

Osteoprotegerin and the Immune-Modulatory Effects on Bone Microenvironment

Georg Schett*

Department of Immunology, University of California, California, USA

Rheumatology: Current Research

ABOUT THE STUDY

Osteoprotegerin (OPG) is a key regulator in bone metabolism, primarily known for its role in inhibiting osteoclastogenesis by acting as a decoy receptor for the Receptor Activator of Nuclear factor Kappa-B Ligand (RANKL). However, recent research has unveiled additional roles of OPG in modulating the immune system and influencing the bone microenvironment beyond its traditional function.

The bone microenvironment is a complex network of cells and signaling molecules that regulate bone homeostasis, repair, and remodeling. Central to this regulation is the dynamic interplay between osteoblasts, which promote bone formation, and osteoclasts, which mediate bone resorption. Osteoprotegerin (OPG), a member of the Tumor Necrosis Factor (TNF) receptor superfamily, has long been recognized for its role in inhibiting osteoclast differentiation and activity by binding to RANKL, thus preventing its interaction with its receptor, RANK, on osteoclast precursor cells. However, emerging evidence suggests that OPG also exerts immune-modulatory effects on the bone microenvironment, influencing the activity of various immune cells and cytokines.

OPG and immune cell interactions

Beyond its canonical role in osteoclast regulation, OPG interacts with various immune cells within the bone microenvironment, thereby modulating immune responses. Macrophages, dendritic cells, and T cells express OPG and RANKL, allowing for intricate cross-talk between bone metabolism and the immune system. OPG has been shown to regulate the differentiation and function of macrophages and dendritic cells, impacting their cytokine production and antigen presentation capabilities. Moreover, OPG influences T cell activation and differentiation, thereby shaping the adaptive immune response within bone tissues [1,2].

Cytokine modulation by OPG

In addition to its direct effects on immune cells, OPG regulates cytokine production within the bone microenvironment, further influencing immune responses and bone homeostasis. OPG has been shown to inhibit the production of pro-inflammatory cytokines such as Tumor Necrosis Factor-alpha (TNF- α), Interleukin-1 (IL-1), and Interleukin-6 (IL-6), thereby dampening inflammation and osteoclastogenesis [3]. Conversely, OPG enhances the production of anti-inflammatory cytokines such as Interleukin-10 (IL-10) and Transforming Growth Factor-beta (TGF- β), promoting an immunosuppressive microenvironment conducive to bone repair and remodeling [4].

Adaptive immune modulation by OPG

Recent studies have highlighted the role of OPG in modulating immune adaptive response within the the bone microenvironment. OPG has been shown to regulate the differentiation and function of regulatory T cells (Tregs), which play a crucial role in maintaining immune tolerance and preventing autoimmunity. Additionally, OPG influences the balance between T helper 17 (Th17) cells and Tregs, thereby shaping the immune milieu within bone tissues. Dysregulation of this balance has been implicated in various bone-related diseases, including rheumatoid arthritis and osteoporosis [5,6].

Clinical implications and therapeutic potential

Understanding the immune-modulatory effects of OPG on the bone microenvironment has significant clinical implications for the treatment of bone-related diseases. Targeting OPG signaling pathways may offer novel therapeutic strategies for conditions characterized by dysregulated bone remodeling and immune dysfunction, such as osteoporosis, rheumatoid arthritis, and bone metastasis [7,8]. Pharmacological agents that mimic or enhance the effects of OPG could help restore immune homeostasis within bone tissues and promote bone regeneration [9]. Furthermore, therapies targeting OPG-RANKL signaling axis have shown promising results in preclinical studies and clinical

Correspondence to: Georg Schett, Department of Immunology, University of California, California, USA, E-mail: Schettg45@glasgow.ac.uk

Received: 13-Feb-2024, Manuscript No. RCR-24-30195; Editor assigned: 16-Feb-2024, PreQC No. RCR-24-30195 (PQ); Reviewed: 04-Mar-2024, QC No. RCR-24-30195; Revised: 11-Mar-2024, Manuscript No. RCR-24-30195 (R); Published: 18-Mar-2024, DOI: 10.35841/2161-1149.24.14.394

Citation: Schett G (2024) Osteoprotegerin and the Immune-Modulatory Effects on Bone Microenvironment. Rheumatology (Sunnyvale). 14:394.

Copyright: © 2024 Schett G. This is an open-access article distributed under the terms of the Creative Commons Attribution License, which permits unrestricted use, distribution, and reproduction in any medium, provided the original author and source are credited.

trials, highlighting the therapeutic potential of OPG modulation in bone diseases [10].

Osteoprotegerin plays a multifaceted role in regulating immune responses within the bone microenvironment, beyond its traditional function in osteoclast inhibition [11]. By interacting with immune cells, modulating cytokine production, and influencing adaptive immune responses, OPG contributes to the maintenance of bone homeostasis and repair [12].

REFERENCES

- Jørgensen SL, Bohn MB, Aagaard P, Mechlenburg I. Efficacy of low-load blood flow restricted resistance Exercise in patients with Knee osteoarthritis scheduled for total knee replacement (EXKnee): protocol for a multicentre randomised controlled trial. BMJ Open. 2020;10(10):e034376.
- Mortensen L, Mechlenburg I, Jørgensen SL. Low-load blood-flowrestricted exercise to prevent muscle atrophy and decline in functional performance in a patient recovering from a Malleolus fracture. A case report. Clin J Sport Med. 2023;33(1):97-100.
- Petersson N, Jørgensen SL, Kjeldsen T, Mechlenburg I, Aagaard P. Blood flow restricted walking in elderly individuals with knee osteoarthritis: A feasibility study. J Rehabil Med. 2022;54.
- Lyman S, Lee YY, Mclawhorn AS, Islam W, Maclean CH. What are the minimal and substantial improvements in the HOOS and KOOS and JR versions after total joint replacement?. Clin Orthop Relat Res. 2018;476(12):2432-2441.
- Roos EM, Lohmander LS. The Knee injury and Osteoarthritis Outcome Score (KOOS): From joint injury to osteoarthritis. Health Qual Life Out. 2003;1:64.

- Jakobsen TL, Christensen M, Christensen SS, Olsen M, Bandholm T. Reliability of knee joint range of motion and circumference measurements after total knee arthroplasty: Does tester experience matter?. Physiother Res Int. 2010;15(3):126-134.
- Wright AA, Cook CE, Baxter GD, Dockerty JD, Abbott JH. A comparison of 3 methodological approaches to defining major clinically important improvement of 4 performance measures in patients with hip osteoarthritis. J Orthop Sports Phys Ther. 2011;41(5):319-327.
- Koblbauer IF, Lambrecht Y, van der Hulst ML, Neeter C, Engelbert RH, Poolman RW, et al. Reliability of maximal isometric knee strength testing with modified hand-held dynamometry in patients awaiting total knee arthroplasty: Useful in research and individual patient settings? A reliability study. BMC Musculoskelet Disord. 2011;12:1-9.
- Kraemer WJ, Patton JF, Gordon SE, Harman EA, Deschenes MR, Reynolds KA, et al. Compatibility of high-intensity strength and endurance training on hormonal and skeletal muscle adaptations. J Appl Physiol. 1995;78(3):976-989.
- Ferraz RB, Gualano B, Rodrigues R, Kurimori CO, Fuller R, Lima FR, et al. Benefits of resistance training with blood flow restriction in knee osteoarthritis. Med Sci Sports Exerc. 2018;50(5):897-905.
- 11. Segal NA, Williams GN, Davis MC, Wallace RB, Mikesky AE. Efficacy of blood flow-restricted, low-load resistance training in women with risk factors for symptomatic knee osteoarthritis. PM R. 2015;7(4):376-384.
- Ozaki H, Sakamaki M, Yasuda T, Fujita S, Ogasawara R, Sugaya M, et al. Increases in thigh muscle volume and strength by walk training with leg blood flow reduction in older participants. J Gerontol A Biol Sci Med Sci. 2011;66(3):257-263.