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CXCR4⁺ and CCR5⁺ expression on blood lymphocytes and its changes in AIDS development in HIV/HCV coinfecting patients

Matsiyuskaya NV.*¹, Tsykunov VM.¹, Hancharou AY.²

¹Department of Infectious Diseases, Grodno State Medical University, Grodno, Belarus

²Department of Immunology, Republican Research & Practical Center for Epidemiology & Microbiology, Minsk, Belarus

ABSTRACT

Purpose: To measure the CCR5⁺ and CXCR4⁺ expression on blood lymphocytes, its changes in AIDS development, and correlation of CCR5⁺ and CXCR4⁺ expression with a number of T-cells, T-helpers, cytotoxic T-cells, activated T-cells (CD3⁺ HLA-DR⁺), T-reg cells, natural killer (NK)-cells, B cells, in order to determine the type of immune response activation in HIV/HCV coinfecting patients.

Materials and methods: The patients were divided into four groups. The 1st group included 51 patients with HIV/HCV coinfection; the 2nd group consisted of 23 patients with HIV-infection; the 3rd group was composed of 10 patients with HCV-infection. Control group consisted of 16 healthy individuals. In the current investigation, the monoclonal antibodies were used. The cells were analyzed using flow cytometer.

Results: In patients with HIV/HCV coinfection CXCR4 expression on blood lymphocytes was reduced in comparison with control. CCR5 expression on blood lymphocytes, HLA-DR

expression on CD3⁺lymphocytes and cytotoxic T-cells, numbers of CD8 T-lymphocytes were increased and in the same time the number of CD4⁺CD25⁺ was reduced in HIV/HCV coinfecting patients in comparison with the HCV-infected patients and control group.

Conclusions: In chronic HIV/HCV coinfecting patients CCR5⁺ expression on blood lymphocytes was increased and CCR5⁺ expression on CD4⁺ T-lymphocytes was decreased in comparison with healthy individuals and HCV-infected patients. With the development of AIDS, CXCR4⁺ and CCR5⁺ expressions on CD4⁺T-lymphocytes, CXCR4⁺ expressions on blood lymphocytes were decreased and CCR5⁺ expression on blood lymphocytes was increased. Increased CCR5⁺ expression on blood lymphocytes in HIV/HCV coinfecting patients was associated with Th1 type immune response activation.

Key words: HIV, HCV, coinfection, immune response, chemokine receptors, CCR5, CXCR4.

*Corresponding author:

Department of Infectious Diseases
Grodno State Medical University
ul.Gorkogo 80, 230009 Grodno, Belarus
Tel.: +375152434284, Fax: +375152434286
Email: natamati@mail.ru (Natallia V. Matsiyuskaya)

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INTRODUCTION

Hepatitis C virus (HCV)-infection is common in human immune deficiency virus (HIV)-infected individuals because of a similar way of transmission. According to the investigation performed in 2009 about 50% of total population of HIV-infected patients in different regions of Belarus was coinfecting with HCV [1].

Chemokine receptors CXCR4 (CD184) and CCR5 (CD195) are predominant coreceptors for HIV-1 entry into human's cells. Depending on the character of the used coreceptors three variants of HIV are distinguished: CCR5/M (R5)-tropic virus, CXCR4/T(X4)-tropic virus, R5/X4 dual-tropic virus. R5-tropic virus uses CD4 and CCR5 for HIV-1 entry into the cell, while X4-tropic HIV uses CD4 and CXCR4. Individuals homozygous for the CCR5/ Δ 32 alleles are not susceptible for HIV-infection because they are not able to express CCR5 on cell-surface [1, 2].

It was established that GB virus C coinfection in advanced HIV -1 disease was associated with low CCR5 and CXCR4 surface expression on CD4⁺ T-cells. It can serve as a molecular mechanism for the clinical benefit of GB virus C/HIV coinfection in AIDS [3]. Immature dendritic cells, on monocytes/macrophages, on memory CD4⁺T-cells, on Th1 cells, on CD8⁺T-cells. On CD4⁺T-cells 4000 to 24 000 CCR5 molecules may be numerated per cell. Density of CCR5 on surface of CD4⁺ T-cell is a surface over time in individual but the percentage of CD4⁺ T-cells expressed CCR5 may drive according to circumstances. CCR5⁺ expression on the surface of CD4⁺ T-cell increases in HIV infection and stays stable for a long time in a given patient [2, 4].

CXCR4 receptors can be found at 41.6 \pm 16.1% of T-lymphocytes (CD3⁺), at 53.5 \pm 18.4% of B-lymphocytes (CD20⁺), 20.4 \pm 9.4% of monocytes (CD14⁺) and are almost absent at natural killer (NK) cells (0.2 \pm 0.3), neutrophils and eosinophils. Expression of CXCR4⁺ at CD4⁺ и CD8⁺ T-lymphocytes is approximately the same [5, 6]. Natural ligands for CCR5 are CCL3 (MIP-1a), CCL4, (MIP-1b), CCL5 (RANTES) [1, 2, 7]. Chemokine SDF-1 (stromal cell-derived factor-1) is a natural ligand for CXCR4; it blocks X4-tropic viral cell entry in vitro [8].

CCR5 is not only a chemokine receptor; it is also a coactivation receptor [2, 5]. CCR5 function is demonstrated in cellular immune response. CCR5 are expressed on Th1 cells, producing IL-2 and IFN- γ . IL-2 and IFN- γ up-regulate CCR5 expression, whereas the type 2 cytokine IL-10 and IL-4 down-regulates it. CCL3, CCL4 and CCL5-produced by Th1 cells favor differentiation of CD4T-cell into Th1-type, activate macrophages in synergism with IFN- γ , acting like cytokines of type

1. Mice with CCR5 deficit expression were defected with the type Th1 of IR [2].

HIV coreceptors CXCR4⁺ and CCR5⁺ are known to be expressed on mutually opposed subsets of freshly isolated peripheral blood lymphocytes. CXCR4 are expressed mostly on resting, unactivated naive T cells (CD26low CD45RA⁺ CD45RO⁻). While CCR5⁺ T-cells had phenotype (CD26high CD45RA⁻ CD45RO⁺), what corresponds to activated memory cells [5, 9, 10].

In this study, we measured the CCR5⁺ and CXCR4⁺ expression on blood lymphocytes, its changes in AIDS development, and correlation of CCR5⁺ and CXCR4⁺ expression with the number of T-cells, T-helpers, cytotoxic T-cells, activated T-cells (CD3⁺ HLA-DR⁺), T-regs cells, natural killer (NK)-cells [12], B cells, in order to determine the type of immune response activation in HIV/HCV coinfecting patients.

MATERIALS AND METHODS

The patients were divided into four groups. The 1st group included 51 patients with HIV/HCV coinfection; the 2nd group consisted of 23 patients with HIV-infection; the 3rd group was composed of 10 patients with HCV-infection. Control group consisted of 16 healthy individuals (three men and 13 women negative for the markers of viral hepatitis type B and C and HIV-infection, aged 32.5 \pm 15.1 years).

To determine the clinical stage of HIV-infection, WHO classification was used (2006). All patients were tested for HBV and HCV serological markers using ELISA kits. RNA load and HCV genotype was studied using "Amplisens" kits (Russia). The diagnosis of HIV-infection was verified by detection of antibodies to HIV using ELISA and immunoblot.

Plasma viral loads (VL) of RNA HIV were detected using Ampisens monitor (Russia). Detectable level of RNA was defined as 500 copies/mL. In the current investigation the following monoclonal antibodies were used (Becton Dickenson, USA):

- CD3 (SK7, FITC) / CD16 (B73.1, PE) + CD56 (NCAM 16.2, PE) / CD45 (2D1, PerCP) / CD19 (SJ25C1, APC)
- CD4 (SK3, FITC) /CD8 (SK1, PE) /CD3 (SK7, PerCP)
- HLA-DR (L243, APC)
- CD4 (SK3, APC)
- CD184 (CXCR4) (12G5, PE)
- CD195 (CCR5) (2D7/CCR5, FITC)
- CD25 (M-A251, FITC).

The blood (100 μ L) was incubated with monoclonal antibodies for 15 min at four $^{\circ}$ C, and then the erythrocytes were lysed by ammonium

chloride solution for 15 min at 18–25 °C. The cells were suspended in 300 µL of 1% paraformaldehyde solution and analyzed using (FACSCalibur) flow cytometer (Becton Dickinson, USA). Cell acquisition and analysis were performed using (CellQuest) version 3.3 and (Weasel) version 2.9 software (WEHI, Australia).

Statistical analysis. Data are presented as median and ranges (minimum and max). Normality was tested by Shapiro-Wilk's test. The majority of obtained data were significantly different from a

normal distribution; therefore, nonparametric tests were applied. Differences between groups were analyzed via Kruskal-Wallis test and two-tailed unpaired nonparametric Mann–Whitney's test. The correlation between variables was evaluated using Spearman's rank coefficient (r). A value of $p \leq 0.05$ was considered significant. All calculations were performed using the Statistica (StatSoft, USA) and StatPlus (AnalystSoft, USA) software.

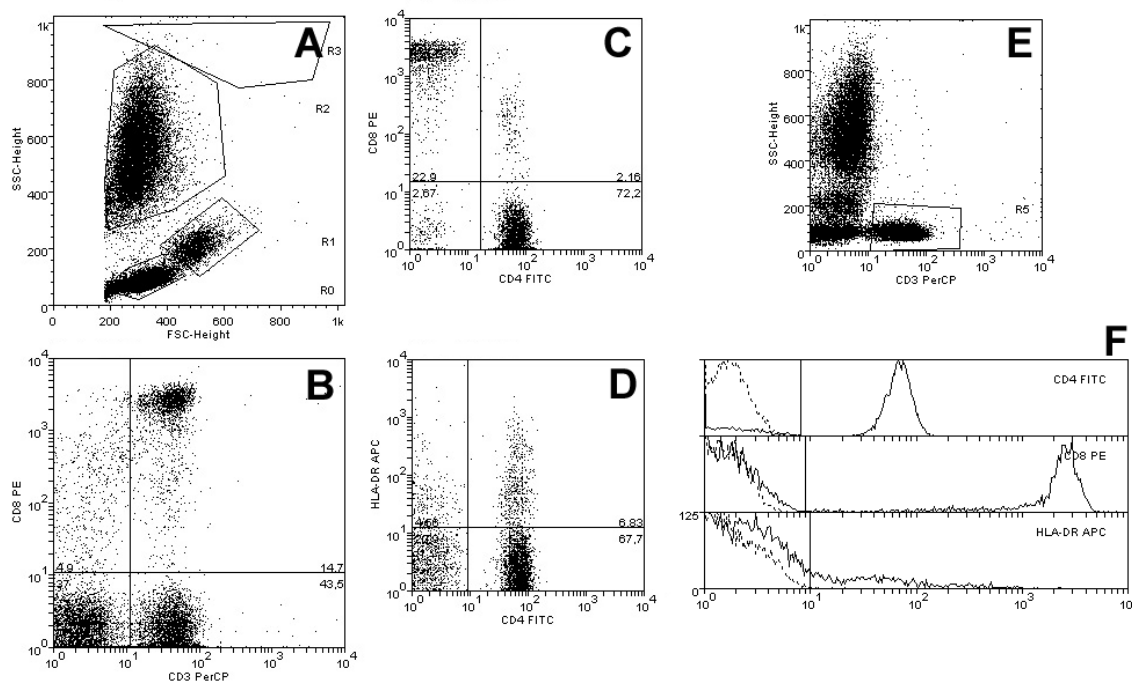


Figure 1. Immunophenotypic analysis of peripheral blood lymphocytes (control group)

A –FSC/SSC dot plot; region R0 includes lymphocytes. B –FL3/FL2 dot plot. C –FL1/FL2 dot plot. D –FL1/FL4 dot plot. E –FL3/SSC dot plot; region R5 was created to select CD3⁺. F – fluorescence histograms for FL1, FL2, FL4 channels; solid line shows expression of molecules

by cells after incubation with appropriate antibodies, dotted line represents negative controls.

RESULTS

Clinical characteristics of patients are presented in table 1.

Table 1. Characteristic of patients in groups of observation

Parameters	group 1 HIV/HCV n=51	group 2 HIV n=23	group 3 HCV n=10
Age, years	34.1±5.9	33.4±6.3	40.3±11.7
Men, n.(%)	39 (76.5)	11(47.8)	7 (70)
Women, n. (%)	12 (23.5)	12 (52.2)	3 (30)
Injection drugs users (IDUs) n (%)	28 (54.9)***	-	1(10)
HCV genotype 1, n (%)	17 (51.5)****	-	7 (70)**
HCV genotype not 1, n (%)	16 (48.5)	-	3 (30)

1 clinical category, n (%)	22 (43.1)	16 (69.6)	
2 clinical category, n (%)	23 (25.1) ***	2 (8.7) **	
3 clinical category, n (%)	4 (7.8)	4 (17.4)	
4 clinical category, n (%)	2 (3.9)	1 (4.4)	
AIDS, n (%)	11 (21.6)	6 (26.1)	
Antiretroviral therapy ART, n (%)	17 (33.3)	6 (26.1)	

Note: ** - p<0.05 in comparison with the patients from group 1, *** - p<0.05 in comparison with the patients from group 2, test χ^2 .

According to table 1, the age doesn't significantly differ in the studied groups. There are more men in groups 1 and 3, while in a group, two distributions of patients according to gender were approximately equal. Parenteral route of HIV infection due to intravenous drug usage was revealed in 55% of cases in group 1, 10% - in group 3 and was absent in group 2. Seventeen patients (33.3%) in group 1

and 6 (26.1%) ones in group 2 received highly active antiretroviral therapy (HAART). The majority of patients in groups 1 and 2 had a clinical category 1 (asymptomatic infection). AIDS incidence was similar in groups 1 and 2.

Immunological parameters investigated in patients are presented in table 2.

Table 2. Immunological parameters of patients in the studied groups

Parameter Median (ranges)	Control group n=16	group 1 HIV/HCV =51	group 2 HIV n=23	group 3 HCV n=10
CD3 ⁻ CD16 ⁺ CD56 ⁺ (%)	15.10 (6.3-27.0)	7.92 (0.8-9.0) *****	8.99 (0.5-40.9)*	12.83 (5.6-23.6)
CD3 ⁻ CD16 ⁺ CD56 ⁺ (cells/ μ L)	328.69 (125.7-856.0)	119.54 (13.0-672.4) *****	144.67 (8.3-733.6)*	198.79 (135.3-693.7)
CD19 ⁺ (%)	8.20 (2.5-18.9)	5.33 (0.7-15.5)*	4.89 (0.6-11.9)*	7.32 (3.07-11.7)
CD19 ⁺ (cells/ μ L)	182.18 (36.6-635.2)	95.73 (14.5-342.7)*	97.23 (9.2-434.8)*	148.09 (34.4-377.9)
CD3 ⁺ (%)	70.92 (61.8-80.1)	80.70* (59.4-92.9)	82.37 (47.9-95.0) *****	77.40 (65.8-85.6) ***
CD3 ⁺ (cells/ μ L)	1679.51 (875.7-2433.5)	1507.56 (227.4-3181.8)	1508.75 (510.0-3009.0)	1694.44 (828.8-2890.6)
CD3 ⁺ CD4 ⁺ (%)	41.54 (27.2-55.6)	21.32 (4.2-43.2) *****	25.39 (0.92-49.8) *****	37.75 (28.5-54.1) *****
CD3 ⁺ CD4 ⁺ (cells/ μ L)	934.38 (467.3-1876.1)	394.28 (13.1-58.8) *****	508.39 (13.8-1228.2)*	882.81 (346.0-1314.6)**
CD3 ⁺ CD8 ⁺ (%)	24.12 (14.9-37.2)	54.60 (32.0-81.8) *****	48.89 (15.9-81.3) *****	31.73 (22.3-46.8) *****
CD3 ⁺ CD8 ⁺ (cells/ μ L)	551.01 (304.4-874.5)	957.74 (196.7-2299.2) *****	912.64 (254.1-2145.4) *****	577.80 (341.0-1689.3) *****
CD4/CD8	1.69 (0.7-3.7)	0.44 (0.1-1.3) *****	0.49 (0.0-2.0) *****	1.15 (0.7-2.3) *****

Note: * - p<0.05 if compared with control, ** - p<0.05 in comparison with the patients from group 1, *** - p<0.05 in comparison with the patients from group 2, ***** - p<0.05 in comparison with the patients from group 3, Mann-Whitney U test.

According to table 2, NK-cells (CD3⁻CD16⁺CD56⁺) (percentage and absolute values) were significantly reduced in the groups of HIV-infected patients in comparison with the control group. Moreover, in a group one value of NK-cells was decreased in comparison with group 3. Reduction of B-lymphocytes (percentage and absolute values) was marked in groups of HIV-infected patients (group 1 and 2) if compared with

the control group. The percentage of CD3⁺-lymphocytes was significantly higher in the patients of groups 1, 2 and 3 in comparison with the control group. However, the absolute number of CD3⁺-cells did not differ significantly in the studied groups. Significant reduction of CD3⁺CD4⁺ percentage was detected in groups 1 and 2 in comparison with the control group and group 3. Absolute number of CD3⁺CD4⁺ cells in groups 1 and 2 was significantly

lower as compared to the control group, and in group 1, it was lower than in group 3.

Table 2 shows that CD3⁺CD8⁺ indicator was significantly higher in relative as well as absolute values in HIV-infected patients (groups 1 and 2) in comparison with control and group 3. The reduction of CD4⁺/CD8⁺ (immune-regulatory index

- IRI) was established in all patient groups in comparison with the control group. Though, more evident reduction of IRI value was detected in the groups 1 and 2 in comparison with the group 3.

HLA-DR expression on T-lymphocytes and their subpopulations is presented in table 3.

Table 3. Parameters of HLA-DR expression on blood lymphocytes and T- lymphocytes in the studied groups

Parameters Median (ranges)	Control group n=16	group 1 HIV/HCV =51	group 2 HIV n=23	group 3 HCV n=10
HLA-DR (%)	21.20 (15.6-36.3)	45.79 (17.3-71.6) * ****	39.14 (14.7-70.6) * ****	17.17 (11.3-42.5)
HLA-DR cells/μL	574.96 (225.9- 1269.2)	789.61 (140.3- 1669.7) * ****	624.12 (215.3 -2136.6)	378.99 (120.5-1534.3)
CD3 ⁺ HLA-DR ⁺ (%)	8.60 (2.2-18.7)	30.64 (10.8-67.6) * ****	29.45 (8.0-60.5) * ****	7.66 (4.3-22.73)
CD3 ⁺ HLA-DR ⁺ cells/μL	176.81 (60.9-652.8)	549.63 (74.3- 1626.5) * ****	418.74 (143.0- 1581.4) * ****	138.82 (77.2-796.6)
CD4 ⁺ HLA-DR ⁺ (%)	4.95 (2.9-9.9)	4.09 (1.6-10.0)	4.07 (1.2-11.6)	3.72 (2.4-9.1)
CD4 ⁺ HLA-DR ⁺ cells/μL	101.46 (64.5-345.4)	66.64 (10.0-274.5) *	70.03 (18.4-153.5) *	81.83 (29.0-186.1)
CD8 ⁺ HLA-DR ⁺ (%)	5.43 (2.3-17.0)	30.88 (11.0-60.3) * ****	27.93 (8.5-61.6) * ****	6.72 (3.6-18.4)
CD8 ⁺ HLA-DR ⁺ cells/μL	114.74 (63.9-577.9)	506.07 (100.0- 1655.3) * ****	454.47 (170.2 - 1568.9) * ****	124.0 (62.8-664.7)

Note: * - p<0.05 if compared with control, ** - p<0.05 in comparison with the patients from group 1, *** - p<0.05 in comparison with the patients from group 2, **** - p<0.05 in comparison with the patients from group 3, Mann-Whitney U test.

Table 3 shows the increased expression of HLA-DR on blood lymphocytes, CD3⁺ and CD8⁺T-cells in HIV-infected patients (1 and two groups) in comparison with controls as well as with group 3 (mono-HCV). In the group 1 (HIV/HCV coinfectd patients) there were no differences in percentage of HLA-DR expression on CD4⁺ cells between the

control group and group 3. In the groups 1 and two reduction of the absolute index, CD4⁺HLA-DR⁺ was detected in comparison with the control group. Expression of CD25⁺ on the peripheral blood lymphocytes and CD4⁺ T- lymphocytes is presented in table 4.

Table 4. Parameters of CD25 expression on blood lymphocytes and CD4 T- lymphocytes in studied groups

Parameters Median (ranges)	Control group n=16	group1 HIV/HCV n=51	group 2 HIV n=23	group 3 HCV n=10
CD25+ (%)	5.50 (3.5-8.5)	3.82 (0.5-9.5) *	3.94 (1.4-18.9) *	5.14 (2.8-14.0)
CD25+ cells/μL	128.30 (54.8-243.1)	64.93 (7.6-260.5) * ****	77.75 (13.3-283.0) *	108.82 (35.3-170.2) **
CD4+ CD25+ (%)	3.55 (2.2-6.0)	1.80 (0.3-6.7) * ****	2.29 (0.3-4.4) * ****	3.89 (1.4-8.1) * ****
CD4+ CD25+ cells/μL	87.79 (40.9-162.1)	34.4 (1.0-224.0) * ****	41.75 (5.2 -112.0) * ****	87.69 (22.2-126.4) * ****

Note: * - p<0.05 if compared with control, ** - p<0.05 in comparison with the patients from group 1, *** - p<0.05 in comparison with the patients from group 2, **** - p<0.05 in comparison with the patients from group 3, Mann-Whitney U test.

According to table 4, in groups 1 and 2 the reduction of percentage and absolute number of CD25⁺ expression on blood lymphocytes was detected in comparison with the control group. Absolute value of this parameter in group 1 was also significantly lower than in group 3. The reduction of percentage and absolute number of

CD4⁺CD25⁺ regulatory cells was observed in groups 1 and 2 in comparison with groups 3 and the control group. The expression of CXCR4⁺ and CCR5⁺ on blood lymphocytes in studied groups is presented in table 5.

Table 5. Parameters of CXCR4 and CCR5 expression on blood lymphocytes and CD4T- lymphocytes in studied groups

Parameters Median (ranges)	Control group n=16	group 1 HIV/HCV n=51	group 2 HIV n=23	group 3 HCV n=10
CXCR4 ⁺ (%)	15.51 (8.9-24.8)	13.0 (3.7-33.0)	18.65(0.04-35.6)	15.60 (9.1-35.5)
CXCR4 ⁺ cells/μL	345.56 (172.1-812.1)	226.39 (28.7-973.9)*	274.28 (0.7-863.0)	268.22 (113.1-1043.5)
CD4 ⁺ CXCR4 ⁺ (%)	4.15 (1.1-8.1)	4.22 (0.6-17.9)	6.16 (0-15.3)	6.34 (3.4-18.4)
CD4 ⁺ CXCR4 ⁺ cells/μL	82.42 (33.0-276.8)	64.55 (4.1-510.0)	93.05 (0-439.9)	92.82 (41.0-540.3)
CCR5 ⁺ (%)	20.67 (12.3-35.8)	32.74 (5.9-61.3)****	27.98 (8.9-49.0)****	18.69 (9.8-30.1)****
CCR5 ⁺ cells/μL	434.47 (225.9-975.1)	579.47 (132.7-1555.7)****	505.18 (110.2-1586.9)	337.04 (175.8-730.1)**
CD4 ⁺ CCR5 ⁺ (%)	6.11 (0.1-1.2)	2.78 (0.6-11.7)****	2.8 (0.7-7.2)****	4.97 (3.0-12.6)****
CD4 ⁺ CCR5 ⁺ cells/μL	119.25 (1.0-41.9)	50.17 (3.1-10.0)****	51.95 (8.5-29.0)****	128.91 (36.7-205.6)****
CD4 ⁺ CXCR4 ⁺ CCR5 ⁺ (%)	0.24 (1.1-8.1)	0.24 (0.0-1.7)****	0.26 (0-2.1)****	0.5 (0.1-1.5)****
CD4 ⁺ CXCR4 ⁺ CCR5 ⁺ cells/μL	6.66 (33.0-276.8)	3.78 (0.0-22.02)****	3.39 (0-21.1)****	9.02 (1.3-43.8)****

Note: * - p<0.05 if compared with control, ** - p<0.05 in comparison with the patients from group 1, *** - p<0.05 in comparison with the patients from group 2, **** - p<0.05 in comparison with the patients from group 3, Mann-Whitney U test.

The absolute number of CXCR4⁺ on blood lymphocytes was significantly lower in the 1st group in comparison with the control group (Tab.5). The expression of CXCR4⁺ on CD4⁺ T-lymphocytes did not differ statistically in studied groups. The percentage and absolute parameter of CCR5⁺ on blood lymphocytes was significantly higher in the 1st group in comparison with the control group and group 3. The percentage of CCR5⁺ in group 2 was significantly higher in comparison with controls and group 3. The percentage and absolute parameters of CD4⁺

CCR5⁺ in groups 1 and 2 were significantly lower in comparison with groups 3 and controls. The percentage and absolute parameters of CD4⁺CXCR4⁺CCR5⁺ cells in groups 1 and 2 were significantly lower in comparison with groups 3 and did not differ significantly with controls. We have compared the expression of CCR5⁺ and CXCR4⁺ on blood lymphocytes and CD4⁺ T-lymphocytes in patents of group 1 (HIV/HCV coinfection) according to presence or absence of AIDS (Tab.6).

Table 6. Parameters of CXCR4 and CCR5 expression on blood lymphocytes and CD4T- lymphocytes in AIDS and non AIDS patients with HIV/HCV

Parameters Median (ranges)	Non AIDS n= 40	AIDS n= 11	P
CXCR4 ⁺ (%)	14.4 (3.7 – 30.6)	9.9 (6.0 – 33.0)	NS
CXCR4 ⁺ cells/μL	241.0 (56.7 – 715.0)	134.7 (53.9 – 973.9)	<0.002
CD4 ⁺ CXCR4 ⁺ (%)	4.8 (1.0 – 17.9)	1.3 (0.8 – 17.3)	<0.004
CD4 ⁺ CXCR4 ⁺ cells/μL	92.2 (16.6 – 407.3)	18.0 (7.1 – 510.0)	NS
CCR5 ⁺ (%)	29.3 (5.9 – 61.2)	46.5 (35.5 – 61.3)	<0.03
CCR5 ⁺ cells/μL	595.5 (132.7 – 1555.7)	512.4 (322.4 – 1099.8)	<0.002
CD4 ⁺ CCR5 ⁺ (%)	3.1 (0.6 – 11.7)	2.3 (2.0 – 6.8)	NS
CD4 ⁺ CCR5 ⁺ cells/μL	59.6 (13.3 – 210.0)	31.4 (22.8 – 62.2)	<0.001

Note: * – NS – not significant (Mann-Whitney U Test).

AIDS was established if a number of CD4⁺ T-lymphocytes were less than 200 cells/mkl and/or if a patient had the fourth stage of HIV-infection according to WHO classification, 2006. Expression of CXCR4⁺ on blood lymphocytes was decreased in AIDS group in comparison with non AIDS. On the other hand expression of CCR5⁺ on blood lymphocytes was increased in AIDS group in comparison with non-AIDS group. A relative parameter of CXCR4⁺ and an absolute parameter of

CCR5⁺ expressions on CD4⁺ T-lymphocytes were decreased significantly in AIDS group in comparison with non AIDS. Besides expression of CCR5⁺ on blood lymphocytes was positively correlated with AIDS (R=0.50, p=0.0002) and with plasma viral load of HIV (R=0.37; p=0.02) in HIV/HCV coinfecting patients.

Relative and absolute parameter of the CCR5⁺ expression on CD4⁺ T-lymphocytes in patients with AIDS was reduced in comparison

with the patients without it. There were no differences detected in CXCR4⁺ expression on CD4⁺ T-lymphocytes in the compared groups.

Correlation of CXCR4⁺ expression on blood lymphocytes with some other parameters were established (Tab.7).

Table 7. Correlations of CXCR4 expression on BL with immunological parameters in studied groups

Parameters	Control group n=16	group 1 HIV/HCV n=51	group 2 HIV n=23	group 3 HCV n=10
CD3 ⁺ CD16 ⁺ CD56 ⁺ (%)	R=-0.81 p<0.0002	NS	NS	NS
CD3 ⁺ CD16 ⁺ CD56 ⁺ (cells/μL)	R=-0.50 p<0.0002	NS	NS	R=0.83 p=0.003
CD19 ⁺ (%)	R=0.59 p<0.02	R=0.32 p<0.02	NS	R=0.66 p<0.05
CD19 ⁺ (cells/μL)	NS	R=0.48 p<0.0003	NS	NS
CD3 ⁺ CD4 ⁺ (%)	R=0.69 p<0.003	R=0.38 p<0.005	R=0.53 p<0.01	NS
CD3 ⁺ CD4 ⁺ (cells/μL)	NS	R=0.39 p=0.006	R=0.51 p=0.01	NS
CD3 ⁺ CD8 ⁺ (%)	NS	R= -0.28 p<0.05	NS	NS
CD3 ⁺ CD4 ⁺ /CD3 ⁺ CD8 ⁺ (IRI [*])	NS	R=0.35 p<0.01	NS	NS
CD4 ⁺ CD25 ⁺ (cells/μL)	NS	R=0.45, p<0.03	NS	NS
CD4+CXCR4 (%)	R=0.65 p=0.06	R=0.81 p<0.0001	R=0.85 p<0.0001	R=0.82 p=0.004
CD4+CXCR4 (cells/μL)	R=0.59 p=0.02	R=0.78 p<0.0001	R=0.83 p<0.0001	R=0.62 p=0.03

Note: NS – not significant (Spearman Rank Order Correlations); *IRI - immunoregulatory index

Positive correlation of CXCR4⁺ expression on blood lymphocytes with CD4⁺CXCR4⁺ T-cells was detected in all observation groups.

Positive correlation of CXCR4⁺ with CD4⁺CD25⁺, CD3⁺CD4⁺, CD19⁺ cells was detected

as well as inverse correlation of CXCR4⁺ with CD3⁺CD8⁺ count in HIV/HCV coinfecting patients.

Correlation of CCR5⁺ expression on blood lymphocytes with some other parameters is given in table 8.

Table 8. Correlations of CCR5 with immunological parameters in studied groups

Parameters	Control group n=16	group 1 HIV/HCV n=51	group 2 HIV n=23	group 3 HCV n=10
CD3 ⁺ CD16 ⁺ CD56 ⁺ (%)	R=0.56 p<0.02	NS	NS	NS
CD19 ⁺ (cells/μL)	NS	R= -0.55 p<0.0001	NS	NS
CD3 ⁺ CD4 ⁺	R= -0.50 p<0.05	NS	R= -0.60 p<0.002	NS
CD3 ⁺ CD4 ⁺ (cells/μL)	NS	R=-0.62 p<0.0001	R=-0.50 p=0.02	NS
CD3 ⁺ CD8 ⁺ (%)	NS	R=0.47 p<0.001	R=0.87 p<0.0001	NS
CD3 ⁺ CD4 ⁺ /CD3 ⁺ CD8 ⁺ (IRI [*])	NS	R= -0.58 p<0.0001	R=-0.73 p<0.0001	NS
CD4 ⁺ CD25 ⁺ (%)	NS	R= -0.39 p=0.005	NS	NS
CD4 ⁺ CD25 ⁺ (cells/μL)	NS	R=-0.55 p<0.02	NS	NS
HLA-DR (%)	NS	R=0.62 p<0.0001	R=0.56 p=0.005	NS
CD3 ⁺ HLA-DR ⁺ (%)	R=0.51 p=0.04	R=0.66 p<0.0001	R=0.74 p<0.0001	R=0.66 p=0.04
CD3 ⁺ HLA-DR ⁺ , cells/μL	NS	NS	R=0.51 p<0.01	
CD4 ⁺ HLA-DR ⁺ (%)	NS	NS	NS	R=0.64 p=0.04
CD4 ⁺ HLA-DR ⁺ , cells/μL	NS	R=-0.28 p<0.05	NS	NS
CD8 ⁺ HLA-DR ⁺ (%)	NS	R=0.66 p<0.0001	R=0.72 p<0.0001	NS
CD8 ⁺ HLA-DR ⁺ cells/μL	NS	NS	R=0.45 p<0.03	NS
CD4+CCR5 (%)	R=0.73 P=0.001	NS	NS	NS
CD4+CCR5 (cells/μL)	NS	NS	NS	R=0.73 p=0.02

Note: NS – not significant (Spearman Rank Order Correlations); *IRI - immunoregulatory index

In group 1 positive correlations of CCR5⁺ expression on blood lymphocytes were detected with number of T-lymphocytes, cytotoxic T-cells, activated T-lymphocytes and cytotoxic T-cells as well as inverse correlations were established with number of T helper cells, CD4⁺CD25⁺ cells.

DISCUSSION

Studies of CCR5⁺ and CXCR4⁺ expression on blood lymphocytes and CD3⁺CD4⁺ lymphocytes, as well as some immunity parameters enabled to detect some significant differences in the studied groups.

We estimated that in patients with HIV/HCV coinfection CCR5⁺ expression on CD4⁺ T-lymphocytes was decreased and on the other hand CCR5⁺ expression on blood lymphocytes was increased. It may be associated with the changes of HIV tropism during course of HIV-infection. Opposite dynamics of CCR5⁺ and CXCR4⁺ expressions on blood lymphocytes were marked with the development of AIDS: CXCR4⁺ expression was decreased and CCR5⁺ expression was increased. Recently published data by Schwarze-Zander et al. demonstrated that favorable course of AIDS at coinfection GB-C/HIV was associated with down-regulation of CCR5⁺ and CXCR4⁺ expression on CD4⁺ T-lymphocytes in patients without CCR5/Δ32 mutation [3]. In our study the presence of CCR5/Δ32 mutation in the patients was not detected. However, we revealed the decrease in an absolute parameter of CCR5⁺ expression and a relative parameter of CXCR4⁺ expression on CD4⁺ T-lymphocytes in patients with AIDS in comparison with patients without it among HIV/HCV coinfecting persons.

Positive correlation of CXCR4⁺ expression on blood lymphocytes with number of CD4⁺CXCR4⁺ T-cells detected in all observation groups, it may be explained by predominant expression of CXCR4 molecule like HIV-coreceptor on CD4⁺T cells [1];

In contrast to CXCR4⁺ positive correlations between CCR5⁺ expression on blood lymphocytes with CD4⁺CCR5⁺ T-cells were not detected in HIV-infected patients (groups 1 and 2) due to expression of this HIV coreceptor on the blood lymphocytes outside T-cells system: macrophages, monocytes, NK, especially in HIV-infection [1, 2]. HIV coreceptors CCR5 and CXCR4 function as chemokine receptors and their expression on cells is associated with certain type of immune response [3].

Our results confirmed that CCR5⁺ was correlated with activation of cellular immune response in HIV/HCV coinfecting patients as well as in the remained studied groups while CXCR4⁺ expression was associated with suppression of

immune response. Positive correlations of CCR5⁺ expression on blood lymphocytes were detected with expression of activation markers of immune response HLA-DR [1, 13] and negative correlations with inhibition markers of immune response (CD4⁺CD25⁺T-lymphocytes) [14-18], while CXCR4⁺ expression positively correlated with CD4⁺CD25⁺ T-lymphocytes. CCR5⁺ expression on blood lymphocytes positively correlated with the level of CD8⁺T-lymphocytes, and negatively with the CD19⁺ B-lymphocytes. While the expression of CXCR4⁺ positively correlated with the level of CD19⁺ B-lymphocytes, and negatively with the level of CD8⁺-lymphocytes in HIV/HCV coinfecting patients. Direct correlation CCR5⁺ expression with the HIV viral load, and reverse correlation with the level of CD4⁺-lymphocytes was also found out in patients with HIV/HCV coinfection, which was associated with increased immunity activation with the progression of HIV infection. According to received data development of AIDS leads to increase of Th1 type immune response activation in HIV/HCV coinfecting patients.

The limitation of our study include the absence of detection of HIV tropism to CCR5 and CXCR4 coreceptors and correlations of HIV tropism with immunological and clinical data of HIV-infected patients involved in the study.

CONCLUSIONS

Based on the obtained results, analysis and scientific literature data we can conclude that in chronic HIV/HCV coinfecting patients CCR5⁺ expression on blood lymphocytes was increased and CCR5⁺ expression on CD4⁺ T-lymphocytes was decreased in comparison with healthy individuals and HCV-infected patients. With the development of AIDS CXCR4⁺ and CCR5⁺ expressions on CD4⁺T-lymphocytes, CXCR4⁺ expression on blood lymphocytes were decreased and CCR5⁺ expression on blood lymphocytes was increased. Increased CCR5⁺ expression on blood lymphocytes in HIV/HCV coinfecting patients was associated with Th1 type immune response activation.

Conflicts of interest

We declare that we have no conflicts of interest.

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REFERENCES

1. Matsiyenskaya NV, Tsykunov VM, Eremin VF, Krasavtsev EL. Epidemiology of HIV-, HCV- and HIV/HCV coinfection in Republic of Belarus. *Infectious diseases*. 2010 Dec; 8 (4): 38-45.
2. Levy JA. HIV pathogenesis: 25 years of progress and persistent challenges *AIDS*. 2009 Jan 14; 23(2):147-60.
3. Corbeau P, Reynes J. CCR5 antagonism in HIV infection: ways, effects, and side effects. *AIDS*. 2009 Sep 24; 23(15):1931-43.
4. Schwarze-Zander C, Neibecker M, Othman S, Tura C, Clotet B, Blackard JT, Kupfer B, Luechters G, Chung RT, Rockstroh JK, Spengler U. GB virus C coinfection in advanced HIV type-1 disease is associated with low CCR5 and CXCR4 surface expression on CD4(+) T-cells. *Antivir Ther*. 2010; 15(5):745-52.
5. CCR5 chemokine (C-C motif) receptor 5 [Homo sapiens] Gene ID: 1234, updated on 3-Jul-2011[cited 2011 Aug]. Available from www.pubmed.com.
6. Bleul CC, Wu L, Hoxie JA, Springer TA, Mackay CR. The HIV coreceptors CXCR4 and CCR5 are differentially expressed and regulated on human T lymphocytes *Proc Natl Acad Sci USA*. 1997 Mar 4; 94(5):1925-30.
7. CXCR4 chemokine (C-X-C motif) receptor 4 [Homo sapiens] Gene ID: 7852, updated on 3-Jul-2011[cited 2011 Aug]. Available from www.pubmed.com.
8. Stein JV, Nombela-Arrieta C. Chemokine control of lymphocyte trafficking: a general overview. *Immunology*. 2005 Sep; 116(1): 1-12.
9. Meditz AL, Schlichtemeier R, Folkvord JM, Givens M, Lesh KC, Ray MG, McCarter MD, Connick E. SDF-1 α is a potent inducer of HIV-1-specific CD8⁺ T-Cell chemotaxis, but migration of CD8⁺ T cells is impaired at high viral loads *AIDS Res Hum Retroviruses*. 2008. Jul; 24(7): 977-85.
10. Contento RL, Molon B, Boularan C, Pozzan T, Manes S, Marullo S, Viola A. CXCR4-CCR5: A couple modulating T cell functions *PNAS*. 2008 Jul; 105(29): 10101-6.
11. Moncunill G, Armand-Ugon M, Pauls E, Clotetand B, Clotet B, Este JA. HIV-1 escape to CCR5 coreceptor antagonism through selection of CXCR4-using variants in vitro. *AIDS*. 2008 Jan; 22 (1): 23-31.
12. Caligiuri MA. Human natural killer cells. *Blood*. 2008 Aug 1; 112(3): 461-9.
13. Chakrabarti L. A. Immune mechanisms of HIV control *Curr Opin Immunol*. 2010 Aug; 22(4): 488-96.
14. Orendi JM, Bloem AC, Borleffs JC, Wijnholds F, Machiel de Vos N, Nottet HS, Visser MR, Snippe H, Verhoef J, Boucher C. A. Activation and cell cycle antigens in CD4⁺ and CD8⁺ T cells correlate with plasma human immunodeficiency virus (HIV-1) RNA level in HIV-1 infection. *J Infect Dis*. 1998 Nov; 178(5): 879-87.
15. J. 178(5): 879-87. HIV-1 binding to CD4 on CD4⁺ CD25⁺ regulatory T cells enhances their suppressive function and induces them to home to, and accumulate in, peripheral and mucosal lymphoid tissues: an additional mechanism of immunosuppression *Int Immunol*. 2009 Mar; 21(3): 283-94.
16. Dunham RM, Cervasi B, Brenchley JM, Albrecht H, Weintrob A, Sumpter B, Engram J, Gordon S, Klatt NR, Frank I, Sodora DL, Douek DC, Paiardini M, Silvestri G. CD127 and CD25 Expression defines CD4⁺ T cell subsets that are differentially depleted during HIV infection. *J Immunol*. 2008 Apr 15; 180(8): 5582-92.
17. Jonuleit H, Schmitt E, Stassen M, Tuettenberg A, Knop J, Enk AH. Identification and functional characterization of human CD4⁺ CD25⁺ T cells with regulatory properties isolated from peripheral blood. *J Exp Med*. 2001 Jun; 193(11): 1285-94.
18. Kinter A, McNally J, Riggin L, Jackson R, Roby G, Fauci AS. Suppression of HIV-specific T cell activity by lymph node CD25⁺ regulatory T cells from HIV-infected individuals *PNAS*. 2007 Feb 27; 104 (9): 3390-5.