Kinetics of Intraparenchymal Mononuclear Cells in A Murine Model of Pulmonary Fibrosis Induced by Bleomycin

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Bleomycin (BLM), an anti-tumor drug, has been observed to cause interstitial pneumonia followed by subsequent fibrosis. In order to elucidate the cellular mechanism in the fibrotic process, we examined inflammatory cells in the lungs of mice after intratracheal administration of BLM. Microscopic observation of May-Giemsa-stained cells demonstrated that the number of macrophages remained at the basal level as of day 3, then increased and peaked on days 7 to 14, while the number of lymphocytes increased as early as day 1, peaked on day 7, and then gradually decreased. In flow cytometric analysis, the numbers of both B and T cells, including both CD4+ and CD8+ T cells, showed a rapid increase after administration of BLM. The T cells were activated, as indicated by the induction of IL-2 receptor (IL-2R) and the augmented expression on their surface of leukocyte function associated antigen-1 (LFA-1), which has also been regarded as a T cell activation marker. In addition, marked accumulation of γδ T cells was observed in the lungs of mice treated with BLM, although it has not been elucidated whether these cells were involved in the pathogenesis. These results suggest that the increase of intraparenchymal macrophages and lymphocytes and the activation of T cells are prerequisite for the development of pulmonary fibrosis.

Key Words: bleomycin, IL-2 receptor, LFA-1, γδ T cells

INTRODUCTION

Bleomycin (BLM), an anti-tumor drug which has been used in the clinical treatment of neoplasms, has been observed to cause interstitial pneumonia followed by subsequent fibrosis in a dose-dependent manner. This consequence has often restricted its clinical use, but the drug has often been used in animal models of pulmonary fibrosis, the pathogenesis of which in human remains to be elucidated.

Several studies using mice depleted of T cells demonstrated that T cells have important functions the fibrotic process. The pulmonary fibrosis induced by BLM is attenuated in mice depleted of CD4+ and CD8+ T cells by injection of monoclonal antibodies against these molecules, thymectomized mice, those treated with anti-lymphocyte immunoglobulin, and athymic nude mice. In other studies, however, neither depletion of T cells by injection of anti-Thy1, CD4 and CD8 monoclonal antibodies nor athymic nu/nu mutation was observed to affect the fibrotic change of the lung induced by BLM. Thus, the role of T cells in the pathogenesis of pulmonary fibrosis is not fully understood.

Various cytokines have been demonstrated to be involved in the fibrotic process via activating fibroblasts to proliferate and produce fibronectin, procollagen I and III, and elastin. Previous studies have revealed that IL-1, TNF-α and TGF-β are produced in the lung tissue after treatment with BLM, and that administration of anti-TNF-α immunoglobulin prevents the development of pulmonary fibrosis.

In the present study, we analyzed intraparenchymal leukocytes in the lung, rather than bronchoalveolar lavage (BAL) cells, to examine the pathogenesis in BLM-induced pulmonary fibrosis, because we considered that the tissue cells would more directly reflect the histological changes in the lung than would do BAL cells. We found that activated T cells and γδ T cells as well as macrophages accumulated in the lung after administration of BLM.

MATERIALS and METHODS

Animals and reagents. In each experiment, 7-to 9-week-old female C57BL/6 mice, designated specific pathogen-free and obtained from Japan SLC Inc. (Shizuoka, Japan) were used. This strain has been reported to be high responders in BLM-induced pulmonary fibrosis. All mice were housed in a pathogen-free environment and received sterilized food and water at the Laboratory Animal Center for Biomedical Science of Nagasaki University. Bleomycin sulfate was generously donated by Nippon Kayaku Co.
Administration of BLM. BLM was dissolved in 0.9% NaCl at the concentration of 0.4 U/ml. The mouse was anesthetized by intraperitoneal injection of 70 mg/ml of pentobarbital (Abbott Lab., North Chicago, IL) and restrained on a small board. BLM (0.4 U/ml) was administered at 50 μl by inserting a 25-gauge needle which had been cut down to the tip into and parallel with the trachea.

Preparation of pulmonary intraparenchymal leukocytes.
Mice were sacrificed at various times, and pulmonary intraparenchymal leukocytes were prepared as we have described previously[10]. Briefly, the chest was opened, and the lung vascular bed was flushed by injection of 2 or 3 ml of chilled physiological saline into the right ventricle. The lungs were then excised, and washed in physiological saline. The lungs, after tensing with a stainless mesh, were incubated in RPMI1640 with 5% of FCS, 100 U/ml penicillin G, 100 mg/ml streptomycin, 10 mM HEPES, 50 mM 2-mercaptoethanol, and 2 mM L-glutamine, containing 20 U/ml collagenase (Sigma Chemical Co.) and 1 mg/ml DNase (Sigma Chemical Co.). A volume of 25 ml was used for three to six sets of lungs. After incubation for 60 min at 37°C with vigorous shaking, the tissue fragments and the majority of the dead cells were removed by passing through the 100 μm-nylon mesh. After centrifugation, the cell pellet was resuspended in 4 ml of 40% (v/v) Percoll (Pharmacia, Uppsala, Sweden) and layered onto 4 ml of 20% (v/v) Percoll (Pharmacia, Uppsala, Sweden). After centrifugation at 600 × g for 20 min at 15°C, the cells at the interface were collected, washed twice, and counted with a hemocytometer.

Analysis of leukocyte fraction. About 4 × 10⁶ cells were centrifuged onto a glass slide at 1,100 rpm for 2 min using Cytospin 2 (SHANDON) and stained using a May-Giemsa technique. At least 300 cells were examined for differential count of the cellular fraction by photomicroscopic observation.

Antibodies. The following monoclonal antibodies (MAb) were used in this study: FITC-conjugated 30-H12, rat anti-mouse Thy1.2 (purchased from Becton Dickinson, Mountain View, CA); FITC-conjugated 53-6.7, rat anti-mouse CD8 (purchased from Becton Dickinson); FITC-conjugated 7D4, rat anti-IL-2 receptor (purchased from Pharmingen, Sandiego, CA); phycoerythrin (PE)-conjugated Ly5, rat anti-mouse B220 (purchased from Coulter Immunology, Hirleah, FL); PE-conjugated GK-1.5, rat anti-CD4 (purchased from Becton Dickinson); PE-conjugated 30-H12, rat anti-mouse Thy1.2 (purchased from Coulter Immunology); PE-conjugated 2D7, rat anti-mouse LFA-1 α (purchased from Pharmingen); and PE-conjugated GL3, hamster anti-mouse γδ TCR (purchased from Pharmingen).

RESULTS

Pulmonary intraparenchymal leukocytes in mice intratracheally administered BLM.
In mice intratracheally administered BLM, the total number of pulmonary intraparenchymal leukocytes increased with time and peaked on day 7, when it was about four-fold that on day 0, and then remained constant or began to decline (Fig. 1a). Microscopic observation of May-Giemsa-stained cells showed that the lymphocyte count increased as early as day 1, peaked on day 7, and then gradually declined. The macrophage count remained at the basal level until day 3, then increased, and peaked on days 7 to 14. The neutrophil count did not markedly increase from day 1 through day 14. The neutrophil count was not examined during the first 24 h after administration.

Activation of T cells in the lung after administration of BLM.
The expression of IL-2R on pulmonary intraparenchymal T cells was examined by flow cytometric analysis. The proportion of IL-2R+ T cells (8.9% in untreated mice) was increased 3 days after administration of BLM, and peaked on day 7, when 58.6% of T cells expressed IL-2R (Fig. 2a). This result suggests that T cells accumulated in the lung by local expansion in an IL-2-dependent manner.
Fig. 1 Pulmonary intraparenchymal leukocytes in mice intratracheally administered with BLM.

Pulmonary intraparenchymal leukocytes were prepared at various times after intratracheal administration of BLM. The total numbers of cells were counted, and (a) differential counts of each fraction were determined by morphological analysis of about 300 cells stained using a May Giemsa technique. (b) T cells and B cells counts; staining with FITC-conjugated anti-Thy1.2 and PE-conjugated anti-B220 (c) CD4+ and CD8+ T cell counts; staining with FITC-conjugated anti-Lyt 2 and PE-conjugated anti-L3T4 antibodies. The lymphocyte populations gated on the FSC and SSC parameters were analyzed using FACScan. The data in untreated mice are designated as those on day 0. The numbers of cells of each population were calculated as follows: percentage of each population × total number of lymphocytes/100. Each experiment was repeated three times, with similar results.

Fig. 2 Induction of IL-2R expression on T cells and γδT cells in the lung after administration of BLM.

Pulmonary intraparenchymal leukocytes were prepared at various times after administration of BLM, and (a) stained with FITC-conjugated anti-IL-2R and PE-conjugated anti-Thy1.2 antibodies. The T cell populations, gated on the expression of Thy1.2 molecule, were analyzed for the expression of IL-2R using FACScan, and (b) stained with FITC-conjugated anti-Thy1.2 and PE-conjugated anti-γδTCR antibodies. The T cell populations, gated on the expression of Thy1.2 molecule, were analyzed for the expression of γδTCR using FACScan, the results are expressed as a percentage of positive cells. Each experiment was repeated three times, with similar results.
Fig. 3 Expression of LFA-1 on intraparenchymal T cells in the lung after administration of BLM.

The pulmonary intraparenchymal leukocytes from untreated mice were analyzed without staining to show their autofluorescence (a) and those from untreated mice (b) 3 days (c) and 14 days (d) after treatment with BLM. The cells were stained with FITC-conjugated anti-Thyl.2 and PE-conjugated anti-LFA-1 antibodies, and analyzed for the expression of these molecules using FACScan. The live data are presented as plotted data points without setting any gates. Each experiment was repeated three times, with similar results.

LFA-1, a familiar adhesion molecule\(^{30}\), has also been regarded as an activation marker of T cells\(^{30}\). We examined, next, the expression of this molecule as an activation marker of T cells in the lung after administration of BLM. The pulmonary intraparenchymal cells derived from both untreated, (Fig. 3a) and treated mice showed strong autofluorescence and in the staining profile of the treated mice, the upregulated portion of LFA-1 on Thy1+ population overlay the autofluorescence (Fig. 3b, c), which made it difficult to analyze the specific staining. Thus, the live data are presented as plotted data points without setting any gates. In untreated mice, the majority of T cells expressed LFA-1 at a low level (Fig. 3b). After administration of BLM, this expression in both Thy1 positive and negative populations increased with time as shown in Figure 3c and 3d.

**Induction of \(\gamma \delta\) T cells in the lung after administration of BLM.**

\(\gamma \delta\) T cells have been known to be distributed in various organs including intestine, skin, lung and reproductive organs\(^{30}\), and have been demonstrated to play important roles in the host defense against various pathogens\(^{30-32}\). To evaluate the possible involvement of these cells in BLM-induced pulmonary fibrosis, we examined the expression of \(\gamma \delta\) TCR on T cells in the lung by flow cytometric analysis. As shown in Figure 2b, the proportion of \(\gamma \delta\) T cells in the lungs of untreated mice was 17.9 %, and that on day 14 after administration of BLM was increased to 65 %.

**DISCUSSION**

The development of BLM-induced pulmonary fibrosis is thought to be divided into the three phases of acute injury, inflammatory response, and chronic response\(^{6,10}\). In previous studies, macrophages have been found to play an important role in the second phase\(^{30}\). Macrophages accumulate in the lung rapidly after administration of BLM and modulate the fibrogenic process by releasing various cytokines which mediate inflammatory response\(^{30-32}\), prostaglandins\(^{30}\) and fibroblast growth factors\(^{30,32}\). In contrast, the role of lymphocytes in the pathogenesis of BLM-induced pulmonary fibrosis remains controversial. In several studies, pulmonary fibrosis by BLM was found to
be attenuated after depletion of T cells by injection of monoclonal antibodies against their surface molecules, thymectomy, treatment with anti-lymphocyte immunoglobulin, and in athymic nude mice. In other studies, however, depletion of T cells by either injection of anti-T cell monoclonal antibodies or athymic nu/nu mutation showed no effect on the extent of fibrotic change of the lung.

In most previous studies, BAL cells were examined to analyze the kinetics of inflammatory cells in lung after treatment with BLM. However, in an early study using a rat model of BLM-induced pulmonary fibrosis, R. S. Thrall et al. demonstrated that the specific lymphocyte populations in lung tissue changed during the development of the fibrotic process, whereas this shift in populations was not observed in the lymphocyte populations found in BAL fluid. Our unpublished results also indicate that the kinetics in BAL cells are not always correlated with those in lung tissue cells after intratracheal inoculation of Pneumocystis carinii. Thus, we considered that the tissue BAL fluid. Our unpublished results also indicate that the tissue cytometric analysis demonstrated that pulmonary intraparenchymal T cells were activated after administration of BLM, as indicated by the expression of IL-2R and the increased expression of IL-1. Consistent with our result, Karf et al. previously found that BAL lymphocytes from BLM-treated rabbits showed nearly four-fold greater proliferative response after incubation with IL-2 than those from untreated rabbits, suggesting that the expression of functional IL-2R was induced on T cells in the lung by treatment with BLM. On the other hand, LFA-1, a familiar adhesion molecule, has been shown to interact with its counterpart molecule, intercellular adhesion molecule-1 (ICAM-1), and to play an important role in cell-to-cell contact with endothelial cells for the extravasation of T cells into inflammatory sites, and has also been regarded as an activation marker of T cells. Thus, the very early accumulation of T cells on day 1 might be due to their influx from the circulation. Together with these findings, our results suggest the following two possible mechanisms for the accumulation of T cells in the lung: expansion in situ of specific T cell populations in response to an as yet undefined antigen, and recruitment of T cells from the circulation.

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REFERENCES


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