Evaluation of Interleukin-21, 23 and 27 mRNA Expression and Protein Level in Liver Transplant Patients

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ABSTRACT

Cytokines have prominent roles in activating of different T cells and shifting the immune response, in this study the role of three cytokines (IL-21, IL-23 and IL-27) is investigated in the liver transplant rejection.

Three EDTA-treated blood samples were collected from each liver transplanted patient in 1st, 4th and 7th day of post-transplantation. The expression level of the mentioned cytokines was determined using real-time PCR for all samples. Also, the serum levels of cytokines were determined using ELISA tests.

In acute rejection (AR) group (51 patients), mRNA expression pattern of IL-21 and IL-23 showed a steady increase, but this pattern was converse for IL-27. Our results in non-acute rejection (non-AR) group (54 patients) showed an elevation in day 4 and then a decrease in day 7 for IL-21 and IL-23 genes. This pattern was converse again for IL-27 gene. In comparison between the two groups, in all 3 sampling times the mean of mRNA expression level of IL-21 and IL-23, showed an increase in AR group which this increase was significant for IL-21 in the 3rd (p=0.007) and for IL-23 in 2nd (p=0.048) and 3rd (p=0.049) sampling time, but the pattern of mRNA expression for IL-27 was contrary to the results of IL-21 and IL-23. Furthermore, ELISA technique also, showed the serum level changes the same as cytokines.

In this study IL-21 and IL-23 showed pro-inflammatory properties in the liver transplant rejected patients. Also, IL-27 having different expression pattern, showed anti-inflammatory behavior which needs more considerations in future.

Keywords: Graft rejection; Interleukin-21; Interleukin-23; Interleukin-27; Liver; Transplantation

INTRODUCTION

Different circumstances and diseases can make liver functions and finally cause liver failures. The orthotopic liver transplantation (OLT) is considered a final therapeutic goal for liver failures.1 Although the
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liver has immune privilege in comparison to other transplanted organs, still more than 30% of the grafted livers are convicted to graft dysfunction and finally cause graft loss. Then long term of the graft survival is due to managing the destructive processes that can cause liver transplant rejection (LTR) after activating the recipient's immune system. Acute rejection is a phenomenon that can cause early graft loss after liver transplantation. The role of cytokines in liver transplant acute rejection is irrefragable. Now, many pro-inflammatory cytokines are detected in relevant to different kinds of transplanted organ acute rejections. Recent studies have been introduced cytokines that have regulatory effects during inflammatory responses like IL-21. IL-21 is a T cell derived cytokine which is related to both adaptive and innate immune responses. IL-21 is able to activate CD8+ T cells and NK cells and it is also believed that the proliferation effects of IL-21 on the CD8+ T cells are strong. Some studies propose that IL-21 can act as the interface or mediator between innate and adaptive immunity. By considering the importance of IL-21 in allogeneic responses, researchers believe that it can be another critical cytokine in the organ transplantation. Researchers showed that IL-21/IL-21R system is involved in the acute renal rejection and Baan et al proved the detectable up-regulation of IL-21 mRNA and protein in the biopsies of human heart transplantation at the time of acute rejection.

IL-23 is another cytokine with pro-inflammatory effects. It is known that IL-23 stimulates memory T cell population rather than naïve T cells in a specific manner, and is produced from activated macrophages and dendritic cells (DCs). This cytokine is detected also as the developer of Th17 cells that specifically produce IL-17 pro-inflammatory cytokine. IL-23 is also important in some of inflammatory auto-immune diseases. Blocking this cytokine in some diseases like EAE has been shown to be useful for preventing from induction of EAE. One study proposed that genetic variation in IL-23/Th17 pathway is important in the stem cell transplantation outcome. Another study showed that the serum protein level of IL-23/IL-17 increases significantly in the hepatic allograft rejection. Skin rejection model also demonstrated a prominent role for IL-23 among mice.

IL-27 belongs to IL-6/IL-12 super family of cytokines which is believed to have pro- and anti-inflammatory properties and also has an additional role as the key regulator of immune responses to infection. IL-27 is produced in response to stimulation and has effects on preliminary responses of T cells and upon activation increases the proliferation and effector functions of human CD8+ T cells. IL-27 is the cause of Th1 response which renders to the expression of T-bet and IFN-γ by naïve T cells. As an anti-inflammatory cytokine, it is shown that IL-27 has down-regulating function on the effector Th cells, especially Th17 differentiation as well as Th1 and Th2 subset of T cells and also APCs. In addition, IL-27 has pro-inflammatory effects on CD8+ T cells. In inflammatory diseases, the elevate rate of IL-27 is observed in mice and human. The role of IL-27 in auto-immune diseases is also detected. The role of IL-27 in transplantation is merely studied; in one study, the increase of IL-27 was observed in experimental models of cardiac allograft, which the author believed to have a role in the tolerance mechanism.

Although researches on the role and function of inflammatory cytokines such as IL-21, IL-23 and IL-27 is a promising area in auto-immune diseases further studies would help for detecting the exact kinetic of cytokine production in post-transplant times, so in this study we focused on the expression pattern and plasma level of these cytokines in rejected and non-rejected liver transplanted patients.

MATERIALS AND METHODS

Patients

In this retrospective study, a total number of 130 patients were participated from Namazi Hospital, Shiraz Iran (2011–2013). These patients were recruited based on inclusion criteria including first time liver transplantation and regimen of the immunosuppressive drugs, which were composed of calcineurin inhibitors (CI) and was the same in dosage for patients of each study groups. Moreover, we imposed exclusion criteria to our sample population which are consisted of if a patient had re-transplantation, and/or if got a combined liver/kidney transplantation. We also excluded those patients who were deceased before the completion of the sample collection or had missing data points. Furthermore, patients with several viral infections like cytomegalovirus (CMV) and polyoma BK virus were ruled out of the project. Patients receiving high doses of
corticosteroids and pulse therapy were excluded either. The remainder 105 patients were divided into two groups after finishing the analyses; non-AR group, composed of 54 patients without any history of acute rejection during the course of this study and AR group including 51 patients who experienced acute rejection. The condition of acute rejection of each patient were confirmed by an expert pathologist according to the level of liver serum enzymes, bilirubin level (in non-biliary problems), and histologic features of the liver biopsies and clinical and biochemical responses to steroids with high-dose, according to Banff criteria. Cross match is done for all liver transplant recipients and donors.

This study was conducted according to the guidance provided by Helsinki Declaration and was approved by the Ethical committee at the Shiraz University of Medical Sciences. Accordingly, the patients were informed and signed the consent form prior to participating in this study. According to the rules of Transplant ward of Namazi Hospital, all of the transplanted patients receive organs from cadaver.

Immunosuppressive Drugs and Transplant Details

The regimen of the immunosuppressive drugs was a routine one, which was composed of tacrolimus or cyclosporine with mycophenolate mofetil. The drug dosage for patients was the same, varying just by the body mass. HLA typing was not done in this center for liver transplant patients. ABO blood compatibility was checked.

Sampling Procedure

In the 1st week after transplantation, 3 EDTA-treated blood samples were collected from each patient in day 1st, 4th and 7th post-transplantation. As the rejection starts in the first hours after transplantation, these days selected for sampling. Also, other studies done by other researches showed that in the mentioned sampling timing course, the changes in kinetic of cytokines are more detectable. Using Ficol gradient (Nycomed, Zurich, Switzerland), serum and buffy coat were separated and serum kept in 80°C for further studies.

RNA Isolation and Reverse Transcription

The separated buffy coats used for cell counting and from each sample 2x106 cells collected for RNA isolation. Total RNA extracted from the buffy coats by using RNX Plus (Cinnagen, Iran) reagent. For checking the purification of extracted RNA, its purity (A260/280) was measured using Nanodrop (Thermo Fisher Scientific, USA). Also, the quality of extracted RNA was checked by running on 1% agarose gel.

For cDNA synthesis, extracted RNAs (1 µg) were converted to cDNA by adding random hexamer (1 µL, 0.2 µg), dNTP (1 µL, 10mM) and incubated the mix at 65°C for 7 min and then put on ice for 2 min. In the next step, M-MULV reverse transcriptase (RT) enzyme (1 µL, 200U), RT buffer (2 µL, 10x) and RNase inhibitor (1.3 µL, 60U) were mixed and added to the first mix. The new whole mix incubated for 90 minutes at 45°C and then 5 minutes at 85°C (enzymes were purchased from Vivantis Company, Malaysia). Also, all of RNA samples were treated with DNase (Thermo Fisher Scientific, Waltham, MA, USA) before changing to cDNA. For this reason, 1 µL for each µg of RNA were treated with DNase.

Quantitative Real-Time Polymerase Chain Reaction

The expression level of IL-27, IL-21 and IL-23 of transcripts were determined by using step-one plus real-time PCR (ABI, USA) for all the samples. For choosing internal control both GAPDH and β-actin were checked but β-actin was chosen because of having minor fluctuations, which this result was concluded during evaluating between β-actin and GAPDH transcripts using clinical and normal samples. Also, in set-up procedure standard curves were used to choose the study analysis mode, and for eliminating analytical mistakes and certifying the results of real-time PCR results Livak (2^-ΔΔCT) method was chose.

Primers for IL-21, -23 and -27 genes and also, β-actin, as an internal control were designed using Oligos and DNASTAR softwares (Table 1). The PCR mix was composed of SYBR Green Premix (10 µL of Ex taq, Takara, Japan), Rox reference dye (0.2 µL), forward and reverse primers (10 pM) and template (2 µL of synthesized cDNA) for each reaction. Nuclease free water also added to this reaction up to reaching to 20 µL total volume. The program for thermo-cycling was: One cycle 95°C for 5 min, followed by 40 cycles of 95°C for 30 seconds, 65°C for 20 seconds. For each reaction, the melt curve was analyzed to confirm the specificity of reaction.

Measuring Cytokines Protein Levels
The plasma of all samples was collected and stored at -80°C for further analysis and the protein level of all samples was measured using ELISA kits (for IL-21 and IL-23 Mabtech, Sweden and for IL-27 Bioassay technology kit, Korea, were used according to the manufacturer protocol).

Table 1. Primer sequences used for Real-time analysis of IL-21, IL-23, IL-27 and internal control genes for studying expression level in liver transplanted patients.

<table>
<thead>
<tr>
<th>Gene</th>
<th>Gene ID</th>
<th>Primer sequence</th>
<th>Product length</th>
</tr>
</thead>
<tbody>
<tr>
<td>IL-21</td>
<td>NM-021803.2</td>
<td>F:5’TCCAGTCCTGGCAACATGGAGA</td>
<td>97 bp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R:5’GGCGATCTTGACCTTGGGAGC</td>
<td></td>
</tr>
<tr>
<td>IL-23</td>
<td>NM-016584.2</td>
<td>F:5’AGTGGAAGTGGGCAGAGATTC</td>
<td>115 bp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R:5’CAGCAGCAACAGCAGCATTAC</td>
<td></td>
</tr>
<tr>
<td>IL-27</td>
<td>NM-14565.3</td>
<td>F:5’GCACCTGGGCAAGGCTTACA</td>
<td>110 bp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R:5’CCTCGACGCAGGCCCGAGATAA</td>
<td></td>
</tr>
<tr>
<td>B-actin</td>
<td>NM-001199954.1</td>
<td>F:5’GGCGGCACCACCATGTACCC</td>
<td>203 bp</td>
</tr>
<tr>
<td></td>
<td></td>
<td>R:5’GACGATGGAGGGGCCCGACT</td>
<td></td>
</tr>
</tbody>
</table>

Statistical Analysis

All data were analyzed in SPSS v.21 software (SPSS, Chicago, IL, USA). For determining the expression level of each gene, comparison within groups and also between understudied groups was performed, non-parametric tests (Mann-Whitney tests, two independent tests and k independent tests) for studying the expression levels of genes ΔCT and 2⁻ΔΔCT (Livak method) were also used. Also, p<0.05 was considered statistically significant. Histograms are drown based on ΔCT and fold changes.

RESULTS

Descriptive Characteristics

The patients participating in the study were composed of non-AR group with the mean of 37.5±18.14 ranging 1-74 years, and AR group with the mean of 35.5±11.25 ranging 2-69 years. Non-AR patients also were composed of 37 (68.5%) male and 17 (31.5%) female and AR patients were composed of 36 (70.5%) male and 15 (29.5%) female. The underline diseases distribution is shown in Table 2 which reveals that among viral reasons for liver failure, Hepatitis B Virus positive patients are more susceptible ones (near 42%) and also among other causes, primary sclerosing cholangitis (PSC; near 38%) is a critical reason for liver failure.

Table 2. Distribution of the underlying diseases in acute rejected (AR) and non-AR liver transplant patients

<table>
<thead>
<tr>
<th>Underlying Disease</th>
<th>Non-AR patients</th>
<th>AR patients</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Male n (%)</td>
<td>Female n (%)</td>
</tr>
<tr>
<td>Cryptogenic</td>
<td>5(9.2)</td>
<td>3(5.5)</td>
</tr>
<tr>
<td>Hepatitis B Virus+</td>
<td>13(24)</td>
<td>2(3.7)</td>
</tr>
<tr>
<td>Hepatitis C Virus +</td>
<td>2(3.7)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Primary sclerosing cholangitis</td>
<td>4(7.4)</td>
<td>4(7.4)</td>
</tr>
<tr>
<td>Autoimmune hepatitis</td>
<td>4(7.4)</td>
<td>5(9.2)</td>
</tr>
<tr>
<td>Wilson disease</td>
<td>1(1.85)</td>
<td>1(1.85)</td>
</tr>
<tr>
<td>Hypertyrosinemia</td>
<td>1(1.85)</td>
<td>1(1.85)</td>
</tr>
<tr>
<td>Biliary atresia</td>
<td>3(5.5)</td>
<td>0(0)</td>
</tr>
<tr>
<td>Other diseases</td>
<td>4(7.4)</td>
<td>1(1.85)</td>
</tr>
<tr>
<td>Total</td>
<td>37(68.3)</td>
<td>17(31.7)</td>
</tr>
</tbody>
</table>
Figure 1. The pattern of IL-21, IL-23 and IL-27 mRNA expression level in the non-acute rejected (AR) (A) and AR (B) liver transplant patients; the expression level is measured based on ΔCT which is converse of expression level. Also, $p<0.05= \ast$, $p<0.01= \ast\ast$, and $p<0.001= \ast\ast\ast$.

**IL-21, IL-23 and IL-27 Gene Expression Level in Non-AR and AR Groups of Patients**

In Figure 1A, the pattern of mRNA expression level in IL-21 and IL-23 genes showed an up regulation and then down regulation in non-AR group of patients, post-transplantation, but this pattern was quite different in IL-27 gene analysis, which showed a down regulation in day 4 of sampling time. Also, the significant $p$ value level between each group in each studied cytokine is mentioned in the Figure.

In AR group, all three genes showed a steady increase (Figure 1B) in mRNA expression level during sampling time post-transplantation. Also, the significant $p$ value level between each group in each studied cytokine is mentioned in the Figure.

**Comparing IL-21, IL-23 and IL-27 Gene Expression in Non-AR and AR Liver Transplant Patients**

The expression level of IL-21 is compared between non-AR and AR groups of patients (Figure 2A). In the 1st and 2nd sampling times the mRNA level of IL-21 showed an increase in AR group ($p>0.05$) but this increase is significant in the 3rd sampling time (day 7, $p=0.007$, 95% CI=0.00-0.037).

The expression level of IL-23 is compared between non-AR and AR groups of patients. In all sampling times, the mRNA level of IL-23 showed an increase in AR group but this increase was significant in the 2nd (day 4, $p=0.048$, 95% CI=0.028-0.163) and 3rd (day 7, $p=0.049$, 95% CI=0.00-0.096) sampling time and this increase was not significant in the 1st (day 1, $p=0.848$, 95% CI=0.769-0.927; Figure 2B).

The expression level of IL-27 is compared between non-AR and AR groups of patients. In the 1st sampling time, the IL-27 mRNA expression level is increased in AR patients ($p=0.09$, 95% CI=0.034-0.146), in the 2nd sampling time, it reached almost the same level in both studied groups ($p=0.55$, 95% CI=0.452-0.648) and in the 3rd one, the IL-27 mRNA expression level is decreased in AR patients compared to non-AR ones ($p=0.36$, 95% CI=0.226-0.454). But these mRNA expression level changes were not statistically significant in none of the comparisons; Figure 2C.

**Comparing IL-21, IL-23 and IL-27 Plasma Level in Non-AR and AR Liver Transplant Patients**

The plasma level of IL-21 cytokine protein was estimated by ELISA technique. Significant increases were detected in all of the sampling days especially in day 4 ($p=0.005$; 95% CI= -0.1 to -0.02) and day 7 sampling time ($p=0.03$; 95% CI= -0.07 to -0.005, also day 1 was: $p=0.41$; 95% CI = -0.05 to 0.02) in AR liver transplanted patients comparing to non-AR ones. These results were also in accordance with the estimated mRNA level (Figure 3A).
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**Figure 2.** Comparing the fold change between non-acute rejected (AR) and AR rejected patients; (A): *IL*-21, (B): *IL*-23, and (C): *IL*-27 fold change. In this Figure, the fold changes are calculated using $2^{\Delta \Delta CT}$. Also, $p<0.05=*$, $p<0.01=**$, and $p<0.001=***$.

**Figure 3.** Comparing the *IL*-21 (A), *IL*-23 (B), and *IL*-27 (C) protein level between non-acute rejected (AR) and AR rejected patients

The plasma level of *IL*-23 cytokine protein was estimated by ELISA technique. Significant increases were detected in all of sampling days especially in day 4 ($p=0.008$; 95% CI=0.056 to -0.009) and day 7 sampling time ($p=0.004$; 95% CI=0.063 to -0.013, also day's1 was: $p=0.22$; 95% CI=0.036 to 0.008) in AR liver transplanted patients comparing to non-AR ones. These results were also in accordance with the estimated mRNA level (Figure 3B).

The plasma level of *IL*-27 cytokine protein was estimated by ELISA technique. An increase was detected in the first sampling day ($p=0.42$; 95%CI=0.246 to 0.109) which followed by a decrease in the 4th day ($p=0.39$; 95% CI=0.212 to 0.517), and the 7th day ($p=0.49$; 95% CI=0.384 to 0.77) in AR liver transplanted patients comparing to non-AR ones. These results were also in accordance with the estimated mRNA level (Figure 3C).

**DISCUSSION**

Cytokines are important for orchestrating of the immune responses, so researchers believe that cytokines or their receptors may be the key for the treatment of inflammatory diseases. Cytokines are also common cause of changes in immune system in the liver transplantation, which may speculate them as the main player in the rejection phenomenon. Considering all of these facts, we decided to evaluate the role of some cytokines like *IL*-21, *IL*-23 and *IL*-27 in the liver transplant patients who experienced acute rejection in comparison to non-rejected ones.
In this study, mRNA expression pattern of IL-21 and IL-23 genes through the sampling period was the same and showed a steady increase during acute rejection, which may be the outcome of starting the expression of pro-inflammatory cytokines during an immunologic response like acute rejection. But this pattern was converse for IL-27 mRNA expression which is explained later. Our results in non-AR group of patients showed an elevation in day 4 (2nd sampling time) and then a decrease in day 7 (3rd sampling time) in both IL-21 and IL-23 genes. This pattern in these pro-inflammatory cytokine expression level may be due to the kinetic of cytokines in facing a transient inflammatory condition. This pattern was again converse for IL-27 gene.

Researchers believe that the precise role of IL-21 in immune system is not completely defined. Besides, it should be mentioned that IL-21 is produced by Th17 cells, which their possible role has been mentioned in acute rejection. Reversely, IL-21 also induce IL-17 production. Th17 cells and its important cytokine (IL-17) was mentioned as an important factor in human inflammatory and auto-immune diseases before, and it is known that in the early stages of auto-immune diseases, inflammatory responses can activate memory T cells to secrete IL-17 and IL-21. Pro-inflammatory effects of IL-21 is due to its role in the activation of CD8+ cells as well as NK cells and promote their cytotoxicity and also their potentiality to convert CD4+T cells into Th17 cells, which are involved in transplant rejection. A research has been demonstrated that blocking of IL-21 production and its signaling pathway can be considered as a new strategy for the treatment of immune responses and also may help in the prevention of graft rejection occurrence.

In comparison between the two groups (non-AR and AR), in all 3 sampling times the mean of mRNA expression level of IL-21 showed an increase in the AR group, and this increase was statistically significant in the 3rd sampling time for IL-21. Furthermore, comparing the ELISA results between groups showed up regulation in the rejected group of patients, which was statistically significant in 2nd and 3rd sampling times.

The results of our study can be confirmed by other researches which showed that IL-21 and its receptor system are important in renal allograft acute rejection by mentioning that IL-21 promote CD8+ T lymphocytes effector function which these cells are one of critical factors in the grafted tissue destruction. Also, the authors believed that during the process of allograft rejection about 70% of highly activated monocytes are recruited to the graft blood vessels and by expressing their pro-inflammatory cytokines facilitate acute rejection. Putting together, as IL-21 role is obvious in the activation of several immune cells in many immune responses like infection, auto-immune diseases, tumor invasion and finally transplant rejection, it is critical to investigate its role in immune system responses of liver transplanted patients.

IL-23 is another cytokine which can produce inflammation and also guide Th17 cells toward the destruction of inflamed tissues. Like IL-17, IL-23 has an influence on the immune cells and induces them for the production of specific cytokines. So that, the role of this cytokine in activation of Th17 in acute transplant rejection is one of the important issues to be investigated. Studies have shown the role of IL-23 in auto-immune diseases and cancer. In the other hand, IL-23 is an inducer for IL-17 producing T cells which themselves are important in transplant rejection. Very limited researches are available which focus on the role of IL-23 in transplantation, Yoshida et al showed the substantial effects of IL-23/IL-17 in the induction of rejection in the lung transplantation. The role of IL-23/Th17 in the result of T cell-dependent allogeneic stem cell transplantation is reported by Carvalho et al and it was shown that IL-23/Th17 pathway can affect the incidence of acute GVHD in these patients. When all these data are contemplating together, it can show a whole picture of IL-23 notability in transplantation immunity and its relation to other pro-inflammatory cytokines like IL-17. Thus, our results about IL-23 in liver transplanted patients are in accordance with other results achieved by other researchers. The expression level of this cytokine in both groups was the same as IL-21 pattern and by showing more significant differences in comparison with the expression level of this cytokine between the two mentioned groups (non-AR and AR), it may be the result of more changes in the expression level of this cytokine in comparison to IL-21 cytokine at the time of inflammation specially in the liver transplantation. Furthermore, comparing the ELISA results between groups showed up regulation in the rejected group of patients, which was statistically
significant in 2\textsuperscript{nd} and 3\textsuperscript{rd} sampling times.

In this study, another cytokine which was measured among the same patients, is IL-27. IL-27 and IL-23 are related to the same superfamily of cytokines; it is believed that their function is related to each other but they have distinct patterns for the regulation of inflammation.\textsuperscript{35} This cytokine is recognized to have pro- as well as anti-inflammatory effects on immune responses and is also important in the regulation of responses to infections.\textsuperscript{25} IL-27 is known to be elevated in several human and murine model auto-immune diseases.\textsuperscript{18,19,21} This cytokine is also important in defense of host against viral infections such as Hepatitis C.\textsuperscript{18} The property of IL-27 which in one hand is able to activate inflammatory immune responses and in the other hand can suppress immune responses has made a dilemma in deciding about its role in any related diseases.\textsuperscript{37}

It is believed that pro-inflammatory properties of IL-27 is due to the fact that IL-27 increases the production of IFN-\(\gamma\) by CD4\(^+\) T cells which have IL-27 receptor on their surface, which finally, renders to the activation of the genes that are capable in TH1 cells polarization and responses through activation of STAT1 and then T-bet transcription factors, but this chain of reactions results in down-regulation of IL-27. It is believed that, because the pro-inflammatory role of IL-27 is detected mostly as a result of parasitic or bacterial infection till now, this property of IL-27 seems to become as a secondary attitude than its suppressor effects.\textsuperscript{38}

As an anti-inflammatory cytokine, it can suppress Th2 and Th17 differentiation. This property partly is due to its ability to skew T helper cells polarization. Also, IL-27 can apply its anti-inflammatory effects, directly or indirectly by suppression of inflammatory cytokines such as IL-17, IL-21, IL-23 and IL-16 which previously mentioned to be important in transplant rejection.\textsuperscript{1,37} To confirm this augment, Moon et al in 2013 did a research, which based on their claim, was the first study that demonstrates the anti-inflammatory property of IL-27 by regulating Th17 and Treg cells simultaneously that can contribute to having anti-arthritic effects.\textsuperscript{39} The pattern of mRNA expression for IL-27 was different from IL-21 and IL-23 in our study. The expression pattern of this gene showed an increase in the AR group in the 1\textsuperscript{st} sampling time and then became somehow the same in the 2\textsuperscript{nd} sampling time and finally demonstrates a decrease in the AR group of patients in the 3\textsuperscript{rd} sampling time comparing to the non-AR group. So, it seems that IL-27 is acting like an anti-inflammatory cytokine. In confirming out results, a study which was done by Le Texier et al on the immune-regulatory function of IL-27 in experimental models of cardiac transplantation, up-regulation of TGF\(\beta\)/IL-27 was reported which can be concluded that these molecules may have a role in tolerance mechanisms. This study group has proposed that over-expression of IL-27 together with immune suppression may be considered as a new therapeutic strategy for the treatment of rejection in transplants.\textsuperscript{22} Also, ELISA results of IL-27 comparing between the two groups, disclosed a different pattern from IL-21 and IL-23. In the 1\textsuperscript{st} sampling IL-27 was increased in the rejected group of patients, but it had a decrease criterion during the 2\textsuperscript{nd} and 3\textsuperscript{rd} sampling times.

The result of IL-27 mRNA expression pattern in this study is in accordance with the studies made by Le Texier et al,\textsuperscript{22} and showed the expression pattern converge to the two other investigated cytokines (IL-21 and IL-23) specially in non-AR group of patients. In these patients, IL-27 expression pattern may be the result of its anti-inflammatory effects in an inflammatory situation. But the expression pattern of this cytokine in AR group of patients showed a steady increase in the expression level during the sampling time which may be the result of the huge changes in the immune system in the time of responding to acute rejection. Also in comparing IL-27 expression pattern between the non-AR and the AR groups of patients, it obviously showed a converse pattern comparing to the other two pro-inflammatory cytokines (IL-21 and IL-23). Only by accepting this fact that the anti-inflammatory effects of this cytokine are more potent than its pro-inflammatory effects in transplant situation, these data can explain the role of IL-27 in helping the immune system for accepting or at least controlling the acute rejection.

It seems that studying cytokines is important due to their ability to identifying the type of immune response which is created by T cells. T cells are critical in the acceptance or rejection of liver. The expression pattern of IL-21 and IL-23 in this study confirms their pro-inflammatory roles, therefore, they increase in the rejected group of patients as the day of rejection increases during the 1\textsuperscript{st} week post-transplantation. IL-27 act as a pro- and anti-inflammatory cytokine, which its expression pattern in the current study certifies its
anti-inflammatory nature, but the role of this cytokine in transplantation is merely studied and accepting this study as a primary screen, to declare and confirm the importance of these studied cytokines in acute liver rejection further completed studies are needed. Also, this study had some limitations which should be surmounted in further studies, some of our samples missed due to decease of patients before finishing the sampling time. More samples and extended sampling time can give more precise results.

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