Augmentation of V<sub>α</sub>14 NKT Cell–mediated Cytotoxicity by Interleukin 4 in an Autocrine Mechanism Resulting in the Development of Concanavalin A–induced Hepatitis

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Abstract

The administration of concanavalin A (Con A) induces a rapid severe injury of hepatocytes in mice. Although the Con A–induced hepatitis is considered to be an experimental model of human autoimmune hepatitis, the precise cellular and molecular mechanisms that induce hepatocyte injury remain unclear. Here, we demonstrate that V<sub>α</sub>14 NKT cells are required and sufficient for induction of this hepatitis. Moreover, interleukin (IL)-4 produced by Con A–activated V<sub>α</sub>14 NKT cells is found to play a crucial role in disease development by augmenting the cytotoxic activity of V<sub>α</sub>14 NKT cells in an autocrine fashion. Indeed, short-term treatment with IL-4 induces an increase in the expression of granzyme B and Fas ligand (L) in V<sub>α</sub>14 NKT cells. Moreover, V<sub>α</sub>14 NKT cells from either perforin knock-out mice or FasL-mutant gld/gld mice fail to induce hepatitis, and hence perforin–granzyme B and FasL appear to be effector molecules in Con A–induced V<sub>α</sub>14 NKT cell–mediated hepatocyte injury.

Key words: IL-4 • V<sub>α</sub>14 NKT cell • Con A • hepatitis • autocrine

Introduction

The V<sub>α</sub>14 NKT cells are characterized by coexpression of NK1.1, an NK cell marker, and an invariant antigen receptor encoded by V<sub>α</sub>14<sub>J</sub>α<sub>281</sub> gene segments associated with highly skewed sets of V<sub>β</sub>s, mainly V<sub>β</sub>8.2 (V<sub>α</sub>14 NKT cell receptor; references 1–7). Three lines of evidence suggest that V<sub>α</sub>14 NKT cells are a novel lineage of lymphocytes: (a) a targeted disruption of the invariant V<sub>α</sub>14<sub>J</sub>α<sub>281</sub> gene causes a selective loss of V<sub>α</sub>14 NKT cells, leaving other lymphocytes intact (8); (b) the transgenic expression of the invariant NKT antigen receptor (V<sub>α</sub>14/V<sub>β</sub>8.2) genes in recombination activating gene (RAG)<sup>1</sup> knock-out (KO) mice results in the exclusive development of V<sub>α</sub>14 NKT cells but not other lymphocytes, including T cells (9); and (c) V<sub>α</sub>14 NKT cells develop at an early stage of embryogenesis before thymus formation (10).

It has been reported that V<sub>α</sub>14 NKT cells specifically recognize α-galactosylceramide (α-GaCer; references 9 and 11) or parasite (malaria or trypanosoma) glycosylphosphatidylinositols (12), both of which are presented by a monomorphic class Ib molecule, CD1d. Upon activation with α-GaCer, V<sub>α</sub>14 NKT cells exert a perforin-dependent antitumor cytotoxicity and prevent tumor metastasis in the liver or lung (11). Interestingly, the activated V<sub>α</sub>14 NKT cells produce both IL-4 and IFN-γ (9, 13, 14). Thus, it is important to know whether V<sub>α</sub>14 NKT cells behave like either Th1 or Th2 cells, whose dysfunction or imbalance may affect immune responses and lead to disease development. In fact, IFN-γ but not IL-4 produced by activated V<sub>α</sub>14 NKT cells produces dominant functional effects on helper T cell differentiation by suppressing Th2 development and IgE antibody responses (15). We and others have demonstrated that a selective loss or dysfunction in V<sub>α</sub>14 NKT cells is tightly associated with autoimmune disease development in lpr/lpr mice and nonobese diabetic mice (16–18). In addition, V<sub>α</sub>14 NKT cells appear to play a critical role in liver injury after Salmonella infection (20). Similarly, human NKT cells have been reported to play significant roles in...
NKT cells are required and sufficient for the development of
autoimmune diseases, including autoimmune diabetes (21) and systemic sclerosis (22). These results suggest that Vα14 NKT cells play a crucial role in various immune responses, including antitumor immunity, allergic reaction, and the development of autoimmune diseases.

Con A–induced hepatitis is considered to be an experimental murine model of human autoimmune hepatitis (23). The hepatocyte injury is associated with lymphocyte infiltration, suggesting the involvement of immune reactions. In fact, this hepatitis is not observed in athymic nude mice or SCID mice (23), both of which lack T cells. Furthermore, in vivo treatment with anti-Thy-1 or anti-CD4 mAbs or with FK506 or cyclosporin A prevents the hepatitis, suggesting a requirement for CD4+ T cells or TCR-mediated signals for Con A–induced hepatitis (23). In addition, immunohistological analyses confirm the infiltration of CD4+ T cells in the portal area of the liver (24).

Recently, Toyabe et al. reported the involvement of NKT cells in Con A–induced hepatitis (23). When NKT cells are depleted by the administration of anti-NK1.1 antibody in vivo, the mice become resistant to the hepatitis, suggesting that NKT cells are indispensable (23). However, hepatitis does not develop in β2 microglobulin KO mice, in which the development of Vα14 NKT cells is severely perturbed, despite the normal development of NKT cells (25). Thus, it is conceivable that Vα14 NKT cells rather than NKT cells are involved in Con A–induced hepatitis, although no direct experiments addressing this issue have been reported.

The hepatic injury seems to be induced by several different mechanisms, such as those involving the Fas–Fas ligand (L) system (26–28), perforin–granzyme system (29), and IFN-γ (30). In addition, the hepatic injury induced by Con A–induced hepatitis is considered to be an experimental model for various human autoimmune diseases, including autoimmune diabetes (21) and systemic sclerosis (22). These results suggest that Vα14 NKT cells play a crucial role in various immune responses, including antitumor immunity, allergic reaction, and the development of autoimmune diseases.

Materials and Methods

Mice. 8–10-wk-old male C57BL/6 (B6) mice and B6-γd/d γd mice were purchased from Japan SLC Inc. Vα14 NKT KO mice were established by specific deletion of the Ja281 gene segment with homologous recombination and aggregation chimera techniques (8) and were backcrossed nine times with B6 mice. Vα14 NKT (Vα14Tg/Vβ8.2Tg/RAG KO) mice were established and backcrossed four times with B6 mice (9). IL-4 KO mice were originally generated by Kopf et al. (35). IFN-γ KO (26) and perforin KO mice (36) were provided by Dr. Y. Iwakura (Institute of Medical Science, University of Tokyo, Tokyo, Japan). RAG KO mice were provided by Dr. P. O. lombaerts (Massachusetts Institute of Technology, Boston, MA; reference 37). All mice used were maintained under specific pathogen–free conditions in our animal facility. Animal care was in accordance with the guidelines of Chiba University.

Preparation of Liver Mononuclear Cells. Liver mononuclear cells were isolated as previously described (38, 39). In brief, the liver was pressed through stainless steel mesh (200) and suspended in PBS. After washing once, the cells were resuspended in 33% Percoll solution containing heparin (100 U/ml), centrifuged at 2,000 rpm for 15 min at room temperature, and subjected to flow cytometry analyses.

Preparation of Vα14 NKT and T Cells. Spleen cells (4 × 10^6) were incubated with anti-FcR (2,4G2; Pharmingen), stained with mAbs (0.5 μg/ml) at 4°C for 30 min, and analyzed by EPICS XL-MCL (Beckman Coulter). FITC–conjugated anti–CD3ε mAb (H57-597; PharMingen) and PE–conjugated anti–CD8 mAb (53-6.7; Pharmingen) mAbs were used to identify the NKT cell population. Anti–IL-4Rα (Genzyme Corp.), anti–common γ chain (PharMingen), and biotin–conjugated goat anti–rat Ig antibodies were used to stain the IL-4R complex. For IFN-γ–Rα and β, biotinylated anti–IFN-γ–Rα (PharMingen) was used. Dead cells were excluded by forward scatter, side scatter, and propidium iodide gating.

Flow Cytometric Analysis. Spleen cells (10^6) were incubated with anti–FcR (2,4G2; Pharmingen), stained with mAbs (0.5 μg/ml) at 4°C for 30 min, and analyzed by EPICS XL-MCL (Beckman Coulter). FITC–conjugated anti–CD3ε mAb (H57-597; PharMingen) and PE–conjugated anti–CD8 mAb (53-6.7; Pharmingen) mAbs were used to identify the NKT cell population. Anti–IL-4Rα (Genzyme Corp.), anti–common γ chain (PharMingen), and biotin–conjugated goat anti–rat Ig antibodies were used to stain the IL-4R complex. For IFN-γ–Rα and β, biotinylated anti–IFN-γ–Rα (PharMingen) was used. Dead cells were excluded by forward scatter, side scatter, and propidium iodide gating.

PCR. To detect the rearranged Vα14α281 genes of migrated Vα14 NKT cells, genomic PCR was carried out on liver DNA from Vα14 NKT KO mice after transfer of Vα14 NKT cells by the method described in reference 40 using the following primers: 5'-CCGAATTTCCTTCAAGGTGACAGAGCCTCCT-3' and 5'-CCAATTCTGCTCCCTCAA-3'. Reverse transcriptase–PCR was carried out on 1 μg of total RNA obtained from cultured Vα14 NKT cells as described (10) using the following primers: β-actin, 5'-GAGAGGGAAATCTGGGCTGA-3' and 5'-ACATTGCTGAGGAGTTGGC-3'; granzyme B, 5'-GCCACATACCTAAGAACAGCAG-3' and 5'-ACCAGCGACATCACTCCTC-3'; IFN-γ, 5'-ATGAGCACAAAAGCATGATC-3' and 5'-AAAGGTCTTAGATTCCTCAA-3'; TNF-α, 5'-ACTCGAATT-3' and 5'-AAAGGTCTTAGATTCCTCAA-3'; and T-cell receptor α, 5'-TACGGCTTGTCCACTGGAATT-3'. Competitive PCR. Competitor DNAs were constructed by PCR using a competitor DNA construction kit following the
An Indispensable Role of Vα14 NKT Cells in the Development of Con A–induced Hepatitis. It is of interest whether Vα14 NKT cells are the final effector cells or the inducer cells in Con A–induced hepatitis. To address this question, we used Vα14 NKT mice that have only Vα14 NKT cells and no T, B, or NK cells. A dramatic elevation of serum measuring the activities of two transaminases (ALT and AST) in the serum 12, 24, 36, 48, and 72 h after Con A treatment. As shown in Fig. 1 (A and B) the activities of both transaminases in B6 mice increased rapidly, reaching their peak values at 12 h. In contrast, no increase in the levels of either ALT or AST was detected in Vα14 NKT KO mice. These results strongly indicate that Vα14 NKT cells are required for hepatocyte injury mediated by Con A (Con A–induced hepatitis). In RAG KO mice, where only NK cells and no other lymphoid lineage cells develop, no increase in the level of either transaminase was detected, suggesting that NK cells are not essential.

Restoration of Con A–induced Hepatitis by Vα14 NKT Cell Transfer. The requirement of Vα14 NKT cells for the development of hepatitis was further evaluated by experiments involving the adoptive transfer of Vα14 NKT cells into Vα14 NKT KO mice. 9 h after the intrasplenic injection of freshly isolated spleen cells (2 × 10^7) from Vα14 NKT mice, considerable numbers of transferred Vα14 NKT cells had migrated into the livers of recipient Vα14 NKT KO mice, as evidenced by the increased percentages of TCR−β−NK1.1− NKT cells (Fig. 2 A) and detectable amounts of rearranged Vα14-Jα281 genes in the liver as assessed by genomic PCR (Fig. 2 B).

As shown in Fig. 2 (C and D) the serum levels of the hepatic transaminases, ALT and AST, were significantly increased in Vα14 NKT KO mice receiving either freshly isolated Vα14 NKT cells (Fig. 2 C) or Vα14 NKT cell line (Fig. 2 D) in a dose-dependent manner. The intrasplenic injection of splenic Vα14 NKT cells (2 × 10^7) or Vα14 NKT cell line (2 × 10^6) resulted in almost full recovery. It was noted that neither intraperitoneal nor intravenous injection of Vα14 NKT cells induced any detectable elevation in the activities of these transaminases (data not shown). Thus, the intrasplenic route appears to be critical for the successful migration of Vα14 NKT cells into the recipient liver. Collectively, Vα14 NKT cells, together with the administration of Con A, are essential for the induction of Con A–induced hepatitis.

Figure 1. Elevation of serum transaminase activities after intravenous injection of Con A. Serum transaminase levels in B6 wild-type ( ● ), Vα14 NKT KO ( △ ), and RAG KO ( ▽ ) mice were assessed at different times after Con A (0.5 mg) administration. Three mice were used in each group. The mean transaminase activities (Karmen units per liter [K.U./l]) of ALT (A) and AST (B) of triplicate samples with standard errors are depicted.
transaminases was observed in \( V_{\alpha 14} \) NKT mice, and all mice died within 24 h when 0.75 mg of Con A was used (Fig. 3). The transaminase elevation was not reproducibly observed in \( V_{\alpha 14} \) NKT mice receiving a regular dose of Con A (0.5 mg; data not shown). This observation suggests that other cell components, such as T cells, are also involved, and that the hepatitis is induced more efficiently in wild-type than in \( V_{\alpha 14} \) NKT mice. Thus, we used 0.75 mg of Con A in the experiments with \( V_{\alpha 14} \) NKT mice.

We carried out histological examinations of the liver 8 h after the administration of 0.75 mg of Con A (Fig. 3 B). In B6 mice, a severe bridging necrosis was observed in the area between the central veins and the portal tracts (arrow). In addition, photographs at higher magnification revealed the infiltration of mononuclear cells (arrowheads) and Kupffer cells within sinusoids adjacent to the degenerated hepatocytes. Massive red blood cells were also observed in the sinusoidal area. Similar histological findings were observed in the livers of \( V_{\alpha 14} \) NKT mice. In contrast, no significant histological changes were observed in \( V_{\alpha 14} \) NKT KO mice. Essentially similar histological findings were observed in B6 mice receiving 0.5 mg of Con A (data not shown). These results indicate that Con A-induced hepatitis is evoked by \( V_{\alpha 14} \) NKT cells even in the absence of conventional T, B, and N K cells.

Preferential Production of IL-4 by Con A-activated \( V_{\alpha 14} \) NKT Cells. To address the molecular mechanisms underlying \( V_{\alpha 14} \) NKT cell-mediated hepatocyte injury, we first assessed the production of cytokines from \( V_{\alpha 14} \) NKT cells stimulated with Con A. This is because \( V_{\alpha 14} \) NKT cells are known to produce both IL-4 and IFN-\( \gamma \) very rapidly when they are stimulated with anti-CD3 mAb (13, 14) or the ligand \( \alpha \)-GalCer (9). Spleen cells from B6, \( V_{\alpha 14} \) NKT KO, \( V_{\alpha 14} \) NKT, and RAG KO mice were stimulated in vitro with 10 \( \mu \)g/ml of Con A, and the amounts of IL-4 and IFN-\( \gamma \) produced in the culture supernatants were assessed by ELISA. As shown in Fig. 4 A, spleen cells from \( V_{\alpha 14} \) NKT mice produced levels of IL-4 several times higher than those produced by B6 or \( V_{\alpha 14} \) NKT KO mice. In addition, unexpectedly low amounts of IFN-\( \gamma \) were produced after stimulation with Con A. In RAG KO mice bearing only N K cells, as expected, no IL-4 or IFN-\( \gamma \) was produced, suggesting that N K cells are not the producers of these cytokines upon Con A stimulation (Fig. 4 A). These results suggest that \( V_{\alpha 14} \) NKT cells produce large amounts of IL-4 upon Con A stimulation. Similar results were obtained using the \( V_{\alpha 14} \) NKT cell line (Fig. 4 B).

Requirement of IL-4 but not IFN-\( \gamma \) Produced by \( V_{\alpha 14} \) NKT Cells for the Development of Con A-induced Hepatitis. In the next experiments, the involvement of IL-4 and IFN-\( \gamma \) produced by \( V_{\alpha 14} \) NKT cells in Con A-induced hepatitis was examined in vivo. \( V_{\alpha 14} \) NKT cells were enriched from spleens of B6, IL-4 KO, and IFN-\( \gamma \) KO mice by MACS using anti-NK1.1 mAb. The cells were adoptively transferred into \( V_{\alpha 14} \) NKT KO mice (Fig. 5 A). Similarly, the \( V_{\alpha 14} \) NKT cell line was transferred into \( V_{\alpha 14} \) NKT KO mice (Fig. 5 B). The mice were then injected intravenously with Con A, and ALT and AST transaminase activities were measured 8 h later. As shown in Fig. 5, \( V_{\alpha 14} \) NKT cells derived from IL-4 KO mice did not restore hepatitis, whereas those from IFN-\( \gamma \) KO mice elicited a significant elevation in serum transaminase activities to levels equivalent to those induced by \( V_{\alpha 14} \) NKT cells from B6 mice. \( V_{\alpha 14} \) NKT cells from IL-4 KO mice produced levels of

**Figure 2.** Restoration of Con A-induced hepatitis by \( V_{\alpha 14} \) NKT cells in \( V_{\alpha 14} \) NKT KO mice. (A) TCR-\( \beta \)-NK1.1 profiles of liver mononuclear cells of \( V_{\alpha 14} \) NKT KO mice 9 h after adoptive transfer of 2 \( \times \) 10\(^7\) spleen cells from \( V_{\alpha 14} \) NKT mice are shown. The percentages of cells present in each area are shown in each panel. (B) The rearranged \( V_{\alpha 14} \alpha 281 \) gene was assessed by genomic PCR with specific primers detecting \( V_{\alpha 14} \alpha 281 \). \( V_{\alpha 14} \) NKT KO mice were intraperitoneally injected with the indicated numbers of freshly prepared whole spleen cells from \( V_{\alpha 14} \) NKT mice (C) or \( V_{\alpha 14} \) NKT cell line established from spleen cells (spl.) of \( V_{\alpha 14} \) NKT mice (D). 1 h after cell transfer, the mice were administered Con A (0.5 mg; Stim.) intravenously. The serum ALT and AST activities were measured 8 h after Con A injection. Three mice were used in each group, and the serum samples were analyzed individually. The mean values of triplicate samples with standard errors are shown.
IFN-γ equivalent to those of B6 mice (data not shown). These results clearly indicate that IL-4 but not IFN-γ produced by Vα14 NKT cells is required for the development of Con A–induced hepatitis.

Enhancement of Vα14 NKT Cell–mediated Cytotoxicity upon Stimulation with IL-4. The next experiments were designed to clarify the effector mechanism of IL-4 in the development of Con-A–induced hepatitis. First, the effect of IL-4 on Vα14 NKT cell–mediated cytotoxicity was assessed. Significant levels of IL-4R (both α chain and common γ chain) as well as IFN-γR were expressed on the freshly isolated Vα14 NKT cells (Fig. 6 A). Consequently, freshly prepared Vα14 NKT cells were incubated with 100 U/ml of recombinant IL-4 for 8 h in vitro. The effect of IFN-γ was also examined. To our surprise, the cytotoxic activity of Vα14 NKT cells against the TLR2 hepatocyte cell line was significantly enhanced when Vα14 NKT cells were treated with IL-4 but not with IFN-γ (Fig. 6 B). Similar results were obtained in experiments using other target cells, such as YAC-1 (data not shown). Consequently, we examined the expression of granzyme B, FasL, and TNF-α in IL-4–stimulated Vα14 NKT cells by competitive PCR assay. The FasL and granzyme B transcripts but not TNF-α transcripts in Vα14 NKT cells were significantly enhanced (~10-fold) by treatment with IL-4 (Fig. 6 C).

The role of these molecules produced or expressed by Vα14 NKT cells in vivo was assessed by cell transfer experiments. As shown in Fig. 7, Vα14 NKT cells isolated from FasL-mutant gld/gld mice or perforin KO mice failed to restore the induction of hepatitis (Fig. 7). Thus, both perforin and FasL are essential for the development of this hepatitis. Taken with the results shown in Fig. 6, it is most likely that the Con A–stimulated Vα14 NKT cells release IL-4, which in turn acts on Vα14 NKT cells to enhance their cytotoxic activity by upregulating the expressions of granzyme B and FasL.
Discussion

It has been suggested that CD4^+ T cells (23, 24) and NK1.1^+ T cells (25) are involved in the development of Con A–induced hepatitis, although the precise cellular and molecular requirements have not been clarified. We demonstrate here that Va14 NKT cells, a novel lymphocyte lineage, are required and sufficient for the development of hepatitis. Va14 NKT mice possessing only Va14 NKT cells exhibited a dramatic increase in serum transaminase levels after injection of Con A, and all mice died within 24 h (Fig. 3 A). In sharp contrast, Va14 NKT KO mice lacking only Va14 NKT cells did not develop hepatocyte injury (Fig. 1) or mononuclear cell infiltration into the liver (Fig. 3 B). Thus, Va14 NKT cells are able to function as effector cells to develop Con A–induced hepatitis in the absence of conventional T cells.

In this study, the involvement of CD4^+ T cells in the disease development reported by several investigators (23–34) is not formally addressed. However, T cells seem to be clearly involved in the development of this hepatitis, because the hepatitis occurs more efficiently in the presence of both CD4^+ T cells and Va14 NKT cells than Va14 NKT cells alone. In our experimental system, Va14 NKT mice lacking T cells require 0.75 mg of Con A for the reproducible induction of hepatitis, whereas 0.5 mg of Con A is sufficient in wild-type mice (Fig. 1 and Fig. 3 A).

It is interesting to note that the level of transaminase elevation depends on the number of Va14 NKT cells transferred (Fig. 2 C). The hepatitis induction was restored by transfer of freshly isolated Va14 NKT cells or Va14 NKT cell lines in a dose-dependent fashion. These findings are also confirmed in physiological situations. For example, SJL/J mice are known to have significantly lower numbers of NKT (TCR-β^+IL-2Rβ^+ ) cells compared with other congenic mice (43, 44) and indeed were relatively resistant to Con A–induced hepatitis (data not shown). In addition, young mice, such as 2-wk-old B6 mice, had a few NKT cells (~30% of adult levels; reference 45) and were considerably resistant to Con A (data not shown). Collectively, in normal wild-type mice, the administration of Con A appears to induce a destructive immune response leading to hepatocyte injury, which is probably initiated and mediated by Va14 NKT cells and exacerbated by conventional T cells.

More interestingly, IL-4 produced by Con A–stimulated Va14 NKT cells appears to play an indispensable role in disease development by enhancing the cytotoxic activity of...
$\nu_{\alpha 14} NKT$ cells. In fact, freshly isolated $\nu_{\alpha 14} NKT$ cells express significant levels of IL-4R ($IL-4R_\alpha$ and common $\gamma$ chains) on their cell surfaces (Fig. 6 A), and the short-term treatment of $\nu_{\alpha 14} NKT$ cells with IL-4 results in a dramatic enhancement of cytotoxic activity against various target cells, including a hepatocyte cell line (Fig. 6 B). The enhanced cytotoxic activity induced by IL-4 accompanied increases in the levels of granzyme B and FasL mRNAs (Fig. 6 C). These results are in good agreement with findings that Con A–induced hepatitis is significantly inhibited in IL-4 KO mice (data not shown) or by pretreatment with anti–IL-4 mAb (25) and that $\nu_{\alpha 14} NKT$ cells from IL-4 KO mice do not initiate Con A–induced hepatitis (Fig. 5). Thus, it is most likely that the IL-4 produced by Con A–activated $\nu_{\alpha 14} NKT$ cells acts on $\nu_{\alpha 14} NKT$ cells in an autocrine fashion and induces upregulation of granzyme B and FasL transcripts, resulting in an enhancement of $\nu_{\alpha 14} NKT$ cell–mediated cytotoxicity.

Several cytotoxic effector molecules are considered to be involved in the development of Con A–induced hepatitis. First is the perforin–granzyme system that is known to induce hepatocyte injury (29). Indeed, perforin KO mice (29) and $\nu_{\alpha 14} NKT$ cells from perforin KO mice fail to develop Con A–induced hepatitis (Fig. 7), suggesting that the perforin–granzyme system is essential for the induction of $\nu_{\alpha 14} NKT$ cell–mediated hepatitis.

Although the involvement of the Fas–FasL system in the induction of Con A–induced hepatitis is controversial (26–29, 34), the system is likely to be one of the effector mechanisms for hepatocyte injury, particularly for $\nu_{\alpha 14} NKT$ cell–mediated hepatocyte injury. In fact, this hepatitis has been reported to be significantly milder in Fas-mutant lpr/lpr mice (26, 28), and it is completely abrogated in gld/gld mice in which FasL is defective (27, 28) or in mice pretreated with anti-FasL antibody (28). It is also well known that the stimulation of Fas on hepatocytes by anti-Fas antibody causes severe damage to hepatocytes by apoptotic cell death (46). In addition, normal hepatocytes express a significant amount of Fas (46), and the expression level of Fas mRNA in hepatocytes is increased upon Con A stimulation (26). As shown in Fig. 6 C, levels of FasL mRNA are significantly upregulated by IL-4 treatment. Thus, it is conceivable that a direct interaction between IL-4–stimulated $\nu_{\alpha 14} NKT$ cells expressing high levels of FasL and Con A–stimulated hepatocytes with an augmented expression of Fas results in the induction of apoptotic cell death in hepatocytes. Moreover, as demonstrated in Fig. 7, cell transfer of $\nu_{\alpha 14} NKT$ cells obtained from FasL-mutant gld/gld mice.
fails to restore the induction of Con A-induced hepatitis. This result indicates that the Fas-Fasl system is crucial for Vα14 NKT cell–mediated hepatic injury.

In addition to the contribution of perforin and Fasl as effector molecules in Vα14 NKT cell–mediated hepatitis, TNF-α and IFN-γ produced by non-NKT cells such as macrophages and CD4+ T cells, respectively, are reported to play crucial roles in the development of Con A-induced hepatitis. It is demonstrated that mice pretreated with anti-mouse TNF-α antiserum (31) or TNF-α inhibitor (TNF binding protein; reference 34) or mice deficient for TNFR1 and TNFR2 are resistant to Con A–induced hepatitis (33) and that the enhanced TNF-α production after Con A stimulation appears to be produced mainly by macrophages in the liver (32). In fact, TNF-α mRNA expression in Vα14 NKT cells is unchanged even after IL-4 treatment (Fig. 6 C).

IFN-γ also seems to be important for the development of Con A–induced hepatitis, because mice pretreated with anti-IFN-γ antiserum (30) or IFN-γ–deficient mice (26) are resistant to Con A–induced hepatitis. For IFN-γ production, CD4+ T cells seem to be responsible, because Con A–activated T cells produce large amounts of IFN-γ, and Vα14 NKT cells produce a little (Fig. 4). It is likely that IFN-γ directly acts on hepatocytes and induces hepatic injury, as hepatocytes express IFN-γR on the cell surface (47). It is also interesting to note that IFN-γ upregulates TNFRs on the hepatocyte cell surface (48, 49). This could be the reason for the enhancing effects of IFN-γ on TNF-induced apoptosis (30). Thus, synergistic effects of IFN-γ and TNF-α produced by CD4+ T cells and macrophages may accelerate apoptosis in hepatocytes.

Con A–induced hepatitis is thought to be a model of immunologically induced hepatic injury, and its histological features resemble those of viral or drug-induced acute hepatitis in humans (50, 51). The function of Vα24Vβ11 NKT cells in humans, a counterpart of mouse Vα14 NKT cells, is highly conserved, e.g., sharing ligand specificity and CD1d restriction (52–54); these cells also possess potent cytotoxic activity against a wide variety of tumor cells (55). Thus, it is easy to speculate that Vα24Vβ11 NKT cells play a critical role in certain types of acute hepatitis in humans. More recently, it has been demonstrated that Vα14 NKT cells are activated by parasite glycosylphosphatidilinositol (12) or bacterial LPS (56), indicating their physiological roles in the immune responses to microorganisms. This suggests that murine Vα14 NKT cells or human Vα24 NKT cells are involved in the development of various diseases or regulation of immune responses after microbial infections.

We thank M. Hiroko Tamba for preparation of this manuscript.

Submitted: 20 August 1999
Revised: 18 October 1999
Accepted: 28 October 1999

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