

SYNOVIAL MUCOSAL CYTOKINES AND CHAPEROKINE IN STAPHYLOCOCCUS AUREUS HUMAN SEPTIC A RTHRITIS

Ibrahim M S Shnawa*¹, Esraa Aa Aljenaby², Hamad A Busisi³ and Iiyad F Al Aga⁴

¹College of Biotechnology, Kasim University, Kasim, Babylon Province/IRAQ.

²College of Pharmacy, Kufa University, Kufa/IRAQ

³College of Medicine, Kufa University, Senior Orthopedics/Kufa IRAQ.

⁴Najaf Board of Health, Najaf, IRAQ, Senior Orthopedics

Article Received on
03 Dec 2014,

Revised on 25 Dec 2014,
Accepted on 15 Jan 2015

***Correspondence for
Author**

Dr. Ibrahim Shnawa
College of
Biotechnology, Kasim
University, Kasim,
Babylon Province/IRAQ.

ABSTRACT

Human septic arthritis were clinically proven by the orthopedician in this team. *S. aureus* was reported in association of 27 neutrophilic synovitis out of 400 arthritis patients. Such patient infections induces local production of synovial cytokines TNF alpha, INF gamma, IL4 and the chaperokine heat shock protein HSP 70 to high levels than that of controls. The proinflammatory; TNF alpha, INFgamma, balanced by the anti-inflammatory IL4 and HSP70 representing the TH1/TH2 balance state. Hence, *S. aureus* initiate natural neutrophilic, humoral and cellular responses in the synovial compartment of the common mucosal immune system during the septic human arthritis.

Keywords: Septic arthritis, synovum, common mucosal immune system, TH1/TH2 balance.

INTRODUCTION

The pathogenesis of human arthritis can be mapped into three pathways. The haematogenous, the lymphogenous and the direct osteogenic infection spread from the local affected boney tissues.^[1] In comparison, the immunopathogenesis of septic arthritis may be triggered by the immunodominant epitope(s) of the infectious agent which might be of; an immunogenic, allergenic and /or autoimmunogenic natures resulting in immune response, allergic response and autoimmune response.^[2] Such responses actually are of mucosal as well as systemic nature.^[3] Excess antibodies and /or excess cytokines may take part in the local immunopathogenesis of human septic arthritis through the immune tissue injury they cause it.^[4] The objective of the present work was to assess the local cytokine levels of TNF alpfa,

INF gamma, IL4 and the heat shock protein HPS70 in *S. aureus* septic arthritis in human beings.

MATERIALS AND METHODS

Four hundred human arthritis cases were clinically proven. The synovial fluids of these patients were aspirated by the senior orthopedicians in this team. Synovial Giemsa^[5] stained films reveals 27 of which were of neutrophilic nature. These 27 cases were yielding variable degrees of growth density ranging from scant to heavy growth and marked purity of *S aureus* as identified by manual standard and Vitic system.^[6,7] The clarified synovial fluids were assessed for TNF alpha, INF gamma, IL4 and HSP70 using eliza technique and in accordance with the manufacturer instructions(USBIO,USA).Twenty control synovial fluids were assessed as in the test group as controls.

RESULTS

1-TNF alpha

The 27 patients were showing higher concentration means reaching 35.81 ± 3.423 as compared to 1.687 ± 0.1351 pg/ml. in controls Table 1.

2-INFgamma

The concentration means of INF gama was 29.63 ± 2.135 in patients as compared to 1.678 ± 0.137 pg/ml. in controls. Table2.

3-IL4

The patients have shown IL4 mean concentrations of 19.51 ± 0.667 as compared to 0.7925 ± 0.116 pg/ml. in controls. Table3.

4-HSP70

The concentration means of HSP70 in patients were 34.34 ± 2.973 as compared to 11.70 ± 1.064 ng/ml. in controls. Table 4.

5-Cytokine balance

The synovial high levels of cytokine concentration means for the pro inflammatory may balance the anti-inflammatory IL4 and HSP70 in the synovial compartments of septic arthritis patients Tables1, 2, 3, and 4.

Table 1: The synovial TNF alpha concentrations among septic arthritis patients.

Test groups	Number of subjects	Concentration means pg/ml. \pm SE	Significance
Patients	27	35.81 \pm 3.423	< 0.05
Controls	20	1.187 \pm 1.34	

Table 2: The synovial INF gamma concentrations among septic arthritis patients.

Test groups	Number of subjects	Concentration mean pg/ml. \pm SE	Significance
Patients	27	29.63 \pm 2.135	< 0.05
Controls	20	12.15 \pm 0.504	

Table 3: The synovial Interleukine 4 concentrations among septic arthritis patients.

Test groups	Number of subjects	Concentration means pg/ml. \pm SE	Significance
Patients	27	19.51 \pm 0.667	<0.05
Controls	20	0.7928 \pm 0.116	

Table 4: The synovial heat shock protein 70 concentrations among septic arthritis patients.

Test groups	Number of Subjects	Concentration means ng/ml. \pm SE	Significance
Patients	27	34.34 \pm 2.973	<0.05
Controls	20	11.70 \pm 1.064	

DISCUSSION

The cytokine IL1B is the main effector molecule that may promote optimal TNF alpha induced osteoclastogenic osteoclast.^[8] Though the main effects of TNFalpha, IL6 and IL1B is to induce inflammatory response through the neutrophils recruitment mechanism into the site of the inflammation where being they initiate the starting of production of collagenases and prostrglandins by chondrocytes which initiates the synthesis and triggering of monocytes to produce excessive cytokines which can be terminated by cartilage and bone damage that are finalized by the attainment of secondary osteoitis.^[9] INFgamma do the act of macrophage activation and associated with Th1 responses.^[10] INF gamma has shown to be of arthritogenic potential in septic arthritis and the local administration of INF gamma into the joint, it promotes the development of arthritis.^[11] IL4 has beneficial role to chondrocyte viability through; necrosis, apoptosis, proliferation and nitrus oxide NO production. IL4 can inhibits the effect of IL1B, TNF alpha on the production of NO and proliferation of chondrocytes. The cytokines IL1, IL6, TNF alpha stimulate joint inflammation and distruction and can be detected in high concentrations in synovial fluids of septic arthritis

patients, such increase is correlated with the presence of leukocytes in the synovial membranes.^[12] IL4 may have a dual function during the immune responses on the mucosal surfaces. The first function is through inhibiting the intracellular killing by phagocytes promoting systemic spread of the infection and second through the down regulation of the local levels of the proinflammatory cytokines and chemokines. Such dual function appears to be positively influences the progression of bacterial arthritis.^[13] It was proposed that IL4 promotes polymorphism which might modify the TH1/TH2 responses and thereby to trauma and sepsis development in bacterial arthritis patients.^[14] Heat shock proteins of 70KD family are the major chaperones of most cells and tissues.^[15] HSP70 provides a mechanism for controlling the excessive expression of an inflammatory response after monocyte activation through the joint infection with a bacterial pathogens like *S.aureus*.^[16] Hence, the increasing of IL4 and HSP70 in the septic arthritis synovial fluid might protect from joint destruction induced by TNF α , INF γ cytokines.^[17,18] The rise up of the TNF α , INF γ are somewhat is balanced by the increase of IL4 and HSP70 in the mucosa of the synovium during septic human arthritis as compared to normal controls Tables,1,2,3,and4.

CONCLUSIONS

- 1-Natural neutrophilic synovial response is evident in *S. aureus* arthritis.
- 2-*S.aureus* induces pro and anti-inflammatory cytokines and chaperone.
- 3-HSP70 and IL4 may equivocate TNF α and INF γ levels on synovial mucosa during *S. aureus* human septic arthritis.

REFERENCE

1. Demicco EG, Kattapuram SL, Kardin and Rosenberg AE, 2010, Infections of the joint, synovium lined structure and soft tissue, In Kardin RL(ed) Diagnostic Pathology of Infectious Disease, WB Saunders Elsevers, Philadelphia, 378-3995.
2. Sack KE, Fye KH 2001. Rheumatic Diseases, In, Parslow TG, Stitis DP, Terr AI, Imboden JB, Medical Immunology 10th ed, Lange Medical books, New York; 401-421.
3. Strober W, FussIJ 2001. The mucosal Immune System, In Parslow TG, Stitis DP, TerrAI, Imboden JB, Medical Immunology 10th ed. Lange Medical Books, USA, 204-114.
4. Braude AI 1982. Mechanisms of immune tissue injury in infectious diseases, In Braude AI(ed). Microbiology. W B Saunders, Philadelphia, 764-769.
5. Lewis SM, BainBJ, Bates I 2001. Dacie and Lewis Practical Haematology, Churchill and Livingstone, Harcourt Publishers Limited, London, 19-46.

6. MacFaddin JF 2000. *Biochemical Tests for Identification of Medical Bacteria* 3rd ed., Lippincott Williams and Wilkins, USA.
7. Cruickshank R, Duguid JP, Morison, Swain RHA 1975. *Medical Microbiology; Practice Of Medical Microbiology Vol 2* 12th ed Churchill-livingstone, London.
8. Verdrengh M, Carlsten H, Ohlsson C, Tarkowski A 2006, Rapid systemic bone resorption during the course of *Staphylococcus aureus* induced arthritis, *J. Infect. Dis.*, 194(11): 1597-1600.
9. Osiri M, Ruxrungham K, Nookhai S, Ohmoto Y, Deesomchok U 1998, IL1B, IL6 and RNFa in synovial fluid of patients with nongonococcal septic arthritis, *Asian Pacific Journal of Allergy and Immunology* 16:155-160.
10. Page CE, Smale S, Carty SM, Amos NA, Lauder SN, Goodfellow RM, Richards PJ, Jones SA, Topley N, Williams NA 2010 Interferon inhibits interleukin 1B induced matrix metalloproteinase production by synovial fibroblast and protects articular cartilage in early arthritis, *Arth. Res. The.*, 12(2): 49-559.
11. Zhao YX, Nilsson IM, Tarkowski A 1998. The dual role of interferon gamma experimental *Staphylococcus aureus* septicemia versus arthritis. *Immunol.*, vol. 93: 80-85.
12. Schuerwegh AJ, Dombrecht EJ, Stevens WJ, Van Offel JF, Bridts CH, De Clerck LS 2003, Influence of proinflammatory (IL1 alpha, IL6, TNF alpha, INF gamma) and anti-inflammatory (IL4) cytokines on chondrocyte function. *Osteo, Cart.* Vol 11:681-687.
13. Tissi L, Bstoni F, Puliti M 2009. IL4 deficiency decreases mortality but increases the severity, *Med, Inflamm.*, 4: 1-8.
14. Gu W, Zeng I, Zhang L and others 2011, Association of interleukin 4589T/C polymorphism with TH1 and TH2 bias and sepsis in China major trauma patients, *J. Trauma*, 71(60): 1583-1587.
15. Asea A 2005, Stress proteins and initiation of immune response chaperone activity of HSP70, *Exerc. Immunol. Rev.*, 11:681-687.
16. Ferat-Osorio E and others 2014, Heat shock protein 70 down regulates the production of Toll-like receptor-induced pro-inflammatory cytokines by a heat shock factor-1/constitutive heat shock element-binding factor-dependent mechanism, *J. Inflamm.*, 11: 19-21.
17. Deyirmengian C, Halab N, Tarabishy A, Valle D, Jacob JJ, Lonner J, Booth RE 2010. Synovial fluid biomarkers for periprosthetic infection, *Clin. Orthop. Relat. Res.*, 4086, 2017-2023.

18. Gollwitzer H, Dombrowski Y, Prodinger PM, Peric M, Summer B, Hapffelmier A et al 2013, Antimicrobial peptides and pro inflammatory cytokines in peri prosthetic joint infection, *J. Bone. Joint., Surg.*, 95:644-651.