

Fibrin Degradation Product β 15-42—New Insights in an Old Pathway

Nadine Ludwig¹ Jan Rossaint¹

¹Department of Anesthesiology, Intensive Care and Pain Medicine, University Hospital Münster, Münster, Germany

Thromb Haemost 2019;119:1719.

Address for correspondence Jan Rossaint, PD Dr.Med., Department of Anesthesiology, Intensive Care and Pain Medicine, University of Münster, Albert-Schweitzer-Campus 1, Building A1, 48149 Münster, Germany (e-mail: rossaint@uni-muenster.de).

Beside the striking relevance for vascular hemostasis, the notable role of fibrinogen in inflammatory responses has long been unrecognized. In 1997, the pleiotropic functions of fibrinogen were first substantiated by demonstrating its crystal structure.¹ Ever since, fibrinogen and fibrin degradation products have been a target of multiple studies investigating their influence on hematopoietic and immune cells, particularly in the context of impaired vascular integrity following reperfusion injuries. Here, a massive disruption of the endothelium results in fibrinogen-promoted adhesion of leukocytes to endothelial cells and subsequent transmigration into affected tissues.² Previous studies revealed a prominent role of two fibrin-derived degradation products in these processes: the E1 fragment and the β 15-42 peptide, whereby the latter was accredited to possess outstanding cardioprotective attributes by decreasing transendothelial leukocyte migration.³ In this issue of *Thrombosis and Haemostasis*, Yakovlev et al⁴ attempt to unveil the therapeutic effects of β 15-42 and investigate to this end the underlying signaling pathways resulting in inhibition of leukocyte transmigration. By using state-of-the-art analytical methods such as solid-phase binding assays, endothelial permeability, and transendothelial migration assays, as well as murine knockout systems, they contradict the current literature view which claims that the β 15-42 peptide competes with the fibrin degradation product E1 for binding to vascular endothelial-cadherin and eventually reduces transendothelial migration. Instead, the authors emphasize that β 15-42 affects leukocyte transmigration by inhibiting the very-low-density-lipoprotein receptor-dependent pathway and thus promoting

the active state of the Src kinase Fyn. This results in an inactivation of the small GTPase RhoA, which was shown previously to be a key regulator in stress-induced opening of endothelial junctions.⁵

By adjusting and clarifying the signaling pathway of β 15-42, the present study furthers our understanding of how fibrinogen degradation products influence the functions of leukocytes during inflammatory processes and introduces new targets for therapeutic interventions.

Conflict of Interest

None declared.

References

- 1 Spraggon G, Everse SJ, Doolittle RF. Crystal structures of fragment D from human fibrinogen and its crosslinked counterpart from fibrin. *Nature* 1997;389(6650):455-462
- 2 Davalos D, Akassoglou K. Fibrinogen as a key regulator of inflammation in disease. *Semin Immunopathol* 2012;34(01):43-62
- 3 Petzelbauer P, Zacharowski PA, Miyazaki Y, et al. The fibrin-derived peptide Bbeta15-42 protects the myocardium against ischemia-reperfusion injury. *Nat Med* 2005;11(03):298-304
- 4 Yakovlev S, Cao C, Galisteo R, Zhang L, Strickland DK, Medved L. Fibrin-VLDL receptor-dependent pathway promotes leukocyte transmigration by inhibiting Src kinase Fyn and is a target for fibrin β 15-42 peptide. *Thromb Haemost* 2019;119:1816-1826
- 5 Gröger M, Pasteiner W, Ignatyev G, et al. Peptide Bbeta(15-42) preserves endothelial barrier function in shock. *PLoS One* 2009;4(04):e5391

received
September 24, 2019
accepted
September 24, 2019

© 2019 Georg Thieme Verlag KG
Stuttgart · New York

DOI <https://doi.org/10.1055/s-0039-1700544>.
ISSN 0340-6245.