

Check Points During Inflammation

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Inflammation

- Complex set of interactions among soluble factors & cells that can arise in any tissue in response to traumatic, infectious, post-ischaemic, toxic or autoimmune injury.
- This process normally leads to recovery from infection and to healing.
- Persistent inflammation can oxidize DNA badly enough to promote neoplastic transformation.

Such a complex system can be characterized by its checkpoints.

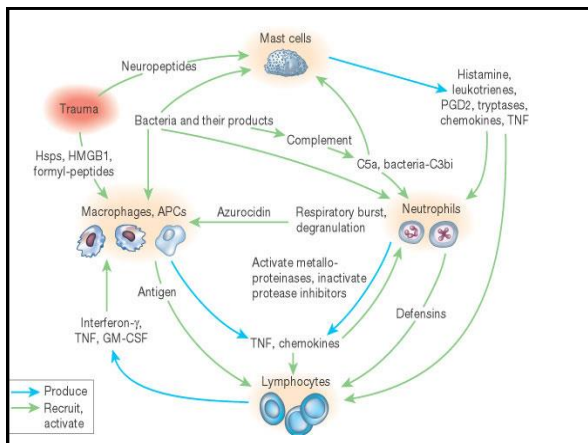
- Go signals in early checkpoints
- Stop signals in early checkpoints
- Signals for switching from killing to healing

- Inflammation may be considered in terms of its check-points,
- where binary or higher-order signals drive each commitment to escalate (be increased in extent)
- go signals trigger stop signals & molecules responsible for mediating the inflammatory response also suppress it, depending upon timing & context

Go signals in early checkpoints:

- Tissue damage (mild trauma with infection) release three types of go signals.
- **First**, in response to **pain**, neurons release bioactive peptides.
- **Second**, **broken cells** release intracellular proteins that trigger cytokines production when found in extracellular space.

- **Third**, **microbes** & their shed or secreted **products** are sensed through soluble receptors/molecules such as,
 - Complement
 - mannose-binding protein
 - lipopolysaccharide-binding protein
 - Cell surface receptors (Toll family members)
 - Peptidoglycan recognition proteins
 - Scavenger receptors



- The importance of **mast cells** (perivascular) as first responders release,
 - Histamine
 - Eicosanoids
 - Pre-formed TNF (tumor necrosis factors)
 - Newly synthesized cytokines
 - Tryptases
 - Proteases
 - Chemokines

- **Histamine, Eicosanoid & Trypsases** cause vasodilatation and extravasation.

Neutrophils are partially activated by the TNF & leukotrienes produced by mast cell leading to release of small amounts of elastase.

Binary signal of **integrin** (transmembrane receptors that are the bridges for cell-cell and cell-extracellular matrix (ECM) interactions) plus stimulation by TNF, chemokines or C5a triggers degranulation & a massive respiratory burst releases,

- Proteinases (cathepsin G & protease 3)
- Hydrolases
- Antibiotic proteins (BPI, defensins, serproteins, their proteolytically inactive homologue & azurocidin)
- Oxidants (hydrogen peroxide, hypochlorites & chloramines)

Stop signals in early checkpoints

- Neutrophil derived **arachidonate** serves as substrate for neutrophil **5-lipoxygenase** to generate the inflammatory **LB4**.
- Neutrophils infiltrate tissue pass arachidonate to tissue cells expressing **15-lipoxygenase** which produces **lipoxins**.
- **Lipoxins** are a class of oxidized eicosanoids that bind cellular receptors & **block** neutrophil influx.
- In this manner, cell-cell interactions favors a transition in the profile of arachidonate products from pro-inflammatory leukotrienes to **anti-inflammatory lipoxins**.

- At the same time, COX2 (an **enzyme** responsible for **inflammation** and **pain**) is induced in macrophages by microbial products & cytokines.
- COX2 converts arachidonate → PGE2
- Fluid leaks from blood vessels.
- **PGE2** ↑ feedback to **inhibit** COX2 & lipoxygenase.
- **Delayed effects** shift arachidonate metabolism towards lipoxin formation in neutrophil, in this way over several hours, PGE2 at first a go signal becomes a stop signal.

- **CD39 (Cluster of Differentiation 39)** is a human membrane-bound protein.
- Break down extracellular ATP & ADP secreted by activated cells or leaking from broken cells generating **adenosine**.
- **Adenosine** acts to suppress inflammatory responses by neighboring cells.

Signals for switching from killing to healing

- A crucial commitment made late in inflammation is to convert the response from the antibacterial, tissue damaging mode to a mode that promotes tissue repair & epithelial closure.
- The transformation from tissue damage to tissue repair begins as complement, neutrophils & macrophages kill microbes & secrete more **SLPI** (serine protease inhibitor).
- **SLPI** has anti-inflammatory & wound healing effects, binds & synergizes with **pro-epithelin**.

• **Pro-epithelin** is a cytokine that promote epithelial growth & suppress neutrophil activation,

ROIs and **RNIs** (reactive nitrogen intermediates) are two additional sets of molecules that can either promote or suppress inflammation.