

**Skin Disorders, Atopic Manifestations and Primary Immunodeficiency Diseases**

Identifying clinical features and common pathways of immune dysregulation to improve diagnosis and personalized treatment

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1. Recognition of specific skin conditions can reduce the diagnostic delay of primary immunodeficiency diseases. *This thesis*
2. Skin infections and nail disorders are warning signs for a primary immunodeficiency disease. *This thesis*
3. A clustering algorithm based on expression profiles of immune cell lineages shows endotypes within the atopic syndrome. *This thesis*
4. Patients with atopic dermatitis more often have an IgE response against staphylococcal enterotoxins A and B in serum compared with healthy controls, which could partly explain inflammation and epithelial damage in atopic dermatitis. *This thesis*
5. Good compliance with the treatment and concurrent application of topical corticosteroids in a study context might have masked a clinical effect of targeted endolysin treatment against *Staphylococcus aureus* in patients with atopic dermatitis. *This thesis*
6. Immune dysregulation can be visualized as a spectrum of disorders with infections on one end and autoimmunity on the other end.
7. Genetic advances have identified various novel primary immunodeficiencies and allowed better characterization of their cutaneous phenotypic presentation. *Based on Pichard DC et al. J Am Acad Dermatol 2015*
8. The mostly unmet need as well as the pressure to show efficacy of new therapies to treat rare diseases contrasts with the limited possibilities to use traditional statistical methods to design and analyze clinical trials in this setting. *Based on Hilgers R et al. Journal of Rare Diseases Research & Treatment 2016*

9. A targeted intervention against *Staphylococcus aureus* might elucidate the contribution of the microbiome within the multifactorial pathogenesis of atopic dermatitis.
10. Institutional review boards are increasingly entangled in trivia, requiring changes in protocols and consent forms on the basis of local templates that have no meaningful effect on study conduct or safety. *Steensma DP et al. J Clin Oncol. 2014*
11. Je moet de waarheid niet verwarren met de mening van de meerderheid. *Loesje*