

Role of Mannose Binding Lectin and their associated Serine Protease in innate immunity

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Abstract: Mannose binding Lectin (MBL) is a key pattern recognition receptor molecule, found in invertebrates to higher vertebrates, MBL initiates various immune and immunomodulatory responses on binding with the pathogen associated molecular patterns (PAMPs). MBL recognizes a wide variety of viruses, bacteria, protozoa, fungi and cell debris opsonizing and clearing them either by opsonophagocytosis or activating complement pathway through MASP-1/2 mediated cleavage of complement components C4 and C2, thus generating the C3 convertase C4bC2b. A new insight on the responses, their mechanism and role of MBL associated serine proteases are discussed in the review.

Keywords: Mannose binding Lectin, Complement pathway, Pentraxin, Lectin pathway, MASP

1. Introduction

The core function of the immune system are recognition and efficient removal of the pathogens with self-tolerance. The recognition of pathogen and self-tolerance are so crucial for the body that it has developed an array of receptors to monitor and control the immune responses. The innate system represents the first line of defence to an intruding pathogen. The response evolved is therefore rapid, and is unable to memorise the same said pathogen should the body be exposed to it in the future, also it evolved in such a way that it eliminates pathogens while limiting autoimmune response and excessive inflammation. The soluble proteins and phagocyte cells are major component of innate immunity and effector mechanisms. One of the groups of proteins involved in innate immune responses is collectins, family of proteins named so because they contain collagen-like domain and calcium-dependent lectin domains. Collectin is a family of conserved C-type lectins, and the major effectors proteins of innate immune responses; since, these can recognize pathogen-associated molecular patterns on foreign organisms through their carbohydrate recognition domain. The trimeric CRDs can recognize carbohydrate or charge patterns on microbes, allergens, and dying cells while the collagen region can interact with receptor molecules present on a variety of immune cells in order to initiate clearance mechanisms. Once bound with the foreign particle it elicits appropriate responses by activation of multiple processes of innate immunity such as agglutination, complement activation, opsonization, direct microbicidal action, regulation of inflammation, orchestration of adaptive immunity, interaction with allergens and apoptotic clearance. The members of group includes mannan-binding lectin (MBL), lung surfactant protein A (SP-A), lung surfactant protein D (SP-D), conglutinin, collectin of 43 kDa (CL-43) and collection of 46 kDa (CL-4)(1).

2. Mannose Bindings Lectin

MBL belongs to c-type receptor family collectins. The MBL molecules built from 32kd polypeptide chains, encompassing four regions; C-terminal carbohydrate recognition domain (CRD), an alpha helical hydrophobic neck, a collagenous region with 19 glycine-X-Y repeats (where X,Y may be any amino acid) and cysteine rich N-terminal region(2,3). The tri-peptide monomer subunits are formed and stabilized by the hydrophobic bonds and inter chain disulphide linkage within the N-terminal cysteine rich region. MBL exist in oligomeric forms ranging from dimer to hexamers to form a tulip-like structure. Inter-subunit disulfide bond in N-terminal linker region have been shown to be responsible for the association of monomer subunits into oligomeric forms (2).

MBL binds with mannose moieties by its C-terminal CRD with low affinity, but the multiple binding of CRDs increase the affinity by several order of magnitude (4). The α -helical coiled domain (hub and swivel region) provides flexibility to the orientation of the CRD to recognize terminal hydroxyl group present in certain sugars like D-mannose and L-fucose (5-7)

Structural studies have demonstrated that three sugar binding site of one MBL subunit (*i.e.* the triple helix) are separated in a constant distance (45 in humans), offering a flat platform to recognize multiple sugar simultaneously (4,6). The clustering of triple helix (higher order oligomers) can further provides wider interface, permitting bindings of multiple CRDs to the array of sugar structures on microbial surface.

The serum MBL level is determined genetically by three point mutation in exon-1 of human MBL gene located at codon 52, 54 and 57 (referred as B, D and C respectively while the wild type is referred as A) (8). The mutation results in substitution of amino acids in collagen-like domain resulting in decrease of functional serum MBL concentration

catalysis leading to cleavage of nearby covalently attached C4 and C2. It is not known whether MASP-1 required a similar process of MBL and substrate dependent activation *in-vivo*. However, recombinant MASP-1 is able to cleave pro-factor D (pro-Df) into mature factor D in the fluid phase *in-vitro* in absence of serum as a source of MBL or FCN (32). MASP-1 is 20 fold abundant than MASP-2 (27), making it plausible that MASP-2 could be a limiting factor in lectin pathway activation. Importantly, because it has been previously determined that MASP-1 may potentiate lectin pathway activation by auxiliary cleavage of C2 (33). Pentraxin is a recognition molecule that can also initiate complement activation. Recent findings suggests that it can interact with MBL molecule to amplify the complement pathway via MASP binding motif of the collagen-like domain (MASP-3 and pentraxin competes for the same bonding site) (34).

5. Recognition of Microbes and Disease Associations

MBL can binds with a wide range of clinically relevant microbes, fungi and viruses (35,36). The binding of MBL leads to opsonization of the microorganisms and a more efficient clearance. MBL has an opsonic role, which is independent of its ability to activate complement. The mechanism of uptake has been variously described as direct opsonization or indirect opsonization (the enhancement of other phagocytic mechanism, namely the immunoglobulin and complement phagocytic pathways) (37). During this recognition and response process, reactive oxygen species (ROS) and nitrogen oxide (NO) are produced that modulate the immune response signaling (38); also studies reveals that the recognition of glycans modulate not only innate immune response but immune cell homeostasis.

Table 1: Few micro-organism recognized by MBL leading to complement activation

Bacteria	Virus	Fungi
<i>Staphylococcus aureus</i>	Ebola virus (41)	<i>Candida albicans</i> (45)
<i>Trypanosoma cruzi</i> (39)	Flavivirus (42) Dengue virus (35)	<i>Aspergillus fumigatus</i> (46)
<i>Neisseria gonorrhoeae</i> (40)	Hepatitis B virus (43)	<i>Cryptococcus neoformans</i> (47)
<i>Mycobacterium sp.</i>	HIV (44)	

MBL deficient mice are highly susceptible to infection to provide formal proof that MBL is important in host defense *in-vivo*, Takahashi et. al (51) set out to create a mouse model of MBL-A and MBL-C double knockout (MBL-null) mice and verified that the MBL- null mice lack MBL in serum and ,therefore have a nonfunction MBL complement pathway. Also found that MBL -null mice died 2 days after intravenous inoculation with *S. aureus*, compared with 55% survival of wild-type mice. Pretreatment of the MBL -null mice with recombinant human MBL reversed the phenotype. In addition,the viscera of MBL null mice accumulated significantly more bacteria than did the viscera of wild-type mice 24 h after inoculation. Result indicated a decrease in phagocytosis of bacteria in blood and peritoneal cavity in

MBL-null mice,thereby providing a mechanism for decreased clearance of bacteria in MBL-null mice *in vivo*. MBL greatly modifies the receptor usage on dendritic cells by acting as opsonin. Evidence suggests that MBL deficiency leads to or is correlated with development of bacterial, fungal and viral infections. Bacteremia or pneumonia after chemotherapy, candidiasis, dysentery, respiratory tract infections are common examples. Interestingly, collectins seems to favor phagocytosis of fungus without inducing the production of cytokines- an activity with ability to down regulate the inflammatory response to fungi. This results might explain the increased susceptibility to fungal infection of patients with defective MBL or MBL gene polymorphism (48).

The clinical manifestation of MBL deficiency seems to be of greater significance either when immune system is still immature as in infancy or when there is associated immunodeficiency (neutropenia) due to chemotherapy. The incidence and final outcome of severe infections are influenced by the levels and activity of mannose binding lectin. Since the structure of our immune system is redundant ,in many cases polymorphism of MBL-2 genes were not observed to influence susceptibility to infections.

High levels of MBL have also been considered deleterious to human health because its presence may favour some intracellular organisms which take the advantage of C3 opsonization and C3 receptor on monocytes /macrophages to enter their host. Patient suffering from visceral leishmaniasis had higher level of MBL than uninfected controls. Another African study suggested that codon 54 mutation afforded protection against both pulmonary and meningeal *Mycobacterium tuberculosis* infection (49,50).

MBL is the initiating molecule that activates lectin pathway after myocardial infarction and reperfusion. MASP-1 resembles thrombin in terms of structural features and substrate specificity. Due to its interplay with several coagulation factors it has the ability to induce fibrin clot formation independent of usual coagulation pathway. Formation of this clot may lead to ischemic stroke or myocardial infarction. Role of MBL in animal model of human disease has also been studied. Pavlov et al (55) have generated a novel human MBL expressing mouse that lacks murine MBL-1 and MBL-2 but expresses human MBL-2 (MBL2KI) and display lectin pathway activity similar to wild type mice. Anti MBL-2 (clone 3F8) monoclonal Ab) in the MBL-2 KI mouse significantly protects the ischemic /reperfusion murine myocardium from loss of myocardial function, decrease myocardial infarct size and prevent myocardial infarct size and prevent myocardial fibrin deposition and occlusive thrombogenesis *in vivo*. MASP and MAP44 levels are associated with cardiovascular risk events indicating that MASPs levels were found altered in cardiovascular diseases (52,53). A low MASP-2 levels increased the susceptibility to leprosy (54).

MBL replacement therapy in deficient patients has been proposed .MBL serum levels < 500 ng/ml or MBL activity < 200U/ml may be considered significantly deficient.(56).Recombinant human MBL use to supplement

MBL deficiency status has been investigated in phase I/II human studies (56).

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