

**THE ROLE OF M1 AND M2 MACROPHAGES IN THE CONTROL OF AMERICAN CUTANEOUS LEISHMANIASIS**

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**Abstract**

**INTRODUCTION:** The main causal agent of cutaneous leishmaniasis (CL) in Brazil is *L. braziliensis*. Macrophages (M $\phi$ ) play a dual role in this infection and are classified into M1 and M2 types. M1 M $\phi$  can kill *Leishmania*, while M2 M $\phi$  are more permissive to infection and facilitate proliferation. **AIMS:** 1. To determine the frequency of M1 and M2 M $\phi$  in the peripheral blood of CL patients. 2. To assess whether *L. braziliensis* predominantly infects M2 M $\phi$  derived from peripheral blood monocytes of CL patients. 3. To evaluate whether the frequency of M2 M $\phi$  from peripheral blood monocytes in CL patients is related to disease severity and treatment failure. **METHODS:** Monocytes from patients with CL (N=20) were obtained from peripheral blood mononuclear cells and incubated to develop into macrophages. The M $\phi$  were infected with *L. braziliensis* and characterized using surface markers: CD86<sup>hi</sup> and TNF for M1 M $\phi$  and CD206<sup>hi</sup> and IL-10 for M2 M $\phi$ , using confocal microscopy. We also evaluated the presence of parasites in M1 and M2 M $\phi$ . To correlate the frequency of these cells with disease severity and response to treatment, we evaluated whether the frequency of M2 M $\phi$  was related to ulcer size and failure to treatment with antimonial and disease duration. **RESULTS:** In patients with CL, M1 M $\phi$  predominate (70%) in the peripheral blood compared to M2 M $\phi$  (30%). M2 M $\phi$  show a significantly higher infection rate than M1 M $\phi$  (p<0.005). Additionally, healing time in patients with a predominance of M2 M $\phi$  was longer (115 days vs. 77 days) than in those with a predominance of M1 M $\phi$ , though the difference was not statistically significant. **CONCLUSION:** The study of M1 and M2 M $\phi$  in the peripheral blood of CL patients reflects findings observed in dermal M $\phi$ . M1 M $\phi$  are more frequent, while M2 M $\phi$  are more permissive to infection, and these differences may influence the response to CL treatment.

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