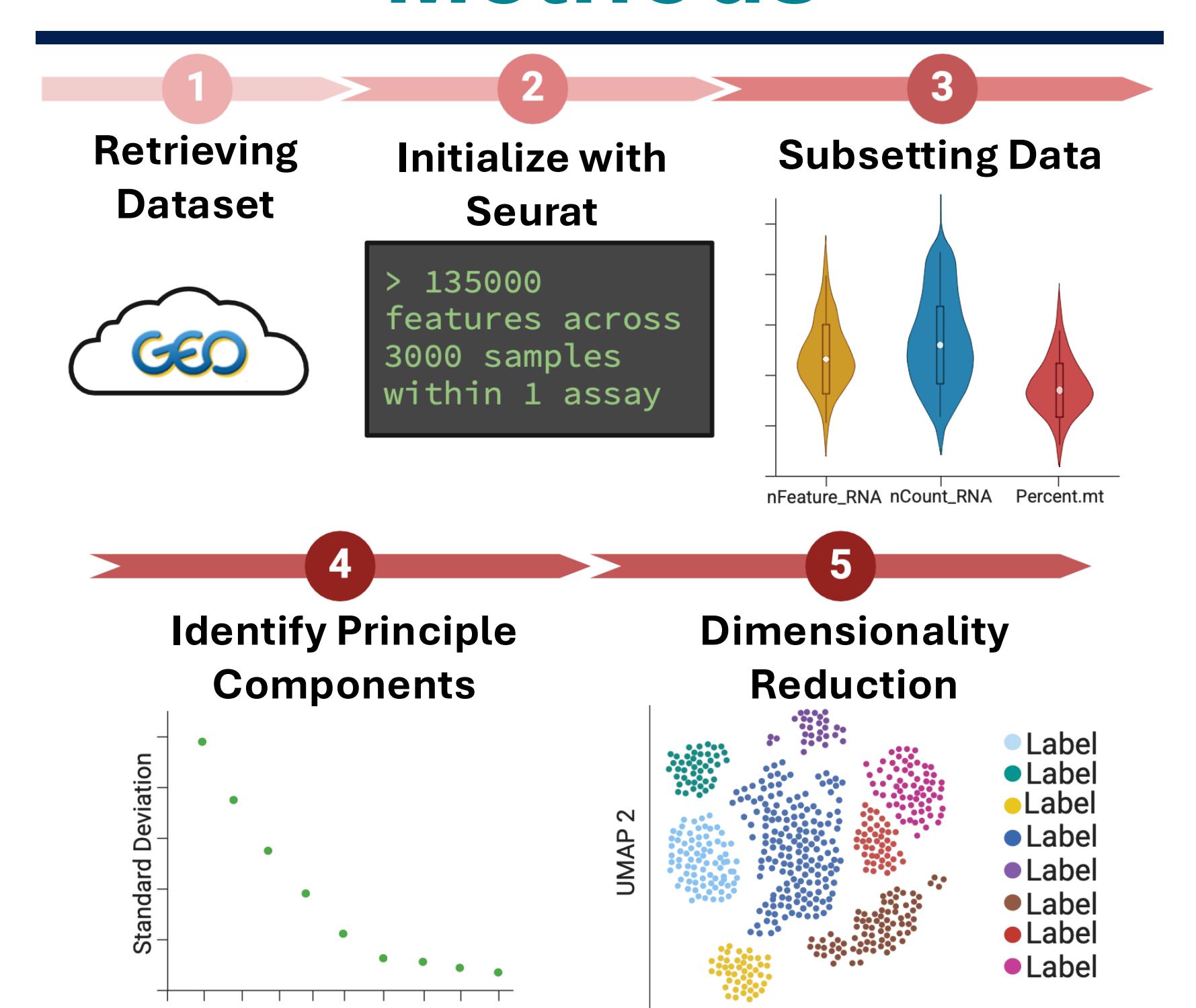


Figure 1. Summary computational workflow used to perform scRNA-seq analysis. scRNA-seq datasets were retrieved from NCBI's GEO database and the Seurat package was used for analysis. Analysis begins removing cells from the dataset with characteristics of failed or dead status. Normalization and PCA tests are run to identify the ideal dimensionality for UMAP clustering. UMAP dimensional reduction test is run, yielding unbiased clustering of cells.

