Article type: Editorial

Home Page URL: https://www.alliedacademies.org/immunology-case-reports/

Cytokine storms in the brain: Linking systemic infections to neurological disorders.

Ashanty Melo*

Department of Immunology, Zhejiang University, China

Correspondence to: Ashanty Melo, Department of Immunology, Zhejiang University, China, E-mail: Ashanty367@tcd.ie

Received: 02-Apr-2025, Manuscript No. AAICR-25-171197; Editor assigned: 03-Apr-2025, Pre QC No. AAICR-25-171197(PQ); Reviewed: 18-Apr-2025, QC No. AAICR-25-171197; Revised: 24-Apr-2025, Manuscript No. AAICR-25-171197(R); Published: 30-Apr-2025, DOI: 10.35841/aaicr-8.2.197

Introduction

Systemic infections, particularly those caused by viruses, can trigger an overwhelming immune response known as a cytokine storm. While this hyperinflammatory state is primarily associated with peripheral organ damage, emerging evidence reveals its profound impact on the central nervous system (CNS). Cytokine storms can disrupt the blood-brain barrier (BBB), activate resident immune cells, and induce neuroinflammation, leading to a spectrum of neurological disorders. Systemic infections that provoke cytokine storms act as environmental triggers neurodegeneration, especially in genetically predisposed individuals. This underscores the importance of monitoring and managing neuroinflammation in patients recovering from severe infections. Understanding the mechanisms by which systemic infections provoke cytokine storms in the brain is crucial for developing targeted therapies and mitigating long-term neurological consequences [1].

A cytokine storm is an excessive and uncontrolled release of pro-inflammatory cytokines such as interleukin-6 (IL-6), tumor necrosis factor-alpha (TNF- α), and interleukin-1 beta (IL-1 β). This immune overreaction can result in widespread tissue damage, organ failure, and death. In the context of viral infections like SARS-CoV-2, Ebola, and influenza, cytokine storms have been implicated in severe disease progression and complications beyond the primary site of infection [2].

The brain is traditionally considered an immuneprivileged organ, protected by the BBB. However, systemic inflammation can compromise this barrier, allowing peripheral cytokines and immune cells to infiltrate the CNS. Once inside, these molecules activate microglia—the brain's resident immune cells—leading to a cascade of neuroinflammatory This responses. neuroinflammation can disrupt neuronal signaling, induce oxidative stress, and promote apoptosis, contributing to acute and chronic neurological symptoms. The brain's limited capacity for regeneration makes it particularly vulnerable to sustained inflammatory insults [3].

The COVID-19 pandemic has highlighted the neurological impact of cytokine storms. SARS-CoV-2 infection is associated with a wide range of CNS symptoms, including headache, encephalopathy, stroke, and cognitive impairment. Studies have detected viral RNA in cerebrospinal fluid and brain tissue, suggesting neuroinvasion. However, neurological complications arise in the absence of detectable virus in the CNS, implicating systemic cytokine-mediated mechanisms. Elevated levels of IL-6 and IL-1B have been correlated with severe neurological outcomes in COVID-19 patients. These cytokines can disrupt BBB integrity and promote neuroinflammation, leading to encephalitis and long-term cognitive deficits [4].

Cytokines increase BBB permeability, allowing immune cells and inflammatory mediators to enter the CNS. Peripheral cytokines activate microglia, which release additional proinflammatory molecules and exacerbate neuronal damage. Chronic neuroinflammation triggered by cytokine storms may increase the risk of neurodegenerative diseases. For example, sustained IL-1 β elevation has been linked to

Citation: Melo A. Cytokine storms in the brain: Linking systemic infections to neurological disorders. Immunol Case Rep. 2025;8(2):197.

dopaminergic neuron loss in Parkinson's disease models. Similarly, TNF- α and IL-6 are implicated in Alzheimer's disease pathology, promoting amyloid-beta accumulation and tau phosphorylation. Inflammatory responses generate reactive oxygen species (ROS), damaging neurons and glial cells. Cytokine-induced glutamate release can overstimulate neurons, leading to cell death. These mechanisms collectively contribute to the development of neurological disorders such as encephalopathy, seizures, and neurodegeneration [5].

Conclusion

Cytokine storms represent a critical link between systemic infections and neurological disorders. By breaching the brain's defenses and triggering neuroinflammation, these immune overreactions can cause acute symptoms and contribute to chronic neurodegeneration. As emerging pathogens continue to challenge global health, understanding and mitigating the neurological impact of cytokine storms will be essential for comprehensive patient care and long-term recovery.

References

- 1. Mishima S, Masuda K, Izawa Y, et al. The eighth Frederick H. Verhoeff Lecture. presented by Saiichi Mishima, MD Behcet's disease in Japan: ophthalmologic aspects. Trans Am Ophthalmol Soc. 1979;77:225-79.
- 2. Pavan-Langston D. Herpes simplex and herpes zoster keratouveitis: diagnosis and management. Bull N Y Acad Med. 1977;53(8):731-48.
- 3. Agrawal RV, Murthy S, Sangwan V, et al. Current approach in diagnosis and management of anterior uveitis. Indian J Ophthalmol. 2010;58(1):11-19.
- 4. Roday MJH, Stilma JS, Rothova A. Blindness from uveitis in a hospital population in Sierra Leoney. Br J Ophthalmol. 1994;78(9):690-93.
- Hopkins DJ, Horan E, Burton IL, et al. Ocular disorders in a series of 332 patients with Crohn's disease. Br J Ophthalmol. 1974;58(8):732–37.

Citation: Melo A. Cytokine storms in the brain: Linking systemic infections to neurological disorders. Immunol Case Rep. 2025;8(2):197.