

GENETIC FACTORS CONFERRING SENSITIVITY OR RESISTANCE TO LEISHMANIOSIS: COMPARATIVE ASSESSMENT IN ANIMALS AND HUMANS

DOI: 10.26341/issn.2241-4002-2019-sv-6

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Abstract

*Leishmaniosis is a zoonotic disease, which is very common in many parts of the world, and is caused by protozoa of the genus *Leishmania* that act as obligatory intracellular parasites of humans and animals. The investigation of genetic predisposition to infectious diseases has resulted in significant discoveries in connection with the specific disease, in both humans and animals. These discoveries are reviewed in this article, in order to improve understanding of the pathogenesis of leishmaniosis and facilitate their integration in veterinary practice. The main immune mechanisms that affect the development of the infection induced by *Leishmania* are two, and though closely interacting, can be viewed for analytical purposes as distinct. The first of these mechanisms is the inherent ability of macrophages to contain the spread of the specific pathogen, after the infection has been established, and the second, the selective activation of Th1 and Th2 lymphocytes, leading to protection from, or exacerbation of the disease, respectively. The genetic foundation of the specific mechanisms is very complex, but it seems that the genes primarily involved in their control are the following: *Nos2*, *NRAMP1*, *MHC*, *NOD2*, *Scl1*, *CBD1* και *Scl2*. Based on the activity of these genes and their interaction with cytokines, it is deduced that targeted administration of the latter to patients with leishmaniosis can redirect immune response towards improving the control of the infection, thus preventing heavy clinical disease. In conclusion, the study of the genetic predisposition of humans and animals to leishmaniosis is necessary in clarifying its pathogenesis, and can improve diagnostic and clinical management of patients to the benefit of public and animal health.*

Keywords: *leishmaniosis, genetic predisposition, acquired immunity*

Introduction

Leishmaniosis is a very common zoonotic disease in many parts of the world, and is caused by protozoa of the genus *Leishmania* that act as obligatory intracellular parasites of humans and animals (Theodoropoulos and Theis, 1989), (WHO, 2018). More than one billion people around the world are exposed annually to the specific disease, which leads to 700,000-1,000,000 new cases per year, 3-5% of which are fatal (WHO, 2018).

Recent evidences of disease surveillance indicate significant increase in the prevalence of leishmaniosis due to the spread of AIDS in many parts of the world, including Europe (Desieux and Alvar 2003), (Gramiccia et al., 2005). Indicative of the alarming epidemiological association between leishmaniosis and AIDS is that both diseases have already become endemic in 35 countries (WHO, 2018).

The investigation of genetic predisposition to infectious and autoimmune diseases has resulted in significant discoveries in connection with many of them, including tuberculosis, brucellosis, sarcoidosis, Crohn's disease, asthma, and many forms of cancer (Searle and Blackwell 1999), (Sanjeevi et al., 2000), (Paccagnini et al., 2009), (Gregersen and Olsson, 2010), (Pradhan et al., 2010), (Goris and Liston, 2012). The relevant evidences with regards to leishmaniosis of humans and animals are reviewed in this article, in order to improve understanding of disease pathogenesis, and facilitate their integration in veterinary practice.

Genetic constitution and immune response

The immune mechanisms that primarily affect the development and outcome of the infection induced by *Leishmania* are two, and though closely interacting, can be viewed for analytical purposes as distinct. The first of these mechanisms is the inherent ability of macrophages to contain the spread of the specific pathogen, after the infection has been established (Green et al., 1990), and the second, the selective activation of *Th1* and *Th2* lymphocytes, leading to protection from, or exacerbation of the disease, respectively (Gumy et al., 2006).

Of key-significance in controlling macrophage phagocytic ability is the *nitric oxide synthase 2* gene (*Nos2*). Activation of *Nos2* promotes synthesis of nitric oxide, which increases acidification of the phagolysosome, improving phagocytic ability of macrophages and containment of the infection (Diaz et al., 2003), (Stager et al., 2003), (Baneth et al., 2008). This mechanism strongly influences genetic predisposition to infections induced, not only by leishmania, but every intracellular pathogen, at individual and species level. The latter is probably associated with the fact that predisposition to leishmaniosis is more pronounced in specific breeds of dogs, including the Boxer, Doberman, German Shepherd and Cocker Spaniel (Abranches et al., 1991), (França-Silva et al., 2003), (Sanchez-Robert et al., 2005).

Selective activation of *Th1* and *Th2* lymphocytes is determined through the combined activity of several genes and cytokines (Fondevila 1997), (Gumy et al., 2006), (El-Safi et al., 2006). In more detail, *Th1* activation is associated with resistance to leishmaniosis and relies on a two-way interaction between the latter type of lymphocytes and interferon-gamma (IFN- γ), tumor necrosis factor (TNF), and interleukins 2 and 12 (IL2, IL12), (De Lima et al., 2007), (Cecílio et al., 2014). Animals with stronger *Th1* response may present transient increase in antibody titre or become carriers of leishmania, but will not develop heavy clinical disease; these animals will also respond better to treatment and with less chances of relapse (Barbiéri, 2006), (Tripathy et al., 2006), (Gradoni, 2015), (Srivastava et al., 2016). It is noteworthy that in humans, the genes associated with *Th1* immune response have been linked with sensitivity or resistance, not only to leishmaniosis, but also tuberculosis, brucellosis, leprosy, asthma and various forms of cancer (Vidal et al., 1993), (Nylén and Gautam, 2010), (Kochi, 2016).

B-lymphocyte proliferation is much stronger in individuals that develop predominantly a *Th2* immune response, which is associated with the activity of IL4, IL5, IL6 and IL10, and results in increased production of antibodies. Passive trapping of the immune complexes

formed by the anti-leishmania antibody in basal membranes of glomerular cells may lead to proteinuria, loss of weight, renal failure and rapid clinical deterioration (Chakour et al., 2003), (Stager et al., 2003), (Ansari et al., 2006). Cellular immunity in the specific individuals is impaired, which is documented by the decrease in lymphocyte replication, following *in vitro* exposure to *Leishmania* antigens (Pinelli et al., 1994), (Bourdoiseau et al., 1997).

The outcome of the infection seems to be so clearly associated with the prevailing type of *Th* immune response that even after *Th2* activation, blocking IL-2 during the first stages of infection triggers *Th1* stimulation. The latter finding has been recorded as a consequence of the immune response evoked against *Leishmania major* (Gumy et al., 2006), and indicates that irrespective to genetic predisposition, the immune reaction associated with disease resistance can be influenced and possibly selectively directed by external factors.

The fundamental significance of the balance between *Th1* and *Th2* immune response is further documented by the response of humans to treatment inductive of cytokine activation associated with *Th1* stimulation, such as IFN- γ and IL-12. The exact opposite event, i.e. sensitivity to leishmaniasis, has been recorded in response to increased concentration of cytokines that evoke a *Th2* immune response, such as IL-10 (WHO, 2010). Thereof, it should be considered probable that the immune deficiency recorded in patients with visceral leishmaniasis is linked to the proliferation of CD4⁺ and CD25⁺ lymphocytes. Notably, the population of the specific classes of lymphocytes is adversely affected by treatment, which when administered in the early stages of leishmaniasis, results in significant decrease and improved clinical development (WHO, 2010).

Genes affecting the outcome of infection

The genes that affect or determine sensitivity to the infection induced in humans and animals by leishmania, and their activity are outlined below:

A) The gene coding the natural resistance macrophage protein 1 (*NRAMP1*).

NRAMP1 that is currently referred to as *solute carrier family 11 member 1* (*Slc11a1*), is located in the mouse and human chromosome 1 and 2p35, respectively (Vidal et al., 1993). The specific gene was the first to be recognized as responsible for formulating, and not simply influencing, resistance or sensitivity to leishmaniasis, something which has been demonstrated too, in connection with toxoplasmosis, tuberculosis, brucellosis, salmonellosis, asthma and rheumatoid arthritis (Blackwell et al., 2003). The *NRAMP1/SLC11A1* protein is a membrane glyco-protein expressed only in macrophages, and functions as divalent transition metal (iron and manganese) transporter. The activity of *SLC11A1* is directly linked with acidification of the phagolysosome, antigen recognition and activation of MHC, activation of cytokines, IL and TNF, and formation of granuloma.

Specific polymorphisms of *Slc11a1* have been associated with activation of macrophages and TNF α , resulting in heavier histopathological lesions compared to the wild-type gene, as well as hypersensitivity reactions resembling toxic-shock syndrome. The latter has been recorded in connection with leishmaniasis, toxoplasmosis and rheumatoid arthritis (El-Safi et al., 2006), (Castellucci et al., 2010), (de Vasconcelos et al., 2017).

The *Slc11a1* gene is located in chromosome CFA37 in the dog; its size is 9 Kb and includes a 700 base pair (bp) promoter region (Altet et al., 2002). A polymorphism in the

specific promoter region (145bp) has been associated with sensitivity to visceral leishmaniasis, though not conclusively (Altet et al., 2002), (Sanchez-Robert et al., 2005).

B) The genes coding the major histocompatibility complex (*MHC*).

The specific group of genes is located in the mouse and human chromosome 17 and 6, respectively. In mouse, the *MHC* seems to determine the outcome of infection induced by all pathogenic *Leishmania* spp., and especially *Leishmania donovani* (Leclercq et al., 1996), (Quinnell et al., 2003), (Lemos et al., 2004), (Nylen et al., 2004). In the dog, the genotype *DLA-DRB1*, which is associated with *MHC*, and more specifically the allele *DLA-DRB1*01502*, has been linked with the development of heavy clinical disease, due to the production of high levels of leishmania-specific antibody (IgG), (Quinnell et al., 2003). The association between *MHC* and clinical severity of leishmaniasis is documented in humans in connection with the region corresponding to *MHCII*, and more specifically the coding region of the human leukocyte antigen [(HLA)-DRB1-HLA-DQA1], (Fakiola et al., 2013).

C) The gene coding the Nucleotide-binding oligomerization domain containing protein 2 (*NOD2*).

NOD2 belongs to the large *NLRs* family (*NOD-like receptors*) of the pattern recognition receptors (PRR), and induces activation of immune-regulatory genes, and production of factors capable of detaining the infection induced by leishmania, such as NF- κ B, MAPK or inflammatory cytokines (Kawai and Akira, 2009). The *NOD2-RIP2* pathway is activated in humans and mice with visceral leishmaniasis, and evokes a *Th1* immune response (Nascimento et al., 2016). The exact opposite has been documented in connection with down-regulation of *NOD2*, which is linked with intracellular survival of *Leishmania infantum* (Turchetti et al., 2015).

D) The gene coding the streptococcal collagen-like protein (*Scl1*).

The *Scl1* is located in the mouse and human chromosome 11 and 17, respectively. In mouse, the *Scl1* has been associated with rapid healing of subcutaneous lesions, following infection by *Leishmania mexicana*. The genomic region that corresponds to *Scl1* also hosts certain other genes with immune-regulatory function, such as *Nos2*, which controls the release of cytokines from activated macrophages, and *JE*, *MIP1 α* , *MIP1b* and *RANTES*, the activity of which is associated with chemotaxis (Roberts et al., 1990), (Mock et al., 1993), (Roberts et al., 1993), (Blackwell, 1996), (Loeuillet et al., 2016).

E) The gene coding the canine β -defensin-1 protein (*CBD1*).

Defensins are peptides with antimicrobial activity expressed in epithelial cells and lymphocytes (Hazlett and Wu, 2011). The specific proteins are probably the main chemotactic factor of dendritic cells; hence formulating adaptive immunity. Polymorphisms in *CBD1* have been associated in dog with specific pathologic conditions of the skin and lungs (Van Damme et al., 2009), (Erles and Brownlie, 2010), and more recently, with sensitivity to *Leishmania infantum* (da Silva et al., 2017). Considering however that the activity of dendritic cells is not strictly associated with resistance or sensitivity to intracellular infections, the role of *CBD1* needs to be elucidated (da Silva et al., 2017).

F) The gene coding the streptococcal collagen-like protein 2 (*Sc12*).

The *Sc12* is located in the mouse and human chromosome 4 and 9, respectively. Little is known about the activity of the specific gene, which has been linked in mouse with resistance to *Leishmania Mexicana* (Roberts et al., 1990). Based mainly on the location of *Sc12*, it is speculated that its activity is focused at the activation of JAKs (Janus tyrosine kinases) that induce macrophage activation through IFN- γ (Ihle and Kerr, 1995), (Blackwell, 1996), (Loeuillet et al., 2016).

Conclusions

The study of the genetic predisposition of humans and animals to leishmaniosis is necessary in clarifying disease pathogenesis. At the same time, the specific approach can improve the interpretation of serology testing with regards to disease prognosis and treatment response, and can thus have a strong positive impact on animal and public health protection.

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Reference to the above article should be made as follows:

Ikonomopoulos, J., Mataragka, A. (2019). Genetic factors conferring sensitivity or resistance to leishmaniosis: comparative assessment in animals and humans. *Sustainable Development, Culture, Traditions Journal, Special Volume in Honor of Professor George I. Theodoropoulos*, 49-57. <https://doi.org/10.26341/issn.2241-4002-2019-sv-6>