



# Crosstalk between P2Y receptors and cyclooxygenase activity in inflammation and tissue repair

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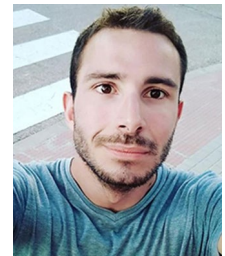
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## Abstract

The role of extracellular nucleotides as modulators of inflammation and cell stress is well established. One of the main actions of these molecules is mediated by the activation of purinergic receptors (P2) of the plasma membrane. P2 receptors can be classified according to two different structural families: P2X ionotropic ion channel receptors, and P2Y metabotropic G protein-coupled receptors. During inflammation, damaged cells release nucleotides and purinergic signaling occurs along the temporal pattern of the synthesis of pro-inflammatory and pro-resolving mediators by myeloid and lymphoid cells. In macrophages under pro-inflammatory conditions, the expression and activity of cyclooxygenase 2 significantly increases and enhances the circulating levels of prostaglandin E<sub>2</sub> (PGE<sub>2</sub>), which exerts its effects both through specific plasma membrane receptors (EP1-EP4) and by activation of intracellular targets. Here we review the mechanisms involved in the crosstalk between PGE<sub>2</sub> and P2Y receptors on macrophages, which is dependent on several isoforms of protein kinase C and protein kinase D1. Due to this crosstalk, a P2Y-dependent increase in calcium is blunted by PGE<sub>2</sub> whereas, under these conditions, macrophages exhibit reduced migratory capacity along with enhanced phagocytosis, which contributes to the modulation of the inflammatory response and tissue repair.

**Keywords** Purinergic receptor · Prostaglandin · Macrophage · Protein kinase C · Protein kinase D

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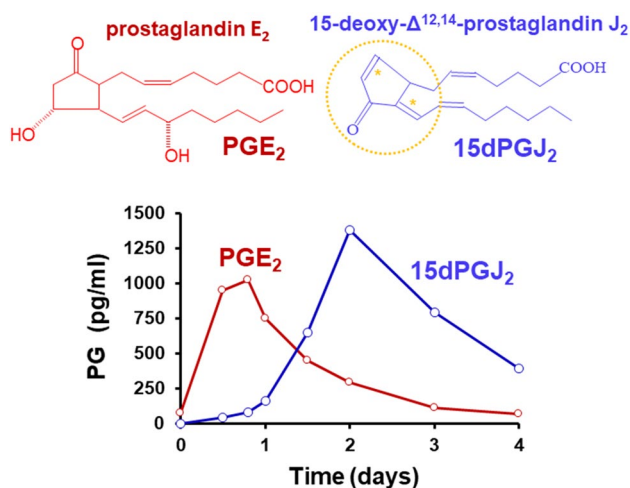
## Abbreviations

cAMP	Cyclic AMP
DAMPs	Damage-Associated Molecular Patterns
15dPGJ <sub>2</sub>	15-Deoxy-Δ.12,14-Prostaglandin J <sub>2</sub>
DAG	Diacylglycerol
DFU	5,5-Dimethyl-3-(3-fluorophenyl)-4-(4-methylsulphonyl)phenyl-2(5H)-furanone
IFNγ	Interferon-γ
IL	Interleukin
LPS	Lipopolysaccharide

MyD88	Myeloid Differentiation Primary Response 88
NLRP3	NLR Family Pyrin Domain Containing 3
NF- $\kappa$ B	Nuclear Factor $\kappa$ B
PAMPs	Pathogen-Associated Molecular Patterns
PL	Phospholipase
PG	Prostaglandin
PGE <sub>2</sub>	Prostaglandin E <sub>2</sub>
EP	Prostaglandin E <sub>2</sub> Receptor
PKC	Protein kinase C
PKD	Protein kinase D
P2	Purinergic Receptors
TLR	Toll-Like Receptor

## Inflammation specificities and factors involved

The regulation of the inflammatory response remains a central aspect in the understanding of many pathological processes [1–6]. The three phases that characterize inflammation, i.e., initiation, extension, and repair/resolution, are controlled by a large number of factors with specific temporal and intensity patterns [7, 8]. These profiles vary between tissues and species, defining the course of the pathological process and the impact on the organisms [9]. However, despite the selectivity of many inflammatory reactions, there



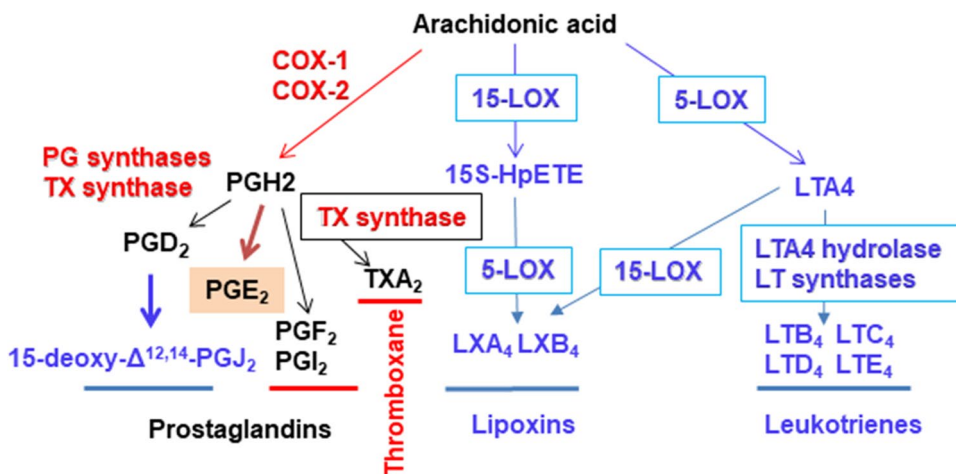
**Fig. 1** Time course of the serum levels of PGE<sub>2</sub> and 15-deoxy- $\Delta^{12,14}$ -PGJ<sub>2</sub> (15dPGJ<sub>2</sub>) in mice injected intraperitoneally with LPS. 12-month-old male mice ( $n=7$ ) received 1 mg/kg body weight of *E. coli* LPS (serotype 0055:B5) and the serum levels of early pro-inflammatory (PGE<sub>2</sub>) and anti-inflammatory (15dPGJ<sub>2</sub>) prostaglandins were determined using specific ELISA kits. The graph represents the mean values and shows a minimal overlapping of both prostaglandins (unpublished results from the authors). The structures of PGE<sub>2</sub> and 15dPGJ<sub>2</sub> are shown. 15dPGJ<sub>2</sub> has a cyclopentenone structure which is responsible for its reactivity to perform Michael addition reactions on thiol groups from amino acids (a carbonyl group surrounded by  $\alpha, \beta$  instaurations on the cyclopentenone ring; yellow stars and circle)

is an overlap in the molecular pathways involved. This diversity in the interactions between them defines specific fates in their control and the possible therapeutic interventions [10–12]. An example of this is the involvement of P2X<sub>7</sub> receptor signaling in the activation of the NLRP3 inflammasome, which requires the involvement of an additional priming signal from the TLR2/4 pathway [13–17].

It is worth mentioning that the production of different bioactive lipids, such as prostanoids, is a common determinant in the progression of inflammatory processes (Fig. 1) [18–20]. The most abundant prostanoids from pro-inflammatory macrophages are synthesized after the expression of cyclooxygenase 2 (COX-2), which catalyzes the first step in the biosynthesis of prostanoids from arachidonic acid [21–28]. The end products of the COX-2 pathway are the result of additional modifications *via* the action of cell-specific prostaglandin synthases (Fig. 2) [29]. COX-2 is encoded by the *PTGS2* gene in humans (*Ptgs2* in rodents) and it is expressed in the early stages of inflammation. The transcription of the *PTGS2* gene is extensively induced in many inflammatory cells and tissues, except in hepatocytes, where only after preliminary pathological changes (i.e., liver regeneration after partial hepatectomy) is the ability to express COX-2 recovered [26, 30, 31]. In the liver, this regulatory bias is only associated with hepatocytes, since Kupffer cells retain this pro-inflammatory activation [28, 32–37]. This interesting mechanism reflects the fact that, under physiological conditions, the portal blood contains pathogen-associated molecular patterns (PAMPs) and damage-associated molecular patterns (DAMPs), which do not activate COX-2 expression through cell surface receptors that recognize PAMP or DAMP [38, 39].

## Dual role of prostaglandins in the regulation of inflammation

The prostanoids synthesized by the COX-2 pathway can act in opposite ways: they can exert pro-inflammatory actions, but they can also promote and activate anti-inflammatory mechanisms [40–43]. An example of this dual role is PGE<sub>2</sub>, which is one of the major products of the COX-2 pathway [44–50]. Other prostaglandins, such as prostaglandin 15-deoxy- $\Delta^{12,14}$ -prostaglandin J<sub>2</sub> (15dPGJ<sub>2</sub>) are potent anti-inflammatory molecules because their chemical structure contains a cyclopentenone motif (due to the presence of  $\alpha, \beta$ -unsaturated carbonyl groups). This chemical structure allows for non-enzymatic reactions with cysteine residues in proteins, *via* Michael addition modifications (Figs. 1 and 2) [40, 51–53]. These Michael adducts have an impact on the enzyme activity and function of different proteins involved in the control of the inflammatory processes, such as the transcription factor NF- $\kappa$ B, which exerts an important



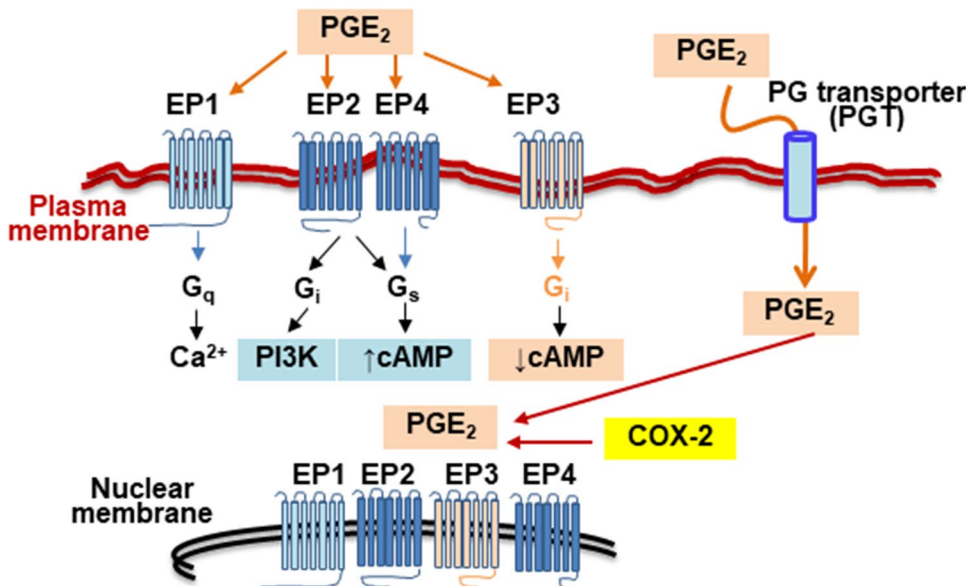
**Fig. 2** Schematic representation of the synthesis of PGs and pro-resolving lipids from arachidonic acid. Cyclooxygenases (COX-1 and COX-2) and lipoxygenases (5-LOX and 15-LOX) are the initial enzymes that direct the biotransformation of the arachidonic acid after activation of plasma membrane phospholipases. *Red names/lines*, the main pro-inflammatory molecules; *blue names/lines*, the

main anti-inflammatory/pro-resolving molecules; in *black* the molecules that play a dual role in inflammation. TX, thromboxane; LT, leukotriene; LX, lipoxin; PGF<sub>2</sub>, prostaglandin F<sub>2α</sub> (also known as dinoprost); PGI<sub>2</sub>, prostacyclin; 15S-HpETE, 15-hydroperoxyicoso-5,8,11,13-tetraenoic acid

activation of the pro-inflammatory response, and is inhibited by Michael addition of 15dPGJ<sub>2</sub> [54]. In contrast, transcription factors that repress the progression of inflammation, such as the peroxisomal proliferator-activated receptor  $\gamma$  (PPAR $\gamma$ ) are activated by 15dPGJ<sub>2</sub> by this post-translational modification *via* Michael addition [51, 55].

### Mechanisms of action of prostaglandin E<sub>2</sub>

In recent years, several groups have been interested in the role of prostanoids in the regulation of the inflammatory process. Our group focused on studying the effect of PGE<sub>2</sub> accumulation at sites of inflammation,



**Fig. 3** Signaling in response to PGE<sub>2</sub> biosynthesis. High throughput biosynthesis of PGE<sub>2</sub> is produced after the expression of COX-2 and activity of the prostaglandin E synthase. PGE<sub>2</sub> can be exported by the cells and act as an agonist of EP1 to EP4 receptors. Each EP receptor is coupled to specific G proteins that mediate their action. In addition

to these plasma membrane receptors, PGE<sub>2</sub> can be incorporated into the cell via the PG transporter (PGT). In PGE<sub>2</sub> synthesizing cells, the intracellular presence of this PG can act on EP receptors present at the nuclear membrane. However, the role of these nuclear EP receptors and the mechanisms of signaling are poorly characterized

using cells and animal models deficient in COX-2 or expressing a transgene encoding COX-2, or by administering selective COX-2 inhibitors (called generically coxibs [56–58]), but maintaining the activity of COX-1, an enzyme that contributes to the synthesis of prostanooids in healthy conditions [40, 45, 50, 59, 60].

Regarding the mechanism of action, PGE<sub>2</sub> binds to and activates specific G protein-coupled membrane receptors called E-type PGE<sub>2</sub> receptors (EP receptors; Fig. 3). Four different receptors, EP1 to EP4, have been identified from a biochemical and pharmacological point of view [44, 61]. Interestingly, these receptors are not exclusively expressed on the plasma membrane, but also on other intracellular membranes, such as the nuclear membrane [62]. Activation of EP1 promotes the mobilization of intracellular Ca<sup>2+</sup> stores through activation of the phosphoinositide 3-kinase pathway. This transient change in cytoplasmic Ca<sup>2+</sup> has an impact on ionic fluxes, cellular metabolism and organelle function (i.e., mitochondria), and activates Ca<sup>2+</sup>-dependent enzymes, such as various isoforms of protein kinase C (PKC). Therefore, PGE<sub>2</sub> induces Ca<sup>2+</sup>- and PKC-dependent effects in cells expressing EP1 [63, 64]. A relevant fact of EP1 is that the expression profile in cells is different between humans and rodents, which makes it difficult to translate the results between different species [65].

The binding of PGE<sub>2</sub> to EP2 and EP4 receptors promotes the dissociation of the G<sub>αs</sub>/Gβγ complex from the G protein-coupled receptor. The G<sub>αs</sub> subunit stimulates adenylate cyclase activity, which increases the intracellular levels of cyclic AMP (cAMP) and, therefore, activates the protein kinase A-dependent pathway [61]. However, EP2 and EP4 have partially non-overlapping functions: EP2 is mainly involved in smooth muscle cell relaxation, whereas EP4 activation exhibits pro- and anti-inflammatory functions ranging from vasodilation to angiogenesis, and metastasis progression [66, 67]. Unlike EP2/EP4, activation of EP3 leads to a reduction in intracellular cAMP levels [68]. These EP receptors are expressed on various cell types and provide the basis for therapeutic interventions, using selective agonists and antagonists. However, in addition to EP-mediated effects, PGE<sub>2</sub> can exert other actions, either by accessing the cytoplasm or through binding to additional receptors, for example through purinergic signaling, although these mechanisms are less characterized, which explains the effects independent of pharmacological targeting of the EP receptors [69].

## Purinergic signaling in inflammation

Inflammation involves a large number of molecules, including cytokines, chemokines, prostanooids, and extracellular nucleotides that are released during inflammation and activate myeloid and lymphoid immune cells [5, 48, 70–73].

Extracellular nucleotides (i.e. ATP and UTP) have been recognized as a new class of innate immune regulators that act through the P2 receptors and modulate the inflammatory reaction [74–78]. These extracellular nucleotides, which are released at sites of inflammation due to infection or cell damage, contribute to immune cell activation, including cytoskeleton reorganization, cell migration, phagocytosis and exocytosis [72]. Extracellular nucleotides also exert tissue-specific actions. For example, in the brain, they have been associated with different pathologies affecting immune cells (microglia), such as neuropathic pain; indeed, targeting extracellular nucleotide signaling is a pharmacological therapeutic tool that is being investigated in clinical trials [76, 79–83]. Purine and pyrimidine nucleotide receptors are involved in many neuronal and non-neuronal mechanisms: in short-term signaling, they are involved in the regulation of neurotransmission, neuromodulation of inflammation and neurosecretion, promotion of platelet aggregation and vasodilation; and in long-term actions, they are associated with cell proliferation, differentiation, motility, cell-death in development and regeneration.

Currently, the accepted P2Y receptors are P2Y<sub>1</sub>, P2Y<sub>2</sub>, P2Y<sub>4</sub>, P2Y<sub>6</sub>, P2Y<sub>11</sub>, P2Y<sub>12</sub>, P2Y<sub>13</sub> and P2Y<sub>14</sub> [84]. Among the metabotropic P2Y receptors, P2Y<sub>2</sub>, P2Y<sub>4</sub> and P2Y<sub>6</sub> are activated by uridine and adenine nucleotides [72, 74, 75, 78] and are coupled to phospholipase C (PLC) activation. As a consequence of the release of nucleotides into the extracellular medium, the agonistic action on P2Y receptors promotes an increase in the intracellular concentration of diacylglycerol (DAG) and inositol triphosphate (IP3), which induces the release of calcium from intracellular stores and the activation of several signaling pathways [85, 86]. P2Y receptors are expressed on various cell types and are functionally relevant in the activation of resident and circulating immune cells [5, 24, 71, 74, 87–90].

## Crosstalk between PGE<sub>2</sub> and P2 receptors in macrophages

The interaction between purinergic signaling and prostanooids has been described in different cell types. In macrophages, exposure to UTP increases the expression of COX-2, and nitric oxide synthase 2 (NOS2) under pro-inflammatory conditions [88, 91]. Macrophages can be polarized into pro-inflammatory ('classically activated' or M1, using microbial stimuli such as LPS, or cytokines such as IFNγ) or anti-inflammatory/pro-resolving phenotypes ('alternatively activated' or M2, using IL4 and/or IL13 as stimuli) [92–103]. Because macrophages can adopt different functional profiles this crosstalk between PGs and P2 signaling can contribute to the polarization of these cells. Therefore, the activation of

P2 receptors helps to modulate the function of macrophages in the context of the environmental signals that govern the fate of the inflammatory response.

The presence of locally elevated concentrations of extracellular ATP promotes the activation of the P2X<sub>7</sub> receptor, while UTP and UDP, and lower concentrations of ATP act mainly through P2Y<sub>2</sub>, P2Y<sub>4</sub> and P2Y<sub>6</sub>, respectively [77, 78, 85, 104–106]. Nevertheless, the contribution of P2Y<sub>2</sub>/P2Y<sub>4</sub> or P2Y<sub>4</sub>/P2Y<sub>6</sub> heterodimers can also be considered in this regulatory hub [107, 108].

The signaling through the P2X<sub>7</sub> receptor in macrophages is by far the most studied purinergic pathway. This is because P2X<sub>7</sub> receptor activation participates in the regulation of several stress signal pathways and, more importantly, activates the NLRP3 inflammasome cascade [109–111]. It is well known that P2X<sub>7</sub> activation by ATP contributes to the regulation of the innate response in macrophages: it favors the host defense against intracellular pathogens, an effect that is triggered by the release of reactive oxygen and/or nitrogen species [112, 113]. In addition to this, the activation of the NLRP3 pathway promotes the maturation of pro-inflammatory cytokines (i.e., IL-1 $\beta$  and IL-18), and an increase in the PGE<sub>2</sub> levels. The pathways involved include a rise in Ca<sup>2+</sup> influx and the activation of the MAP kinase signaling pathways [13, 16, 111].

Interestingly, the crosstalk between P2Y receptors and PGE<sub>2</sub> has also been reported in macrophages from P2X<sub>7</sub> receptor-deficient mice, or after inhibition of the receptor with Brilliant Blue G as well as with the receptor antagonist A 438079, which indicates that the interaction between P2Y receptors and PGE<sub>2</sub> is independent of P2X<sub>7</sub> receptors [24, 71, 88, 114, 115]. Furthermore, macrophages challenged with specific agonists of the P2X<sub>7</sub> receptors did not show the inhibitory effect of PGE<sub>2</sub> on Ca<sup>2+</sup>-mobilization [71]. Regarding the role of the polarization phenotype of macrophages on the expression levels of purinergic receptors, M1 and M2 differentiated cells exhibit similar values, both in RNA and protein levels. However, pro-inflammatory macrophages display rapid and time-dependent repression of the levels of the downstream receptor-associated phospholipase C  $\beta$ 1 and  $\beta$ 2 isoenzymes, which contribute to the reduced signaling dependent on P2Y receptor activation [116, 117].

The effect of extracellular ATP on the progression of the anti-inflammatory phenotype in macrophages does not involve P2Y/P2X receptor-mediated processes but rather depends on pyrophosphate ATP bonds. The pathways involved promote a reorganization of the actin cytoskeleton that favors the clustering of these actin filaments, which ultimately contribute to the clustering and organization of the NLRP3 inflammasome complex. In addition, the participation of ectonucleotidases seems to contribute to the transition of macrophages from a pro-inflammatory (M1) to an anti-inflammatory (M2) phenotype. This transition is

believed to facilitate the resolution of the inflammatory reaction accomplished by macrophages [118–120].

Interestingly, unlike naïve and M2 polarized macrophages, M1 cells do not display the inhibitory effect of PGE<sub>2</sub> on Ca<sup>2+</sup> mobilization [24, 71]. These polarization specificities were observed in both rodent and human macrophages. As for the mechanism by which M1 macrophages fail to show this PGE<sub>2</sub>-dependent P2Y desensitization, it has been shown to occur at least two hours after the pro-inflammatory challenge. This suggests that this is not the result of the rapid signaling elicited after TLR4 and/or pro-inflammatory cytokine receptors engagement, but rather is due to secondary events in the signaling process. From a mechanistic point of view, the sustained response to P2Y receptors in the presence of PGE<sub>2</sub>, as occurs in M1 macrophages ensures the activity of the purinergic signaling in the early steps of inflammation [71, 88, 91, 115, 121]. As an extension, in platelets, a cross-desensitization between ADP and the thromboxane receptor signaling has been reported [122, 123]. All of these interactions play an important role in several inflammatory and degenerative disorders, such as multiple sclerosis, amyotrophic lateral sclerosis and Alzheimer's disease [124–126]. Indeed, in these pathologies, extracellular ATP exerts pro-inflammatory actions that cause the release of cytokines and the production of PG. Interestingly, this modulation could play an important role in the anti-inflammatory effects of PGE<sub>2</sub>.

A relevant aspect in this context of the heterogeneity of P2Y/P2X receptors is the possible crosstalk between the P2X and P2Y receptor families [127–129]. An example is the synergism between both families in the activation of dendritic cells, which are necessary for the efficient initiation of immune responses [130]. In addition to antigens, the presence of P2 agonists released by necrotic cells results in a synergistic activation and maturation of dendritic cells, and therefore, in more efficient signaling in T cells, leading to increased expression of pro-inflammatory mediators and adhesion molecules.

## Molecular mechanisms involved in PGE<sub>2</sub>-P2Y receptor crosstalk

The pathways involved in the crosstalk between P2Y receptors and PGE<sub>2</sub> on macrophages have been established using biochemical (inhibitors and activators of signal transduction pathways), pharmacological (mainly through the use of agonists and antagonists of the EP and P2Y receptors) and genetic (cells lacking P2X<sub>7</sub> receptor or COX-2; expressing a COX-2 transgene or expressing different constructs of the proteins that participate in the signal-transduction pathways) approaches [24, 71, 88, 115, 131, 132]. Based on the data from these different strategies it was concluded that PKD1

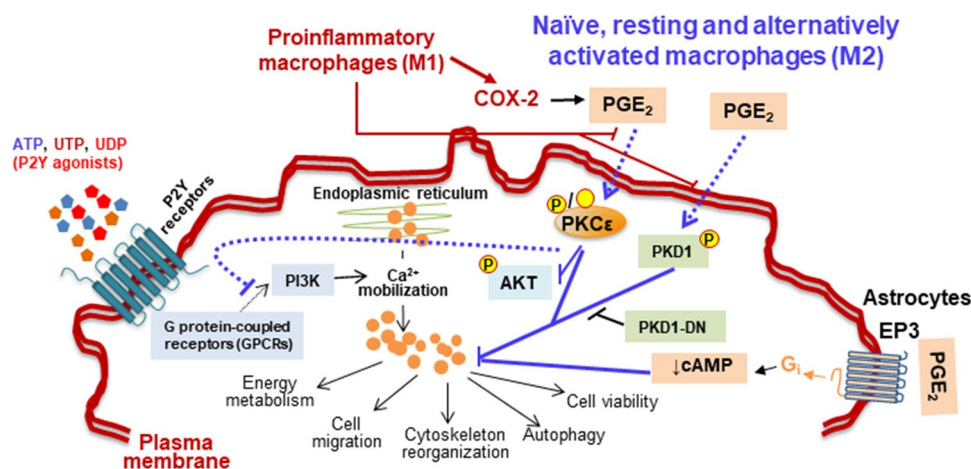
phosphorylation at S916 is a necessary condition to suppress PGE<sub>2</sub>-dependent UTP-mediated Ca<sup>2+</sup>-mobilization. In contrast, selective inhibition of PKD1 is sufficient to attenuate the effect of PGE<sub>2</sub> on P2Y signaling. PKDs are ubiquitously expressed and regulate various cellular processes, including oxidative stress, gene expression, cell survival, vesicle trafficking and, interestingly, P2X<sub>7</sub> signaling, although their precise function in macrophages remains poorly characterized. Analysis devoted to identifying the PKD isoform(s) involved in this P2Y crosstalk showed that PKD1, which is regulated by extracellular ligands in macrophages, is specifically targeted [24, 71]. Furthermore, overexpression of PKD1 reduced the effect of UTP on Ca<sup>2+</sup> mobilization but when a vector encoding a catalytically inactive kinase of PKD1 was expressed, the response to UTP persisted and the inhibitory effect of PGE<sub>2</sub> was abolished (Fig. 4) [71].

In fact, an association of PKD1 with TLR9 and, in general, with the MyD88-dependent pro-inflammatory innate immune responses has been described [133, 134]. Additionally, PKCδ activation has been reported to act as an upstream PKD1 activation step. However, transfection of macrophages with constitutively active PKCδ constructs did not mimic the effects of PGE<sub>2</sub> on UTP-dependent Ca<sup>2+</sup> mobilization. However, expression in macrophages of a constitutively active PKCε, but not of other classical, new, or atypical PKCs, was sufficient to mimic the effects of PGE<sub>2</sub> on P2Y receptors in terms of Ca<sup>2+</sup> mobilization [71].

Regarding the role of macrophage polarization in this PGE<sub>2</sub>-P2Y crosstalk, naïve and anti-inflammatory/pro-resolving (M2) macrophages show this inhibitory

interaction, but it was not observed in those that were polarized to M1 pro-inflammatory cells. Under these M1 conditions, PGE<sub>2</sub>-dependent phosphorylation of PKD1 at S916 is not observed, while naïve and M2 macrophages exhibit this PKD1 phosphorylation [24, 71]. This phosphorylation of PKD1 at S916 has been reported to correspond to a fully activated PKD1. Moreover, activation of PKD1 has been associated with the response to upstream PKCs and/or activation of G-proteins and various receptor-associated tyrosine kinases [135]. The PGE<sub>2</sub>-dependent activation of PKD1 promotes DAGs release not only at the plasma membrane level but also from other compartments, such as the endoplasmic reticulum and the Golgi apparatus. Interestingly, PKD activation plays a role in the crosstalk between P2Y and P2X receptors (Fig. 4). In line with this, P2X<sub>4</sub> receptor signaling favors the activation of phospholipase A2 (PLA2) and, in turn, the supply of substrates for COX-2 and, therefore, the increase in the release of PGE<sub>2</sub> that participates in the intercellular crosstalk between P2X and P2Y receptors [107, 136].

The regulation of P2Y activity in macrophages, which involves the participation of PGE<sub>2</sub>, has functional implications in the basic biological responses of these cells, such as metabolic activation and migration. In this regard, cell migration contributes to normal development and differentiation. Recent data indicate that extracellular nucleotides can regulate the migration and attachment activities of “professional phagocytes” (macrophages, neutrophils and microglia) and other cell types (i.e., fibroblasts, endothelial cells, neurons and



**Fig. 4** Crosstalk between PGE<sub>2</sub> and P2Y receptors in macrophages. Pro-inflammatory macrophages express high levels of COX-2 that promote a rapid increase in PGE<sub>2</sub> synthesis and release. In pro-inflammatory macrophages (M1-type), PGE<sub>2</sub> is unable to affect the signaling of P2Y receptors. However, naïve, resting, or alternatively activated macrophages (M2-type) exhibit an impaired P2Y receptor signaling that results in a blockade of Ca<sup>2+</sup>-dependent mobilization. This inhibitory effect of PGE<sub>2</sub> depends on the activities of PKD1

and PKCε and interferes with the different pathways modulated by the transient increase in Ca<sup>2+</sup> due to P2Y agonists. In cerebellar astrocytes the EP3 receptor is also involved. *Red lines and arrows*, pro-inflammatory pathways; *blue lines and arrows*, resting and anti-inflammatory pathways. PKC, protein kinase C; PKD, protein kinase D; PKD-DN, a dominant-negative form of PKD; AKT, protein kinase B; P, phosphorylation

keratinocytes) [137–139]. From a functional point of view, it has been shown that PGE<sub>2</sub> inhibits P2Y-dependent macrophage migration, even in the presence of other chemoattractants. These chemotactic actions are common for several P2Y receptors, such as P2Y<sub>2</sub>, P2Y<sub>4</sub>, and P2Y<sub>6</sub> [140–142]. These observations are consistent with the fact that P2 receptors participate in a wide range of phagocytic and chemotactic actions, as described for P2Y<sub>2,4,6</sub> receptors in the phagocytosis of apoptotic bodies by microglial cells. In addition to these signaling mechanisms, the EP3 receptors have been involved in the impairment of Ca<sup>2+</sup>-mobilization by PGE<sub>2</sub> in cerebellar astrocytes [88].

Interestingly, PGE<sub>2</sub> promotes the internalization of P2Y<sub>4</sub> in fibroblasts transfected with COX-2, an effect that is suppressed after the inhibition of COX-2 with the coxib DFU [24]. Moreover, the blockade in Ca<sup>2+</sup>-mobilization by PGE<sub>2</sub> has an important consequence in terms of the activation of different signaling pathways in fibroblasts, including activation of various PKCs and the energetic metabolism via activation of AMP-dependent protein kinase (AMPK) and inhibition of acetyl-CoA carboxylase (ACC) [24, 71]. Again, this regulatory network is suppressed when fibroblasts are in an inflammatory environment. Recent trends in tissue repair of inflammatory lesions have focused on the interaction between stromal cells, such as macrophages and fibroblasts. Based on these observations, it can be proposed that targeting the stromal microenvironment is likely to be an important and promising strategy for future anti-inflammatory and pro-resolution therapies.

In summary, the translation of basic studies on the interactions between prostaglandin synthesis and the signaling through P2Y and P2X receptors in the immune system to clinical trials can result in the development of new therapeutic options to modulate the course of inflammatory diseases.

**Author contribution** A.P.-R. and L.B. conceived, researched, wrote, provided funding, discussed with all authors and prepared the final version; C.D. and P.M.-S. provided intellectual input and contributed to the analysis of prostanoids signaling; S.S.-G., C.A.-L., R.L.-V. and P.P. provided intellectual input and revised the manuscript.

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**Data availability** Data and comments that support this study are available from the corresponding authors upon request.

## Declarations

**Ethical approval** This is a review article of already published work and does not include unpublished studies on either animals or humans.

**Informed consent** Not applicable.

**Conflict of interest** The authors declare no competing interests.

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## References

- Fullerton JN, Gilroy DW (2016) Resolution of inflammation: a new therapeutic frontier. *Nat Rev Drug Discov* 15:551–567. <https://doi.org/10.1038/nrd.2016.39>
- Chen L, Deng H, Cui H et al (2017) Inflammatory responses and inflammation-associated diseases in organs. *Oncotarget* 9:7204–7218. <https://doi.org/10.18632/oncotarget.23208>
- Bours MJ, Swennen EL, Di Virgilio F et al (2006) Adenosine 5'-triphosphate and adenosine as endogenous signaling molecules in immunity and inflammation. *Pharmacol Ther* 112:358–404. <https://doi.org/10.1016/j.pharmthera.2005.04.013>
- Chiurchiu V, Leuti A, Maccarrone M (2018) Bioactive Lipids and Chronic Inflammation: Managing the Fire Within. *Front Immunol* 9:38. <https://doi.org/10.3389/fimmu.2018.00038>
- Idzko M, Ferrari D, Eltzschig HK (2014) Nucleotide signalling during inflammation. *Nature* 509:310–317. <https://doi.org/10.1038/nature13085>
- Nathan C (2002) Points of control in inflammation. *Nature* 420:846–852. <https://doi.org/10.1038/nature01320>
- Goldberg EL, Dixit VD (2015) Drivers of age-related inflammation and strategies for healthspan extension. *Immunol Rev* 265:63–74. <https://doi.org/10.1111/imr.12295>
- Boscá L, González-Ramos S, Prieto P et al (2015) Metabolic signatures linked to macrophage polarization: from glucose metabolism to oxidative phosphorylation. *Biochem Soc Trans* 43:740–744. <https://doi.org/10.1042/BST20150107>
- Uguccioni M, Teixeira MM, Locati M, Mantovani A (2017) Editorial: Regulation of Inflammation, Its Resolution and Therapeutic Targeting. *Front Immunol* 8:415. <https://doi.org/10.3389/fimmu.2017.00415>
- Pajares MI, Rojo A, Manda G et al (2020) Inflammation in Parkinson's Disease: Mechanisms and Therapeutic Implications. *Cells* 9:1687. <https://doi.org/10.3390/cells9071687>
- Germano G, Mantovani A, Allavena P (2011) Targeting of the innate immunity/inflammation as complementary anti-tumor therapies. *Ann Med* 43:581–593. <https://doi.org/10.3109/07853890.2011.595732>
- Giglio RV, Pantea Stoian A, Al-Rasadi K et al (2021) Novel Therapeutical Approaches to Managing Atherosclerotic

- Risk. *Int J Mol Sci* 22:4633. <https://doi.org/10.3390/ijms22094633>
13. Song N, Liu Z-S, Xue W et al (2017) NLRP3 Phosphorylation Is an Essential Priming Event for Inflammasome Activation. *Mol Cell* 68:185–197.e6. <https://doi.org/10.1016/j.molcel.2017.08.017>
  14. Kelley N, Jeltama D, Duan Y, He Y (2019) The NLRP3 Inflammasome: An Overview of Mechanisms of Activation and Regulation. *Int J Mol Sci* 20:3328. <https://doi.org/10.3390/ijms2013328>
  15. Jiang H, He H, Chen Y et al (2017) Identification of a selective and direct NLRP3 inhibitor to treat inflammatory disorders. *J Exp Med* 214:3219–3238. <https://doi.org/10.1084/jem.20171419>
  16. Yang Y, Wang H, Kouadir M et al (2019) Recent advances in the mechanisms of NLRP3 inflammasome activation and its inhibitors. *Cell Death Dis* 10:128. <https://doi.org/10.1038/s41419-019-1413-8>
  17. Li N, Zhou H, Wu H et al (2019) STING-IRF3 contributes to lipopolysaccharide-induced cardiac dysfunction, inflammation, apoptosis and pyroptosis by activating NLRP3. *Redox Biol* 24:101215. <https://doi.org/10.1016/j.redox.2019.101215>
  18. Serhan CN, Levy BD (2018) Resolvins in inflammation: emergence of the pro-resolving superfamily of mediators. *J Clin Invest* 128:2657–2669. <https://doi.org/10.1172/JCI97943>
  19. Lehmann C, Homann J, Ball AK et al (2015) Lipoxin and resolvins biosynthesis is dependent on 5-lipoxygenase activating protein. *FASEB J* 29:5029–5043. <https://doi.org/10.1096/fj.15-275487>
  20. Buckley CD, Gilroy DW, Serhan CN (2014) Proresolving lipid mediators and mechanisms in the resolution of acute inflammation. *Immunity* 40:315–327. <https://doi.org/10.1016/j.immuni.2014.02.009>
  21. Ulmann L, Hirbec H, Rassendren F (2010) P2X4 receptors mediate PGE2 release by tissue-resident macrophages and initiate inflammatory pain. *EMBO J* 29:2290–2300. <https://doi.org/10.1038/emboj.2010.126>
  22. Parkinson JF (2006) Lipoxin and synthetic lipoxin analogs: an overview of anti-inflammatory functions and new concepts in immunomodulation. *Inflamm Allergy Drug Targets* 5:91–106. <https://doi.org/10.2174/187152806776383125>
  23. Francés DE, Motiño O, Agrá N et al (2015) Hepatic cyclooxygenase-2 expression protects against diet-induced steatosis, obesity, and insulin resistance. *Diabetes* 64:1522–1531. <https://doi.org/10.2337/db14-0979>
  24. Pimentel-Santillana M, Través PG, Pérez-Sen R et al (2014) Sustained Release of Prostaglandin E 2 in Fibroblasts Expressing Ectopically Cyclooxygenase 2 Impairs P2Y-Dependent Ca 2+ Mobilization. *Mediators Inflamm* 2014:1–9. <https://doi.org/10.1155/2014/832103>
  25. Frances DE, Ingaramo PI, Mayoral R et al (2013) Cyclooxygenase-2 over-expression inhibits liver apoptosis induced by hyperglycemia. *J Cell Biochem* 114:669–680. <https://doi.org/10.1002/jcb.24409>
  26. Goren N, Cuenca J, Martín-Sanz P, Boscá L (2004) Attenuation of NF- $\kappa$ B signalling in rat cardiomyocytes at birth restricts the induction of inflammatory genes. *Cardiovasc Res* 64:289–297. <https://doi.org/10.1016/j.cardiores.2004.06.029>
  27. Callejas NA, Fernández-Martínez A, Castrillo A et al (2003) Selective inhibitors of cyclooxygenase-2 delay the activation of nuclear factor kappa B and attenuate the expression of inflammatory genes in murine macrophages treated with lipopolysaccharide. *Mol Pharmacol* 63:671–677. <https://doi.org/10.1124/mol.63.3.671>
  28. Hortelano S (2007) Animal models for the study of liver regeneration: role of nitric oxide and prostaglandins. *Front Biosci* 12:13. <https://doi.org/10.2741/2045>
  29. Castro-Sanchez L, Agra N, Llorente Izquierdo C et al (2013) Regulation of 15-hydroxyprostaglandin dehydrogenase expression in hepatocellular carcinoma. *Int J Biochem Cell Biol* 45:2501–2511. <https://doi.org/10.1016/j.biocel.2013.08.005>
  30. Prieto P, Jaén RI, Calle D et al (2019) Interplay between post-translational cyclooxygenase-2 modifications and the metabolic and proteomic profile in a colorectal cancer cohort. *World J Gastroenterol* 25:433. <https://doi.org/10.3748/wjg.v25.i4.433>
  31. Jaén RI, Prieto P, Casado M et al (2018) Post-translational modifications of prostaglandin-endoperoxide synthase 2 in colorectal cancer: An update. *World J Gastroenterol* 24:5454–5461. <https://doi.org/10.3748/wjg.v24.i48.5454>
  32. Mayoral R, Mollá B, Flores JM et al (2008) Constitutive expression of cyclo-oxygenase 2 transgene in hepatocytes protects against liver injury. *Biochem J* 416:337–346. <https://doi.org/10.1042/BJ20081224>
  33. Martín-Sanz P, Casado M, Boscá L et al (2017) Cyclooxygenase 2 in liver dysfunction and carcinogenesis: Facts and perspectives. *World J Gastroenterol* 23:3572–3580. <https://doi.org/10.3748/wjg.v23.i20.3572>
  34. Martín-Sanz P, Callejas NA, Casado M et al (1998) Expression of cyclooxygenase-2 in foetal rat hepatocytes stimulated with lipopolysaccharide and pro-inflammatory cytokines. *Br J Pharmacol* 125:1313–1319. <https://doi.org/10.1038/sj.bjp.0702196>
  35. Casado M, Callejas NA, Rodrigo J et al (2001) Contribution of cyclooxygenase-2 to liver regeneration after partial hepatectomy. *FASEB J* 15:2016–2018. <https://doi.org/10.1096/fj.01-0158fje>
  36. Martín-Sanz P, Mayoral R, Casado M et al (2010) COX-2 in liver, from regeneration to hepatocarcinogenesis: what we have learned from animal models? *World J Gastroenterol* 16:1430–1435. <https://doi.org/10.3748/wjg.v16.i12.1430>
  37. Motino O, Agra N, Brea Contreras R et al (2016) Cyclooxygenase-2 expression in hepatocytes attenuates non-alcoholic steatohepatitis and liver fibrosis in mice. *Biochim Biophys Acta* 1862:1710–1723. <https://doi.org/10.1016/j.bbadis.2016.06.009>
  38. Delgado C, Ruiz-Hurtado G, Gómez-Hurtado N et al (2015) NOD1, a new player in cardiac function and calcium handling. *Cardiovasc Res* 106:375–386. <https://doi.org/10.1093/cvr/cvv118>
  39. Tang D, Kang R, Coyne CB et al (2012) PAMPs and DAMPs: signal 0s that spur autophagy and immunity. *Immunol Rev* 249:158–175. <https://doi.org/10.1111/j.1600-065X.2012.01146.x>
  40. Scher JU, Pillinger MH (2009) The anti-inflammatory effects of prostaglandins. *J Investig Med* 57:703–708. [10.2311/JIM.0b013e31819aaa76](https://doi.org/10.2311/JIM.0b013e31819aaa76)
  41. Moro K, Nagahashi M, Ramanathan R et al (2016) Resolvins and omega three polyunsaturated fatty acids: Clinical implications in inflammatory diseases and cancer. *World J Clin Cases* 4:155. <https://doi.org/10.12998/wjcc.v4.i7.155>
  42. Serhan CN (2014) Pro-resolving lipid mediators are leads for resolution physiology. *Nature* 510:92–101. <https://doi.org/10.1038/nature13479>
  43. Batista-Gonzalez A, Vidal R, Criollo A, Carreño LJ (2020) New Insights on the Role of Lipid Metabolism in the Metabolic Reprogramming of Macrophages. *Front Immunol* 10:1–7. <https://doi.org/10.3389/fimmu.2019.02993>
  44. O'Callaghan G, Houston A (2015) Prostaglandin E2 and the EP receptors in malignancy: possible therapeutic targets? *Br J Pharmacol* 172:5239–5250. <https://doi.org/10.1111/bph.13331>
  45. Yuan C, Smith WL (2015) A cyclooxygenase-2-dependent prostaglandin E2 biosynthetic system in the Golgi apparatus. *J Biol Chem* 290:5606–5620. <https://doi.org/10.1074/jbc.M114.632463>



46. Madrigal JLM, Moro MA, Lizasoain I et al (2003) Induction of Cyclooxygenase-2 Accounts for Restraint Stress-Induced Oxidative Status in Rat Brain. *Neuropsychopharmacology* 28:1579–1588. <https://doi.org/10.1038/sj.npp.1300187>
47. Callejas NA (2001) Expression of cyclooxygenase-2 promotes the release of matrix metalloproteinase-2 and -9 in fetal rat hepatocytes. *Hepatology* 33:860–867. <https://doi.org/10.1053/jhep.2001.23002>
48. Ito M, Matsuoka I (2008) Regulation of purinergic signaling by prostaglandin E2 in murine macrophages. *J Pharmacol Sci* 107:443–450. <https://doi.org/10.1254/jphs.08087fp>
49. Xu J, Chalimoniuk M, Shu Y et al (2003) Prostaglandin E2 production in astrocytes: regulation by cytokines, extracellular ATP, and oxidative agents. *Prostaglandins Leukot Essent Fat Acids* 69:437–448
50. Brea R, Motiño O, Francés D et al (2018) PGE2 induces apoptosis of hepatic stellate cells and attenuates liver fibrosis in mice by downregulating miR-23a-5p and miR-28a-5p. *Biochim Biophys Acta - Mol Basis Dis* 1864:325–337. <https://doi.org/10.1016/j.bbdis.2017.11.001>
51. Millán O, Rico D, Peinado H et al (2006) Potentiation of tumor formation by topical administration of 15-deoxy-delta12,14-prostaglandin J2 in a model of skin carcinogenesis. *Carcinogenesis* 27:328–336. <https://doi.org/10.1093/carcin/bgi213>
52. Oliva JL, Pérez-Sala D, Castrillo A et al (2003) The cyclopentenone 15-deoxy-Δ 12,14 -prostaglandin J 2 binds to and activates H-Ras. *Proc Natl Acad Sci* 100:4772–4777. <https://doi.org/10.1073/pnas.0735842100>
53. Hortelano S, Castrillo A, Alvarez AM, Boscá L (2000) Contribution of Cyclopentenone Prostaglandins to the Resolution of Inflammation Through the Potentiation of Apoptosis in Activated Macrophages. *J Immunol* 165:6525–6531. <https://doi.org/10.4049/jimmunol.165.11.6525>
54. Das S, Kashyap N, Kalita S, et al (2020) A brief insight into the physicochemical properties of room-temperature acidic ionic liquids and their catalytic applications in C C bond formation reactions. pp 1–98
55. Castrillo A, Díaz-Guerra MJ, Hortelano S et al (2000) Inhibition of IkappaB kinase and IkappaB phosphorylation by 15-deoxy-Delta(12,14)-prostaglandin J(2) in activated murine macrophages. *Mol Cell Biol* 20:1692–1698. <https://doi.org/10.1128/mcb.20.5.1692-1698.2000>
56. Consalvi S, Biava M, Poce G (2015) COX inhibitors: a patent review (2011–2014). *Expert Opin Ther Pat* 25:1357–1371. <https://doi.org/10.1517/13543776.2015.1090973>
57. Vosoghi M, Amini M (2014) The discovery and development of cyclooxygenase-2 inhibitors as potential anticancer therapies. *Expert Opin Drug Discov* 9:255–267. <https://doi.org/10.1517/17460441.2014.883377>
58. Garcia Rodriguez LA, Cea-Soriano L, Tacconelli S, Patrignani P (2013) Coxibs: pharmacology, toxicity and efficacy in cancer clinical trials. *Recent Results Cancer Res* 191:67–93. [https://doi.org/10.1007/978-3-642-30331-9\\_4](https://doi.org/10.1007/978-3-642-30331-9_4)
59. Cebola I, Custodio J, Muñoz M et al (2015) Epigenetics override pro-inflammatory PTGS transcriptomic signature towards selective hyperactivation of PGE2 in colorectal cancer. *Clin Epigenetics* 7:74. <https://doi.org/10.1186/s13148-015-0110-4>
60. Kirkby NS, Chan MV, Lundberg MH et al (2013) Aspirin-triggered 15-epi-lipoxin A4 predicts cyclooxygenase-2 in the lungs of LPS-treated mice but not in the circulation: implications for a clinical test. *Faseb J* 27:3938–3946. <https://doi.org/10.1096/fj.12-215533>
61. Sugimoto Y, Narumiya S (2007) Prostaglandin E receptors. *J Biol Chem* 282:11613–11617. <https://doi.org/10.1074/jbc.R600038200>
62. Bhattacharya M, Peri KG, Almazan G et al (1998) Nuclear localization of prostaglandin E2 receptors. *Proc Natl Acad Sci USA* 95:15792–15797. <https://doi.org/10.1073/pnas.95.26.15792>
63. Narumiya S (2007) Physiology and pathophysiology of prostanoid receptors. *Proc Japan Acad Ser B* 83:296–319. <https://doi.org/10.2183/pjab.83.296>
64. Tanaka Y, Furuyashiki T, Momiyama T et al (2009) Prostaglandin E receptor EP1 enhances GABA-mediated inhibition of dopaminergic neurons in the substantia nigra pars compacta and regulates dopamine level in the dorsal striatum. *Eur J Neurosci* 30:2338–2346. <https://doi.org/10.1111/j.1460-9568.2009.07021.x>
65. Marković T, Jakopin Ž, Dolenc MS, Mlinarič-Raščan I (2017) Structural features of subtype-selective EP receptor modulators. *Drug Discov Today* 22:57–71. <https://doi.org/10.1016/j.drudis.2016.08.003>
66. Regan JW (2003) EP2 and EP4 prostanoid receptor signaling. *Life Sci* 74:143–153. <https://doi.org/10.1016/j.lfs.2003.09.031>
67. Vleeshouwers W, van den Dries K, de Keijzer S et al (2021) Characterization of the Signaling Modalities of Prostaglandin E2 Receptors EP2 and EP4 Reveals Crosstalk and a Role for Microtubules. *Front Immunol* 11:613286. <https://doi.org/10.3389/fimmu.2020.613286>
68. Reader J, Holt D, Fulton A (2011) Prostaglandin E2 EP receptors as therapeutic targets in breast cancer. *Cancer Metastasis Rev* 30:449–463. <https://doi.org/10.1007/s10555-011-9303-2>
69. Meves H (2006) The Action of Prostaglandins on Ion Channels. *Curr Neuropharmacol* 4:41–57. <https://doi.org/10.2174/157015906775203048>
70. Myrtek D, Muller T, Geyer V et al (2008) Activation of human alveolar macrophages via P2 receptors: coupling to intracellular Ca2+ increases and cytokine secretion. *J Immunol* 181:2181–2188
71. Través PG, Pimentel-Santillana M, Carrasquero LMG et al (2013) Selective impairment of P2Y signaling by prostaglandin E2 in macrophages: Implications for Ca 2+ -dependent responses. *J Immunol* 190:4226–4235. <https://doi.org/10.4049/jimmunol.1203029>
72. Marques-da-Silva C, Burnstock G, Ojcius DM, Coutinho-Silva R (2010) Purinergic receptor agonists modulate phagocytosis and clearance of apoptotic cells in macrophages. *Immunobiology* 216:1–11. <https://doi.org/10.1016/j.imbio.2010.03.010>
73. Vitiello L, Gorini S, Rosano G, la Sala A (2012) Immunoregulation through extracellular nucleotides. *Blood* 120:511–518. <https://doi.org/10.1182/blood-2012-01-406496>
74. Kong Q, Quan Y, Tian G et al (2021) Purinergic P2 Receptors: Novel Mediators of Mechanotransduction. *Front Pharmacol* 12:671809. <https://doi.org/10.3389/fphar.2021.671809>
75. Boeynaems J-M, Communi D, Gonzalez NS, Robaye B (2005) Overview of the P2 Receptors. *Semin Thromb Hemost* 31:139–149. <https://doi.org/10.1055/s-2005-869519>
76. Inoue K (2022) Overview for the study of P2 receptors: From P2 receptor history to neuropathic pain studies. *J Pharmacol Sci* 149:73–80. <https://doi.org/10.1016/j.jphs.2022.04.003>
77. Abbracchio MP, Burnstock G, Boeynaems JM et al (2006) International Union of Pharmacology LVIII: update on the P2Y G protein-coupled nucleotide receptors: from molecular mechanisms and pathophysiology to therapy. *Pharmacol Rev* 58:281–341. <https://doi.org/10.1124/pr.58.3.3>
78. Ralevic V, Burnstock G (1998) Receptors for purines and pyrimidines. *Pharmacol Rev* 50:413–492
79. Tsuda M, Beggs S, Salter MW, Inoue K (2013) Microglia and intractable chronic pain. *Glia* 61:55–61. <https://doi.org/10.1002/glia.22379>

80. Norenberg W, Hempel C, Urban N et al (2011) Clemastine potentiates the human P2X7 receptor by sensitizing it to lower ATP concentrations. *J Biol Chem* 286:11067–11081. <https://doi.org/10.1074/jbc.M110.198879>
81. Raouf R, Chabot-Dore AJ, Ase AR et al (2007) Differential regulation of microglial P2X4 and P2X7 ATP receptors following LPS-induced activation. *Neuropharmacology* 53:496–504. <https://doi.org/10.1016/j.neuropharm.2007.06.010>
82. Xia M, Zhu Y (2011) Signaling pathways of ATP-induced PGE2 release in spinal cord astrocytes are EGFR transactivation-dependent. *Glia* 59:664–674. <https://doi.org/10.1002/glia.21138>
83. Beggs S, Trang T, Salter MW (2012) P2X4R(+) microglia drive neuropathic pain. *Nat Neurosci* 15:1068–1073. <https://doi.org/10.1038/nn.3155>
84. Jacobson KA, Delicado EG, Gachet C et al (2020) Update of P2Y receptor pharmacology: IUPHAR Review 27. *Br J Pharmacol* 177:2413–2433. <https://doi.org/10.1111/bph.15005>
85. Burnstock G (2012) Purinergic signalling: Its unpopular beginning, its acceptance and its exciting future. *BioEssays* 34:218–225. <https://doi.org/10.1002/bies.201100130>
86. Dal Ben D, Buccioni M, Lambertucci C et al (2015) Purinergic P2X receptors: Structural models and analysis of ligand-target interaction. *Eur J Med Chem* 89:561–580. <https://doi.org/10.1016/j.ejmech.2014.10.071>
87. Leon-Otegui M, Gomez-Villafuertes R, Diaz-Hernandez JI et al (2011) Opposite effects of P2X7 and P2Y2 nucleotide receptors on alpha-secretase-dependent APP processing in Neuro-2a cells. *FEBS Lett* 585:2255–2262. <https://doi.org/10.1016/j.febslet.2011.05.048>
88. Paniagua-Herranz L, Gil-Redondo JC, Queipo MJ et al (2017) Prostaglandin E2 Impairs P2Y2/P2Y4 receptor signaling in cerebellar astrocytes via EP3 receptors. *Front Pharmacol* 8:e937. <https://doi.org/10.3389/fphar.2017.00937>
89. Stachon P, Heidenreich A, Merz J et al (2017) P2X7 Deficiency Blocks Lesional Inflammation and Ameliorates Atherosclerosis in Mice. *Circulation* 135:2524–2533. <https://doi.org/10.1161/circulationaha.117.027400>
90. Stachon P, Geis S, Peikert A et al (2016) Extracellular ATP Induces Vascular Inflammation and Atherosclerosis via Purinergic Receptor Y2 in Mice. *Arter Thromb Vasc Biol* 36:1577–1586. <https://doi.org/10.1161/atvbaha.115.307397>
91. Chen BC, Lin WW (2000) Pyrimidinocceptor potentiation of macrophage PGE(2) release involved in the induction of nitric oxide synthase. *Br J Pharmacol* 130:777–786. <https://doi.org/10.1038/sj.bjp.0703375>
92. Palmieri EM, Gonzalez-Cotto M, Baseler WA et al (2020) Nitric oxide orchestrates metabolic rewiring in M1 macrophages by targeting aconitase 2 and pyruvate dehydrogenase. *Nat Commun* 11:698. <https://doi.org/10.1038/s41467-020-14433-7>
93. Tawakol A, Singh P, Mojena M et al (2015) HIF-1 $\alpha$  and PFKFB3 mediate a tight relationship between proinflammatory activation and anaerobic metabolism in atherosclerotic macrophages. *Arterioscler Thromb Vasc Biol* 35:1463–1471. <https://doi.org/10.1161/ATVBAHA.115.305551>
94. Biswas SK, Mantovani A (2012) Orchestration of metabolism by macrophages. *Cell Metab* 15:432–437. <https://doi.org/10.1016/j.cmet.2011.11.013>
95. Blagih J, Jones RG (2012) Polarizing macrophages through reprogramming of glucose metabolism. *Cell Metab* 15:793–795. <https://doi.org/10.1016/j.cmet.2012.05.008>
96. Ruytinx P, Proost P, Van Damme J, Struyf S (2018) Chemokine-Induced Macrophage Polarization in Inflammatory Conditions. *Front Immunol* 9:1930. <https://doi.org/10.3389/fimmu.2018.01930>
97. Zhu L, Yang T, Li L et al (2014) TSC1 controls macrophage polarization to prevent inflammatory disease. *Nat Commun* 5:4696. <https://doi.org/10.1038/ncomms5696>
98. Povo-Retana A, Mojena M, Boscá A et al (2021) Graphene Particles Interfere with Pro-Inflammatory Polarization of Human Macrophages: Functional and Electrophysiological Evidence. *Adv Biol* 5:2100882. <https://doi.org/10.1002/adbi.202100882>
99. Colin S, Chinetti-Gbaguidi G, Staels B (2014) Macrophage phenotypes in atherosclerosis. *Immunol Rev* 262:153–166. <https://doi.org/10.1111/imr.12218>
100. Dai L, Bhargava P, Stanya KJ et al (2017) Macrophage alternative activation confers protection against lipotoxicity-induced cell death. *Mol Metab* 6:1186–1197. <https://doi.org/10.1016/j.molmet.2017.08.001>
101. Funes SC, Rios M, Escobar-Vera J, Kalergis AM (2018) Implications of macrophage polarization in autoimmunity. *Immunology* 154:186–195. <https://doi.org/10.1111/imm.12910>
102. Galván-Peña S, O’Neill LAJ (2014) Metabolic reprogramming in macrophage polarization. *Front Immunol* 5:1–6. <https://doi.org/10.3389/fimmu.2014.00420>
103. Shapouri-Moghaddam A, Mohammadian S, Vazini H et al (2018) Macrophage plasticity, polarization, and function in health and disease. *J Cell Physiol* 233:6425–6440. <https://doi.org/10.1002/jcp.26429>
104. Young MT (2010) P2X receptors: dawn of the post-structure era. *Trends Biochem Sci* 35:83–90. <https://doi.org/10.1016/j.tibs.2009.09.006>
105. Illes P, Müller CE, Jacobson KA et al (2021) Update of P2X receptor properties and their pharmacology: IUPHAR Review 30. *Br J Pharmacol* 178:489–514. <https://doi.org/10.1111/bph.15299>
106. North RA (2002) Molecular physiology of P2X receptors. *Physiol Rev* 82:1013–1067. <https://doi.org/10.1152/physrev.00015.2002>
107. Klaver D, Thurnher M (2021) Control of Macrophage Inflammation by P2Y Purinergic Receptors. *Cells* 10:1098. <https://doi.org/10.3390/cells10051098>
108. Nishimura A, Sunggip C, Oda S et al (2017) Purinergic P2Y receptors: Molecular diversity and implications for treatment of cardiovascular diseases. *Pharmacol Ther* 180:113–128. <https://doi.org/10.1016/j.pharmthera.2017.06.010>
109. Csoka B, Nemeth ZH, Toro G et al (2015) Extracellular ATP protects against sepsis through macrophage P2X7 purinergic receptors by enhancing intracellular bacterial killing. *Faseb J* 29:3626–3637. <https://doi.org/10.1096/fj.15-272450>
110. Baron L, Gombault A, Fanny M et al (2015) The NLRP3 inflammasome is activated by nanoparticles through ATP, ADP and adenosine. *Cell Death Dis* 6:e1629. <https://doi.org/10.1038/cddis.2014.576>
111. Zhou J, Zhou Z, Liu X et al (2021) P2X7 Receptor-Mediated Inflammation in Cardiovascular Disease. *Front Pharmacol* 12:e654425. <https://doi.org/10.3389/fphar.2021.654425>
112. Ferrari D, Pizzirani C, Adinolfi E et al (2006) The P2X7 receptor: a key player in IL-1 processing and release. *J Immunol* 176:3877–3883
113. Adinolfi E, Capece M, Franceschini A et al (2015) Accelerated tumor progression in mice lacking the ATP receptor P2X7. *Cancer Res* 75:635–644. <https://doi.org/10.1158/0008-5472.can-14-1259>
114. Zhang Y, Pop IL, Carlson NG, Kishore BK (2011) Genetic deletion of the P2Y2 receptor offers significant resistance to development of lithium-induced polyuria accompanied by alterations in PGE2 signaling. *Am J Physiol Ren Physiol* 302:F70–F77. <https://doi.org/10.1152/ajprenal.00444.2011>

115. Berenbaum F, Humbert L, Bereziat G, Thirion S (2003) Concomitant recruitment of ERK1/2 and p38 MAPK signalling pathway is required for activation of cytoplasmic phospholipase A2 via ATP in articular chondrocytes. *J Biol Chem* 278:13680–13687. <https://doi.org/10.1074/jbc.M211570200>
116. Chiang C-Y, Veckman V, Limmer K, David M (2012) Phospholipase C $\gamma$ -2 and Intracellular Calcium Are Required for Lipopolysaccharide-induced Toll-like Receptor 4 (TLR4) Endocytosis and Interferon Regulatory Factor 3 (IRF3) Activation. *J Biol Chem* 287:3704–3709. <https://doi.org/10.1074/jbc.C111.328559>
117. Zhu L, Jones C, Zhang G (2018) The Role of Phospholipase C Signaling in Macrophage-Mediated Inflammatory Response. *J Immunol Res* 2018:1–9. <https://doi.org/10.1155/2018/5201759>
118. Merz J, Nettesheim A, von Garlen S et al (2021) Pro- and anti-inflammatory macrophages express a sub-type specific purinergic receptor profile. *Purinergic Signal* 17:481–492. <https://doi.org/10.1007/s11302-021-09798-3>
119. Giuliani AL, Sarti AC, Di Virgilio F (2021) Ectonucleotidases in Acute and Chronic Inflammation. *Front Pharmacol* 11:619458. <https://doi.org/10.3389/fphar.2020.619458>
120. Deaglio S, Robson SC (2011) Ectonucleotidases as Regulators of Purinergic Signaling in Thrombosis, Inflammation, and Immunity. *Adv Pharmacol* 11:301–332. <https://doi.org/10.1016/B978-0-12-385526-8.00010-2>
121. Degagne E, Grbic DM, Dupuis AA et al (2009) P2Y2 receptor transcription is increased by NF-kappa B and stimulates cyclooxygenase-2 expression and PGE2 released by intestinal epithelial cells. *J Immunol* 183:4521–4529. <https://doi.org/10.4049/jimmunol.0803977>
122. Kunapuli S (2003) Platelet purinergic receptors. *Curr Opin Pharmacol* 3:175–180. [https://doi.org/10.1016/S1471-4892\(03\)00007-9](https://doi.org/10.1016/S1471-4892(03)00007-9)
123. Kunapuli SP, Daniel JL (1998) P2 receptor subtypes in the cardiovascular system. *Biochem J* 336:513–523
124. Cieślak M, Wojtczak A (2018) Role of purinergic receptors in the Alzheimer's disease. *Purinergic Signal* 14:331–344. <https://doi.org/10.1007/s11302-018-9629-0>
125. Godoy PA, Ramirez-Molina O, Fuentealba J (2019) Exploring the Role of P2X Receptors in Alzheimer's Disease. *Front Pharmacol* 10:1330. <https://doi.org/10.3389/fphar.2019.01330>
126. Yiangou Y, Facer P, Durrenberger P et al (2006) COX-2, CB2 and P2X7-immunoreactivities are increased in activated microglial cells/macrophages of multiple sclerosis and amyotrophic lateral sclerosis spinal cord. *BMC Neurol* 6:12. <https://doi.org/10.1186/1471-2377-6-12>
127. Seo DR, Kim SY, Kim KY et al (2008) Cross talk between P2 purinergic receptors modulates extracellular ATP-mediated interleukin-10 production in rat microglial cells. *Exp Mol Med* 40:19. <https://doi.org/10.3858/emm.2008.40.1.19>
128. Horioka M, Ceraudo E, Lorenzen E et al (2021) Purinergic Receptors Crosstalk with CCR5 to Amplify Ca<sup>2+</sup> Signaling. *Cell Mol Neurobiol* 41:1085–1101. <https://doi.org/10.1007/s10571-020-01002-1>
129. Chaves MM, Canetti C, Coutinho-Silva R (2016) Crosstalk between purinergic receptors and lipid mediators in leishmaniasis. *Parasit Vectors* 9:489. <https://doi.org/10.1186/s13071-016-1781-1>
130. Erb L, Weisman GA (2012) Coupling of P2Y receptors to G proteins and other signaling pathways. *Wiley Interdiscip Rev Membr Transp Signal* 1:789–803. <https://doi.org/10.1002/wmts.62>
131. Brambilla R, Burnstock G, Bonazzi A et al (1999) Cyclo-oxygenase-2 mediates P2Y receptor-induced reactive astrogliosis. *Br J Pharmacol* 126:563–567. <https://doi.org/10.1038/sj.bjp.0702333>
132. Xing M, Post S, Ostrom RS et al (1999) Inhibition of phospholipase A2-mediated arachidonic acid release by cyclic AMP defines a negative feedback loop for P2Y receptor activation in Madin-Darby canine kidney D1 cells. *J Biol Chem* 274:10035–10038
133. Park J-E, Kim Y-I, Yi A-K (2008) Protein Kinase D1: A New Component in TLR9 Signaling. *J Immunol* 181:2044–2055. <https://doi.org/10.4049/jimmunol.181.3.2044>
134. Park J-EE, Kim Y-II, Yi A-KK (2009) Protein Kinase D1 Is Essential for MyD88-Dependent TLR Signaling Pathway. *J Immunol* 182:6316–6327. <https://doi.org/10.4049/jimmunol.0804239>
135. Kolczynska K, Loza-Valdes A, Hawro I, Sumara G (2020) Diacylglycerol-evoked activation of PKC and PKD isoforms in regulation of glucose and lipid metabolism: a review. *Lipids Health Dis* 19:113. <https://doi.org/10.1186/s12944-020-01286-8>
136. Firestein BL, Xing M, Hughes RJ et al (1996) Heterogeneity of P2u- and P2y-purinergic receptor regulation of phospholipases in MDCK cells. *Am J Physiol Physiol* 271:F610–F618. <https://doi.org/10.1152/ajprenal.1996.271.3.F610>
137. Corriden R, Insel PA (2012) New insights regarding the regulation of chemotaxis by nucleotides, adenosine, and their receptors. *Purinergic Signal* 8:587–598. <https://doi.org/10.1007/s11302-012-9311-x>
138. Ledderose C, Liu K, Kondo Y et al (2018) Purinergic P2X4 receptors and mitochondrial ATP production regulate T cell migration. *J Clin Invest* 128:3583–3594. <https://doi.org/10.1172/JCI120972>
139. Lee BH, Hwang DM, Palaniyar N et al (2012) Activation of P2X(7) Receptor by ATP Plays an Important Role in Regulating Inflammatory Responses during Acute Viral Infection. *PLoS One* 7:e35812. <https://doi.org/10.1371/journal.pone.0035812>
140. Wu L-J, Vadakkan KI, Zhuo M (2007) ATP-induced chemotaxis of microglial processes requires P2Y receptor-activated initiation of outward potassium currents. *Glia* 55:810–821. <https://doi.org/10.1002/glia.20500>
141. O'Grady SM (2012) Purinergic signaling and immune cell chemotaxis. Focus on “The UDP-sugar-sensing P2Y 14 receptor promotes Rho-mediated signaling and chemotaxis in human neutrophils.” *Am J Physiol Physiol* 303:C486–C487. <https://doi.org/10.1152/ajpcell.00184.2012>
142. Koizumi S, Shigemoto-Mogami Y, Nasu-Tada K et al (2007) UDP acting at P2Y6 receptors is a mediator of microglial phagocytosis. *Nature* 446:1091–1095. <https://doi.org/10.1038/nature05704>

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