

Proinflammatory cytokines (IL-12 and IL-18) in immune rheumatic diseases: relation with disease activity and autoantibodies production

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PMID: 15719608

Interleukin-18 (IL-18) and its inducer IL-12 have multiple biological activities that are important in generating Th1 responses and inflammatory tissue damage. We investigated serum concentration of the novel proinflammatory Th1 cytokine; IL-18, and its inducer IL-12 in patients with immune rheumatic diseases. Group I comprised 32 patients of systemic lupus erythematosus (SLE), Group II comprised 36 patients of rheumatoid arthritis (RA). Group III comprised 9 patients (2 patients of Behcet, 2 patients of Dermatomyositis, 2 patients of Sicca syndrome, one patient of Scleroderma, and 2 patients of Mixed connective tissue disease). Group IV is a control group consists of 21 sex and age matched healthy subjects and correlated their levels with autoantibody concentration (ANA and ds-DNA), clinical grades and SLE disease activity index (SLEDAI). Serum IL-18, IL-12, ANA and ds-DNA were measured by enzyme immuno sorbent assay. IL-18, IL-12 and ANA were significantly higher in the three studied groups than in the control group (IL-18; $P < 0.001$ in the three groups, IL-12; $P = 0.019$, $P = 0.002$, and $P = 0.006$, and ANA; $P < 0.001$, $P = 0.002$, and $P = 0.006$, respectively). ds-DNA was significantly higher in SLE patients than in control group ($P < 0.001$). There were significant positive correlations between; A) levels of IL-18, and both ANA and ds-DNA in SLE patient ($r = 0.41$, $P = 0.001$, $r = 0.58$ and $P = 0.001$ respectively); and B) IL-18 and ANA in both RA and group III patients ($r = 0.32$, $P = 0.005$, $r = 0.61$ and $P = 0.022$ respectively). Also, there were significant positive correlation between the levels of IL-18 and clinical grades of the three groups ($r = 0.60$, $P = 0.001$, $r = 0.79$, $P = 0.001$, $r = 0.78$ and $P = 0.001$ respectively). In SLE patients, IL-18 concentration shows significant positive correlation with SLEDAI score ($r = 0.76$, $P = 0.001$). In conclusion, the elevation of proinflammatory cytokines (IL-18 and IL-12) may trigger the inflammatory process in immune rheumatic diseases and IL-18 is correlated with disease activity