

LAMP EXPOSURE ON CYTOKINE RELEASE BY PERIPHERAL BLOOD MONONUCLEAR CELLS

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Compact fluorescent lamps (CFLs) have replaced the old incandescent lamps to save energy and protect the environment, at the same time.

CFLs are known for issues:

- the generation of electric and magnetic fields,
- the emission of UV radiation,
- the mercury content,
- "dirty electricity".



Data from literature on the impact of exposure of the immune cells to different light sources are conflicting. Physical stimuli such as light sources may activate peripheral blood mononuclear cells (PBMCs) to secrete cytokines and other soluble factors, which may favor pro-inflammatory responses or trigger anti-inflammatory/reparative phenomena.

The purpose of this work is to study the action of CFL irradiation, at different exposure times,

on human peripheral blood mononuclear cells (PBMCs) in vitro, by detection of the possible effects on cytokine production.



Materials and Methods Compact Fluorescent Lamp

• Globe: diameter 12.2 cm,

• Power: 30 W,

• Color temperature: 2700 K (soft white),

Luminous efficacy: 60 lm/W,

• Luminous flux: 1800 lm.





Materials and Methods Subjects

The work was carried out at the Department of BIOMORF, University of Messina, Italy, from March to September 2019. Twelve apparently healthy volunteers of our staff were enrolled in the study. They all could understand the study design and objectives. Before participating in our study, they signed an informed consent form allowing us to use their biological fluids and cells.

Inclusion criteria

- **Age** 22 to 41 (mean age of 30.4±5.9, M:F = 1:1),
- Hematologic parameters within the range of physiological values,
- **Leukocytes** ranging from 6500/mm³ to 8300/mm³,
- Lymphocytes ranging from 1740/mm³ to 2530/mm³,
- **Monocytes** ranging from 265/mm³ to 410/mm³.

Exclusion criteria

- History of photosensitivity,
- History of UV exposure for at least 6 months before the study,
- History of acute or chronic inflammatory diseases,
- History of auto-immune, metabolic, endocrine, cardiovascular, and oncological diseases,
- Treatment for cancer (radiation, chemotherapy, immunotherapy, biological therapy),
- Oral intake of medications (e.g., photosensitizing agents, steroidal and/or non-steroidal antiinflammatory agents),
- Treatment with hormone therapy,
- Pregnancy.



Materials and Methods PBMC Collection and Preparation

Blood was obtained by venipuncture using heparin as an anticoagulant.

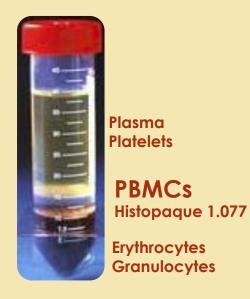




PBMCs were isolated at room temperature by density gradient centrifugation at 400 g of the venous samples on a polysucrose and sodium diatrizoate solution (Histopaque 1.077) for 30 min, according to the technique of Böyum.

Histopaque 1.077

The PBMCs were collected at the interface, washed twice in phosphate-buffered saline (PBS), counted, and suspended again at a concentration of 1x10⁷/ml in a culture medium of PBS supplemented with 10% heat-inactivated fetal bovine serum, 2 mMol glutamine, 100 U/ml penicillin–streptomycin, 10 mMol HEPES, and 50 Mol mercaptoethanol.





Materials and Methods PBMC Treatment

• Samples of 100 µl containing 1x10⁶ cells of PBMCs were placed in uncovered polystyrene 24-well plates (diameter 15 mm) and irradiated with the CFL for different exposure times (30, 60, and 90 min, respectively), at a distance of 20 cm.





- The cells, supplemented with culture media to a final volume of 1 ml, were then incubated in a 5% CO₂ incubator at 37 °C, in a humidified atmosphere, for 24 h. Unirradiated PBMCs of the same subjects were incubated in the same conditions and used as controls. No mitogen was used to stimulate PBMCs.
- All treatments were performed in a sterile environment to avoid any accidental contamination and improper stimulation of the cells. At the end of incubation, the viability of PBMCs was >95%, as assessed by the Trypan blue exclusion method.
- Cell suspensions were centrifuged at 400 g for 15 min and the supernatants harvested, aliquoted, and stored at -80 °C until being used for cytokine determination by enzyme-linked immunosorbent assay (ELISA).



Determination of IL-12 by sandwich-based ELISA technique

Reagents, control samples and experimental samples preparation

Sample addition in each well of 96-anti IL-12-precoated microtiter plate, incubation

Washing to remove the unbound IL-12 cytokine

Specific biotinylated detector antibody addiction to capture IL-12 cytokine, incubation

Washing to remove the unbound reagents

Avidin-HRP enzyme addition, incubation

Washing to remove the entire unbound enzyme

Colorimetric substrate solution addiction, incubation in the dark

H₂SO₄ stop solution addiction

Absorbance measurement using 450 nm as a detection wavelength

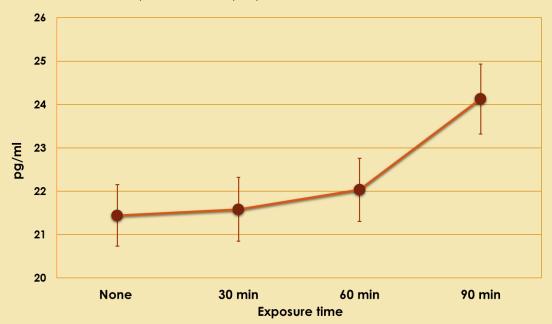


Results

Table 1. Effects of exposure to a Compact Fluorescent Lamp on the production of the pro-inflammatory cytokine IL-12 (pg/ml) by 24 h-cultured peripheral blood mononuclear cells.

	Exposure Time			
	None	30 min	60 min	90 min
Subject 1	20,7	20,8	21,4	23,6
Subject 2	21,4	21,4	21,9	23,8
Subject 3	21,6	21,9	22,3	24,7
Subject 4	21,9	22,1	22,5	24,2
Subject 5	22,1	22,2	22,6	23,9
Subject 6	20,2	20,3	20,7	22,7
Subject 7	21,5	21,6	21,8	24,5
Subject 8	22,5	22,7	23,2	25,6
Subject 9	21,3	21,3	21,7	23,6
Subject 10	22,4	22,6	23,1	25,3
Subject 11	20,8	21	21,6	23,5
Subject 12	20,9	21,1	21,6	24,1

Figure 1. Effects of exposure to a Compact Fluorescent Lamp on the production of the pro-inflammatory cytokine IL-12 (media±SD) by 24 h-cultured peripheral blood mononuclear cells.



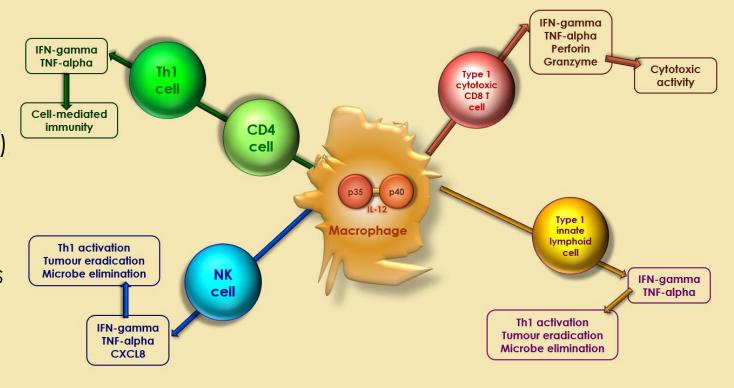


Discussion and Conclusions

This study represents an approach to understand the possible effects of CFLs on the behaviour of the immune system cells.

Limits:

- the small number of samples,
- isolated human PBMC culture time (24 h only)
- the exposure times
- direct irradiation
 without any cover or
 skin, which may act as
 a barrier and modify
 the actual effect of
 radiation.



The CFL light source could represent a "sterile" stimulus able to activate and drive the immune cells toward different responses.