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Leukotriene B₄ Protects Latently Infected Mice against Murine Cytomegalovirus Reactivation following Allogeneic Transplantation¹

Jean Gosselin,²*⁺ Pierre Borgeat,⁵ and Louis Flamand†‡

Human CMV is often associated with transplant rejection and opportunistic infections such as pneumonia in immunosuppressed patients. Current anti-CMV therapies, although effective, show relatively high toxicity, which seriously limits their long-term use. In this study, we provide evidence that leukotriene B₄ (LTB₄) plays an important role in the fight against murine CMV (MCMV) infection in vivo. Intravenous administration of 50 and 500 ng/kg/day of LTB₄ to mice infected with a lethal dose of MCMV significantly increases their survival (50 and 70%, respectively), compared with the placebo-treated group (10% of survival). In mice infected with a sublethal dose of MCMV and treated daily with 50 ng/kg/day of LTB₄, the salivary gland viral loads were found to be reduced by 66% compared with the control group. Furthermore, using an allogeneic bone marrow transplantation mouse model, the frequency of MCMV reactivation from latently infected mice was much lower (38%) in LTB₄ (500 ng/kg)-treated mice than in the placebo-treated group (78%). Finally, in experiments using 5-lipoxygenase-deficient mice, MCMV viral loads in salivary glands were found to be higher in animals unable to produce leukotrienes than in the control groups, supporting a role of endogenous 5-lipoxygenase products, possibly LTB₄, in host defense against CMV infection. 

¹Transplantation

As seen with other herpesvirus infections, primary CMV infection is followed by persistent or recurrent infection caused by the reactivation of latent virus. The diseases treated are congenital infections, mononucleosis-like syndrome in normal host, and mild-to-severe infections in immunosuppressed individuals (Ref. 1; reviewed in Ref. 2). The populations at high risk for CMV infections are those undergoing allogeneic transplantation. The ubiquity of this virus, its propensity to reactivation when host defenses are compromised, and its ability to disseminate to several organs are characteristics that explain its frequent occurrence in the transplanted population (reviewed in Ref. 3). The frequency and the severity of CMV infections in transplant patients are variable and depend on the nature of the transplant, the immune status of the recipient, and the duration of the immunosuppressive therapy. The CMV infection, particularly when associated with pneumonitis, is an important cause of morbidity and mortality after bone marrow transplantation (4).

Currently available antiviral agents with proven efficacy against CMV include Cytovene (ganciclovir) and Foscavir (foscarnet) (5, 6). These agents inhibit the synthesis of metabolically active virus and are not effective against nonreplicating or latent virus. Intravenous ganciclovir has been used successfully to treat solid-organ transplant recipients with CMV infection. Because of its renal toxicity, the dosage needs to be decreased in patients with renal disorders, and maintenance therapy is seriously limited (7, 8). Emergence of ganciclovir-resistant strains of CMV following repeated use of ganciclovir is well documented (9, 10). Current CMV treatments are therefore not optimal, and new approaches are needed to prevent CMV infection in organ and bone marrow transplant recipients.

Leukotriene B₄ (LTB₄) is a polyunsaturated fatty acid derived from the oxygenation of arachidonic acid. Leukotrienes represent a large family of lipidic molecules whose precursor, arachidonic acid, is the substrate of many biologically active molecules such as prostaglandins and thromboxanes (11), some of which have been used in the clinic for many years. The major sources of LTB₄ are neutrophils and macrophages (12, 13). Important biologic properties of LTB₄ are its ability to stimulate phagocyte locomotion and chemotaxis (14) and, to a lesser degree, degranulation and superoxide anion production. There are previous studies in animal models supporting the role of LTB₄ in host defense against bacterial infection. In animals lacking the gene coding for the 5-lipoxygenase (5-LO), a markedly increased susceptibility to bacterial pneumonia was observed (15, 16). Furthermore, it was shown that this susceptibility to infection is the consequence of the inability of lung macrophages to produce LTB₄ and to ingest and kill pathogens. Another group has shown that administration of LTB₄ to mice enhances bacterial clearance (17). Interesting observations made in AIDS patients also support the role of LTB₄ in host defense. It was reported that neutrophils and alveolar macrophages from HIV-infected individuals produced significantly less LTB₄ than the cells of healthy subjects, and that such a defect was the cause of reduced antimicrobial activity in the phagocytes (18–20).

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3 Abbreviations used in this paper: LTB₄, leukotriene B₄; 5-LO, 5-lipoxygenase; MCMV, murine CMV; MEF, murine embryonic fibroblast; FLAP, 5-LO-activating protein; BMT, bone marrow transplant.
To investigate the potential role of LTB₄ in viral infection, studies were performed using mice infected with the murine CMV (MCMV). MCMV infection in mice represents a valid surrogate model to human CMV infection and proves useful for evaluating compounds with antiviral activity due to the similarity of its gene products and the organs that are targeted during infection. MCMV is similar to human CMV with respect to the development of acute and chronic infections, latency establishment, and reactivation following immunosuppressive therapy initiation.

In this study, we report that exogenous LTB₄ significantly reduces the severity of acute MCMV infection in mice and prevents viral reactivation in immunosuppressed mice following allogeneic transplantation; furthermore, we provide evidence in support of a role of endogenous 5-LO products in host defense against MCMV infection in vivo.

Materials and Methods

**Virus propagation and titration**

The MCMV (Smith strain) was purchased from the American Type Culture Collection and propagated in 6-wk-old BALB/c mice. Briefly, mice were infected by i.p. injection with 10³ PFU of MCMV in a volume of 0.1 ml. Twenty-one days after infection, mice were sacrificed, and the salivary glands were harvested, pooled, and homogenized in 10 ml of DMEM for 45 s using a tissue tearor apparatus (Fisher Scientific) at a setting of 5. Homogenates were centrifuged at 3000 x g for 20 min. Clarified supernatants were collected, pooled, aliquoted, and stored frozen at −150°C until needed.

MCMV titer was determined by plaque assay on murine embryonic fibroblasts (MEF). MEF cell suspensions were obtained following overnight tryptic digestion (4°C) of 15-day-old BALB/c embryos. The MEF cells were counted, aliquoted (1 x 10⁵ cells/vial), and stored frozen at −150°C until needed. For MCMV titration experiments, MEF were seeded in 12-well tissue culture plates (5 x 10⁶ cells/well) 1 day before the titrations. MCMV samples to be assayed were serially diluted in DMEM medium and added (0.5 ml) in duplicate onto fibroblasts for 1 h at 37°C. Nonadsorbed viruses were removed, and the cell layers were covered with culture medium containing 1.5% methylcellulose and 2% FBS. After 4 days, the medium was removed, and the cells were fixed with 5% formaldehyde in saline and stained with violet crystal. After saline washes, the MCMV viral load in salivary glands was determined as the number of plaques formed per salivary gland.

**Drugs**

LTB₄ (Cascade Biochem) was obtained as an ethanolic solution of the acid form and stored at −80°C. The dosing solutions were prepared by dilution of the ethanolic LTB₄ solution in a 0.45% w/v NaCl solution containing 0.25% w/v dextrose and 0.01% w/v BSA (fraction V; ICN), no more than 1 h before injection. The solutions were warmed to 20°C before injection to prevent a shock to the animal. The following drugs were used: ganciclovir, cyclosporin A (McKessen), FK-506 (Omega), cyclophosphamide (Sigma-Aldrich), and MK-886, an inhibitor of 5-LO-activating protein (FLAP) (Biomol Research Lab).

**Survival challenge**

Adult female BALB/c mice (6–8 wk old) were infected (n = 15/group) by i.v. administration of a lethal dose of MCMV (12,000 PFU). Starting on the day of infection and every day thereafter, mice received a placebo or varying quantity of LTB₄ (50 or 500 ng/kg) by i.v. administration. Survival of mice was recorded every day for each group until day 9 postinfection, at which time all surviving animals were sacrificed. Body weight loss and body temperature were also evaluated on a daily basis.

**Infection of mice with MCMV and viral load determination**

Adult female BALB/c mice (6–8 wk old) were infected (n = 10/group) by i.v. injection in the tail vein with a sublethal dose (500 PFU) of MCMV in a final volume of 0.1 ml of DMEM and treated with exogenous LTB₄. Mice were treated daily, starting on the third day of infection, with a placebo or varying quantities of LTB₄ (0.5–500 ng/kg). On day 12 postinfection, the salivary glands of mice were harvested and stored frozen (−80°C). To evaluate the role of endogenous LTB₄ in MCMV-infected animals, two different experiments were performed. First, 5-LO knockout mice (5-LO−/−) (The Jackson Laboratory) that were deficient for leukotriene synthesis, as well as their wild-type controls (5-LO+/+) were infected with MCMV and studied for their ability to control infection. Second, MCMV viral loads were studied in MK-886-treated BALB/c mice and compared with that of placebo-treated group. The viral loads were determined after homogenization of the organs by standard plaque assay titration on MEF cells as described above.

**Effects of long-term LTB₄ administration on allogeneic stem cell engraftment**

Adult (6–8 wk old) female BALB/c mice (H2-K²) were treated twice (days −5 and −3 relative to transplant) with cyclophosphamide (60 mg/kg). On day 0, mice were irradiated (600 rad) and reconstituted by i.v. injection with 10⁵ allogeneic bone marrow cells (10⁶ CD34⁺ equivalent) obtained from the femurs of C57BL/6 mice (H2-K²). Transplanted mice were immunosuppressed by daily administration of cyclosporin A (5 mg/kg) starting on the day before reconstitution up to day 59. From days 60 to 100, the immunosuppressive pharmacology was switched to FK-506 (90 μg/kg). Starting on the fifth day posttransplant, mice (n = 10/group) received a placebo or LTB₄ (50–500 ng/kg) by i.v. administration, three times a week. On day 100 postengraftment, mice were sacrificed by CO₂ asphyxiation. Bone marrow cell suspensions were obtained by flushing the marrow of the femur of each mouse with 2 ml of culture medium and analyzed for the presence of donor cells. In brief, one million bone marrow cells were incubated with a fluorescein-labeled isotype control mAb or with a fluorescein-labeled anti-H2-K²⁺ Ab. After a 1-h incubation at 4°C, the cells were washed twice with 10 ml of saline and resuspended in 0.5 ml of 1% paraformaldehyde. The presence of progenitor stem cell originating from the donor mouse was determined using a combination of a fluorescein-labeled anti-H2-K²⁺ Ab and a PE-labeled anti-CD34 mAb. The percentage of positive cells was determined after counting 10,000 events using a flow cytometer (Epics XL: Coulter).

**Effects of LTB₄ administration on CMV reactivation following allogeneic splenocyte transplantation**

Adult (6–8 wk old) female BALB/c mice (H2-K²) were treated twice with cyclophosphamide (150 mg/kg) and injected i.p. with 10⁷ splenocytes from latently CMV-infected 5-LO−/− (B6) mice. Latency was established by infecting the mice by i.p. injection with 10⁵ PFU of MCMV 2 mo prior. Latency was confirmed by the absence of active CMV infection in spleen cells. BALB/c mice carrying the allogeneic splenocytes were divided into four groups of 10 mice and treated by i.v. injection, three times a week, with a placebo or LTB₄ (5, 50, and 500 ng/kg). Twenty-one days following splenocyte injection, mice were sacrificed, and the salivary glands were collected and analyzed for CMV viral loads by standard plaque assay on MEF as described above.

**Effects of LTB₄ administration on CMV reactivation following allogeneic bone marrow transplantation**

Adult (6–8 wk old) female BALB/c (H2-K²) and C57BL/6 (H2-K²) were infected with MCMV (10⁴ PFU) by i.p. injection. Six months later, when MCMV infection was fully latent, BALB/c mice were treated twice (days −4 and −2) with cyclophosphamide (60 mg/kg) and irradiated with 600 rad on day 0. Irradiated mice were reconstituted (day 0) by i.v. injection of 10⁷ allogeneic bone marrow cells (10⁶ CD34⁺ equivalent) obtained from the femurs of C57BL/6 mice. Transplanted mice were maintained under immunosuppressive therapy by daily administration of FK-506 (90 μg/kg) starting on the day following reconstitution up to day +35. Starting on day +21, mice received a daily i.v. injection of LTB₄ (50 and 500 ng/kg) (for a total of 14 days). On day +36, BALB/c transplanted mice were sacrificed, and the MCMV viral load in salivary glands was determined as described above.

**Results**

**LTB₄ increases survival of mice infected with a lethal dose of MCMV**

First, we evaluated whether LTB₄ administration could protect mice against a lethal MCMV infection. Mice were infected with a lethal dose of MCMV and treated by i.v. injection of LTB₄. Animal survival was monitored daily. In general, mice started showing signs of infection on the second day, and mortality was observed between days 5 and 7. By the eighth or ninth day postinfection, surviving mice had recovered, and the protocols were ended. Results obtained clearly show that doses of 50 and 500 ng/kg/day of LTB₄ had significant protective effects on CMV-
induced mortality (Fig. 1A). Typically, when administration of LTB₄ (50 and 500 ng/kg/day) started on the day of infection and everyday thereafter, more than twice as many mice survived the lethal viral challenge compared with the placebo-treated group. In addition, body weight and temperature of infected mice were also monitored daily in placebo and LTB₄-treated mice. During acute MCMV infection, mice typically develop a fever (38–39°C) that lasts 2 days followed with a reduction in body temperature. Our results (Fig. 1B) indicate that the placebo-treated group experienced greater body temperature reduction compared with the LTB₄ (5–500 ng/kg)-treated mice, with the largest variations observed on day 6 postinfection. Statistically significant differences were observed on days 4, 5, 6, and 8 postinfection. In terms of body weight, infected mice started losing weight on the second day after infection and continued to do so up to the sixth day postinfection. All three groups treated with LTB₄ (5–500 ng/kg) experienced less severe weight losses than the placebo-treated group (Fig. 1C). Statistically significant differences (p < 0.03) were recorded between the placebo and LTB₄ (50 ng/kg) group on days 7, 8, and 11 postinfection. Body weight and temperature data are therefore in accordance with the increased survival of mice treated with LTB₄.

**LTB₄ reduces the viral load in salivary glands of MCMV-infected mice**

Detection of viral particles in organs and body fluids is by far the best criteria to evaluate the spread of the infection and the efficacy of a drug. Because MCMV is known to replicate heavily in salivary glands of mice (21), viral loads were measured in this organ. Mice were infected with a sublethal dose of MCMV and treated daily with a placebo or LTB₄ by i.v. injection starting on the third day of infection. On day 12, the viral loads were determined in salivary glands of mice by standard plaque assay titration on MEF cells. Results indicate that a dose of 50 ng/kg/day appeared optimal in reducing CMV viral load (66% reduction) in the salivary glands of infected mice (Fig. 2). Although less pronounced (30% reduction), a dose of 5 ng/kg/day of LTB₄ also caused a reduction in CMV viral load.

**Effects of LTB₄ administration of allogeneic stem cell engraftment**

The results presented so far highlight a potential usefulness of LTB₄ in the treatment of primary CMV infection. In addition to primary CMV infection, reactivation of latent CMV in transplant patients may also lead to clinical problems. Considering that bone marrow (or organ) transplant patients must receive immunosuppressive therapies, the concomitant usage of immunomodulatory drugs such as LTB₄ to combat viral infections may represent a paradox. First, the next set of experiments was aimed at determining the innocuousness of prolonged i.v. administration of LTB₄ on engraftment of allogeneic bone marrow cells in mice using a standard bone marrow transplant (BMT) protocol. Bone marrow cells from C57BL/6 (H-2Kᵇ⁻) mice were grafted into BALB/c mice. Grafted mice received either a placebo or LTB₄, at 50 or 500 ng/kg/mouse, three times a week (i.v. injection) for 100 days. The results obtained indicate that mice receiving a placebo had an identical survival rate (50%) after 100 days with those receiving LTB₄.
This result suggests that LTB₄ administration does not promote graft-vs-host disease. Such results are in accordance with in vitro experiments demonstrating that LTB₄ does not interfere with cyclosporin A or FK-506 inhibition of human T lymphocyte proliferation and IL-2 gene activation (data not shown). In addition, flow cytometric analysis of bone marrow cells from transplanted mice indicates that LTB₄ administration had no negative impact on donor cell (H-2Kᵇ⁺) engraftment, and marrow regeneration (Fig. 3A). A chimerism between cells from recipient and donor mice was observed with ~50% of the cells originating from the donor mouse. Donor cells present within the marrow of recipient mice were further analyzed relative to the composition of hematopoietic bone marrow progenitors (CD34⁺/H2-Kᵇ⁺). The analyses performed indicate that LTB₄ administration for 100 days, had no negative impact on donor stem cell survival and engraftment (Fig. 3B).

These results clearly show that LTB₄ administration does not promote donor graft rejection in bone marrow-allografted mice. In addition, the survival rate at day 100 was identical between all groups, providing reassuring evidence that LTB₄ administration to immunosuppressed animals does not compromise bone marrow engraftment nor promotes graft-vs-host-disease.

Effects of LTB₄ administration on MCMV reactivation following allogeneic splenocyte or bone marrow transplantation

Having determined that LTB₄ does not negatively influence stem cell engraftment, we wanted to test the effects of LTB₄ on CMV reactivation. As mentioned above, one common problem associated with allogeneic transplantation is the reactivation of latent CMV following the transplant. In an attempt to mimic these events, 32 adult CMV naïve BALB/c mice were treated with cyclophosphamide and injected i.p. with 100 million splenocytes from latently MCMV-infected C57BL/6 (H2Kᵇ⁺) mice. Mice were divided in four groups and treated i.v. injection with a placebo or LTB₄ (5, 50, or 500 ng/kg) three times a week for 3 wk. The salivary glands were taken from each mouse and assayed for CMV viral load by standard plaque assay. The results obtained indicate (Fig. 4A) that eight of eight mice that were treated with the placebo had detectable CMV viral load in their salivary glands. Because recipient mice were naïve for CMV, the source of infection originated from the reactivation of CMV from latently infected donor spleen cells. In sharp contrast to the placebo-treated group, no active CMV infection could be detected in any of the groups of mice (0 of 24) treated with LTB₄. When this experiment was repeated, 33% of the placebo group reactivated MCMV, compared with 16, 0, and 8% for mice treated with 5, 50, and 500 ng/kg of LTB₄, respectively (data not shown).

We next proceeded to test the effects of LTB₄ administration on CMV reactivation/infection in latently MCMV-infected mice undergoing allogeneic bone marrow transplantation. A protocol nearly identical with those used in human bone marrow transplantation was used. Latently MCMV-infected BALB/c (H2Kᵇ⁺) mice were treated with cyclophosphamide on days 4 and 2, then sublethally irradiated and engrafted with 10² bone marrow cells from latently MCMV-infected C57BL/6 (H2Kᵇ⁺) mice. FK-506 (90 µg/kg) was administered daily starting on the first day posttransplant. Mice were divided in three groups and treated i.v. with a placebo or LTB₄ (50 and 500 ng/kg) from days 21 to 35 posttransplant. In preliminary experiments, it was established that 1 mo posttransplant, mice had undergone reactivation of latent MCMV. This is somewhat similar to what is observed in humans, where CMV reactivation is most frequent during the second month posttransplant. On day 36 posttransplant, mice were sacrificed, and salivary glands were then taken from each mouse and assayed for MCMV viral load by standard plaque assay. Results obtained indicate that MCMV reactivation was less frequently observed in LTB₄-treated mice (38–50%) than in the placebo-treated group (78%) (Fig. 4B).
Protective effect of endogenous 5-LO products in MCMV-infected mice

In the experiments presented above, we have shown that administration of exogenous LTB₄ to infected mice enhances resistance to MCMV infection. This suggests that LTB₄ may play an important role in the natural antiviral immunity. To support this hypothesis, we used 5-LO knockout (5-LO⁻/⁻) mice, which are unable to produce endogenous leukotrienes. Mice were infected with MCMV, and viral load was assayed in salivary glands on day 12 postinfection. As shown in Fig. 5A, 5-LO⁻/⁻ mice have higher viral loads in salivary glands (an increase of 93%), compared with the wild-type (5-LO⁺/⁺) controls. To further support the role of endogenous 5-LO products as putative mediators of the antiviral defense, another set of experiments was performed. MCMV-infected BALB/c mice were treated daily for 11 days starting on the day of infection with MK-886, an inhibitor of FLAP, a protein shown to be essential to leukotriene biosynthesis. On day 12 postinfection, viral load measurements in the salivary glands indicate that MK-886-treated mice had significantly higher MCMV viral loads (an increase of 233%) (Fig. 5B) compared with that of the placebo-treated group.

Discussion

LTB₄ was first recognized as a potent chemoattractant of neutrophils (22, 23). In tissues exposed to LTB₄, circulating neutrophils rapidly adhere to the endothelium and migrate into extravascular space (24). LTB₄, and the cysteinyl leukotrienes, are considered to play an important role in inflammatory diseases. In the present study, we show that LTB₄ has protective effects in mouse models of MCMV infection and reactivation in immunosuppressed animals. Such actions of LTB₄ in host defense against viruses represent a new role for LTB₄.

The mechanism(s) of action of LTB₄ in vivo as antiviral is (are) not yet elucidated. LTB₄ may activate several effector functions of lymphocytes and NK cells, two important players of the antiviral immunity. LTB₄ enhances IL-2 synthesis by CD4⁺ T cells (25) and increases expression of IL-2Rs on CD8⁺ T cells (26) favoring their proliferation. Similarly, the expression of IL-2Rs is also increased on NK cells by LTB₄, resulting in an increased responsiveness to IL-2 and greater cytotoxic activity. More recently, it was reported that LTB₄ mediates migration of CD4⁺ and CD8⁺ T cells out of the lymphoid compartment and their recruitment into peripheral tissues (27, 28). LTB₄ was also found to act on B cells.
by enhancing their activation, proliferation, and Ig secretion (29, 30). Thus, these observations substantiate a potential role of LTB₄ as activator of cytotoxic cells, which are known to be involved in the killing of infected cells. In the allogeneic transplantation protocols presented in our study, we show that viral reactivation in latently MCMV-infected recipients was much less frequently observed in animals treated with LTB₄. Latently infected mice have developed immune memory T and B cells. Thus, we speculate that such effector functions may have been potentioted in mice treated with LTB₄, promoting resistance to MCMV reactivation.

Such an activation of lymphocyte effector functions involves Ag processing and the generation of Ag-specific effector cells. This process requires a certain amount of time following infection to be effective and, thus, does not participate to the early response against viral infection. LTB₄ is also known to be a potent activator of phagocytes such as neutrophils, a cell type associated with the nonspecific defense. Activation of neutrophils is an early event of the immune response. Neutrophils are rapidly mobilized, and their number and distribution throughout the body ensures that they are often the first leukocytes to encounter invading organisms. In addition to neutrophil recruitment, LTB₄ stimulates their phagocytic activity, the formation of reactive oxygen species (31), and the release of granular enzymes (32). Although we cannot overlook that an effective Ag-specific response could be involved, the activation of neutrophils is probably the main mechanism by which LTB₄ exerts its antiviral activity within the first days of the infection. For example, in studies using animals infected with a lethal dose of MCMV and treated with LTB₄ (500 ng/kg) on the day of infection, a rapid activation of the innate immune response. Neutrophils are rapidly mobilized, and their number and distribution throughout the body ensures that they are often the first leukocytes to encounter invading organisms. In addition to neutrophil recruitment, LTB₄ stimulates their phagocytic activity, the formation of reactive oxygen species (31), and the release of granular enzymes (32). Although we cannot overlook that an effective Ag-specific response could be involved, the activation of neutrophils is probably the main mechanism by which LTB₄ exerts its antiviral activity within the first days of the infection.

Another mechanism triggered by LTB₄ that likely contributes to its antiviral activity is the release of antimicrobial proteins called α-defensins (reviewed in Ref. 13). These molecules are polypeptides that can nonspecifically disrupt the membrane of various microorganisms including bacteria, protozoa, and viruses. Epithelial cells and monocytes can produce α-defensins, but the main producers are neutrophils. Recent studies have demonstrated the anti-HIV activity of defensins, thus stimulating the interest for these mediators of the innate immunity (34, 35). In a recent clinical trial (phase I) aiming to evaluate the safety and tolerability of i.v. administered LTB₄ to humans, we observed that LTB₄ was a potent inducer of α-defensin release with a maximal plasma concentration at 2 h post-LTB₄ injection (36). The release of α-defensins by LTB₄-activated neutrophils may then represent another mechanism that contributes to viral clearance. However, the relative antiviral contributions of α-defensins in our murine models of CMV infections remain to be determined considering that it is reported that neutrophils from mice do not contain or secrete such antimicrobial peptides (37).

The present study clearly shows that administration of LTB₄ reduces the viral loads in MCMV-infected mice and prevents MCMV reactivation in latently infected mice following allogeneic bone marrow transplantation. By stimulating leukocyte recruitment and a wide range of effector functions of both the innate and the adaptive immunity, LTB₄ behaves as a potent immunomodulator with a great potential for the prevention and the treatment of viral infections.

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