## Advances in Inflammation Research Volume 12

# New Perspectives in Anti-Inflammatory Therapies

Volume Editors

Alan Lewis, Ph.D. Neil Ackerman, Ph.D.

Ivan Otterness, Ph.D.

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Ivan Otterness Ph. L

## Advances in Inflammation Research Volume 12

## New Perspectives in Anti-Inflammatory Therapies

## Advances in Inflammation Research

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Preface

The Inflammation Research Association comprises academic and industrial scientists largely from the United States of America whose primary goal is the design and discovery of new and improved therapies for inflammatory diseases. The Third International Meeting of the Association focused attention on immunological and biochemical targets currently under intense investigation and whose modulation may produce anti-arthritic drugs with more than just palliative actions.

It is clear that immunological mechanisms play a pivotal role in the initiation and progression of chronic inflammatory processes. The role of interleukin-1, cachectin, colony-stimulating factors, and interleukin-2 and interleukin-3 in these processes has recently attracted attention. It seems certain that the biotechnological advances made in identifying and characterizing these cytokines will be followed by the development of antagonists to further explore their pathophysiological role. Drug discovery to centrol the degradative processes occurring in osteoarthritis has proved slow and difficult. One such approach to identifying inhibitors of collagenase is reviewed.

Inflammatory lipid mediators now include the leukotrienes and platelet activating factor in addition to the prostaglandins. The involvement of leukotriene B4 and related products in inflammation is contentious but progress has been made to identify its receptor and its metabolism. The purification of the human 5-lipoxygenase enzyme responsible for leukotriene synthesis will greatly assist in the development of specific inhibitors with potential anti-inflammatory properties. PAF also may play a significant role in inflammatory processes and the recent identification of PAF antagonists will clarify its pathological significance in disease. There is growing evidence for a prominent role for arachidonic acid metabolites (including prostaglandins and leukotrienes) in nonrheumatic diseases such as psoriasis, asthma, myocardial ischemia, and inflammatory bowel disease. Therapeutic modulation of these mediators consequently may result in new treatments for these diseases.

Several drugs are undergoing extensive preclinical and clinical investigation for the treatment of rheumatoid arthritis. They include cyclosporine, sulphasalazine, gamma interferon, and organoselenium compounds. The clinical evaluation of these and other new agents remains problematic, and recent insights into new approaches to demonstrate efficacy are discussed.

This volume, intended for rheumatologists, pharmacologists, and immunologists, presents a review of many of the recent approaches to the development of new therapies for the arthritides and related inflammatory diseases.

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Alan Lewis Neil Ackerman Ivan Otterness

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## Emigration of Lymphocytes in Rheumatoid Synovitis

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The rheumatoid (RA) synovial membrane is infiltrated with lymphocytes, plasma cells, macrophages, and dendritic cells. These cells synthesize large amounts of immunoglobulin (Ig) and rheumatoid factor (RF) (23). RF appears to be synthesized selectively in the RA synovial membrane. Whereas up to 12% of the immunoglobulin M (IgM) spontaneously synthesized by mononuclear cell suspensions obtained from RA synovial membranes was IgM rheumatoid factor (IgM-RF), this autoantibody constituted less than 1% of the IgM synthesized by the peripheral blood mononuclear cells of the same patients (26). This selective synthesis of RF suggests that an agent present in RA synovium stimulates the B cells of the synovium to synthesize RF, and that this agent does not stimulate the B cells of the central lymphoid tissue from which the circulating B cells presumably are derived. In the sense that the RA synovial membrane carries on a selective type of Ig synthesis, it resembles the lymph node, which also selectively synthesizes specific antibodies. Since RA synovium and normal lymph node tissue both synthesize substantial amounts of Ig and produce antibody in a selective manner, it becomes important to compare the mechanisms whereby mononuclear cell infiltrates are mobilized in the two types of tissue.

## PATTERNS OF MONONUCLEAR CELL INFILTRATION IN RHEUMATOID SYNOVIAL MEMBRANE

The mononuclear cell infiltrates in the RA synovial membrane are distributed in (1) lymphocyte-rich areas, (2) transitional areas, and (3) interstitial areas (8,10,14) (Fig. 1). The lymphocyte-rich areas are composed mainly of densely aggregated, small lymphocytes of the T cell variety which, although