

THE ENZYME RNASE 7 AND ITS ROLE IN HOST DEFENSE MECHANISMS

Abdul Razzaq, Khadija Quddoos, Umar Farooq, Muhammad Zeeshan Khalil, Amna Gillani

Abstract

Antimicrobial proteins play a critical role in preventing infectious diseases at surface of epithelium. These are host defense substances. Antimicrobial proteins are major part of immune system. The microbial activity of RNAse 7 is found for several pathogens. RNase 7 was obtained from stratum corneum extract. It is also expressed in urinary and respiratory tracts. It has ribonuclease activity. It has relation with skin diseases. It can kill many toxic pathogens by damaging their cell wall. Now it is clear that antimicrobial action of RNase 7 is independent of ribonuclease activity and it targets the outer surface proteins of microbes. It has role against skin cancer. It also helps in the removing viral infection. Wounds are healed with the help of this enzyme. The tissues that kill many microbes' daily containing white blood cells and epithelial cells are primary producers of AMP. Several peptides are found in mammals' ribonuclease A family. RNase A is best ribonuclease and extracted from bovine pancreas. The secretion of RNase 7 at various body sites reveals that it follows the localization dependent mechanism.

INTRODUCTION

Antimicrobial peptides (AMPs) is an important component of immune system. Peptides of these types were identified in amphibian, plants and insects that belong to lower phyla. The major role of AMPs is found in immune system of mammals. We have known 2650 AMPs in these days (Wang *et al.*, 2009). These AMPs have antimicrobial features with perception that microbes must produce resistance against antimicrobes. AMPs are different from traditional antibiotics such as penicillin obtained from fungi and bacteria (Bevins and Salzman, 2011; Ganz, 2003). Antimicrobial peptides kill several pathogens by destroying their cell membranes. They can kill gram negative as well as gram positive bacteria. Amphipathicity, positive charge, disulfide bond and secondary structure of antimicrobial peptides are responsible for their antimicrobial activities. When these things will present then AMPs will show antimicrobial activities otherwise not (Boex and Nogués, 2007). Ribonucleases are main AMP families in mammals. The tissues that kill many microbes daily containing white blood cells and epithelial cells are primary producers of AMP (Becknell *et al.*, 2016). Several peptides are found in mammals' ribonuclease A family. RNase A is best ribonuclease and extracted from bovine pancreas (Zhang *et al.*, 2003). With the period of time and new discoveries made easy to find other types of these peptides in ribonuclease family. The size of mature peptides in this family is 12-16 kDa and makes 3-4 disulfide bonds that are vital for their tertiary structure balance (Beintima and Kleineidam, 1998 and Gupta *et al.*, 2013).

RNase 7 has antimicrobial activity for group of dangerous microorganisms and it was obtained from extracts of stratum corneum naturally (Harder and Schroder, 2002). This is also member of super family RNase A and shows the ribonuclease activity (Zhang *et al.*, 2003). The members of this super family show ribonuclease activity because of having catalytic sites. Some members don't show ribonuclease activity in spite of containing disulfide structure and these are RNases (Gupta *et al.*, 2013; Rosenberg, 2015). Many members of human RNase family have antimicrobial characteristics. Like RNase 3(ECP) and RNase 2 (EDN) show antiviral features (Rosenberg and Domachowske, 2001). RNase 8, RNase7, RNase5 and RNase3 exhibit a vital role in defence mechanism of host because they have antimicrobial features (Simanski *et al.*, 2012; Rudolph *et al.*, 2006; Hooper *et al.*, 2003; Malik and Batra, 2012). mRNA of RNASE7 is expressed in different epithelial tissues but in genito-urinary tract, tonsils, pharynx and skin more (Spencer *et al.*, 2011; Wang *et al.*, 2013). The secretion of Rnase 7 at various body sites reveals that it follows the localization dependant mechanism (Figure 1).

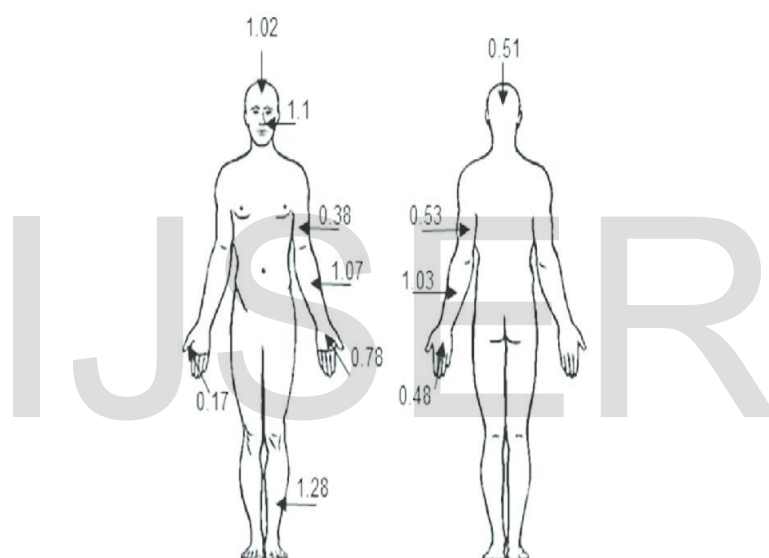


Figure 1- it shows that concentration of RNase 7 is site dependent. The concentration of RNase 7 was found out by ELISA. Specific areas of skin were rinsed with sodium phosphate of 10 mM having NaCl of 150mN with pH 7.4. The concentration of RNase 7 is in ng/cm² (Koten *et al.*, 2009).

The expression of RNase 7 is induced by bacteria like *E.coli*, *Enterococcus faecium*, *staphylococcus aureus* and *pseudomonas aeruginosa*. It is also induced by cytokines like interleukin-17C, interleukin-17A, interleukin-1B and interferon gamma (Simanski *et al.*, 2010).

RNASE 7- CHARACTERIZATION AND DISCOVERY

Schroder and Harder identified the novel peptide of 14.5 KDa later named RNase 7 by them during analyzing human skin to check availability of residing antimicrobial peptides. Schroder and Harder demonstrated that natural RNase has antimicrobial characteristics against the three, gram negative and gram positive bacteria and yeast *Candida albicans*

(Harder and Schroder, 2002). Zhang and his companions showed corresponding gene of RNase 7 during working computational search of human database genome. During degradation of yeast tRNA, both above groups (Zhang and Harder) confirmed that RNase 7 has 50 times greater ribonuclease activity as compare to ECP and RNase 3. But it was seen that ribonuclease activity of RNase 7 not necessary for antimicrobial activity. Haung and his companion produced inactive ribonuclease RNase 7 recombinant peptides by changing catalytic lysines and histidines (H15A, K38A, H123A) and compared antimicrobial potential in relation to natural RNase 7 on *Pseudomonas aeruginosa* (Huang *et al.*, 2007). In the same way Harder and companion confirmed that this mutant RNase 7 without ribonuclease activity also contained antimicrobial activity and they also found that antimicrobial activity of RNase in independent of its ribonuclease activity in case of *E.coli* (Koten *et al.*, 2009). Haung and companion found that 3 groups of cationic deposits on surface of RNase containing lysine and arginine. They explained that lysine residues group present at N-terminus –K (112), K(111), K(3) and K(1) of RNase 7 is necessary for bactericidal activity. Wang and companions recently confirmed that main domain for microbial activity against *Proteus mirabilis*, *E.coli* and *Staphylococcus saprophyticus* is N-terminus of RNase 7. This N-terminal has more antimicrobial activity against *Staphylococcus saprophyticus* and *E.coli* than its full length of RNase 7 peptide and its power was 4 times greater (Wang *et al.*, 2013). Torrent and colleagues proved antimicrobial activity of RNase 7 in case of human and mode of action this N-terminal fragment was same to full length protein. And they also confirmed this in all vertebrates and said that N-terminal domain is necessary for host defense action (Torrent *et al.*, 2013).

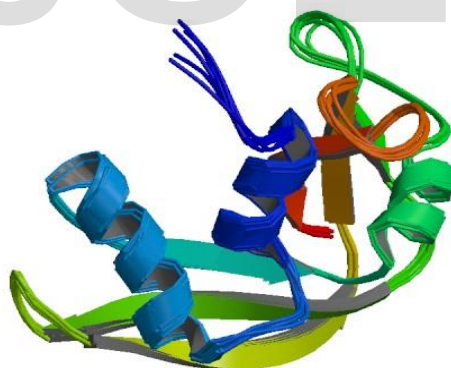


Figure 2- this structure shows solution structure of RNase 7 and here color used by rainbow spectrum. Here red color for C-terminus and blue color for N- terminus (Kelley and Sternberg 2009; Becknell *et al.*, 2015)

RNASE 7 BACTERICIDAL MECHANISM

One question arises here and it is how Rnase 7 can kill microbes? If we use atomic force microscopy then we observe bleb formation and splitting of membrane of *P.aeruginosa*, *E.coli* and *E. faecalis* after its attachment with recombinant RNase7. It shows that RNase 7

destroys structure of microbes (Spencer *et al.*, 2011). Torrent *et al* suggested that RNase 7 has destabilizing abilities of membrane by using microscopy and biophysical methodologies. Antimicrobial mechanisms of RNase 7 were compared with RNase 3 that is that is under most study ribonuclease in case of human (Boix *et al.*, 2008). The results of these comparison were and they show that RNase 7 and RNase 3 use different mechanism to split membrane lipid bilayer of microbes. Mechanisms of both of these were elctrostatically driven. Vesicle aggregation is seen in case of RNase 3 and in case of Rnase 7 local destabilizing well observed before aggregation (Torrent *et al.*, 2009). Both of these peptides display huge affinity for peptidoglycan and lipopolysaccharides at gram positive and gram negative bacterial outer surfaces. RNase3 causes aggregation in *S.aureus* and *E. coli*. While cell contents are released outside of these microbes after treatment with RNase 7 instead of aggregation (Torrent *et al.*, 2010). The overall results suggest that antimicrobial activity of RNase 7 depends on its affinity to split bacterial cell instead of reacting with internal targets of microbe. Now it is clear that antimicrobial action of RNase 7 is independent of ribonuclease activity and it targets the outer surface proteins of microbes (Lin *et al.*, 2010; Chang *et al.*, 2012).

Antimicrobial activities of RNase 7 are effected by highly use of antibiotics. Stratum corneum has potent bactericidal feature against *Enterococcus faecium* and this effect can be reduced by blocking RNase 7 (Koten *et al.*, 2009). Lin and colleagues found that outer membrane 1 of *P.aeruginosa* are sites for initial binding of RNase 7. Outer membrane protein can be written as Opr1.when Opr1 was removed then no antimicrobial activity was found (Lin *et al.*, 2010). Recent studies suggest that N-terminal domain is very important for antimicrobial features of RNase 7 (Torrent *et al.*, 2013).

The absolute and exact mechanism of RNase antimicrobial activity is not understood. Haung and colleagues performed experiments with SYTOX green dye (DNA binding) and demonstrated that negatively charged membrane of *P.aeruginosa* are bonded by RNase 7 and which breaks membrane of bacteria (Huang *et al.*, 2007). Torrent and co-workers demonstrated that RNase 7 disrupts the membrane of microbe by leakage of liposome. One should keep in mind that it cannot attach with liposome that is uncharged. RNase also has activity against *Candida albicans* in addition to bacteria. Salazar and colleagues demonstrated Rnase 7 and RNase 3 has dual action antibacterial as well as antifungal. They made mutants of both these peptides by destroying catalytic site and performed permeabilization and depolarization membrane to check antimicrobial work against *Candida albicans* (Salazar *et al.*, 2016).

The ribonuclease activity of RNase 7 can be stopped by endogenous RI (ribonuclease inhibitor). This RI attaches with RNases in ratio of 1:1 (Iyer *et al.*, 2005; Johnson *et al.*, 2007; Shapiro and Vallee, 1987). But here question arises that whether antimicrobial activity of RNase is affected when RI bonded with it. During differentiation of keratinocytes in human, the concentration of RI, mRNA and protein of RNase was increased (Abtin *et al.*, 2009). The antimicrobial as well as ribonucleolytic activities were potentially reduced when RI was added. RI is nearly absent in stratum corneum. It means that proteolytic activity is found in stratum corneum that degrades the RI not Rnase of host. It shows that RI maintain

antimicrobial as well as ribonucleolytic activities of RNase 7 in human epidermis (Abtin *et al.*, 2009).

RNASE 7 EXPRESSION AND ROLE IN HOST DEFENCE

This peptide was originally obtained from skin extracts of stratum corneum. It is also expressed in urinary and respiratory tracts. Recent studies show that RNase is major peptide of AMPs which is expressed in cornea, oral cavity and articular joints (Varoga *et al.*, 2005; Mohammed *et al.*, 2011; Mun *et al.*, 2013; Amatngalim *et al.*, 2015). mRNA of RNase did not detect by Northern analysis in blood leukocytes (Zhang *et al.*, 2003). This mRNA is greater than other peptides mRNA found in human body including cathelicidin, psoriasin and defensin 2. The more differentiated and outermost layers synthesize peptide of RNase 7. Its production is greatest in skin where mostly microbes are found. In the same way its expression is more in hair follicles indicating protecting hair follicles from microbes by RNase 7 (Reithmayer *et al.*, 2009).

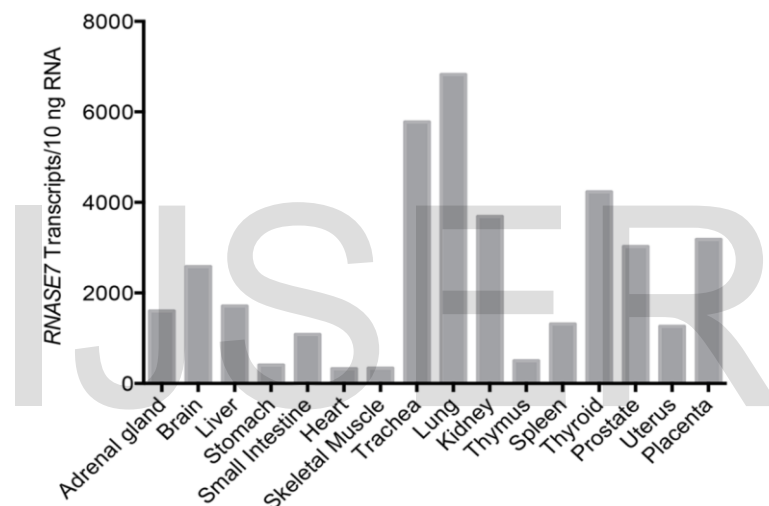


Figure 3- Distribution of RNase7 in different tissues. RNA of various human tissues was collected, gone through reverse transcription and RNase 7 expression was studied employing Real Time PCR (Becknell *et al.*, 2015).

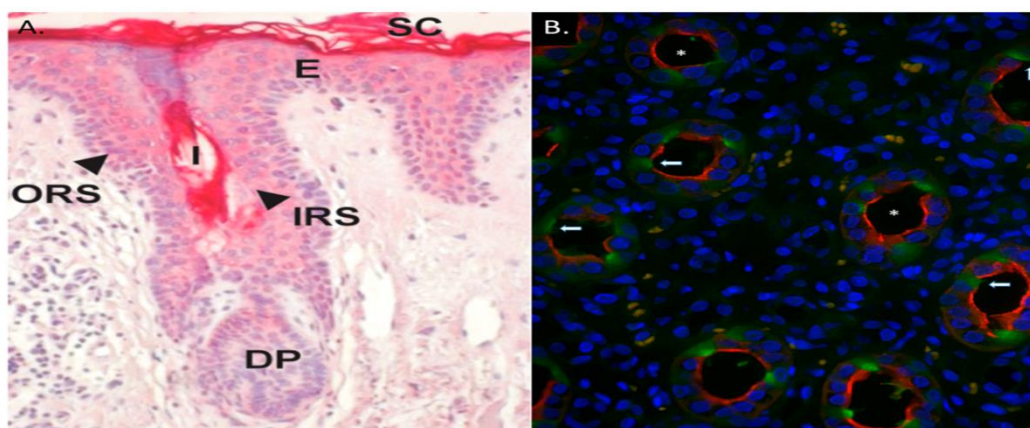


Figure 4- RNase 7 expression in human kidney and skin. (A) Following immunostaining technique, it is clear that RNase 7 expression strongly occurs in outer layers of epidermis. Here hair follicles were positively stained. E= epidermis, IRS= inner root sheath, ORS= Outer Root Sheath, DP= Dermal Papilla, I= Infundibulum, SC= Stratum Corneum

(B) Following immunofluorescence technique, human kidney was labeled for nuclei (blue), RNase7 (green arrow) and aquaporin-2 (AQP-2). Red (AQP-2) depicts main cells of the collecting tubule. Main cells were negative for RNase 7 (green), proving that RNase 7 is formed by intercalated cells of the collecting tubules. Asterick displays the urinary space (Koten *et al.*, 2009).

Same experiment was performed about RNase 7 in urinary tract. It is produced in bladder urothelium then is secreted at high concentration into urine (Spencer *et al.*, 2011). By utilizing antibody neutralizing assay, biological significance of RNase peptide in urinary tract and skin is observed. When neutralizing antibody was added then killing capacity of RNase 7 towards *E. faecium* potentially reduced (Koten *et al.*, 2009). When this process applied in hair follicle then there was good growth of *E. faecium*. It was also observed reduced antimicrobial activity in urine by applying RNase neutralizing antibody (Spencer *et al.*, 2014)

RNASE 7 INDUCTION AND REGULATION

In Keratinocytes, expression of RNase 7 may be brought about by different stimuli and various signal transduction pathways (shown in Figure 5). Cytokines involved in proinflammatory actions like interferon-gamma, IL-17A and IL-1 show capability to bring about the RNase 7 expression in keratinocytes (Harder and Schroder, 2002; Reithmayer *et al.*, 2009; Simanski *et al.*, 2013; Mohammed *et al.*, 2011). Mainly talking about the synergistic action of these cytokines, evidently prompted RNase 7 expression (Simanski *et al.*, 2013). This synergistic inducing of RNase 7 brought about by these cytokines is regulated by the action of signal transducer and STAT-3, the activator of transcription 3. Mohammed and his co-workers stated that in corneal epithelial cells, RNase 7 is induced by IL-1beta and the process is facilitated by TAK-1 i.e. TGF beta-activated kinase-1. This is proceeded by the activation of MAPK- mitogen-activated protein kinase pathway which in turn activates the activating transcription factor 2 (ATF2) and transcription factor c-Jun. However, talking about the corneal epithelial cells, the NF-kappa B pathway showed no effective action on the IL-1 betamediated on RNase 7 induction (Mohammed *et al.*, 2011). The action of pro-inflammatory cytokines in inducing RNase 7 is also observed in the HaCat keratinocytes cell line (Burgey *et al.*, 2015). It can be concluded that the action of proinflammatory cytokines in RNase 7 induction shows that different skin diseases compel enhanced RNase 7 expression (Harder and Schroder 2005; Harder *et al.*, 2010). As RNase 7 has powerful antimicrobial activity, keratinocytes trigger elevated expression of RNase 7 in microorganism's availability. Infact, in keratinocytes, RNase 7 expression might be triggered by *Pseudomonas aeruginosa* (Rademacher *et al.*, 2017), *Staphylococcus aureus* (Simanski *et al.*, 2010), *Trichophyton rubrum* (Firat *et al.*, 2014) and *Enterococcus faecium* (Koten *et al.*, 2009). In keratinocytes, *S. epidermidis* proved to elevate the RNase 7 expression by *S.aureus*. When RNase 7 is induced by the skin commensals like *P. aeruginosa* (Rademacher *et al.*, 2017), *S.*

epidermidis (Wanke *et al.*, 2011), *T. rubrum* (Firat *et al.*, 2014) and *C. amycolatum*, the epidermal growth factor receptor (EGFR) plays a vital role. Wanke and his co-workers showed that other than EGFR, transcription factor NF-kappa B and Toll-like receptor-2 TLR-2 also play role in RNase 7 induction. However, when we talk about *S. aureus*, it is involved in expression of RNase 7 by the activation of MAPK and phosphatidylinositol 3- kinase/AKT signaling pathways (Wanke *et al.*, 2011).

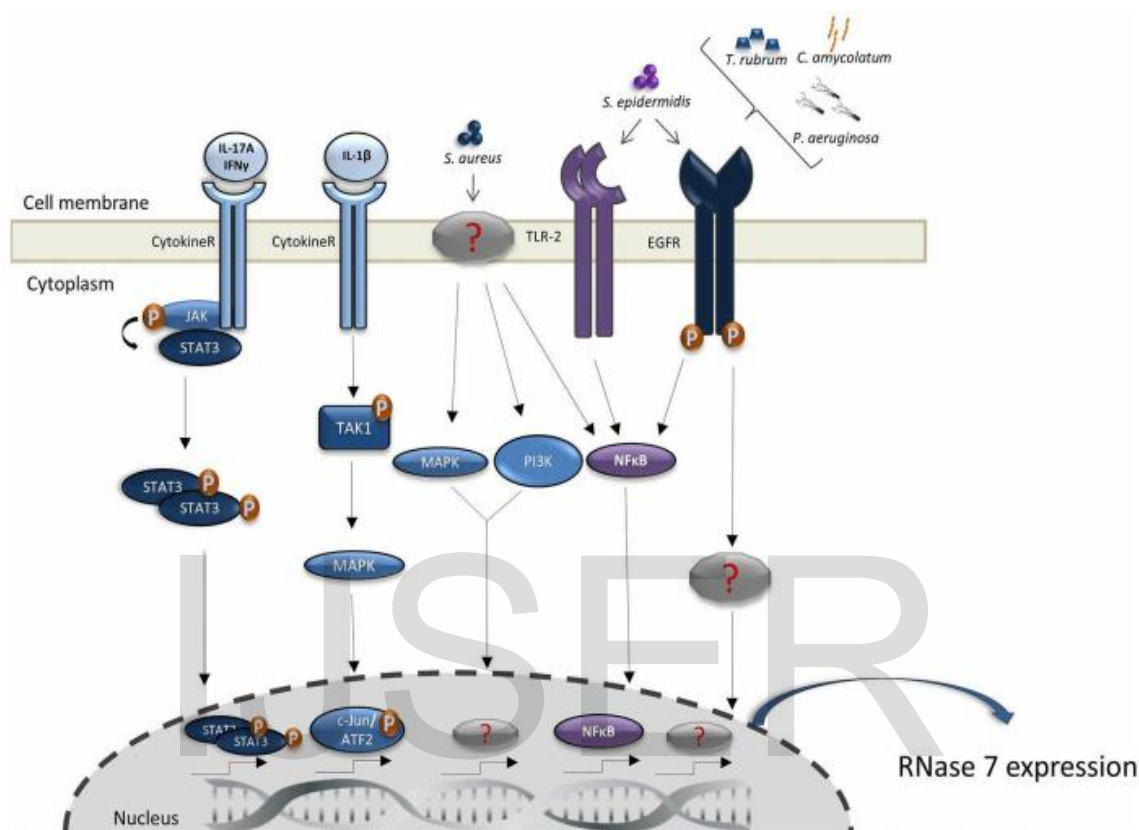


Figure-5 The regulation of RNase 7 induction. Depicted above are the signal transduction pathways involved in RNase 7 induction by cytokines and microorganisms (Rademacher *et al.*, 2017).

In keratinocytes, the role of RNase expression is played by *Borrelia burgdorferi*, a bacterium known to cause Lyme borreliosis and mode of transmission is Ixodes ticks. The proteins of tick saliva hinder the RNase 7 expression by *Borrelia burgdorferi*. Talking about viruses, little is known about the RNase 7 expression in skin. Also, in keratinocytes UV-B radiation is also known to induce RNase 7 expression and additional AMP, which in turn may cause UV-regulated strengthening of innate type immune system.

We know RNase expresses at huge concentration but scientist induced its expression. There was high concentration of RNase 7 in patients with atopic dermatitis, urinary tract infection, dermatophyte infected skin and skin lesions as compare to the control samples (De Jongh *et al.*, 2005; Gambichler *et al.*, 2008; Brasch *et al.*, 2014). In vitro studies confirm that treatment of keratinocytes occurs with tumor necrosis- α , interferon gamma, interleukin 17A and dermatophyte or bacteria are involved in RNase 7 expression (Simanski *et al.*, 2013; Wanke

et al., 2011; Burgey *et al.*, 2015). The phylum protozoa induction of RNase 7 occurs in epithelial cells and bacterial biofilms have shown that they induce it in gingival epithelial cells (Eberhard *et al.*, 2008; Otri *et al.*, 2010). The exact molecular mechanisms through which heterogeneous stimuli favor the expression of RNase are not best characterized. Reithmayer and colleagues confirmed that RNase 7 formed in hair follicle of human in response to LTA (lipoteichoic acid), LPS (lipopolysaccharides or protein A by using immunohistochemistry method (Reithmayer *et al.*, 2009). Wanke and co-workers demonstrated that skin pathogenic and commensal bacteria are different in affinity to induce expression of RNase 7 in primary human keratinocytes. The induction of RNase 7 in commensal staphylococcus species occurs through EGFR (epidermal growth factor receptors), nuclear factor kB and TLR-2 (Toll like receptors). And pathogenic staphylococcus strains induced it through MAPK (Mitogen-Activated protein kinase and AKT signaling pathway (Wanke *et al.*, 2011). Simanski and co-workers demonstrated that interferon gamma and IL_17A induce expression of RNASE 7 synergistically by activator of transcriptor-3 and signal transducer in human primary keratinocyte (Simanski *et al.*, 2013).

Immunostaining of RNase reveals that high expression occurs in stratum corneum (Mun *et al.*, 2013). While studying human skin via immunohistochemistry, the same was observed. By using immunostaining method for RNase 7 expression reveals that it is most highly expressed in luminal cell layers of stratum corneum. The RNase expression mostly found outer layers of human skin (Amatngalim *et al.*, 2015).

The regulation of RNase is very complex proved by various studies. Mun *et al* demonstrated that fluid of tears induce the microRNA -762 expression in epithelial cells of cornea. Amatnigalim and co-workers proved smoke of cigarette also induces epithelial injury in epithelial cells of bronchioles. The author also suggests that Rnase 7 can also provide second line of defense in basal layers. Here in light of these finding it is now clear that there are several stimuli that express the RNase7 and indirectly play their vital role in defense of host. But exact signaling mechanism is not clear.

IMPORTANCE OF RNASE 7 WITH RESPECT TO SKIN DISEASES

Owing to its anti-microbial activity, the enhanced expression of RNase 7 in the skin indicates special part of RNase 7 in relation to skin diseases.

ATOPIC DERMATITIS

S. aureus is basically the most common pathogen collected from patients suffering skin infections of atopic dermatitis (AD). Particularly lesional AD skin is susceptible to *S. aureus* induced infection. This prompted the theory that AD is related with a lack of AMPs, prompting an expanded chances to *S. aureus* contamination. Regardless of whether a possibly diminished enlistment of AMPs imposes AD skin to *S. aureus* contamination is as yet under discussion (Clausen *et al.*, 2016, Kopfnagel *et al.*, 2013). As examined over, a few reports credit RNase 7 a significant job to regulate cutaneous *S. aureus* production. Accordingly, it is important to assess whether unregulated expression of RNase 7 might be related with AD and

expanded *S. aureus* development. Shockingly, a research with skin biopsies exhibited not just increased levels of RNase 7 in injuries of AD when contrasted with solid skin however recognized likewise an essentially higher RNase 7 quality articulation in sores of AD when contrasted with psoriatic sores (Gambichler *et al.*, 2008). Additionally, investigations of RNase 7 expression emitted on skin uncovered noteworthy enhanced RNase 7 focuses on the lesional AD skin surface when contrasted with healthy skin. Besides, RNase 7 expression was comparable on the lesional skin of AD patients and psoriasis patients (Harder *et al.*, 2010). When the results of RNase 7 immunostainings in lesional AD skin were compared with solid skin, affirmed the expansion of RNase 7 expression in the AD lesion (Harder *et al.*, 2010, Jensen *et al.*, 2011). In any case, one can't avoid that inability of RNase 7 to proficiently finish *S. aureus* might be related to AD. By inactivating RNase 7, or insufficiently activating the enzyme could be responsible for weakened antimicrobial potential (Kisich *et al.*, 2008).

PSORIASIS

In psoriatic wounds one may find elevated levels of RNase 7 expression (Harder and Schroder, 2005). Case here differs from AD, as in psoriatic skin condition, the disease rate is not very high (Christophers and Hanseler, 1987). The high measures of AMPs, for example, RNases, β -defensins, cathelicidin and S100 proteins available in psoriatic region may reveal high rates of disturbance being caused. The expanded AMP rates identified in case of psoriasis skin may likewise activate skin inflammation skin in light of the fact that different AMPs show additionally immunomodulatory exercises including proinflammatory exercises, for example, acceptance of cytokine discharge and chemotactic movement towards insusceptible cells (Lai and Gallo, 2009). For instance, hBD-2 i.e. human β -defensin-2 is most commonly found in psoriasis. As hBD-2 can chemo-draw in and actuate insusceptible cells, one may hypothesize that expanded hBD-2 when expressed, the situation is worsened (Hollox *et al.*, 2008; Lande *et al.*, 2015; Bracke *et al.*, 2014). Different individuals from the superfamily of RNase A reveal various immunomodulatory abilities. For instance, human pancreatic ribonuclease (RNase 1) and eosinophil-determined neurotoxin (EDN, RNase 2) have been appeared to incite dendritic cell development and initiation (Yang *et al.*, 2004). In this way, it stays to be indicated whether RNase 7 additionally displays comparative immunomodulatory exercises that may assume a job in incendiary infections, for example, psoriasis.

ACNE VULGARIS

In the pilosebaceous units, acne vulgaris is a typical constant fiery infection. It is regularly connected to *Propionibacterium acnes*, that worsens this infection (Harder *et al.*, 2013). The increased levels of RNase 7 expression in the external roots of hair follicle (Reithmayer *et al.*, 2009) and in vitro antimicrobial action against *Propionibacterium acnes* (Harder and Schroder, 2002) also reveals in vivo role of RNase in *Propionibacterium acnes*.

WOUNDS

Shallow skin injury promptly discharges RNase 7 (Harder *et al.*, 2010). Interestingly, there is some test proof that RNase 7 isn't incited in more profound skin wounds. Also, a similar gathering recognized a half decrease of RNase 7 in skin injuries brought about by *streptococci* when contrasted with sound skin (Zanger *et al.*, 2010). Another investigation

revealed that outflow of RNase 7 in injuries of interminable venous ulcers was not instigated (Dressel *et al.*, 2010). Further examinations are expected to show whether a likely inability to initiate RNase 7 might be practically connected with an upset wound mending process.

VIRAL INFECTIONS

A few members of RNase A show properties against viruses, examples being RNase 2 (EDN) and RNase 3 (ECP) (Torrent *et al.*, 2009; Torrent *et al.*, 2010). As ribonuclease property of these antiviral RNases is by all accounts critical for complete antiviral action, it is enticing to estimate that enhanced RNase 7 ribonuclease action may show antiviral properties. In any case, as far as anyone is concerned, no immediate antiviral activity of RNase 7 has been exhibited up until now. Though RNase 2 and RNase 3 depict lessened respiratory syncytial infection (RSV) to damage epithelia cells, no activity was shown by RNase 7. Strikingly, dengue infected keratinocytes having expanded RNase 7 expression (Surasombatpattana *et al.*, 2011).

SKIN CANCER

In actinic keratosis, Scola *et al.* indicated a reduced RNase 7 expression and in cutaneous squamous cell carcinoma, revealed further lessened RNase 7 levels. It is thought that RNase 7 may go about as a tumor silencer, a speculation which stays to be demonstrated by new examinations (Scola *et al.*, 2012).

MYCOBACTERIAL INFECTIONS

It has been accounted for that RNase 7 shows antimicrobial properties against *Mycobacterium vaccae* at low micromolar levels. Besides, disease of aviation route epithelial cells with *Mycobacterium tuberculosis* prompted inducing expression of RNase 7 and an intra-cellular relationship of RNase 7 with *Mycobacterium tuberculosis* (Jensen *et al.*, 2011). This may recommend an immediate antimicrobial impact of RNase 7 on *Mycobacterium tuberculosis*, however this must be affirmed in further examinations. These underlying investigations offer ascent to the theory that RNase 7 may assume a job in diseases brought about by mycobacteria. Along these lines, it stays to be demonstrated whether RNase 7 may likewise be engaged with cutaneous mycobacterial guard (Franco-Parades *et al.*, 2019).

FUTURE SCOPE

Over the previous decade, impressive advancement played key role characterizing RNase 7 expression and antimicrobial functions. A few inquiries remain mystery with respect to the in vivo antimicrobial property of the enzyme, regulation, and capacity. The responses to a portion of above inquiries shall clarify the capability of RNase 7 as an innovative remedy.

- RNase 7 and Important Functions in Host Defense

Right now, there is backhanded proof that assesses RNase 7's commitment to have resistance (Koten *et al.*, 2009; Torrent *et al.*, 2013). Exploratory investigations that assess in vivo RNase 7 work are constrained, as a result of its confined expression in primates. Subsequently, new models and advanced trials are expected to genuinely welcome the commitment of RNase 7 to have protection in vivo.

- Production of Altered RNase 7 and its Influence on Infection Susceptibility

As we keep on assessing RNase 7's commitments to have barrier, we will start to comprehend if dysregulation of RNase 7 creation influences disease susceptibility. Until this point in time, it is obscure whether lacking RNase 7 creation builds disease hazard or whenever expanded RNase 7 creation shields the host from microbial test. On the off chance that people with repetitive diseases or expanded infection chance have stifled RNase 7 action, it is conceivable this could happen optional to hereditary variety, lacking function of protein, or the capacity of pathogens to legitimately smother RNase 7 creation. Likewise, it isn't known at what phase of human improvement RNase 7 creation starts and ways that hinder RNase 7 antimicrobial activity with increasing age (Zasloff, 2013).

- Importance of catalytic activity of RNase 7

The ribonuclease activity of RNase 7 is on question when it is pondered upon the fact that its bactericidal action is kept up in chemically latent mutants (Koten *et al.*, 2009). In any case, ribonuclease movement remains must if we mean to destroy particular pathogens, as wide scope of microorganisms vulnerable to RNase 7. Among the whole Ribonuclease A Superfamily, particular relatives take part in various capacities, like catalytic roles, to give a quick response to battle pathogens at various cell targets (Torrent *et al.*, 2013). Then again, the synergist movement of RNase 7 may affect the host insusceptible reaction. Over the top presentation to microbial RNA enacts design acknowledgment receptors, in monocytes and dendritic cells, TLR-7 and TLR-8 are responsible for the creation of cytokine and I interferon cytokine and inflammasome activation (Eigenbrod and Dalpke, 2015). Therefore, RNase 7's reactant movement play part in processing of RNA in microbes and hinder their efforts to as being harmful and connect with TLRs, accordingly weakening the host immune reaction.

- RNase 7- essential mechanisms for antimicrobial action

Considering antibacterial properties of RNase 7 is fundamental to improve its use as a new drug. Since RNase 7 can disturb the microbial layer, it works uniquely in contrast to ordinary anti-microbials, which repress DNA replication, cell wall creation, transcription of RNA, or protein production. It despite everything stays muddled how RNase 7 explicitly focuses on the microbial cell wall destruction and how it permeabilizes the membrane. Current examinations have not researched whether RNase 7's associations with microbial layers legitimately cause bacterial lysis or on the off chance that it triggers a bacterial autolysis process. What's more, it is as yet obscure whether RNase 7 may add to have protection in jobs autonomous of its direct bactericidal properties by corrupting extracellular RNA, going about as a chemokine, or filling in as an opsonin by restricting extracellular nucleic acids and advancing collaborations with other inborn immune receptors. Late examinations on AMPs demonstrate that they have multifunctional impacts (Nguyen *et al.*, 2011).

- Regulation of RNase 7 Expression mechanism

There exist constrained distributed proof exploring the instruments that manage expression of RNase 7. Future examinations are expected to clarify the molecular systems, signal transduction pathways, and translation factors that control basal expression of RNase 7. In addition, thought ought to likewise be given to evaluating how RI manages RNase 7 action. At present, it is muddled if RI is inactivated proteolytically where there is bacterial contamination. Also the ways to know RNase 7 and RI communication in bacterial contamination are yet a mystery.

- Therapeutic Potential of RNase 7

AMPs play vital role in treating human irresistible diseases, however transparent pathways still remain missing. Despite the fact that being AMP, RNase 7 shows powerful antibacterial functions in vitro, extra investigations are required to affirm these perceptions in vivo and to guarantee that expanded levels or action of RNase 7 will not harm the host. These investigations shall uncover extra jobs where RNase 7 can work as a cytoprotective agent in cases of mucosal injury. Extra systems to build RNase 7 action may include: (1) utilization of RNase 7 settling operators that delay its life span in vivo; and (2) techniques to manipulate the RNase7/RI complex, along these lines improving RNase 7 AMP action. Unmistakably, the way to remedial application for RNase 7 isn't all around characterized now, and requests better explanation of RNase 7's basic capacity and guideline in vivo.

REFERENCES

1. Wang, G., X. Li and Z. Wang. 2009. APD2: the updated antimicrobial peptide database and its application in peptide design. *Nucleic Acids Res.*, 37(1): 933-937.
2. Bevins, C. L., and N.H. Salzman. 2011. Paneth cells, antimicrobial peptides and maintenance of intestinal homeostasis. *Nat. Rev. Microbiol.*, 9(5): 356-368.
3. Ganz, T. 2003. Defensins: antimicrobial peptides of innate immunity. *Nat. Rev. Immunol.*, 3(9): 710-720.
4. Boix, E., and, M. V. Nogués. 2007. Mammalian antimicrobial proteins and peptides: overview on the RNase A superfamily members involved in innate host defence. *Mol. Biosyst.*, 3(5):317-335.
5. Becknell, B., A. Schwaderer, D. S. Hains and J. D. Spencer. 2015. Amplifying renal immunity: the role of antimicrobial peptides in pyelonephritis. *Nat. Rev. Nephrol.*, 11(11): 642-655.
6. Zhang, J., K. D. Dyer and H. F. Rosenberg. 2003. Human RNase 7: A new cationic ribonuclease of the RNase A superfamily. *Nucleic Acids Res.*, 31(2): 602-607.
7. Beintema, J. J. and R. G. Kleinedam. 1998. The ribonuclease A superfamily: general discussion. *Cell. Mol. Life Sci.*, 54(8): 825-832.
8. Gupta, S. K., B. J. Haigh, F. J. Griffin and T.T. Wheeler. 2013. The mammalian secreted RNases: mechanisms of action in host defence. *Innate Immun.*, 19(1), 86-97.
9. Harder, J. and J.M. Schröder. 2002. RNase 7, a novel innate immune defense antimicrobial protein of healthy human skin. *J. Biol. Chem.*, 277(48), 46779-46784.
10. Rosenberg, H. F. and J. B. Domachowske. 2001. Eosinophils, eosinophil ribonucleases, and their role in host defense against respiratory virus pathogens. *J. Leukoc. Biol.*, 70(5), 691-698.
11. Rosenberg, H. F. 2015. Eosinophil-derived neurotoxin (EDN/RNase 2) and the mouse eosinophil-associated RNases (mEars): expanding roles in promoting host defense. *Int. J. Mol. Sci.*, 16(7), 15442-15455.
12. Simanski, M., B. Köten, J.M. Schröder, R. Gläser and J. Harder. 2012. Antimicrobial RNases in cutaneous defense. *J. Innate Immun.*, 4(3), 241-247.
13. Rudolph, B., R. Podschun, H. Sahly, S. Schubert, J.M. Schröder and J. Harder. 2006. Identification of RNase 8 as a novel human antimicrobial protein. *Antimicrob. Agents Chemother.*, 50(9), 3194-3196.

14. Hooper, L. V., T. S. Stappenbeck, C. V. Hong and J. I. Gordon. 2003. Angiogenins: a new class of microbicidal proteins involved in innate immunity. *Nat. Immunol.*, 4(3), 269-273.
15. Malik, A., and J.K. Batra. 2012. Antimicrobial activity of human eosinophil granule proteins: involvement in host defence against pathogens. *Crit. Rev. Microbiol.*, 38(2), 168-181.
16. Spencer, J. D., A.L. Schwaderer, J.D. DiRosario, K.M. McHugh, G. McGillivray, S.S. Justice and D.S. Hains. 2011. Ribonuclease 7 is a potent antimicrobial peptide within the human urinary tract. *Kidney Int.*, 80(2), 174-180.
17. Wang, H., A.L. Schwaderer, A.L. Kline, J.D. Spencer, D.S. Kline and D.S. Hains. 2013. Contribution of structural domains to the activity of ribonuclease 7 against uropathogenic bacteria. *Antimicrob. Agents Chemother.*, 57(2), 766-774.
18. Köten, B., M. Simanski, R. Gläser, R. Podschun, J.M. Schröder and J. Harder. 2009. RNase 7 contributes to the cutaneous defense against *Enterococcus faecium*. *PLoS one.*, 4(7), 6424.
19. Simanski, M., S. Dressel, R. Gläser and J. Harder. 2010. RNase 7 protects healthy skin from *Staphylococcus aureus* colonization. *J. Invest. Dermatol.*, 130(12), 2836-2838.
20. Huang, Y. C., Y. M. Lin, T.W. Chang, S.J. Wu, Y.S. Lee, M.D.T. Chang and Y.D. Liao. 2007. The flexible and clustered lysine residues of human ribonuclease 7 are critical for membrane permeability and antimicrobial activity. *J. Biol. Chem.*, 282(7), 4626-4633.
21. Torrent, M., D. Pulido, J. Valle, M.V. Nogués, D. Andreu and E. Boix. 2013. Ribonucleases as a host-defence family: evidence of evolutionarily conserved antimicrobial activity at the N-terminus. *Biochem. J.*, 456(1), 99-108.
22. Kelley, L. A., and M.J. Sternberg. 2009. Protein structure prediction on the Web: a case study using the Phyre server. *Nat. Protoc.*, 4(3), 363.
23. Becknell, B., T.E. Eichler, S. Beceiro, B. Li, R.S. Easterling, A.R. Carpenter and J.D. Spencer. 2015. Ribonucleases 6 and 7 have antimicrobial function in the human and murine urinary tract. *Kidney Int.*, 87(1), 151-161.
24. Spencer, J. D., A. L. Schwaderer, H. Wang, J. Bartz, J. Kline, T. Eichler and D.S. Hains. 2013. Ribonuclease 7, an antimicrobial peptide upregulated during infection, contributes to microbial defense of the human urinary tract. *Kidney Int.*, 83(4), 615-625.
25. Boix, E., M. Torrent, D. Sánchez and M.V. Nogues. 2008. The antipathogen activities of eosinophil cationic protein. *Curr. Pharm. Biotechnol.*, 9(3), 141-152.
26. Torrent, M., D. Sánchez, V. Buzón, M.V. Nogués, J. Cladera and E. Boix. 2009. Comparison of the membrane interaction mechanism of two antimicrobial RNases: RNase 3/ECP and RNase 7. *Biochim. Biophys. Acta.*, 1788(5), 1116-1125.
27. Torrent, M., M. Badia, M. Moussaoui, D. Sanchez, M.V. Nogués and E. Boix. 2010. Comparison of human RNase 3 and RNase 7 bactericidal action at the Gram-negative and Gram-positive bacterial cell wall. *FEBS J.*, 277(7), 1713-1725.
28. Lin, Y. M., S.J. Wu, T.W. Chang, C.F. Wang, C.S. Suen, M.J. Hwang, M. J. and Y.D. Liao, Y. D. 2010. Outer membrane protein I of *Pseudomonas aeruginosa* is a target of cationic antimicrobial peptide/protein. *J. Biol. Chem.*, 285(12), 8985-8994.
29. Chang, T. W., Y. M. Lin, C. F. Wang and Y.D. Liao. 2012. Outer membrane lipoprotein Lpp is Gram-negative bacterial cell surface receptor for cationic antimicrobial peptides. *J. Biol. Chem.*, 287(1), 418-428.

30. Salazar, V. A., J. Arranz-Trullén, S. Navarro, J.A Blanco, D. Sánchez, M. Moussaoui and E. Boix. 2016. Exploring the mechanisms of action of human secretory RNase 3 and RNase 7 against *Candida albicans*. *Microbiologyopen.*, 5(5), 830-845.
31. Iyer, S., D. E. Holloway, K. Kumar, R. Shapiro and K.R Acharya. 2005. Molecular recognition of human eosinophil-derived neurotoxin (RNase 2) by placental ribonuclease inhibitor. *J. Mol. Biol.*, 347(3), 637-655.
32. Johnson, R. J., J.G McCoy, C.A. Bingman, G.N. Phillips and R.T. Raines. 2007. Inhibition of human pancreatic ribonuclease by the human ribonuclease inhibitor protein. *J. Mol. Biol.*, 368(2), 434-449.
33. Shapiro, R., and B.L. Vallee. 1987. Human placental ribonuclease inhibitor abolishes both angiogenic and ribonucleolytic activities of angiogenin. *Proc. Natl. Acad. Sci.*, 84(8), 2238-2241.
34. Abtin, A., L. Eckhart, M. Mildner, M. Ghannadan, J. Harder, J.M. Schröder, and E. Tschachler. 2009. Degradation by stratum corneum proteases prevents endogenous RNase inhibitor from blocking antimicrobial activities of RNase 5 and RNase 7. *J. Investig. Dermatol.*, 129(9), 2193-2201.
35. Varoga, D., T. Pufe, R. Mentlein, S. Kohrs, S. Grohmann, B. Tillmann and F. Paulsen. 2005. Expression and regulation of antimicrobial peptides in articular joints. *Ann. Anat.*, 187(5-6), 499-508.
36. Mohammed, I., A. Yeung, A. Abedin, A. Hopkinson and H.S. Dua. 2011. Signalling pathways involved in ribonuclease-7 expression. *Cell Mol. Life Sci.*, 68(11), 1941-1952.
37. Mun, J., C. Tam, G. Chan, J.H. Kim, D. Evans and S. Fleiszig. 2013. MicroRNA-762 is upregulated in human corneal epithelial cells in response to tear fluid and *Pseudomonas aeruginosa* antigens and negatively regulates the expression of host defense genes encoding RNase7 and ST2. *PloS one.*, 8(2), e57850.
38. Amatngalim, G. D., Y. van Wijck, Y. de Mooij-Eijk, R. M. Verhoosel, J. Harder, A. Lekkerkerker. And P.S. Hiemstra, P. S. 2015. Basal cells contribute to innate immunity of the airway epithelium through production of the antimicrobial protein RNase 7. *The J. Immunol.*, 194(7), 3340-3350.
39. Reithmayer, K., K.C. Meyer, P. Kleditzsch, S. Tiede, S.K. Uppalapati, R. Gläser and R. Paus. 2009. Human hair follicle epithelium has an antimicrobial defence system that includes the inducible antimicrobial peptide psoriasin (S100A7) and RNase 7. *Br. J. Dermatol.*, 161(1), 78-89.
40. Spencer, J. D., A.L. Schwaderer, T. Eichler, H. Wang, J. Kline, S.S. Justice and D. S. Hains. 2014. An endogenous ribonuclease inhibitor regulates the antimicrobial activity of ribonuclease 7 in the human urinary tract. *Kidney Int.*, 85(5), 1179-1191.
41. De Jongh, G. J., P.L. Zeeuwen, M. Kucharekova, R. Pfundt, P.G. van der Valk, W. Blokx and J. Schalkwijk. 2005. High expression levels of keratinocyte antimicrobial proteins in psoriasis compared with atopic dermatitis. *J. Investig. Dermatol.*, 125(6), 1163-1173.
42. Gambichler, T., M. Skrygan, N.S. Tomi, N. Othlinghaus, N.H. Brockmeyer, P. Altmeyer and A. Kreuter. 2008. Differential mRNA expression of antimicrobial peptides and proteins in atopic dermatitis as compared to psoriasis vulgaris and healthy skin. *Int. Arch. Allergy Immunol.*, 147(1), 17-24.

43. Brasch, J., A. Mörig, B. Neumann and E. Proksch, 2014. Expression of antimicrobial peptides and toll-like receptors is increased in tinea and pityriasis versicolor. *Mycoses.*, 57(3), 147-152.
44. Simanski, M., F. Rademacher, L. Schröder, H.M. Schumacher, R. Gläser, J. Harder. 2013. IL-17A and IFN- γ synergistically induce RNase 7 expression via STAT3 in primary keratinocytes. *PLoS One.*, 8(3), 59531.
45. Wanke, I., H. Steffen, C. Christ, B. Krismer, F. Götz, A. Peschel and B. Schitteck. 2011. Skin commensals amplify the innate immune response to pathogens by activation of distinct signaling pathways. *J. Investig. Dermatol.*, 131(2), 382-390.
46. Burgey, C., W.V. Kern, W. Römer, T. Sakinc and S. Rieg. 2015. The innate defense antimicrobial peptides hBD3 and RNase7 are induced in human umbilical vein endothelial cells by classical inflammatory cytokines but not Th17 cytokines. *Microbes Infect.*, 17(5), 353-359.
47. Firat, Y. H., M. Simanski, F. Rademacher, L. Schröder, J. Brasch and J. Harder. 2014. Infection of keratinocytes with *Trichophyton rubrum* induces epidermal growth factor-dependent RNase 7 and human beta-defensin-3 expression. *PLoS One.*, 9(4), e93941.
48. Eberhard, J., N. Menzel, H. Dommisch, J. Winter, S. Jepsen and R. Mütters. 2008. The stage of native biofilm formation determines the gene expression of human β -defensin-2, psoriasin, ribonuclease 7 and inflammatory mediators: a novel approach for stimulation of keratinocytes with in situ formed biofilms. *Oral Microbiol. Immunol.*, 23(1), 21-28.
49. Otri, A. M., I. Mohammed, A. Abedin, Z. Cao, Z. A. Hopkinson, N. Panjwani and H.S. Dua, H. S. 2010. Antimicrobial peptides expression by ocular surface cells in response to *Acanthamoeba castellanii*: an in vitro study. *Br. J. Ophthalmol.*, 94(11), 1523-1527.
50. Clausen, M. L., H.C. Slotved, K.A. Krogfelt, P.S. Andersen, and T. Agner. 2016. In vivo expression of antimicrobial peptides in atopic dermatitis. *Exp. Dermatol.*, 25(1): 3-9.
51. Kopfnagel, V., J. Harder, and T. Werfel. 2013. Expression of antimicrobial peptides in atopic dermatitis and possible immunoregulatory functions. *Curr. Opin. Allergy Clin. Immunol.*, 13 (5): 531–536.
52. Jensen, J.M., K. Ahrens, J. Meingassner, A. Scherer, M. Bräutigam, A. Stütz, T. Schwarz, R. Fölster-Holst, J. Harder, R. Gläser and E. Proksch. 2011. Differential suppression of epidermal antimicrobial protein expression in atopic dermatitis and in EFAD mice by pimecrolimus compared to corticosteroids. *Exp. Dermatol.*, 20(10): 783–788.
53. Harder, J., S. Dressel, M. Wittersheim, J. Cordes, U. Meyer-Hoffert, U. Mrowietz, R. Fölster-Holst, E. Proksch, J.M. Schröder, T. Schwarz, and R. Glaser. 2010. Enhanced expression and secretion of antimicrobial peptides in atopic dermatitis and after superficial skin injury. *J. Investig. Dermatol.*, 130(5): 1355–1364.
54. Kisich, K.O., C.W. Carspecken, S. Fiéve, M. Boguniewicz, and D.Y.M. Leung. 2008. Defective killing of *Staphylococcus aureus* in atopic dermatitis is associated with reduced mobilization of human β -defensin-3. *J. Allergy Clin. Immunol.*, 122(1): 62-68.
55. Harder, J., and J.M. Schröder. 2005. Psoriatic scales: A promising source for the isolation of human skin-derived antimicrobial proteins. *J. Leukoc. Biol.*, 77(4): 476–486.
56. Christophers, E. and T. Henseler. 1987. Contrasting disease patterns in psoriasis and atopic dermatitis. *Arch. Dermatol. Res.*, 279(1): S48–S51.

57. Lai, Y. and R.L. Gallo. 2009. AMPed up immunity: How antimicrobial peptides have multiple roles in immune defense. *Trends Immunol.*, 30(3): 131–141.
58. Hollox, E.J., U. Huffmeier, P.L.J.M. Zeeuwen, R. Palla, J. Lascorz, D. Rodijk-Olthuis, P.C.M. van de Kerkhof, H. Traupe, G. De Jongh, M. den Heijer, and A. Reis. 2008. Psoriasis is associated with increased β -defensin genomic copy number. *Nat. Genet.*, 40(1): 23–25.
59. Lande, R., G. Chamilos, D. Ganguly, O. Demaria, L. Frasca, S. Durr, C. Conrad, J. Schröder, and M. Gilliet. 2015. Cationic antimicrobial peptides in psoriatic skin cooperate to break innate tolerance to self-DNA. *Eur. J. Immunol.*, 45(1): 203–213.
60. Bracke, S., M. Carretero, S. Guerrero-Aspizua, E. Desmet, N. Illera, M. Navarro, J. Lambert, M. del Rio. 2014. Targeted silencing of DEFB4 in a bioengineered skin-humanized mouse model for psoriasis: Development of siRNA SECosome-based novel therapies. *Exp. Dermatol.*, 23(3): 199–201.
61. Yang, D., Q. Chen, H.F. Rosenberg, S.M. Rybak, D.L. Newton, Z.Y. Wang, Q. Fu, V.T. Tchernev, M. Wang, B. Schweitzer, S.F. Kingsmore. 2004. Human ribonuclease A superfamily members, eosinophil-derived neurotoxin and pancreatic ribonuclease, induce dendritic cell maturation and activation. *J. Immunol.*, 173 (10): 6134–6142.
62. Harder, J., D. Tsuruta, M. Murakami, and I. Kurokawa. 2013. What is the role of antimicrobial peptides (AMP) in acne vulgaris? *Exp. Dermatol.*, 22(6): 386–391.
63. Zanger, P., D. Nurjadi, B. Vath, and P.G. Kremsner. 2011. Persistent nasal carriage of *Staphylococcus aureus* is associated with deficient induction of human β -defensin 3 after sterile wounding of healthy skin in vivo. *Infect. Immun.*, 79(7): 2658–2662.
64. Zanger, P., J. Holzer, R. Schleucher, H. Scherbaum, B. Schitteck, and S. Gabrysch. 2010. Severity of *Staphylococcus aureus* infection of the skin is associated with inducibility of human β -defensin 3 but not human β -defensin 2. *Infect. Immun.*, 78(7): 3112–3117.
65. Dressel, S., J. Harder, J. Cordes, M. Wittersheim, U. Meyer-Hoffert, C. Sunderkötter, and R. Gläser. 2010. Differential expression of antimicrobial peptides in margins of chronic wounds. *Exp. Dermatol.*, 19(7): 628–632.
66. Surasombatpattana, P., R. Hamel, S. Patramool, N. Luplertlop, F. Thomas, P. Desprès, L. Briant, H. Yssel, and D. Missé. 2011. Dengue virus replication in infected human keratinocytes leads to activation of antiviral innate immune responses. *Infect. Genet. Evol.*, 11(7): 1664–1673.
67. Scola, N., T. Gambichler, H. Saklaoui, F.G. Bechara, D. Georgas, M. Stücker, R. Gläser, and A. Kreuter. 2012. The expression of antimicrobial peptides is significantly altered in cutaneous squamous cell carcinoma and precursor lesions. *Br. J. Dermatol.*, 167(3): 591–597.
68. Franco-Paredes C, L.A. Marcos, A.F. Henao-Martínez, A.J. Rodríguez-Morales, W.E. Villamil-Gómez, and E. Gotuzzo. 2019. Cutaneous mycobacterial infections. *Clin Microbiol Rev.* 32: 1–25.
69. Zasloff, M. 2013. The antibacterial shield of the human urinary tract. *Kidney Int.*, 83(4): 548–550.
70. Eigenbrod, T., and A.H. Dalpke. 2015. Bacterial RNA: An underestimated stimulus for innate immune responses. *J. Immunol.*, 195(2): 411–418.

71. Nguyen, L.T., E.F. Haney and H.J. Vogel. 2011. The expanding scope of antimicrobial peptide structures and their modes of action. *Trends Biotechnol.*, 29(9): 464–472.
72. Salazar, V.A., J. Rubin, M. Moussaoui, D. Pulido, M.V. Nogues, P. Venge, and E. Boix. 2014. Protein post-translational modification in host defense: The antimicrobial mechanism of action of human eosinophil cationic protein native forms. *FEBS J.*, 281(24): 5432–5446.
73. Gläser R, F. Navid, W. Schuller, C. Jantschitsch, J. Harder, J.M. Schröder, and T. Schwarz. 2009. UV-B radiation induces the expression of antimicrobial peptides in human keratinocytes in vitro and in vivo. *J Allergy Clin Immunol.*, 123 (5): 1117– 23.
74. Rademacher F, M. Simanski, L. Schröder, M. Mildner, and J. Harder. 2017. The role of RNase 7 in innate cutaneous defense against *Pseudomonas aeruginosa*. *Exp Dermatol.*, 26(3): 227–33.

IJSER