

A reduced mathematical model of the acute inflammatory response: I. Derivation of model and analysis of anti-inflammation

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Received 24 October 2005; received in revised form 18 February 2006; accepted 22 February 2006

Available online 3 April 2006

Abstract

The acute inflammatory response, triggered by a variety of biological or physical stresses on an organism, is a delicate system of checks and balances that, although aimed at promoting healing and restoring homeostasis, can result in undesired and occasionally lethal physiological responses. In this work, we derive a reduced conceptual model for the acute inflammatory response to infection, built up from consideration of direct interactions of fundamental effectors. We harness this model to explore the importance of dynamic anti-inflammation in promoting resolution of infection and homeostasis. Further, we offer a clinical correlation between model predictions and potential therapeutic interventions based on modulation of immunity by anti-inflammatory agents.

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Keywords: Immunology; Mathematical modeling; Anti-inflammatory cytokines; Sepsis; Bifurcation analysis

1. Introduction

Acute biological stress, such as severe infection or trauma, leads to the development of an acute inflammatory response. The goal of this response is to promote adaptation of the organism to stress, eliminate threats to survival such as pathogens, and promote tissue repair and healing. However, an excessive or inappropriate inflammatory response will lead to collateral tissue damage, organ dysfunction, a prolonged healing phase, or possibly death. This state of excessive inflammation is particularly common in association with extensive physiological organ support as provided in modern intensive care units (Goris et al., 1985; Takala et al., 1999). Organisms have developed regulatory mechanisms to contain the molecular and cellular cascades initiated by excessive inflammation. In general, pro-inflammatory elements that are key to ridding

organisms of large numbers of pathogens also mobilize a negative feedback, or anti-inflammatory response, which downregulates the initial inflammatory wave (Fig. 1). Specific details of pro- and anti-inflammatory responses may be sculpted by the nature and magnitude of the initiating insults, as well as by genetic predispositions.

In prior work, we constructed a reduced mathematical model of the pro-inflammatory response (Kumar et al., 2004) consisting of a response instigator (pathogen) and early and late pro-inflammatory mediators. While that model captured a variety of clinically relevant scenarios associated with the inflammatory response to infection, the goal of the present work is to gain insight into the presumed advantage and robustness instilled by the presence of a time-dependent anti-inflammatory response. While anti-inflammation inhibits the subsequent build-up of pro-inflammation and the damage to tissue that may be caused by pro-inflammation, it also mitigates the subsequent production of anti-inflammatory mediators. Thus, the overall effects of anti-inflammation on the outcome following pathogenic infection, and how these

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