

بنام خدای هستی بخش

By: Dr Maryam Sahebari

Immunology & inflammation In Rheumatology

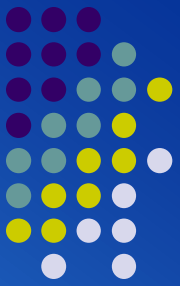
- *Terminology*
- *Definition of Immunity*
- *Definition of autoimmunity*
- *Subtypes for example*



Immunity

Protection /defense

... against whatever doesn't belong



Viruses

Other
microbes

Bacteria

Tissue
irritants

Toxins

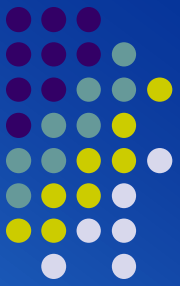
Other
pathogens

Cancer

Chemicals

Damage/
injury

Two main strategies . . .



Innate immunity

Adaptive immunity



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Two main strategies . . .



Innate immunity

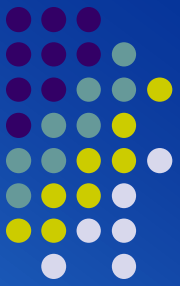
- Mechanisms always "on standby"
- Can respond rapidly
- Effective against a variety of different "enemies"
- Also called "nonspecific immunity"



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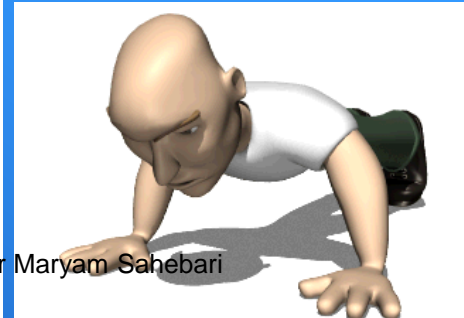


Two main strategies . . .

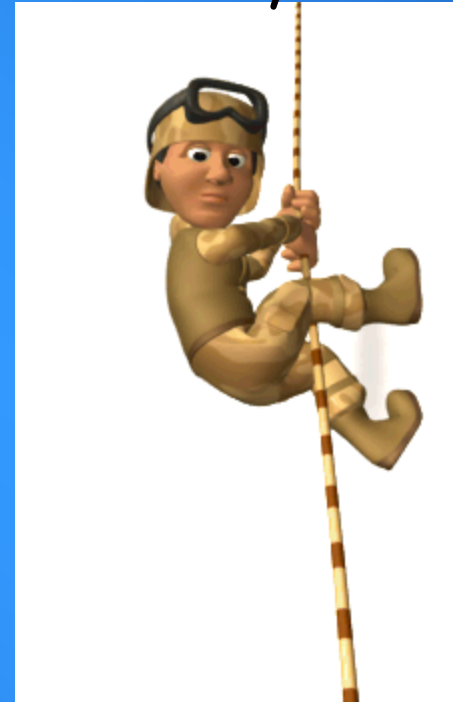


Adaptive immunity

- Mechanisms specialized to fight a particular "enemy"
- Often developed after first exposure, then "on standby" for further "attacks"
 - First response is slow, to allow time to prepare
- Also called "specific immunity" or "acquired immunity"



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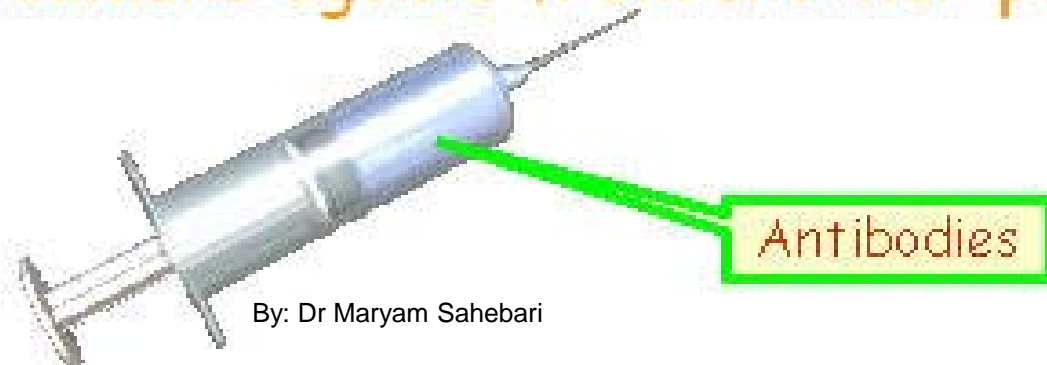
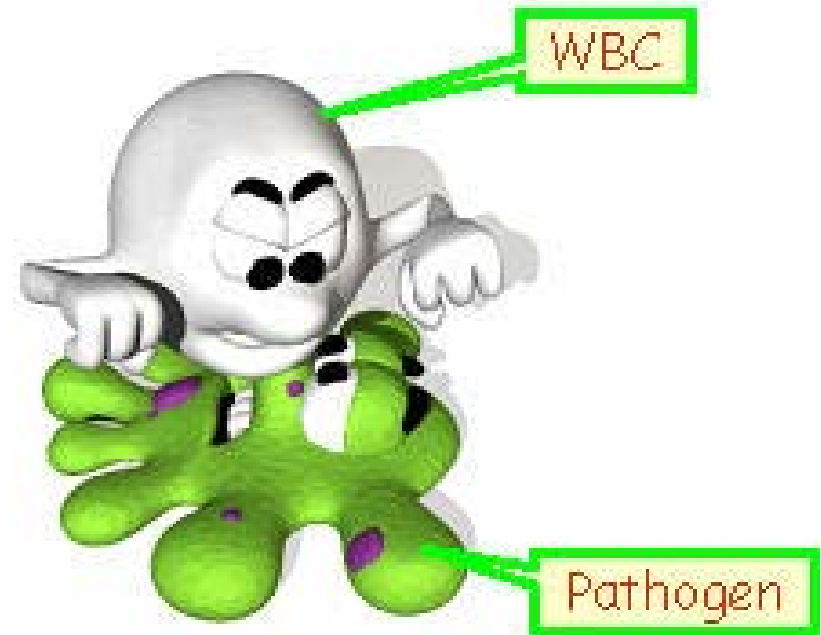
Types of adaptive immunity

- **Active**

- reaction of your own system

- **Passive**

- borrow immune agents from another person



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Innate Immunity cells:

- **Innate immunity: older host defense against primary infection & does not depend on previous exposure to agent**
- Dendritic cells
- Natural killer cells
- Mast cells
- Eosinophils
- Eosinophils
- Basophils



Innate immunity

- Pattern Recognition Receptors(PRR):
- Toll like receptors(TLR): TLR13 : Leprosy, atherosclerosis, asthma, IBD
- Node like receptors (NLR): IBD, FMF, Pseudogout
- Rig like receptors (RLR): increased susceptibility to RNA virus

Innate immune cells: Dendritic cells

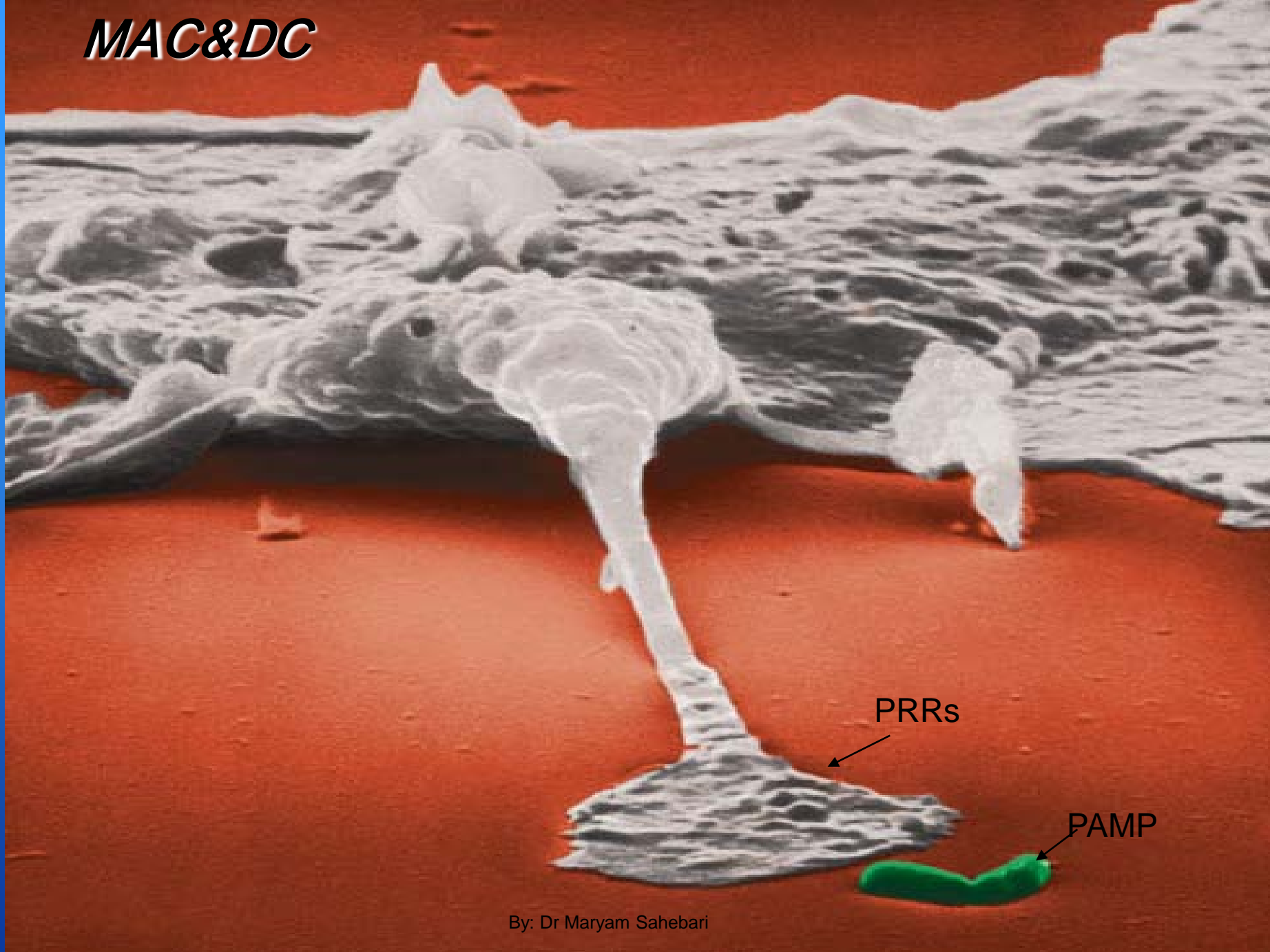


- The release of pro-inflammatory cytokines activates the innate and adaptive immune system, DC are the key to this connection.
- DC activation → migration to lymph node and spleen → presentation of the antigens to T cells
- **Adjuvants** in vaccines increase the antigenicity of vaccines through the activation of **DCs and other phagocytes**.

Innate immune cells: Dendritic cells



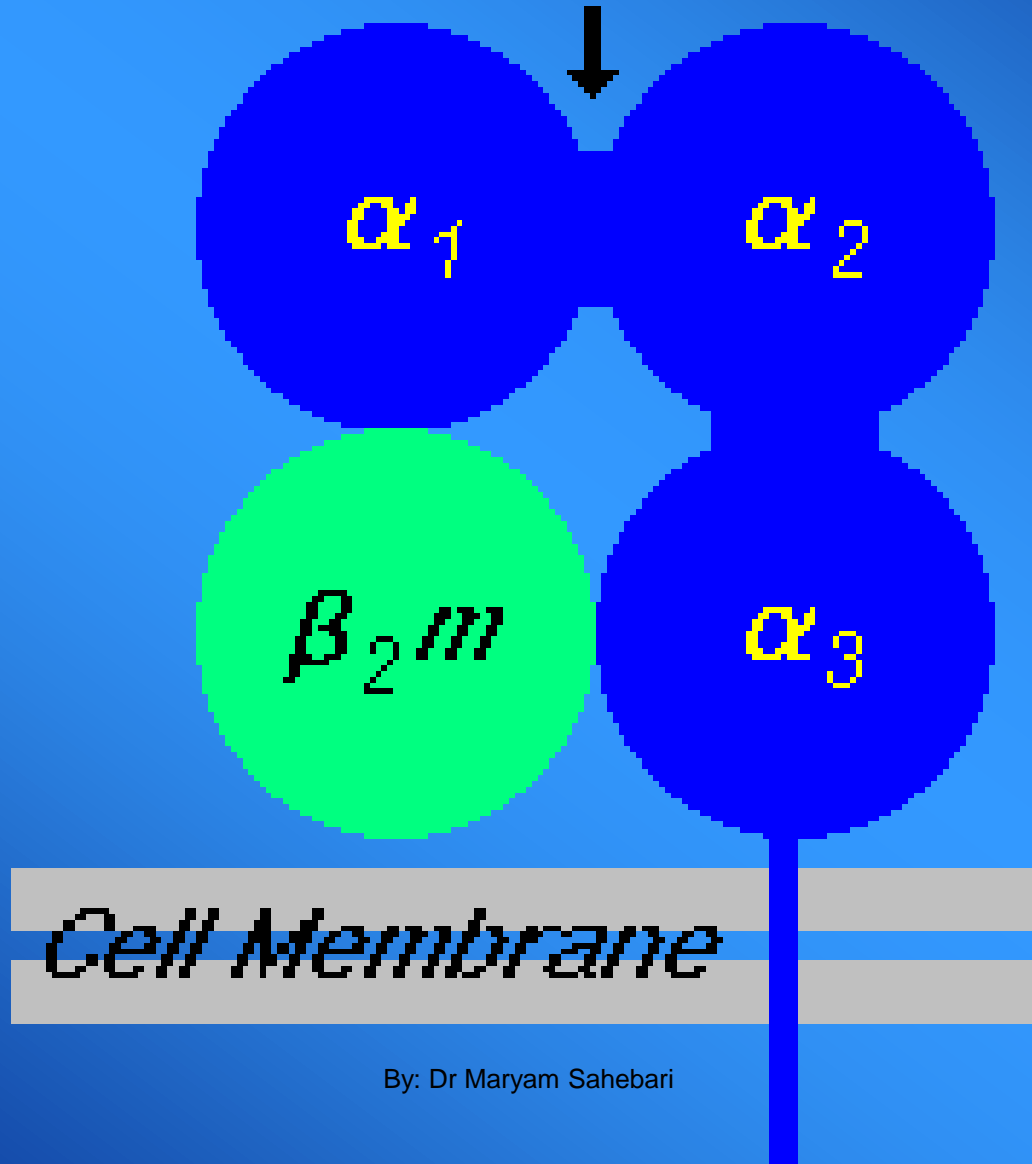
- DCs is the main source of INFs type 1 in the body, SLE is a disease of over production of INFs
- **NK cells** : They produce INF gamma, they play a role in the development of T cells
- **Eosinophils**: secretion of cytokines which regulate T and B cells
- **Basophils and mast cells** : IgE receptors, secrete histamine, Bas: activation of T and B cells
- Mast cells : important in arthritis

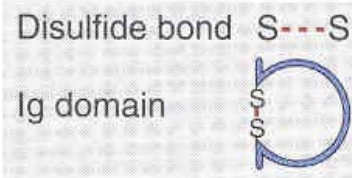
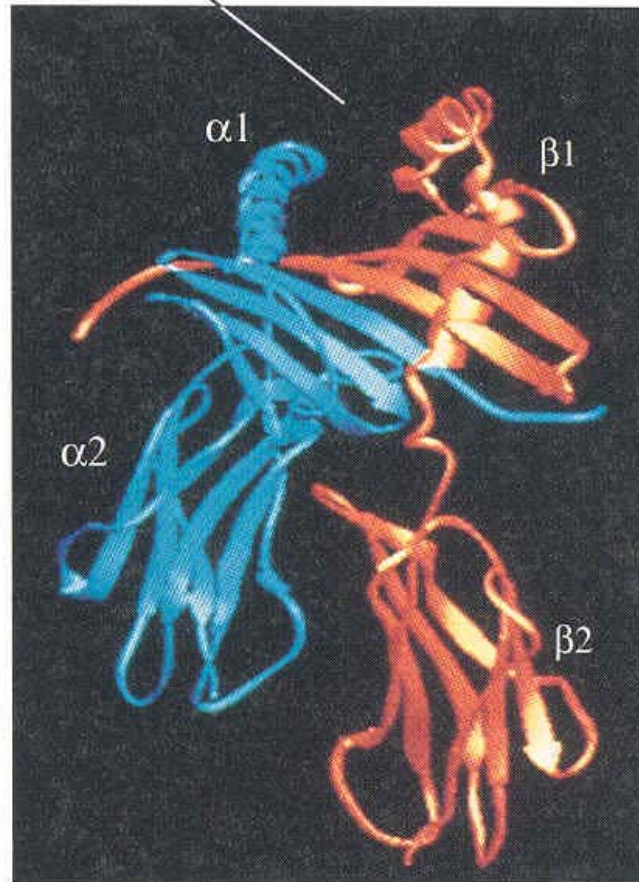
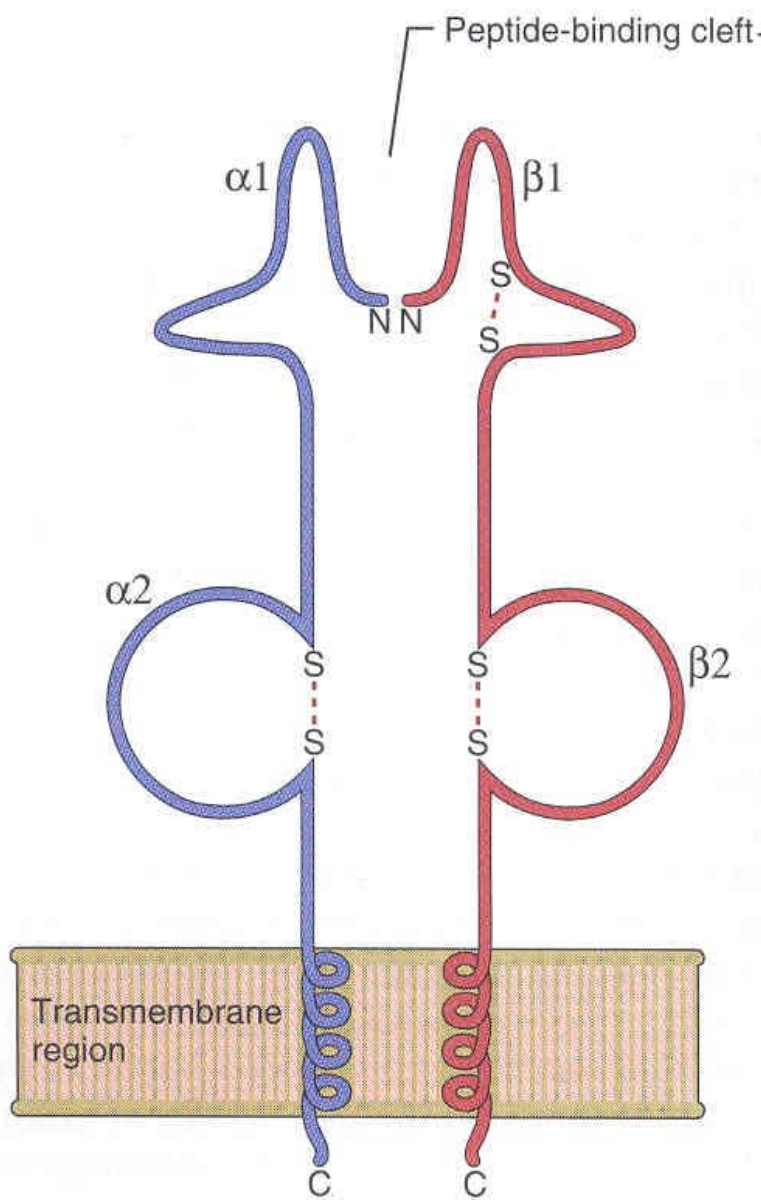




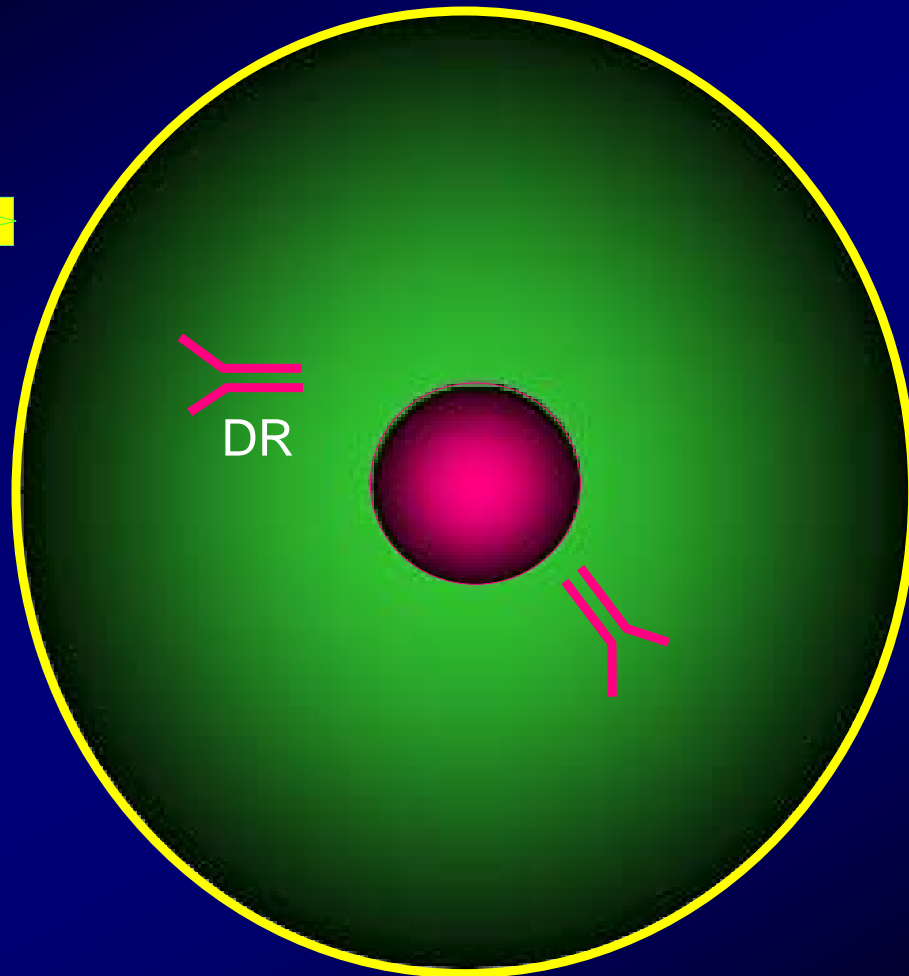
MHC I

*Peptide
Binding*

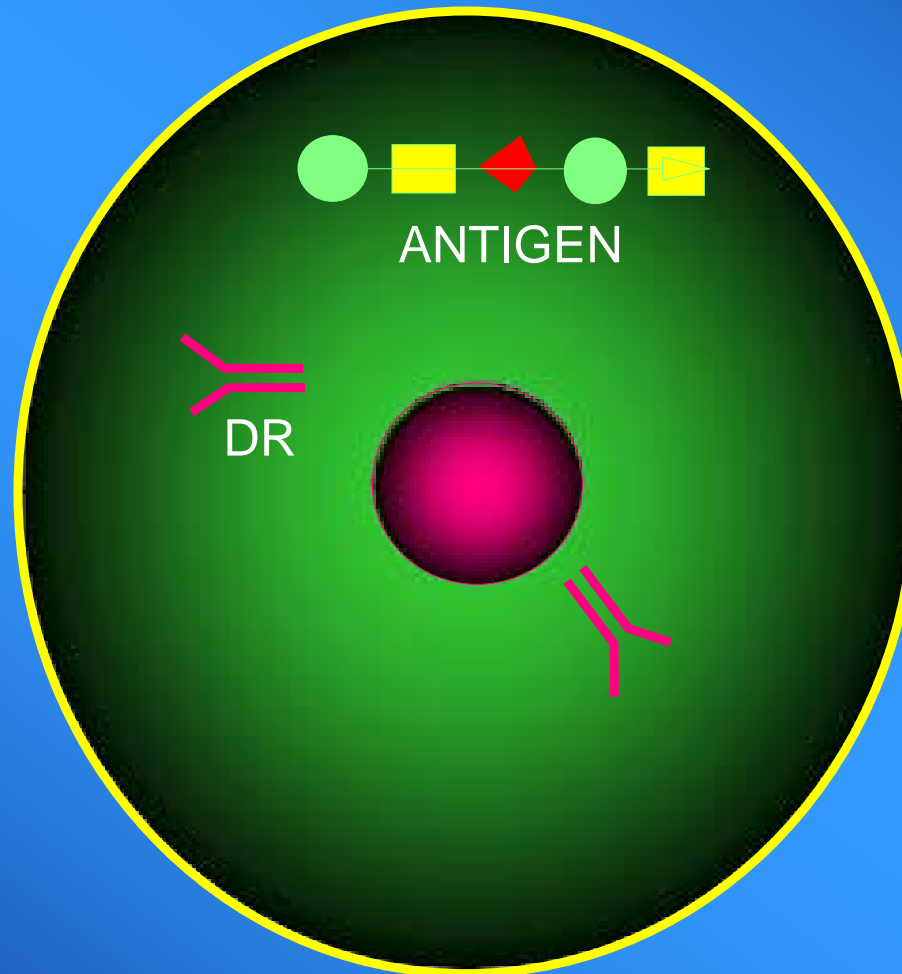




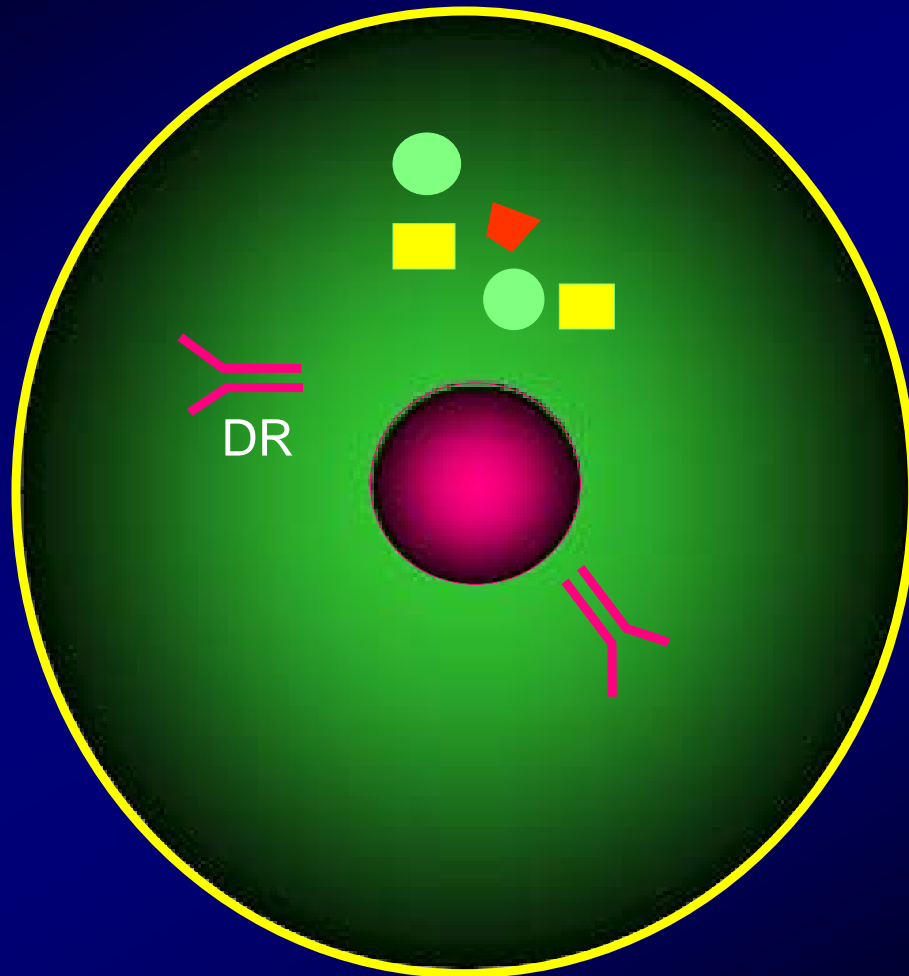
ANTIGEN PROCESSING



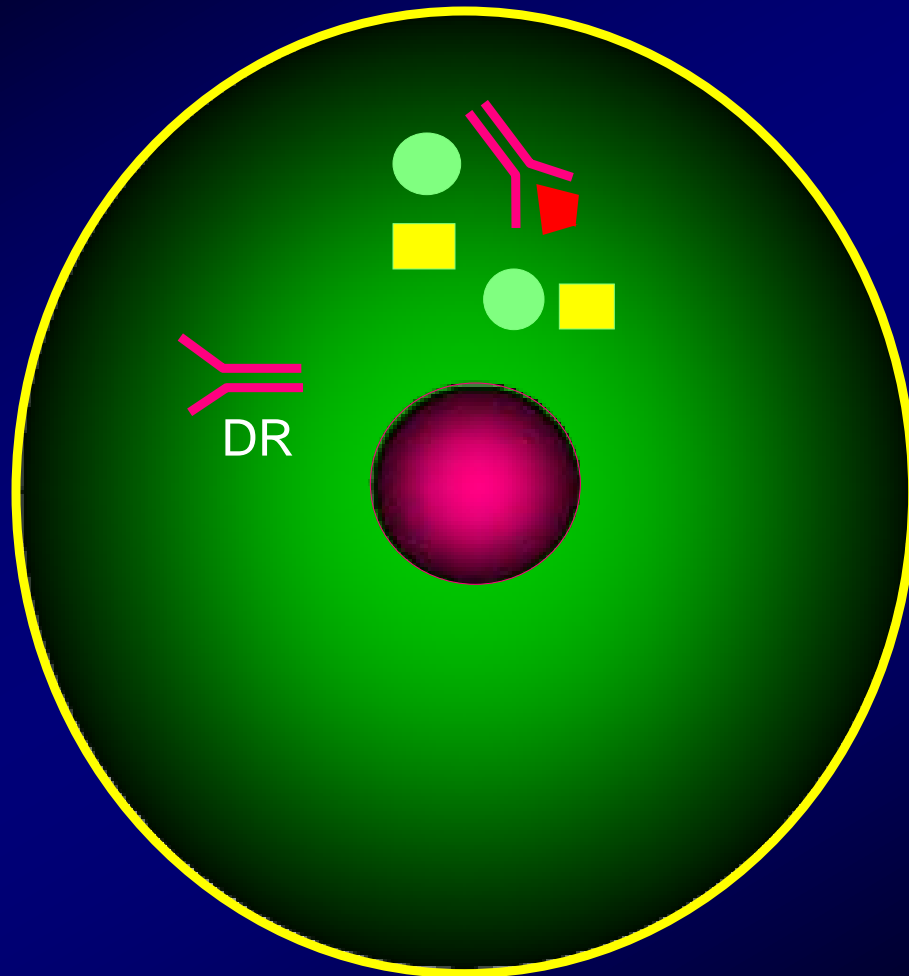
ANTIGEN PROCESSING



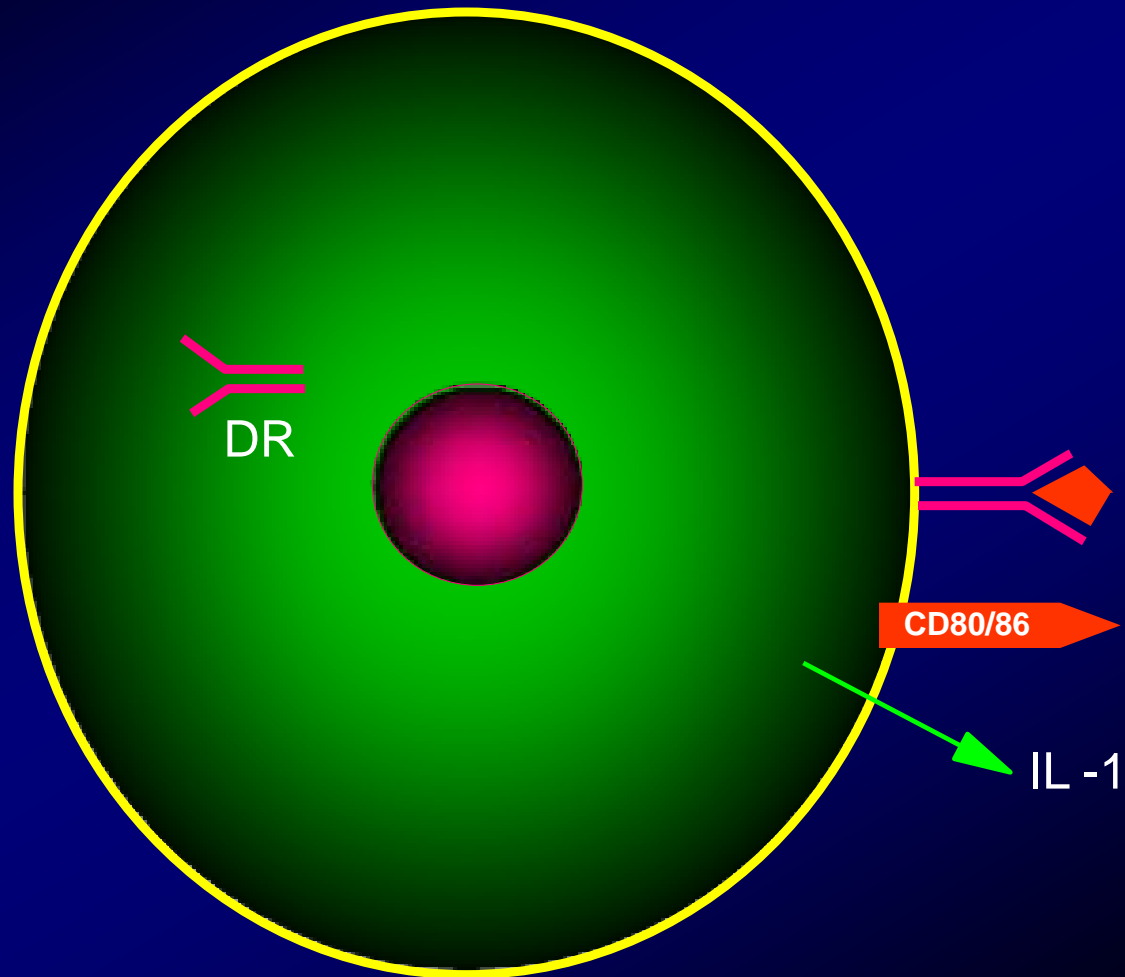
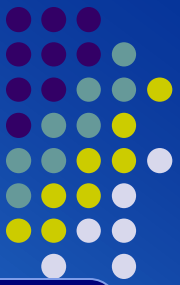
ANTIGEN PROCESSING



ANTIGEN PROCESSING



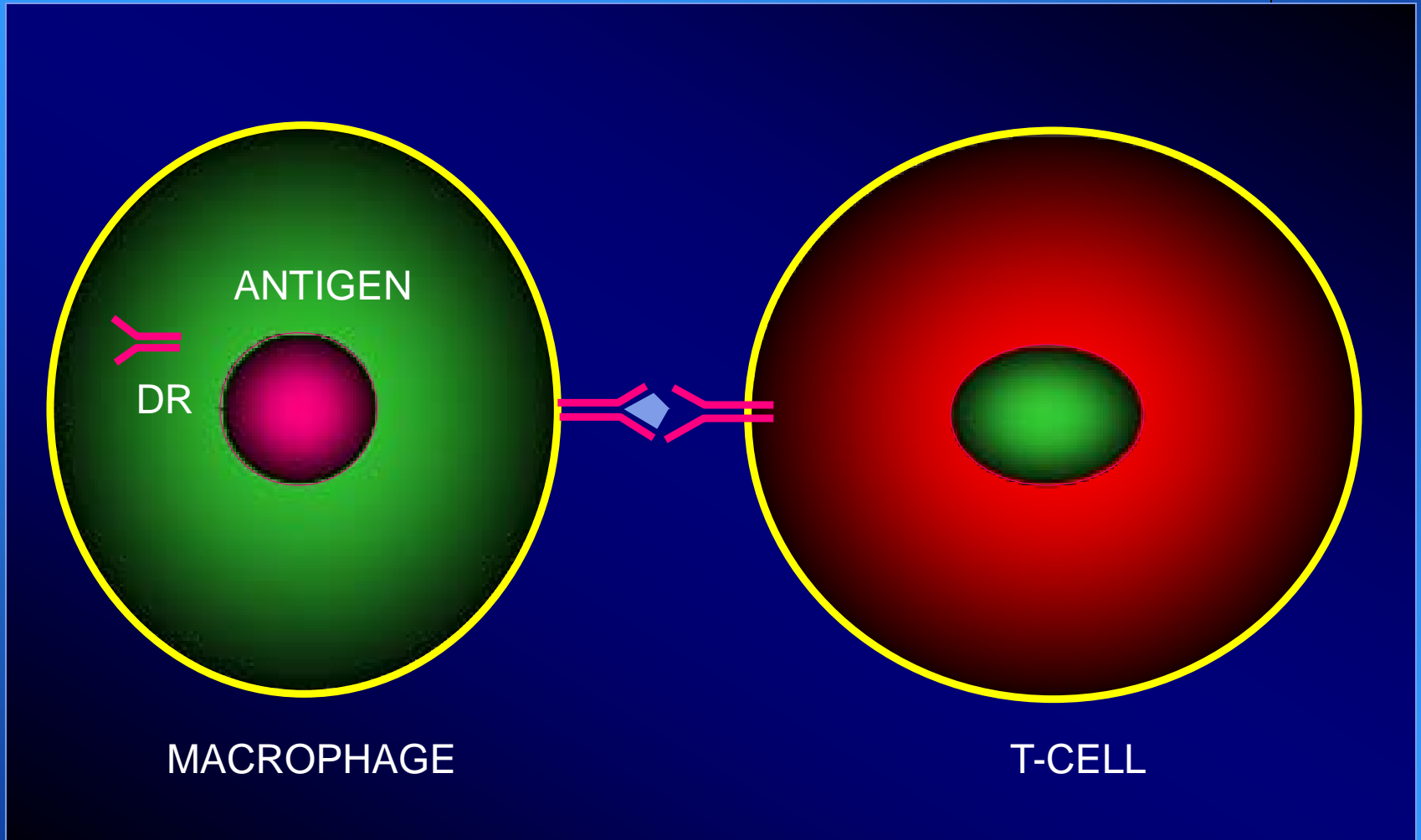
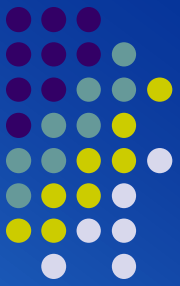
ANTIGEN PROCESSING



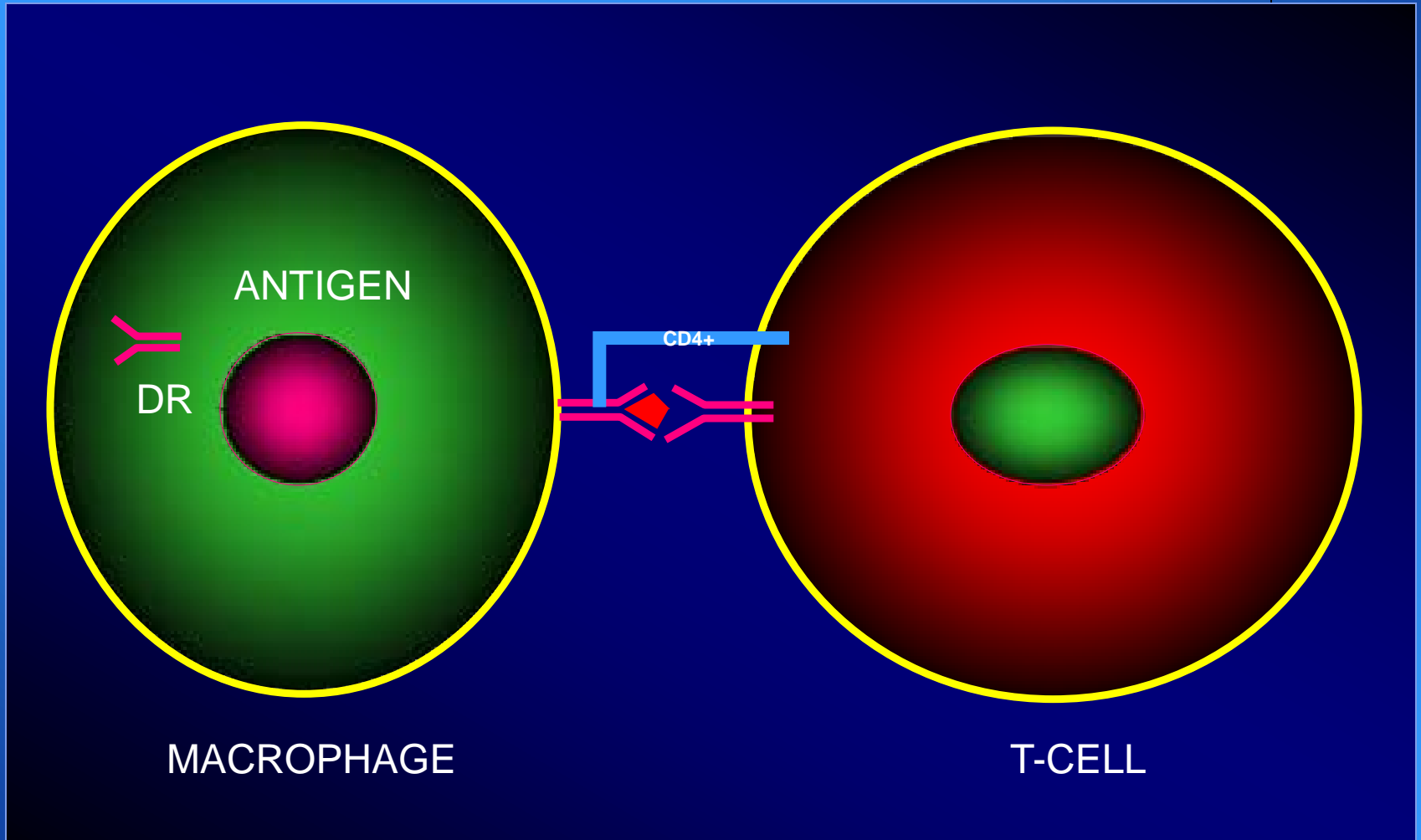
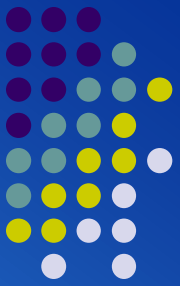
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MACROPHAGE

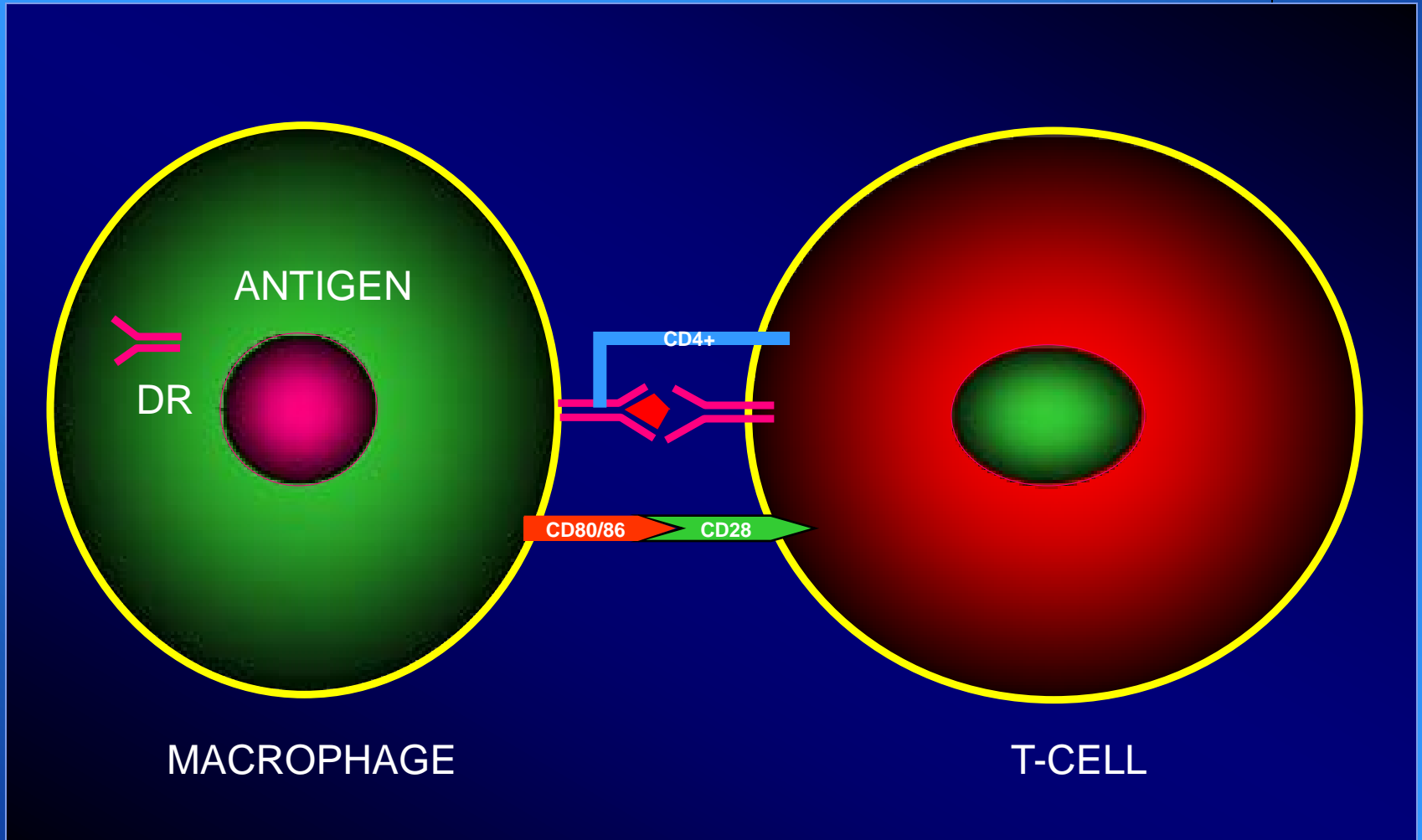
ANTIGEN RECOGNITION



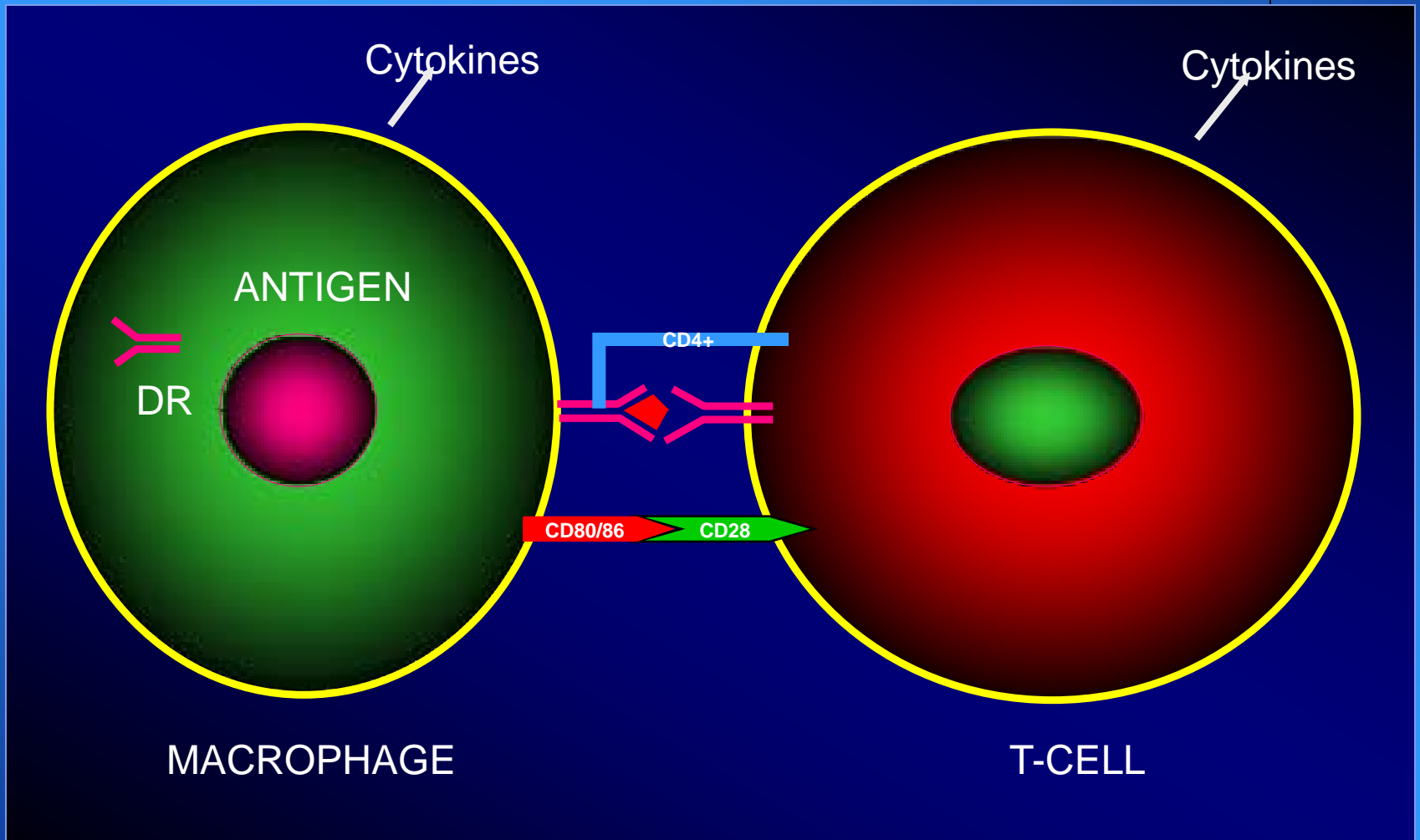
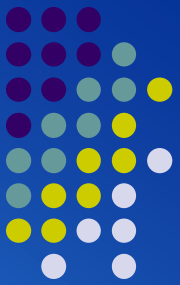
ANTIGEN RECOGNITION



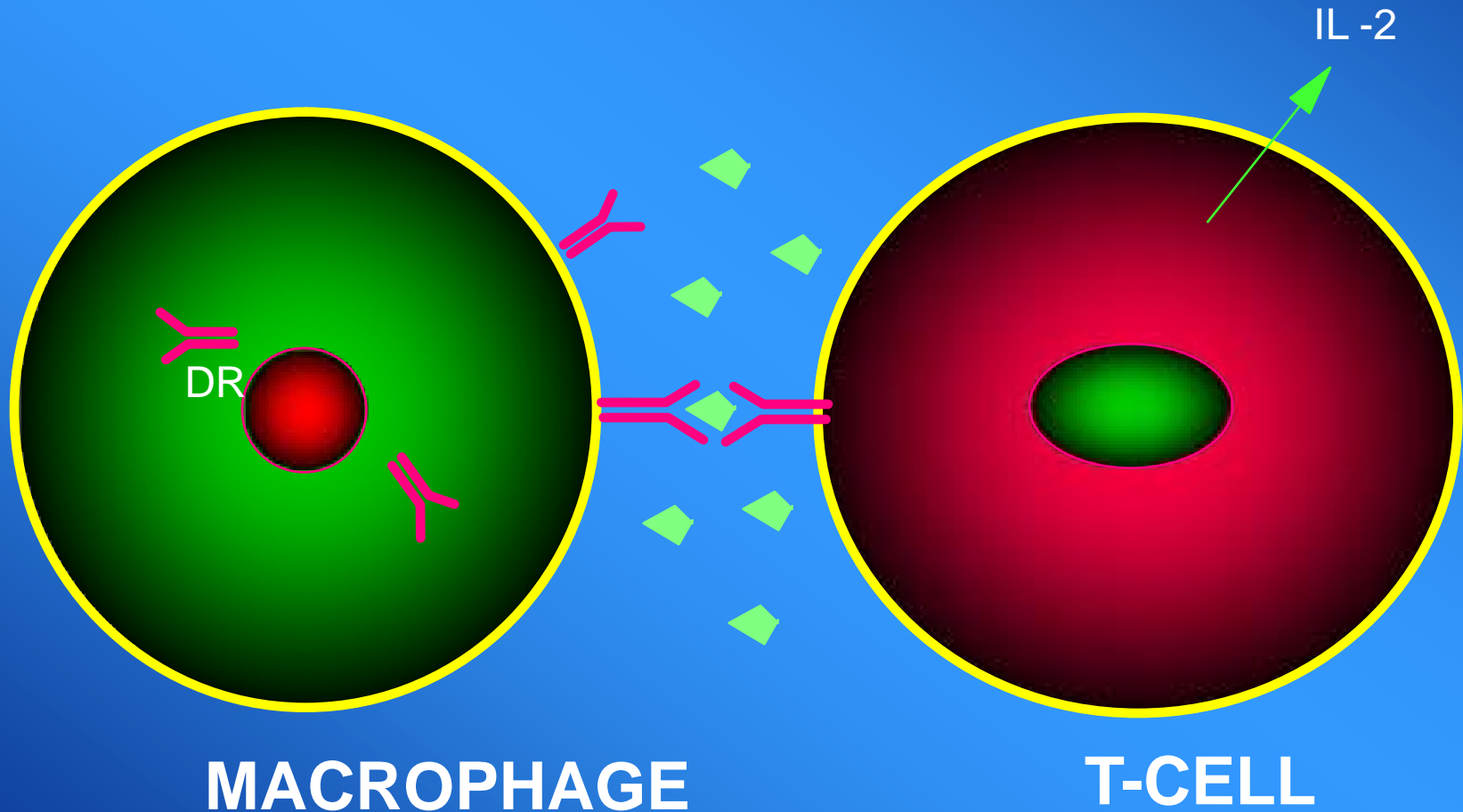
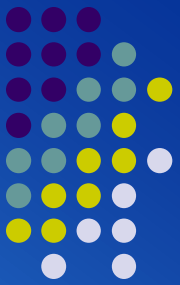
ANTIGEN RECOGNITION



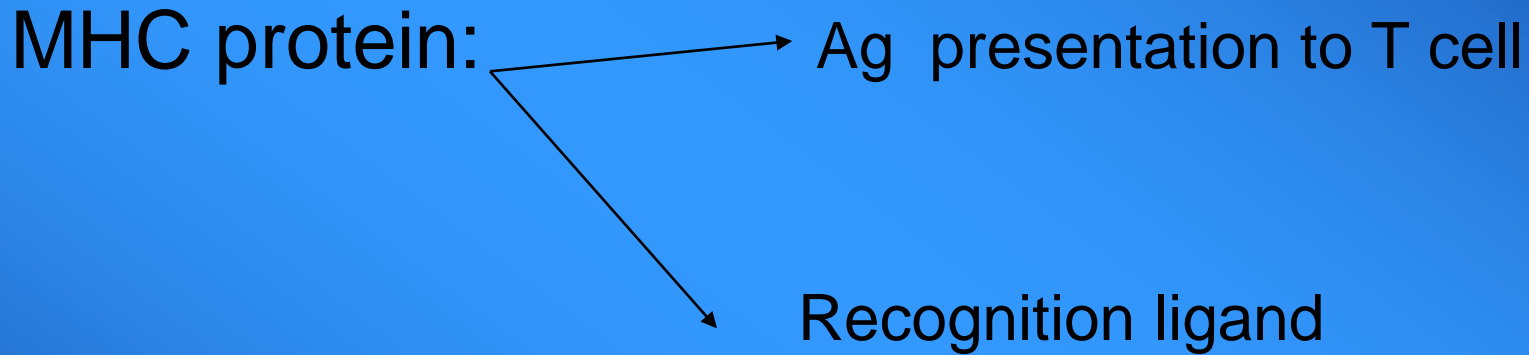
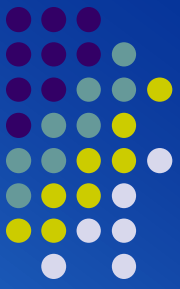
ANTIGEN RECOGNITION



SUPER ANTIGEN

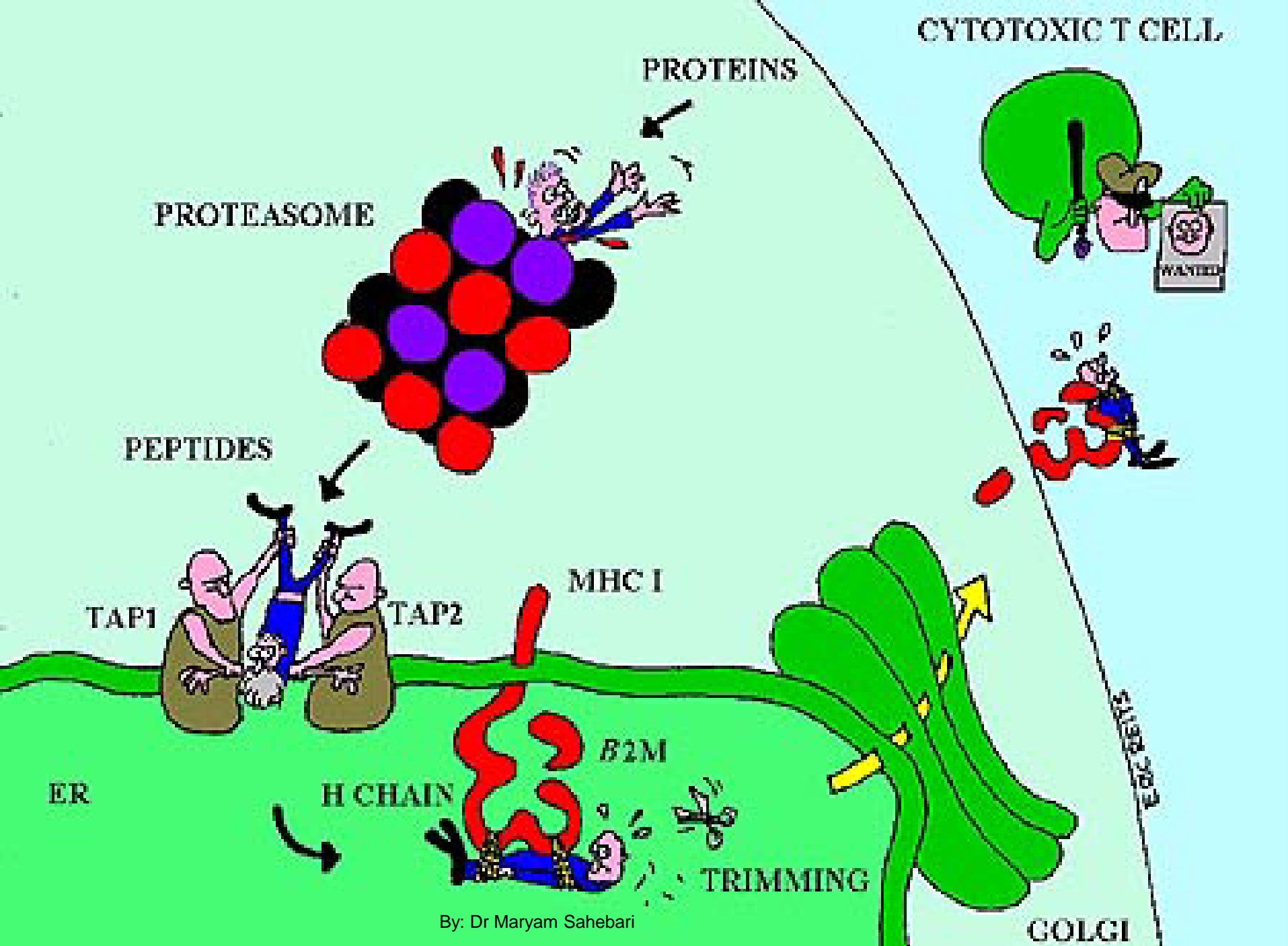


MHC: (major histocompatibility complex)



MHC class I → Ag presentation to T cell **CD8**

MHC class II → Ag presentation to T cell **CD4**



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MHC class II
presents fragments
on cell surface

Extracellular
antigen

Partial protein
degradation

MHC class II
binds fragments

B cell
cytoplasm

endocytic
vesicle

lysosome

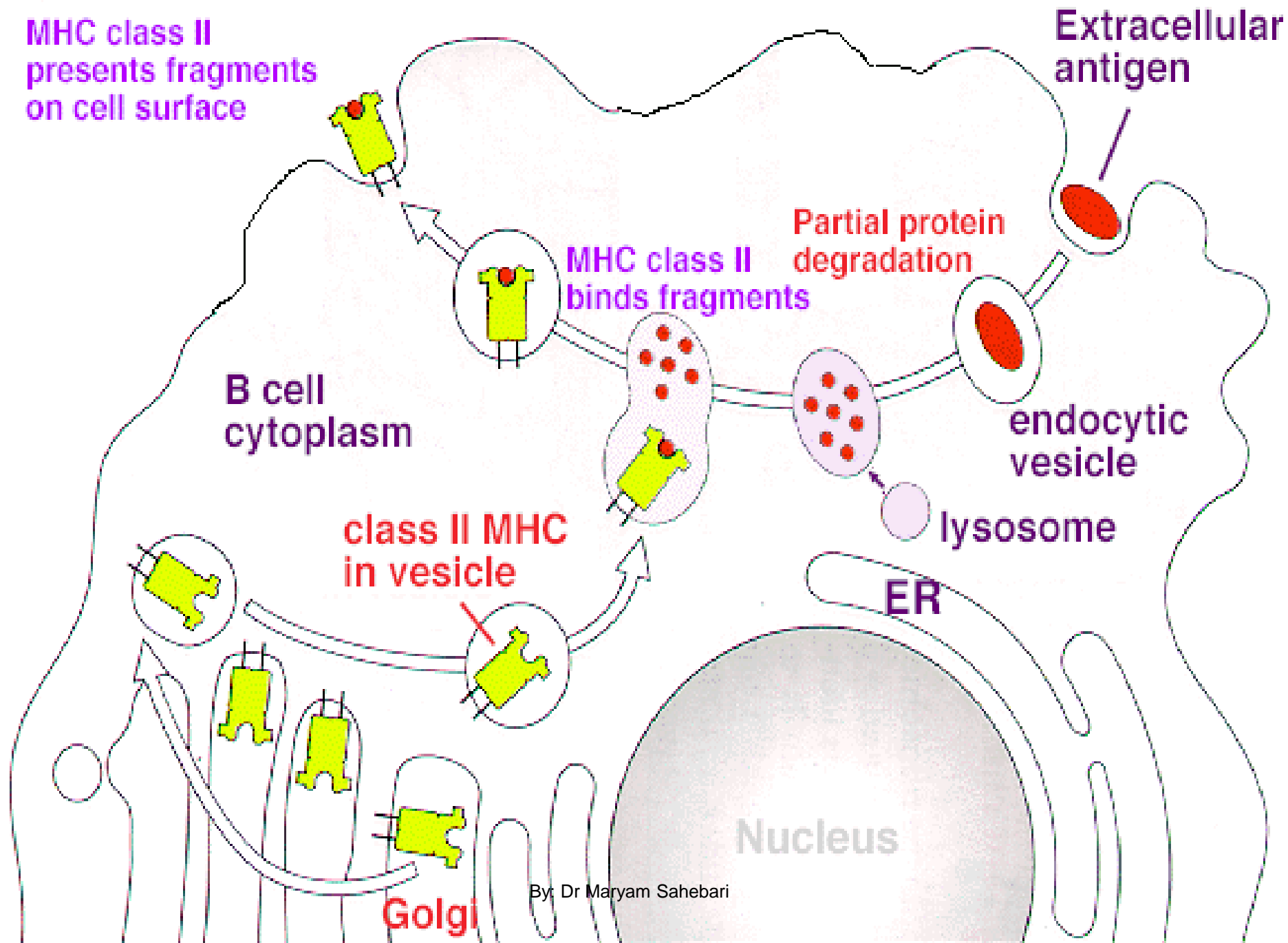
class II MHC
in vesicle

ER

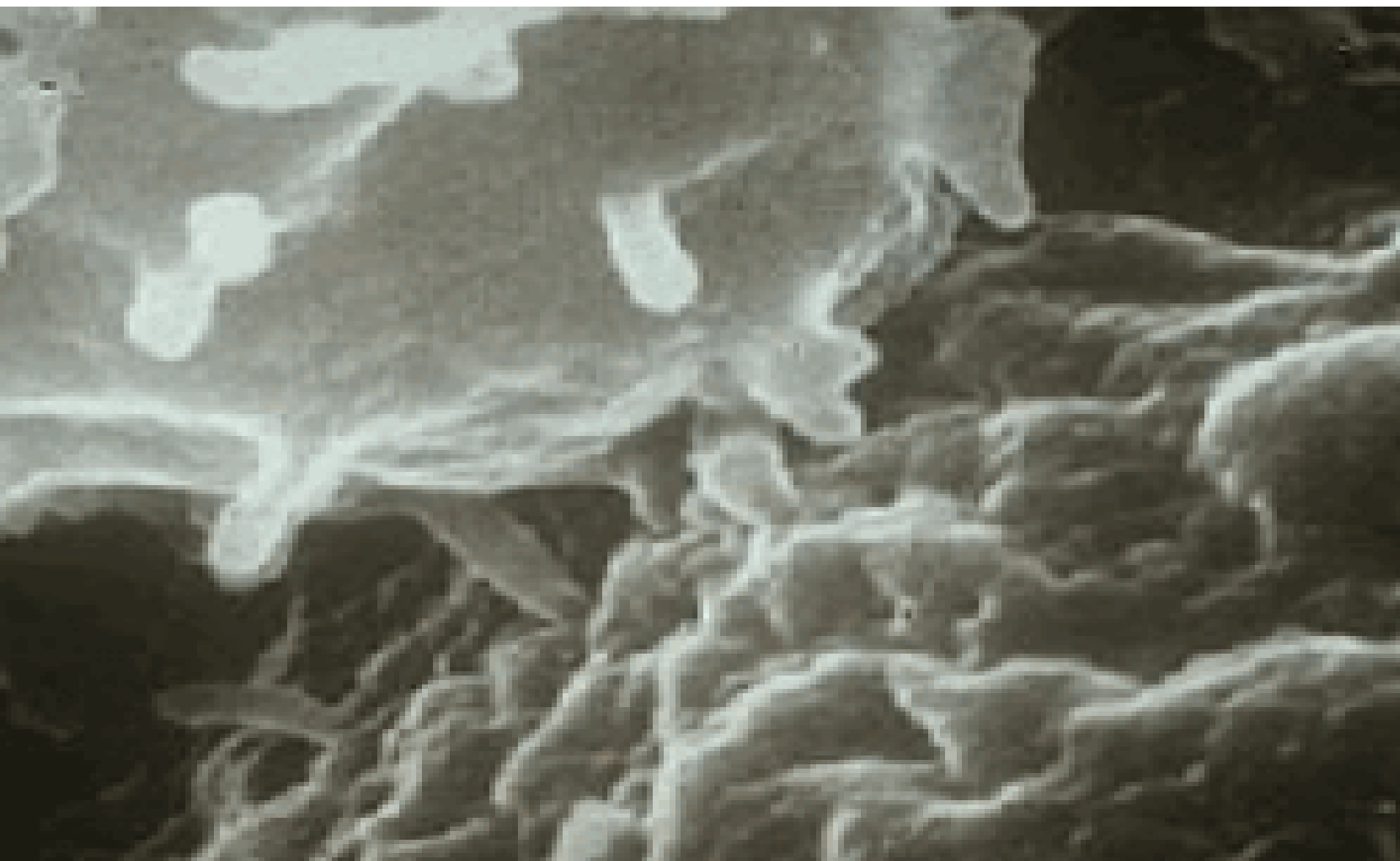
Nucleus

Golgi

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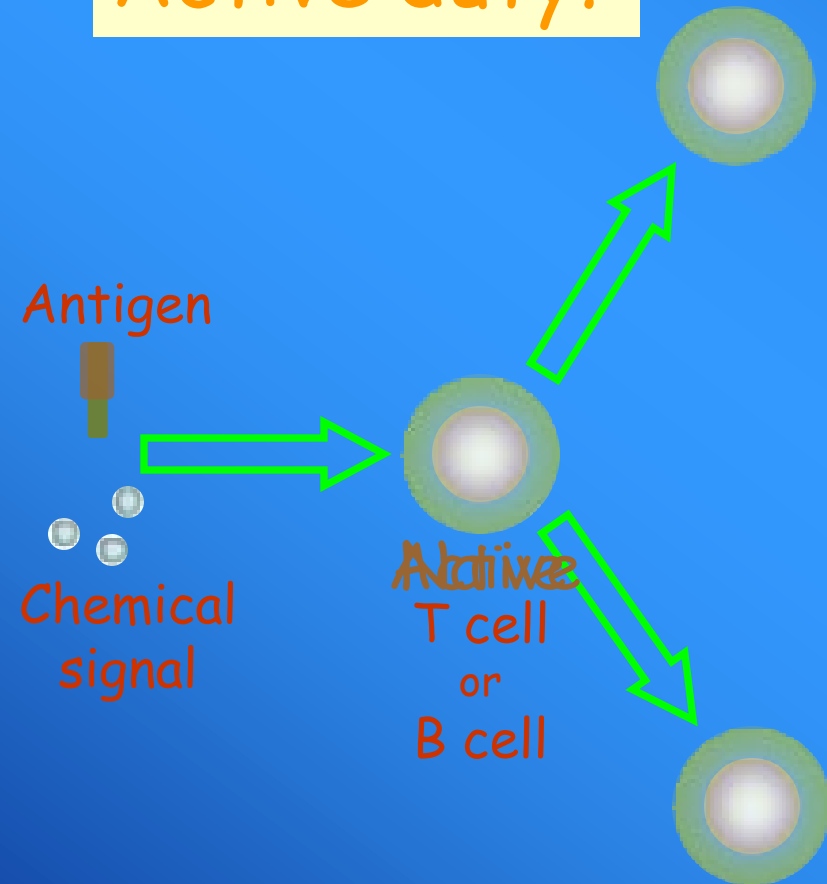
Cytotoxic Lymphocyte (top)
recognizing a tumor cell.



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Source: Oakland University

Active duty?



Reserves?

Effector cells

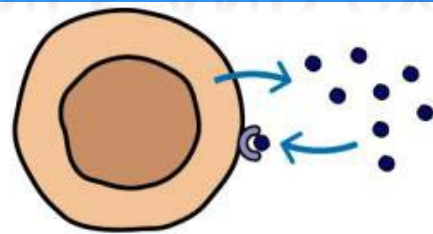
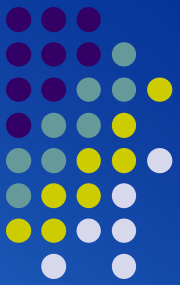
- "Active-duty" cells
- Die off during or just after "battle"

clone
family of cells
descended from one
ancestor cell

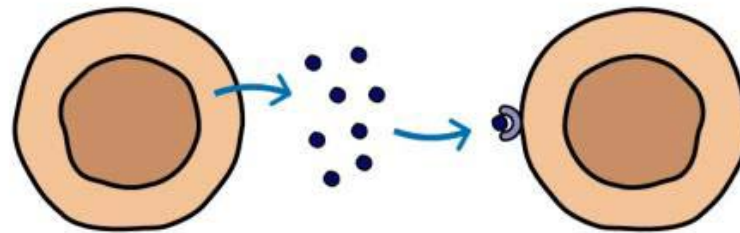
Memory cells

- "Reserve" cells
- "Called up to the front" for later battles

CYTOKINES AND CYTOKINE RECEPTORS

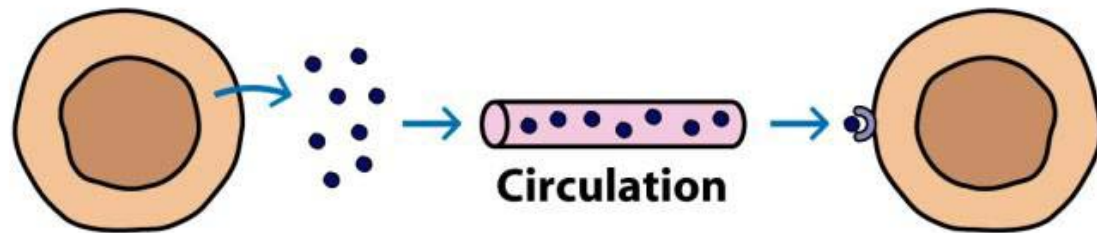


Autocrine action



Paracrine action

Nearby cell

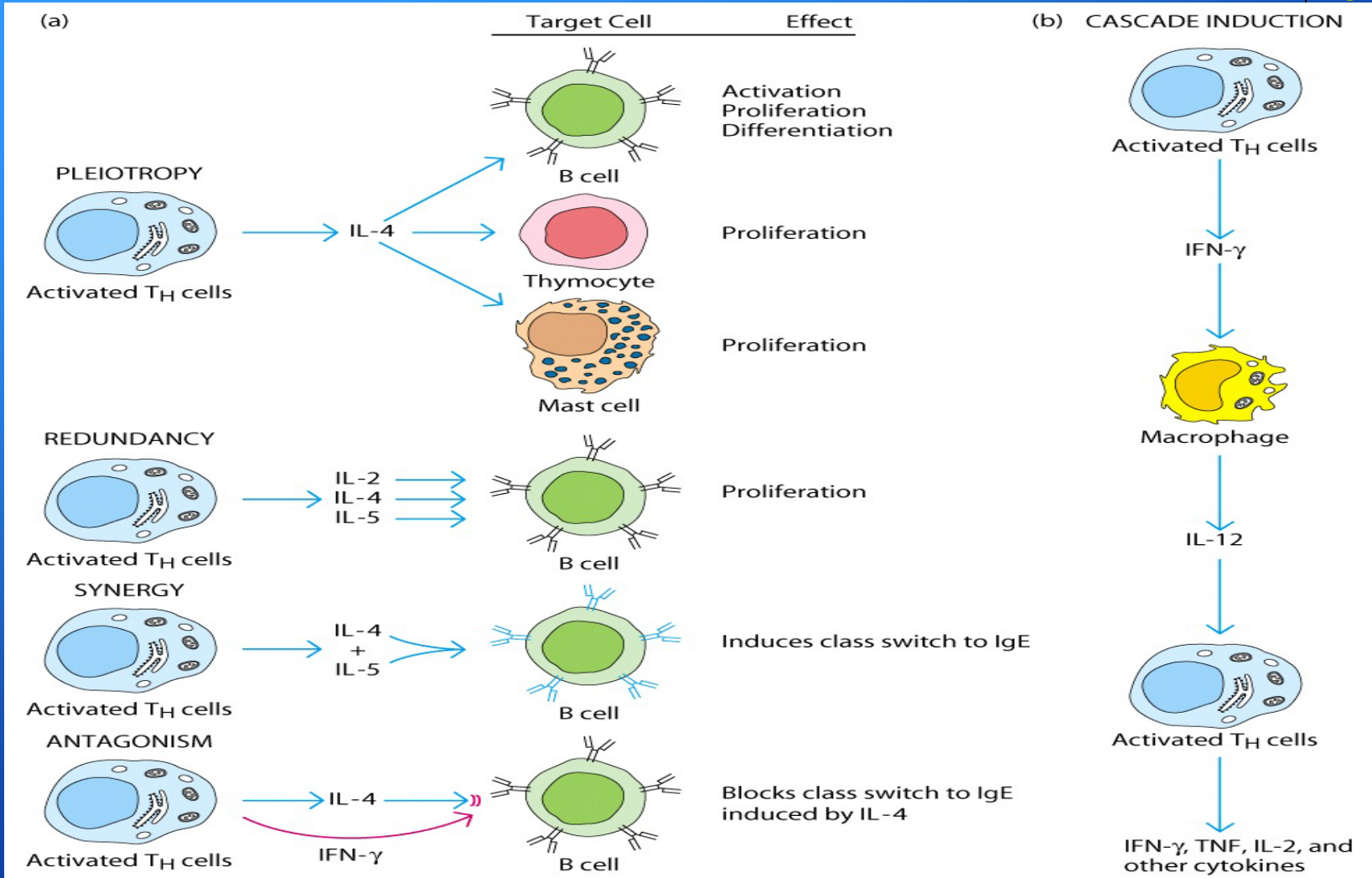


Endocrine action

Distant cell

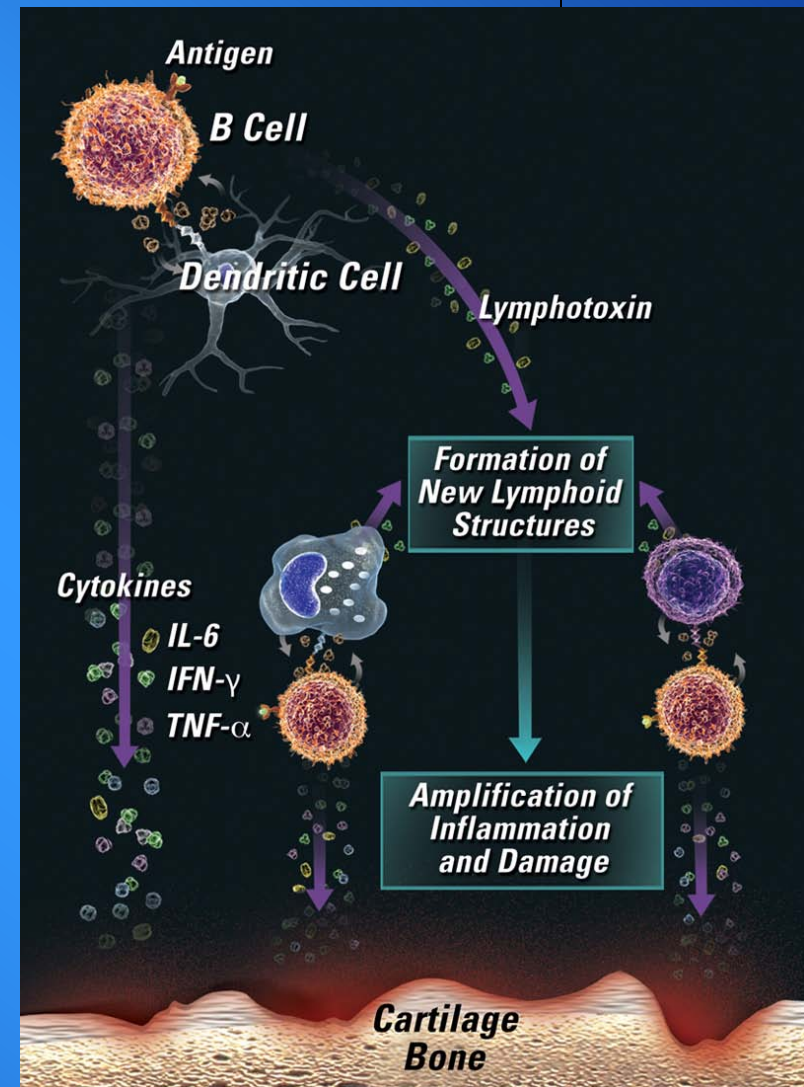
Figure 12-1b
Kuby IMMUNOLOGY, Sixth Edition
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CYTOKINES AND CYTOKINE RECEPTORS



Role of B cells

(Cytokine production)

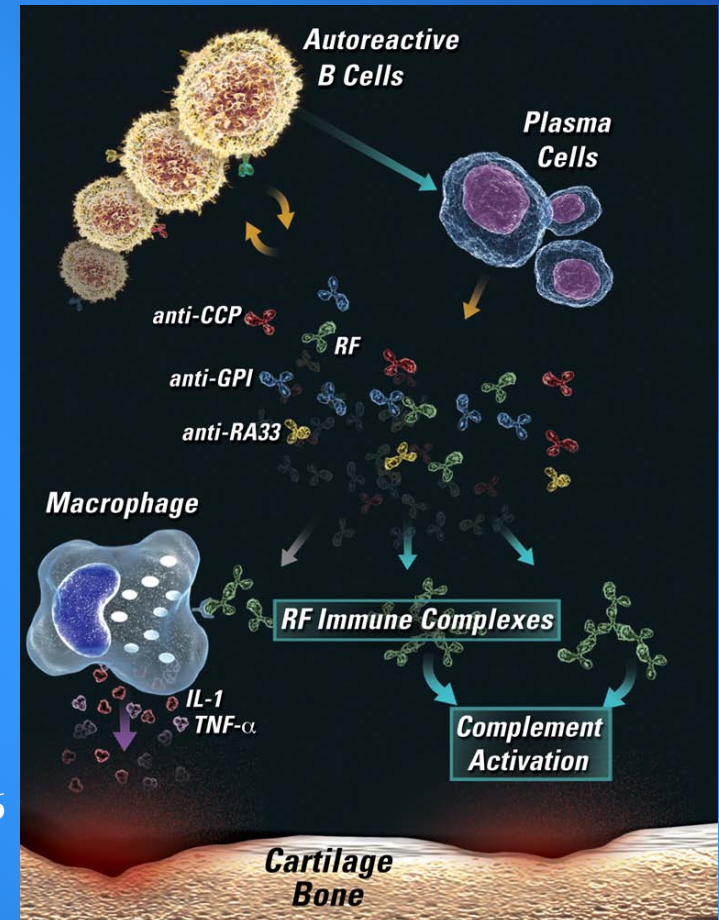


Duddy et al. J Immunol 2004;172:3422–3427
Lund et al. Curr Dir Autoimmun 2005;8:25–54

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Role of

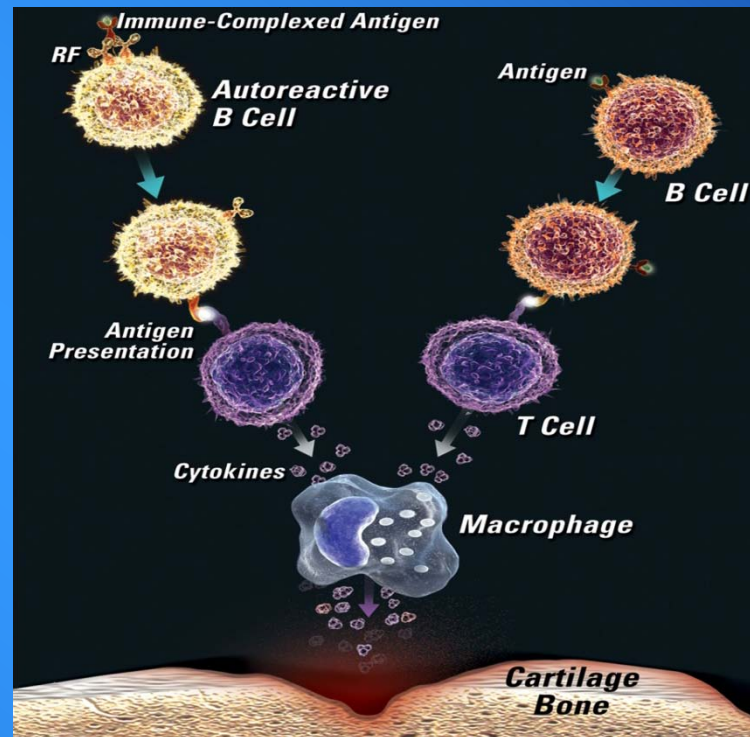
(Autoantibody production)



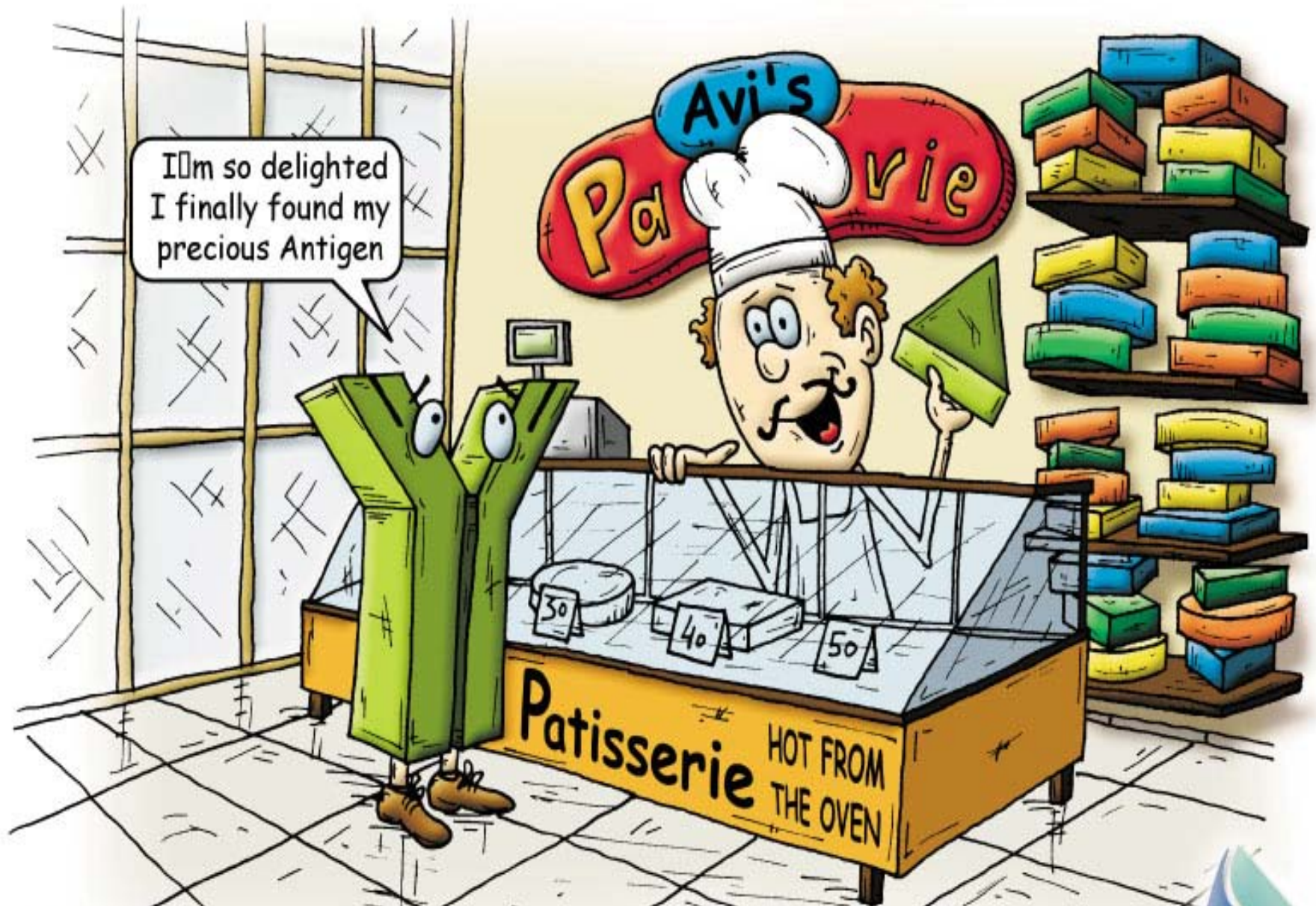
Abrahams et al. Arthritis Rheum 2000;43:608–616
Silverman et al. Arthritis Res Ther 2003;5(Suppl 4):S1–S6
Sutton et al. Immunol Today 2000;21:177–183

Role of B cells

(Antigen presentation and T cell activation)

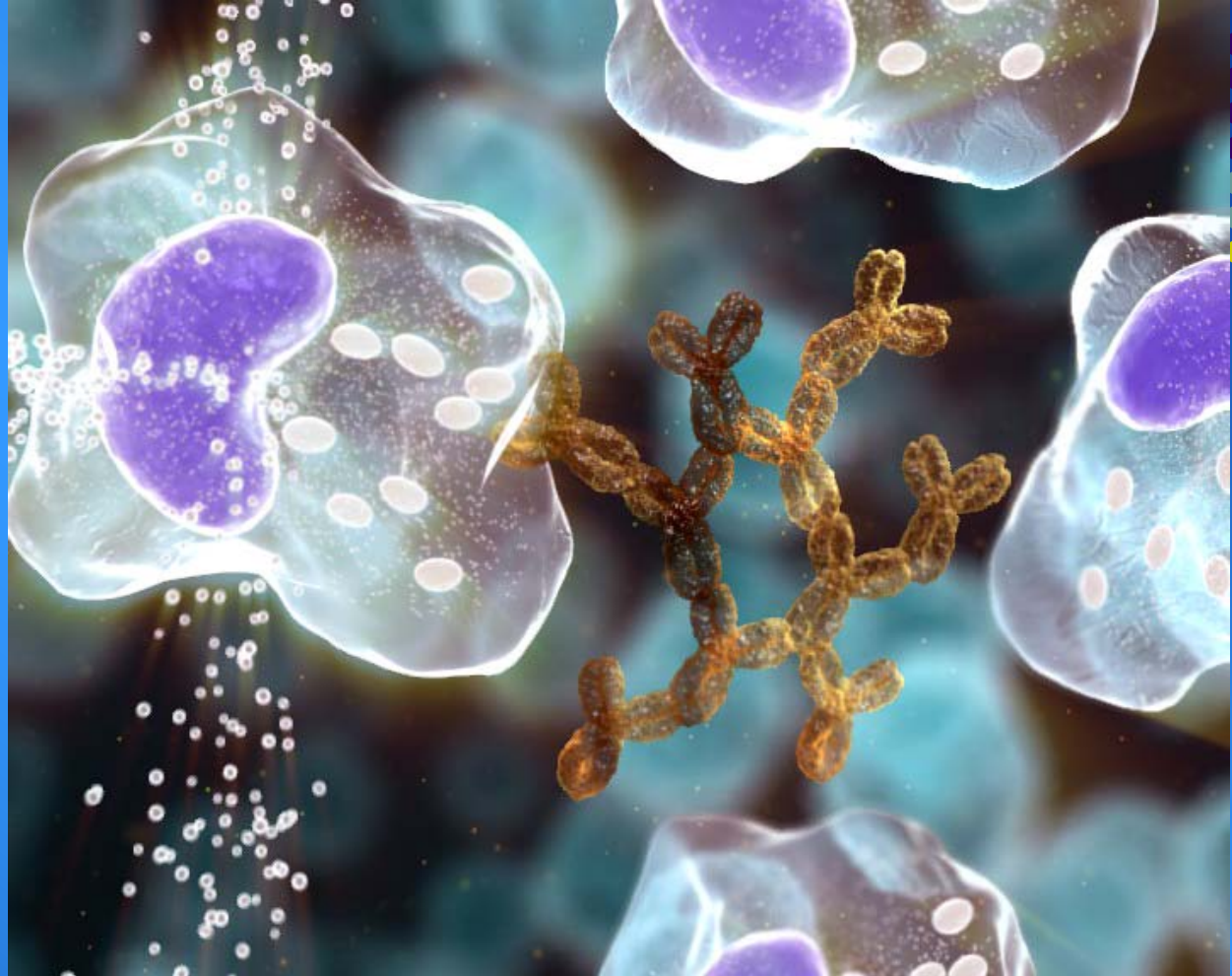


Lanzavecchia. Annu Rev Immunol 1990;8:773–793; Lund et al. Curr Dir Autoimmun 2005;8:25–54; O'Neill et al. J Immunol 2005;174:3781–3788; Roosnek et al. J Exp Med 1991;173:487–489; Silverman et al. Arthritis Res Ther 2003;5(Suppl. 4):S1–S6



Antibodies/Proteins...

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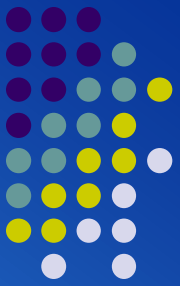
*Immune complexes
activate destructive processes*

➤ *Complement system*



- **Complement proteins exist in blood serum. They coat pathogens and form pores on pathogen membranes, causing lysis of pathogens with the help of antibodies.**
- **Fragments of complements make anaphylatoxins that can activate inflammatory cells and induce inflammation**

Complement system

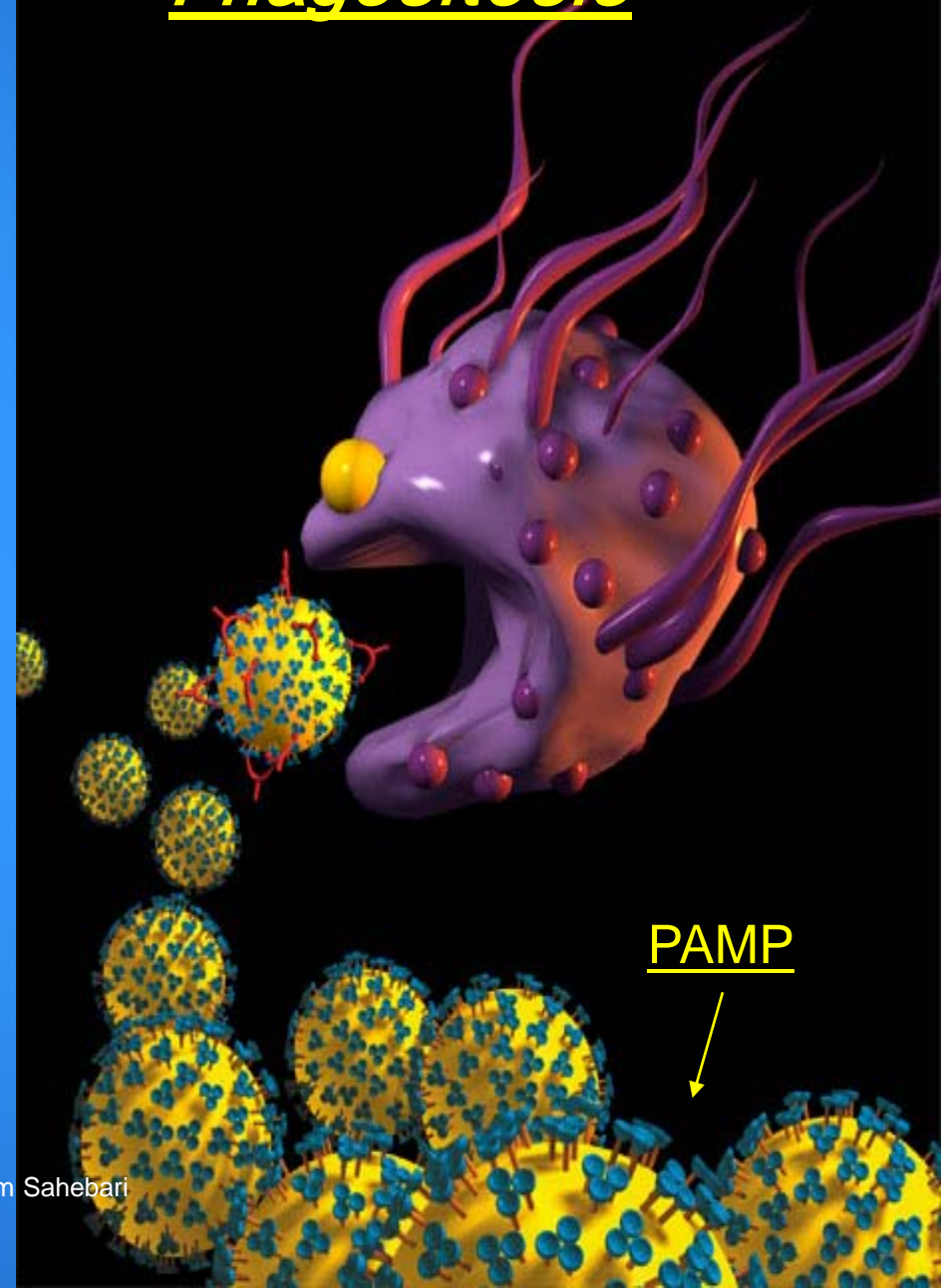


- C4 deficiency → SLE
- H deficiency → HUS
- C1 inhibitor deficiency → hereditary angioedema



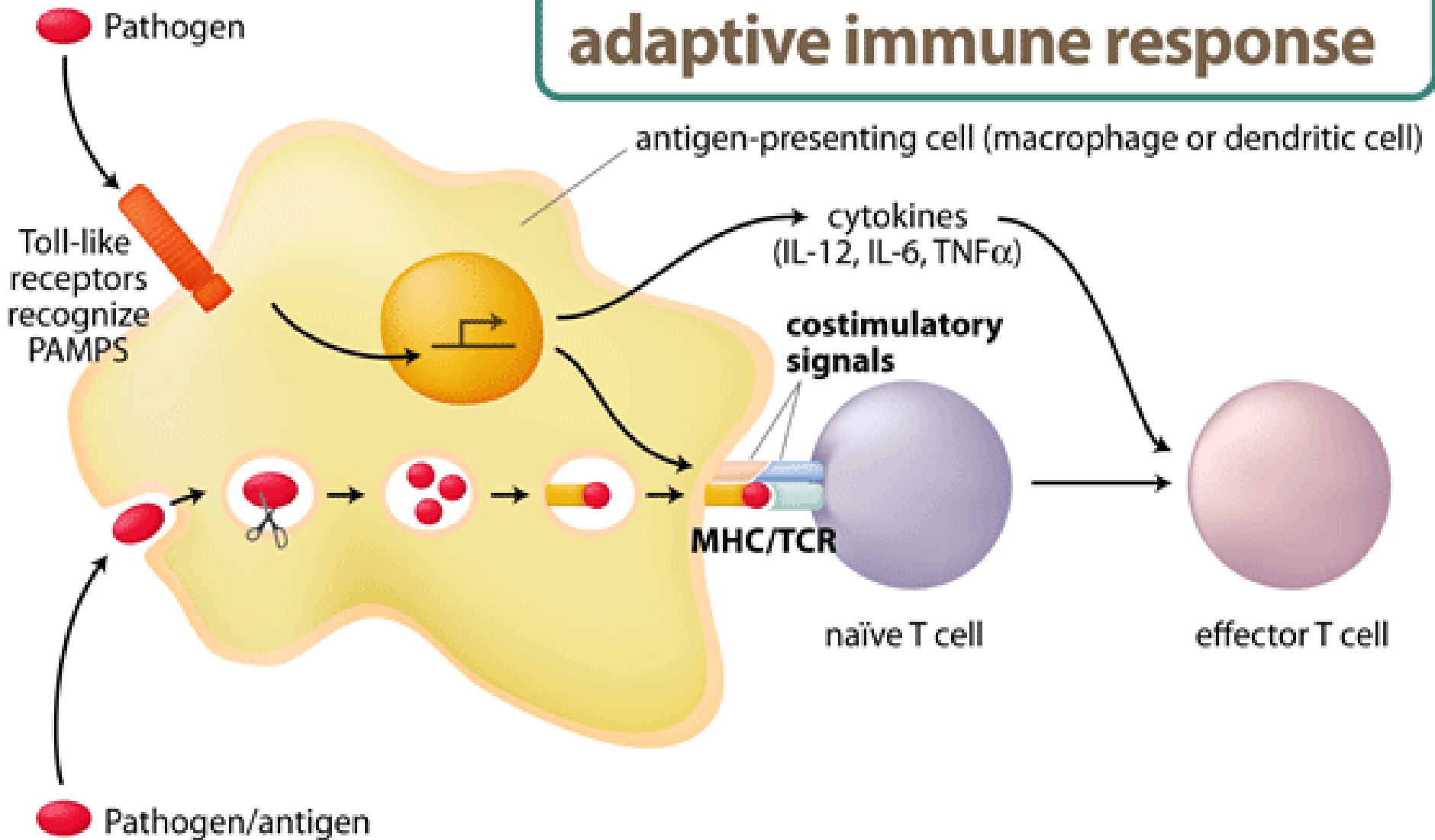
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Phagocytosis





Innate immunity is critical to adaptive immune response

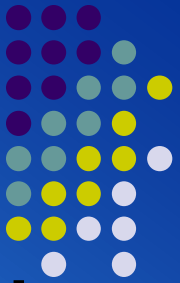


Innate Immunity

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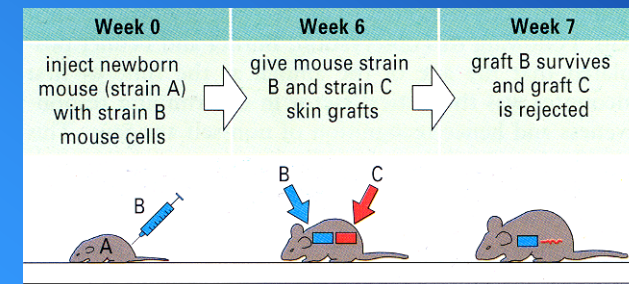
Adaptive Immunity

IMMUNOLOGIC TOLERANCE:



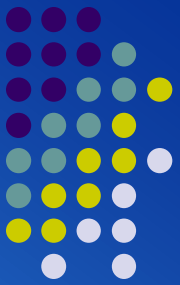
A state of unresponsiveness for a particular antigen ; induced by prior exposure to that Ag

A process for elimination or neutralization of auto reactive cells



**Tolerance to self antigen
or to innocuous non self antigen**

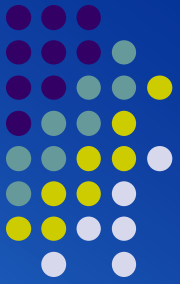
Impaired tolerance causes autoimmunity



Factors of immunogenicity and tolerogenicity of Ag

Factor	Factors That Favor Stimulation of Immune Responses	Factors That Favor Tolerance
Amount	Optimal doses that vary for different antigens	High doses
Persistence	Short lived (eliminated by immune response)	Prolonged (repeated T cell stimulation induces apoptosis)
Portal of entry; location	Subcutaneous, intradermal; absence from generative organs	Intravenous, oral; presence in generative organs
Presence of adjuvants	Antigens with adjuvants: stimulate helper T cells	Antigens without adjuvants: nonimmunogenic or tolerogenic
Properties of antigen-presenting cells	High levels of costimulators, secretion of cytokines (e.g., IL-12)	Low levels of costimulators and cytokines
Abbreviation: IL-12, interleukin-12.		

Patho physiology of Sjogren Syndrome In a genetically susceptible patient



viral particles



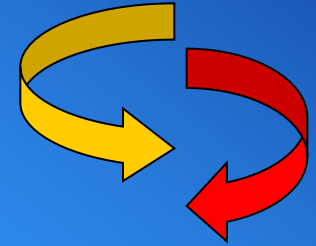
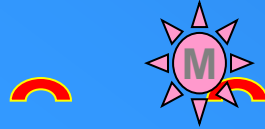
adhesion M



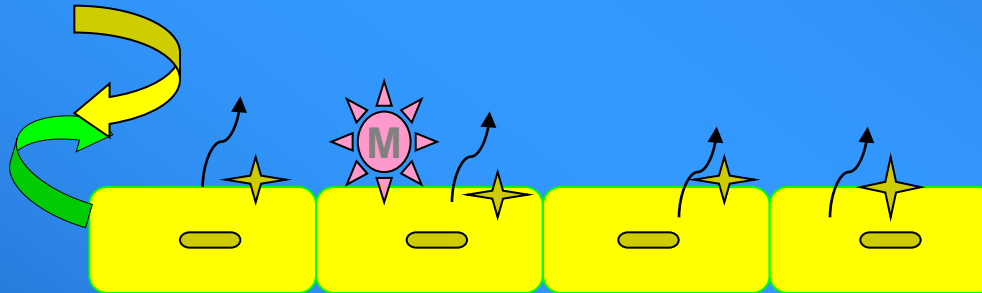
chemokine



Epithelial cell of exocrine glands



RO/Ab
RO/Ag
 α -Fornin Ab
Anti-M3R



FAS & gernzime , MMPs \Rightarrow dactal injury



23 22:22