

The Involvement of CCR3-CCL24 Axis in Endothelial Mesenchymal Transition Process and in Pulmonary Arterial Hypertension in Systemic Sclerosis Patients

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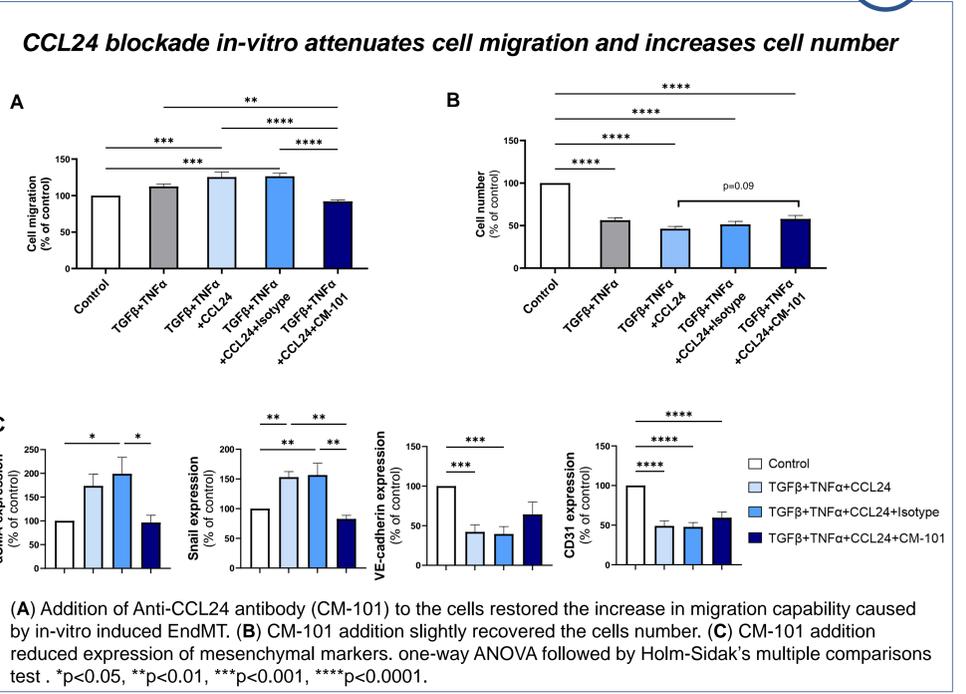
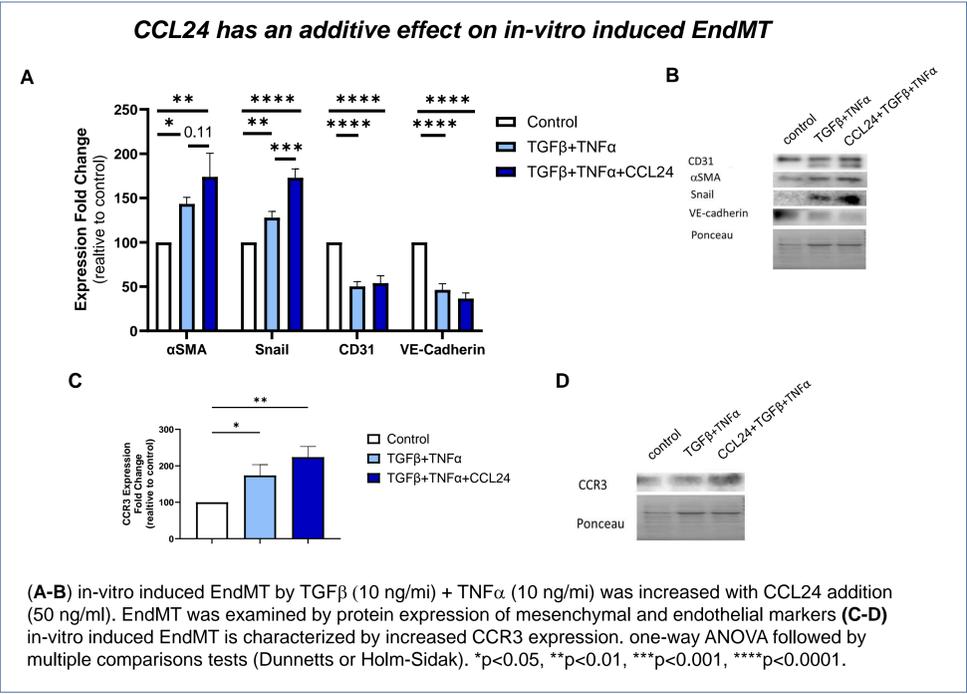
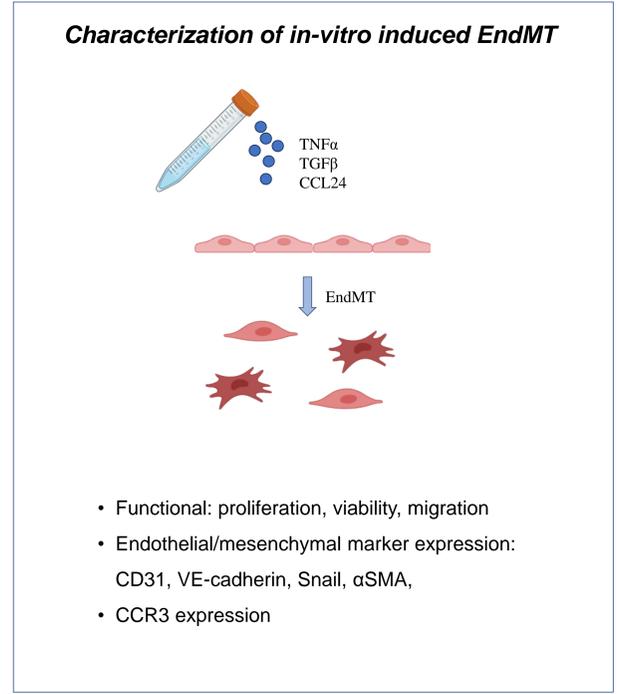
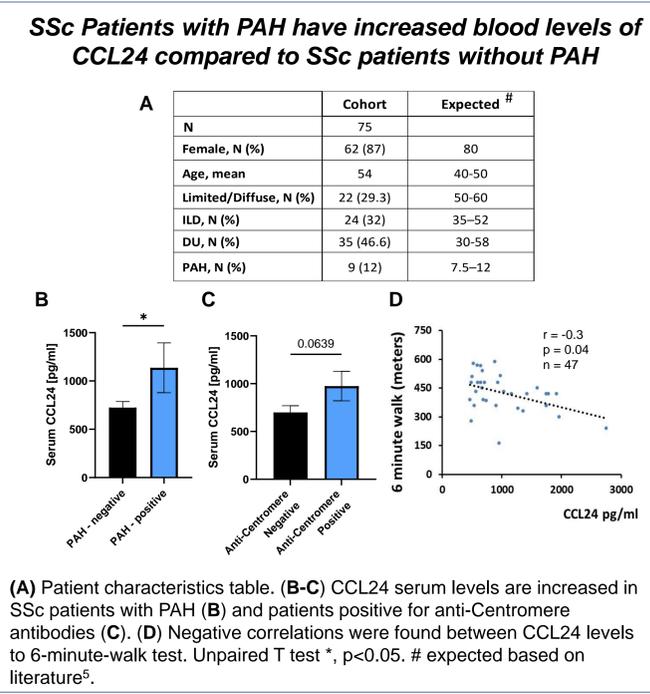
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CCL24 is involved in the pathogenesis of Systemic Sclerosis. Our results highlight the involvement of CCL24 in EndMT resulting in disease complications such as PAH.

Introduction

Systemic sclerosis (SSc) is an autoimmune disease characterized by vascular injury and extensive tissue fibrosis of the skin and internal organs. Endothelial cells (ECs), a predominant target of autoimmune attack, may undergo proliferation arrest, apoptosis, or differentiation to myfibroblasts, leading to complications including pulmonary arterial hypertension (PAH). The differentiation of ECs into myfibroblasts through endothelial mesenchymal transition (EndMT) represents a critical step in the blood vessels remodeling¹. The pro-fibrotic chemokine CCL24 has been implicated in several fibrotic-inflammatory diseases²⁻⁴. ECs in the dermal microvascular tissue of patients with SSc exhibit robust expression of CCR3, the cognate receptor of CCL24, which has been found to be elevated in the serum and skin biopsies of patients with SSc². Here we aim to evaluate the association between serum CCL24 levels and clinical characteristics of SSc patients, and the effect of CCL24-CCR3 axis on ECs phenotype and EndMT process.

Results



Conclusions

- CCL24 is associated PAH in systemic sclerosis.
- SSc microenvironmental factors (TGFβ and TNFα) induce EndMT and increase CCR3 expression in ECs.
- CCL24 increases the mesenchymal characteristics of ECs.
- Blocking CCL24 attenuates EndMT related markers and cell migration.

References

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Disclosures

HL and IV are employees of Chemomab Ltd.