

TRIGGERING AND REGULATION OF THE FREE RADICAL PRODUCTION BY PHAGOCYTES

P. Bellavite, M.C. Serra, F. Bazzoni, S. Miron and S. Dusi  
Istituto di Patologia Generale, Università di Verona, 37134, Verona, Italy

INTRODUCTION

Phagocytic cells (neutrophils, eosinophils, monocytes and macrophages) are capable of converting oxygen into potentially toxic species such as superoxide anion, hydrogen peroxide and hydroxyl radical. This peculiar metabolic pathway, which is called respiratory burst, is turned on when a membrane-bound enzyme, the NADPH oxidase, is activated. Other reactions, such as those of the glutathione cycle and of the hexose monophosphate pathway, are secondary to the triggering of NADPH oxidase, having the function of continuous supply of reduced NADPH and of intracellular detoxification.<sup>1-3</sup>

The molecular structure of the NADPH oxidase has not completely clarified yet, but there is evidence that it is composed by an electron transport chain, where a flavoprotein, a cytochrome b with low potential (cytochrome b<sub>558</sub>, or cytochrome b<sub>-245</sub>) and possibly other proteins of unknown nature are assembled in a functional complex.<sup>4-7</sup> Membrane phospholipids give<sup>8-9</sup> stability and possibly regulate the function of this complex.

The free radical forming system is activated during phagocytosis and the generation of oxygen free radicals significantly contributes to the defensive (bactericidal and tumoricidal) function of neutrophils, eosinophils and macrophages. On the other hand, other agents that are not related to phagocytosis may trigger the respiratory burst. Toxic oxygen derivatives may diffuse into the extracellular space and damage connective tissue macromolecules, cell membranes and even cause DNA mutations.

In this brief review we will consider: I) the agents that are able of triggering the respiratory burst, especially in

relation with lipid metabolism, II) the mechanisms of their action and III) the possibilities of regulation of the oxidative metabolism at cellular level.

#### I. AGENTS THAT TRIGGER THE RESPIRATORY BURST OF PHAGOCYTES

As it can be seen in Table 1, besides the phagocytosable particles, a large series of substances with different chemical composition are able of interacting with the cell leading to its activation. The action of some of these agents may be related to lipid metabolism and vascular pathology. In fact, arachidonic acid, leucotriene B<sub>4</sub>, platelet activating factor are potent stimulants of the burst and at the same time are produced and released by activated leukocytes, therefore acting as messengers and signals for further cell activation and amplification of the inflammatory process. The effect of acetylated LDL is noteworthy, because monocytes and macrophages exert a scavenger function into the vessel intima by taking up excess of modified lipoproteins. However, concomitant activation of oxygen free radical release could be one of the pathogenetic mechanisms of damage to the vessel wall,

Table 1. Some stimulants of phagocyte's metabolism

PARTICLES	REF.
Opsonized bacteria, fungi, virus	10,11
Immunoglobulin aggregates	12
LIPIDS AND LIPID DERIVATIVES	
Arachidonic acid and other fatty acids	13,14
Leukotriene B <sub>4</sub>	15
Diacylglycerol	16
Platelet activating factor	17
Acetylated LDL	18
Cerebrosides	19
PROTEINS	
Concanavalin A	20
Anti-leukocyte antibodies	21,22
Complement fragments (C5a, C567)	23,24
Tumor necrosis factor	25
Phospholipase C	26
PEPTIDES	
N-formylated peptides	27
Substance P	28
OTHERS	
Calcium ionophores	29
Urate crystals	30
Sodium fluoride	31
Low-sodium solutions	32
Detergents	33,34
Cross-linking reagents	35

inflammation, sclerosis and possibly cell transformation.

Among the proteins, the effect of C5a and of tumor necrosis factor (also called cachectin) are probably important in human pathology. By triggering leukocyte metabolism, the intravascular complement activation and the release of TNF by activated mononuclear phagocytes may be responsible for wasting systemic effects and damage to pulmonary microvasculature that often complicate sepsis, severe burns, shock.

The stimulatory effect of phospholipase C reveals the importance of membrane phospholipids in the triggering and regulation of oxidative metabolism. This is confirmed by the direct stimulatory effect of diacylglycerol, the main product of phospholipase C activity. Preliminary data from our laboratory indicate that also phosphatidic acid, that is formed in the cell both by phosphorylation of diacylglycerol and by action of phospholipase D, is able of activating  $H_2O_2$  production by human neutrophils.

As far as the peptides are concerned, it has been recently discovered in our laboratory<sup>28</sup> that substance P (SP) is a stimulant of  $H_2O_2$  production by human neutrophils. This undecapeptide is widely distributed in the nervous system and is particularly concentrated in the peripheral nerve terminals of small diameter unmyelinated sensory neurons, termed C-fibers, which terminate in the dorsal horn of spinal cord. SP containing fibers have been found also into the vessel wall. Although SP is considered to be a neurotransmitter at the central terminals of C-fibers, up to 90% of the peptide synthesized in the cell bodies of these neurons is transported to the peripheral terminals, from where it can be released by noxious stimuli. Fig. 1 provides a possible interpretation of

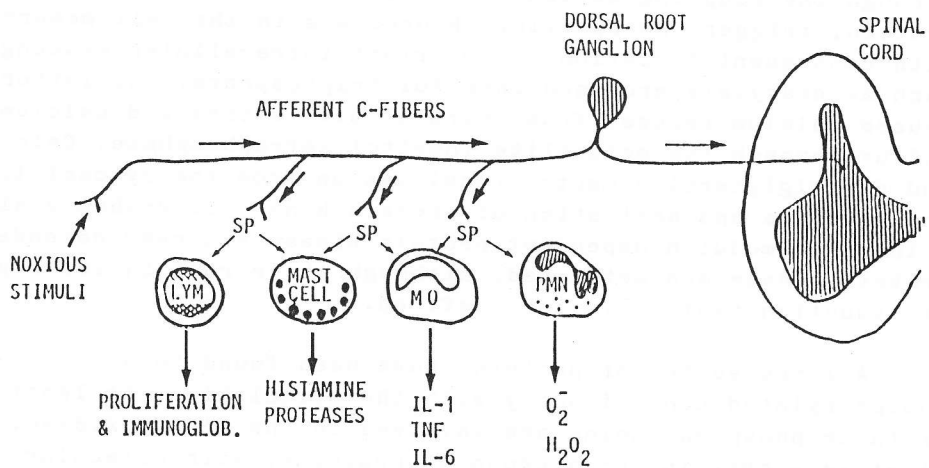


Fig. 1. Effects of substance P on the inflammatory cells

the physiological role of SP. Besides the stimulation of oxidative metabolism of neutrophils, it is known that SP produces vasodilatation, it acts as mitogen for lymphocytes, it degranulates mast cells and activates macrophages. This neuropeptide therefore meets many of the requirements for a mediator of the local inflammatory response and represents an important link between nervous and immunological systems.

## II. MECHANISMS OF ACTIVATION OF THE RESPIRATORY BURST

The mechanisms by which agonist-stimulated receptors are coupled with the terminal effector systems such as phagocytosis, degranulation, movement, free radical production, gene expression, etc., are called transduction pathways (or systems). The matter is very complex because multiple pathways have been described, that may vary according to the stimulant used, and also inhibitory mechanisms may be operative in particular conditions. Clearly, elucidating the transduction systems is important because the intensity and the duration of the functional responses, including the respiratory burst, may be regulated at this level.

In the attempt to simplify the understanding of this point, three major hypothesis that provide an explanation of how the NADPH oxidase may be activated are here presented. More details may be found in other recent reviews.<sup>3,36-39</sup>

### II.a. Protein phosphorylation

Phosphorylation and dephosphorylation of specific proteins regulates a variety of cells responsive to external stimuli. There is increasing evidence that this mechanism operates also in neutrophils for the activation of NADPH oxidase and other functions. As shown in Fig. 2, the ligand-receptor interaction, through the coupling action of a guanine nucleotide binding protein, triggers phospholipid hydrolysis in the cell membrane, with consequent formation of important intracellular messengers such as diacylglycerol and inositol triphosphate. The latter causes calcium release from intracellular stores and calcium influx through its metabolite inositol tetraphosphate. Calcium and diacylglycerol promote translocation from the cytosol to the membrane and activation of protein kinase C. Probably also calcium/calmodulin dependent protein kinase and cAMP dependent protein kinase are activated, although their role in leukocyte transduction systems is less defined.

A large series of proteins have been found to be phosphorylated concomitantly with the stimulation. At least two of these phosphoproteins are involved in the NADPH oxidase. The first is a protein, or a group of proteins, with molecular weight of about 48 kDa. Although their nature is not known, the participation of these proteins is strongly suggested by the

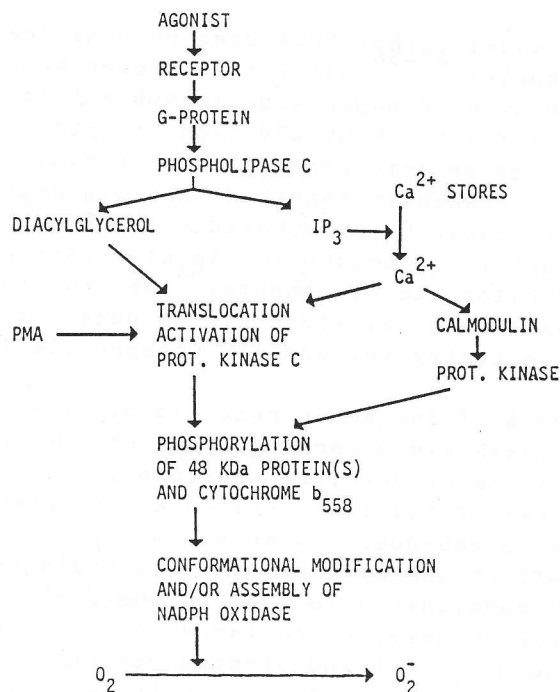


Fig. 2. NADPH oxidase activation by protein phosphorylation

observation that their phosphorylation is lacking in some forms of a disease - chronic granulomatous disease of childhood (CGD) - where the respiratory burst fails to be activated.<sup>40-44</sup> The second relevant protein that is phosphorylated is cytochrome b<sub>558</sub>. This cytochrome is actually a component of the enzyme NADPH oxidase and its phosphorylation suggest a possible regulatory mechanism at this level. The kinase responsible for this modification of the protein is probably protein kinase C.<sup>45</sup>

#### II.b. Membrane lipid changes

The relationship between phosphorylation of cytochrome b and the enzymatic activation is still hypothetical, because there is no direct demonstration that phosphorylation directly triggers the enzyme. Studies carried out in our laboratory have shown that in cells stimulated with phorbol esters or opsonized zymosan there is marked phosphorylation and a proportional NADPH oxidase activation, while in cells stimulated with arachidonic acid a very little phosphorylation is accompanied by an high activation. We therefore concluded that phosphorylation is not the only activation mechanism<sup>46</sup> and this fact was confirmed by others.<sup>44</sup>

The existence of additional, or alternative, pathways of oxidase activation is also indicated by studies of activation mechanism carried out not in intact cells but in cell-free

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systems. These models, that have been recently developed in several laboratories,<sup>47-56</sup> allow the triggering of the enzymatic production of superoxide in subcellular organelles or even in purified fractions by addition of cytosolic components and of fatty acids or detergents such as sodium dodecyl sulphate. We have recently reported that pig neutrophil NADPH oxidase is activatable by phosphatidic acid, an important product of phospholipid metabolism in stimulated cells, even in the absence of cytosolic components.<sup>54</sup> We and others have shown that the activation in cell-free system does not depend on the protein kinase activity and protein phosphorylation.

On the basis of the above reported data, it is possible to construct an hypothesis according to which the terminal modification of the oxidase, responsible for its activation, is caused by changes of the lipid milieu of the membrane where the enzyme complex is embedded. As shown in Fig. 3, the lipid changes that affect the oxidase activity could be either an increase of phosphatidic acid (due to phospholipase D and/or to diacylglycerol kinase) or an increase of arachidonic acid (due to calcium-dependent and perhaps receptor-dependent activation of phospholipase A<sub>2</sub>). Both these lipid changes have been documented in the membrane of stimulated cells. The alteration of lipid properties (fluidity, electric charges, melting point, etc.) in the enzyme microenvironment may cause conformational modifications and assembly of membrane and cytosolic components of the oxidase. The electron-transport system can thus start to catalyse superoxide formation.

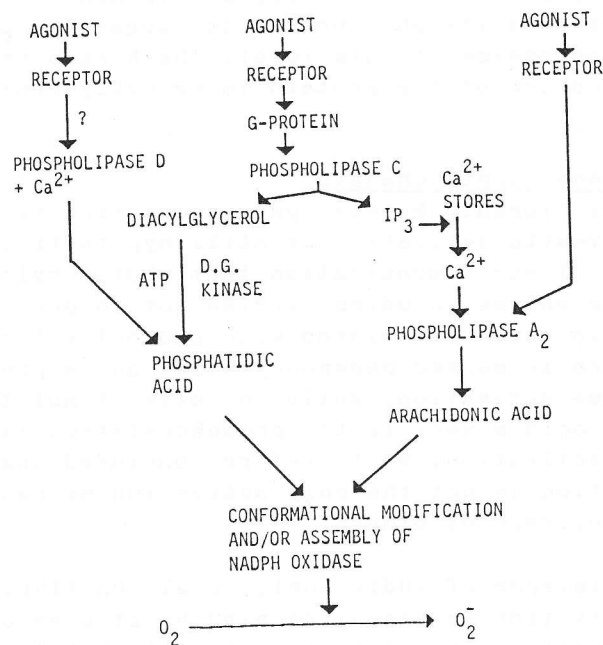


Fig. 3. NADPH oxidase activation by membrane lipid changes

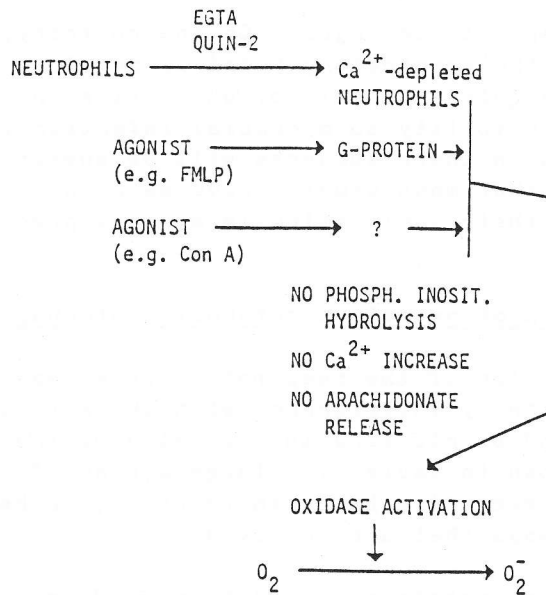


Fig. 4. A third existing pathway of NADPH oxidase activation

### II.c. Calcium and phosphoinositide-independent pathway

The existence of a third mechanism that is independent of calcium and lipid changes may be postulated on the basis of recent work from the group of F. Rossi in our laboratory.<sup>57-59</sup> This is schematically represented in Fig. 4. An experimental model has been developed where the neutrophils are completely depleted of intracellular free calcium by the addition of chelators. In these conditions no modifications of free calcium, no phospholipid hydrolysis, no arachidonic acid and phosphatidic acid formation occur. When these cells are challenged with two different agents, either given in sequence or contemporaneously, they undergo to marked metabolic stimulation. Therefore a further and unknown activation mechanism exists and is currently investigated in our laboratory. It remains to be established whether this mechanism, that is operative in calcium depleted cells, is alternative or is additional to the other pathways previously described.

### III. REGULATION OF THE RESPIRATORY BURST

On the basis of the knowledge of the structure and the activation mechanism of the NADPH oxidase it is possible to deal with the possible ways of regulating the respiratory burst. This subject is of great interest because it would be useful to decrease, or increase, the intensity and the duration of free radical production when required. An inhibition, or down regulation of the burst is theoretically desirable during pathologic inflammatory processes in order to decrease free

radical dependent tissue injury. On the contrary, an enhancement of the respiratory burst is required in the case of congenital or acquired defects of phagocytes that often cause increased susceptibility to microbial infections. Here the main literature data on these subjects will be summarized. It should be pointed out that most studies have been done on isolated leukocytes and their application in medical practice is still hypothetical.

### III.a Inhibition of oxidative metabolism of phagocytes

The inhibition of the respiratory burst may be accomplished both by interference with the activation mechanism(s) and by blocking the activity of the terminal oxidase. As shown in Table 2, a large series of inhibitors of the activation mechanism has been reported, in keeping with the multiform pathways that are involved.

Some of these agents merit particular discussion. The homologous pre-stimulation causes de-sensitization of the

Table 2. Inhibitors of the respiratory burst that act on some step of the activation mechanism

Agent	Possible mechanism	Ref.
Albumin (on arach. acid)	Binding to stimulant	60
H <sub>2</sub> O <sub>2</sub> + peroxidase + halide	Inactivation of stimulant	61
-met-mannopyr.(on Con A)	Displacement of ligand	20
Homologous pre-stimulation	Receptor desensitization	62,63
Agonist-coated surfaces	Receptor down-regulation	64,65
Tumor-conditioned medium	?	66
PDGF	Post-recept. deactivation	67
Pertussis toxin	G-protein inactivation	68
Bromophenacylbromide	Phospholipase inhibitor	69
Quinacrine	Membrane perturbation	70
Corticosteroids	Inhibition of Ph.lipase A2	71
Non-ster. antiinfl. agents	Various	72,73
Prostaglandins (E2,D2)	cAMP increase	74,75
Adenosine	cAMP increase	76,77
Nifedipine, Verapamil	Calcium antagonists	78-80
Trifluoperazine	Calmodulin inhibitor	81,82
TPCK, DFP	Protease inhibitors	83,84
Sphinganine, H-7, C-I, etc.	Prot. kinase C inhibitors	85
Nordihydroguaiaretic acid	Lipoxygenase inhibitor	86
Disuccinimidyl suberate	Crosslinking reagent	87
Opioids, benzodiazepines	?	88,89
Anaesthetics (halotane, lidocaine)	?	90,91
Bee venom melittin	?	92



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receptor. When the cells come in contact with low concentrations of a stimulant they do not activate the burst, on the contrary they become unresponsive to a second challenge with the same stimulant. This is an important mechanism that inhibits the triggering of the burst in phagocytes that are exposed to a gradient of chemotactic agents, that is during their movement from vessels to the centre of the inflammatory site.

Some tumors produce inhibitory factors, whose nature has to be determined. Recent data suggest that one of these factors may be transforming-growth factor  $\beta$ .<sup>93</sup> This mechanism could protect the tumor cells from the oxidative attack by phagocytes and therefore could allow them to escape host defence systems.

The effect of platelet-derived growth factor (PDGF) may have physiological relevance. PDGF inhibits the respiratory burst at concentrations that are present in serum during the hemostatic process. PDGF does not inhibit phagocytosis and chemotaxis. This factor may therefore play an important regulatory role during hemostasis and wound healing, because it prevents unsuitable activation of the burst while it does not affect the scavenger function of these cells.

Phospholipase inhibitors are important tools for investigating the role of phospholipid hydrolysis in the activation mechanism, but their specificity is not well established. Powerful inhibitors such as bromophenacyl bromide are too toxic for use in vivo. On the other hand, corticosteroids are poor inhibitors of the respiratory burst, probably because they do not influence phospholipase C activity.

A second possibility for down-regulating the respiratory burst is the inhibition of the NADPH oxidase. The list of inhibitors is reported in table 3. Most of these agents have interest for research purposes only. They have been useful for exploring the participation of individual components in the catalysis.

A recent advance in the knowledge of the nature of the oxidase has been provided by the production of antibodies that inhibit the enzymatic activity. By this way proteins, with molecular weight of 65 kDa,<sup>105</sup> 70 kDa<sup>106</sup> and a heterodimer of 16/18 and 14 kDa,<sup>107</sup> that participate in the activity of the oxidase have been identified.

Practical application could have vitamin E, gold salts (that in rheumatoid arthritis are used as antiinflammatory agents) and possibly diphenylene iodonium. Imidazole is an

Table 3. Agents that inhibit the terminal oxidase of the respiratory burst

Agent	Possible mechanism	Ref.
Cibacron blue	NADPH analogue	94
%-carba-deaza FAD	Flavin analogue	95
Diphenylene iodonium	Flavoprotein inhibitor	96
Pyridine, imidazole	Cytochrome b inhibitor	97
Quinones, vitamin E	Interference with electron transport	98-100
EDTA	Ca <sup>2+</sup> and Mg <sup>2+</sup> chelation	101
Batophenanthroline sulfonate	Fe <sup>3+</sup> chelation	5,102
P-chloromercuribenzoate	Sulfhydryl reagent	103,104
Antibodies against proteins of 65-70, 18, 14 kDa	Binding to oxidase	105-107
Strong detergents and salts	Dissociation of complex	108
H <sub>2</sub> O <sub>2</sub> + peroxidase + halide	Oxidative inactivation	109
Heat shock	?	110
Gold salts	?	111

inhibitor of NADPH oxidase, but at too high concentration for to be used in vivo.

III.b. Enhancement of the respiratory burst

The response of the phagocyte to a stimulant may be potentiated essentially according to two mechanisms: one is the priming effect, the other is the activation by cytokines. These are physiological phenomena that serve for the enhancement of resistance to infection and there is the hope that in near future they may be utilized also for the pharmacological treatment of immunocompromised host. The priming effect is observed when the cells are exposed either to chemoattractants or to several other compounds (see table V-A) and become more responsive to a second different stimulant. The precise modification that is responsible for the priming is not clear. The effect takes place very rapidly in treated cells, but it is not permanent and the increased responsiveness disappears after a few minutes.

These features distinguish priming from the up-regulation of the burst induced by cytokines. This effect was initially thought to be a property of mononuclear phagocytes only but it has been recently described also in neutrophils.<sup>125-127</sup> The activation requires several hours of treatment of the cells and consists in a permanent modification of the responsiveness that probably involves new gene expression.

The cytokines that are able of augment the respiratory burst are interferon- $\gamma$ , granulocyte-macrophage colony stimulating factor, tumor necrosis factor and interleukin 1.

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Table 4. Agents that potentiate the respiratory burst

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A. Priming effect

Chemotactic factors	(112,113)	Lypopolysaccharide	(114,115)
Phorbol esters	(116)	Leukotriene B4	(117)
Diacylglycerol	(118,119)	Platelet activ. factor	(120)
Concanavalin A	(57)	ATP	(121,122)
Muramyl peptide	(114)		

B. Cytokines

Interleukin-1	(123)	Interferon- $\gamma$	(124-127)
GM-Colony stim. factor	(128)	Tumor necrosis factor	(129)

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The mechanism of the potentiating effect of cytokines is under active investigation. It has been shown that interferon- $\gamma$  increases membrane receptors for immunoglobulins,<sup>130</sup> increases gene expression for several proteins including cytochrome b<sub>558</sub><sup>131,132</sup> and induces a shift of the oxidase from a form with low affinity for NADPH to a form with high affinity.<sup>133</sup> The availability of human recombinant cytokines has given new support to these studies. Interferon- $\gamma$  has been already employed in vivo with promising results. This cytokine has been shown to increase H<sub>2</sub>O<sub>2</sub> production by phagocytes in patients with tumors<sup>134</sup> and to improve oxidative metabolism of phagocytes in a variant of CGD.<sup>135,136</sup> The study of the effects in vivo and in vitro of cytokines will be one of the most important research fields for leukocytologists in near future.

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