

## CD8+NKT Cells and CD4+T Cells Mediate Ischemia Reperfusion Injury at Early Phase in Rat Experimental Model

**Introduction and Objective:** Renal ischemia-reperfusion (I/R) injury is an unavoidable occurrence in renal transplantation. The suppression of damage to kidney grafts caused by I/R injury could potentially improve the outcome of renal allografts. I/R injury has a complex pathophysiology that involves cellular mediators of immunity and recent studies have identified T cells as important mediators in renal I/R injury. Furthermore, the recruitment of T cells is induced by chemotaxis factors such as CXCR3 and CCR5. We investigated the expression of chemokines and the population of the infiltrating T cells using a rat renal I/R injury model.

**Materials and Methods:** Sprague–Dawley rats were subjected to left renal occlusion for 45min. After confirming reperfusion, a right nephrectomy was performed. To examine the role of chemokines, these animals were also given an intraperitoneal injection of 10 mg/kg CCR5 and CXCR3 antagonist (TAK) 30 min prior to I/R injury. Kidneys were sampled after being flushed with cold PBS at each time point.

**Results:** The expression of mRNA of chemokines that bind to CXCR3 and CCR5 in the post-ischemic kidneys was elevated at 1h after reperfusion. CXCL10 level were elevated from 1h after the reperfusion and peaked at 3h, and finally decreased at 6 h in I/R groups. While the phenotype and number of CD8+ NKT cells and CD4+T cells was increased at 3 h in post-ischemic kidney, TAK injection resulted in a reduction in the infiltration of T cells into the post-ischemic kidney. The TAK treatment suppressed the elevation in serum creatinine (sham group  $0.40\pm0.05$  mg/dl, I/R group  $2.86\pm0.67$  mg/dl, TAK group  $1.60\pm0.73$ mg/dl), and resulted in less tubular damage compared with the I/R group.

**Conclusions:** The result of our present study demonstrated that chemokine production in the kidney was upregulated from the early phase after reperfusion and CD4+ Tcells and CD8+NKT cells mediate rat I/R injury.

	sham	control	TAK
KMNCs ( $n\times10^6$ )	$9.6\pm2.5$	$19\pm6.1$	$9.3\pm2.3$
population of T cells (%)			
CD4 (%)	$26.3\pm1.8$	$33.0\pm6.5$	$27.2\pm2.8$
CD8 (%)	$35.8\pm9.5$	$25.8\pm3.2$	$41.4\pm7.4$
NKT (%)	$24.9\pm2.4$	$33.9\pm3.2$	$25.7\pm7.2$
number of T cells (n)			
CD4 ( $n\times10^4$ )	$14.5\pm3.4$	$31.9\pm17.3$	$13.4\pm1.8$
CD8 ( $n\times10^4$ )	$20.8\pm10.4$	$23.4\pm7.0$	$21.0\pm7.1$
NKT ( $n\times10^4$ )	$13.9\pm3.9$	$30.8\pm10.4^*$	$12.6\pm3.0^{**}$