

Is the Sugar Always Sweet in Intestinal Inflammation?

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Abstract

Immune responses are mediated mainly by protein/protein interactions. In addition, protein/carbohydrate (sugar) interactions through specific protein families termed lectin and chi-lectin are also involved in several immune and biological responses under not only the state of health but also inflammatory conditions. Interestingly, recent studies have identified unexpected roles of animal lectins (galectin-1 and galectin-4) and chi-lectin (chitinase 3-like-1) in intestinal inflammation. Galectin-1 contributes to the suppression of intestinal inflammation by the induction of effector T cell apoptosis. In contrast, galectin-4 is involved in the exacerbation of this inflammation by specifically stimulating intestinal CD4⁺ T cells to produce IL-6. CHI3L1 enhances the host/microbial interaction that leads to the exacerbation of intestinal inflammation. In this review, we discuss a novel aspect of lectin/carbohydrate interactions in intestinal inflammation.

Key Words

Galectin-4
Chitinase 3-like 1
Chi-lectin
Inflammatory bowel disease
Glycans
T cells
Lipid rafts
Enteric bacteria

Introduction

Inflammatory bowel disease (IBD), which is characterized by two forms of intestinal inflammation, Crohn's disease (CD) and ulcerative colitis (UC), is a group of chronic, relapsing, and remitting inflammatory conditions that affect individuals throughout life (1). Several factors such as immune imbal-

ance, dysregulated host/microbial interaction, and genetic susceptibility are involved in the pathogenesis of IBD (2–5). Experimental IBD models have provided a useful means to dissect the pathogenesis of this disease (2–6). Among these models, chronic intestinal inflammation that spontaneously develops in T cell receptor α knockout (TCR α KO) mice

shares several features with human UC, e.g., marked increase in autoantibodies such as antineutrophil cytoplasmic antigens (ANCA) and antitropomyosin (3,5,6), predominant Th2 responses (3,5,6), and negative association of colitis development with prior appendectomy (resection of cecal patch) (7). Importantly, B cells and autoantibodies in TCR α KO mice are involved in the regulation of this inflammation (8–10). Therefore, a screening approach utilizing autoantibodies present in TCR α KO mice was proposed to have an ability to provide a useful tool in the identification of molecules, which may have a role in the pathogenesis of UC (11). Indeed, the screening approach [serological analysis of recombinant cDNA expression libraries (SEREX) for the identification of candidate molecules that are recognized by autoantibodies from TCR α KO mice] has provided us an unexpected opportunity to identify galectin-4 as a potential stimulator of CD4⁺ T cells under intestinal inflammatory conditions (12). In addition, DNA microarray analysis has widely been used as a powerful approach to identify novel molecular events associated with inflammations (13,14). By utilizing this approach, we also have found that chitinase 3-like 1 (CHI3L1), which interacts with carbohydrate polymer (chitin), is involved in the enhancement of host/microbial interaction that contributes to the exacerbation of intestinal inflammation (14). Interestingly, the molecules (galectin-4 and CHI3L1) that were unexpectedly discovered through our screening approaches are both carbohydrate-binding protein, emphasizing the importance of carbohydrate/protein interactions in the pathogenesis of intestinal inflammation. Indeed, a recent study has demonstrated that an alteration of carbohydrate composition (carboxylated glycans) on macrophages and dendritic cells contributes to the early onset of intestinal inflammation

(15). Alternatively, carbohydrate/protein interactions also play a regulatory role in the intestinal inflammation as indicated by a suppressive effect of galectin-1 on this inflammation (16).

The function of carbohydrates (oligosaccharides) in mucus, which forms a gel layer and serves as a semipermeable barrier between the intestinal lumen and the epithelium, has been well studied in IBD (17). We herein review recently identified novel roles of carbohydrates in immune responses and host/microbial interaction under intestinal inflammatory conditions.

Effects of Glycosylation on Immune Responses

The majority of surface receptors are modified by glycosylation. There are two main types of protein glycosylation: N-glycosylation (N-glycan) that is assembled on an asparagine residue and O-glycosylation (O-glycan) that is assembled on a serine or threonine residue. All mammalian N-glycans share a common trimannosyl-chitobiose core [Mannose(Man)₃N-acetyl-D-glucosamine(GlcNAc)₂], which is synthesized from a biosynthetic precursor, D-Glucose (Glc)₃Man₉GlcNAc₂ (18–21). In contrast, there are at least seven core structures in O-glycan, four of which are widespread in mammalian glycoprotein. After establishment of such core formation, structural diversification of glycans is induced in the Golgi compartments. The antennae stubs attached to the core are generated by the addition of a lactosamine unit [β -galactose (β -Gal) and N-acetylglucosamine (GlcNAc)]. Subsequently, the oligosaccharide antennae can be further lengthened by the sequential additions of lactosamine units, resulting in the generation of tandem repeats (“polylactosamine”) of lactosamine. The addition of fucose further modifies the glycan structure.

Finally, the elongation is terminated by the addition of negatively charged sialic acid (18–21). Various kinds of enzymes such as sialyltransferases, N-acetylglucosaminyl transferases, galactosyltransferases, and fucosyltransferases are utilized for the elongation and modification of glycans. The expression pattern of these enzymes in cells is continuously modified through their development and activation stages and also influenced by environmental factors such as inflammation (18,19,22–26). Therefore, the oligosaccharide composition as well as the number and size of oligosaccharide branches (antennae) within glycoreceptors are frequently altered throughout the lives of cells (18,19,22–26).

The majority of key molecules that are involved in innate and acquired immune responses are glycoproteins (27). Recent studies have demonstrated that the glycoprotein-mediated immune responses are controlled by the glycan structures (oligosaccharide composition) (22–25,28,29). Glycan structure regulates major histocompatibility complexes (MHC)–associated antigen presentation by modifying the protein folding and assembly (27). An ability of CD8⁺ T cells to interact with MHC class I is regulated through their glycosylation state (25,28,30). In addition, alteration of glycosylation has been demonstrated to affect several immune responses of T cells, e.g., their homing/adhesion, cytokine production, and TCR clustering on the immunological synapse (23,28,29,31). Of note, altered glycosylation state results in the development of some autoimmune diseases (28,32,33). Absence of β 1,6-*N*-acetylglucosaminyltransferase V (Mgat5), which adds GlcNAc in β 1-6 linkage to the α 6-linked mannose arm of tri- and tetra-antennary complex N-glycan, leads to the development of glomerulonephritis and increases the susceptibility to experimental autoimmune encephalomyelitis (28). In addition, mice deficient in

α -mannosidase II, which trims two mannose residues and allows the subsequent addition of multiple branches (antennae) to N-glycan by glycosyltransferases, spontaneously develop systemic lupus erythematosus-like disease (32). These observations emphasize an importance of normally matured glycans to prevent the development of autoimmune diseases.

Galectins

Plant-derived lectins such as concanavalin (Con) A have long been used as surrogates for authentic lymphocyte activational stimuli. Like exogenous lectins, some endogenous mammalian lectins are also actively involved in several immune responses (22–25,28). One of the major mammalian lectin families is C-type lectin (such as selectin, DC-SIGN, dectin, and serum mannose binding protein) that not only serves as a prototypic pattern-recognition molecule for both pathogens and self-antigens but also contributes to the tether of leukocytes to endothelium, cell/cell adhesion, and enhancement of cytokine production (27,29,34–37).

Another major mammalian lectin family is the galectins that are classified into 14 members (galectin-1 to galectin-14) (38–40). Galectins are characterized by two properties: the ability to bind to lactosamine unit within glycans and the preserved carbohydrate-recognition domains (CRD) composed of 130 amino acid residues (38–40). The 14 members of galectins are structurally subgrouped into three groups; prototype, chimera-type, and tandem repeat type (38–40). Prototype (galectins-1, -2, -5, -7, -10, -11, -13, and -14) is non-covalent homodimers that are composed of two identical CRDs. Only galectin-3 is chimera-type that is composed of a CRD linked to a proline-, glycine-, and tyrosine-rich N-terminal domain. Tandem repeat type (galectins-4, -6, -8, -9, and -12) possesses two distinct CRDs. The ability of CRDs to cross-

Fig. 1. Galectin-1 (prototype) with a CRD forms homodimers and binds to a lactosamine unit within mature core two-branched O-glycan. This binding induces apoptosis of thymocytes as well as activated T cells involved in the pathogenesis of intestinal inflammation. CD7 has been proposed to be responsible for the galectin-1-mediated induction of thymocyte apoptosis. In contrast, galectin-4 (tandem repeat type) with two distinct CRDs binds to an immature carbohydrate structure (core 1 O-glycan with 3'-O-sulfation). This binding stimulates the CD4⁺ T cells in inflamed intestine to produce IL-6 through PKC θ signaling cascade. However, the glycoreceptor(s) that is specifically crosslinked by galectin-4 has not been identified.

link the lactosamine unit within surface glycoreceptors allows galectins to actively participate in several immune responses (22,23,28,41–48). For example, galectin-3 (chimera type) possesses abilities to dampen TCR sensitivity to antigens and induce the apoptosis of thymocytes (28,49). Galectin-2 (prototype) also induces the apoptosis of activated, but not resting, T cells in vitro (50). Galectin-8 (tandem repeat type) stimulates the proliferation of a T cell line through Rac-1 pathway (51). Galectin-9 (tandem repeat type) has recently been shown to interact with Tim-3 and, consequently, terminate effector Th1 response (52).

Regulatory Role of Galectin-1 in Intestinal Inflammation

Galectin-1 (prototype), which is expressed by a wide variety of cell types including muscles, neurons, and thymic stromal cells (28,53), is specifically upregulated on CD4⁺CD25⁺ regulatory T cells among T cell population (54). Soluble galectin-1 has been demonstrated to interact with a lactosamine unit of mature core two-branched O-glycan that is assembled within some glycoreceptors including CD7, CD43, and CD45 (22,49,55). Functionally, galectin-1 induces the apoptosis of thymocytes (42,43) and also antagonizes

TCR signaling of a CD4⁺ Th1 T cell clone specific to pigeon cytochrome c by affecting lipid-raft clustering (44). A recent study shows that CD7 is required for the galectin-1-induced thymocyte apoptosis (55). In addition, galectin-1 has more recently been shown to enhance the migration of dendritic cells through extracellular matrix (56). Interestingly, galectin-1 expression in the colon is upregulated under an intestinal inflammatory condition that is chemically induced in mouse by rectal administration of 2,4,6-trinitrobenzene sulfonic acid (TNBS) (16). Administration of human recombinant galectin-1 contributes to the suppression of this intestinal inflammation by specifically inducing the apoptosis of effector T cells responsible for production of IFN- γ (16). In addition, a study has demonstrated that treatment with recombinant galectin-1 also contributes to the suppression of Th1-mediated retinal disease presumably by inducing CD4⁺ regulatory T cells (57). These data clearly address galectin-1 as an immune regulatory molecule.

Pathogenic Role of Galectin-4 in Intestinal Inflammation

The expression of galectin-4 (tandem repeat type) is restricted to the digestive tract (58,59) where epithelial cells are responsible

Fig. 2. Glycosylation is controlled by a wide spectrum of glycosylation-associated enzymes. Expression pattern of these enzymes is influenced by several inflammatory stimuli. Therefore, it is possible that intestinal inflammation may suppress the expression of some glycosylation-associated enzymes that are involved in the maturation of O-glycan from immature core-1 structure. This altered enzyme expression may allow intestinal CD4⁺ T cells to respond to galectin-4 by enhancing the exposure of core-1 O-glycan on their glycoreceptor(s).

Fig. 1.

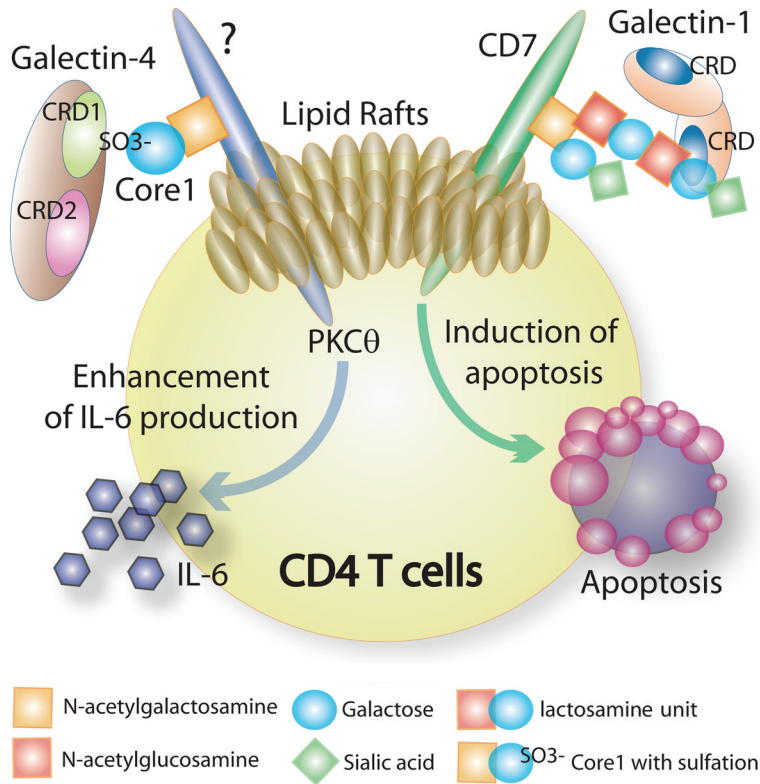
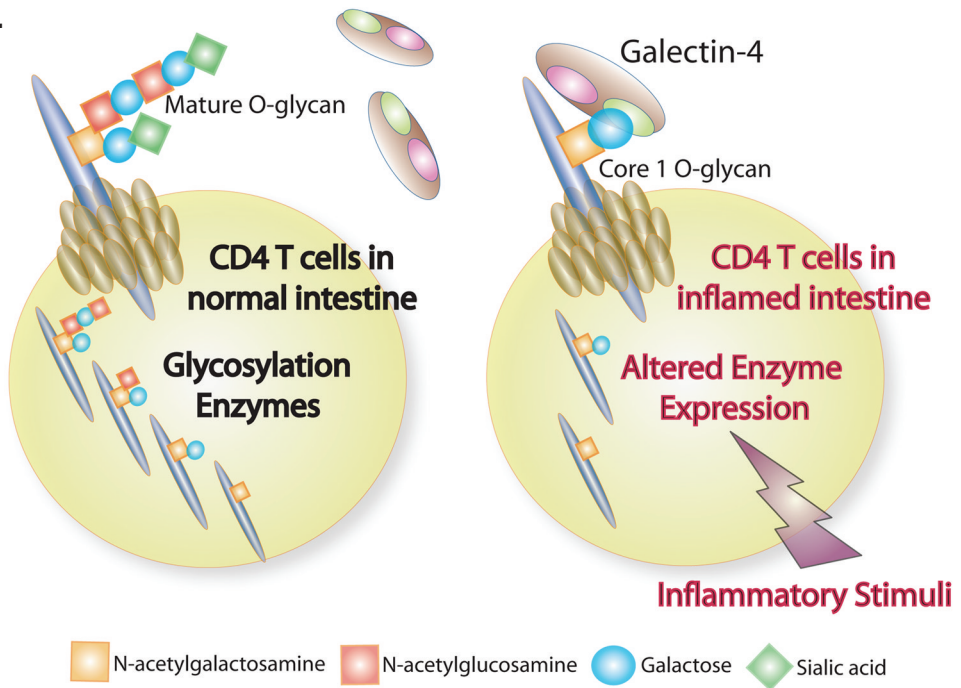


Fig. 2.



for this production (12,59). Galectin-4 can be secreted from both basolateral and apical sides of the intestinal epithelial cells through a nonclassical secretory pathway (60). In contrast to galectin-1 (16), intestinal inflammatory conditions do not enhance the galectin-4 expression: there is no significant difference in the expression level of galectin-4 in the epithelial cells from control versus diseased colons (12). Interestingly, through a combined screening approach utilizing humoral (SEREX) and cellular immune responses, we have unexpectedly identified galectin-4 as a potential stimulator of CD4⁺ T cells to exacerbate intestinal inflammation (12). Neutralization of galectin-4 activity in vivo by administration of the specific antibody suppresses the progression of chronic intestinal inflammation that spontaneously develops in B cell-deficient TCR α double knockout (μ DKO) mice (12). In contrast, pretreatment with this antibody fails to abolish the development of intestinal inflammation in these mice (A.M., unpublished observation). These data suggest that galectin-4 contributes to the exacerbation, rather than initiation, of chronic intestinal inflammation. Because it could be predicted that both acute (induction of inflammation) and healing (recovery from inflammation) processes are simultaneously involved in the chronic intestinal inflammation, galectin-4-mediated exacerbation of this inflammation may result from a suppression of the healing process. Indeed, treatment with recombinant galectin-4 delays the recovery from an acute intestinal inflammation that is induced by transient administration of dextran sulfate sodium (DSS), whereas treatment with anti-galectin-4 antibody enhances the recovery from this acute inflammation. In contrast, galectin-1, as mentioned above, contributes to the suppression of acute intestinal inflammation (16). Galectin-1 (prototype) is structurally characterized by homodimers with

identical CRDs and binds to a lactosamine unit within mature core two-branched O-glycan, whereas galectin-4 (tandem repeat type) consists of two distinct CRDs and possesses a unique carbohydrate-binding specificity as indicated by the capability of interacting with an immature core 1 O-glycan with 3'-O-sulfation (61,62) (Fig. 1). Therefore, it is highly likely that the binding site (lactosamine unit versus core 1) and the structure (prototype versus tandem repeat type) are an important determinant of galectin-mediated immune function (40) (Fig. 1).

Galectin-4 specifically stimulates CD4⁺ T cells but not other immune cells such as B cells or macrophages to produce IL-6 (12), a well-known cytokine involved in the pathogenesis of intestinal inflammation (63–65). Importantly, only CD4⁺ T cells that are present in the inflamed, but not non-inflamed, intestine can respond to galectin-4 (12). Splenic CD4⁺ T cells even from the diseased mice are unable to respond to galectin-4. These findings are consistent with the binding intensity of galectin-4 to the surface of CD4⁺ T cells; galectin-4 binding is significantly enhanced on the CD4⁺ T cells from the inflamed intestine as compared to non-inflamed intestine and spleen. In addition, galectin-4 specifically binds to the lipid rafts on the CD4⁺ T cells to activate the protein kinase C (PKC) θ -associated signaling cascade (12). Notably, galectin-4 has been demonstrated to interact with lipid rafts of enterocytes as well and subsequently stabilize the raft formation to generate “superrafts” (66,67). A recent study has found that galectin-4 interacts with carcinoembryonic antigen (CEA) of colon adenocarcinoma (68). Alternatively, it remains obscured which glycosylated receptor(s) on intestinal CD4⁺ T cells is crosslinked by galectin-4.

Production of galectin-4 by colonic epithelial cells is not enhanced under intestinal con-

ditions, whereas the reactivity of CD4⁺ T cells to galectin-4 is specifically elicited under these conditions. Therefore, it is possible that a specific receptor that is selectively crosslinked by galectin-4 may be expressed on intestinal CD4⁺ T cells only under the inflammatory condition. However, galectin-4 can bind to the lipid rafts on both CD4⁺ T cells from inflamed and normal intestines albeit the binding intensity is much higher on diseased CD4⁺ T cells (12). In addition, expression pattern of the enzymes that are involved in the glycan synthesis is altered by several inflammatory stimuli (18,19,22–26). Therefore, it is more likely that an altered enzyme expression pattern by intestinal inflammatory stimuli results in the further exposure of core 1 O-glycan (a binding partner of galectin-4) on intestinal CD4⁺ T cells and consequently allows intensified binding of galectin-4 to them (Fig. 2). Indeed, our recent studies have found that some glycosylation-associated enzymes, which are involved in the synthesis of core 2 from core 1, are significantly down-regulated in the intestinal CD4⁺ T cells under the inflammatory conditions as compared to a state of health (our unpublished observation).

Chitin, Chitinases, and Chitinase-like Molecules

Chitin, a β -1,4-linked polymer of N-acetylglucosamine, is the second most abundant carbohydrate polymer next to cellulose in nature, but entirely lacks in mammals. Viruses, fungi, insects, nematodes, and house dust mites contain chitin as a structural component of these species (69–71).

Chitin is involved in some immune responses. Small size (1–10 μ m), but not nonphagocytobable size (>50 μ m), of chitin induces Th1 response in vitro and in vivo comparable to that induced by heat killed *Mycobacterium bovis* bacillus Calmette-

Guerin (BCG) and HK–*Propionibacterium acnes* suspensions (72,73). In addition, oral administration of chitin significantly down-regulates serum IgE level and lung eosinophilia in an experimental allergic asthma model (71). Therefore, it is possible that chitin contributes to an enhancement of Th1 immune responses by dampening Th2 immune responses.

Enzymes capable of degrading chitin are classified to chitinases. Chitin-containing organisms (e.g., parasites) produce chitinases to remodel the chitin-containing structures for their morphogenesis (71,74). Chitinases are also produced by bacteria and plants for their defense against chitin-containing pathogens and for the maintenance the ecological balance (69,70). Therefore, chitinases have been considered to play a crucial role in innate immune responses in lower life forms to control the infection with chitin-containing pathogens (69–71,75). Because chitin is not produced by mammals, chitinase expression was initially believed to be restricted to the lower life forms. However, chitinases and chitinase-like proteins (CLP) have recently been noted even in mice and humans (Table 1) (76). The mammalian chitinases and CLP are grouped in “glycohydrolase family 18” that is characterized by an eightfold alpha/beta barrel structure (76). Mammalian chitotriosidase and acidic mammalian chitinase (AMCase) possess chitinase (glycohydrolase) enzymatic activity, whereas other mammalian chitinases or CLP do not exhibit this activity (77,78). Mammalian chitinases with enzymatic activity have a chitin-binding domain that contains six cysteine residues responsible for their binding to chitin (79). In contrast, CLP does not contain such typical chitin-binding domains (80). However, the CLP can still interact with chitin via van der Waals interactions between the side chains of aromatic acid residues in a binding groove of

Table 1. Members of mammalian chitinases in human and mouse

Chitinases	Synonyms	References
Human chitinases		
Acidic mammalian chitinase	CHIA, AMCCase, TSA1902	83, 100
Chitinase 1 (chitotriosidase)	CHIT1, Chi3, MGC125322, FLJ00314	101, 102
Chitinase 3-like-1	CHI3L1, YKL40, HC-gp39	88, 103
Chitinase 3-like-2	CHI3L2, YKL39	104
Oviductal glycoprotein 1	OVGP1, EGP, OGP, MUC9, CHIT5	105, 106
Stabilin-1 interacting chitinase-like protein	SI-CLP	80
Mouse chitinases		
Acidic mammalian chitinase	CHIA, AMCCase	83
Chitotriosidase	CHIT1	107
Chitinase 3-like-1	CHI3L1, Brp39	108
Chitinase 3-like-3	CHI3L3, Ym-1, ECF-L	109
Chitinase 3-like-4	CHI3L4, Ym-2	110, 111
Oviductin/ Oviductal glycoprotein	OVGP1, CHIT5, OGP	112, 113

CLP and GlcNAc within chitin (78, 81). Based on these characteristics (ability to interact with oligomer or monomer of GlcNAc and absence of glycohydrolase activity), CLP family has been called “chi-lectins” (82).

Chitinase in Th2 Inflammation

Chitotriosidase and AMCCase are typical chitinases with glycohydrolase activity (83). AMCCase is synthesized as 50 kDa protein in both human and mouse. In contrast to chitotriosidase, AMCCase is extremely acid stable and has a distinct second pH optimum around pH2 in chitinolytic enzymatic activity (83). A recent study shows that AMCCase expression is induced through a Th2-specific, interleukin-13 (IL-13)–mediated pathway in allergic asthma patients and the experimental model (84). Bronchial epithelial cells and pulmonary macrophages are mainly responsible for the AMCCase production. Neutralization of AMCCase activity in vivo by administration of anti-AMCCase antibody or a pan-chitinase inhibitor (allosamidine) significantly ameliorates airway inflammation as well as airway hyper responsiveness. AMCCase directly stim-

ulates the lung epithelial cells to produce monocyte chemotactic protein (MCP)-10 and eotaxin, and these induced chemokines may subsequently contribute to the pathogenesis of bronchial asthma (84). Therefore, chitinases have been proposed as one of therapeutic targets in Th2-mediated inflammation (84).

Chitinase 3-like-1 (CHI3L1) in Acute and Chronic Intestinal Inflammation

Through DNA microarray analysis, we have found that chitinase 3-like-1 (CHI3L1/YKL-40/HC-gp39) expression is specifically induced only under intestinal inflammatory conditions (14). CHI3L1 is expressed by both lamina propria cells (mainly macrophages) and epithelial cells (CECs) in the colon of several experimental IBD models including TCR α KO and IL-10 KO mice and DSS-colitis model (14). In contrast, the expression of CHI3L1 is undetectable in the normal colon of not only WT mice but also of these IBD models without colitis. In addition, like experimental IBD models, colonic CHI3L1 mRNA expression is specifically detectable in active UC and CD

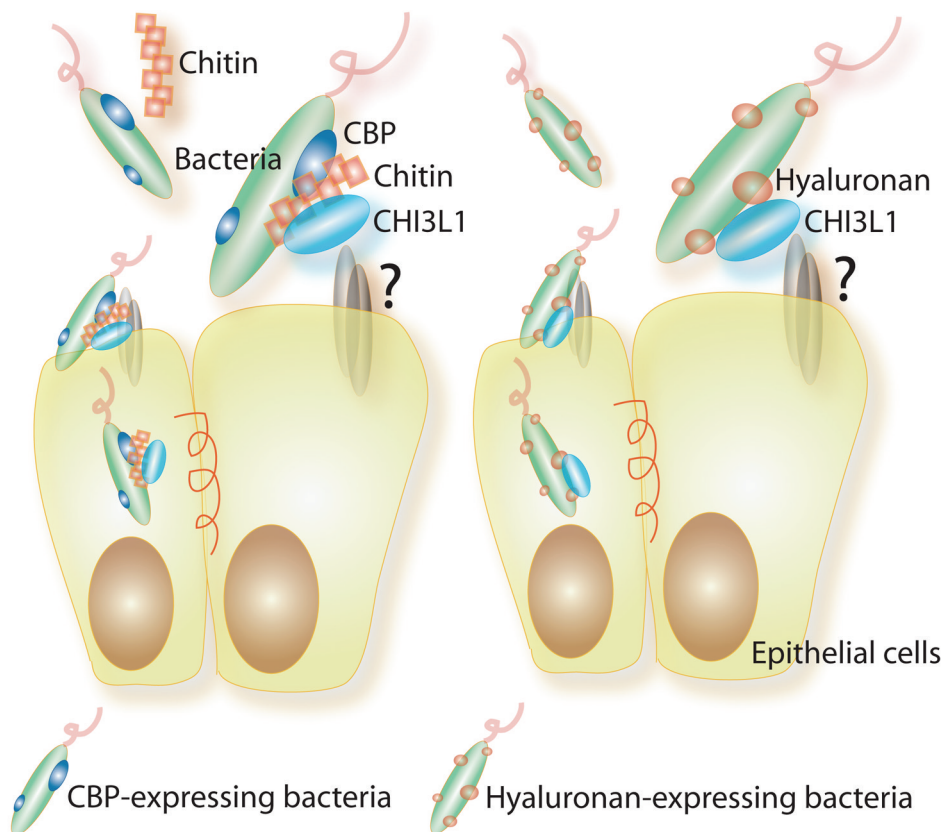


Fig. 3. CBP-expressing bacteria (left panel) may directly bind to chitin. CHI3L1 then interacts with the chitin/CBP complex on the bacteria to enhance its adhesion and invasion to CEC. Alternatively, CHI3L1 may directly bind to hyaluronan present in the capsule of bacteria (right panel). This interaction may subsequently enhance the adhesion and invasion of bacteria to CEC.

patients but not inactive UC or CD patients or control subjects (14). A positive correlation between serum CHI3L1 and C-reactive protein (CRP, a marker for the severity of inflammation) levels in UC patients has been reported (85, 86). Notably, neutralization of CHI3L1 activity in vivo by anti-CHI3L1 antibody administration significantly suppresses DSS-induced acute intestinal inflammation (14).

CHI3L1, a member of CLP family, is N-glycosylated at Asn⁶⁰ residue and disulfide bonds are formed between Cys²⁶ and Cys⁵¹ and between Cys³⁰⁰ and Cys³⁶⁴. CHI3L1 binds to long carbohydrates such as chitin and chi-

tooligosaccharides (87, 88). CHI3L1 also interacts with glycosaminoglycans such as heparin and hyaluronan (82, 87, 88). Furthermore, Bigg et al. have reported an ability of CHI3L1 to bind to collagen type I, II, and III (89). Unexpectedly, our study has demonstrated that CHI3L1 significantly enhances the adhesion and invasion of *Salmonella typhimurium* and adherent invasive *Escherichia coli* (AIEC) to CEC in vitro and in vivo. AIEC have been proposed as a potentially pathogenic bacteria in CD due to the ability to strongly adhere to intestinal epithelial cells and subsequently invade into macrophages (90–92). In contrast,

CHI3L1 does not affect the adhesion and invasion of non-pathogenic *E. coli* such as DH10B and DH5 α strains to CEC (14). These in vitro data are further confirmed by in vivo experiments; anti-CHI3L1 Ab treatment significantly reduces the translocation of orally inoculated *S. typhimurium* to host peripheral tissues (e.g., spleen, mesenteric lymph nodes, liver, and colon) (14). Therefore, it is possible that adhesion/invasion of pathogenic and potentially pathogenic, but not non-pathogenic, bacteria to host may be enhanced by their interaction with CHI3L1.

Bacteria do not contain chitin. However, *Serratia marcescens* expresses chitin-binding protein-21 (CBP-21) and the majority of chitinase-producing pathogenic microorganisms contain a gene encoding the homolog of CBP-21, suggesting a potential binding ability of pathogenic bacteria to chitin (93). Therefore, it is possible that CHI3L1 may bind to a complex of CBP and chitin formed on bacteria and this binding may subsequently enhance the adhesion and invasion of these bacteria to CEC (Fig. 3). Alternatively, hyaluronan is present in the capsule of some bacterial strains such as *Streptococci* and CHI3L1 contains two potentially hyaluronan-binding domains (94). Therefore, it is also possible that CHI3L1 may enhance the adhesion/invasion of specific enteric bacteria with hyaluronan to CEC (Fig. 3). Studies are currently being conducted to define these possibilities for bacteria/CHI3L1 interaction and to identify the specific receptor(s) of CEC to bind to CHI3L1.

CHI3L1 is produced by cartilage of rheumatoid arthritis (RA) and osteoarthritis patients, but not healthy individuals (95–97), consistent with our data that CHI3L1 expression is specifically induced only under inflammatory conditions. In RA, CHI3L1 has been proposed as an autoantigen capable of inducing pathogenic T cell responses (98).

Alternatively, CHI3L1 also has a potentially protective effect on the destruction of chondrocytes and synovial cells by decreasing the production of metalloproteinases and chemokines (99). Therefore, it is possible that CHI3L1 may play distinctly different roles depending upon the cell types under inflammatory conditions.

Conclusion

Because mucus is a source of carbohydrates in our bodies, the role of mucus-associated carbohydrates produced by intestinal epithelial cells has been well studied in IBD. In this review, we provide additional, novel insights into the role of carbohydrates crosslinked by animal lectins in the immune responses that are involved in the pathogenesis of IBD. The carbohydrate/lectin interactions are actively involved in the determination (activation versus suppression) of CD4⁺ T cell-mediated immune responses under intestinal inflammatory conditions. In addition, we discuss an unexpected aspect of a recently identified chi-lectin that binds to carbohydrate polymers and glycosaminoglycans and contributes to the enhancement of host/microbial interactions for the exacerbation of intestinal inflammation. These findings emphasize an importance of carbohydrate/protein interactions in intestinal inflammation. Strategies targeting carbohydrates might provide a rationale to develop novel therapeutic approaches for IBD patients.

Acknowledgments

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