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## Airway Obstruction and Inducible NO Synthase (iNOS)

**Anil Mishra**

Endowed Chair and Professor of Medicine, Tulane University School of Medicine, New Orleans, LA

**Corresponding author:** Mishra A, Endowed Chair and Professor of Medicine, Tulane Eosinophilic Disorder Center, Department of Medicine, Pulmonary Diseases, SL-9 1430 Tulane Avenue, Tulane University School of Medicine, New Orleans, LA 70112, **Tel:** 504-988-8340; **E-mail:** amishra@tulane.edu**Rec date:** June 30, 2016; **Acc date:** July 1, 2016; **Pub date:** July 7, 2016**Copyright:** © 2016 Mishra A. 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.**Citation:** Mishra A (2016) Airway Obstruction and Inducible NO Synthase (iNOS). *Chron Obstruct Pulmon Dis* 1: 15.

### Editorial

Asthma is a chronic disease characterized by airway eosinophilic inflammation and obstruction including hyperresponsiveness (AHR), airway resistance, mucus induction, and airway remodeling including per-bronchial collagen deposition [1-4]. These manifestations lead to repeat episodes of shortness of breath, and wheezing that may debilitate affected individuals.

The incidence of the disease is increasing at an alarming rate affecting 1 in 10 children and 1 in 12 adults with a total of 300 million worldwide [5]. Worldwide, deaths from asthma have reached over 250,000 annually. Asthma can be controlled by a combination of an inhaled corticosteroid (anti-inflammatory) and a short or long-acting 2-adrenergic agonist.

Thus, new therapies that target the symptoms of asthma are urgently needed. An increasing number of conflicting reports have demonstrated detrimental, protective, and sometimes neutral roles of inducible NO synthase (iNOS) in the pathogenesis of asthma [6]. However, it is unquestionably established that iNOS is expressed in lungs of asthmatic individuals with a subsequent production of NO and generation of the reactive metabolite ONOO [7,8].

Of note, the expression of iNOS is higher in sputum cells from asthmatics compared to those from patients with controlled disease or healthy individuals [9]. Therefore, inhibition of iNOS appears to be a very viable therapeutic target to prevent manifestation of asthma symptoms upon exposure to allergens.

This potential has been challenged by the few observation that a selective iNOS inhibitor did not affect airway inflammatory cell numbers or AHR [10]. But, it is difficult to ignore the fact that asthma protection and susceptibility are associated with polymorphisms in the iNOS gene [11]. Recently, it has been shown that iNOS gene deletion is associated with a reduction in eosinophilia, mucus hypersecretion, and Th2 cytokine production upon an acute exposure to ovalbumin (OVA) [12,13]. Most recently, we reported that the amount of iNOS and NO are critical determinants in the modulation of AHR by selective iNOS inhibitors. Therefore, selective iNOS inhibitors in blocking AHR

in human asthma should use, in particular to the humans that have uncontrolled disease.

### References

1. Moreno RH, Hogg JC, Pare PD (1986) Mechanics of airway narrowing. *American Review of Respiratory Disease* 133: 1171-1180.
2. Bossé Y, Paré PD, Seow CY (2008) Airway wall remodeling in asthma: from the epithelial layer to the adventitia. *Curr Allergy Asthma Rep* 8: 357-366.
3. Halwani R, Al-Muhsen S, Hamid Q (2010) Airway remodeling in asthma. *Current Opinion in Pharmacology* 10: 236-245.
4. Park HS, Kim SY, Kim SR, Lee YC (2010) Targeting abnormal airway vascularity as a therapeutic strategy in asthma. *Respirology* 15: 459-471.
5. Bärnes CB, Ulrik CS (2015) Asthma and adherence to inhaled corticosteroids: current status and future perspectives. *Respir Care* 60: 455-468.
6. DeNicola LR, Kisson N, Duckworth LJ, Blake KV, Murphy SP, et al. (2000) Exhaled nitric oxide as an indicator of severity of asthmatic inflammation. *Pediatr Emerg Care* 16: 290-295.
7. Kirkham P, Rahman I (2006) Oxidative stress in asthma and COPD: antioxidants as a therapeutic strategy. *Pharmacol Ther* 111: 476-494.
8. MacNee W (2001) Oxidative stress and lung inflammation in airways disease. *Eur J Pharmacol* 429: 195-207.
9. Beckman JS (2009) Understanding peroxynitrite biochemistry and its potential for treating human diseases. *Arch Biochem Biophys* 484: 114-116.
10. Brindicci C, Ito K, Barnes PJ, Kharitonov SA (2007) Effect of an inducible nitric oxide synthase inhibitor on differential flow-exhaled nitric oxide in asthmatic patients and healthy volunteers. *Chest* 132: 581-588.
11. Singh D, Richards D, Knowles RG, Schwartz S, Woodcock A, et al. (2007) Selective inducible nitric oxide synthase inhibition has no effect on allergen challenge in asthma. *Am J Respir Crit Care Med* 176: 988-993.
12. Islam T, Breton C, Salam MT, McConnell R, Wenten M, et al. (2010) Role of inducible nitric oxide synthase in asthma risk and lung function growth during adolescence. *Thorax* 65: 139-145.

13. Naura AS, Zerfaoui M, Kim H, Abd Elmageed ZY, Rodriguez PC, et al. (2010) Requirement for inducible nitric oxide synthase in chronic allergen exposure-induced pulmonary fibrosis but not inflammation. *J Immunol* 185: 3076-3085.