

International Immunopharmacology 3 (2003) 1273-1280

International Immunopharmacology

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# Inhibition of induction of myofibroblasts by interferon $\gamma$ in a human fibroblast cell line

Kousei Tanaka<sup>a</sup>, Kouichi Sano<sup>b,\*</sup>, Kazuhide Yuba<sup>a</sup>, Kouzo Katsumura<sup>c</sup>, Takashi Nakano<sup>b</sup>, Kazunari Tanaka<sup>a</sup>, Masato Kobayashi<sup>c</sup>, Tsunehiko Ikeda<sup>c</sup>, Muneaki Abe<sup>a</sup>

<sup>a</sup>Department of Orthopedic Surgery, Osaka Medical College, 2-7 Daigaku-machi, Takatsuki, Osaka 569-8686, Japan <sup>b</sup>Department of Microbiology, Osaka Medical College, 2-7 Daigaku-machi, Takatsuki, Osaka 569-8686, Japan <sup>c</sup>Department of Ophthalmology, Osaka Medical College, 2-7 Daigaku-machi, Takatsuki, Osaka 569-8686, Japan

Received 23 October 2002; received in revised form 6 January 2003; accepted 4 March 2003

#### Abstract

Interferon  $\gamma$  (IFN $\gamma$ ) has been reported as a possible therapeutic agent for contractile diseases in clinical trials and in vitro studies. It is not yet clear, however, whether IFN $\gamma$  simply inhibits myofibroblast generation or downregulates  $\alpha$  smooth muscle actin ( $\alpha$ SMA) production in myofibroblasts. In this study, we attempted to clarify how IFN $\gamma$  acts in the generation of myofibroblasts, and the production of  $\alpha$ SMA by myofibroblasts, using immunofluorescence staining, cell capture enzyme immunoassay (CC-EIA) and the reverse transcription polymerase chain reaction (RT-PCR) for  $\alpha$ SMA.

We examined whether IFN $\gamma$  could block the TGF $\beta$ 1-promoted changes in myofibroblasts or the generation of myofibroblasts by TGF $\beta$ 1. IFN $\gamma$  strongly blocked the generation of myofibroblasts and moderately inhibited the production of  $\alpha$ SMA in TGF $\beta$ 1-promoted myofibrobasts. These findings indicate that IFN $\gamma$  may be effective in the early stage of contractile diseases to preven the progression of contractile lesions.

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*Keywords:* In vitro assay; Myofibroblast;  $\alpha$  Smooth muscle actin ( $\alpha$ SMA); Interferon  $\gamma$  (IFN $\gamma$ ); Transforming growth factor  $\beta$ 1 (TGF $\beta$ 1); Dupuytren's contracture

# 1. Introduction

Dupuytren's contracture is a contractile disease in the fascia of the human palm. The disease involves the functional obstruction of finger movement by formation of nodules in the fascia of the palm. The only treatment is surgical resection of the nodule, but the nodule formation recurs frequently. Since myofibroblast-rich nodules occur in the lesion, and myofibroblasts are closely associated with the pathogenesis of Dupuytren's contracture, the majority of myofibroblasts appear to arise from fibroblasts by enhancing production of  $\alpha$  smooth muscle actin ( $\alpha$ SMA) [1]. Since the myofibroblast is a common cell in granulation tissue, and artificial overexpression of  $\alpha$ SMA does not induce contracture of tissue [2,3],  $\alpha$ SMA in the myofibroblast may not itself be directly associated with the induction of Dupuytren's contracture. In

<sup>\*</sup> Corresponding author. Tel.: +81-726-831221x2646; fax: +81-726-846517.

E-mail address: ksano@art.osaka-med.ac.jp (K. Sano).



Fig. 1. Induction of  $\alpha$ SMA production by TGF $\beta$ 1 in fibroblasts. Fibroblasts at a density of  $1 \times 10^4$  cells/well were cultured for 3 days in the presence of TGF $\beta$ 1 at the designated concentrations.  $\alpha$ SMA production was measured by CC-EIA.

contrast, Tomasek et al. [1,4] described a significant correlation between  $\alpha$ SMA expression and the generation of contractile force in Dupuytren's nodules. At present, although it is not clear whether  $\alpha$ SMA is directly associated with the contracture of tissue,  $\alpha$ SMA is considered to be a useful marker of myofibroblasts in contractile diseases.

Pittet et al. [5] demonstrated in their clinical pilot study that injection of interferon  $\gamma$  (IFN $\gamma$ ) into lesions of hypertrophic scars and Dupuytren's nodules revealed a therapeutic effect in humans. They qualitatively demonstrated that IFN $\gamma$  reduces  $\alpha$ SMA production in cells from the lesions. Sanders et al. [6] reported that IFN $\alpha$ 2b decreases contraction of Dupuytren's cells, and Tanaka et al. [7] quantitatively demonstrated that IFNy reduces aSMA production in Dupuytren's cells and transforming growth factor  $\beta$ 1 (TGF $\beta$ 1)-treated cells, both in vitro. These studies indicated that IFNs could be promising drugs for the treatment of contractile diseases such as Dupuytren's contracture. It is not yet clear, however, whether IFNy simply inhibits fibroblast transformation or downregulates aSMA production in myofibroblasts.

Tanaka et al. [7] demonstrated the downregulation of  $\alpha$ SMA production by IFN $\gamma$  in a TGF $\beta$ 1-stimulated human fibroblast cell line. They also showed that such downregulation in TGF $\beta$ 1-stimulated fibroblasts is similar to that in cultured Dupuytren's cells. In this study, we constructed a model for generating myofibroblasts using TGF $\beta$ 1-stimulated human fibroblasts, and attempted to clarify whether IFN $\gamma$  inhibits the generation of myofibroblasts or the downregulation of  $\alpha$ SMA production in myofibroblasts.

#### 2. Materials and methods

# 2.1. Cells

The human fibroblastic cell line, WI-38, was cultured in Earl's minimum essential medium (E-MEM, Nissui, Tokyo, Japan) supplemented with 10% fetal bovine serum. The cells were cultured in a 96-well microplate (Becton Dickinson, New Jersey, USA) at a density of  $1 \times 10^4$  cells/ml at 37 °C for 24 h. In some experiments, TGFB1 (R&D Systems, Minneapolis, MN, USA) was used for the induction of  $\alpha$ SMA in fibroblasts. To induce  $\alpha$ SMA in WI-38 cells, TGF $\beta$ 1 solution at final concentrations of 0-5 ng/ml was added to  $1 \times 10^4$  cells/well in a microplate, and the cells were cultured at 37 °C for 7 days under 5% CO<sub>2</sub> atmosphere with a medium change on the third day of culture. In some experiments, to demonstrate the downregulation of aSMA production, TGF<sub>β1</sub>-treated WI-38 cells were cultured in the presence of 100 U/ml IFNy (Roche Diagnostics,



Fig. 2. Inhibitory effect of IFN $\gamma$  on  $\alpha$ SMA production induced by TGF $\beta$ 1 stimulation. Cells were seeded at a density of  $1 \times 10^4$  cells/ well in a microplate and cultured for 3 days at various IFN $\gamma$ concentrations and 5 ng/ml TGF $\beta$ 1. The cells were examined for  $\alpha$ SMA production by CC-EIA.



Fig. 3-1. Fibroblasts were treated with 5 ng/ml TGF $\beta$ 1 for the first 3 days in culture, and then cultured without cytokines for the next 3 days of culture (a). Fibroblasts were stimulated with the same concentration of TGF $\beta$ 1 throughout the entire culture (b). Fibroblasts were cultured without cytokines for the first 3 days, and then stimulated with the same concentration of TGF $\beta$ 1 only in the next 3 days of culture (c). TGF $\beta$ 1-unstimulated fibroblasts are presented (d).

Mannheim, Germany), and examined by the assays described below.

# 2.2. Antibodies, chemicals and cell capture enzyme immunoassay (CC-EIA) for $\alpha$ SMA

The cell capture enzyme immunoassay (CC-EIA) for  $\alpha$ SMA [7] was applied. In brief, cultured cells were fixed in a 96-well microtiter plate with 4% formalin as described previously [8], and treated with 3% bovine serum albumin to block nonspecific immunoreactions. The fixed cells were treated with 32.5  $\mu$ g/ ml anti-aSMA mouse monoclonal antibody (Sigma, St. Louis, MO, USA) in 150 mM phosphate-buffered saline (PBS, pH 7.2) for 30 min at 37 °C and washed in PBS. The cells were reacted again with 50 µg/ml alkaline phosphatase (ALP)-labeled anti-mouse goat antibody (Cappel, Ohio, USA) in 150 mM PBS, for 30 min at 37 °C and washed in PBS. For colorization, a paranitrophosphate kit (MonotestALPot; Roche Diagnostics) was used with the addition of 4.8% levamisole to block endogenous ALP. The optical density of the colored solution was measured in a



Fig. 3-2. Representative immunofluorescence micrographs of fibroblasts treated with TGF $\beta$ 1. Fibroblasts were cultured in the manner as described in Fig. 3-1. The fluorescence signal intensity for  $\alpha$ SMA in the fibroblasts was observed by immunofluorescence microscopy.



Fig. 3-3. Quantification of  $\alpha$ SMA in TGF $\beta$ 1-treated fibroblasts. Fibroblasts were cultured in the manner as described in Fig. 3-1, and examined for  $\alpha$ SMA production by CC-EIA.

microplate reader (NJ-200, Japan InterMed, Tokyo, Japan) at 405 nm wavelength. The background O.D. value was subtracted from the direct O.D. value; the difference represented the amount of  $\alpha$ SMA. This assay revealed a linear correlation between the number of cells which fully expressed  $\alpha$ SMA and the O.D. value between 0.2 and 1.0 (data not shown), and was considered to be semiquantitative.

#### 2.3. Immunofluorescence staining

WI-38 cells were cultured on a chamber glass slide with or without TGF $\beta$ 1 for 3 days and air-dried for 1 h. The cells were fixed with 5% formalin in 150 mM PBS (pH 7.2) for 30 min and washed in 150 mM PBS (pH 7.2). The fixed cells were reacted with anti- $\alpha$ SMA mouse monoclonal antibody (Sigma) at 37 °C for 30 min in a moist chamber and washed in 150 mM PBS (pH 7.2). After the washing, the cells were reacted with the fluorescence isothiocyanate-labeled anti-mouse goat antibody (ZYMED Laboratories, CA, USA) at 37 °C for 30 min in a moist chamber and washed again in 150 mM PBS (pH 7.2). The cells were observed under a fluorescence microscope (Olympus, Tokyo, Japan).

### 2.4. Polymerase chain reaction (PCR)

The primer pair used in reverse transcription (RT)-PCR for  $\alpha$ SMA was purchased from Stratagene (California, USA). The sequences of the primers were as follows: sense primer, 5GCTCACGGAGGCACCCC-TGAA3' antisense primer, 5CTGATAGGACATTGT-TAGCAT3'. The expected size of the PCR product was 590 bp [9]. Prior to the gene amplification with Gene Amp PCR system 9700 (PE Applied Biosystems, California, USA), mRNAs were isolated using the Micro-FastTrack 2.0 kit (Invitrogen, California, USA) from  $5 \times 10^5$  cells. The amplification reaction was performed using GeneAmp EZ rTth RNA PCR Kit (PE Applied Biosystems), following the instruction manual attached to the kit. Temperature profiles were as follows: one cycle of denaturation for 60 s at 94 °C and annealing and reverse transcription for 30 min at 60 °C, followed by 35 cycles of denaturation for 30 s at 94 °C and annealing for 60 s at 65 °C, and a final extension for 10 min at 65 °C. The PCR products obtained were mixed with loading buffer and subjected to electrophoresis.

Chromosomal DNA was extracted from half the amount of the same fibroblasts and amplified with the primer pair for  $\beta$ -globin (Stratagene). The expected



Fig. 4-1. Fibroblasts were cultured in the presence of 5 ng/ml TGF $\beta$ 1 and 100 U/ml IFN $\gamma$  for 3 days, and further incubated without the cytokines for 3 days (a). Fibroblasts were cultured without cytokines for 6 days (b). Fibroblasts were treated with 5 ng/ml TGF $\beta$ 1 for 3 days, and then cultured in the presence (c) or absence (d) of 100 U/ml IFN $\gamma$  for 3 days.

size of the PCR product was 109 bp. The amplification reaction was performed in a 50- $\mu$ l volume with temperature profiles as follows: one cycle of denaturation for 60 s at 94 °C, followed by 35 cycles of denaturation for 30 s at 94 °C and annealing for 60 s at 65 °C, and a final extension for 10 min at 65 °C with Gene Amp PCR system 9700 (PE Applied Biosystems).

The gel was stained using the SYBR Green I nucleic acid gel staining kit (FMC Bioproducts, Maine, USA) and observed through a transilluminator at a wavelength of 312 nm.

# 3. Results

### 3.1. Optimum concentrations of TGF $\beta$ 1 and IFN $\gamma$

To determine the optimal concentrations of TGF $\beta$ 1 for constructing a model of Dupuytren's cell, WI-38 cells were cultured at various concentrations of the cytokine.  $\alpha$ SMA production was increased by the

addition of TGF $\beta$ 1 in a concentration-dependent manner (Fig. 1). The maximum induction was observed at TGF $\beta$ 1 concentrations of 1–5 ng/ml.

To determine the optimal concentrations of IFN $\gamma$  in the subsequent experiments for inhibition of  $\alpha$ SMA production, WI-38 cells were treated with 5 ng/ml TGF $\beta$ 1 and cultured in the presence of IFN $\gamma$ .  $\alpha$ SMA production was inhibited by IFN $\gamma$  in a concentration-dependent manner (Fig. 2) and was completely blocked at concentrations equal to or greater than 50 U/ml.

From the above results, we determined the optimal transformation to be at 5 ng/ml of TGF $\beta$ 1 and optimal inhibition to be 100 U/ml IFN $\gamma$  for subsequent experiments.

# 3.2. Initiation of aSMA production

To determine when  $TGF\beta1$  initiates  $\alpha SMA$  production in culture,  $TGF\beta1$  was added at different stages of culture. In our immunofluorescence micro-



Fig. 4-2. Representative immunofluorescence micrographs of TGF $\beta$ 1-stimulated fibroblasts inhibited by IFN $\gamma$ . Fibroblasts were cultured in the manner as described in Fig. 4-1. The fluorescence signal intensity for  $\alpha$ SMA in the fibroblasts was observed by immunofluorescence microscopy.

scopic study, when fibroblasts were stimulated with TGF<sup>β1</sup> in the first 3 days of culture, the intensity level of the fluorescence signal for  $\alpha$ SMA in the cells (Figs. 3-1a and 3-2a) was almost the same as that in the fibroblasts stimulated throughout the entire culture period (Figs. 3-1b and 3-2b). In contrast, when fibroblasts were cultured in the presence of TGFB1 in the next 3 days of culture, the fluorescence intensity for  $\alpha$ SMA in the cells (Figs. 3-1c and 3-2c) was almost the same as that in the unstimulated fibroblasts (Figs. 3-1d and 3-2d). Similar results were obtained in the measurement of the relative amount of  $\alpha$ SMA by CC-EIA (Fig. 3-3). Almost the same relative amount of aSMA was detected in the fibroblasts treated with TGF<sub>β1</sub> for the first 3 days of culture as that for the entire culture period. The TGFB1 treatment in the next 3 days of culture did not stimulate  $\alpha$ SMA production. Since these results suggest that a SMA production can be initiated in the early stages of the culture of fibroblasts, we used fibroblasts treated with TGFB1 for the first 3 days in culture as a model of myofibroblast generation in the subsequent experiments.

# 3.3. IFN $\gamma$ treatment of TGF $\beta$ 1-stimulated fibroblasts

To clarify whether IFNy interferes with generation of myofibroblasts in the first 3 days of culture, fibroblasts cultured in the presence of TGFB1 and IFNy were observed by immunofluorescence microscopy. The fluorescence signal intensity for  $\alpha$ SMA in the fibroblasts treated with IFN $\gamma$  during the TGF $\beta$ 1 stimulation (Figs. 4-1a and 4-2a) was almost the same as that in the unstimulated fibroblasts (Figs. 4-1b and 4-2b). In fibroblasts cultured in the presence of IFN $\gamma$ after TGF<sub>β1</sub> stimulation, the fluorescence signal intensity level for  $\alpha$ SMA (Figs. 4-1c and 4-2c) was slightly reduced compared with that in the IFNyuntreated fibroblasts stimulated with TGFB1 (Figs. 4-1d and 4-2d). The signal pattern became homogenous in TGF<sub>B1</sub>-promoted cells following treatment with IFN $\gamma$  (Fig. 4-2c), compared with IFN $\gamma$ -untreated preparations (Fig. 4-2d). In the CC-EIA assay, aSMA production in the fibroblasts treated with IFNy during TGF<sub>B1</sub> stimulation (Fig. 4-3a) decreased to the same level as that in the unstimulated fibroblasts (Fig. 4-3b). When IFN $\gamma$  was added to fibroblasts after TGF $\beta$ 1 stimulation,  $\alpha$ SMA production decreased to about 50% of that in the IFNy-untreated fibroblasts



Fig. 4-3. Inhibition of  $\alpha$ SMA production by IFN $\gamma$  in TGF $\beta$ 1-treated fibroblasts. Fibroblasts were cultured in the manner as described in Fig. 4-1, and examined for the inhibition of  $\alpha$ SMA production by CC-EIA.

(Fig. 4-3c,d). These results indicate that IFN $\gamma$  strongly blocks the myofibroblast generation as manifested by the initiation of  $\alpha$ SMA production and moderately inhibits the  $\alpha$ SMA production in the myofibroblast. These decreases were statistically analysed by Student's *t* analysis and appeared to be significant (*p* < 0.002).

# 3.4. Production of mRNA for aSMA

To clarify whether the blockage of aSMA production is due to the suppression of mRNA production, the level of mRNA expression for  $\alpha$ SMA in the same number of cells was examined by RT-PCR. Assay control for RT-PCR kit was presented in Fig. 5A, lane 1. The expression was not detectable in TGF $\beta$ 1unstimulated fibroblasts of mRNA for aSMA, but was readily apparent in treated cells (Fig. 5A, lanes 2 and 3). When the TGF $\beta$ 1-stimulated fibroblasts were cultured in the presence of IFN $\gamma$ , the signal intensity decreased to almost undetectable levels (Fig. 5A, lane 4). To confirm the number of fibroblasts in this PCR experiment, the amount of amplicon of the chromosomal gene for  $\beta$ -globin was examined. All three samples of fibroblasts revealed bands with almost the same intensity (Fig. 5B). The densitometric analyses of the bands were  $1.194 \pm 0.066$ ,  $1.168 \pm 0.065$  and  $1.264 \pm 0.065$  in fibroblasts, TGF<sub>\beta1</sub>-promoted myofibroblasts and IFNy-treated myofibroblasts stimulat-



Fig. 5. RT-PCR products of  $\alpha$ SMA mRNA in fibroblasts treated with TGF $\beta$ 1 and/or IFN $\gamma$ . A representative photograph of results of gel electrophoresis for RT-PCR analysis is shown (A). RNA was extracted from 5 × 10<sup>5</sup> fibroblasts, and used for RT-PCR. Assay control from *Escherichia coli* PAW RNA is shown in lane 1. Fibroblasts (lane 2) were stimulated with 5 ng/ml TGF $\beta$ 1 in the absence (lane 3) or presence of 100 U/ml IFN $\gamma$  (lane 4). Clear bands were observed at the expected position of the marker (lane M). Chromosomal DNA was extracted from the same number of cultured fibroblasts from the same culture, and examined for  $\beta$ globin-specific sequence by PCR analysis (B).

ed with TGF $\beta$ 1, respectively. Since no significant differences were observed by Student's *t* analysis (*p* < 0.002), the number of cells examined were almost identical.

### 4. Discussion

Baird et al. [10] demonstrated that the concentrations of interleukin-1 $\alpha$ , interleukin-1 $\beta$ , TGF $\beta$  and basic fibroblast growth factor are high in Dupuytren's nodules. Since TGF $\beta$ 1 stimulates  $\alpha$ SMA expression in fibroblasts [11], and induces the formation of myofibroblast-rich Dupuytren's nodules [12], the cytokine is considered to be associated with the pathogenesis of Dupuytren's disease [13]. The myofibroblast is defined as an aSMA-rich fibroblast. Although the  $\alpha$ SMA expression by myofibroblasts appears to be transient in granulation tissue,  $\alpha$ SMA is a suitable marker of myofibroblasts in vitro [4,14]. In this study, we constructed a model for the generation of myofibroblasts from a TGF<sub>β1</sub>-stimulated human fibroblast cell line by monitoring aSMA production, and found that TGFB1 induces myofibroblasts in the early stages of culture. The fibroblasts that were stimulated with TGFB1 only in the first 3 days of culture actively produced  $\alpha$ SMA. However, those that were stimulated only in the next 3 days did not. In previous studies [4,6], an in vitro model of Dupuytren's cells was obtained from a diseased nodule. Our results indicate that the fibroblasts stimulated by TGF<sup>β1</sup> only in the first 3 days are initiated cells for myofibroblast formation, and are considered to be a model of Dupuytren's cells.

Using generating/generated myofibroblasts, we examined whether IFNy could block the TGF<sub>β</sub>1-promoted changes or the generation of myofibroblasts. Since the  $\alpha$ SMA production was blocked by IFN $\gamma$  in TGF<sub>β</sub>1-stimulated fibroblasts, the cytokine could block the generation of myofibroblasts. When TGF<sub>β1</sub>-stimulated fibroblasts were cultured further in the presence of IFN $\gamma$ , the  $\alpha$ SMA and its mRNA production decreased in the cells. These results are similar to that of IFN $\alpha$ 2b as Sanders et al. [6] reported. Vaughan and Tomasek [15,16] reported that IFNy blocks the TGF<sub>B1</sub>-promoted changes of myofibroblasts including aSMA production and cellular fiber assembly in cultured Dupuytren's cells. In our study, the signal pattern was homogenous in TGFB1promoted cells cultured with IFNy. The phenomenon may indicate that IFN $\gamma$  also blocks the  $\alpha$ SMA assembly as well as  $\alpha$ SMA production.

The new findings of our study are that IFN $\gamma$ strongly blocks the generation of myofibroblasts by TGF $\beta$ 1, and that IFN $\gamma$  moderately blocks  $\alpha$ SMA production. These findings may suggest that IFN $\gamma$  is effective in the early stage of Dupuytren's contracture in preventing the progression of this disease. The above findings may also be important for a better understanding of the pathogenesis of Dupuytren's disease. In the very early stage of the disease, TGF $\beta$ 1 is locally produced as an inflammatory cytokine. When a sufficient amount of IFN $\gamma$  is produced in the local lesion following TGF $\beta$ 1 production, the promotion of myofibroblasts may be suppressed [1]. As Tomasek et al. [1] suggested, a possible mechanism for the worsening of Dupuytren's disease might involve the local suppression of CD4+ T cells which secrete IFN $\gamma$ , or the insufficient filtration of T cells due to a disturbance in microcirculation in Dupuytren's nodule. Our findings may support these hypothetical explanations.

A few clinical trials [5,17] of IFN $\gamma$  therapy for contractile disease have been performed. Since our study has provided in vitro evidence for the effectiveness of IFN $\gamma$  on myofibroblasts, further clinical trials of IFN $\gamma$  treatment for contractile diseases should be performed.

#### References

- Tomasek JJ, Vaughan MB, Haaksma CJ. Cellular structure and biology of Dupuytren's disease. Hand Clin 1999;15: 21–33.
- [2] Ronnov-Jessen L, Petersen OW. A function for filamentous alpha-smooth muscle actin: retardation of motility in fibroblasts. J Cell Biol 1996;134:67–80.
- [3] Mounier N, Desmouliere A, Gabbiani G. Subcutaneous tissue fibroblasts transfected with muscle and nonmuscle actins: A good in vitro model to study fibroblastic cell plasticity. Wound Repair Regen 1999;7:45–52.
- [4] Tomasek J, Rayan GM. Correlation of α-smooth muscle actin expression and contraction in Dupuytren's disease fibroblasts. J Hand Surg Am 1995;20:450-5.
- [5] Pittet B, Rubbia-Brandt L, Desmouliere A, Sappino AP, Roggero P, et al. Effect of γ-interferon on the clinical and biologic evolution of hypertrophic scars and Dupuytren's disease: an open pilot study. Plast Reconstr Surg 1994;93:1224–35.

- [6] Sanders JL, Dodd C, Ghahary A, Scott PG, Tredget EE. The effect of interferon-α2b on an in vitro model Dupuytren's contracture. J Hand Surg Am 1999;24:578–85.
- [7] Tanaka K, Sano K, Tanaka K, Kobayashi M, Katsumura K, Ikeda T, et al. Demonstration of downregulation of α-smooth muscle actin in interferon-γ-treated myofibroblast by a novel cell-capture enzyme immunoassay. Int Immunopharmacol 2001;1:769–75.
- [8] Kobayashi M, Sano K, Katsumura K, Tanaka K, Sugiyama T, et al. Determination of optimal conditions for the immobilization of cells in a cell capture enzyme immunoassay (CC-EIA) by a simple Giemsa assay. J Immunoassay 2000;21:297–314.
- [9] Reddy S, Ozgur K, Lu M, Chang W, Mohan SR, Kumar CC, et al. Structure of the human α-smooth muscle actin gene. Analysis of a cDNA and 5'upstream region. J Biol Chem 1990;268:1683–7.
- [10] Baird KS, Crossan JF, Ralston SH. Abnormal growth factor and cytokine expression in Dupuytren's contracture. J Clin Pathol 1993;46:425–8.
- [11] Desmouliere A, Geinoz A, Gabbiani F, Gabbiani G. Transforming growth factor-β1 induces α-smooth muscle actin expression in granulation tissue myofibroblasts and in quiescent and growing cultured fibroblasts. J Cell Biol 1993;122: 103-11.
- [12] Berndt A, Kosmehl H, Mandel U, Gabler U, Luo X, Celeda D, et al. TGF-β and bFGF synthesis and localization in Dupuytren's disease (nodular palmar fibromatosis) relative to cellular activity, myofibroblast phenotype and oncofetal variants of fibronectin. Histochem J 1995;27:1014–20.
- [13] Badalamente MA, Sampson SP, Hurst LC, Dowd A, Miyasaka K. The role of transforming growth factor-b in Dupuytren's disease. J Hand Surg Am 1996;21:210-5.
- [14] Foo IT, Naylor IL, Timmons MJ, Trejdosiewicz LK. Intracellular actin as a marker for myofibroblasts in vitro. Lab Invest 1992;67:727–33.
- [15] Vaughan MB, Tomasek JJ. Transforming growth factor-b1 induction of myofibroblast functional differentiation. FASEB J 1997;11:A4.
- [16] Vaughan MB, Tomasek JJ. The effect of TGFβ1 and IFN-γ on myofibroblast focal adhesion formation and fibronectin fibril assembly. FASEB J 1998;12:A47.
- [17] Cornelissen AM, Maltha JC, Von-den-Hoff JW, Kuijpers-Jagtman AM. Local injection of IFN-γ reduces the number of myofibroblasts and the collagen content in palatal wounds. J Dent Res 2000;79:1782-8.

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