European Respiratory Society Annual Congress 2013

Abstract Number: 1034

Publication Number: 363

Abstract Group: 8.2. Transplantation

Keyword 1: Transplantation Keyword 2: Bronchiolitis Keyword 3: Bronchoalveolar lavage

Title: Aberrant metalloprotease expression and activity in bronchoalveolar lavage fluid of bronchiolitis obliterans patients

Mr. Dennie 9027 Rozeveld d.rozeveld@med.umcg.nl ¹, Dr. Sicco 9046 van der Heide s.van.der.heide@umcg.nl ¹,², Prof. Rainer 9047 Bischoff r.p.h.bischoff@rug.nl ⁴, Dr. Wim 9048 van der Bij w.van.der.bij@umcg.nl ³, Prof. Antoon 9049 van Oosterhout a.j.m.van.oosterhout@umcg.nl ¹, Dr. Irene 9066 Heijink h.i.heijink@umcg.nl ¹ and Dr. Marco 10312 van der Toorn m.van.der.toorn@umcg.nl ¹,². ¹ Lab. Allergology & Pulmonary Disease, Department of Pathology & Medical Biology, University Medical Center Groningen, Groningen, Netherlands ; ² Department of Laboratory Medicine, University Medical Center Groningen, Groningen, Netherlands ; ³ Department of Pulmonary Diseases, University Medical Center Groningen, Groningen, Netherlands and ⁴ Department of Pharmacy, University of Groningen, Groningen, Netherlands and ⁴ Department of Pharmacy, University of Groningen, Groningen, Netherlands .

Body: Long-term success of lung transplantation (LT) is hindered by the development of bronchiolitis obliterans syndrome (BOS). Increased expression of matrix metalloproteases (MMPs) and tissue inhibitors of metallopreoteases (TIMPs) have been observed in BOS patients suggesting a role for proteases and tissue remodeling. However, little is known about the activity state of MMPs and their actual binding to TIMPs. Therefore, we investigated the levels of different molecular forms of MMPs in lung transplant recipients with unimpaired pulmonary function and early clinically diagnosed BOS. Cell differentials, cytokine levels (IL-6, IL-8), TIMP (1-4), total MMP-1, -2, -3, -7, -8, -9, -12 and -13 levels and activity of these MMPs using an MMP activity assay were measured in bronchoalveolar lavage (BAL) fluid from stable LT patients (n=20) and LT patients with BOS (n=20). The patient's rejection status was assessed by patho-histology. The number of BAL lymphocytes and neutrophils as well as the levels of IL-8, TIMP1 and 2 and total MMP-2, -3, -7, -8 and -9 were significantly higher in patients with BOS compared to stable LT patients. Interestingly, while active MMP-7 was significantly lower in BAL of BOS patients compared to stable LT patients, levels of TIMP1- and TIMP2-bound MMP-7, -8 and -9 were significantly increased in patients with BOS. In conclusion, we demonstrate that development of BOS after lung transplantation is associated with increased levels of TIMP 1 and 2 and total MMP-2, -3, -7, -8 and -9. Furthermore, we show for the first time that levels of TIMP-bound MMPs are associated with BOS which indicates that these enzymes have been active previously.