The Role of IL-6 in Inflammatory Reaction during Coronavirus-19 Infection: A Review

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How to cite this article:

ABSTRACT

Interleukin 6 (IL-6) is an interleukin that works as a pro-inflammatory cytokine and as an anti-inflammatory myokine. The production of IL-6 in humans is under genetic control. IL-6 is a pleiotropic cytokine created in response to tissue injury and infections. IL-6 is one of the basic cytokines after stimulated macrophages. Hence, control of systemic IL-6 levels in SARS-CoV-2 infected patients may be a consideration for COVID-19 disease. This review will focus on the role of IL-6 in diagnosis and follow up of infection in addition to being the target for treatment.

Keywords: COVID-19, IL-6, Inflammation, Cytokine

Introduction

Role of IL-6 in Immune Response

Interleukin 6 emitted from numerous cells including fibroblasts, keratinocytes, mesangials, vascular endothelial cells, mast cells, macrophages, dendritic cells just as T and B cells which are considered to be hotspots for IL-6 creation. The enormous number of qualities arranged by IL-6 activity clarifies the pleiotropic idea of this interleukin. Thusly, the natural outcomes of IL-6 creation have been connected with both favourable to and mitigating effects, underlining IL-6 basic job in the enactment and guideline of the human invulnerable reaction. Organic occasions influenced by the creation of IL-6 include control of the separation of monocytes to become macrophages by managing the outflow of macrophage province animating factor. The IL-6 will impact humeral resistance by expanding B-cell IgG creation by controlling the declaration of IL-21, negative mandate of dendritic cell development by the enactment of the STAT3 flagging path, and the enactment of the Th2 reaction by halting Th1 polarization. There are two distinct components that have been assigned to empower the hindrance of Th1 polarization by IL-6: (1) IL-6 inspires CD4 T cells to create IL-4 and by direct reaction to Th2, and (2) IL-6 influences the creation of IFNγ by CD4 T cells, which think about fundamental interferon to advance Th1 extremity. A similar impact is delivered in Th1 cells, where hindrance of IFNγ emission in these cells influences CD8 T cell activation.

The IL-6 demonstration in blend with changing development factor beta to actuate separation of gullible CD4 into Th17 cells which play a significant part in insusceptible reaction at mucosal tissues. IL-6 has a synergic impact with IL-7 and IL-15 to instigate the separation and cytolytic movement
of CD8 T cells. The pyrogenic impact of IL-6 by association with lymphocyte deals with lymphoid organs during the febrile phase.

**Role of IL-6 in Coronavirus Disease-19 Infection**

COVID-19 is a type of contamination that is positive-sense with a single abandoned RNA illness that is widely spread among people and causes respiratory, gastrointestinal, hepatic, and neurologic problems. SARS-CoV-2 is one of the beta coronaviruses of social events and is responsible for COVID-19 contamination. In addition, they share more than 70% of the same inherent progression as SARS-CoV-1. The percentage of patients who mention ARDS treatment is roughly 10% for those who are severely pampered. With a postponed approved thromboplastin time, the total white blood count, lymphocytes, and platelets are all lower than the average, similarly to muscle imputus level, stature in C-responsive protein. The number of lymphocytes decreases as contamination progresses. The cytokine storm, which includes IL1B, IL1RA, IL6, IL7, and IL8, is linked to the severity of contamination. In individuals infected with SARS-CoV-1, there is an undeniable level of IL-6 during the acute stage, particularly with lung damage. Due to the SARS-CoV-1 attack on the respiratory tract, IL-6 can enhance the hyper-natural combustible response. When differentiated from influenza virus, human epithelial cells have the option of delivering a higher proportion of IL-6 during SARS-CoV-1 pollutions. The current situation is also present in COVID-19 patients infected with SARS-CoV-2. Several audits and meta-analysis studies explain how high IL-6 and C-responsive protein (CRP) levels are linked to mortality and actual illness, and more interestingly, with intermediate sickness. IL-6, not IL-1 beta, is responsible for immunological dysregulation. Because of dysregulation in monocytes and lymphocytes with CD4 lymphopenia, safe dysregulation occurs through the overproduction of a star provocative cytokine. The relevant survey revealed that IL-6 plays a significant role in atypical lung injury (ALI), as evidenced by a mouse model in which IL-6 deficiency was shown to reduce the severity of ALI in the context of destructive breath. Both in humans and animals, SARS-CoV-1 has a limit of instigating the synthesis of artificial mixtures as oxidised phospholipid (OxPL). Through cost like receptor 4 (TLR4), this produced chemical will enable cytokine production and cause severe lung harm. The preliminary goal was to explain how protection against influenza infections in mice models could be improved by focusing on TLR4 with friends or adversaries, no doubt with the express adversary of receptor antibodies. We deduce from that the SARS-CoV-1 has the ability to cause serious lung injury and cytokine creation, similar to that of IL-6.

**IL-6 as Indicative Instrument**

Over the range of Corona disease 19, the gathering of plasma protein Interleukin (IL)-6, IL-1 similarly as IL-10 were raised, expressly, IL-6, which speedily convince the production of serious stage proteins considering illnesses and tissue wounds. The change in IL-6 level mirrors the presence and earnestness of bothering, and they have for quite a while been used as a clinical guideline for finding the causes of diseases.

In any event, the flammable IL-6 and ferritin haematological limitations (WBC, lymphocyte, neutrophil, platelet, and Hb) were obviously concurrent with the earnestness of COVID-19. Assessment of IL-6, Ferritin, and haematological records could be useful tests for ensuring, checking, and identifying COVID-19 patients. According to Coomes EA et al., IL-6 levels are consistently elevated in COVID-19 individuals and are linked to dreadful clinical outcomes such as ICU admission, asthma, and destruction. During COVID-19 disease, the fringe blood mononuclear cells show consistent TNF-α and IL-6 creation with LPS incitement ex-vivo and fundamentally raised IL-6 and C-responsive protein (CRP) focuses in vivo. Impressively brought up in IL-6 levels (> 100 pg/mL), were painstakingly connected with observable serum SARS-CoV-2 viral load. The new investigations showed that modified IL-6 remove esteeems displayed unmistakable clinical importance as proposed by Gao Y et al. perceived the remove worth of 24.3 pg/ml of IL-6 connecting with D-Dimer for early acknowledgement of extreme cases in an associate of 43 cases.

**The IL-6 Objective for Treatment**

Interleukin 6 (IL-6) inhibitors have involved the middle of everyone’s attention among the COVID-19 pandemic, and accepted the job of IL-6 in the cytokine storm period of COVID-19. Despite the fact that IL-6 inhibitors have been utilised for the therapy of insusceptible intervened sickness for quite a while, they have not been utilised in the intense escalated care setting. IL-6’s potentially hazardous role in SARS-CoV-2 contamination has been demonstrated. As previously stated, significant levels of IL-6 have been linked to SARS-CoV-1 and SARS-CoV-2, and high serum levels of IL-6 have been linked to lungs sores in SARS-CoV-2 patients in the severe and advanced phases. Pointing the declaration of IL-6 with tocilizumab as a monoclonal neutraliser counter to the IL-6 receptor could be a legitimate option: this option is currently being used in some patients in Italy with major lung damages. Tocilizumab is now approved for the treatment of rheumatoid arthritis and other immune system diseases. This decision should only be made if there are radiological and clinical signs that the lungs sores are progressing. The most crucial decision in this outcome may be when to initiate the clinical organisation of anti-IL-6 drugs, because, as previously stated in murine models, IL-6 is necessary for the underlying phases of various contaminations to regulate sickness progression.
Conflict of Interest: None

References


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ISSN: 0019-5138
DOI: https://doi.org/10.24321/0019.5138.202233


