The Inflammatory Response in Acyl-CoA Oxidase 1 Deficiency (Pseudoneonatal Adrenoleukodystrophy)

H. I. El Hajj, A. Vluggens, P. Andreoletti, K. Ragot, S. Mandard, S. Kersten, H. R. Waterham, G. Lizard, R. J. A. Wanders, J. K. Reddy, and Mustapha Cherkaoui-Malki

Laboratoire de Biochimie du Peroxosome, Inflammation et Métabolisme Lipidique (H.I.E.H., A.V., P.A., K.R., S.M., G.L., M.C.-M.), Université de Bourgogne, and Institut National de la Santé et de la Recherche Médicale (H.I.E.H., A.V., P.A., K.R., S.M., G.L., M.C.-M.), Unité Mixte de Recherche 866, Dijon F-21000, France; Nutrition, Metabolism, and Genomics Group (S.K.), Wageningen University, 6700 HB Wageningen, The Netherlands; Laboratory for Genetic Metabolic Diseases (H.R.W., R.J.A.W.), Department of Clinical Chemistry and Pediatrics, Academic Medical Center, University of Amsterdam, Emma Children’s Hospital, 1105 AZ Amsterdam, The Netherlands; and The Department of Pathology (A.V., J.K.R.), Northwestern University, Feinberg School of Medicine, Chicago, Illinois 60611

Among several peroxisomal neurodegenerative disorders, the pseudoneonatal adrenoleukodystrophy (P-NALD) is characterized by the acyl-coenzyme A oxidase 1 (ACOX1) deficiency, which leads to the accumulation of very-long-chain fatty acids (VLCFA) and inflammatory demyelination. However, the components of this inflammatory process in P-NALD remain elusive. In this study, we used transcriptomic profiling and PCR array analyses to explore inflammatory gene expression in patient fibroblasts. Our results show the activation of IL-1 inflammatory pathway accompanied by the increased secretion of two IL-1 target genes, IL-6 and IL-8 cytokines. Human fibroblasts exposed to very-long-chain fatty acids exhibited increased mRNA expression of IL-1\(a\) and IL-1\(b\) cytokines. Furthermore, expression of IL-6 and IL-8 cytokines in patient fibroblasts was down-regulated by MAPK, p38MAPK, and Jun N-terminal kinase inhibitors. Thus, the absence of acyl-coenzyme A oxidase 1 activity in P-NALD fibroblasts triggers an inflammatory process, in which the IL-1 pathway seems to be central. The use of specific kinase inhibitors may permit the modulation of the enhanced inflammatory status. (Endocrinology 153: 2568–2575, 2012)

In several peroxisomal disorders, the peroxisomal fatty acid \(\beta\)-oxidation pathway is defective. This may be due to the specific deficiency of an enzyme or transporter involved in peroxisomal \(\beta\)-oxidation or the absence of the complete organelle resulting from a genetic defect in one of the many genes required for proper peroxisome biogenesis and maintenance (1, 2). Pseudoneonatal adrenoleukodystrophy (P-NALD) (OMIM 264470) is a rare, neuroinflammatory, and neurodegenerative peroxisomal disorder characterized by craniofacial dysmorphia, generalized hypotonia, hepatomegaly, infantile seizures, loss of motor achievements, and white matter demyelination (3–6). P-NALD disease is due to acyl-coenzyme A (CoA) oxidase 1 (ACOX1) deficiency, which leads to a selective impairment of the peroxisomal fatty acid \(\beta\)-oxidation pathway specifically affecting the oxidation of very-long-chain fatty acids (VLCFA). As a consequence, VLCFA accumulate in plasma and tissues (1, 7). ACOX1 catalyzes the \(\alpha\)-\(\beta\)-dehydrogenation of a range of acyl-CoA esters, including the CoA-esters of dicarboxylic acids, eicosanoid derivatives, and saturated VLCFA (2, 7, 8). In human and mice, the ACOX1 enzyme is encoded by a single gene, which generates two splice variants, including exon 3a or exon 3b, respectively, leading to the synthesis of two protein isoforms ACOX1a or ACOX1b (2, 9). Although no apparent genotype-phenotype correlation has

Abbreviations: ACOX1, Acyl-CoA oxidase 1; C26:0, cerotic acid; CEBP, CAAT/enhancer binding protein \(\beta\); CCL, chemokine (C-C motif) ligand; CCR1, chemokine (C-C motif) receptor type 1; CoA, coenzyme A; CXCL, chemokine (C-X-C motif) ligand; DNK, Jun kinase; MAPKK, MAPK kinase; P-NALD, pseudoneonatal adrenoleukodystrophy; SPP1, secreted phosphoprotein 1; TOLLIP, Toll-interacting protein; VLCFA, very-long-chain fatty acid.
been established in P-NALD (7), a patient with a single homozygous mutation on exon 3b has also the clinical signs and symptoms of P-NALD (10), thus revealing the substrate specificity of the specific ACOX1 isoforms (2, 8). Mice lacking Acox1 manifest severe inflammatory steatohepatitis with increased intrahepatic H2O2 levels and hepatocellular regeneration (11, 12). Progressively, chronic endoplasmic reticulum stress contributes to hepatocarcinogenesis (13), and this steatotic ACOX1 null phenotype can be reversed by expression of the human ACOX1b isoform (8, 13). However, even if they show smaller size and growth retardation when compared with their littermates, Acox1 null mice have no apparent neurological disorder (11, 14). In brain lesions of patients developing the demyelinating form of peroxisomal X-linked adrenoleukodystrophy, oxidative, inflammatory, and apoptotic processes have been described (15–17). In this related peroxisomal disorder, lipid derivatives with an abnormally high proportion of VLCFA residues have been proposed to trigger the initial cascade of the inflammatory demyelination (18, 19). However, the components of this inflammatory process in P-NALD have remained elusive. To explore the inflammatory response in ACOX1 deficiency, we used two patient-derived fibroblasts for transcriptomic microarray analysis associated with a PCR array screening in an attempt to identify the involved proinflammatory components.

In the present work, we report the expression profiling of inflammatory cytokines in fibroblasts from P-NALD patients. Alterations in the expression of IL-1 pathway were revealed and accompanied by increased secretions of the IL-6 and IL-8. Fibroblasts exposed to VLCFA show increased expression of cytokines mRNA. Signaling pathways involved in the induction of these cytokines were also explored.

Materials and Methods

Cell culture and VLCFA treatment

Skin fibroblasts were cultured as described (7) and handled according to national and institutional guidelines. Cerotic acid (C26:0) (Sigma-Aldrich, St. Louis, MO) was solubilized in α-cyclodextrine (Sigma-Aldrich). Final concentration of α-cyclodextrine (vehicle) in the culture medium was 1 mg/ml. For fibroblasts treatment, the final concentration of C26:0 was 10 μM.

Acyl-CoA oxidase activity measurement

It was performed as described by Oaxaca-Castillo et al. (2).

Immunostaining, fluorescence microscopy, and Nile red staining

Immunostaining, fluorescence microscopy, and Nile red staining were achieved as previously described (20).

Microarray analysis (Affymetrix, Santa Clara, CA), cytokines analysis by Cytometric Bead Array Human Inflammation kit (BD Biosciences, Courtaboeuf, France), and PCR array analysis (PAHS-011; SABiosciences-QIAGEN, Courtaboeuf, France) are described in Supplemental Materials and Methods, published on The Endocrine Society’s Journals Online web site at http://endo.endojournals.org.

Results and Discussion

Characterization of patient-derived-deficient fibroblasts

To characterize the deficiency of ACOX1 in P-NALD fibroblasts, the activity of ACOX1 was first measured in cell extracts. As shown in Fig. 1A, weak residual palmitoyl-CoA oxidase specific activity was present in patient 1 fibroblasts, although much reduced, whereas this ACOX1 activity was undetectable in patient 2 fibroblasts. Both patients’ fibroblast cells exhibited a strong reduction in the number of peroxisomes per cell, as shown by peroxisomes immunostaining with antibodies against catalase (matrix protein) and 70-kDa peroxisomal integral membrane protein (Fig. 1B). This is accompanied by the enlarged size of peroxisomes as shown by anticalatalase immunofluorescence (Fig. 1C). Fibroblasts Nile red staining reveals a transition from the predominance of polar lipids in control fibroblasts (green fluorescence) (Fig. 1C) to an accumulation of neutral lipids in P-NALD fibroblasts (yellow fluorescence) (Fig. 1C). Accumulation of VLCP in plasma has been previously shown for these patients (7).

Transcriptomic profiling of inflammatory genes in P-NALD fibroblasts

To identify proinflammatory genes that are dysregulated in P-NALD/ACOX1-deficient fibroblasts, we used Affymetrix microarray profiling. Transcriptional profiling revealed that a number of genes coding for cytokines and other proinflammatory proteins was up-regulated (>1.5), including, IL-6, IL-8, and several TNFα family members (3, 8, 9, 10A, 12, and 14) as well as interferon-inducible proteins (Supplemental Table 1). Interestingly, the expression of genes coding for cytokines IL-6, IL-8, and TNFα, which are typically produced by macrophages and by CD4+ T cells Th1, has also been found to be increased in multiple sclerosis and cerebral forms of X-adrenoleukodystrophy lesions (15). On the other hand, several cytokines and chemokine mRNA are strongly down-regulated in P-NALD fibroblasts, including chemokine (C-X-C motif) ligand (CXCL14 and CXCL12 genes, which have been shown to participate in the regulation of cell or tissues homeostasis (21, 22).
Alterations of the IL-1β pathway in P-NALD fibroblasts

To define a specific inflammatory pathway activated in ACOX1 deficiency, PCR array (SABiosciences), containing 84 key genes mediating the inflammatory response and which include several genes deregulated in our transcriptomic profiling, was used to determine the profile of reverse-transcribed RNA from the two patients derived fibroblasts compared with the control fibroblasts. Table 1 shows results for genes significantly regulated in both patients. Based on the 2^ΔΔCT analyses of three PCR arrays (n = 3) for each fibroblasts sample, 14 genes were strikingly and similarly regulated in ACOX1-deficient fibroblasts for both patients (cut-offs, −1.5-fold ≥ gene fold expression ≥1.5-fold). Absence of ACOX1 activity, which leads to VLCFA accumulation, triggered mRNA up-regulation of IL-1α, IL-1β, IL-1R1, IL-1RN, IL-17C, secreted phosphoprotein 1 (SPP1), chemokine (C-C motif) receptor type 1 (CCR1), chemokine (C-C motif) ligand (CCL)3, CCL7, CAAT/enhancer binding protein β (CEBPβ), and Toll-interacting protein (TOLLIP) (1.65- to 15-fold) and down-regulation of CXCL14, CCL26, and CXCL5 (−1.92- to −50-fold). Remarkably, all these regulated genes are connected to the IL-1 pathway. Activation of this pathway is triggered by the binding of the IL-1α/IL-1β heterodimer to IL-1R1 (23). Correspondingly, Table 1 shows that IL-1α, IL-1β, and IL-1R1 mRNA are significantly induced in P-NALD fibroblasts. Thus, IL-1, which is recognized as a proinflammatory cytokine (24), is known to control the expression of other inflammatory genes, including TNFα and interferon through a well-defined transduction signaling pathway (24). In-

![Graph A](https://example.com/graphA.png)

![Graph B](https://example.com/graphB.png)

**FIG. 1.** Characterization of P-NALD patient’s fibroblasts. A, ACOX1 activity measured in both patients’ (1 and 2) fibroblasts. Enzymatic activity of ACOX1 was measured using palmitoyl-CoA as substrate (2). B, Immunostaining of fibroblasts (control, patient 1 and patient 2 fibroblasts) by catalase, a peroxisomal marker, reveals high number of peroxisomes in control cells and low number of peroxisome in P-NALD patient 1 fibroblasts. C, Immunostaining of control (a) and P-NALD (b) fibroblasts by anticytosol reveals enlarged peroxisome size in patient 1 P-NALD fibroblasts (b). Nile red staining of control (c) and P-NALD (d) fibroblasts. The green color indicates the predominance of polar lipids in control cells, whereas the yellow staining of deficient fibroblasts reveals an accumulation of neutral lipids. Microscope images magnifications, ×100. Scale bar, 10 µm. PMP70, 70-kDa peroxisomal integral membrane protein.
triguingly, the expression of IL-1RN, an IL-1 receptor antagonist, which modulates the inflammatory responses (23), was induced as well (Table 1). It is noteworthy that IL-1RN is also induced in patient serum developing a neurological disorder, such as schizophrenia (25). We cannot exclude that IL-1RN induction may contribute to the attenuation of the inflammatory stress during P-NALD progression by antagonizing IL-1 activity and thus preserving immune homeostasis (23). Furthermore, another cytokine transcript IL-17C was increased more than 2-fold in both patients derived fibroblasts (Table 1). It is a homologue gene of IL-17, which is increased in autoimmune diseases, such as multiple sclerosis (26). Thus, IL-17C may participates in P-NALD fibroblasts to the release of both IL-1β and TNFα (27).

As shown in Table 1, the SPP1 (also called osteopontin) mRNA is highly induced (at least 4-fold) in ACOX1-null fibroblasts. Reportedly, SPP1 expression is induced by IL-1α or IL-1β as well (28, 29). SPP1 is an extracellular glycoprotein, belonging to the integrin superfamily (30). This two-sided mediator acts in a context-dependent manner as a neuroprotectant (31) or as triggering the neuronal toxicity (32) and has been reported in several neurodegenerative diseases, such as multiple sclerosis, Parkinson’s disease, and Alzheimer’s disease (32). Interestingly, in P-NALD fibroblasts beside the induction of cytokine mRNA, the expression of several chemokine transcripts (CCL3, CCL7, CCL26, CCR1, CXCL5, and CXCL14) were highly induced in P-NALD fibroblasts. CCR1 and its ligands play a critical role in the recruitment of inflammatory cells to neurological lesions (33, 34). Hence, infusions of several cell lines with IL-1α or IL-1β, including Caco-2, hepatoma, smooth muscle, or astrocytes cell lines (35–38), display enhanced synthesis of CCL3 and/or CCL7, which may interact with its CCR1 receptor. Thus, induction of CCR1 and its ligands in P-NALD-fibroblasts may reflect a common inflammatory response as reported in many neurodegenerative diseases (34, 39).

Interestingly, the increased expression of CEBPβ (2.25-fold) and TOLLIP (mean 2.8-fold) constitutes an additional argument of the activation of the IL-1 inflammatory pathway in P-NALD-fibroblasts (Table 1 and Supplemental Table 1). Hence, enhanced synthesis of CCL3 ligand (Table 1) through the activation IL-1 pathway (as cited above) is dependent on the transcriptional activation of CCL3 gene promoter by CEBPβ (40). Furthermore, TOLLIP, which constitutes an important component of IL-1R signaling pathway (41), can limit the production of pro-inflammatory cytokines (42) by controlling the magnitude of IL-6 and TNFα in response to IL-1β (43).

According to our transcriptomic profiling results (Supplemental Table 1) and using cytometric bead array analysis, we show in Fig. 2 that the secretions of IL-6 and IL-8 cytokines were strongly induced in P-NALD fibroblasts, whereas secretion of TNFα was not significantly changed (data not shown). Thus, ACOX1 deficiency in P-NALD fibroblasts leads to the activation of IL-1 inflammatory pathway and enhanced synthesis of its target genes, IL-6 and IL-8 (Fig. 2).

From the 84 genes present in PCR array, only three chemokine genes (i.e. CCL26, CXCL5, and CXCL14) exhibited a similar down-regulation in the two patients derived fibroblasts (Table 1). The CCL26 (or Eotaxin-3) is a strikingly decreased chemokine gene in P-NALD-fibroblasts (−3.5- to −14-fold) (Table 1). This may be correlated to the induction of CCL3, revealing an autocrine mechanism involving CCL3, which selectively down-regulates CCL26 (44). Two other transcripts encoding chemokine ligands were highly decreased in P-NALD fibroblasts, and both belong to the CXCL family. CXCL5

**TABLE 1.** PCR array analysis of genes encoding inflammatory cytokines in P-NALD fibroblasts as compared to the control

| Gene symbol | Gene name                  | Fold induction |
|-------------|----------------------------|----------------|
| IL1A        | IL-1α                      | Patient 1: 5.50 |
| IL1B        | IL-1β                      | Patient 2: 3.60 |
| IL17C       | IL-17C                     | Patient 1: 2.39 |
| IL1R1       | IL-1 receptor type 1       | Patient 2: 2.54 |
| IL1RN       | IL-1 receptor antagonist    | Patient 1: 2.18 |
| SPP1        | Secreted phosphoprotein 1  | Patient 2: 2.43 |
| CCR1        | Chemokine (C-C motif)      | Patient 1: 6.18 |
| CCL3        | Chemokine (C-C motif)      | Patient 2: 2.60 |
| CCL5        | Chemokine (C-C motif)      | Patient 1: 4.19 |
| CXCL14      | Chemokine (C-X-C motif)    | Patient 2: 15.24 |
| CCL26       | Chemokine (C-C motif)      | Patient 1: −5.26 |
| CXCL5       | Chemokine (C-C motif)      | Patient 2: −1.92 |
| TOLLIP      | Toll-interacting protein   | Patient 1: −14.28 |
| CEBPβ       | CCAAT/enhancer binding protein, β | Patient 2: −3.57 |

Values indicate fold change in P-NALD fibroblast obtained using the Excel analysis tool (SABiosciences), which includes descriptive statistics.

* a p < 0.1
* b p < 0.01
* c p < 0.001.
Inflammatory response of fibroblasts to increased VLCFA-cerotic acid concentration

The increase in the VLCA levels precede largely the white matter demyelination in P-NALD and the neuroinflammatory response in childhood X-linked adrenoleukodystrophy as well (15, 18, 19). Although it is well known that both P-NALD and X-linked adrenoleukodystrophy are associated with the accumulation of VLCFA (1, 8), the direct role of VLCFA in the induction of inflammatory process still is, however, merely speculative (18).

To try and understand this possible relationship, we treated control fibroblasts with the cerotic C26:0 fatty acid. Figure 3 shows the time-course expression of cytokines (IL-1α, IL-1β, and IL-6) and ACOX1b, the ACOX1 isoform involved in C26:0-β-oxidation (2, 8), transcripts in fibroblasts exposed to 10 μM C26:0 during 48 h. As shown in Fig. 3, enhanced cytokines mRNA expression, particularly IL-1α and IL-1β, was evident already between 6 and 12 h, showing a sequential and similar induction with a maximum at 12 h. A return to the control level of both cytokine mRNA at 18 h is concomitant to a delayed ACOX1b mRNA expression hit (Fig. 3). By contrast, 6 h later (a 24-h time course), the expression levels of IL-1α and IL-1β mRNA increased at 24 and 48 h, whereas at the opposite, ACOX1 transcripts were reduced again and stay under the control threshold at 48 h of VLCFA treatment. Thus, C26:0-VLCA seems to regulate concomitantly and sequentially, in a divergent manner, both cytokines and ACOX1 mRNA levels. This sequential regulation in fibroblasts is probably linked to the fact that cytokines, such IL-1β, are able to increase accumulation of VLCFA through inhibition of the peroxisomal β-oxidation of C26:0-cerotic acid by an unknown mechanism (19). This may install a vicious circle, in which C26:0 fatty acid triggers earlier increase of mRNA cytokines, which down-regulate peroxisomal β-oxidation leading to the accumulation of VLCFA. The latter in turn promotes the reinduction of cytokine transcripts during a second late phase.

Signaling pathway involved in cytokines expression

To explore the transduced signaling associated with IL-1 pathway activation in P-NALD fibroblasts, we used several known kinase inhibitors and evaluate by cytometry the level of both IL-6 and IL-8 cytokines. In the light of the activation of IL-1 pathway in P-NALD/ACOX1-deficient fibroblasts, induced IL-6 is mostly addressed to the medium (Fig. 4A). By using PD 98059, a selective noncompetitive inhibitor of the MAPK kinase (MAPKK), we have shown the inhibition of secreted IL-6. This result was confirmed by P-NALD fibro-
the activation of p38MAPK and JNK kinase. Hence, IL-1 transduction cascade through these kinases has been shown for both IL-8 and CCL3 (47). In addition, the implication of nuclear factor κB signaling pathway is not excluded, because C/EBPβ-dependent transriptional induction of chemokines by IL-1 is triggered through the activation of p38 MAPK and inhibitor of κB kinase (40). Accordingly, we also reported (Supplemental Table 1) that the mRNA increase of TNF receptor-associated factor 6, which is known as an IL-1 control relay, functions as signal transducer of inhibitor of κB kinase (48).

**Conclusions**

Although precise role of VLCFA accumulation in P-NALD demyelination remains to be determined, their ability to induce an inflammatory response adds further evidence to the role of peroxisomal β-oxidation in the maintenance of cellular homeostasis. Therefore, the reported results in the present report highlight that in P-NALD, ACOX1 deficiency is associated with significant alterations in the inflammatory response leading to the activation of IL-1 pathway. Such activation is triggering the induction of both IL-6 and IL-8 cytokines mostly through MAPK and p38 MAPKK, in addition to the possible role of JNK kinase in IL-8 induction. Our results also suggested a feed-forward mechanism leading to an additional down-regulation of peroxisomal VLCFA β-oxidation by the produced cytokines, which may aggravates the inflammatory picture in P-NALD. These results open a way to explore the modulation of kinase pathway in an attempt to reduce the inflammatory process in this orphan disease.

**Acknowledgments**

We thank Dr. Joseph Vamecq (Institut National de la Santé et de la Recherche Médicale, University of Lille 2, Lille, France) for valuable discussions.

---

**FIG. 4.** Regulation of IL-6 (A) and IL-8 (B) cytokines in P-NALD fibroblasts by kinases inhibitors. P-NALD fibroblasts were treated with the indicated concentration of kinase inhibitors for 24 h. Culture media and fibroblasts were collected separately. Cells were washed in PBS solution. The media and the cell pellet were deep frozen at −80°C until analysis. Values are mean ± SD. Statistical significance of higher mean signal intensity (**, P < 0.01; *, P < 0.05) compared with the control. MEK, MAP kinase or extracellular signal-regulated kinase.

**TABLE 1.** Regulation of IL-6 (A) and IL-8 (B) cytokines in P-NALD fibroblasts by kinases inhibitors.

| Pathway       | MAPKK | MEK1 &2 | P38K | JNK |
|---------------|-------|---------|------|-----|
| PD 98059 (µM)| -     | 5       | 10   | -   |
| U 0126 (µM)  | -     | -       | 5    | 10  |
| SB 203580 (µM)| - | -       | 5    | 10  |
| SP 600125 (µM)| - | -       | 5    | 10  |
| SP 600125 (µM)| - | -       | 5    | 10  |
| SP 600125 (µM)| - | -       | 5    | 10  |

| Pathway       | MAPKK | MEK1 &2 | P38K | JNK |
|---------------|-------|---------|------|-----|
| PD 98059 (µM)| -     | 5       | 10   | -   |
| U 0126 (µM)  | -     | -       | 5    | 10  |
| SB 203580 (µM)| - | -       | 5    | 10  |
| SP 600125 (µM)| - | -       | 5    | 10  |
| Z-VAD-FMK (µM)| - | -       | 5    | 10  |

**TABLE 1.** Regulation of IL-6 (A) and IL-8 (B) cytokines in P-NALD fibroblasts by kinases inhibitors.
Address all correspondence and requests for reprints to: Mustapha Cherkaoui-Malki, Laboratoire de Biochimie du Peroxy-
some, Inflammation et Métabolisme Lipidique, Université de Bourgogne, 6 Boulevard Gabriel, Dijon F-21000, France. E-mail: malki@u-bourgogne.fr.

This work was supported by grants from the Institut National de la Santé et de la Recherche Médicale, the Conseil Régional de Bourgogne, the Ministère de l’Enseignement Supérieur et de la Recherche, and the Centre National de la Recherche Scientifique.

Disclosure Summary: The authors have nothing to disclose.

References

1. Wanders RJ, Waterham HR 2006 Peroxisomal disorders: the single peroxisomal enzyme deficiencies. Biochim Biophys Acta 1763: 1707–1720
2. Oaxaca-Castillo D, Andreoletti P, Vluggens A, Yu S, van Veldhoven PP, Reddy JK, Cherkaoui-Malki M 2007 Biochemical characterization of two functional human liver acyl-CoA oxidase isoforms 1a and 1b encoded by a single gene. Biochem Biophys Res Commun 360:314–319
3. Poll-The BT, Roels F, Ogier H, Scotto J, Vamecq J, Schutgens RB, Fournier B, Saudubray JM, Benichou B, Lyonnet S, Munnich A, Wanders RJ, van Roermund CW, van Wijland MJ, Schram AW, Lager G 1994 Novel subtype of peroxisomal acyl-CoA oxidase deficiency. Hum Mol Genet 3: 1679–1686
4. Suzuki Y, Shimozawa N, Tomatsu N, Konno N, Nakada Y, Akaboshi S, Lai M, Tanabe Y, Hashimoto T, Sandwich RJA, Schutgens RBH, Moser HW, Orii T 1994 Large deletion of the peroxisomal acyl-CoA oxidase gene in pseudoneonatal adrenoleukodystrophy. J Clin Invest 94:526–531
5. Suzuk, Y, Shizozawa N, Yajima N, Akaboshi S, Lai M, Tanabe Y, Hashimoto T, Wanders RJ, Schutgens RBH, Moser HW, Orii T 1994 Large deletion of the peroxisomal acyl-CoA oxidase gene in pseudoneonatal adrenoleukodystrophy. J Clin Invest 94:526–531
6. Gueron V, Aubour P, Chen WW, Hashimoto T, Scotto J 1989 Molecular analysis of peroxisomal β-oxidation enzymes in infants with peroxisomal disorders indicates heterogeneity of the primary defect. Biochim Biophys Res Commun 161:242–251
7. Ferdinandusse S, Denis S, Hogenhout EM, Koster J, van Roermund CW, Iljist L, Moser AB, Wanders RJ, Waterham HR 2007 Clinical, biochemical, and mutational spectrum of peroxisomal acyl-coenzyme A oxidase deficiency. Hum Mutat 28:904–912
8. Vluggens A, Andreoletti P, Viswakarma N, Jia Y, Matsumoto K, Kulik W, Khan M, Huang J, Guo D, Yu S, Sarkar J, Singh I, Rao MS, Wanders RJ, Reddy JK, Cherkaoui-Malki M 2010 Reversal of mouse Acyl-CoA oxidase 1 (ACOX1) null phenotype by human ACOX1b isoform [corrected]. Lab Invest 90:696–708
9. Varanasi U, Chu R, Chu S, Espinosa R, Lebeau MM, Reddy JK 1994 Isolation of the human peroxisomal acyl-CoA oxidase gene: organization, promoter analysis, and chromosomal localization. Proc Natl Acad Sci USA 91:3107–3111
10. Rosewich H, Waterham HR, Wanders RJ, Ferdinandusse S, Henneke M, Hunningdon D, Gartner J 2006 Pitfall in metabolic screening in a patient with fatal peroxisomal β-oxidation defect. Neuropediatrics 37:95–98
11. Fan CY, Pan J, Chu R, Lee D, Kluckman KD, Usuda N, Singh I, Yeldandi AV, Rao MS, Maeda N, Reddy JK 1996 Hepatocellular and hepatic peroxisomal alterations in mice with a disrupted peroxisomal fatty acyl-coenzyme A oxidase gene. J Biol Chem 271: 24698–24710
12. Fan CY, Pan J, Usuda N, Yeldandi AV, Rao MS, Reddy JK 1998 Steatohepatitis, spontaneous peroxisome proliferation and liver tumors in mice lacking peroxisomal fatty acyl-CoA oxidase. Implications for peroxisome proliferator-activated receptor α natural ligand metabolism. J Biol Chem 273:15639–15645
13. Huang J, Viswakarma N, Yu S, Jia Y, Bai L, Vluggens A, Cherkaoui-Malki M, Khan M, Singh I, Yang G, Rao MS, Borensztajn J, Reddy JK 2011 Progressive endoplasmic reticulum stress contributes to hepatocarcinogenesis in fatty acyl-CoA oxidase 1-deficient mice. Am J Pathol 179:703–713
14. Cherkaoui-Malki M, Meyer K, Cao WQ, Latruffe N, Yeldandi AV, Rao MS, Bradford CA, Reddy JK 2001 Identification of novel peroxisome proliferator-activated receptor α (PPARα) target genes in mouse liver using cDNA microarray analysis. Gene Expr 9:291–304
15. McGuinness MC, Griffin DE, Raymond GV, Washington CA, Moser HW, Smith KD 1995 Tumor necrosis factor-α and X-linked adrenoleukodystrophy. J Neuroimmunol 61:161–169
16. Paintlia AS, Gilg AG, Khan M, Singh AK, Barbossa E, Singh I 2003 Correlation of very long chain fatty acid accumulation and inflammatory disease progression in childhood X-ALD: implications for potential therapies. Neurobiol Dis 14:425–439
17. Eichler FS, Ren JQ, Cossoy M, Rietsch AM, Nagpal S, Moser AB, Frosch MP, Ransohoff RM 2008 Is microglial apoptosis an early pathogenic change in cerebral X-linked adrenoleukodystrophy? Ann Neurol 63:729–742
18. Powers JM, Liu Y, Moser AB, Moser HW 1992 The inflammatory myeloperoxidase of adreleukodystrophy: cells, effector molecules, and pathogenetic implications. J Neuropathol Exp Neurol 51:630–643
19. Khan M, Pahan K, Singh AK, Singh I 1998 Cytokine-induced accumulation of very long-chain fatty acids in rat C6 glial cells: implication for X-adrenoleukodystrophy. J Neurochem 71:78–87
20. Baarre M, Kogen GI, El Haji H, Trompier D, Andreoletti P, Ghandour MS, Menetrier F, Cherkaoui-Malki M, Savary S, Lizard G 2009 Peroxisomal and mitochondrial status of two murine oligodendrocytic cell lines (158N, 158JP): potential models for the study of peroxisomal disorders associated with dysmyelination processes. J Neurochem 111:119–131
21. Meuter S, Schaeli P, Roos RS, Brandau O, Bösl MR, von Andrian UH, Moser B 2007 Murine CXCL14 is dispensable for dendritic cell function and localization within peripheral tissues. Mol Cell Biol 27:983–992
22. Karin M 2010 The multiple faces of CXCL12 (SDF-1α) in the regulation of immunity during health and disease. J Leukoc Biol 88: 463–473
23. Allan SM, Rothwell NJ 2001 Cytokines and acute neurodegeneration. Nat Rev Neurosci 2:734–744
24. Dinarello CA 1994 The interleukin-1 family: 10 years of discovery. FASEB J 8:1314–1325
25. Hope S, Melle I, Aukrust P, Steen NE, Birkenaes AB, Lorentzen S, Agartz I, Ueland T, Andreasen OA 2009 Similar immune profile in bipolar disorder and schizophrenia: selective increase in soluble tumor necrosis factor receptor 1 and von Willebrand factor. Bipolar Disord 11:726–734
26. Lock C, Hermans G, Pedotti R, Breldolan A, Schadt E, Garren H, Langer-Gould A, Strober S, Camella B, Allard J, Klonischek P, Austin A, Lud N, Kaminski N, Galli SJ, Okensen B, Raine CS, Heller R, Steinman L 2002 Gene microarray analysis of multiple sclerosis lesions yields new targets validated in auotimmune encephalomyelitis. Nat Med 8:500–508
27. Li H, Chen J, Huang A, Stinson J, Heldens S, Foster J, Dowd P, Gurney AL, Wood W 2000 Cloning and characterization of IL-17B and IL-17C, two new members of the IL-17 cytokine family. Proc Natl Acad Sci USA 97:773–778
28. Jin CH, Miyaura C, Ishimi Y, Hong MH, Sato T, Abe S, Suda T 1990 Interleukin 1 regulates the expression of osteopontin mRNA by osteoblasts. Mol Cell Endocrinol 74:221–228
29. Lee SK, Park JY, Chung SJ, Yang WS, Kim SB, Park SK, Park JS 1998 Chemokines, osteopontin, ICAM-1 gene expression in cultured rat mesangial cells. J Korean Med Sci 13:165–170
30. Wang K, Denhardt DT 2008 Osteopontin: role in immune regulation and stress responses. Cytokine Growth Factor Rev 19:333–345
31. Meller R, Stevens SL, Minami M, Cameron JA, King S, Rosenzweig H, Doyle K, Lessov NS, Simon RP, Stenzel-Poore MP 2005 Neuroprotection by osteopontin in stroke. J Cereb Blood Flow Metab 25:217–225
32. Carecchio M, Comi C 2011 The role of osteopontin in neurodegenerative diseases. J Alzheimers Dis 25:1–8
33. Skuljec J, Sun H, Pul R, Bénardais K, Ragancokova D, Moharregh-Khiabani D, Kotsiari A, Trebst C, Stangel M 2011 CCL5 induces a pro-inflammatory profile in microglia in vitro. Cell Immunol 270:164–171
34. Szczuciski A, Losy J 2007 Chemokines and chemokine receptors in multiple sclerosis. Potential targets for new therapies. Acta Neurol Scand 115:137–146
35. Rodríguez-Juan C, Pérez-Blas M, Valeri AP, Arnaiz-Villena A, Pacheco-Castro A, Martin-Villa JM 2001 Cell surface phenotype and cytokine secretion in Caco-2 cell cultures: increased RANTES production and IL-2 transcription upon stimulation with IL-1β. Tissue Cell 33:570–579
36. Lu P, Nakamoto Y, Nemoto-Sasaki Y, Fujii C, Wang H, Hashii M, Ohmoto Y, Kaneko S, Kobayashi K, Mukaida N 2003 Potential interaction between CCR1 and its ligand, CCL3, induced by endogenously produced interleukin-1 in human hepatomas. Am J Pathol 162:1249–1258
37. Ambrosini E, Remoli ME, Giacomini E, Rosicarelli B, Serafini B, Lande R, Aloisi F, Coccia EM 2005 Astrocytes produce dendritic cell-attracting chemokines in vitro and in multiple sclerosis lesions. J Neuropathol Exp Neurol 64:706–715
38. Wuyts WA, Vanaudenaerde BM, Dupont LJ, Demedts MG, Verleden GM 2003 Involvement of p38 MAPK, JNK, p42/p44 ERK and NF-κB in IL-1β-induced chemokine release in human airway smooth muscle cells. Respir Med 97:811–817
39. Xia M, Qin SX, Wu LJ, Mackay CR, Hyman BT 1998 Immunohistochemical study of the β-chemokine receptors CCR3 and CCR5 and their ligands in normal and Alzheimer’s disease brains. Am J Pathol 153:31–37
40. Zhang Z, Bryan JL, DeLassus E, Chang LW, Liao W, Sandell IJ 2010 CCAAT/Enhancer-binding protein β and NF-κB mediate high level expression of chemokine genes CCL3 and CCL4 by human chondrocytes in response to TGF-β1. J Biol Chem 285:33092–33103
41. Burns K, Clatworthy J, Martin L, Martinon F, Plumpton C, Maschera B, Lewis A, Ray K, Tschopp J, Volpe F 2000 Tollip, a new component of the IL-1RI pathway, links IRAK to the IL-1 receptor. Nat Cell Biol 2:346–351
42. Zhang G, Ghosh S 2002 Negative regulation of toll-like receptor-mediated signaling by Tollip. J Biol Chem 277:7059–7065
43. Didierlaurent A, Brissoni B, Velin D, Aebi N, Tardivel A, Käslin E, Sirard JC, Angelov G, Tschopp J, Burns K 2006 Tollip regulates proinflammatory responses to interleukin-1 and lipopolysaccharide. Mol Cell Biol 26:735–742
44. Abonyo BO, Lebby KD, Tonry JH, Ahmad M, Heiman AS 2006 Modulation of eotaxin-3 (CCL26) in alveolar type II epithelial cells. Cytokine 36:237–244
45. Tacke F, Zimmermann HW, Trautwein C, Schnabl B 2011 CXCL5 plasma levels decrease in patients with chronic liver disease. J Gastroenterol Hepatol 26:523–529
46. Tanegashima K, Okamoto S, Nakayama Y, Taya C, Shirata H, Ishii R, Yonekawa H, Minokoshi Y, Hara T 2010 CXCL14 deficiency in mice attenuates obesity and inhibits feeding behavior in a novel environment. PLoS One 5:e10321
47. Takemura M, Itoh H, Sagawa N, Yura S, Korita D, Kakui K, Hirota N, Fujii S 2004 Cyclic mechanical stretch augments both interleukin-8 and monocyte chemotactic protein-3 production in the cultured human uterine cervical fibroblast cells. Mol Hum Reprod 10:573–580
48. Huang Q, Yang J, Lin Y, Walker C, Cheng J, Liu ZG, Su B 2004 Differential regulation of interleukin 1 receptor and Toll-like receptor signaling by MEKK3. Nat Immunol 5:98–103