

NLRP3 and IL-1 β gene polymorphisms in patients with Vitiligo

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ABSTRACT

Background: Recent developments in the study of vitiligo have shown the presence of several susceptibility genes for the condition on separate chromosomes. The purpose of this investigation is to examine if NLRP3 and IL-1 β have a function in vitiligo sufferers. Data Sources: The involvement of NLRP3 and IL-1 β in vitiligo up till 2024 was determined by searching and reading Medline databases (Pub Med and Medscape). Study Selection: Each study was carefully reviewed by experts in the field to ensure its inclusion. They were considered for inclusion if they met the following requirements: 1. The publication is in English. 2. Articles published in publications that undergo a rigorous peer review process. 3. Talk about how NLRP3 and IL-1 β are involved in vitiligo sufferers. Research Extraction: Studies were omitted from the data set if they failed to meet the inclusion criteria. The study's quality was evaluated based on a number of factors, such as the following: the availability of acceptable controls, sufficient information, clearly defined evaluation measures, and whether or not ethical permission was obtained. For our concerned research outcomes, data were independently extracted from all qualifying studies utilizing a data collecting form. Results: It is reasonable to assume that NLRP3 and IL-1 β in vitiligo patients could contribute to the condition's development and severity.

Keywords: Topics covered include vitiligo, NLRP3, and IL-1 β .

Introduction:

Vitiligo is an autoimmune disorder that causes a loss of skin pigmentation. The death of melanocytes is the cause of this condition [1]. In response to reactive oxygen species, which induce an innate immune response, CD8+T cells attack melanocytes [2].

In vitiligo, keratinocytes have a role in the immunological disease. The chemokines CXCL16 and CXCL10 are released by this organelle. In vitiligo, chemokines make it easier for T lymphocytes to migrate into the affected area [3]. One important aspect of innate immunity is the role of inflammasomes. NLRP3, which stands for NLR family pyrin domain containing 3, is well-known for its function in the fight against autoimmune diseases and infections [4]. Caspases 1 and 2 are activated when NLRP3 is active. An increase in the release of IL-1 β and IL-18 is the outcome of this. Cytokines like these help get T cells all fired up and ready to go [5].

Scientific evidence points to the possibility that oxidative stress causes melanocyte loss due to keratinocyte-derived IL-1 β , and that the NLRP3 inflammasome might be a therapeutic target for the treatment of vitiligo. It is possible that the NLRP3 inflammasome might be a therapeutic target for vitiligo [5]. For this reason, it is advised to investigate vitiligo cases by looking at the NLRP3 and IL-1 β gene polymorphisms.

Procedures and materials:

The information was gathered by conducting searches and reviews of Medline databases (Pub Med and Medscape), as well as by studying the function of NLRP3 and IL-1 β in

the development of vitiligo up to the year 2024.

Study Selection: Each study was carefully reviewed by experts in the field to ensure its inclusion. They were considered for inclusion if they met the following requirements: 1. The publication is in English. 2. Articles published in publications that undergo a rigorous peer review process. The function of NLRP3 and IL-1 β in the development of vitiligo should be addressed.

Research Extraction: Studies were omitted from the data set if they failed to meet the inclusion criteria. The study's quality was evaluated based on a number of factors, such as the following: the availability of acceptable controls, sufficient information, clearly defined evaluation measures, and whether or not ethical permission was obtained. For our concerned research outcomes, data were independently extracted from all qualifying studies utilizing a data collecting form.

Review of literature:

Vitiligo

Most people who have a loss of skin pigmentation have vitiligo. Deformity and diminished quality of life are the results. About 0.50 to 1 percent of the world's population falls under this category. Both segmental and nonsegmental vitiligo may manifest [6]. Generalized, acrofacial, and universalis vitiligo are the three kinds [7]. The majority of cases of vitiligo in children and teenagers are of the segmental kind [8].

In vitiligo, melanocytes are damaged when a cutaneous T-cell response is triggered by

keratinocytes, which function as innate immune cells under conditions of oxidative stress [9]. Hereditary factors, including as sensitivity to environmental stimuli and autoimmune predisposition, contribute to the development of vitiligo. There are a number of genes that increase the likelihood of developing vitiligo. These genes include HLA (HLA2, DR4, DR7, and Cw6), PTPN22, NALPR, CTLA4, and other others [10]. Placement of the nucleus One of the most important regulators of the skin's innate immune system is leucine-rich repeat protein 1, or NLRP1. Molecular signals connected to pathogens or damage trigger its activation. The synthesis of IL-1 β and the ensuing inflammatory responses are caused by the NLRP1 inflammasome, which initiates caspase-1-dependent processing of bioactive interleukin-1 β . A number of autoimmune diseases, such as rheumatoid arthritis, generalized vitiligo, type 1 diabetes, and Addison's disease, are associated with the NLRP1 gene [11].

An increasing body of research suggests that cytokines are crucial to the depigmentation of vitiligo. Apoptosis in melanocytes may be triggered by cytokines such as IL-1 and TNF- α , which are produced by lymphocytes and keratinocytes. According to references [12, 13], melanocytic development may be effectively inhibited by TNF- α , IL-1 α , IL-6, and TGF- β .

The levels of epidermal TNF- α , IL-6, IL-1 α , and IL-1 β cytokines are greater in vitiligo patients when contrasted with systemic ones [14]. In order to activate complement components and other cytokines, such as IL-1, tissue macrophages and skin dendritic cells create IL-1 β [15].

Inflammasome NLRP3

These three proteins—NLRP3, ASC, and caspase-1—form a polyprotein complex known as the NLRP3. It causes an inflammatory response by activating molecules that promote inflammation, namely IL-1 β and IL-18 [16]. The NLRP3 is considered a valuable target for controlling the development of several inflammatory and autoimmune diseases due to the important role it plays [17]. B cells and epithelial cells are among the many cell types that express the NLRP3 gene, which is located on chromosome 1q44 [18]. Numerous studies have examined the function of the NLRP3 variation rs3806265 in inflammatory and autoimmune diseases. There is evidence that rs3806265 may be associated with recurrent aphthous stomatitis [20] and psoriatic juvenile idiopathic arthritis [19].

Bacteria, viruses, and yeasts such as *Candida albicans* [21] and *Malassezia* spp. [22], among others, may activate NLRP3 in an NF- κ B-independent way [23]. Several endogenous indicators that show tissue damage activate the NLRP3. These include lysosomal instability [27], intracellular calcium levels [28], potassium efflux [25], extracellular ATP [26], and oxidized mitochondrial DNA [24]. The conversion of pro-caspase-1, pro-IL-1b, and pro-IL-18 into their active forms is aided by NLRP3 oligomerization [29].

Melanocyte-specific skin inflammation accompanied by macrophage infiltration and NK cell activation was found by van den Boorn et al. [30] to be a side effect of monobenzone treatment. A flood of macrophages with tissue-resident phenotypes was seen in cutaneous lymph nodes, which was triggered by the inflammasome. Nevertheless, Nlrp3-deficient mice showed much less NK cell recruitment into the ear after monobenzone treatment, suggesting that the NLRP3 inflammasome is critical for monobenzone-induced inflammation in melanocytes. Accordingly, vitiligo treatment options that target the NLRP3 inflammasome and the cytokines it secretes may be fruitful. In order to enhance keratinocyte innate immunity, Li et al. [9] found that NLRP3 inflammasome activation is necessary. T cells generated from vitiligo showed less cytokine production and CD8+ T cell recruitment after NLRP3 inflammasome deactivation.

Other Types of Inflammasomes in Vitiligo

Near the edge of progressing vitiligo lesions, NLRP1 levels were shown to be raised in melanocytes and keratinocytes, suggesting that the NLRP1 inflammasome may drive the disease via two pathways. In addition, lymphocyte infiltration is not always the best indicator of vitiligo activity; skin NLRP1 and IL-1b levels can be more telling [31]. Inflammasome activation during vitiligo development may be mostly attributed to elevated IL-17 levels, according to some research [32].

IL-1 β in vitiligo

IL-1 important part in controlling immune and inflammatory reactions, the family includes IL-1 α , IL-1 β , and the IL-1 receptor antagonist. Chromosome 2q14 is where you may find the genes for this family [33].

A worsening of vitiligo, not just stable instances, is associated with IL-1 β [14]. IL-1 β reduces the expression of MITF-M mRNA, leading to an upregulation of genes that provide melanocyte differentiation [34]. Samples of vitiligo, both lesional and perilesional, have reduced amounts of MTF

[32]. In reaction to oxidative stress, the keratinocytes of vitiligo patients express NLRP3 and IL-1 β . IL-1 β levels are correlated with disease activity and severity, while NLRP3 levels are typically higher in perilesional skin. Since the NLRP3 inflammasome activates the T-cell response, this points to its potential involvement in disease development (5).

Conclusion: It is becoming more clear from this research that vitiligo is significantly influenced by the NLRP3 and IL-1 β gene polymorphisms.

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