



The Levels of Some Interleukins and Serum Copper Levels in Patients with Head Injury

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Article Type	ABSTRACT
Research Paper	Background and Objective: Head injury is caused by server physical force to the head, and it can be open or closed. In a closed trauma, the skull is not broken, but the impact may damage the brain, skull, scalp and underlying tissue and blood vessels of the head. Therefore, the aim of this study is to find the relationship between head injury and several parameters including the serum level of interleukin-6, interleukin-8 and copper (Cu) in these patients. Methods: This study was conducted at the Neurosurgical Teaching Hospital in Baghdad/Iraq and comprised 60 patients with head injuries in the age range of 20-80 years, who were matched to 30 healthy controls. Five mL blood samples were taken around 8 hours after the injury. Serum IL-6 and IL-8 were measured by the Enzyme Linked Immunosorbent Assay (ELISA), whereas Cu was measured by the Atomic Absorption Spectrophotometer (AAS). The results were compared withween the two groups. Findings: The results revealed that there were no significant differences in age ($p=0.169$), gender ($p=0.434$) and BMI ($p=0.102$) between head injury patients and healthy subjects. The results revealed a significant increase in serum IL-6 (177.45 ± 55.12 & 83.43 ± 22.98) and IL-8 (181.19 ± 61.77 & 49.99 ± 15.32) levels in patients as compared to healthy subjects ($p < 0.001$), and a significant decline in Cu levels in patients (0.84 ± 0.16) compared to the healthy group (1.34 ± 0.15) ($p < 0.001$). Conclusion: Based on the results of this study, increased levels of interleukins and copper element can be used as markers related to head injury. Keywords: <i>Head injury, Interleukin, Copper.</i>

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Introduction

Trauma injuries are a serious healthcare issue and one of the major causes of mortality globally (1). Head injury is a prevalent type of trauma (2). The yearly global incidence of head injury needing medical care, hospitalization, or death is estimated to be over 10 million, with a substantial risk of morbidity, mortality, and disability (3). Physical cognitive and psychological factors can cause disability after an accident of head injury. Many studies have discussed that the psychosocial complications can be particularly severe or cause prolonged experience of depression (4-8).

Cytokine-mediated inflammation is most likely critical in the development of illness after traumatic brain injury or head injury (9). Following a significant head injury, pro-and anti-inflammatory cytokines can be abundantly produced and released into the blood and central nervous system (CNS) (10). Pro-inflammatory cytokines are critical for maintaining normal brain function as well as healing following TBI. Massive and unregulated production of these cytokines, notably Interleukin-1 β (IL-1 β), IL-8, IL-6, and tumor necrosis factor alpha (TNF- α) which link with the inflammation in the body, might, however, cause significant further brain damage. The levels of these cytokines in the brain may be thousands of times higher than in the serum (11, 12).

Trace metals, such as copper play an important role and are a cofactor for many important enzymes involved in production of energy, metabolism of iron, activation of neuropeptide, and synthesis of neurotransmitter and connective tissue (13). Copper metabolism dysfunction or regulatory pathways cause brain an imbalance in copper homeostasis, and can lead to huge consequences of chronic and acute pathological disorders on the function of neurological system (13). Copper plays an important role in the organization of various physiological processes. In particular, they actively contribute to the metabolism of carbohydrate, fat and protein, leading to the final production of usable form of energy (14). Cu has a universal distribution in the brain but is concentrated in the striatum, hippocampus, synaptic membranes, cerebellum, and cerebellar granules and cortical pyramidal neurons (15). The functions of several enzymes in the CNS are largely dependent on Cu (16). The development of oxidative stress has been linked to the etiology of acute CNS injury (17). An imbalance in trace element levels is of great concern since it can cause disruption in the intrinsic capability of antioxidant systems, ultimately leading to the spread of primary injuries. Thus, trace element levels in the serum of patients with head injuries can be used to predict oxidative stress and, consequently, the degree of head injury (15, 18).

Methods

The current case control study included 60 head injury patients with a Glasco Coma Scale $\leq$ 8 (GCS is used to give a reliable description of the level of consciousness in all sorts of acute medical and trauma patients), who were admitted to the Neurosurgical Teaching Hospital in Baghdad, and 30 healthy subjects matched in age and gender to patients group. Patients with other disorders such as Alzheimer, and cerebrovascular diseases (neuroinfections, stroke, migraine and headache disorders, Parkinson's disease, multiple sclerosis, head trauma due to nervous system disorders), were excluded, and they had no further medical issues between the time of sampling and the assessment of laboratory tests. Five mL of blood was obtained during the first 8 hours after the injury, then centrifuged (for 15 minutes at 3000 rpm), and the supernatant was immediately stored at -80 °C until analysis. The enzyme-linked immunosorbent assay (ELISA) was used to assess IL-6 and IL-8 levels in serum. Copper was quantified using an Atomic Absorption Spectrophotometer (AAS).

The SPSS statistical program (version 18) was used to conduct the Spearman's rho, Mann-Whitney Test, and Independent T-Test on data including GCS on admission, gender, age, results of interleukin and copper measurement, and their relationship with patient outcome. At $p \leq 0.05$, differences were considered statistically significant.

Results

The results revealed that there were no significant differences in age, gender, and BMI between head injury patients and healthy subjects, as shown in Table 1. Table 2 shows the percentages of severe and mild trauma for the injured body region, injury causes, and injury type. The head had the largest proportion of injuries as a body region; military attacks have had the highest percentage of injuries as a reason for injury; and penetrating injuries have had the largest proportion of injuries as a type of injury.

Table 1. Clinical and non-clinical characteristics of head injury patients and healthy subjects

Parameters	Healthy subjects (n=30) Number (%)	Patients with head injury (n=60) Number (%)	p-value*	Sig.
Age (year)				
<20	2(6.6)	-	0.169	N.S
20-40	18(60)	40(66.6)		
41-60	8(26.6)	17(28.3)		
61-80	2(6.6)	3(5)		
Gender				
Male	25(83.3)	44(73.3)	0.434	N.S
Female	5(16.7)	16(26.7)		
BMI** (kg/m²)				
Lean	1(3.3)	1(1.7)	0.102	N.S
Obese Normal	8(26.7)	18(30.0)		
Weight	10(33.3)	20(33.3)		
Overweight	11(36.7)	21(35.0)		

*T-test, **Body Mass Index.

Table 2. Injury characteristics of the study population by intensity of trauma among trauma patients

Characteristic	Severe trauma (n=40) Number (%)	Mild trauma (n=20) Number (%)
Body region injured		
Head and/or Neck	20(50)	11(55)
Face	7(17.5)	5(25)
Thorax	6(15)	3(15)
Abdomen/visceral pelvis	7(17.5)	1(5)
Cause of injury		
Military attacks	24(60)	12(60)
Road traffic crush	8(20)	4(20)
Assault	4(10)	2(10)
Falls	3(7.5)	1(5)
Burns	1(2.5)	1(5)
Type of injury		
Penetrating	20(50)	9(45)
Blunt force	15(37.5)	7(35)
Burn	5(12.5)	4(20)

Table 3 shows the findings of 60 patients with head injuries and 30 healthy subjects. The results revealed a significant increase in serum IL-6 and IL-8 levels in patients as compared to healthy subjects ($p<0.001$), and a significant decline in Cu levels in patients compared to the healthy group ($p<0.001$).

Table 3. Serum IL-6, IL-8, and Cu Levels in head injury patients and healthy subjects

Parameter	Healthy subjects (n=30) Mean±SD	Patients with Head injury (n=60) Mean±SD	p-value*
IL-6** (pg/mL)	83.43±22.98	177.45±55.12	0.001
IL-8*** (pg/mL)	49.99±15.32	181.19±61.77	0.001
Cu**** (µg/mL)	1.34±0.15	0.84±0.16	0.001

*T-test, **Interleukin-6, ***Interleukin-8, ****Copper.

Discussion

Results showed a significant elevation in serum of measured interleukins level in patients as compared to healthy subjects with $p<0.001$, and a significant decline in Cu levels in patients compared to the healthy group with $p<0.001$.

The accumulation of neuronal injury causes an inflammatory response, which can be advantageous and give the central nervous system neuroprotection (19). There is a relationship between the severity of trauma and the immune response. Such a reaction is characterized in part by cytokine production in the periphery, which leads to the promotion of an acute inflammatory response that is seen after trauma (18).

In this study, the results demonstrate a significant increase in serum IL-6 and IL-8 levels when compared to healthy subjects. The results of this study were consistent with those of Xu et al. (20). Following head injury, IL-6, a major regulator of the inflammatory response, increases in serum, CSF, and brain tissue (21). This cytokine has both pro- and anti-inflammatory actions; hence, it serves a dual-opposing function (21, 22). Previous studies on head injury serum IL-6 have revealed contradictory results. According to Kalabalikis et al., there is no link between IL-6 levels and neurological outcomes (23).

Singhal et al. observed that increasing levels of IL-6 resulted in a favorable outcome (24). Others have shown that a high IL-6 level is related to poor results and a greater risk of mortality (22, 25). Raheja et al. hypothesized that increased levels of these proinflammatory cytokines are an adaptive response of the brain to injury, causing transitory destruction and apoptosis of injured neural cells and laying the way for the reparative process. As a result, an initial rise in IL-6 levels may be beneficial in the long term, but a delayed rise may be disastrous since it generally signals more serious diseases such as raised intracranial pressure, multiorgan dysfunction syndrome, sepsis, and shock (26). As a result, several authors have recommended reducing inflammatory mediators as a therapy strategy for TBI (27, 28). IL-8, a pro-inflammatory cytokine, has been demonstrated to increase neurotrophin production following head trauma. This cytokine also promotes neutrophil chemotaxis and phagocytosis, drawing them to the site of neural damage (29). Several studies show that acute and persistent IL-8 levels rise after severe traumatic head trauma (22, 30, 31). They hypothesize that this cytokine plays a crucial role in both damage and regenerative processes following head injury and that its high concentration relates to mortality (22, 31). In this study, copper levels were found to be significantly lower in patients with head injuries compared to healthy people. The findings of this study correspond with those of Pu et al. (32) and Belatar et al. (33) studies. Copper is essential for many neural activities, and copper metabolism problems commonly affect the central nervous system. Copper excess and copper deficiency are both linked to brain dysfunction (13). Given the vital function of copper in a wide

range of cellular activities, local concentrations of copper and the cellular distribution of copper transporter proteins in the brain are critical for maintaining the internal environment's steady state (34). A disruption in copper metabolic or regulatory pathways disrupts copper balance in the brain, which can have a variety of acute and chronic degenerative consequences on neurological function (34). Maintaining Cu homeostasis in the brain might be exploited as a therapy target for TBI (35). Previous research found that patients with a persistently low GCS score also have persistently low serum copper levels, while the level of copper was substantially increased from day 0 to day 10 in moderate GCS patients, implying that the relationship between the patient's outcome and serum Cu is most likely due to the critical role of Cu in eliminating oxidative stress, which is the most detrimental factor in severe head injury (36).

In this study, the high levels of IL-6 and IL-8 in patients, as well as the low level of Cu, suggest that these markers can be utilized as markers to prognosticate head injury. However, further research involving patient outcomes is required to assess its overall clinical benefits.

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References

- 1.Al-Qaisi RA, Al-Gebori AM, Alosami MHM. Evaluation of Bone Turnover Markers in Patients with Acute and Chronic Leukemia. *Ind J Clin Biochem*. 2023. <https://doi.org/10.1007/s12291-023-01124-5>
- 2.Sulaiman GM, Al-ansari RF, AL-Gebori AM, Khalil KAA, Albukhaty S, Ahmed EM, et al. Serum Levels of Interleukin 10, Interleukin 17A, and Calcitriol in Different Groups of Colorectal Cancer Patients. *Jordan J Biol Sci*. 2022;15(1):75-81.
- 3.Al-Ogaidi AJM, Al-Gebori AM, Al-Azawi KF, Khazaal S. Ultra micro determination of ascorbic acid in biological samples by coupling reaction. *AIP Conf Proc*. 2020;2213(1):020021-1-020021-7.
- 4.Van Reekum R, Cohen T, Wong J. Can traumatic brain injury cause psychiatric disorders?. *J Neuropsychiatry Clin Neurosci*. 2000;12(3):316-27.
- 5.Izzy S, Chen PM, Tahir Z, Grashow R, Radmanesh F, Cote DJ, et al. Association of Traumatic Brain Injury with the Risk of Developing Chronic Cardiovascular, Endocrine, Neurological, and Psychiatric Disorders. *JAMA Netw Open*. 2022;5(4):e229478.
- 6.Linn RT, Allen K, Willer BS. Affective symptoms in the chronic stage of traumatic brain injury: A study of married couples. *Brain Inj*. 1994;8(2):135-47.
- 7.Scholten AC, Haagsma JA, Cnossen MC, Olff M, Van Beeck EF, Polinder S. Prevalence of and risk factors for anxiety and depressive disorders after traumatic brain injury: a systematic review. *J Neurotrauma*. 2016;33(22):1969-94.
- 8.Deb S, Lyons I, Koutzoukis C, Ali I, McCarthy G. Rate of psychiatric illness 1 year after traumatic brain injury. *Am J Psychiatry*. 1999;156(3):374-8.
- 9.Thelin EP, Hall CE, Gupta K, Carpenter KLH, Chandran S, Hutchinson PJ, et al. Elucidating Pro-Inflammatory Cytokine Responses after Traumatic Brain Injury in a Human Stem Cell Model. *J Neurotrauma*. 2018;35(2):341-52.
- 10.Thelin EP, Tajsic T, Zeiler FA, Menon DK, Hutchinson PJA, Carpenter KLH, et al. Monitoring the neuroinflammatory response following acute brain injury. *Front Neurol*. 2017;8:351.
- 11.Sordillo PP, Sordillo LA, Helson L. Bifunctional role of pro-inflammatory cytokines after traumatic brain injury. *Brain Inj*. 2016;30(9):1043-53.
- 12.Tylicka M, Matuszczak E, Hermanowicz A, Dębek W, Karpińska M, Kamińska J, et al. BDNF and IL-8, but not UCHL-1 and IL-11, are markers of brain injury in children caused by mild head trauma. *Brain Sci*. 2020;10(10):665.
- 13.An Y, Li S, Huang X, Chen X, Shan H, Zhang M. The Role of Copper Homeostasis in Brain Disease. *Int J Mol Sci*. 2022;23(22):13850.
- 14.Saraymen R, Kiliç E, Yazar S. Sweat Copper , Zinc , Iron , Magnesium and Chromium Levels in National Wrestler. *İnönü Üniv Tıp Fak Derg*. 2004;11(1):7-10.
- 15.Madsen E, Gitlin JD. Copper and iron disorders of the brain. *Annu Rev Neurosci*. 2007;30:317-37.
- 16.Scassellati C, Bonvicini C, Benussi L, Ghidoni R, Squitti R. Neurodevelopmental disorders: Metallomics studies for the identification of potential biomarkers associated to diagnosis and treatment. *J Trace Elem Med Biol*. 2020;60:126499.
- 17.Nakka VP, Prakash-Babu P, Vemuganti R. Crosstalk between endoplasmic reticulum stress, oxidative stress, and autophagy: potential therapeutic targets for acute CNS injuries. *Mol Neurobiol*. 2016;53(1):532-44.
- 18.Al-Gebori AM, Eassa HA, Haider MJ. Estimation of some immunological parameters and trace element in patients with head injury. *AIP Conf Proc*. 2019;2123(1):020069.
- 19.Sochocka M, Diniz BS, Leszek J. Inflammatory Response in the CNS: Friend or Foe?. *Mol Neurobiol*. 2017;54(10):8071-89.

- 20.Xu W, Yue S, Wang P, Wen B, Zhang X. Systemic inflammation in traumatic brain injury predicts poor cognitive function. *Immun Inflamm Dis.* 2022;10(3):e577.
- 21.Rai VRH, Phang LF, Sia SF, Amir A, Veerakumaran JS, Kassim MKA, et al. Effects of immunonutrition on biomarkers in traumatic brain injury patients in Malaysia: a prospective randomized controlled trial. *BMC Anesthesiol.* 2017;17(1):81.
- 22.Thompson HJ, Martha SR, Wang J, Becker KJ. Impact of Age on Plasma Inflammatory Biomarkers in the 6 Months Following Mild Traumatic Brain Injury. *J Head Trauma Rehabil.* 2020;35(5):324-31.
- 23.Kalabalikis P, Papazoglou K, Gouriots D, Papadopoulos N, Kardara M, Papageorgiou F, et al. Correlation between serum IL-6 and CRP levels and severity of head injury in children. *Intensive Care Med.* 1999;25(3):288-92.
- 24.Singhal A, Baker AJ, Hare GM, Reinders FX, Schlichter LC, Moulton RJ. Association between cerebrospinal fluid interleukin-6 concentrations and outcome after severe human traumatic brain injury. *J Neurotrauma.* 2002;19(8):929-37.
- 25.Woiciechowsky C, Schöning B, Cobanov J, Lanksch WR, Volk HD, Döcke WD. Early IL-6 plasma concentrations correlate with severity of brain injury and pneumonia in brain-injured patients. *J Trauma.* 2002;52(2):339-45.
- 26.Raheja A, Sinha S, Samson N, Bhoi S, Subramanian A, Sharma P, et al. Serum biomarkers as predictors of long-term outcome in severe traumatic brain injury: analysis from a randomized placebo-controlled Phase II clinical trial. *J Neurosurg.* 2016;125(3):631-41.
- 27.Bracken MB. CRASH (Corticosteroid Randomization after Significant Head Injury Trial): landmark and storm warning. *Neurosurgery.* 2005;57(6):1300-2.
- 28.Lloyd E, Somera-Molina K, Van Eldik LJ, Watterson DM, Wainwright MS. Suppression of acute proinflammatory cytokine and chemokine upregulation by post-injury administration of a novel small molecule improves long-term neurologic outcome in a mouse model of traumatic brain injury. *J Neuroinflammation.* 2008;5:28.
- 29.Werhane ML, Evangelista ND, Clark AL, Sorg SF, Bangen KJ, Tran M, et al. Pathological vascular and inflammatory biomarkers of acute- and chronic-phase traumatic brain injury. *Concussion.* 2017;2(1):CNC30.
- 30.Gołabek-Dropiewska K, Pawłowska J, Witkowski J, Lasek J, Marks W, Stasiak M, et al. Analysis of selected pro- and anti-inflammatory cytokines in patients with multiple injuries in the early period after trauma. *Cent Eur J Immunol.* 2018;43(1):42-9.
- 31.Whalen MJ, Carlos TM, Kochanek PM, Wisniewski SR, Bell MJ, Clark RS, et al. Interleukin-8 is increased in cerebrospinal fluid of children with severe head injury. *Crit Care Med.* 2000;28(4):929-34.
- 32.Pu Z, Lin Y, Chen Z, Wu J, Shen J. Association between serum metal element levels and the severity of acute traumatic brain injury following traffic accidents. *Trace Elem Electrolytes.* 2021;38(07):124-9.
- 33.Belatar B, Elabidi A, Barkiyou M, El Faroudi M, Eljaoudi R, Lahlou L, et al. The Influence of Heavy Metals and Trace Elements on Comatose Patients with Severe Traumatic Brain Injury in the First Week of Admission. *J Toxicol.* 2018;2018:7252606.
- 34.Manto M. Abnormal copper homeostasis: Mechanisms and roles in neurodegeneration. *Toxics.* 2014;2(2):327-45.
- 35.Isaev NK, Stelmashook EV, Genrikhs EE. Role of zinc and copper ions in the pathogenetic mechanisms of traumatic brain injury and Alzheimer's disease. *Rev Neurosci.* 2020;31(3):233-43.
- 36.Johary A, Jain V, Misra S, Rai V, Singh JV. Impact of Serum Copper Level in Patients of Traumatic Brain Injury and its Correlation with Glasgow Coma Scale. *Int J Sci Res.* 2015;4(9):898-9.