



ROLE OF CYTOKINES IN INFLAMMATORY DISEASES

Valli B and M.Sankari*

Saveetha University

ARTICLE INFO

Article History:

Received 20th February, 2017
 Received in revised form 4th March, 2017
 Accepted 15th April, 2017
 Published online 28th May, 2017

Key words:

Cytokines, Inflammatory Disease, Arthritis

ABSTRACT

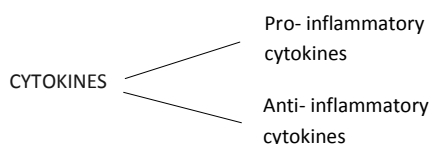
Cytokines are small secreted proteins released by cells have a specific effect on the interactions and communications between cells. Cytokine is a general name; other names are lymphokine, monokine, chemokine, and interleukin. Cytokines may act on the cells that secrete them), on nearby cells, or in some instances on distant cells. There are both pro-inflammatory cytokines and anti-inflammatory cytokines. There is significant evidence showing that certain cytokines/chemokines are involved in not only the initiation but also the persistence of pathologic pain by directly activating nociceptive sensory neurons.

Copyright©2017 Valli B and M.Sankari. This is an open access article distributed under the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

INTRODUCTION

Cytokines

Cytokines are small molecules secreted by cells of the immune system that serve to regulate various other components of the immune system, and they play a crucial role in health and disease^[1,2]



Types of Cytokines

Pro-inflammatory cytokines	Anti-inflammatory cytokines
Interleukin- 1	Interleukin-4
Tumour necrosis factor	Interleukin- 13
Gamma interferon (IFN-gamma)	Interleukin -10
Interleukin-2	Alpha interferon (IFN- Alpha)
Interleukin-18	Transforming growth factor - beta
granulocyte-macrophage colony stimulating factor	

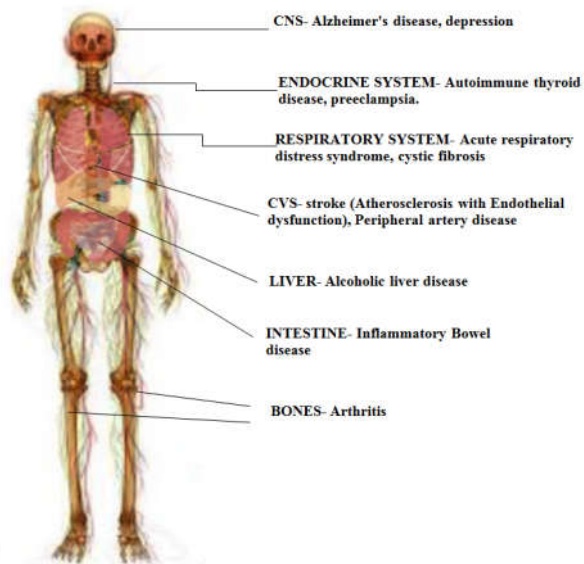
Alzheimer’s Disease- Alzheimer’s disease is a very common neurological degenerative disorder. It is the main cause for dementia in elderly people. Brain inflammation is a pathological hallmark of Alzheimer's disease^[3].

Pathogenesis of Alzheimer’s Disease- Microglia and astrocytes surrounding Aβ neuritic plaques secretes cytokine class of inflammatory mediators which gets increased in Inflammatory states and it functions to regulate intensity and duration of immune response^[4].

*Corresponding author: **M.Sankari**
 Saveetha University

IL-1 group of cytokines is further divided into IL-1 alpha and IL-1 beta which triggers cell activation upon binding with specific membrane receptors. Here IL-1ra which is a glycosylated secretory protein of 23 kDa counteracts IL-1.

Actions of IL- 1β in Other Inflammatory Diseases



Role of IL-1β

IL-1 is the initiator of immune response and IL-beta is found in elevated levels in CSF and brain parenchyma within early hours after brain injury^[5,6]. IL-1 causes the onset and development of cellular and inflammatory cascade. IL-1 in the astrocytes induces IL-6 action and stimulates iNOS activity. Additionally IL-1 enhances neuronal acetylcholinesterase

activity and induces the production of MCSF and microglial activation.

Depression

Major depressive disorder (MDD) is a very common psychiatric illness and it is the main cause of disability worldwide^[7,8].

Symptoms

Biological Symptoms

- Disturbed sleep with early morning wakening
- Loss of appetite
- Diurnal mood variation and
- Reduced libido.

Cognitive Symptoms

- Hopelessness
- Helplessness
- Worthlessness
- Poor concentration
- low-self esteem
- Guilt and
- Suicidal ideation.

Pathogenesis of Depression

Innate immune mechanism plays an integral role in depression which determines the type of T helper cells involved whether Th1 or Th 2 cells. In Th1 type of response the macrophages releases pro-inflammatory cytokines IFN-gamma, TNF-alpha, Interleukin-1,2 by the recognition of pathogen, tissue damage or destruction with the help of Toll-like receptors^[9,10]. These TLRs activates nuclear factor kappa B which in turn induces the innate inflammatory response by releasing pro-inflammatory cytokines like IL-1, IL-2, IL-6, TNF-Alpha^[9,10,11].

Pro-inflammatory cytokines creates a communication peripheral and central immune response. Pro-inflammatory cytokines accesses brain through leaky regions of BBB, active transport across the BBB, a neural pathway involving afferent nerve fibers such as the sensory vagus which relay information through the nucleus tractus solitarius, a humoral pathway, involving volume diffusion from circumventricular organs across the BBB^[11,12,13].

Sometimes BBB can be impaired in brain which allows extravasation of leukocyte and up-regulation of intracellular adhesion molecules.

Auto-Immune Thyroid Disease

Autoimmune diseases are a group of heterogeneous disorders which are identified by abnormal lymphocytic activation directed against self-tissue^[14,15]. Autoimmune thyroid diseases (AITD) are a set of very common organ-specific autoimmune disorders, among which Hashimoto's thyroiditis (HT) and Graves' disease (GD) are two of the most common clinical forms.

Role of IL-1 in Aitd

T helper cells produces Th cells through TCR engagement and STAT signalling which is caused by IFN- γ binding to its cognate receptor. Phosphorylated STAT4 signalling induces transcription factor-beta to help in differentiation of Th cells

into Th1 cells and Th2 cells by transactivating IFN- γ and also the specific subunit of IL-12R β 2, the receptor for IL-12. Now cell responds to IL-12 produced by the activated macrophages and DCs due to expression of 12R β 2.

APCs produced by macrophages and DC, create a link between innate and acquired immune response, which in turn produces pro-inflammatory cytokines. Pro-inflammatory cytokines like TNF-Alpha and IL-1 β induce adaptive immune response. DCs helps IL-12 to also induce adaptive immune response.

IL-1 β has pleotropic effects which induces Cell signalling, migration, and cytokine production, and influence T cell differentiation differently under different conditions^[16,17,18]

And facilitating the expansion of T_{eff} which breaks peripheral tolerance causing auto-immune diseases like RA. IL-1 β helps in the generation of IL-17 which secretes T helper cells in human. IL-23 along with IL-1 β develops and maintains pathogenic Th17 cells which through several immune mechanisms by other inflammatory mediators lead to Graves' disease.

Pre-Eclampsia

Preeclampsia is considered to be a pregnancy-specific syndrome, identified by the new onset hypertension and proteinuria after 20th week of gestation. Preeclampsia occurs in almost 5%-7% of all pregnancies in the world, which is a main cause of the maternal and foetal mortality and morbidity^[21].

Pathogenesis of Preeclampsia

Serum inflammatory cytokines were found to be raised in pregnant patients with preeclampsia rather than normal pregnant patients. Inflammatory cytokines like IL-1 β , IFN-gamma, IL-2, IL-6 causes harmful Th1 immunity, threatening pregnancy by generating cytotoxic factors that injured maternal endothelium, altered steroid hormones biosynthesis and also affected other factors which were implicated in trophoblast invasion and maternal spiral artery remodelling^[22,23]. Cytokine gene regulates the production of inflammatory cytokines, therefore, the cytokines gene polymorphism plays a main role in the development of Preeclampsia.

IL-1 β is a pro-inflammatory cytokine, belongs to the IL-1 system, has an important role in mammalian reproduction. It was reported that IL-1 β was being implicated in the pathogenesis of preeclampsia^[24]. Many researchers found that the plasma level of IL-1 β was raised in preeclamptic women^[25-28]. And the elevated placental expression of IL-1 β was also observed in several researches^[26,29].

Diabetes Mellitus

Diabetes mellitus is a group of endocrine disease identified by hyperglycaemia due to lack of insulin or disruptions in insulin signalling. The very common forms of diabetes are type 1 and type 2 diabetes mellitus. Type 1 diabetes mellitus is an autoimmune disease which results in an insulin deficiency, while type 2 diabetes mellitus is determined by peripheral insulin resistance frequently in combination with a dysfunctional insulin production^[30].

Pathogenesis of DM

Type 2 diabetes is associated with chronic activation of the innate immune system^[31-33]. The increased number of islet-related macrophages and elevated expression of interleukin (IL)-1 β was reported in the pancreatic islets from patients with T2D^[34,35]. Elevated islet IL-1 β levels was reported following chronic exposure of human islets to increased glucose, fatty acids, or leptin-3 factors which are closely related with T2D^[36,37,38]. Moreover, it was recently found that biosynthetic amyloid formation in human islets lead to β -cell dysfunction and death through induction of Fas upregulation and activation of the Fas-mediated apoptotic pathway started by caspase-8, which closely correlates with elevated islet IL-1 β level^[39,40]. These studies provided evidence that amyloid-induced Fas upregulation is likely mediated by IL-1 β . Along with these findings, Westwell-Roper *et al.*^[41] have reported β -cell dysfunction associated with increased islet IL-1 β expression in high fat-fed transgenic mice with islet amyloid formation. These findings help in local IL-1 β production, likely created by multiple factors during prediabetic state and/or early stages of T2D, may play a key role in β -cell failure in T2D.

Acute Respiratory Distress Syndrome

The initial acute phase of ARDS is determined by the sudden onset of dyspnea, hypoxemia, respiratory failure, and bilateral infiltrates on chest radio graph which are consistent with pulmonary edema^[42]. The sudden onset of respiratory failure usually needs mechanical ventilation.

Pathogenesis And Role of Cytokines In Ards

The inflammatory response in ARDS is started, amplified, and modulated by a complex network of cytokines and other proinflammatory molecules cytokines which are produced different cells in the lungs, including fibroblasts, epithelial cells, and inflammatory cells^[43]. For (e.g.), tumor necrosis factor (TNF)- α and IL-1 are early response cytokines which are produced mostly by monocytes and macrophages as a result of direct or indirect insult to the lung such as endotoxin or other microbial products^[44]. TNF- α and IL-1 acts on other cells, including macrophages, endothelial cells, fibroblasts, and epithelial cells to stimulate production of other cytokines, such as the neutrophil chemotactic factor IL-8. Increased concentrations of IL-8 are present in the alveolar space of patients with ARDS^[45].

Nuclear factor kappa-B (NF κ B), which is a transcription factor that controls the expression of ICAM-1, IL-1 β , IL-6, IL-8, and TNF- α ^[46,47]. Activation of NF κ B, allows the localisation to the nucleus and alter transcription. This nuclear localization of NF κ B is a key proximal activation signal in the initiation, amplification and maintenance of the proinflammatory cytokine cascade in ARDS^[47].

Cystic Fibrosis

Airway disease like cystic fibrosis (CF) is determined by a continuous cycle of chronic infection and inflammation which is dominated by a neutrophilic infiltrate. This kind of inflammation is determined by an elevated production of pro-inflammatory cytokines in the lung. This airway inflammation in cystic fibrosis is related with raised production of pro-inflammatory cytokines in the lung. Airway epithelial cells,

macrophages, and neutrophils are capable of producing cytokines.

Pathogenesis of Cystic Fibrosis

The inflammatory response happening in cystic fibrosis lung is due to the complex balance prevailing between pro-inflammatory and anti-inflammatory mediators. The epithelial lining fluid of cystic fibrosis patients when compared to healthy controls was found to have reduced levels of anti-inflammatory cytokine IL-10^[48], which prevents the production of TNF α , IL-1 β , IL-6, and IL-8 by macrophages^[49,50]. There are two more anti-inflammatory cytokines namely IRAP and TNF α R. Macrophages produce IRAP due to an inflammatory stimulus^[51] and it is a specific antagonist to IL-1 α and IL-1 β . The pathogenesis of bone resorption and prevention of bone formation is mostly promoted due to the pro-inflammatory cytokines, especially TNF α and IL-1 β ^[52,53,54].

Atherothrombosis- Stroke

Stroke is a very common neurological disorder which is the second main cause of death worldwide^[55]. It is determined that by 2030, there would be almost 12 million stroke deaths, 70 million stroke survivors, and also more than 200 million disability-adjusted life-years lost from stroke each year.

Pathogenesis of Stroke AND Role of Cytokines

Interleukin-1 (IL1), is a highly active pro-inflammatory cytokine, which acts as a main regulator of inflammatory process and it triggers a cascade of inflammatory mediators by the activation of the IL1 receptor^[56]. There are two associated but individual IL1 genes, IL1A and IL1B, which encodes for IL1 α and IL1 β , respectively. Experimental results show abnormal levels of IL1 α or IL1 β which leads to inflammatory diseases. IL1 is found to involve in the acute and chronic neurodegenerative brain disorders, including ischemic stroke, Alzheimer's disease and Parkinson's disease, even though the cytokine is thought to be involved in the recovery of neurological functions^[56,57].

IL6 is a main early mediator of the inflammatory and overall immune response and plays an important role in the development of pathological conditions^[58,59]. And it's produced by various kinds of cells which includes monocytes, macrophages, fibroblasts, endothelial cells, keratinocytes, mast cells, T-lymphocytes, and also by microglia and astrocytes. Many experimental studies showed that IL6 plays a key role in the pathogenesis of several ischemic cardiovascular disorders, including ischemic stroke^[60]. TNF- α causes the expression of IL1, IL6 and other cytokines. In the acute phase of ischemia, TNF- α and IL1B are the inflammatory factors which cause the speeds up the inflammatory lesions, and also causes cell necrosis or apoptosis^[61].

Peripheral Artery Disease

Peripheral arterial disease (PAD) affects almost 8 million Americans and has more chances to increase its prevalence^[62]. The disease is related to severe physical impairment and affects the quality of lifestyle^[63-65] many other evidences supports a higher risk of mortality in patients with peripheral artery disease^[66,67], specifically from cardiovascular causes^[68,69].

Pathogenesis of PAD And Role of Cytokines

IL-1 enhances the expression of cell adhesion molecules on the endothelial surface and has also been deemed to be pro-atherogenic^[70]. The potential role of IL-1 in Peripheral artery disease is IL-6 production, an independent predictor of peripheral artery disease progression. But while IL-1 levels was found to be raised in the pericardial fluid of patients having unstable angina^[71], plasma levels of IL-1 weren't found to be indicative of Peripheral artery disease^[72,73].

Alcoholic Liver Disease

Long term increased consumption of alcohol can result in a list of liver abnormalities, like from steatosis or steatohepatitis to fibrosis, cirrhosis, and even liver cancer hepatocellular carcinoma. In its mildest form, fatty liver mostly causes no clinically evident symptoms and is very rarely fatal.

Role of Cytokines In Alcoholic Liver Disease

IL-1 helps in producing inflammatory responses; causes fever; and also stimulates growth and differentiation of immune system cells. Patients with alcoholic liver disease have demonstrated increased serum concentrations of interleukin (IL)-1, tumor necrosis factor- alpha (TNF- α), IL-6, and IL-8^[74].

Inflammatory Bowel Disease

Inflammatory bowel diseases (IBD) are chronic infections, determined by active and remission periods. The inflammatory bowel diseases is of three forms

- Crohn's Disease (CD),
- Ulcerative Colitis (UC) and
- Indeterminate Colitis.

In inflammatory bowel disease immune tolerance is usually lost by the intestinal flora which is controlled by various substances, especially cytokines.

Pathogenesis and Role Of IL-1 β In Ibd (Uc)

Interleukin 1 (IL-1) in combination with TNF- α is vital in the pathogenesis of inflammatory bowel disease because of its up-regulatory and pro-inflammatory activity. The IL-1 system is subdivided mainly into IL-1 α and IL-1 β , both of which causes the production of type 2 cyclo-oxygenase, phospholipase A and inducible nitric oxide synthase (iNOS)^[75]. The tissular level of IL-1 was found to be predominantly elevated in UC (Ulcerative colitis) patients^[76]. The IL-1 system includes antagonists of IL-1 receptors (IL-1Ra), as control mechanism. In UC, IL-1, IL-1Ra and the Transforming Growthfactor β 1 (TGF β 1) which controls the size, time extent of the inflammatory process.

Arthritis

Arthritis is chronic autoimmune disease which results in inflammation and deformity of joints. It can cause other systemic problems, also cause inflammation of blood vessels, and rheumatic nodules in various body regions^[77].

ROLE OF IL-1 β IN ARTHRITIS

Usually inside joint, the pro-inflammatory cytokines co-exist alongside their endogenous inhibitors. This is a result of ongoing processes in which pro-inflammatory stimuli induce their anti-inflammatory counterparts and the imbalance between the two causes the disease. The very strong pro-

inflammatory cytokines, IL-1 stands out as a paradigmatic example of fine-tuned regulation of biological activities through a complicated system of ligands with agonist and antagonist functions, as well as signaling and non-signaling receptor.

CONCLUSION

IL-1 β plays a very important role in the pathogenesis of various systemic diseases. Further research in molecular mechanisms of IL-1 pathogenesis can help to modulate in disease prevention in the near future.

References

1. Brown KD, Zurawski SM, Mosmann TR, Zurawski G. A family of small inducible proteins secreted by leukocytes are members of a new superfamily that includes leukocyte and fibroblast-derived inflammatory agents, growth factors, and indicators of various activation processes. *J Immunol.* 1989; 142(2):679-687. [PubMed]
2. Kim CH. Chemokine-chemokine receptor network in immune cell trafficking. *Current Drug Targets.* 2004; 4(4):343-361. [PubMed]
3. H. Akiyama, S. Barger, S. Barnum *et al.*, "Inflammation and Alzheimer's disease," *Neurobiology of Aging*, vol. 21, no. 3, pp. 383-421, 2000.
4. E. E. Tuppo and H. R. Arias, "The role of inflammation in Alzheimer's disease," *International Journal of Biochemistry and Cell Biology*, vol. 37, no. 2, pp. 289-305, 2005.
5. C. D. Winter, F. Iannotti, A. K. Pringle, C. Trikkas, G. F. Clough, and M. K. Church, "A microdialysis method for the recovery of IL-1 β , IL-6 and nerve growth factor from human brain in vivo," *Journal of Neuroscience Methods*, vol. 119, no. 1, pp. 45-50, 2002.
6. M. N. Woodroffe, G. S. Sarna, M. Wadhwa *et al.*, "Detection of interleukin-1 and interleukin-6 in adult rat brain, following mechanical injury, by in vivo microdialysis: evidence of a role for microglia in cytokine production," *Journal of Neuroimmunology*, vol. 33, no. 3, pp. 227-236, 1991.
7. Kiecolt-Glaser JK & Glaser R: Depression and immune function: central pathways to morbidity and mortality. *Journal of psychosomatic research* 2002; 53:873-6.
8. Moussavi S *et al*: Depression, chronic diseases, and decrements in health 2008; 29-32.
9. Dinan TG: Inflammatory markers in depression. *Current opinion in psychiatry* 2009; 22:32-6.
10. Irwin MR & Miller AH: Depressive disorders and immunity: 20 years of progress and discovery. *Brain, behavior, and immunity* 2007; 21:374-83.
11. Raison CL, Capuron L & Miller AH: Cytokines sing the blues: inflammation and the pathogenesis of depression 2012; 27:24-31.
12. Dantzer R *et al*: From inflammation to sickness and depression: when the immune system subjugates the brain. *Nature reviews. Neuroscience* 2008; 9:46-56.
13. Steiner J *et al*: Bridging the gap between the immune and glutamate hypotheses of schizophrenia and major depression: Potential role of glial NMDA receptor modulators and impaired blood-brain barrier integrity.

- The world journal of biological psychiatry: the official journal of the World Federation of Societies of Biological Psychiatry 2012; 13:482-92.
14. Davidson A, Diamond B. Autoimmune diseases. *N Engl J Med*. 2001; 345(5):340-350. [PubMed]
 15. Marrack P, Kappler J, Kotzin BL. Autoimmune disease: why and where it occurs. *Nat Med*. 2001; 7(8):899-905. [PubMed]
 16. Dinarello CA. Immunological and inflammatory functions of the interleukin-1 family. *Annu Rev Immunol*. 2009; 27:519-550. [PubMed]
 17. Johnson VJ, Yucesoy B, Luster MI. Prevention of IL-1 signaling attenuates airway hyperresponsiveness and inflammation in a murine model of toluene diisocyanate-induced asthma. *J Allergy Clin Immunol*. 2005; 116(4):851-858. [PubMed]
 18. Sutton CE, Lalor SJ, Sweeney CM, Brederon CF, Lavelle EC, Mills KH. Interleukin-1 and IL-23 induce innate IL-17 production from gamma delta T cells, amplifying Th17 responses and autoimmunity. *Immunity*. 2009; 31(2):331-341. [PubMed]
 19. Chung Y, Chang SH, Martinez GJ, Yang XO, Nurieva R, Kang HS, Ma L, Watowich SS, Jetten AM, Tian Q. Critical regulation of early Th17 cell differentiation by interleukin-1 signaling. *Immunity*. 2009; 30(4):576-587. others. [PMC free article] [PubMed]
 20. Lee WW, Kang SW, Choi J, Lee SH, Shah K, Eynon EE, Flavell RA, Kang I. Regulating human Th17 cells via differential expression of IL-1 receptor. *Blood*. 2010; 115(3):530-540. [PMC free article] [PubMed]
 21. Ramma W, Ahmed A (2011) Is inflammation the cause of pre-eclampsia? *Biochem Soc Trans* 39: 1619-1627.
 22. ULamarca BD, Ryan MJ, Gilbert JS, Murphy SR, Granger JP (2007) Inflammatory cytokines in the pathophysiology of hypertension during preeclampsia. *Curr Hypertens Rep* 9: 480-485.
 23. Diaz L, Noyola-Martinez N, Barrera D, Hernandez G, Avila E, et al. (2009) Calcitriol inhibits TNF-alpha-induced inflammatory cytokines in human trophoblasts. *J Reprod Immunol* 81: 17-24.
 24. Huang SJ, Chen CP, Schatz F, Rahman M, Abrahams VM, et al. (2008) Pre-eclampsia is associated with dendritic cell recruitment into the uterine decidua. *J Pathol* 214: 328-336.
 25. Kalinderis M, Papanikolaou A, Kalinderi K, Ioannidou E, Giannoulis C, et al. (2011) Elevated serum levels of interleukin-6, interleukin-1beta and human chorionic gonadotropin in pre-eclampsia. *Am J Reprod Immunol* 66: 468-475.
 26. Kocyigit Y, Atamer Y, Atamer A, Tuzcu A, Akkus Z (2004) Changes in serum levels of leptin, cytokines and lipoprotein in pre-eclamptic and normotensive pregnant women. *Gynecol Endocrinol* 19: 267-273.
 27. Wang J, Huang Y, Huang Y, Zhou J, Liu X (2010) Effect of lipoxin A(4) on IL-1beta production of monocytes and its possible mechanism in severe preeclampsia. *J Huazhong Univ Sci Technolog Med Sci* 30: 767-770.
 28. Luppi P, Deloia JA (2006) Monocytes of preeclamptic women spontaneously synthesize pro-inflammatory cytokines. *Clin Immunol* 118: 268-275.
 29. Rinehart BK, Terrone DA, Lagoo-Deenadayalan S, Barber WH, Hale EA, et al. (1999) Expression of the placental cytokines tumor necrosis factor alpha, interleukin 1beta, and interleukin 10 is increased in preeclampsia. *Am J Obstet Gynecol* 181: 915-920.
 30. American Diabetes Association. Diagnosis and classification of diabetes mellitus. *Diabetes Care*. 2014; 37 Suppl 1:S81-90. Epub 2013/12/21. doi: 10.2337/dc14-S081 PMID: 24357215.
 31. Wellen KE, Hotamisligil GS (2005) Inflammation, stress, and diabetes. *J Clin Invest* 115:1111-1119.
 32. Kolb H, Mandrup-Poulsen T (2005) An immune origin of type 2 diabetes? *Diabetologia* 48:1038-1050.
 33. Donath MY, et al. (2008) Islet inflammation in type 2 diabetes: From metabolic stress to therapy. *Diabetes Care* 31:S161-S164.
 34. Ehses JA, Perren A, Eppler E, et al. Increased number of islet-associated macrophages in type 2 diabetes. *Diabetes* 2007;56:2356-2370
 35. Richardson SJ, Willcox A, Bone AJ, Foulis AK, Morgan NG. Islet-associated macrophages in type 2 diabetes. *Diabetologia* 2009;52:1686-1688
 36. Maedler K, Sergeev P, Ris F, et al. Glucose-induced beta cell production of IL-1beta contributes to glucotoxicity in human pancreatic islets. *J Clin Invest* 2002;110:851-860
 37. Maedler K, Sergeev P, Ehses JA, et al. Leptin modulates beta cell expression of IL-1 receptor antagonist and release of IL-1beta in human islets. *Proc Natl Acad Sci USA* 2004;101:8138-8143
 38. Böni-Schnetzler M, Boller S, Debray S, et al. Free fatty acids induce a proinflammatory response in islets via the abundantly expressed interleukin-1 receptor I. *Endocrinology* 2009;150:5218-5229
 39. Park YJ, Lee S, Kieffer TJ, et al. Deletion of Fas protects islet beta cells from cytotoxic effects of human islet amyloid polypeptide. *Diabetologia* 2012;55: 1035-1047
 40. Park YJ, Woo M, Kieffer TJ, et al. The role of caspase-8 in amyloid-induced beta cell death in human and mouse islets. *Diabetologia* 2014;57:765-775
 41. Westwell-Roper CY, Ehses JA, Verchere CB. Resident macrophages mediate islet amyloid polypeptide-induced islet IL-1b production and b-cell dysfunction. *Diabetes* 2014;63:1698-1711
 42. Ware LB, Matthay MA. Medical progress: the acute respiratory distress syndrome. *N Engl J Med* 2000;342: 1334-1349
 43. Goodman R, Pugin J, Lee JS, et al. Cytokine mediated inflammation in acute lung injury. *Cytokine Growth Factor Rev* 2003;14:523-535
 44. Nathan CF. Secretory products of macrophages. *J Clin Invest* 1987;79:319-326
 45. Miller EJ, Cohen AB, Matthay MA. Increased interleukin-8 concentrations in the pulmonary edema fluid of patients with acute respiratory distress syndrome from sepsis. *Crit Care Med* 1996;24:1448-1454
 46. Fan J, Ye RD, Malik AB. Transcriptional mechanisms in acute lung injury. *Am J Physiol Lung Cell Mol Physiol* 2001;281:L1037-L50
 47. Christman JW, Sadikot RT, Blackwell T. The role of nuclear factor-k B in pulmonary diseases. *Chest* 2000;117: 1482-1487

48. Murtaugh M.P., Baarsch M.J., Zhou Y., Scamurra R.W., Lin G., Inflammatory cytokines in animal health and disease, *Vet. Immunol. Immunopathol.* 54 (1996) 45-55.
49. Cohen J., The immunopathogenesis of sepsis, *Nature* 420 (2002) 885-891.
50. Bonfield TL, Konstan MW, Burfeind P, Panuska JR, Hilliard JB, Berger M. Normal bronchial epithelial cells constitutively produce the anti-inflammatory cytokine interleukin-10, which is downregulated in cystic fibrosis. *Am J Respir Cell Mol Biol* 1995; 13: 257-61.
51. Fiorentino DF, Zlotnik A, Mosmann TR, Howard M, O'Garra A. IL10 inhibits cytokine production by activated macrophages. *J Immunol* 1991; 147:3815-22.
52. Bogdan C, Vodovotz Y, Nathan C. Macrophage deactivation by interleukin 10. *J Exp Med* 1991; 174:1549-55.
53. Kronborg G, Hansen MB, Svenson M, Fomsgaard A, Hoiby N, Bendtzen K. Cytokines in sputum and serum from patients with CF and chronic *Pseudomonas aeruginosa* infection as markers of destructive inflammation in the lungs. *Pediatr Pulmonol* 1993; 15: 292-7.
54. Aris RM, Stephens AR, Ontjes DA, Denene Blackwood A, Lark RK, Hensler MB, *et al.* Adverse alterations in bone metabolism are associated with lung infection in adults with CF. *Am J Crit Care Med* 2000;162:1674-8.
55. Feigin VL, Forouzanfar MH, Krishnamurthi R, Mensah GA, Connor M, Bennett DA, Moran AE, Sacco RL, Anderson L, Truelsen T, O'Donnell M, Venketasubramanian N, Barker-Collo S, Lawes CMM, Wang W, Shinohara Y, Witt E, Ezzati M, Naghavi M, Murray C. 2014. Global and regional burden of stroke during 1990–2010: findings from the Global Burden of Disease Study 2010. *The Lancet* 383:245-255 DOI 10.1016/S0140-6736(13)61953-4.
56. Dinarello CA, Simon A, Van der Meer JW. 2012. Treating inflammation by blocking interleukin-1 in a broad spectrum of diseases. *Nature Reviews Drug Discovery* 11:633-652 DOI 10.1038/nrd3800.
57. Kostulas N, Pelidou SH, Kivisakk P, Kostulas V, Link H. 1999. Increased IL-1 β , IL-8, and IL-17 mRNA expression in blood mononuclear cells observed in a prospective ischemic stroke study. *Stroke* 30:2174-2179 DOI 10.1161/01.STR.30.10.2174.
58. Ferrarese C, Mascarucci P, Zoia C, Cavarretta R, Frigo M, Begni B, Sarinella F, Frattola L. 1999. Increased cytokine release from peripheral blood cells after acute stroke. *Journal of Cerebral Blood Flow and Metabolism* 19:1004-1009 DOI 10.1097/00004647-199909000-00008.
59. Ridker PM, Rifai N, Stampfer MJ, Hennekens CH. 2000. Plasma concentration of interleukin-6 and the risk of future myocardial infarction among apparently healthy men. *Circulation* 101:1767-1772 DOI 10.1161/01.CIR.101.15.1767.
60. Quan Z, Quan Y, Wei B, Fang D, Yu W, Jia H, Quan W, Liu Y, Wang Q. 2015. Protein-protein interaction network and mechanism analysis in ischemic stroke. *Molecular Medicine Reports* 11:29-36 DOI 10.3892/mmr.2014.2696.
61. Kawai C. 1999. From myocarditis to cardiomyopathy: mechanisms of inflammation and cell death: learning from the past for the future. *Circulation* 99:1091-1100 DOI 10.1161/01.CIR.99.8.1091.
62. Allison MA, Ho E, Denenberg JO, Langer RD, Newman AB, Fabsitz RR, *et al.* Ethnic-specific prevalence of peripheral arterial disease in the United States. *Am J Prev Med.* 2007; 32(4):328-33.
63. McDermott MM, Greenland P, Liu K, Guralnik JM, Celic L, Criqui MH, *et al.* The ankle brachial index is associated with leg function and physical activity: the Walking and Leg Circulation Study. *Ann Intern Med.* 2002; 136(12):873-83.
64. McDermott MM, Liu K, Greenland P, Guralnik JM, Criqui MH, Chan C, *et al.* Functional decline in peripheral arterial disease: associations with the ankle brachial index and leg symptoms. *JAMA.* 2004; 292(4):453-61.
65. McDermott MM, Guralnik JM, Tian L, Liu K, Ferrucci L, Liao Y, *et al.* Associations of borderline and low normal ankle-brachial index values with functional decline at 5-year follow-up: the WALCS (Walking and Leg Circulation Study). *J Am Coll Cardiol.* 2009; 53(12):1056-62.
66. Diehm C, Lange S, Darius H, Pittrow D, von Stritzky B, Tepohl G, *et al.* Association of low ankle brachial index with high mortality in primary care. *Eur Heart J.* 2006; 27(14):1743-9.
67. Ankle Brachial Index C, Fowkes FG, Murray GD, Butcher I, Heald CL, Lee RJ, *et al.* Ankle brachial index combined with Framingham Risk Score to predict cardiovascular events and mortality: a meta-analysis. *JAMA.* 2008; 300(2):197-208.
68. Resnick HE, Lindsay RS, McDermott MM, Devereux RB, Jones KL, Fabsitz RR, *et al.* Relationship of high and low ankle brachial index to all-cause and cardiovascular disease mortality: the Strong Heart Study. *Circulation.* 2004; 109(6):733-9.
69. Heald CL, Fowkes FG, Murray GD, Price JF. Ankle Brachial Index C: Risk of mortality and cardiovascular disease associated with the ankle-brachial index: Systematic review. *Atherosclerosis.* 2006; 189(1):61-9.
70. Mackay C. R. (2001) Chemokines: immunology's high impact factors. *Nat. Immunol.* 2:95-101.
71. Bhagat K., Vallance P. (1997) Inflammatory cytokines impair endothelium-dependent dilatation in human veins in vivo. *Circulation* 96:3042-3047.
72. Dinarello CA. IL-18: A TH1-inducing, proinflammatory cytokine and new member of the IL-1 family. *J Allergy Clin Immunol* 1999; 103(1 Pt 1): 11-24.
73. Oyama J, Shimokawa H, Morita S, Yasui H, Takeshita A. Elevated interleukin-1 β in pericardial fluid of patients with ischemic heart disease. *Coron Artery Dis* 2001; 12: 567-71.
74. Fiotti N, Giansante C, Ponte E *et al.* Atherosclerosis and inflammation. Patterns of cytokine regulation in patients with peripheral arterial disease. *Atherosclerosis* 1999; 145: 51-60.
75. DINARELLO CA. The IL-1 family and inflammatory diseases. *Clinical and experimental rheumatology.* 2002; 20 (5 Suppl 27):S1-13.

76. Ashwood P, Harvey R, Verjee T, Wolstencroft R, Thompson Rp, Powell JJ. Functional interactions between mucosal IL-1, IL-ra and TGF-beta 1 in ulcerative colitis. *Inflammation research: official Journal of the European Histamine Research Society [et al]*. 2004; 53(2):53-9.
77. Wong JB, Ramey DR, Singh G (2001) Long-term morbidity, mortality, and economics of rheumatoid arthritis. *Arthritis Rheum*, 44, 2746-9.

How to cite this article:

Valli B and M.Sankari (2017) ' Role Of Cytokines In Inflammatory Diseases', *International Journal of Current Advanced Research*, 06(05), pp. 3645-3651.
DOI: <http://dx.doi.org/10.24327/ijcar.2017.3651.0338>
