



# Prediction of immune molecules activity during burn wound healing among elderly patients: in-silico analyses: experimental research

Mohammad Reza Zabihi<sup>a</sup>, Mohammad Akhoondian<sup>c</sup>, Pegah Tamimi, MD<sup>b</sup>, Aliasghar Ghaderi, MD<sup>b</sup>, Seyed Amirhossein Mazhari, MD<sup>d</sup>, Bahar Farhadi, MD<sup>g</sup>, Samad Karkhah, MSc<sup>d,e</sup>, Pooyan Ghorbani Vajargah<sup>d,e</sup>, Mohammadreza Mobayen, MD<sup>d</sup>, Narges Norouzkhani<sup>h,\*</sup>, Ramyar Farzan, MD<sup>f,\*</sup>

**Introduction:** Burn injuries lead to dysregulation of immune molecules, impacting cellular and humoral immune pathways. This study aims to determine the prediction of immune molecule activity during burn wound healing among elderly patients.

**Methods:** The current study utilized the Gene Expression Omnibus (GEO) database to extract the proper gene set. Also, the literature review was conducted in the present study to find immune signatures. The study used the “enrich r” website to identify the biological functions of extracted genes. The critical gene modules related to mortality were identified using the weighted gene co-expression network analysis (WGCNA) R package.

**Results:** The appreciated GSE was extracted. According to the data, the most upregulated signatures were related to natural killer (NK) cells, and the most downregulated signatures were associated with M1 macrophages. Also, the results of WGCNA have shown that the most related gene modules ( $P < 107$  and score 0.17) to mortality were investigated, and the modules 100 first genes were extracted. Additionally, the enrich r analysis has demonstrated related pathways, including the immune process, including regulation of histamine secreted from mast cell ( $P < 0.05$ ), T helper 17 cell differentiation ( $P < 0.05$ ), and autophagy ( $P < 0.05$ ) were obtained. Finally, by network analysis, the critical gene “B3GNT5” were obtained (degree > ten and “betweenness and centrality” > 30 were considered).

**Conclusion:** The study identified significant changes in macrophage and NK cell expression patterns post-burn injury, linking them to potential improvements in clinical outcomes and wound healing. The gene B3GNT5, associated with mortality, was highlighted as a key marker for prognostic evaluation.

**Keywords:** burns, immune molecules activity, wound healing, wounds and injuries, wounds

<sup>a</sup>Department of Immunology, School of Medicine, Tehran University of Medical Sciences, Tehran, Iran, <sup>b</sup>Center for Research and Training in Skin Diseases and Leprosy, Tehran University of Medical Sciences, Tehran, Iran, <sup>c</sup>Department of Physiology, Faculty of Medical Sciences, Tarbiat Modares University, Tehran, Iran, <sup>d</sup>Burn and Regenerative Medicine Research Center, Guilan University of Medical Sciences, Rasht, Iran, <sup>e</sup>Department of Medical-Surgical Nursing, School of Nursing and Midwifery, Guilan University of Medical Sciences, Rasht, Iran, <sup>f</sup>Department of Plastic & Reconstructive Surgery, School of Medicine, Guilan University of Medical Sciences, Rasht, Iran, <sup>g</sup>School of Medicine, Islamic Azad University, Mashhad Branch, Mashhad, Iran, <sup>h</sup>Department of Medical Informatics, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran and <sup>\*</sup>Student Research Committee, Azerbaijan Medical University, Baku, Azerbaijan

Sponsorships or competing interests that may be relevant to content are disclosed at the end of this article

\*Corresponding authors. Address: Department of Medical Informatics, Faculty of Medicine, Mashhad University of Medical Sciences, Mashhad, Iran.

Tel.: +98 912 299 7704, fax: +98 513 332 586. E-mail: narges.norouzkhani@yahoo.com (N. Norouzkhani); Department of Plastic & Reconstructive Surgery, School of Medicine, Guilan University of Medical Sciences, Rasht, Iran, Tel.: +98 911 131 1055, fax: +98 133 332 586. E-mail: ramyar.farzan2001@yahoo.com (R. Farzan).

Copyright © 2024 The Author(s). Published by Wolters Kluwer Health, Inc. This is an open access article distributed under the terms of the Creative Commons Attribution-Non Commercial License 4.0 (CCBY-NC), where it is permissible to download, share, remix, transform, and buildup the work provided it is properly cited. The work cannot be used commercially without permission from the journal.

Annals of Medicine & Surgery (2024) 86:3972–3983

Received 13 October 2023; Accepted 28 March 2024

Published online 16 April 2024

<http://dx.doi.org/10.1097/MS9.0000000000002055>

## HIGHLIGHTS

- The appreciated GSE was extracted. According to the data, the most upregulated signatures were related to natural killer (NK) cells, and the most downregulated signatures were associated with M1 macrophages.
- The results of weighted gene co-expression network analysis (WGCNA) have shown that the most related gene modules ( $P < 107$  and score 0.17) to mortality were investigated, and the modules 100 first genes were extracted.
- The enrich r analysis has demonstrated related pathways, including the immune process, including regulation of histamine secreted from mast cell ( $P < 0.05$ ), T helper 17 cell differentiation ( $P < 0.05$ ), and autophagy ( $P < 0.05$ ) were obtained.
- By network analysis, the critical gene “B3GNT5” were obtained (degree > ten and “betweenness and centrality” > 30 was considered).
- The current study uses a bioinformatics approach and programming methods in biology, two immune cell signatures (NK cell and macrophages), pathways linked to immune molecules, and five genes associated with mortality.

## Introduction

Burn injuries represent a widely acknowledged global health concern with substantial societal ramifications<sup>[1-13]</sup>. These injuries encompass damage to the skin and underlying tissues, typically stemming from exposure to fire, electricity, radiation, or chemical agents<sup>[14-30]</sup>. Notably, they inflict severe pain and can precipitate adverse physical and psychological repercussions on affected individuals<sup>[31-46]</sup>. Extensive burn wounds, defined as covering more than 20% of an adult's total body surface area (TBSA), pose a particularly grave threat as they affect both the epidermis and deeper layers of tissue. They rank among the most severe forms of trauma and contribute to ~330 000 fatalities annually worldwide<sup>[47]</sup>. Noteworthy is the markedly diminished survival rate among patients with extensive burn injuries, with mortality rates soaring to 97.8% in instances where the affected area encompasses over 70% of the TBSA<sup>[48]</sup>. Furthermore, managing such wounds presents formidable challenges owing to

the pronounced and prolonged systemic dysfunction they induce<sup>[49-68]</sup>. Indeed, burn wounds disrupt the delicate balance of the immune system, precipitating suppression of both humoral and cellular immunity<sup>[42]</sup>. The magnitude and severity of burns directly correlate with the extent of immune suppression, which may contribute to mortality outcomes<sup>[69]</sup>.

Immune molecules are a diverse group of proteins, peptides, and signalling molecules that play essential roles in the immune response, including immune cell communications, pathogens recognition, and immune system regulation. Different immune cell types produce these molecules, including antibodies, cytokines, chemokines, complement proteins, major histocompatibility complex (MHC) molecules, toll-like receptors (TLRs), pattern recognition receptors (PRRs), immune signatures, and molecules involved in immune cell differentiation<sup>[70]</sup>. Dysregulation of immune molecules or immune mediators can give rise to defects or malfunctions within the innate or adaptive immune response, thereby causing an array of illnesses or

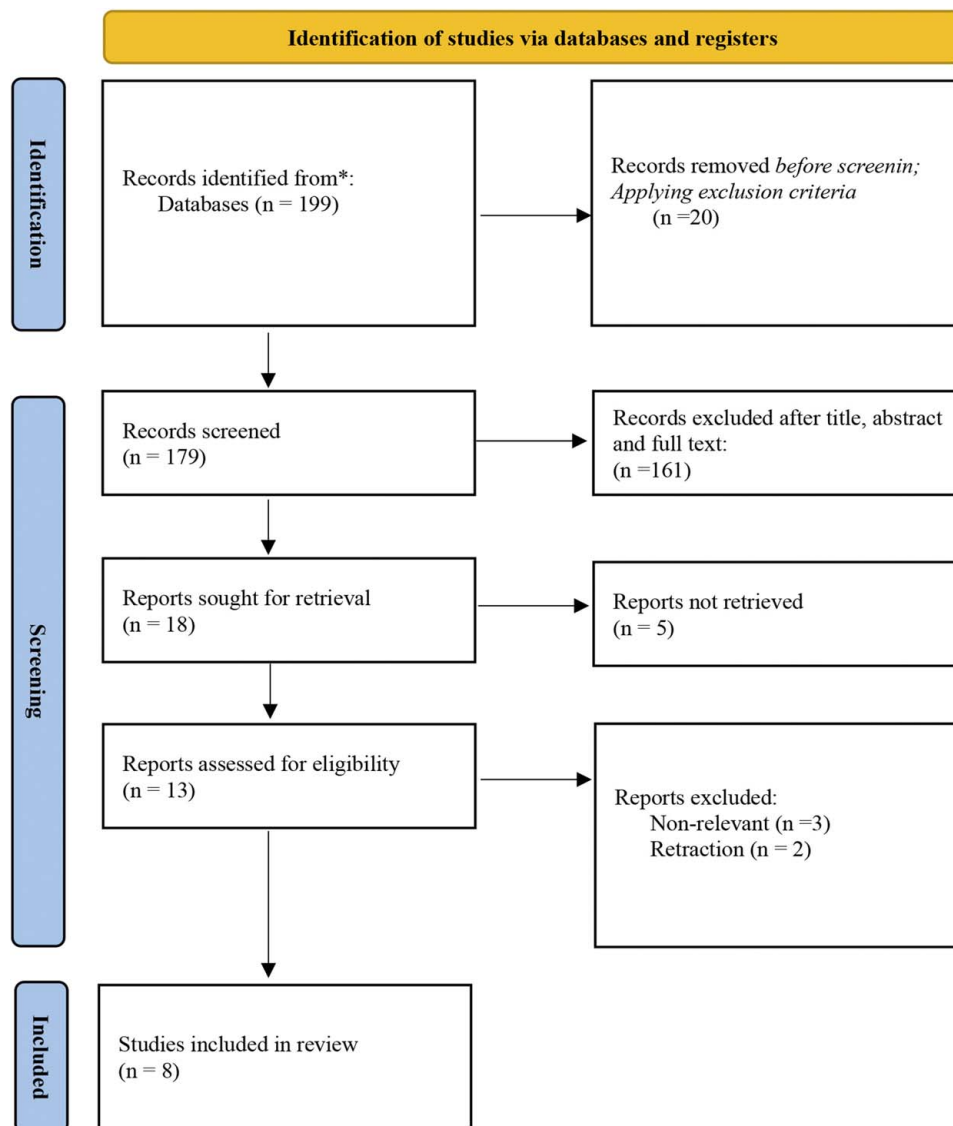
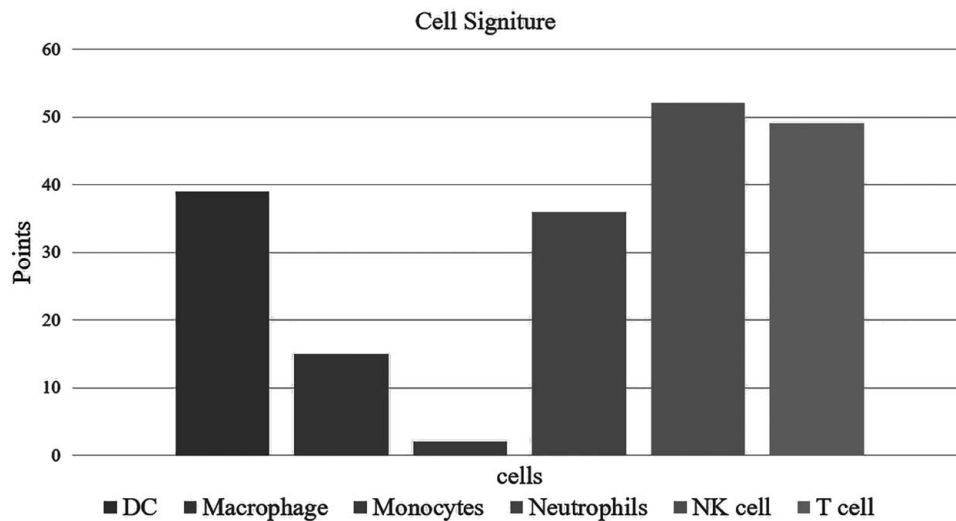


Figure 1. Flowchart of the search strategy.



**Figure 2.** The most upregulated cell signature (The points are related to the number of upregulation times in different periods). DC, dendritic cell; NK, natural killer.

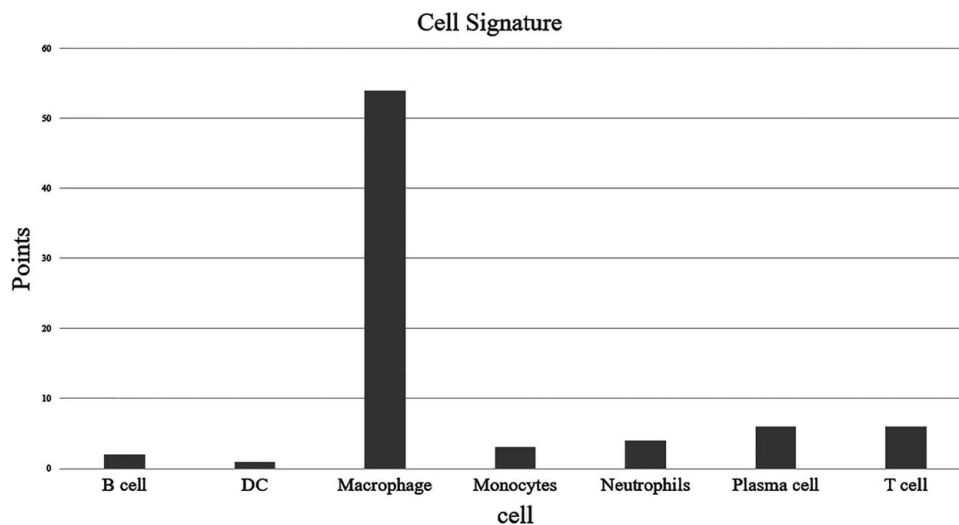
diseases. In this regard, Hypersensitivity reactions, autoimmunity, immunodeficiency, cancer, and burns are among the conditions that can trigger such dysregulation<sup>[71]</sup>. Also, Burn injuries can cause immune molecule dysregulation, affecting both cellular and humoral pathways. These injuries result in significant changes to the leucocyte transcriptome, activating genes associated with the innate immune system, including pro-inflammatory and anti-inflammatory genes, while suppressing adaptive immune responses<sup>[72]</sup>. Furthermore, Following the burn injury, there is a marked elevation in pro-inflammatory cytokines, including tumour necrosis factor-alpha (TNF- $\alpha$ ), interleukin-1 beta (IL-1 $\beta$ ), and interleukin-6 (IL-6), which are integral to the initiation of the immune response. These biomolecules facilitate the recruitment of immune cells to the site of injury, playing a critical role in defending against infections. Nevertheless, an exaggerated or prolonged inflammatory response may precipitate complications such as systemic inflammatory response syndrome (SIRS) or

sepsis. The role of anti-inflammatory cytokines, particularly interleukin-10 (IL-10), in modulating the immune response and fostering healing underscores the critical equilibrium between pro-inflammatory and anti-inflammatory responses in recuperating burn injuries. This balance is vital for averting infection while ensuring efficient wound healing and recovery<sup>[73-76]</sup>.

In this present investigation, the authors endeavour to utilize bioinformatics methodologies alongside the R programming language to discern immune molecules implicated in the mortality linked with burns and burn wounds. The primary objective is to delineate potential therapeutic targets aimed at ameliorating clinical outcomes of burn wounds, particularly among elderly patient cohorts.

**Research questions**

- (1) Which immune cell is related to the highest gene signature upregulation (during 168 h)?



**Figure 3.** The most downregulated cell signature (The points are related to the number of downregulation times in different periods) DC, dendritic cell.

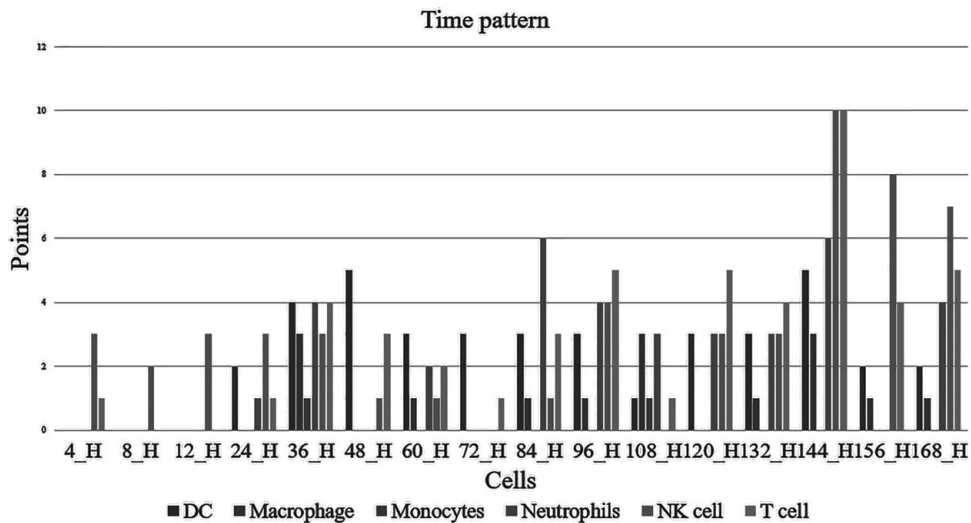


Figure 4. The time pattern of upregulated. DC, dendritic cell; NK, natural killer.

- (2) Which immune cell is related to the highest gene signature downregulation (during 168 h)?
- (3) What are the most critical immunity genes involved in post-burn mortality (during 168 h)?
- (4) Which immune signalling pathway is involved in post-burn mortality (during 168 h)?

applications, such as those investigating genome methylation, chromatin structure, and genome-protein interactions<sup>[77]</sup>. The term “burn” was scouted as queries in GEO. To choose appropriate “gene series accessions” (GSE), cases with intervention methods, samples under 10, and “without any control group” were disqualified<sup>[78]</sup>.

**Methods**

**Gene expression omnibus (GEO)**

In the current in-silico analyses and ecological study, the Gene Expression Omnibus (GEO) (<https://www.ncbi.nlm.nih.gov/geo/>) database was utilized to extract the proper gene set. The worldwide public repository GEO stores and freely distributes high-throughput gene expression and other functional genomic information. Due to the rapid growth of technology, GEO has evolved and can currently take high-throughput data for numerous data

**Literature review**

The literature review was conducted in the present study to find immune signatures. The keywords including “immune signature”, “T cell immune signature”, “B cell immune signature”, “Lymphocyte immune signature”, “Monocyte immune signature”, “Basophil immune signature”, “Dendritic cells immune signature”, “Macrophage immune signature”, “T helper immune signature”, “Natural killer cells Neutrophils signature”, and “Plasma cell immune signature”. The original papers were

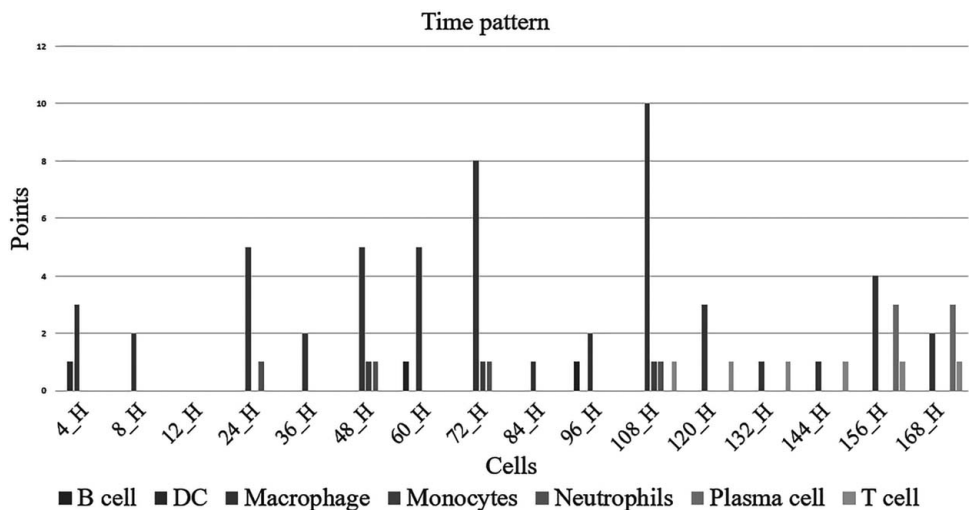
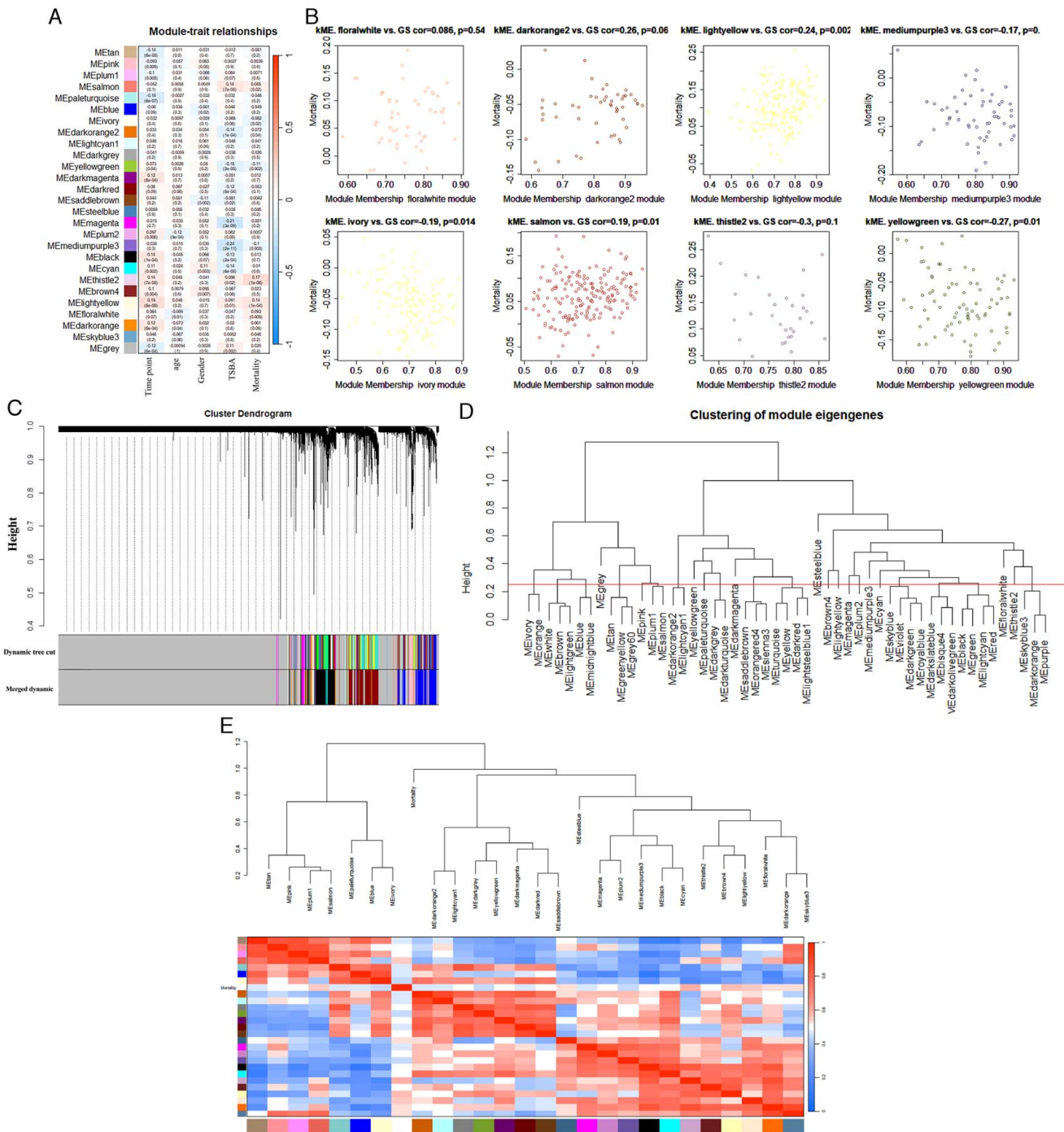


Figure 5. The time pattern of downregulated. DC, dendritic cell.



**Figure 6.** Weighted gene co-expression analysis. (A) The heatmap illustrated by weighted gene co-expression network analysis; note the scores; (B) correlation analysis between module membership and gene significance in mortality; (C) gene cluster dendrogram clustered by weighted gene co-expression network in different colours; (D) co-expression modules; (E) Heatmap of the top 100 genes. Different colours represent different expression trends.

included, and review and bioinformatic investigation were excluded. Ultimately, eight articles were achieved (Fig. 1).

**Enrich r**

The study used the “enrich r” (<https://maayanlab.cloud/Enrichr/>) website to identify the biological functions of extracted genes. Enrich r is a gene set online platform that permits the querying of

tens of millions of annotated gene sets. Enrich r uniquely synthesizes information on mammalian genes and gene sets by integrating knowledge from prominent studies<sup>[79]</sup>. As a classification, three categories of genes were provided, including upregulated genes, downregulated genes, and selected genes from the top module, and for valid process selection,  $P < 0.05$  were considered<sup>[42]</sup>.

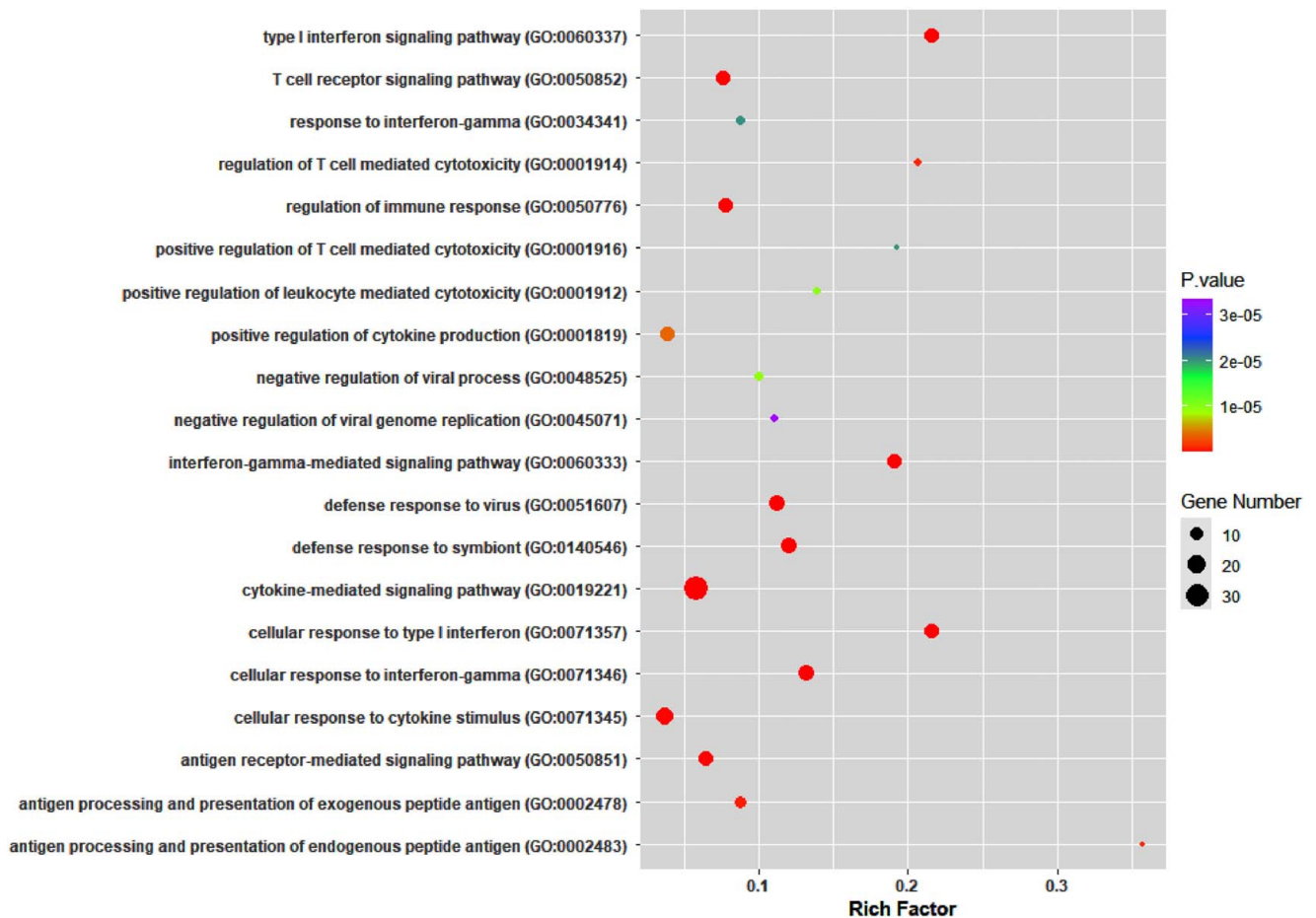


Figure 7. The results of enrich r analysis (upregulation).

### Weighted gene co-expression network analysis (WGCNA)

The critical gene modules related to mortality were identified using the WGCNA R package. The WGCNA R software package is a complete collection of R functions for weighted correlation network analysis's many elements. The program comprises procedures for network creation, module identification, gene selection, computations of topological attributes, data simulation, visualization, and software interfacing. In addition to providing the R package, we also offer R software tutorials<sup>[80]</sup>. Also, WGCNA is a bioinformatics tool that uses statistical and computational approaches to analyze gene expression data and identify co-expressed gene modules. While it involves advanced computational techniques, it is often used with other AI and machine learning tools to analyze large datasets and generate insights into complex biological systems<sup>[81]</sup>.

### Network illustration and analysis

The Gephi software (V 0.10.0) was applied for network illustration. Gephi is a freely available software application for visualizing and analyzing extensive networks and graphs. It allows users to import network data from various sources, encompassing spreadsheets, databases, and social media platforms. Furthermore, it permits the creation of an array of diverse

visual representations, including node-link diagrams, matrix views, and circular layouts<sup>[82]</sup>.

### Study procedure

In the current investigation, after locating an appropriate GSE, To identify molecule modifications among elderly patients, samples of adults over 50 years of age were recruited<sup>[83]</sup>. In addition, to better comprehend the process of gene expression changes, the following hours after the burn were chosen: 2, 4, 6, 8, 12, 24, 36, 48, 60, 72, 84, 96, 108, 120, 132, 144, 156 and 168. Moreover, the *P* greater than 0.5 and log fold change (FC) (log FC > 1 and log FC-1) were used to find the appropriate genes. The obtained genes were analyzed as the next step to investigate the expression pattern during the timeline. After extracting "immune gene signatures" by literature review, the pattern of signature expression (up or downregulated) was analyzed by searching among total genes, and signature expression patterns were identified at different hours. Also, using enrich r analysis, the biological function of the discovered genes was investigated. Next, applying WGCNA illustrated the heat map of found total genes, and essential modules were obtained. Further, The module's 100 critical genes with the highest score in terms of mortality were selected<sup>[84]</sup> and applied for network illustration and "enrich r" analysis to investigate immunity function. Finally, by using

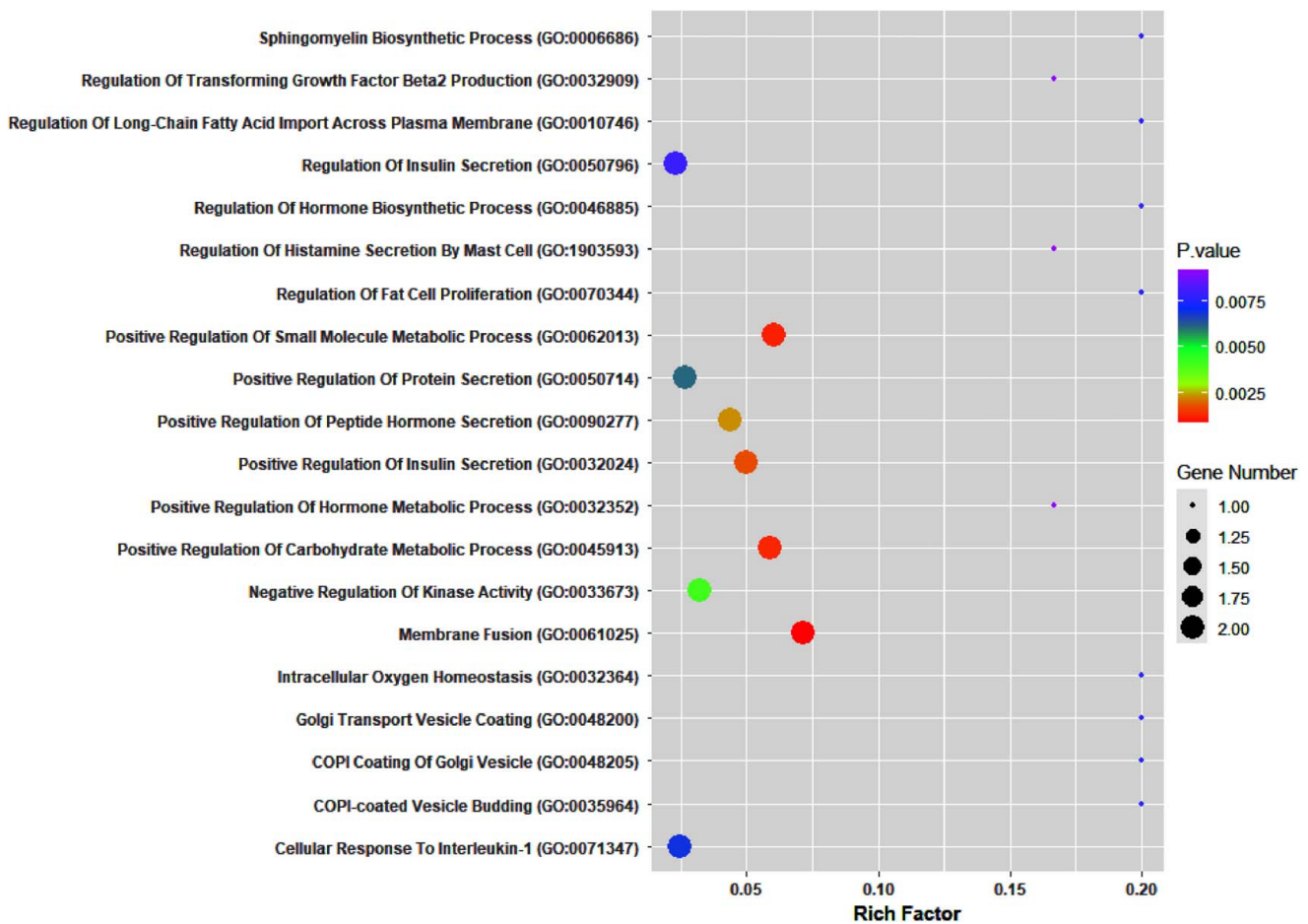


Figure 8. The results of enrich r analysis (downregulation).

Gephi software, the network illustrated, and degree greater than 10 and “betweenness and centrality” greater than 30 were considered<sup>[78]</sup>.

### Ethical approval

This article does not contain any studies with human or animal subjects performed by any authors and does not require ethical approval and consent.

## Results

### Gene set identification

Using proper keywords and criteria, the current study extracted the appropriate GSE, including GSE GSE182616. Also, the upregulated and downregulated genes were investigated in the serial timeline.

### Immune molecules extraction and cell-based analysis

According to the data, the most upregulated signatures were related to natural killer (NK) cells, and the most downregulated signatures were associated with M1 macrophages (Figs. 2 and 3). Also, according to timeline analysis, the trend of signature

expression during 168 h was investigated and was depicted in diagrams three and four (Figs. 4 and 5).

### WGCNA results

The results of WGCNA are shown in Fig. 6. The most mortality-related modules ( $P < 107$  and score 0.17) were identified, and the first 100 genes were extracted from the obtained module.

### Enrich r results

According to enrich r data, the obtained gene from GEO2R correlated to immune processes with  $P$  less than 0.0001, in the upregulated section, including; the T-cell receptor signalling pathway, regulation of T-cell-mediated cytotoxicity, interferon gamma-mediated signalling pathway, and antigen receptor-mediated signalling pathway (Fig. 7), also, in downregulated section, neutrophil-mediated immunity, neutrophil degranulation, neutrophil activation involved in immune response and defense response to the bacterium (Fig. 8). Further, by analyzing the first 100 genes of obtained modules from WGCNA in “enrich r”, the immune process, including regulation of histamine secreted from mast cell ( $P < 0.05$ ), T helper 17 cell differentiation ( $P < 0.05$ ) and autophagy ( $P < 0.05$ ) was achieved (Fig. 9).

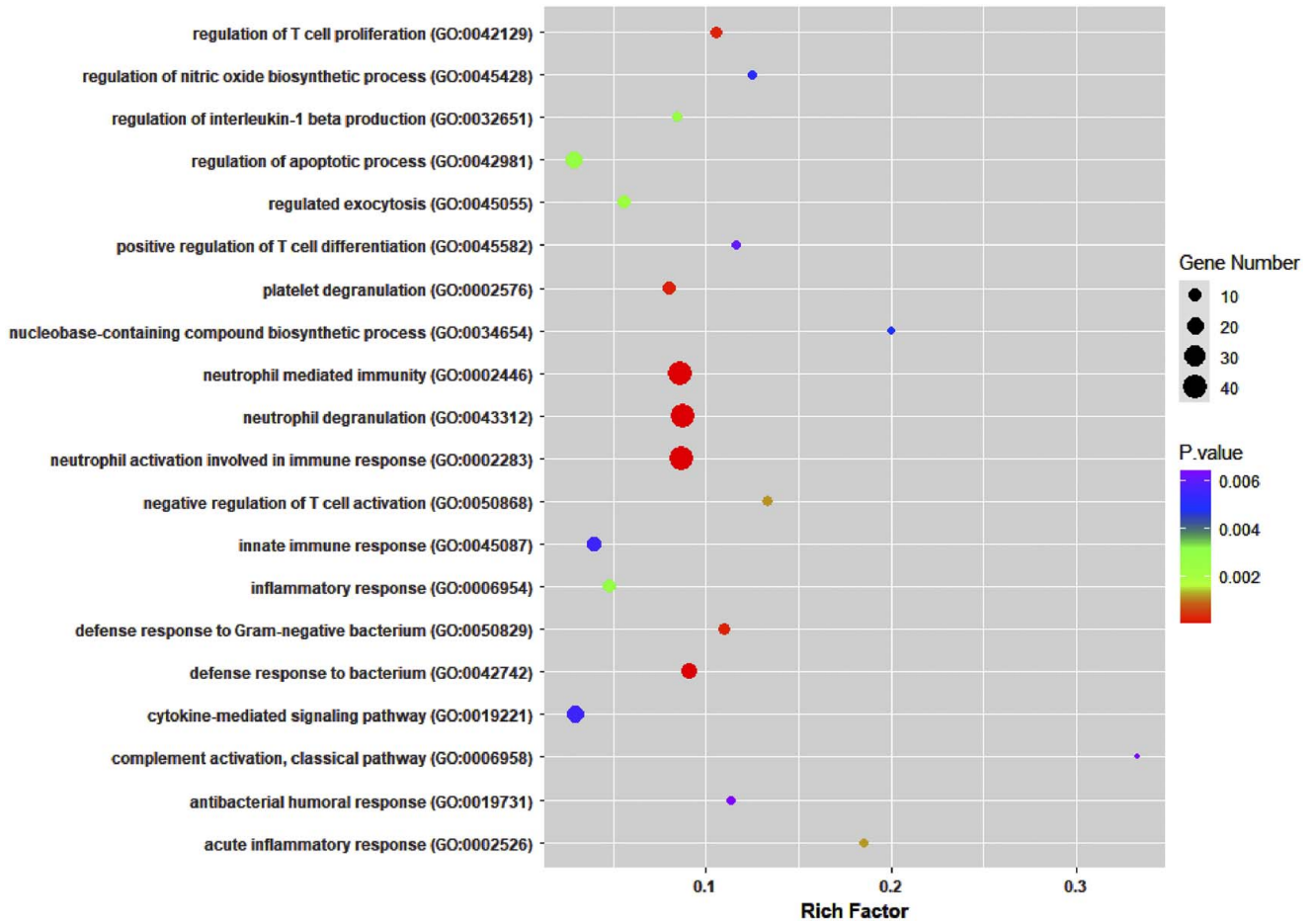


Figure 9. The results of enrich r analysis (critical module).

### Network illustration and results

The network was illustrated. Also, the B3GNT5 gene was considered the most critical (interacted and centrality) gene in the obtained network (Fig. 10).

### Discussion

Burn injuries can have profound physical and emotional impacts, often giving rise to a range of psychological challenges, with anxiety being a prominent issue<sup>[85–102]</sup>. Nowadays, immune molecules are recognized as a new target for managing various disorders and diseases<sup>[103]</sup>. In addition, burn wounds, as an inflammatory challenge for the immune system, can affect the immune molecules and ultimately affect the clinical outcomes among burn patients<sup>[104]</sup>. The current study achieved two immune cell signatures (NK cells and macrophages), the shared pathways between immune molecules and mortality, and a critical gene (B3GNT5) associated with mortality among elderly patients using a bioinformatics approach and programming methods in biology.

The present study obtained expression patterns of two essential cell signatures related to the immune molecules' activity during burn wound healing. At first, the NK cell signature is the most upregulated among immune signatures during 168 h after burn injuries. Teisserenc *et al.* revealed the functional impairment

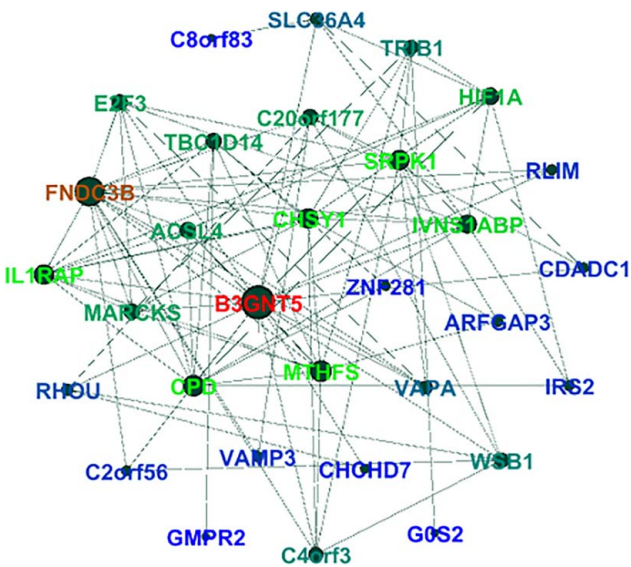


Figure 10. Network illustration and analysis powered by Gephi.



of NK cells during burn injuries and its association with septic shock after burning<sup>[105]</sup>. However, Barrett *et al.*<sup>[106]</sup> demonstrated that non-sever burn injuries didn't impact NK cell activities, and accordingly, burn severity can be an influential factor on NK cell activity or count. Also, inconsistent with our findings, Devine *et al.*<sup>[107]</sup> showed an extreme count reduction of NK cells after severe burn injuries. In this context, divergence may be attributed to the presence of confounding variables, such as disparate treatments administered or sampling time during the burn period. Also, Patil *et al.*<sup>[108]</sup> have shown that burn injuries cause an increase in NK cell counts, which is related to infection prevention. Regarding this issue, the induction of NK cell activity was observed after the "cluster of differentiation 3 (CD3) antibody-induced activated" treatment<sup>[109]</sup>. In addition, it seems that the healing of burn wounds is related to the increased NK cell count. Moreover, based on the present results, according to the investigation of gene signatures behaviour during 168 h, It appears that the activity of NK cells increased with the wound-healing process.

Furthermore, 168 h after burn injuries, the downregulation of the M1 macrophage signature was observed, which may be related to inflammation reduction. Berg *et al.*<sup>[110]</sup> reported the increased M1 count and gene signature during the early hours after burn injuries, indicating the induction of inflammatory conditions. Cuddihy *et al.*<sup>[111]</sup> also revealed the role of M1 macrophage during burn wound healing. On the other hand, evidence supports that as inflammation subsides and burn wounds heal, the genetic profile of macrophage inflammatory states, also known as phenotype M1, diminishes, which corroborates the findings of this study<sup>[112,113]</sup>. Notably, M1 macrophages play a crucial role in promoting corneal angiogenesis by secreting TNF- $\alpha$ , IL-6, and VEGF, which stimulate the proliferation and migration of endothelial cells. It is, therefore, imperative to focus on the modulation of M1 macrophage activation as a promising treatment for burn wound injuries<sup>[114]</sup>. However, it appears from the obtained results that additional research is required to investigate the immune cell behaviours during burn injuries and their influence on the clinical outcomes of burn wound healing.

In the present study, the most critical gene, B3GNT5, was obtained that strongly related to mortality during 168 h after burn injuries.  $\beta$ 1,3-N-acetylglucosaminyltransferase V (B3GNT5) constitutes an essential enzyme that is involved in the biosynthesis of complex carbohydrate chains on glycolipids, specifically the lacto- or neolacto-series, and Its primary function is to participate in the biosynthesis of carbohydrate structures such as Human Natural Killer cell (NHK)-1 and Lewis X<sup>[115]</sup>. The relation between B3GNT5 and various diseases mortality was shown formerly<sup>[116,117]</sup>. However, to the best of our knowledge, the relationship between B3GNT5 and burn wounds was not investigated. Nevertheless, the B3GNT5 is associated with NK cell function through (NHK)-1 carbohydrate<sup>[118]</sup>. On the other hand, the relationship between NK cell dysfunction and burn mortality was indicated previously<sup>[72]</sup>, and the mentioned relationship can be a proposed pathway for the connection between burn wound-related mortality and the gene. Meanwhile, the gene may be a promising candidate for further burn wound healing research investigations.

In the conducted study, the pathways, including "regulation of histamine secreted from mast cell" and "T helper 17 cell differentiation," were achieved that correlated to mortality-related

critical modules. Rantfors *et al.*<sup>[119]</sup> revealed the role of histamine and histamine release on the mortality rate after burn injuries via hyperinflammation and anaphylactic response. Sasaki *et al.*<sup>[120]</sup> also indicated the Th 17 inflammatory response induction after burn injuries. In addition, Rendon and colleagues have shown that Injuries such as burns can lead to widespread effects on body physiology, some of which can disrupt the intricate processes that regulate Th-17 immunity. These disruptions may increase the risk of infection, multiple organ dysfunction, and even death<sup>[121]</sup>. In this regard, these pathways can be considered a platform for developing burn wound management methods.

## Conclusion

Overall, in the current study, using a bioinformatics approach, two cell signatures, including macrophage and NK cells, were achieved that had the most changes in the expression pattern during 168 h after burn wound incidence. The above changes may be related to clinical outcomes so that the alterations occurring in these cells (count and function) could avert negative prognostic scenarios and expedite the process of wound healing through the modulation of inflammatory responses and the prevention of septic complications. Additionally, the gene, B3GNT5, was extracted, which was found to be correlated with mortality, and although it has demonstrated efficacy in enhancing NK cell activity, it can be regarded as a dependable indicator for prognostic assessment of burn wounds. Finally, the two immune pathways, including "regulation of histamine secreted from mast cell" and "T helper 17 cell differentiation," were obtained, which have a significant relationship with mortality-related genes and can be applied as a concept for medication development.

## Ethical approval

This article does not contain any studies with human or animal subjects performed by any authors and does not require ethical approval and consent.

## Consent

Not applicable.

## Sources of funding

There was no source of funding for this systematic review study.

## Author contribution

Study concept and design by all authors; Data acquisition by all authors; Data interpretation by all authors; drafting the manuscript by all authors; Revision of the manuscript by all authors; the final version of the manuscript is approved by all authors.

## Conflicts of interest disclosure

The authors have no conflicts of interest to declare.

## Research registration unique identifying number (UIN)

We could not register our manuscript in the Research Registry UIN: [www.researchregistry.com](http://www.researchregistry.com) due to internet access restrictions and international sanctions. we live in Iran. We hardly even meet the basic needs of our daily life. We do not receive any funding for our research and we cannot pay for our research. Please excuse us from registering this manuscript in the Research Registry UIN: [www.researchregistry.com](http://www.researchregistry.com).

## Guarantor

Ramyar Farzan.

## Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

## Provenance and peer review

Not commissioned, externally peer-reviewed.

## References

- [1] Mehrabi A, Falakdami A, Mollaei A, *et al.* A systematic review of self-esteem and related factors among burns patients. *Ann Med Surg* 2022; 84:104811.
- [2] Mobayen M, Pour-Abbas SE, Naghipour M, *et al.* Evaluating the knowledge and attitudes of the members of the medical community mobilization on first aid for burn injuries in Guilan, Iran. *J Mazandaran Univ Med Sci* 2020;30:148–55.
- [3] Mobayen M, Farzan R, Dadashi A, *et al.* Effect of early grafting on improvement of lethal area index (la50) in burn patients: a 7-year investigation in a burn referral centre in the North of Iran. *Ann Burns Fire Disasters* 2017;30:189–92.
- [4] Vaghardoost R, Ghavami Y, Sobouti B, *et al.* Mortality and morbidity of fireworks-related burns on the annual Last Wednesday of the Year Festival (Charshanbeh Soori) in Iran: an 11-year study. *Trauma Mon* 2013;18:81–5.
- [5] Feizkhah A, Mobayen M, Habibiroudkenar P, *et al.* The importance of considering biomechanical properties in skin graft: are we missing something? *Burns* 2022;48:1768–9.
- [6] Hosseini SJ, Firooz M, Norouzkhani N, *et al.* Can the age group be a predictor of the effect of virtual reality on the pain management of burn patients? *Burns* 2023;49:730–2.
- [7] Miri S, Hosseini SJ, Takasi P, *et al.* Effects of breathing exercise techniques on the pain and anxiety of burn patients: a systematic review and meta-analysis. *Int Wound J* 2023;20:2360–75.
- [8] Farzan R, Moeinian M, Abdollahi A, *et al.* Effects of amniotic membrane extract and deferoxamine on angiogenesis in wound healing: an in vivo model. *J Wound Care* 2018;27(sup6):S26–32.
- [9] Haddadi S, Parvizi A, Niknama R, *et al.* Baseline characteristics and outcomes of patients with head and neck burn injuries: a cross-sectional study of 2181 cases. *Arch Acad Emerg Med* 2021;9:8.
- [10] Kazemzadeh J, Vaghardoost R, Dahmardehei M, *et al.* Retrospective epidemiological study of burn injuries in 1717 pediatric patients: 10 years analysis of hospital data in Iran. *Iran J Public Health* 2018;47: 584–90.
- [11] Tolouie M, Farzan R. A six-year study on epidemiology of electrical burns in northern Iran: is it time to pay attention? *World J Plast Surg* 2019;8:365–71.
- [12] Vaghardoost R, Kazemzadeh J, Dahmardehei M, *et al.* Epidemiology of acid-burns in a major referral hospital in Tehran, Iran. *World J Plast Surg* 2017;6:170–5.
- [13] Parvizi A, Haddadi S, Ghorbani Vajargah P, *et al.* A systematic review of life satisfaction and related factors among burns patients. *Int Wound J* 2023;20:2830–42.
- [14] Zabihi MR, Bastani M, Rashtiani S, *et al.* The role of nursing care during post-burn mood disorders: A narrative review. *J Nurs Rep Clin Pract.* 2024. <https://doi.org/10.32598/JNRC.P.2403.1041>
- [15] Gari AA, Al-Ghamdi YA, Qutbudden HS, *et al.* Pediatric burns in Western Saudi Arabia. *Saudi Med J* 2012;33:1106–10.
- [16] Sharma Y, Garg AK. Analysis of death in burn cases with special reference to age, sex and complications. *J Punjab Acad Forensic Med Toxicol* 2019;19:73–5.
- [17] Farzan R, Parvizi A, Haddadi S, *et al.* Effects of non-pharmacological interventions on pain intensity of children with burns: a systematic review and meta-analysis. *Int Wound J* 2023;20:2898–913.
- [18] Farzan R, Parvizi A, Takasi P, *et al.* Caregivers' knowledge with burned children and related factors towards burn first aid: a systematic review. *Int Wound J* 2023;20:2887–97.
- [19] Toolaroud PB, Nabovati E, Mobayen M, *et al.* Design and usability evaluation of a mobile-based-self-management application for caregivers of children with severe burns. *Int Wound J* 2023;20:2571–81.
- [20] Eftekhari H, Sadeghi M, Mobayen M, *et al.* Epidemiology of chemical burns: An 11-year retrospective study of 126 patients at a referral burn centre in the north of Iran. *Int Wound J* 2023;20:2788–94.
- [21] Rangraz Jeddi F, Nabovati E, Mobayen M, *et al.* A smartphone application for caregivers of children with severe burns: a survey to identify minimum data set and requirements. *J Burn Care Res* 2023;44: 1200–7; irad027.
- [22] Farzan R, Ghorbani Vajargah P, Mollaei A, *et al.* A systematic review of social support and related factors among burns patients. *Int Wound J* 2023;20:3391–403.
- [23] Farzan R, Hosseini SJ, Firooz M, *et al.* Perceived stigmatisation and reliability of questionnaire in the survivors with burns wound: a systematic review and meta-analysis. *Int Wound J* 2023;20:3349–61.
- [24] Alizadeh Otaghvar H, Parvizi A, Ghorbani Vajargah P, *et al.* A systematic review of medical science students' knowledge and related factors towards burns first aids. *Int Wound J* 2023;20:3380–90.
- [25] Yarali M, Parvizi A, Ghorbani Vajargah P, *et al.* A systematic review of health care workers' knowledge and related factors towards burn first aid. *Int Wound J* 2023;20:3338–48.
- [26] Farzan R, Hossein-Nezhadi M, Toloei M, *et al.* Investigation of anxiety and depression predictors in burn patients hospitalized at Velayat Hospital, a newly established burn center. *J Burn Care Res* 2022;44: 723–30.
- [27] Mobayen M, Torabi H, Bagheri Toolaroud P, *et al.* Acute burns during the COVID-19 pandemic: a one-year retrospective study of 611 patients at a referral burn centre in northern Iran. *Int Wound J* 2023;20: 3204–11.
- [28] Rahbar Taramsari M, Mobayen M, Feizkhah A, *et al.* The effect of drug abuse on clinical outcomes of adult burn patients admitted to a burn center in the north of Iran: a retrospective cross-sectional study. *Bull Emerg Trauma* 2023;11:90–5.
- [29] Zavarmousavi M, Eslamdoust-Siahestalkhi F, Feizkhah A, *et al.* Gamification-based Virtual Reality and post-burn rehabilitation: how promising is that? *Bull Emerg Trauma* 2023;11:106–7.
- [30] Hamza Hermis A, Tehrani PM, Hosseini SJ, *et al.* Prevalence of non-accidental burns and related factors in children: a systematic review and meta-analysis. *Int Wound J* 2023;20:3855–70.
- [31] Miri S, Mobayen M, Aboutaleb E, *et al.* Exercise as a rehabilitation intervention for severe burn survivors: benefits & barriers. *Burns* 2022; 48:1269–70.
- [32] Akhoondian M, Zabihi MR, Yavari S, *et al.* Radiation burns and fertility: a negative correlation. *Burns* 2022;50:305–4179:00223.
- [33] Ghazanfari MJ, Mazloun SMH, Rahimzadeh N, *et al.* Burns and pregnancy during the COVID-19 pandemic. *Burns* 2022;48:2015–7.
- [34] Feizkhah A, Mobayen M, Ghazanfari MJ, *et al.* Machine Learning for burned wound management. *Burns* 2022;48:1261–2.
- [35] Mobayen M, Feizkhah A, Ghazanfari MJ, *et al.* Sexual satisfaction among women with severe burns. *Burns* 2022;48:1518–9.
- [36] Mobayen M, Ghazanfari MJ, Feizkhah A, *et al.* Parental adjustment after pediatric burn injury. *Burns* 2022;48:1520–1.
- [37] Bazzi A, Ghazanfari MJ, Norouzi M, *et al.* Adherence to referral criteria for burn patients; a systematic review. *Arch Acad Emerg Med* 2022;10: 43–e43.

- [38] Miri S, Mobayen M, Mazloum SMH, *et al.* The role of a structured rehabilitative exercise program as a safe and effective strategy for restoring the physiological function of burn survivors. *Burns* 2022;48:1521–3.
- [39] Mobayen M, Ghazanfari MJ, Feizkhah A, *et al.* Machine learning for burns clinical care: Opportunities & challenges. *Burns* 2022;S0305-4179:00008–0.
- [40] Mobayen M, Feizkhah A, Ghazanfari MJ, *et al.* Intraoperative three-dimensional bioprinting: a transformative technology for burn wound reconstruction. *Burns* 2022;S0305-4179:00057–2.
- [41] Akhoondian M, Zabihi MR, Yavari S, *et al.* Identification of TGF- $\beta$ 1 expression pathway in the improvement of burn wound healing. *Burns* 2022;S0305-4179:00205.
- [42] Akhoondian M, Zabihi MR, Yavari S, *et al.* Burns may be a risk factor for endometriosis. *Burns* 2023;49:476–80.
- [43] Asadi K, Aris A, Fouladpour A, *et al.* Is the assessment of sympathetic skin response valuable for bone damage management of severe electrical burns? *Burns* 2022;S0305-4179:00201.
- [44] Salari A, Fouladpour A, Aris A, *et al.* Osteoporosis in electrical burn injuries. *Burns* 2022;S0305-4179:00198.
- [45] Takasi P, Falakdami A, Ghorbani Vajargah P, *et al.* Dissatisfaction or slight satisfaction with life in burn patients: a rising cause for concern of the world's burn community. *Burns* 2022;48:2000–2.
- [46] Zabihi MR, Akhoondian M, Tajik MH, *et al.* Burns as a risk factor for glioblastoma. *Burns* 2023;49:236–41.
- [47] Injuries WHO, Department VP, Organization WH, Injuries WHODO, Prevention V. The injury chart book: a graphical overview of the global burden of injuries. World Health Organization; 2002.
- [48] Iqbal T, Saaiq M, Ali Z. Epidemiology and outcome of burns: early experience at the country's first national burns centre. *Burns* 2013;39:358–62.
- [49] Knuth CM, Auger C, Jeschke MG. Burn-induced hypermetabolism and skeletal muscle dysfunction. *Am J Physiol Cell Physiol* 2021;321:C58–c71.
- [50] Mobayen M, Feizkhah A, Mirmasoudi SS, *et al.* Nature efficient approach; Application of biomimetic nanocomposites in burn injuries. *Burns* 2022;48:1525–6.
- [51] Jeddi FR, Mobayen M, Feizkhah A, *et al.* Cost analysis of the treatment of severe burn injuries in a tertiary burn center in northern Iran. *Iran Red Crescent Med J* 2022;24:e1522.
- [52] Mobayen M, Sadeghi M. Prevalence and related factors of electrical burns in patients referred to Iranian medical centers: a systematic review and meta-analysis. *World J Plast Surg* 2022;11:3–11.
- [53] Mobayen M, Zarei R, Masoumi S, *et al.* Epidemiology of childhood burn: a 5-year retrospective study in the referral burn center of Northern Iran Northern Iran. *Caspian J Health Res* 2021;6:101–8.
- [54] Haghdoost Z, Mobayen M, Omidi S. Predicting hope to be alive using spiritual experiences in burn patients. *Ann Romanian Soc Cell Biol* 2021;25:18957–62.
- [55] Mobayen M, Rimaz S, Malekshahi A. Evaluation of clinical and laboratory causes of burns in pre-school children. *J Curr Biomed Rep* 2021;2:27–31.
- [56] Chukamei ZG, Mobayen M, Toolaroud PB, *et al.* The length of stay and cost of burn patients and the affecting factors. *Int J Burns Trauma* 2021;11:397.
- [57] Khodayary R, Nikokar I, Mobayen MR, *et al.* High incidence of type III secretion system associated virulence factors (exoenzymes) in *Pseudomonas aeruginosa* isolated from Iranian burn patients. *BMC Res Notes* 2019;12:28.
- [58] Rimaz S, Moghadam AD, Mobayen M, *et al.* Changes in serum phosphorus level in patients with severe burns: a prospective study. *Burns* 2019;45:1864–70.
- [59] Ghavami Y, Mobayen MR, Vaghardoost R. Electrical burn injury: a five-year survey of 682 patients. *Trauma Mon* 2014;19:e18748.
- [60] Amir Alavi S, Mobayen MR, Tolouei M, *et al.* Epidemiology and outcome of burn injuries in burn patients in Guilan province, Iran. *Qom Univ Med Sci J* 2013;7:35–41.
- [61] Alavi C, Salehi S, Tolouei M, *et al.* Epidemiology of burn injuries at a newly established burn care center in rasht. *Trauma Mon* 2012;17:341–6.
- [62] Norouzkhani N, Chaghian Arani R, Mehrabi H, *et al.* Effect of Virtual Reality-Based Interventions on Pain During Wound Care in Burn Patients; a Systematic Review and Meta-Analysis. *Arch Acad Emerg Med* 2022;10:84–e84.
- [63] Norouzkhani N, Ghazanfari MJ, Falakdami A, *et al.* Implementation of telemedicine for burns management: challenges & opportunities. *Burns* 2023;49:482–4.
- [64] Farzan R, Firooz M, Ghorbani Vajargah P, *et al.* Effects of aromatherapy with Rosa damascene and lavender on pain and anxiety of burn patients: a systematic review and meta-analysis. *Int Wound J* 2023;20:2459–72.
- [65] Miri S, Hosseini SJ, Ghorbani Vajargah P, *et al.* Effects of massage therapy on pain and anxiety intensity in patients with burns: a systematic review and meta-analysis. *Int Wound J* 2023;20:2440–58.
- [66] Parvizi A, Haddadi S, Atrkar Roshan Z, *et al.* Haemoglobin changes before and after packed red blood cells transfusion in burn patients: a retrospective cross-sectional study. *Int Wound J* 2023;20:2269–75.
- [67] Mobayen M, Ghazanfari MJ, Hosseini SJ, *et al.* Near-death experiences of burn survivors: An important yet challenging issue. *Burns* 2023;49:1482–3.
- [68] Al-Dolaimy F, Abdul-Reda Hussein U, Hadi Kzar M, *et al.* Relationship between body mass index and mortality of burns patients: a systematic review and meta-analysis. *Int Wound J* 2024;21:14358.
- [69] Duke J, Rea S, Semmens J, *et al.* Burn and cancer risk: a state-wide longitudinal analysis. *Burns* 2012;38:340–7.
- [70] Garay P. Novel roles for immune molecules in neural development: implications for neurodevelopmental disorders. *Front Synaptic Neurosci* 2010;2:136.
- [71] Marshall JS, Warrington R, Watson W, *et al.* An introduction to immunology and immunopathology. *Allergy Asthma Clin Immunol* 2018;14:1–10.
- [72] Sierawska O, Malkowska P, Taskin C, *et al.* Innate immune system response to burn damage—focus on cytokine alteration. *Int J Mol Sci* 2022;23:716.
- [73] Spooner CE, Markowitz NP, Saravolatz LD. The role of tumor necrosis factor in sepsis. *Clin Immunol Immunopathol* 1992;62(1 Pt 2):S11–7.
- [74] Finnerty CC, Herndon DN, Przkora R, *et al.* Cytokine expression profile over time in severely burned pediatric patients. *Shock* 2006;26:13–9.
- [75] Pileri D, Accardo Palombo A, D'amelio L, *et al.* Concentrations of cytokines IL-6 and IL-10 in plasma of burn patients: their relationship to sepsis and outcome. *Ann Burns Fire Disasters* 2008;21:182–5.
- [76] Dehne MG, Sablotzki A, Hoffmann A, *et al.* Alterations of acute phase reaction and cytokine production in patients following severe burn injury. *Burns* 2002;28:535–42.
- [77] Barrett T, Wilhite SE, Ledoux P, *et al.* NCBI GEO: archive for functional genomics data sets—update. *Nucleic Acids Res* 2012;41(Database issue):D991–5.
- [78] Zabihi MR, Akhoondian M, Tajik MH, *et al.* Burns as a risk factor for glioblastoma. *Burns* 2022;S0305-4179:00243.
- [79] Xie Z, Bailey A, Kuleshov MV, *et al.* Gene set knowledge discovery with enrichr. *Curr Protoc* 2021;1:e90.
- [80] Langfelder P, Horvath S. WGCNA: an R package for weighted correlation network analysis. *BMC Bioinformatics* 2008;9:559.
- [81] Chen Y, Liao R, Yao Y, *et al.* Machine learning to identify immune-related biomarkers of rheumatoid arthritis based on WGCNA network. *Clin Rheumatol* 2022;41:1057–68.
- [82] Bastian M, Heymann S, Jacomy M. Gephi: an open source software for exploring and manipulating networks. *Proceedings Of The International Aaai Conference On Web And Social Media* 2009;3:361–2.
- [83] Tompkins RG. Survival from burns in the new millennium: 70 years experience from a single institution. *Ann Surg* 2015;261:263–8.
- [84] Zhang Z, Zhang Y, Yang D, *et al.* Characterisation of key biomarkers in diabetic ulcers via systems bioinformatics. *Int Wound J* 2023;20:529–42.
- [85] Cooke Macgregor F. Facial disfigurement: problems and management of social interaction and implications for mental health. *Aesthetic Plast Surg* 1990;14:249–57.
- [86] Van Loey NEE, Van Son MJM. Psychopathology and psychological problems in patients with burn scars: epidemiology and management. *Am J Clin Dermatol* 2003;4:245–72.
- [87] Doustahadi A, Beigee AM, Shahabi M, *et al.* Burn survivors' challenges after hospital discharge: a neglected issue. *J Nursing Rep Clin Pract* 2023;1:150–1.
- [88] Doustahadi A, Beigee AM, Shahabi M, *et al.* Using virtual reality with morphine to reduce the pain of dressing change in burn patients. *J Nursing Rep Clin Pract* 2023;1:152–3.

- [89] Doustahadi A, Beigee AM, Zare-Kaseb A, *et al.* Suicidality after burn injuries: a significant overlooked challenge in burns survivors. *J Nursing Rep Clin Pract* 2023;1:104–5.
- [90] Heidari Gorji MA, Afshin Shorofi S, Esfandiari M, *et al.* Psycho-social needs of family members of patients hospitalized in the burn intensive care unit: a cross-sectional study. *J Nursing Rep Clin Pract* 2023;1: 118–25.
- [91] Miri S, Rashtiani S, Zabihi MR, *et al.* Role of exercise in nursing care for burn wound patients: a narrative review from a nursing perspective. *J Nursing Rep Clin Pract* 2024;2:101–9.
- [92] Takasi P, Purbarar F, Tamizi A, *et al.* Tele-rehabilitation to the improvement of the quality of burns clinical care. *J Nursing Rep Clin Pract* 2024;2:188–90.
- [93] Takasi P, Purbarar F, Tamizi A, *et al.* High rate of negligence induced burns in children: a rising cause for concern of the world's burn community. *J Nursing Rep Clin Pract* 2024;2:118–20.
- [94] Zare-Kaseb A, Beigee AM, Doustahadi A, *et al.* Social support against suicide in burn survivors: a vital but overlooked protective factor. *J Nursing Rep Clin Pract* 2024;2:45–6.
- [95] Niumanlan C, Jingming Y, Hao Q, *et al.* A systematic review of the exercise effects on burn wound healing. *Int Wound J* 2023;21: e14482.
- [96] Otaghvar HA, Farzan R, Tamimi P, *et al.* Prevalence of delirium and its related factors in burn patients; a systematic review and meta-analysis. *Arch Acad Emerg Med* 2024;12:e7.
- [97] Mobayen M, Tolouei M, Dehnadi Moghadam A, *et al.* Early graft in patients with burn wounds: A two-year retrospective study of 582 patients at a referral burn center in northern Iran. *J Nursing Rep Clin Pract* 2024. <https://doi.org/10.32598/JNRC.2312.1009>
- [98] Zabihi MR, Rashtiani S, Akhoondian M, *et al.* The role of nursing care in the management of post-burn epidermal cancer: a narrative review. *J Nursing Rep Clin Pract* 2023;2:172–9.
- [99] Farzan R. Neural stem cell-conditioned medium and burn wound: a hopeful therapeutic approach to heal burn wounds. *Burns*, 2024: S0305–4179; (0324) 00021.
- [100] Vakili Ojarood M, Yaghoubi T, Farzan R. Machine learning for pre-hospital care of patients with severe burns. *Burns* 2024;S0305-4179: 00056–1.
- [101] Ojarood MV, Yaghoubi T, Mohsenizadeh SM, *et al.* The future of burn management: how can machine learning lead to a revolution in improving the rehabilitation of burn patients? *Burns* 2024; S0305-4179 (24)00080-9. doi: 10.1016/j.burns.2024.03.008. Epub ahead of print. PMID: 38637259.
- [102] Zabolli Mahdiabadi M, Farhadi B, Shahroudi P, *et al.* Prevalence of anxiety and its risk factors in burn patients: a systematic review and meta-analysis. *Int Wound J* 2024;21:e14705.
- [103] Shalhout SZ, Kaufman HL, Sullivan RJ, *et al.* Immune checkpoint inhibition in marjolin ulcer: a case series. *J Immunother (1991)* 2021;44: 234–8.
- [104] Shengyu H, Feng Z, Guanghua G. Research advances on the role of complement system activation in post-burn immunity. *中华烧伤与创面修复杂志* 2023;39(4):396–400.
- [105] Moins-Teisserenc H, Cordeiro DJ, Audigier V, *et al.* Severe altered immune status after burn injury is associated with bacterial infection and septic shock. *Front Immunol* 2021;12:586195.
- [106] Barrett LW, Fear VS, Foley B, *et al.* Non-severe burn injury increases cancer incidence in mice and has long-term impacts on the activation and function of T cells. *Burns Trauma* 2022;10:016.
- [107] Devine RA, Diltz Z, Hall MW, *et al.* The systemic immune response to pediatric thermal injury. *Int J Burns Trauma* 2018;8:6–16.
- [108] Patil NK, Luan L, Bohannon JK, *et al.* IL-15 superagonist expands mCD8+ T, NK and NKT cells after burn injury but fails to improve outcome during burn wound infection. *PLoS ONE* 2016;11:e0148452.
- [109] Zhan J, Li G. A study on the effects of CD3AK cells on the improvement of cellular immune function in burned patients. *Zhonghua shao shang za zhi = Zhonghua shaoshang zazhi = Chinese J Burns* 2001;17(3):159–62.
- [110] van den Berg LM, de Jong MAWP, Witte L, *et al.* Burn injury suppresses human dermal dendritic cell and Langerhans cell function. *Cell Immunol* 2011;268:29–36.
- [111] Cuddihy J, Wu G, Ho L, *et al.* Lactate dehydrogenase activity staining demonstrates time-dependent immune cell infiltration in human ex-vivo burn-injured skin. *Sci Rep* 2021;11:21249.
- [112] Pi L, Fang B, Meng X, *et al.* LncRNA XIST accelerates burn wound healing by promoting M2 macrophage polarization through targeting IL-33 via miR-19b. *Cell Death Discov* 2022;8:220.
- [113] Yan H, Chen J, Peng X. Recombinant human granulocyte-macrophage colony-stimulating factor hydrogel promotes healing of deep partial thickness burn wounds. *Burns* 2012;38:877–81.
- [114] Yu J, Shen Y, Luo J, *et al.* Upadacitinib inhibits corneal inflammation and neovascularization by suppressing M1 macrophage infiltration in the corneal alkali burn model. *Int Immunopharmacol* 2023;116: 109680. <https://doi.org/10.1016/j.intimp.2023.109680>
- [115] Safran M, Dalah I, Alexander J, *et al.* GeneCards Version 3: the human gene integrator. *Database* 2010;2010:baq020.
- [116] Canals D. Peeking inside the sphingolipid network in lung cancer. *EBioMedicine* 2021;67:103340.
- [117] Liao Y, Chen Z, Liang H, *et al.* Correlation between metabolic characteristics and breast cancer subtypes and prognosis. 2022. <https://doi.org/10.21203/rs.3.rs-1364522/v1>.
- [118] Jongsma MLM, de Waard AA, Raaben M, *et al.* The SPPL3-defined glycosphingolipid repertoire orchestrates HLA class I-mediated immune responses. *Immunity* 2021;54:132–150.e9.
- [119] Rantfors J, Cassuto J. Role of histamine receptors in the regulation of edema and circulation postburn. *Burns* 2003;29:769–77.
- [120] Sasaki JR, Zhang Q, Schwacha MG. Burn induces a Th-17 inflammatory response at the injury site. *Burns* 2011;37:646–51.
- [121] Rendon JL, Choudhry MA. Th17 cells: critical mediators of host responses to burn injury and sepsis. *J Leukoc Biol* 2012;92:529–38.