

**Figure 1.** Elevated expression for CLDN-1 and CLDN-5 on mRNA- (A) and protein level (B) after compression therapy in patients with chronic venous insufficiency (A) Densitometric evaluation of generated mRNA-products of OCLN, CLDN-1, CLDN-3 and CLDN-5 in healthy controls (white bars), edema patients prior to treatment (crossed bar) and after treatment (black bars). (B) Densitometric evaluation of immunoblots of OCLN, CLDN-1, CLDN-3 and CLDN-5 in healthy controls (white bars), venous leg ulcer patients prior to treatment (crossed bar) and after treatment (black bars). (B) Densitometric evaluation of immunoblots of OCLN, CLDN-1, CLDN-3 and CLDN-5 in healthy controls (white bars), venous leg ulcer patients prior to treatment (crossed bar) and after treatment (black bars). Data are means  $\pm$  SEM (n = 8 for healthy skin; n = 8 for edema group; n = 8 for leg ulcer group). The significance of difference was determined by an unpaired student's t test. Differences were considered significant at \*p < 0.01.

from the expression of healthy controls as well as patients prior to treatment. Whether up-regulation of tight junction molecules can be directly associated with the mode of treatment requires further investigations. Compression therapy may tighten the paracellular barrier via elevated expression of specific tight junctions and may prevent the progression of chronic venous insufficiency due to inhibited permeability of fluid into the perivascular tissue.

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## Inhibition of Vascular Cell Adhesion Molecule-1 Expression in Human Dermal Microvascular Endothelial Cells by Iron Chelators

To the Editor:

Koo *et al* (2003) recently reported that iron chelators inhibit tumor necrosis factor- $\alpha$ -mediated vascular cell adhesion molecule-1 expres-

sion in human dermal microvascular endothelial cells, suggesting that iron plays a critical role in tumor necrosis factor- $\alpha$ -mediated vascular cell adhesion molecule-1 induction in these cells. As outlined by the authors, these findings may provide new insights into the role of iron in the pathogenesis of cutaneous inflammatory disorders, such as psoriasis, contact dermatitis, and ultraviolet-induced skin changes. They also support previous studies demonstrating that topically applied iron chelators provide a high level of photoprotection in both animal and human testing (Bissett *et al*, 1994).

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Nevertheless, it may be regrettable to restrict the implication of these important results to inflammatory disorders. The adhesive function of vascular cell adhesion molecule-1 not only facilitates the binding of leukocytes to activated endothelial cells but is also used by cancer cells to enhance metastatic implantation and spread (Rice and Bevilacqua, 1989; Vidal-Vanaclocha et al, 2000). Moreover, vascular cell adhesion molecule-1 is closely associated with angiogenesis (Nakao et al, 2003). Iron has also been implicated in the pathogenesis, of cancers and several clinical observations have been made linking cellular iron content to the development of cancers in humans (Weinberg, 1996). The metal is carcinogenic owing to its catalytic effect on the formation of hydroxyl radicals, suppression of the activity of host defense cells, and promotion of cancer cell multiplication (Weinberg, 1996). Based on this possible role of iron in tumor development, several studies have suggested a potential antitumor activity of iron chelation and have shown that iron deprivation induces apoptosis of various proliferating cell types (Richardson, 2002; Simonart et al, 2002). We previously showed that exposure of human dermal microvascular endothelial cells to the iron chelator 10 to 100 µM desferrioxamine for less than 24 h did not significantly reduce the number of cells excluding Trypan blue dye (Simonart et al, 2000), which is in line with the results reported by Koo et al (2003). Nevertheless, this significantly affected the clonogenic survival of human dermal microvascular endothelial cells (Simonart et al, 2000), indicating a possible latent toxicity of the drug, which was evidenced by massive apoptosis of the cells after 72 h of exposure to desferrioxamine at concentrations 10 times lower than those used by Koo and colleagues. Because inflammatory endothelial responses may be inhibited during apoptotic stimuli (Neuzil et al, 2001), it remains to be determined whether distinct mechanisms are responsible for the anti-inflammatory and proapoptotic effects of iron chelators in endothelial cells. Nevertheless, the results reported by Koo et al may further suggest that the investigation and development of iron chelators as anticancer agents is warranted.

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