

# **Basic Immunology**

***Lecture 3<sup>rd</sup> and 4<sup>th</sup>***

**Structure, classes and functions of  
immunoglobulins and  
T cell receptors.**

**Recognition and presentation of  
antigen by MHC.**

**Antigen presentation and MHC restriction.  
Superantigens and toxic shock.**

# **Antigen recognition in adaptive immunity**

**Native antigens are recognized by immunoglobulins or B cell receptors.**

**T cells can recognize exclusively in denatured (presented) forms of the antigens.**

# **Basic terms**

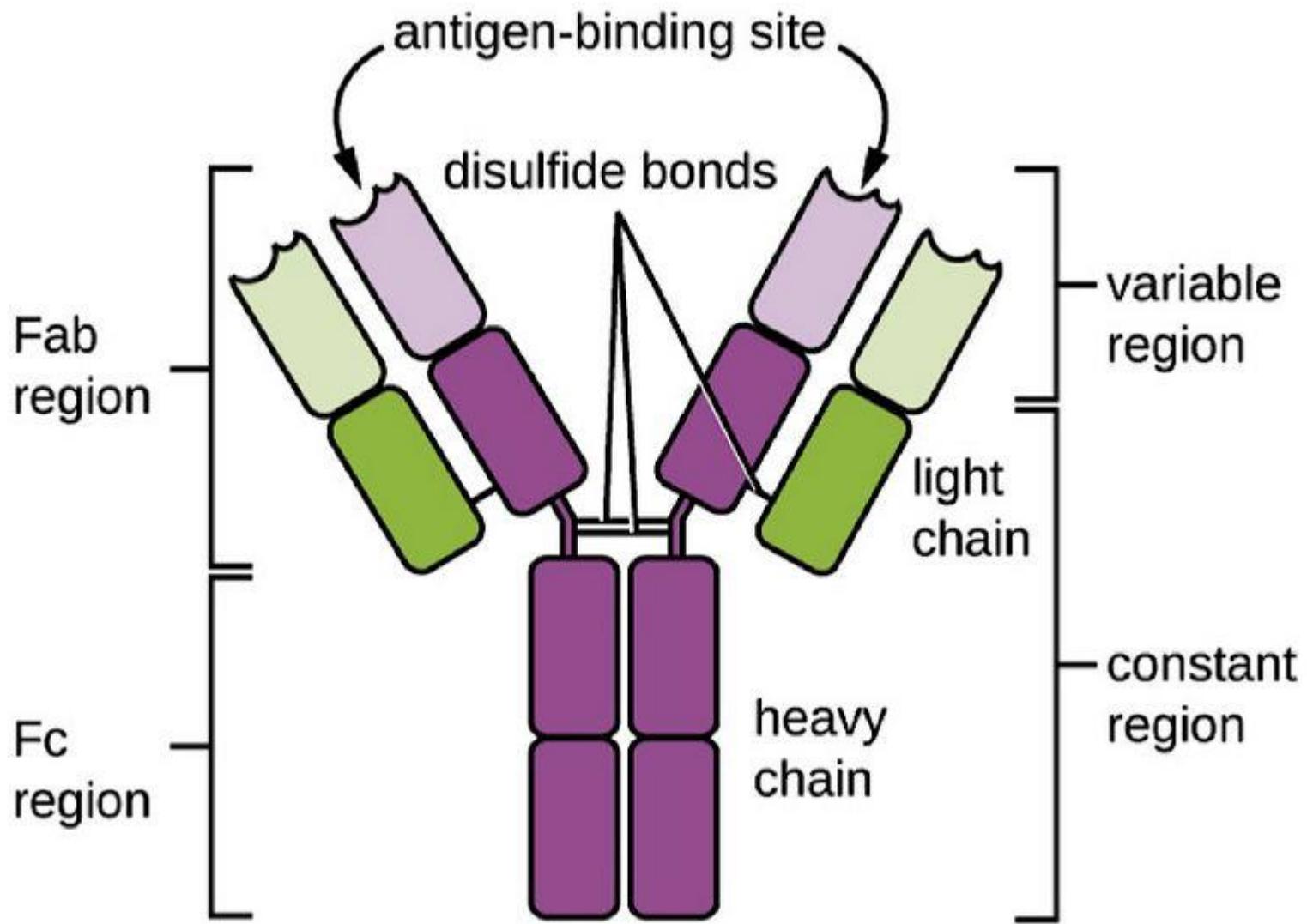
**immunogen** (fine chemical structure can induce specific immune response)

**epitope** (antigen determinant) well circumscribed region of the antigen molecule targeted by Ig/BcR or TcR

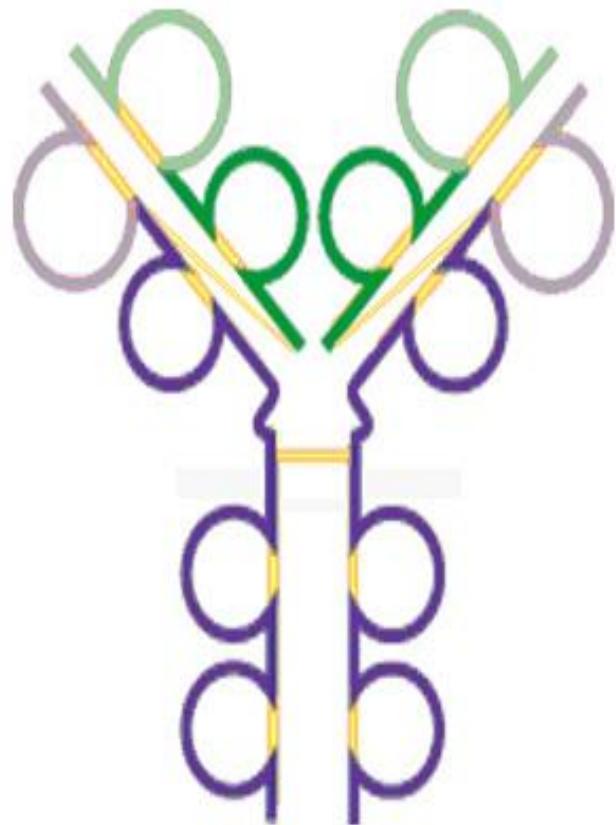
**hapten** (small molecular weight antigen can not induce immune reaction itself, but specifically recognized by immunoglobulins)

**carrier** (indifferent, large molecular weight molecule, hold on the surface hapten molecules; carrier molecules did not participate in the anti-hapten immune reaction only hapten)

# Immunoglobulin molecule

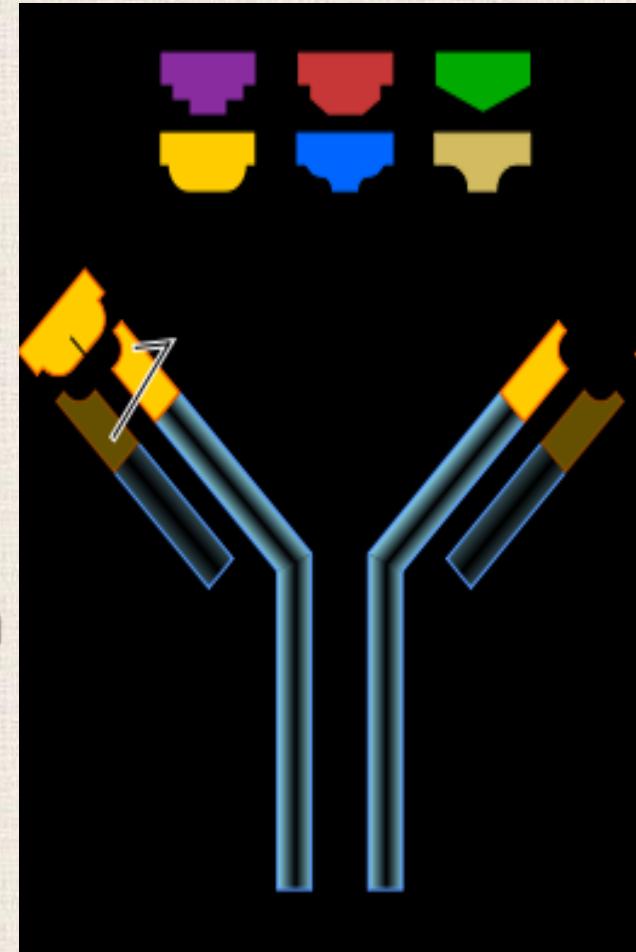


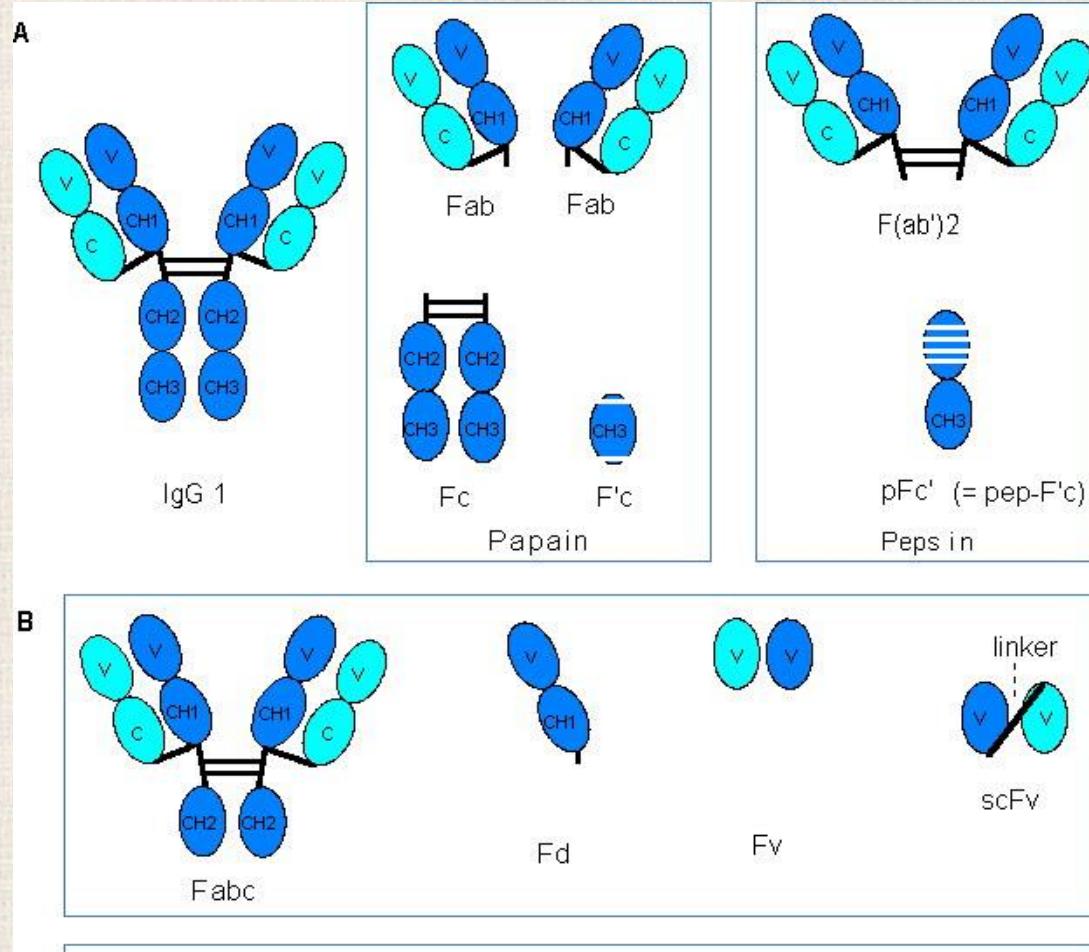
# Immunoglobulin molecule



**CDR**  
**Variable region**  
**Idiotype**  
**Fab fragment**

**Constant region**  
**Isotype**  
**Fc fragment**





**Ig domains: intra-chain disulphide bonds form loops in the peptide chain, the loops are globular, constructed from beta-plated sheets and beta-turn loops.**

# Immunoglobulins

***Monofunctional*** character (specific antigen recognition and binding) ***before*** the antigen administration. **Fab** dependent function.

***Polyfunctional*** character ***after*** the antigen administration (signal transduction, complement fixation, opsonization, immunocomplex formation, FcR binding, etc). **Fc** dependent functions.

# Immunoglobulin isotypes

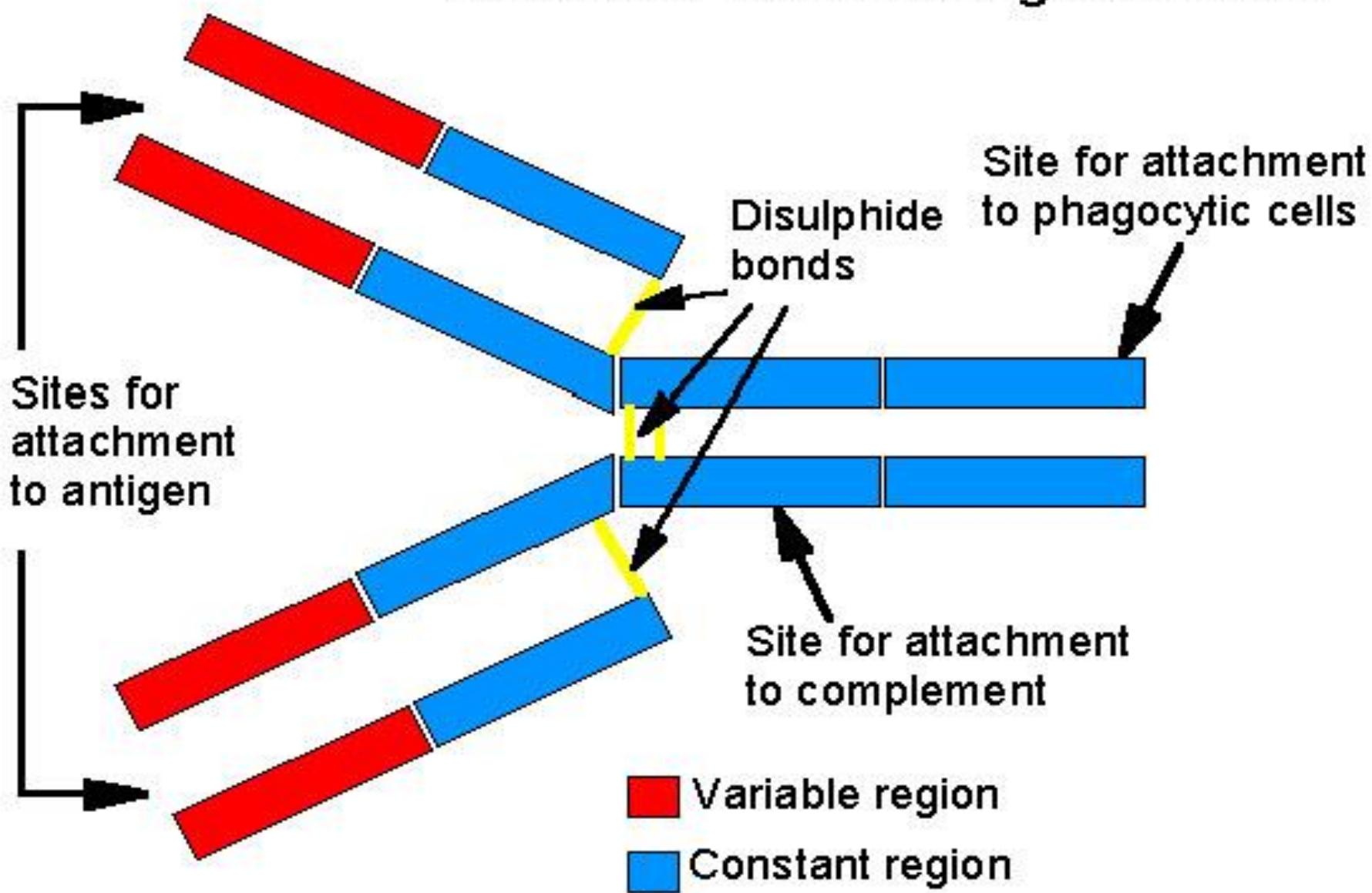
- Based upon the constant structures of heavy (**H**) and light (**L**) chains
- **CH isotypes:** called Ig classes and subclasses as **IgG**, **IgM**, **IgA**, **IgD** and **IgE**. All classes are represented in a normal serum (except the membrane bound IgD) as isotype variants.
- **CL** chain exists in two **isotypic forms:** kappa (**κ**) and lambda (**λ**), which can associate with all heavy chain isotypes.

<b>Heavy chain</b>	<b>Light chain</b>	<b>Immuno-globulin Class</b>	<b>Immuno-globulin Subclass</b>
$\gamma 1$	$\kappa$ or $\lambda$	IgG	IgG1
$\gamma 2$	$\kappa$ or $\lambda$		IgG2
$\gamma 3$	$\kappa$ or $\lambda$		IgG3
$\gamma 4$	$\kappa$ or $\lambda$		IgG4
$\alpha 1$	$\kappa$ or $\lambda$	IgA	IgA1
$\alpha 2$	$\kappa$ or $\lambda$		IgA2
$\mu$	$\kappa$ or $\lambda$	IgM	
$\delta$	$\kappa$ or $\lambda$	IgD	
$\epsilon$	$\kappa$ or $\lambda$	IgE	

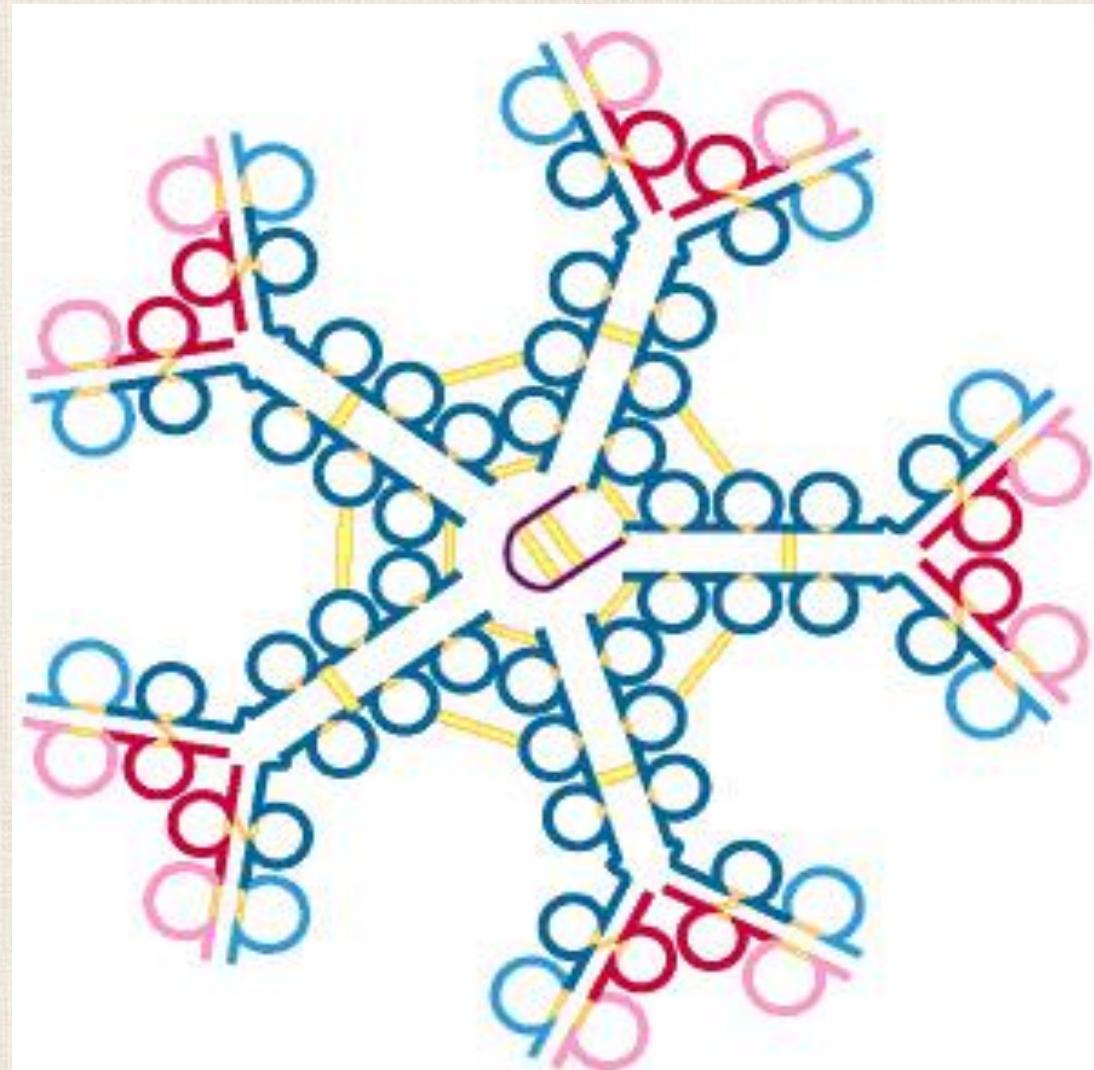
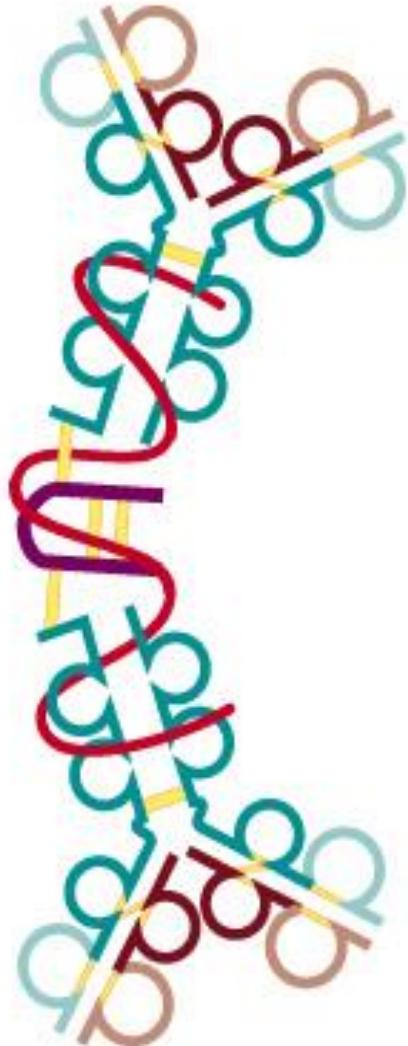
Pronunciation of Greek letters:

$\gamma$	gamma	$\alpha$	alpha	$\mu$	mu	$\delta$	delta
$\epsilon$	epsilon	$\kappa$	kappa	$\lambda$	lambda		

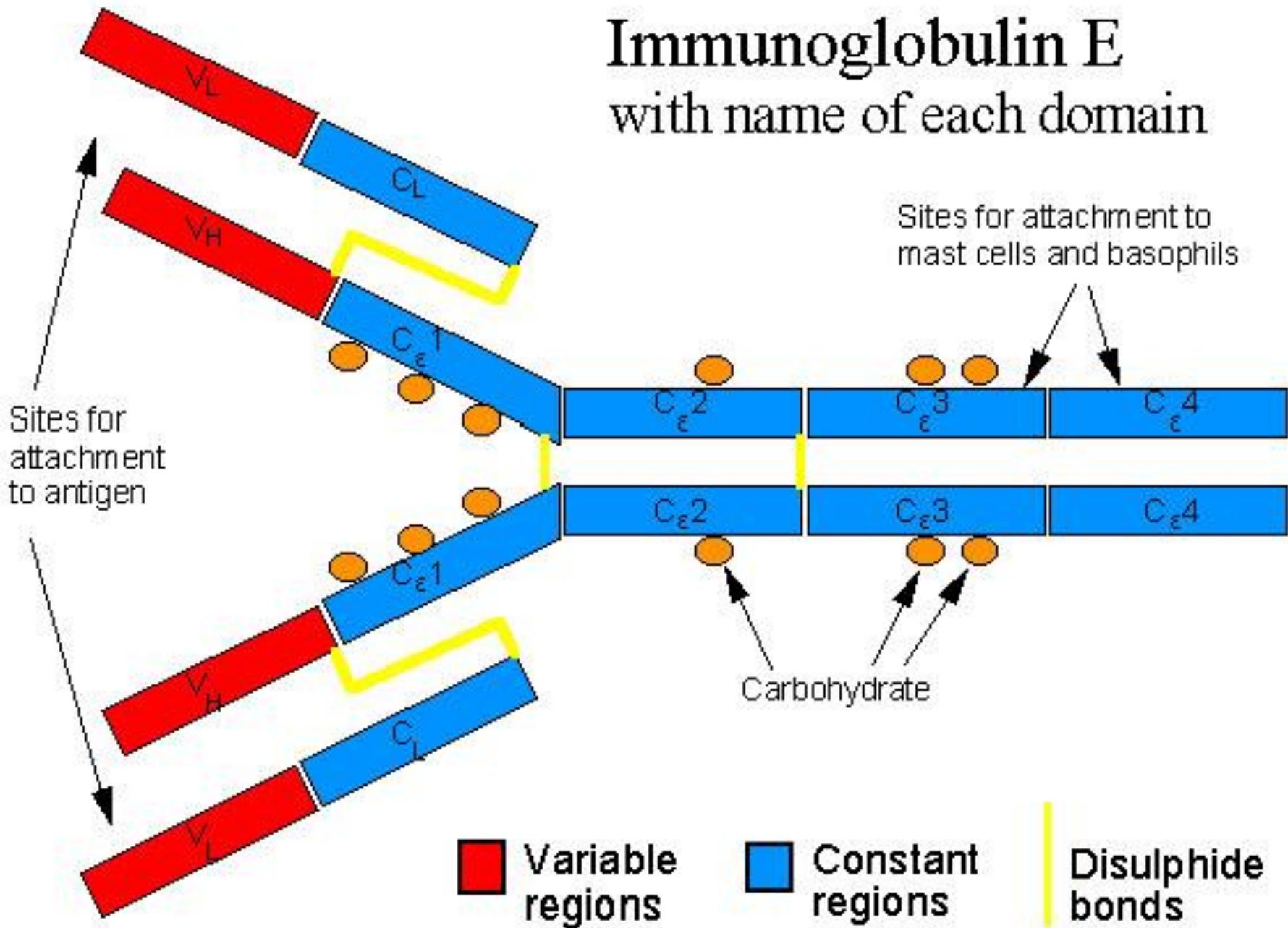
# Structure of Immunoglobulin G1

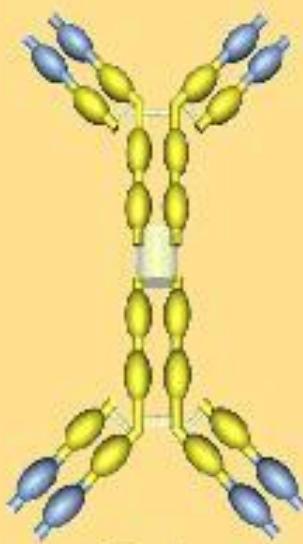


# IgA and IgM

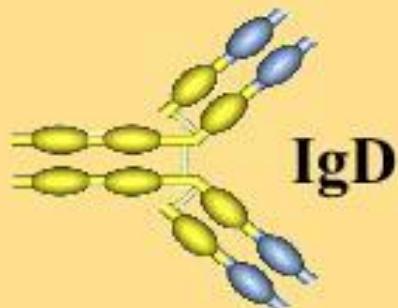


# Immunoglobulin E with name of each domain

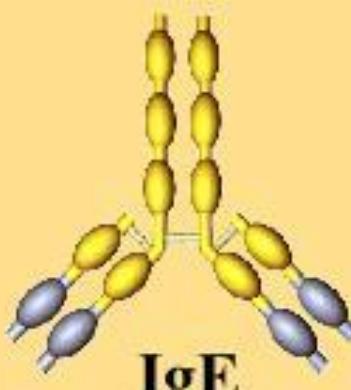




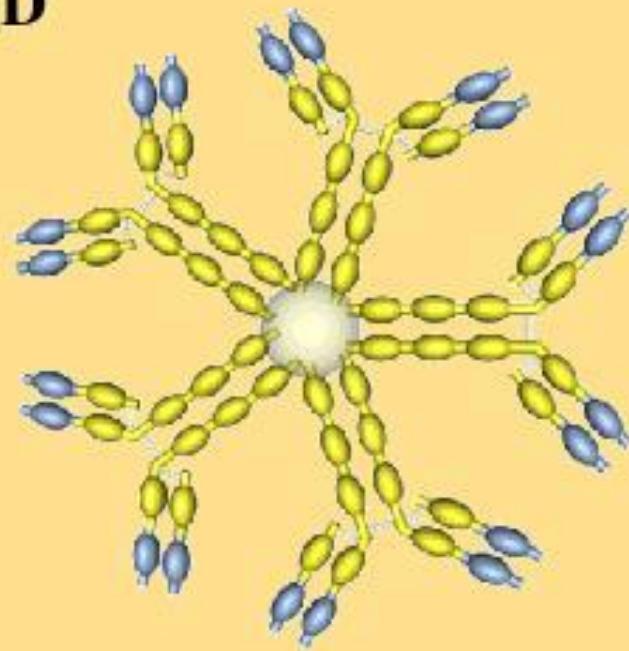
**IgA**



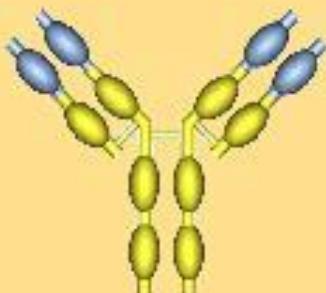
**IgD**



**IgE**

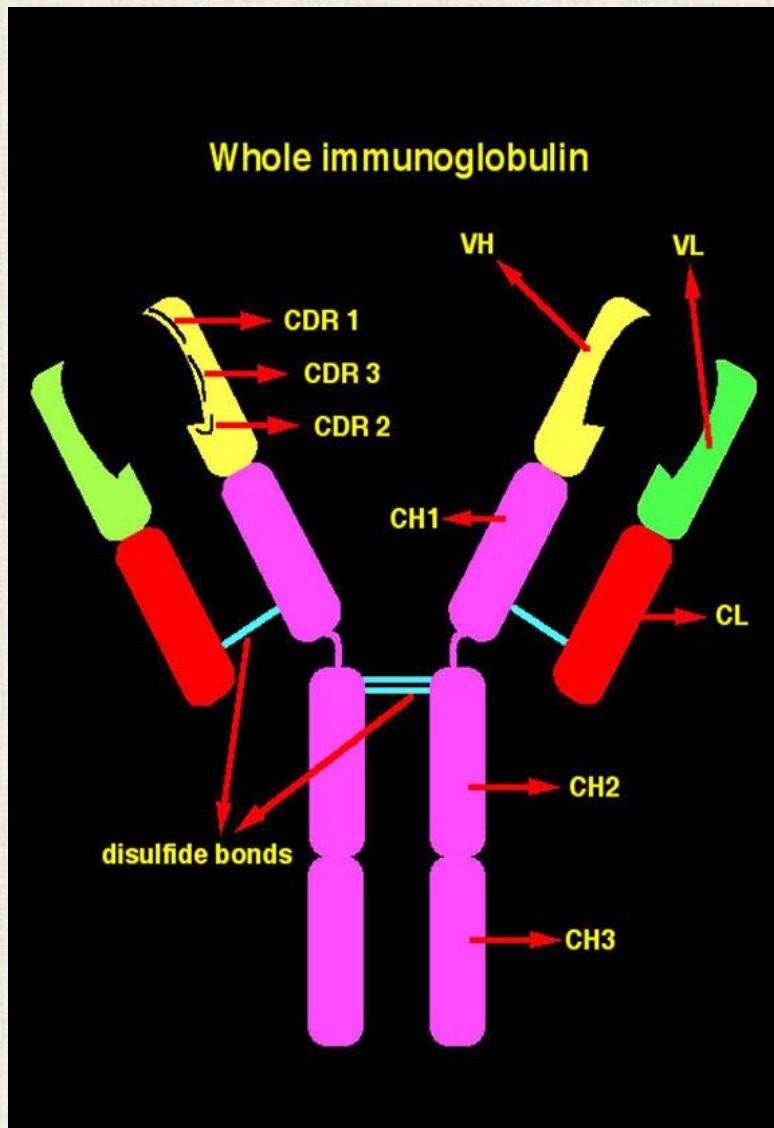


**IgM**



**IgG**

# Immunoglobulin idiotype

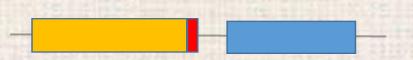


Individual determinants in **V regions**, specific for each antibody.

The N terminal Ig domain contains V region forming the antigen binding site: clustering the 3 hyper variable sequences close to each other on both chains - the variation of  $3 \times 3$  results tremendous diversity.

# Construction of idiotype by immunoglobulin rearrangement

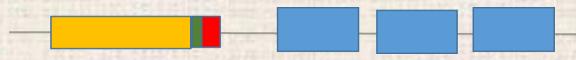
Génátrendeződés



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1 2 3 Szomatikus hipermutációk

Gene rearrangement

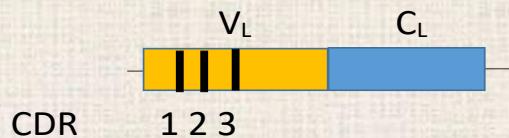


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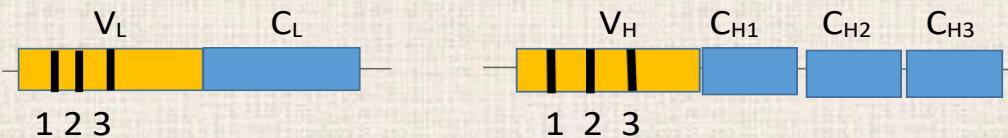
1 2 3

Somatic hypermutations

Hírvivő RNS



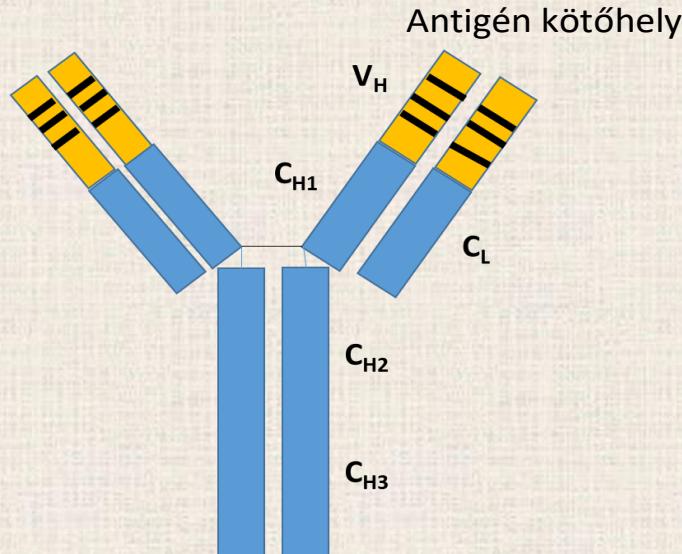
CDR



1 2 3

Messenger RNA

Immunglobulin fehérje



Antigén kötőhely

Immunoglobulin protein  
Antigen binding site

# **Human immunoglobulins**

**IgG** – blood, lymph, make up 80% of Ig only Ig of maternal origin to pass the placenta wall give newborns (Mw 150 kD) neutralize toxins and viruses

**IgM** – Blood, lymph (cell surface) pentamer structure (Mw 900 kD) first antibodies formed in response to initial infection.

**IgA** – Mucosal surfaces, blood (active in dimeric or tetrameric form) (Mw 150-600 kD)

**IgD** – only membrane-bounded form in B-cell surfaces (Mw 150 kD) may function in initiation of antibody-antigen response

**IgE** – blood, in perifery can bind to basophiles and mast cells (Mw 190 kD) plays role in defence against parasites and initiation allergic reactions

**IgG** - vér, nyirok, az Ig 80%-át teszik ki. Az egyetlen anyai eredetű Ig, amely áthalad a placenta falán.

(Mw 150 kD) Semlegesítik a toxinokat és vírusokat.

**IgM** - vér, nyirok (sejtfelszíni), pentamer szerkezetű (Mw 900 kD), az első antitestek a fertőzésre adott kezdeti válaszban.

**IgA** - Nyálkahártya felületek, vér (dimer vagy tetramer formában aktív) (Mw 150-600 kD)

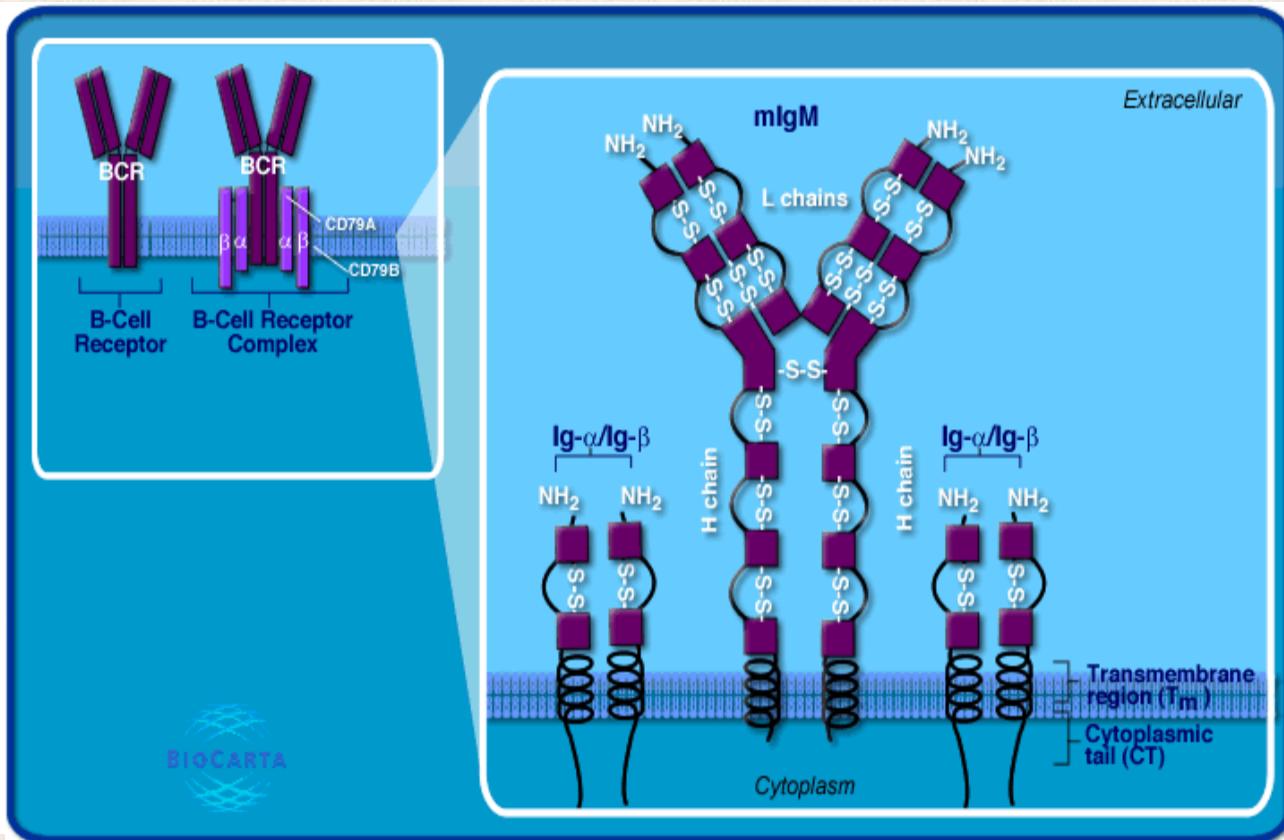
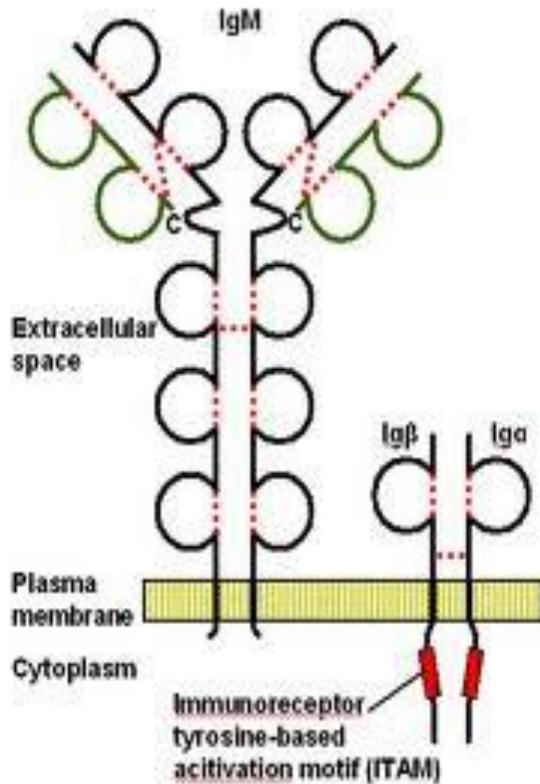
**IgD** - csak membránhoz kötött forma a B-sejtek felszínén (Mw 150 kD)/ Az antitest-antigén válasz beindításában játszhat szerepet.

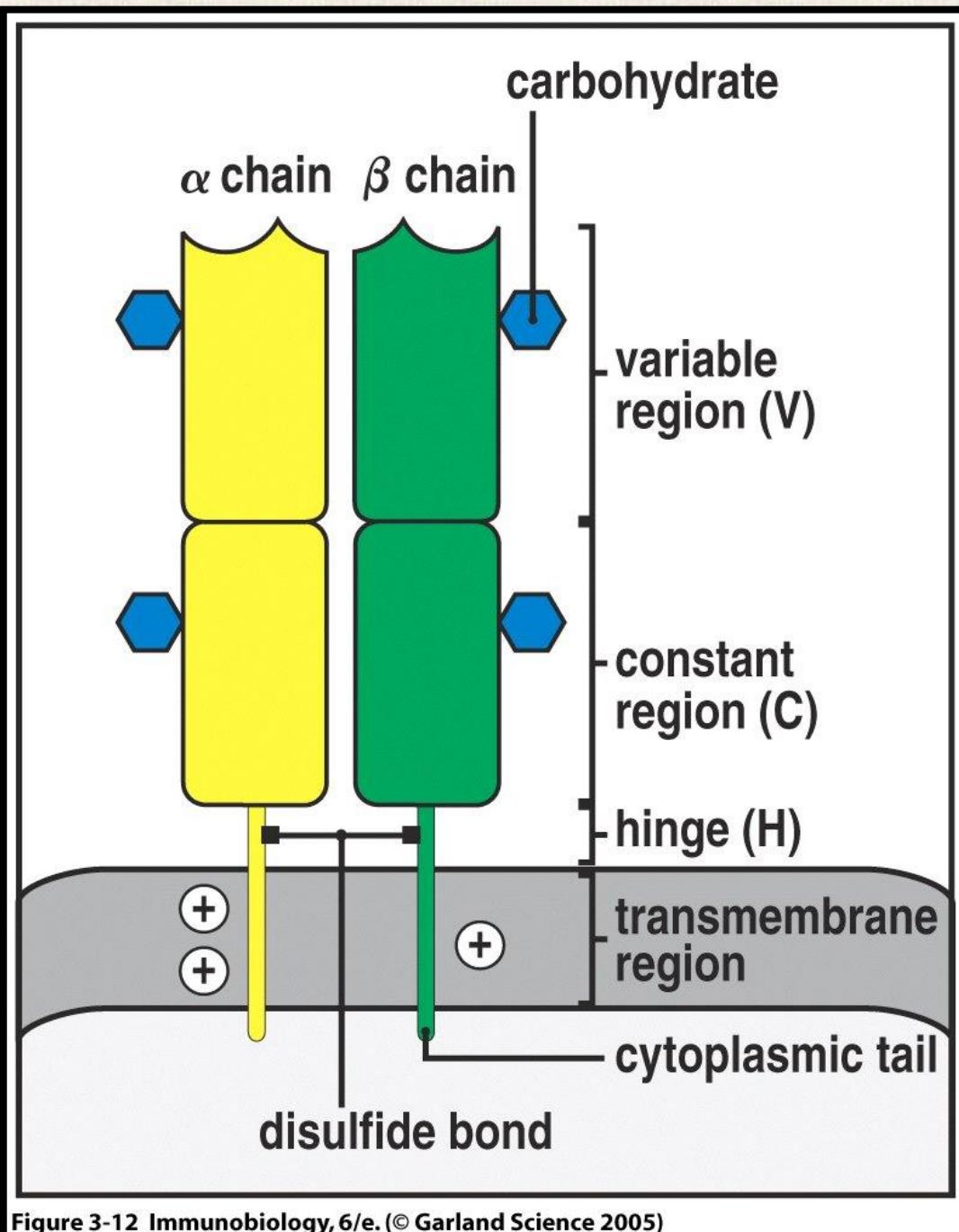
**IgE** - a vérben, a periférián a bazofilokhoz és hízósejtekhez kötődhet (Mw 190 kD) szerepet játszik a paraziták elleni védekezésben és az allergiás reakciók kiváltásában.

# **Antigen – antibody reactions**

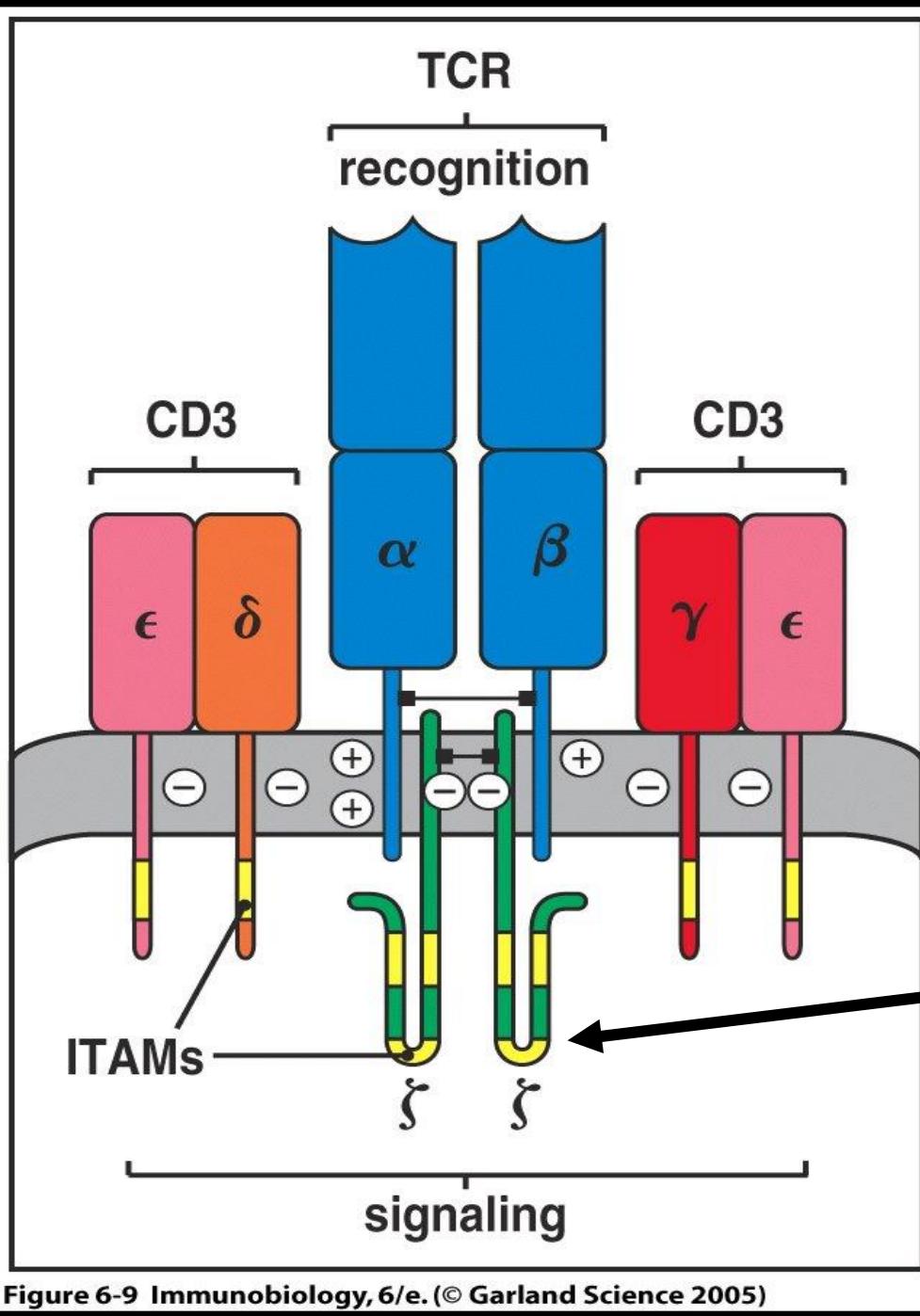
- Neutralization (e.g. viruses, toxins)
- Precipitation (soluble molecules)
- Agglutination (particles, cells)
- Opsonization (large particles)
- Complement fixation

# B cell Receptor (BcR) Complex





# T Cell receptor



# T Cell Receptor complex

**ITAMs**  
**Immunoreceptor**  
**Tyrosine-based**  
**Activation**  
**Motifs**

Figure 6-9 Immunobiology, 6/e. (© Garland Science 2005)

# Antigen Recognition by T Cells

-T cells recognize antigens only displayed on surfaces of the body's own cells as MHC and peptide complexes

## Main T cell types:

**-CD8+ (cytotoxic) T-cells**  
MHC Class I - peptide complex

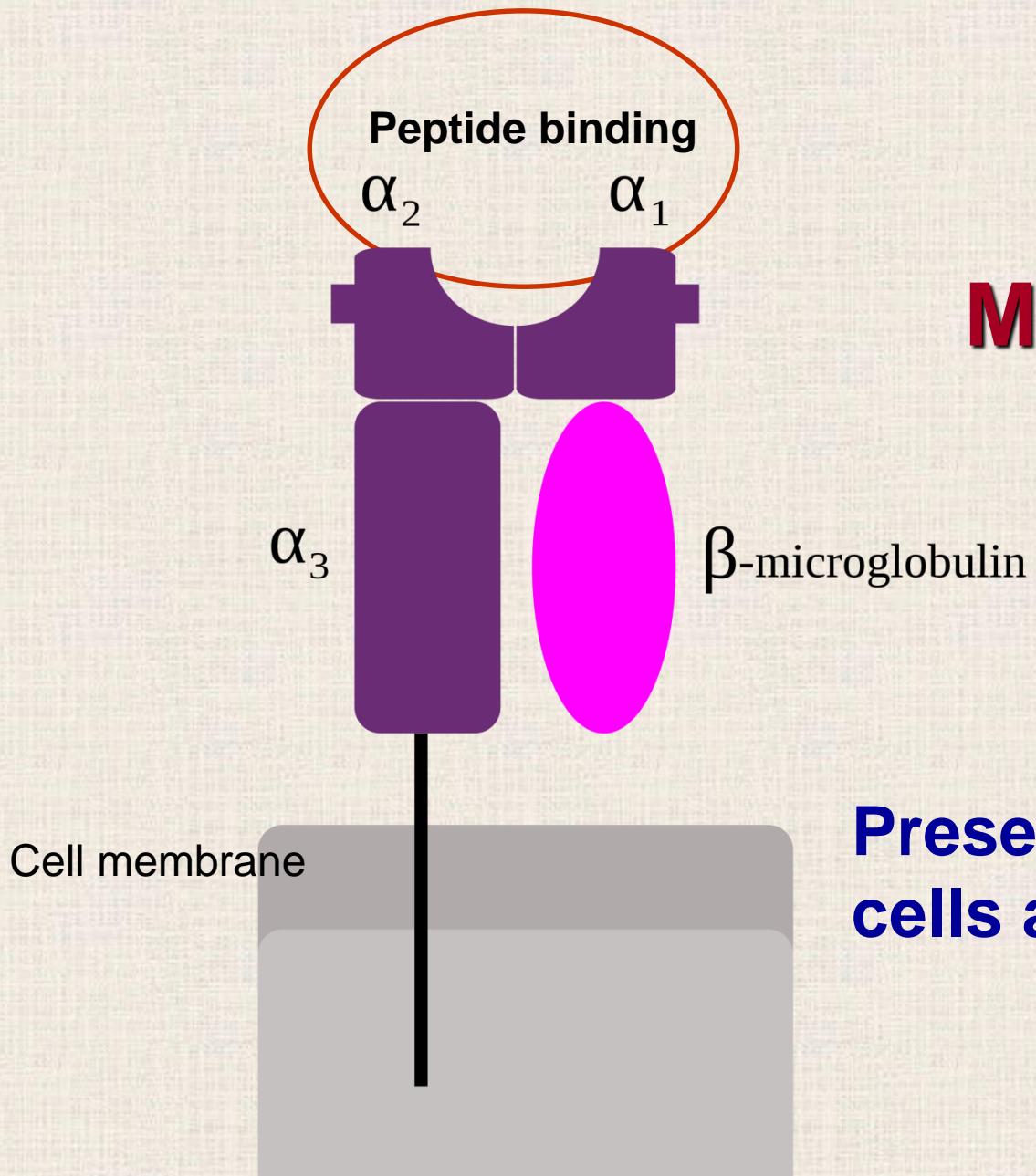
**-CD4+ (helper) T-cells**  
MHC Class II - peptide complex

# Major Histocompatibility Complex

Self and foreign antigens are presented on the cell surface by specialized host-cell glycoproteins encoded in a large cluster of genes that were first identified by their effects on the immune response to transplanted tissues. For that reason, the gene complex was termed the **Major Histocompatibility Complex (MHC)**. The antigen binding glycoproteins are called MHC molecules/antigens. (**MHC vs. HLA, H2, BoLA, ChLA etc.**)

# Inbred strains of mice

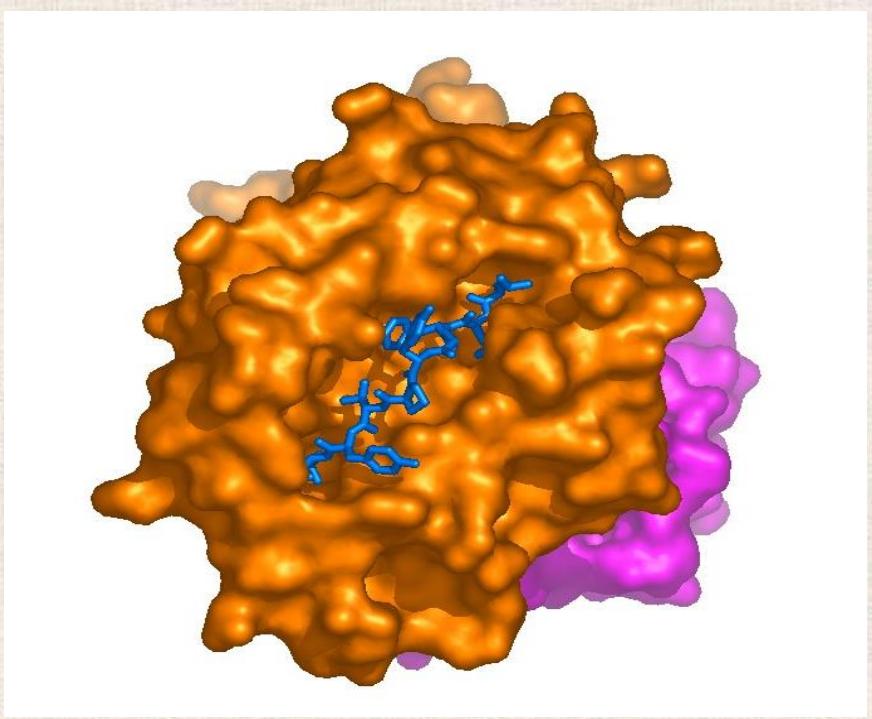
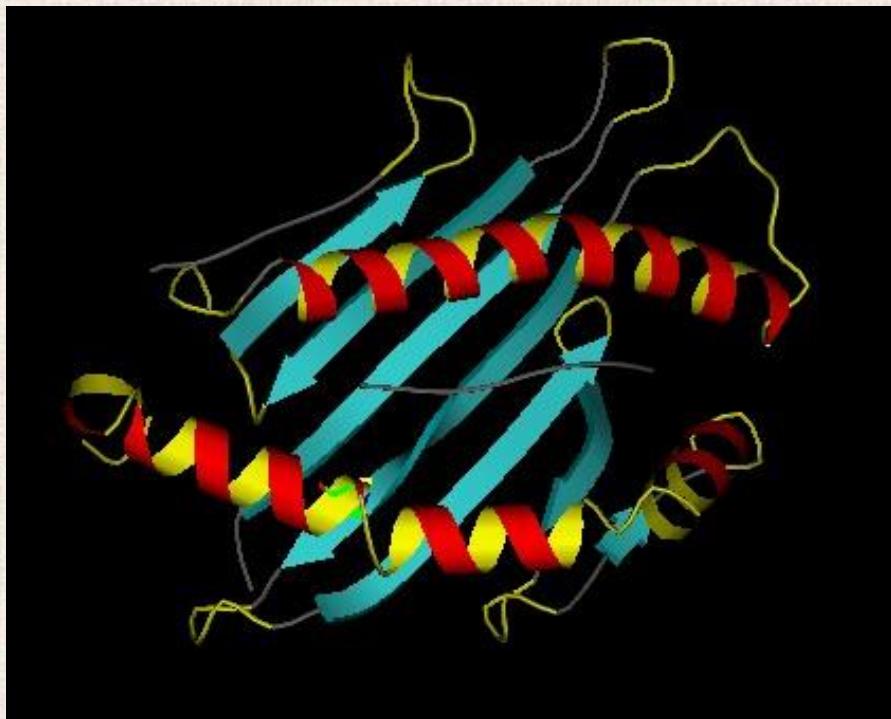


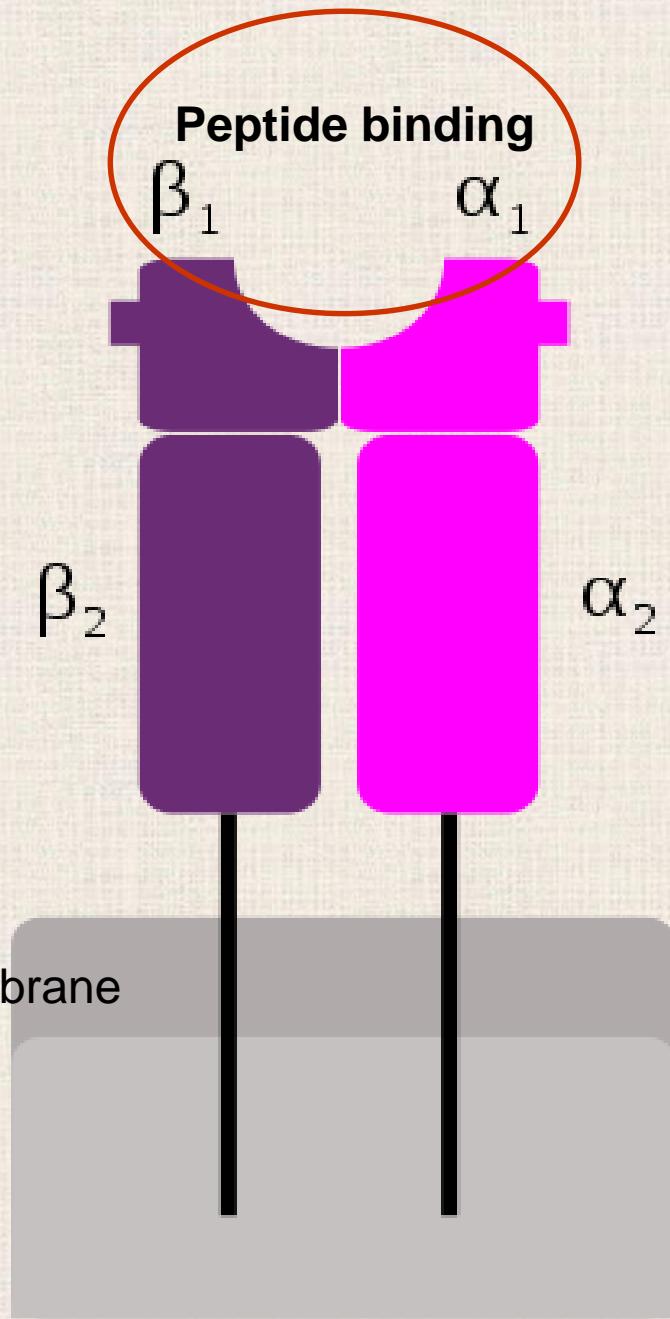


## MHC Class I

Present in all nucleated  
cells and platelets

# Antigen binding site of MHC class I





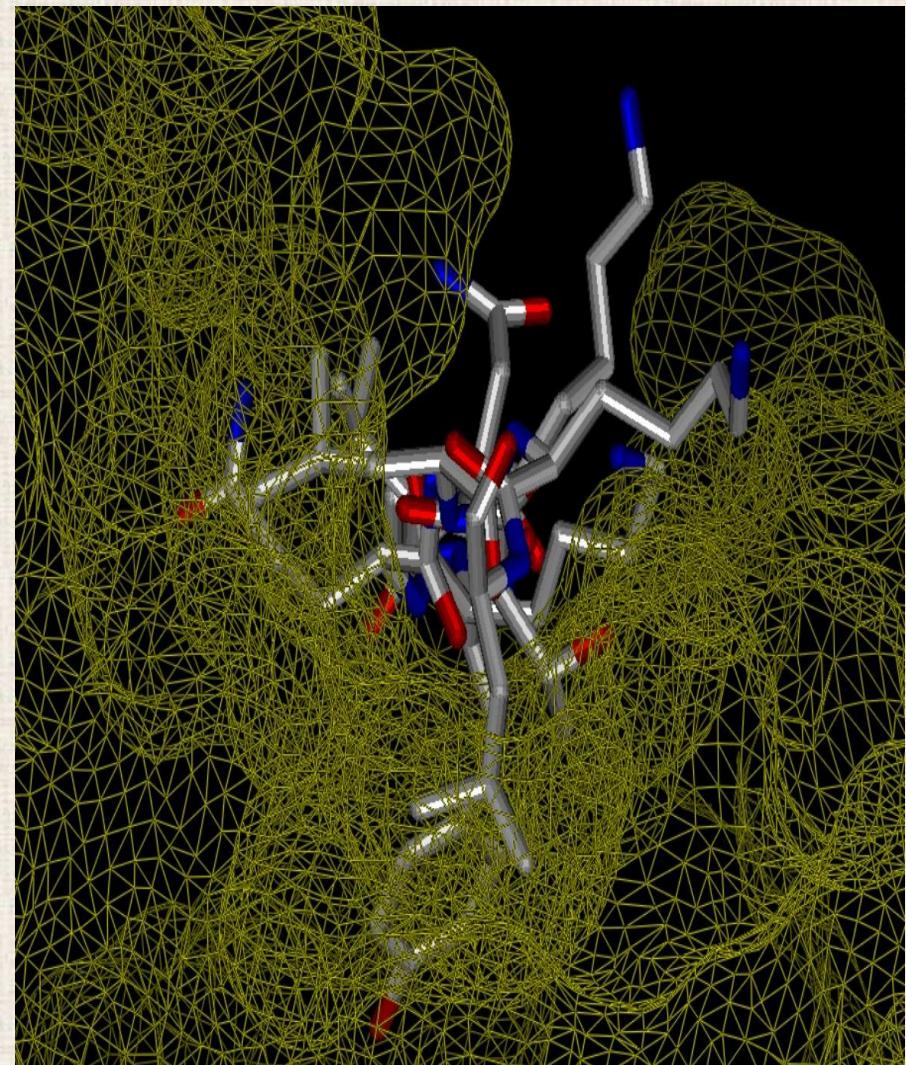
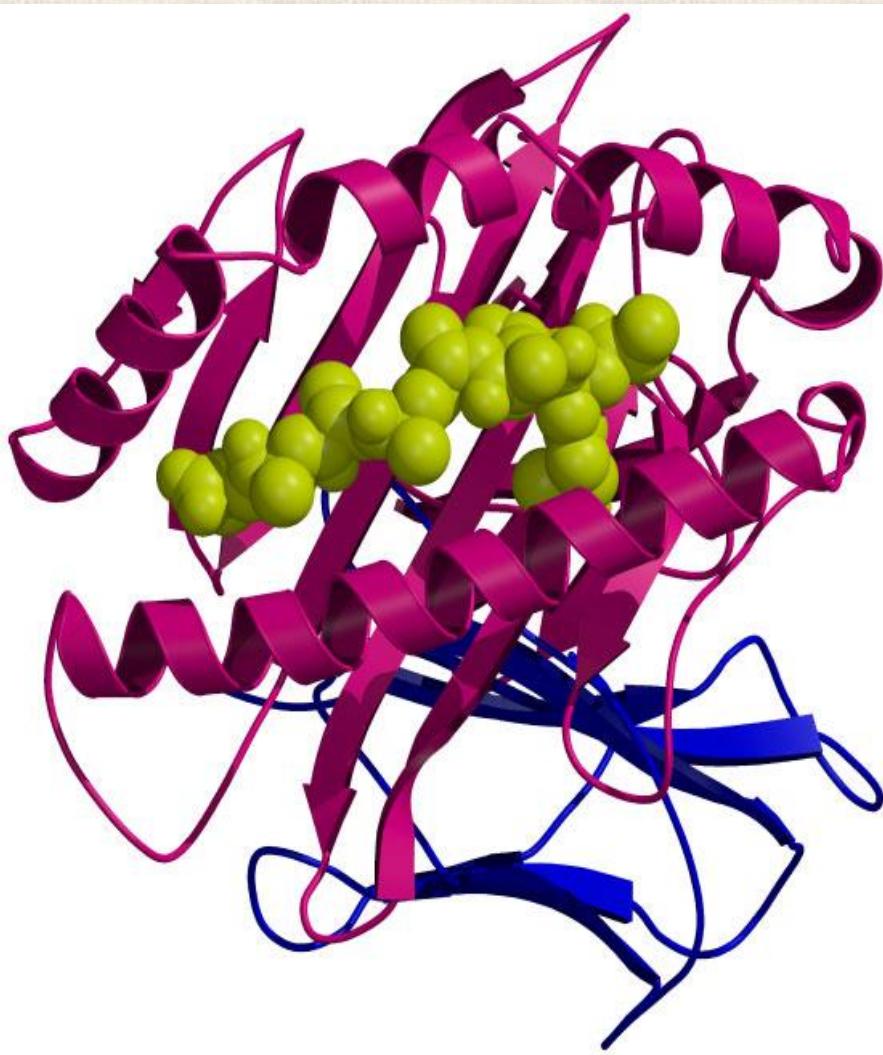
## MHC Class II

**Present in professional or facultative antigen presenting cells (APC)**

**Professional antigen presenting cells:** dendritic cells, monocytes, macrophages, B cells, thymus epithelial cells

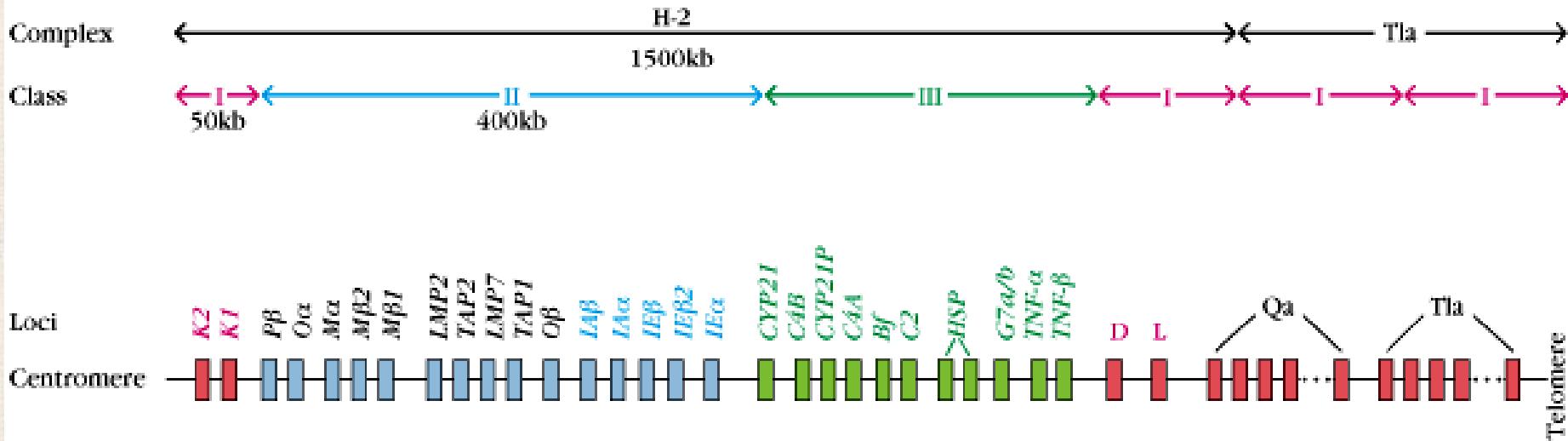
**Facultative antigen presenting cells:** inflammatory epithel and endothel in pathologic conditions

# Antigen binding site of MHC class II

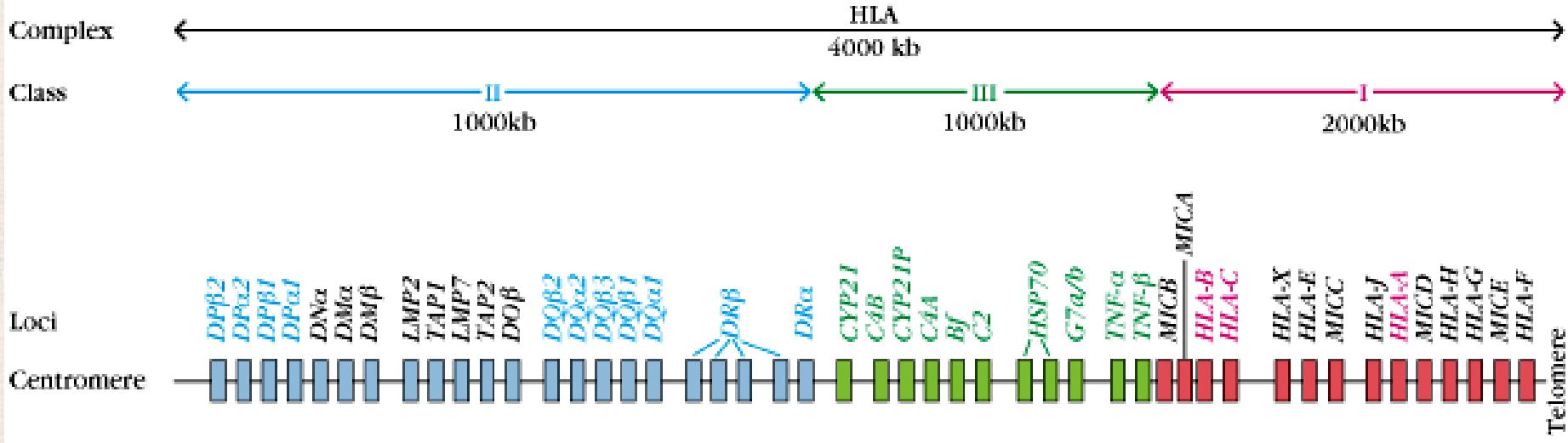


# Structure of MHC genes

## MOUSE CHROMOSOME 17

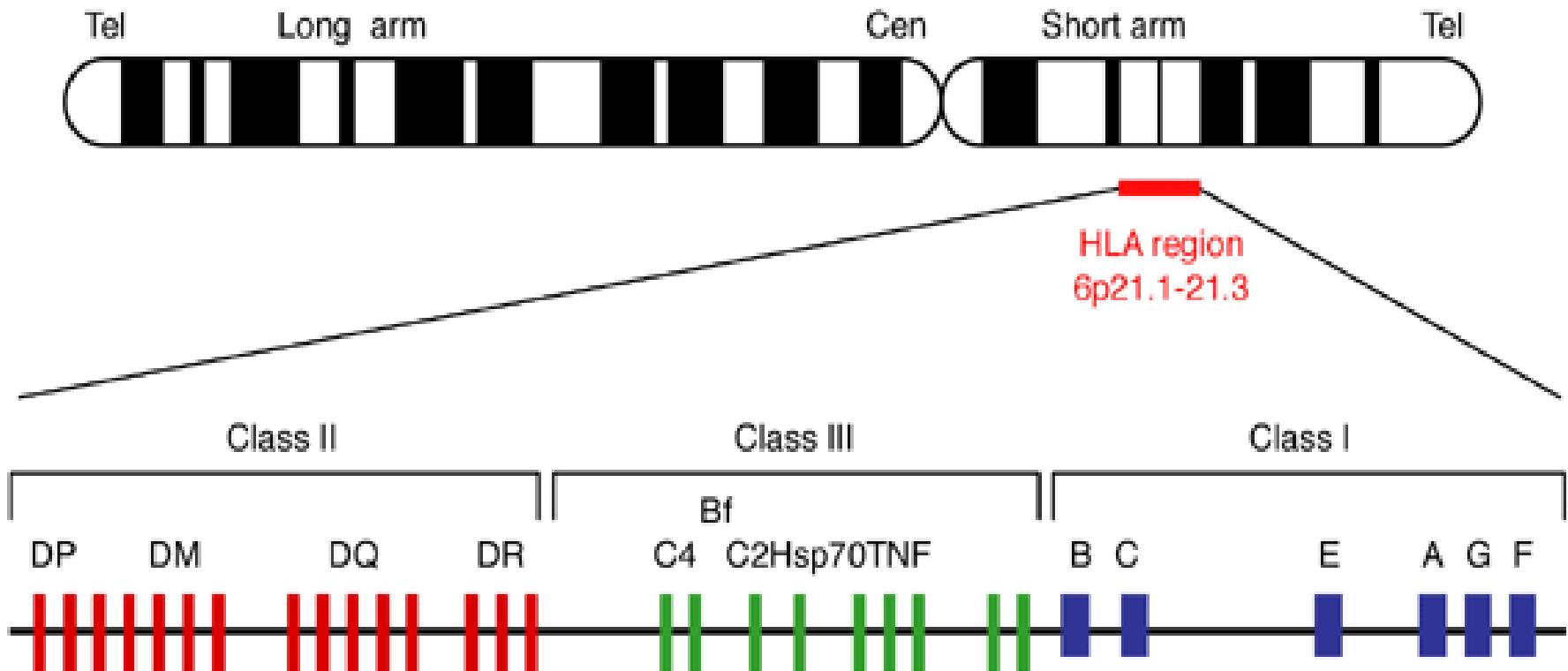


## HUMAN CHROMOSOME 6



# HLA map

Chromosome 6



Gene map of the human leukocyte antigen (HLA) region

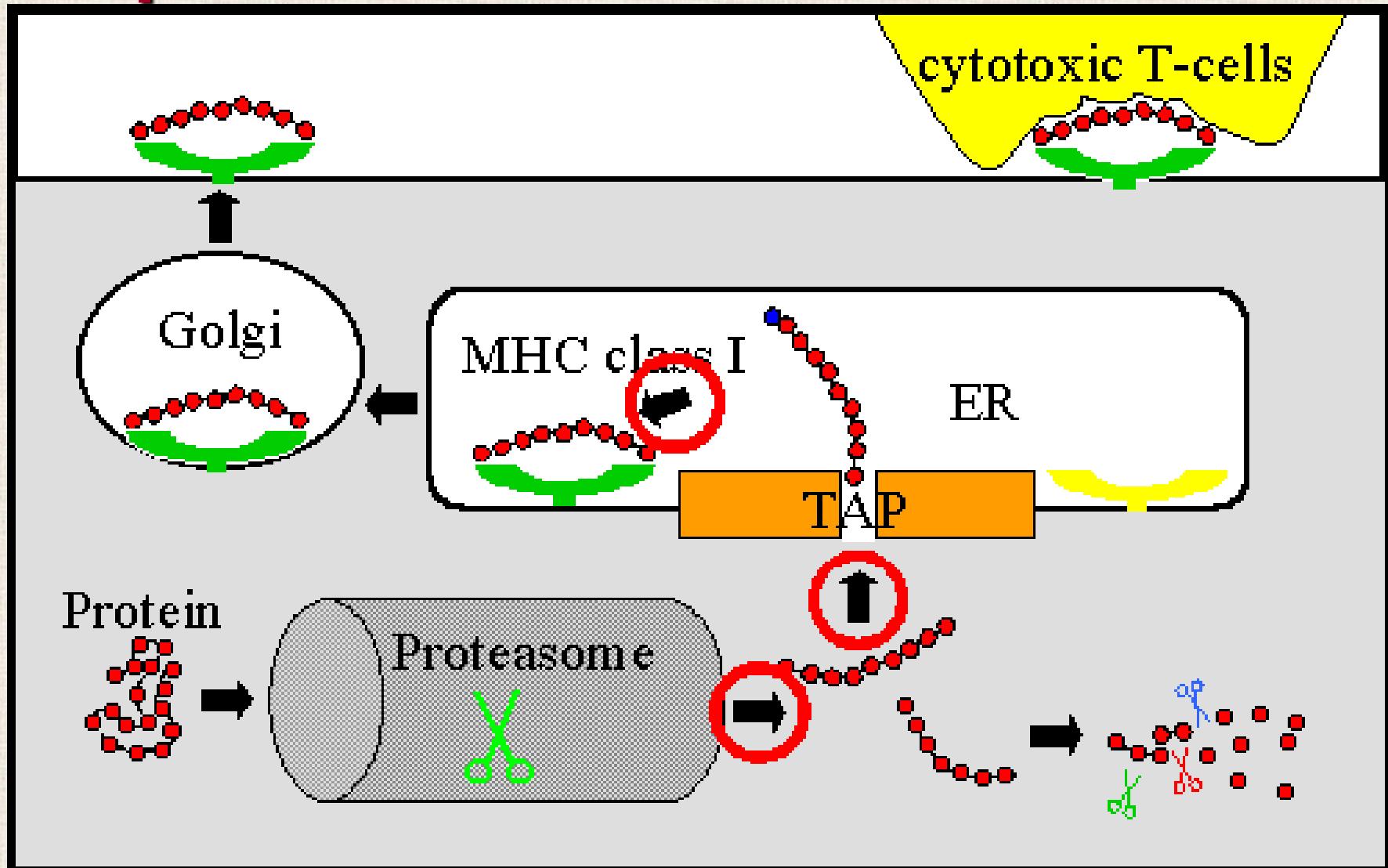
Expert Reviews in Molecular Medicine © 2003 Cambridge University Press

The MHC is **polygenic** (there are ***several*** different class I and class II ***genes*** encoding proteins with different specificities) and highly **polymorphic** (there are ***multiple alleles of each gene***) that most individuals are likely to be heterozygous at each locus. Alleles are expressed from both MHC haplotypes in any one individual (**co-dominant**), and the products of all alleles are found on all expressing cells.

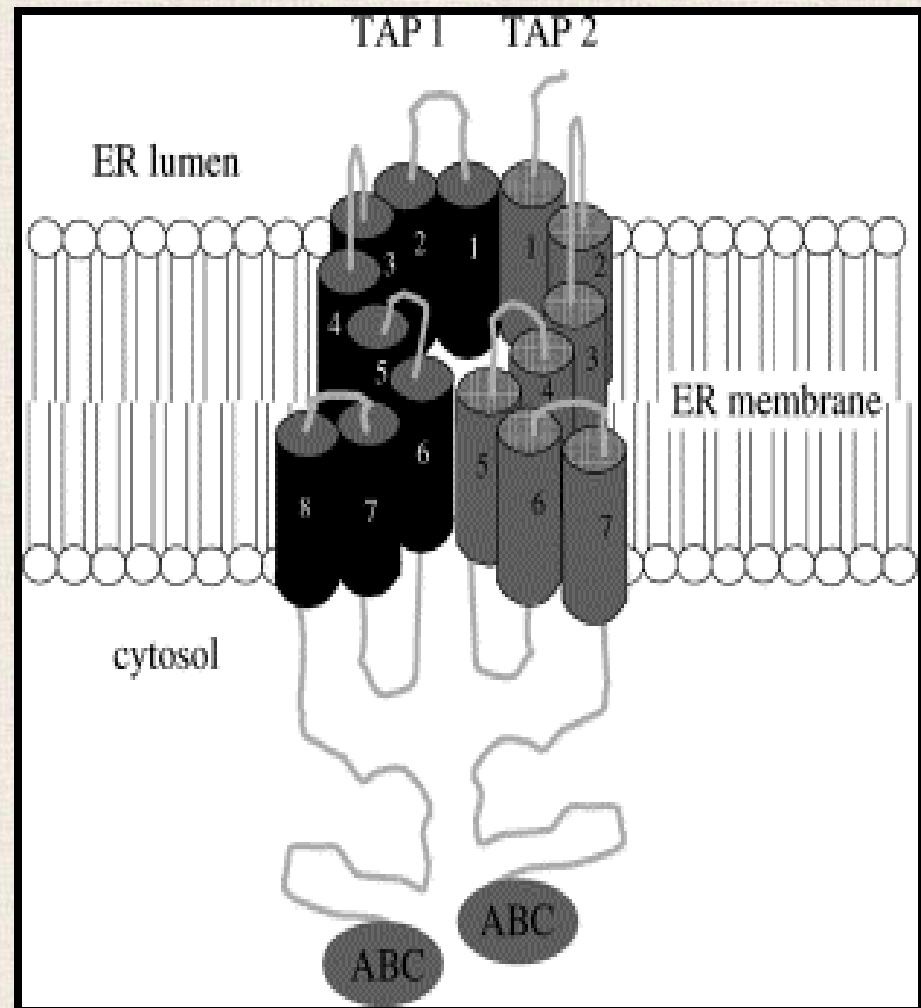
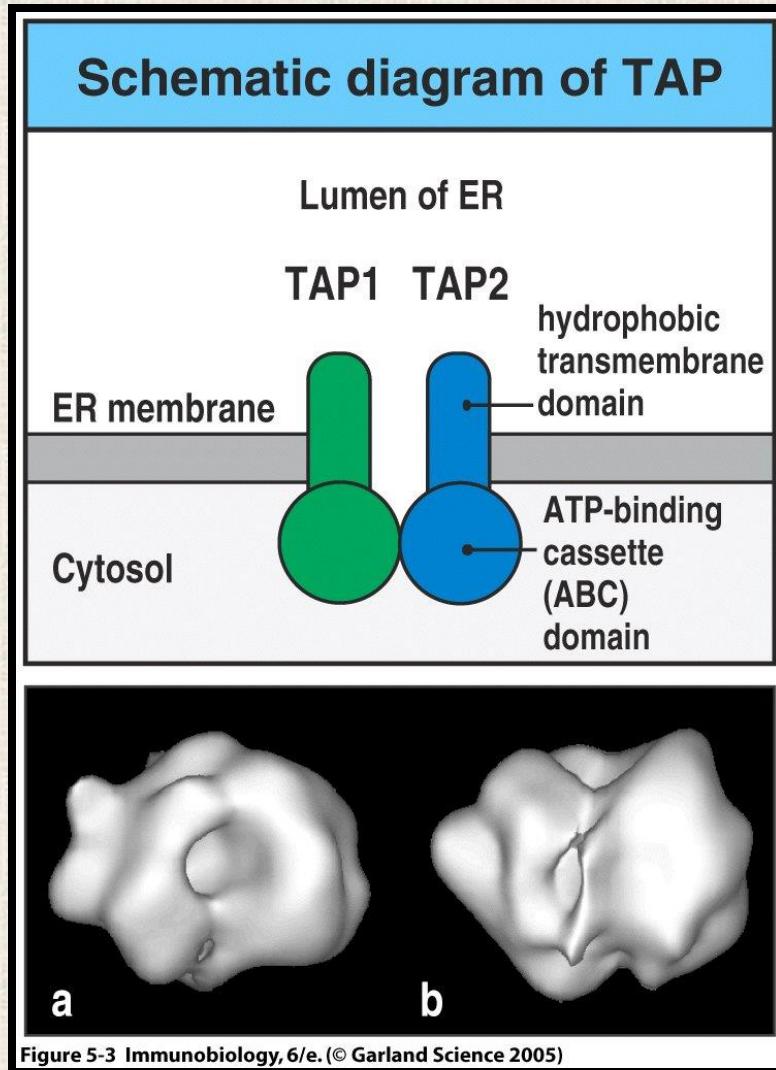
In human there are three classical class I molecules (**HLA-A, B, C**) and three classical class II molecules (**HLA-DR, DP, DQ**). The HLA-A has more than 20, B has more 50, and C more than 10 alleles. HLA-DR has 20, HLA-DQ has 9, and HLA-DP has 6 alleles.

Az MHC **poligénes** (több különböző I. és II. osztályú gén létezik, amelyek különböző specifitású fehérjéket kódolnak) és erősen **polimorf** ( minden génnek több allélja van), így a legtöbb egyén valószínűleg heterozigóta az egyes lókuszokon. Az allélok minden két szülői MHC-haplótipusból kifejeződnek egy egyénben (**ko-domináns**), és az összes allél termékei megtalálhatók az összes expresszáló sejtben. Emberben három klasszikus I. osztályú molekula (HLA-A, B, C) és három klasszikus II. osztályú molekula (HLA-DR, DP, DQ) létezik. A HLA-A több mint 20, a B több mint 50, a C több mint 10 alléllal rendelkezik. A HLA-DR 20, a HLA-DQ 9, a HLA-DP pedig 6 alléllal rendelkezik.

# Antigen processing and presentation on MHC Class I



# Transporter Associated with Antigen Processing



# Chaperons in the MHC Class I antigen presentation

Calnexin, calreticulin, Erp57, tapasin

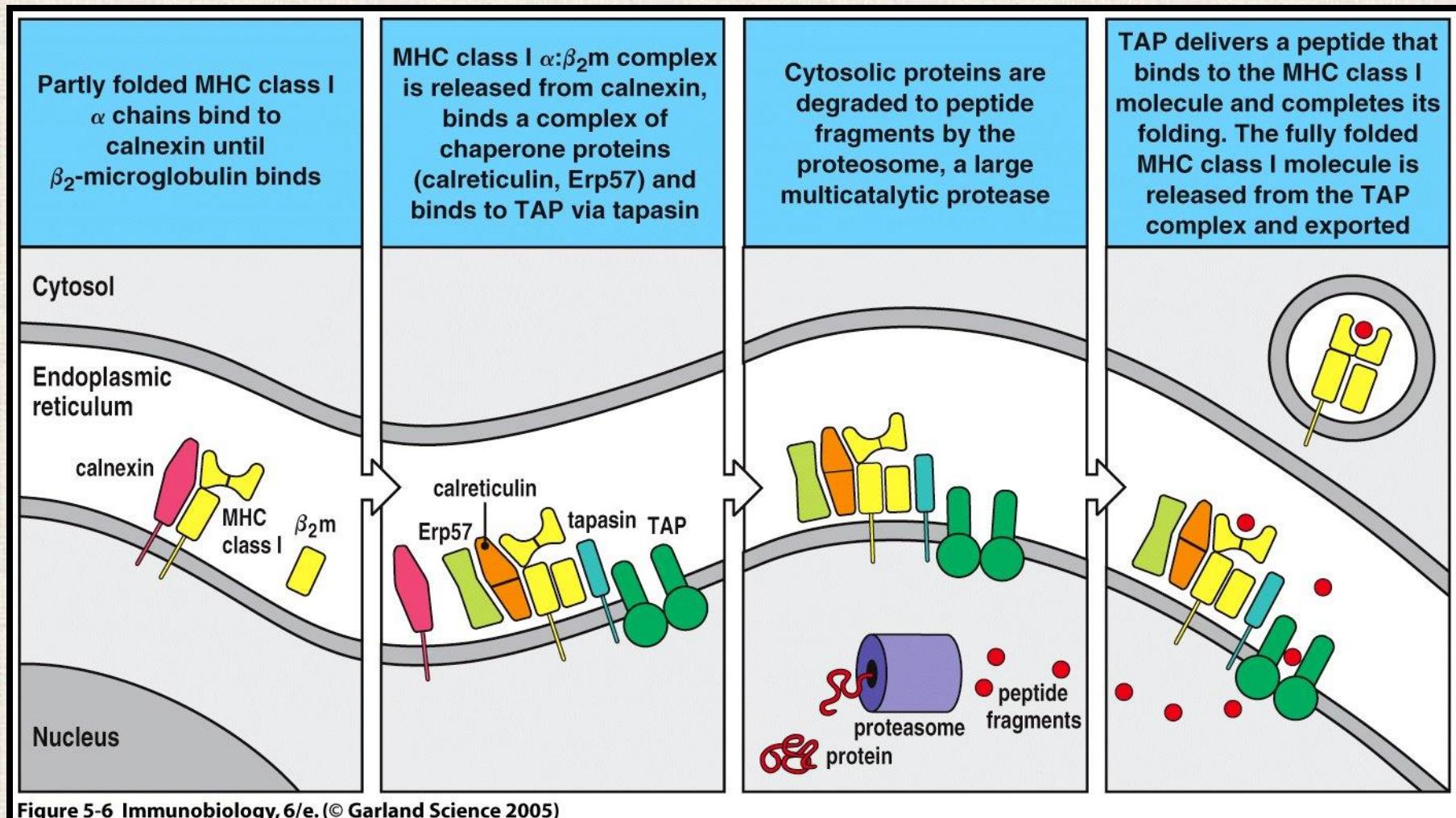
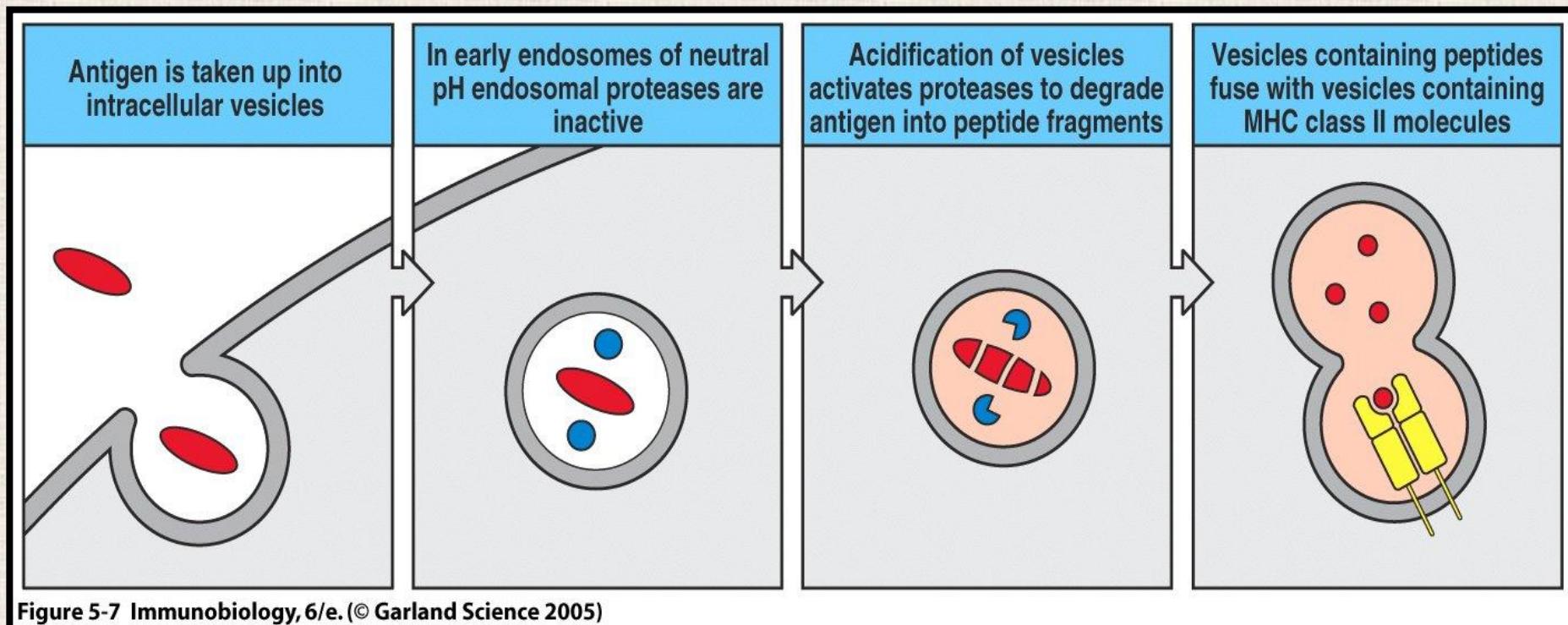


Figure 5-6 Immunobiology, 6/e. (© Garland Science 2005)

# Generation of antigenic peptides in the endocytic pathway for presentation by MHC II



# Peptide loading of MHC Class II molecules

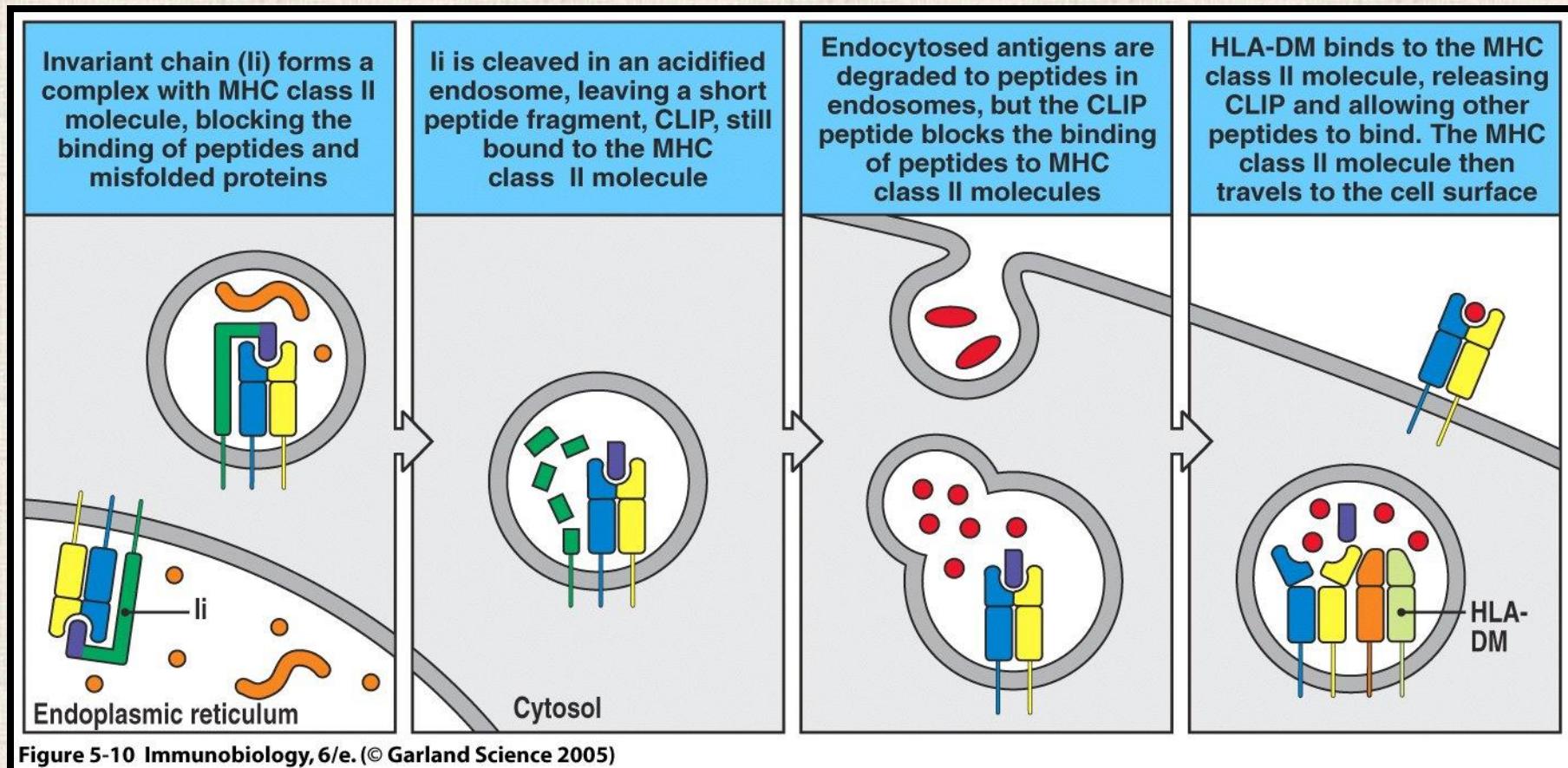
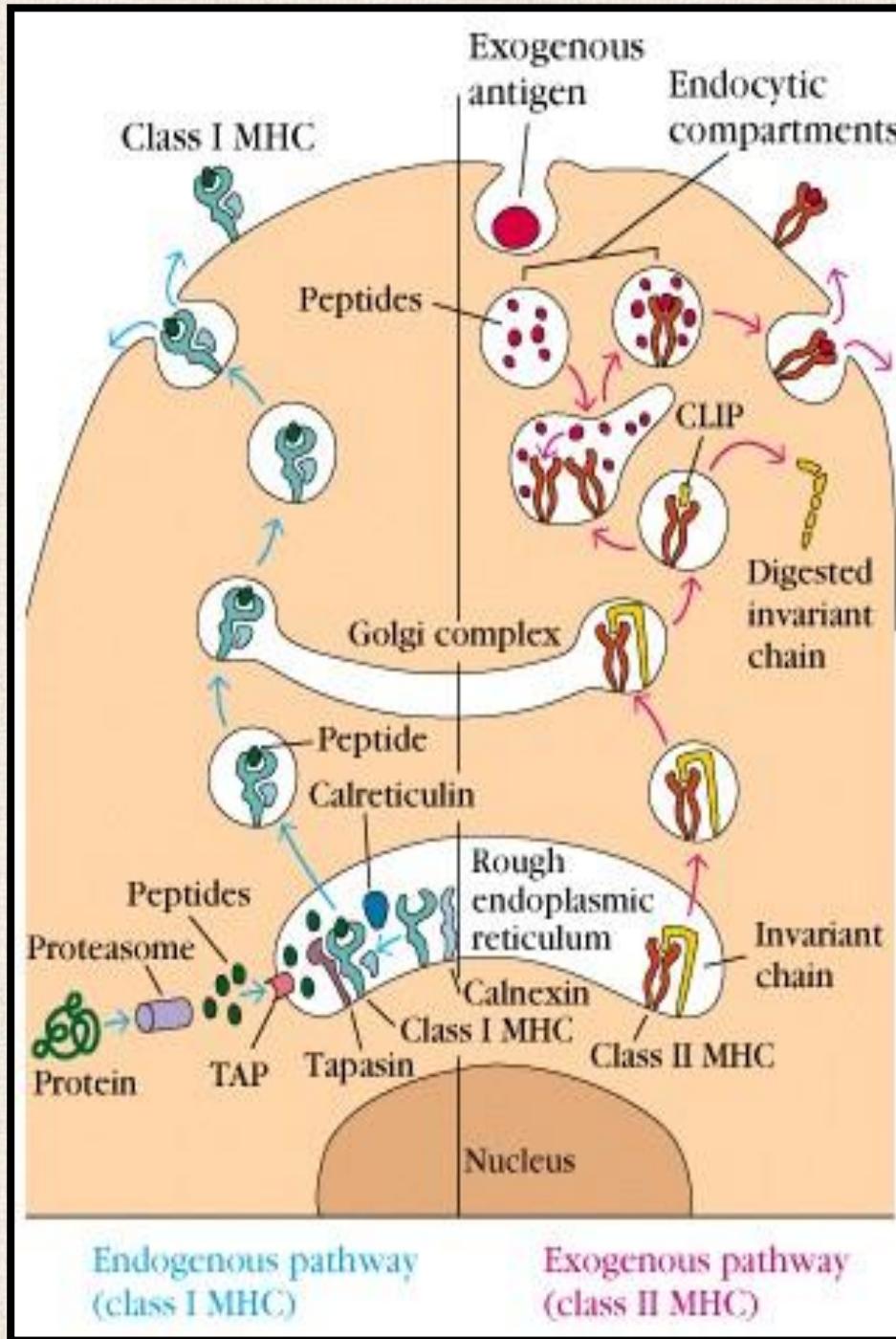


Figure 5-10 Immunobiology, 6/e. (© Garland Science 2005)

HLA-DM: MHCII chaperon

CLIP=class II associated invariant chain peptide

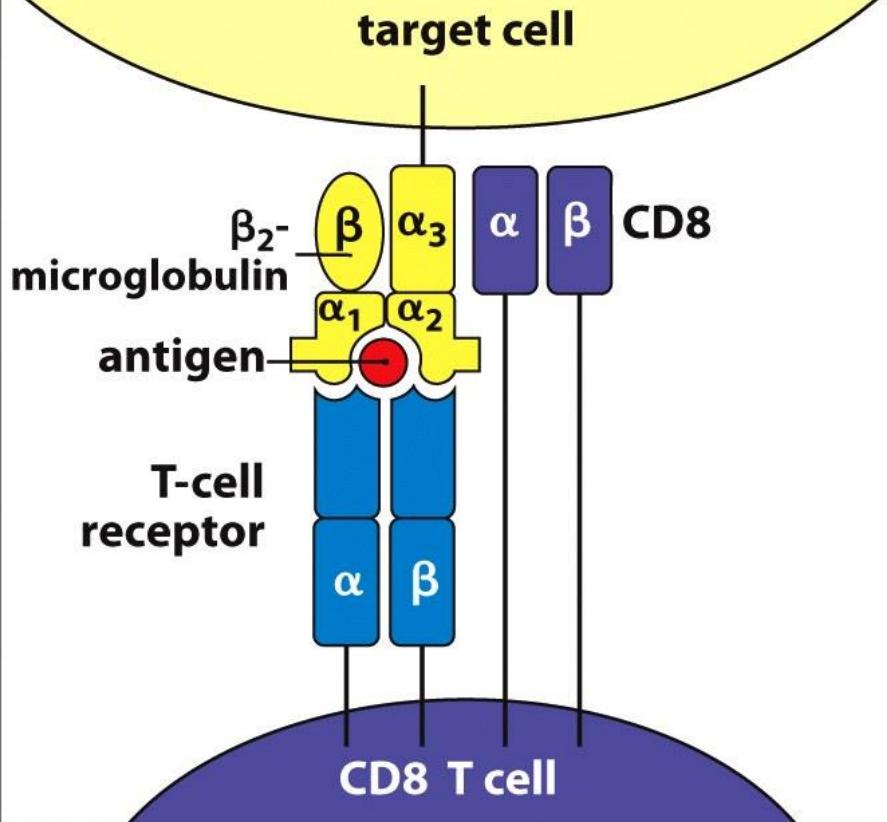
# Presentation of intracellular antigens by MHC I: continuous in all cells and platelets



# Presentation of extracellular antigens by MHC II: in APCs, after phagocytosis

# MHC Restriction

CD8 binds the  $\alpha_3$  domain of MHC class I



CD4 binds the  $\beta_2$  domain of MHC class II

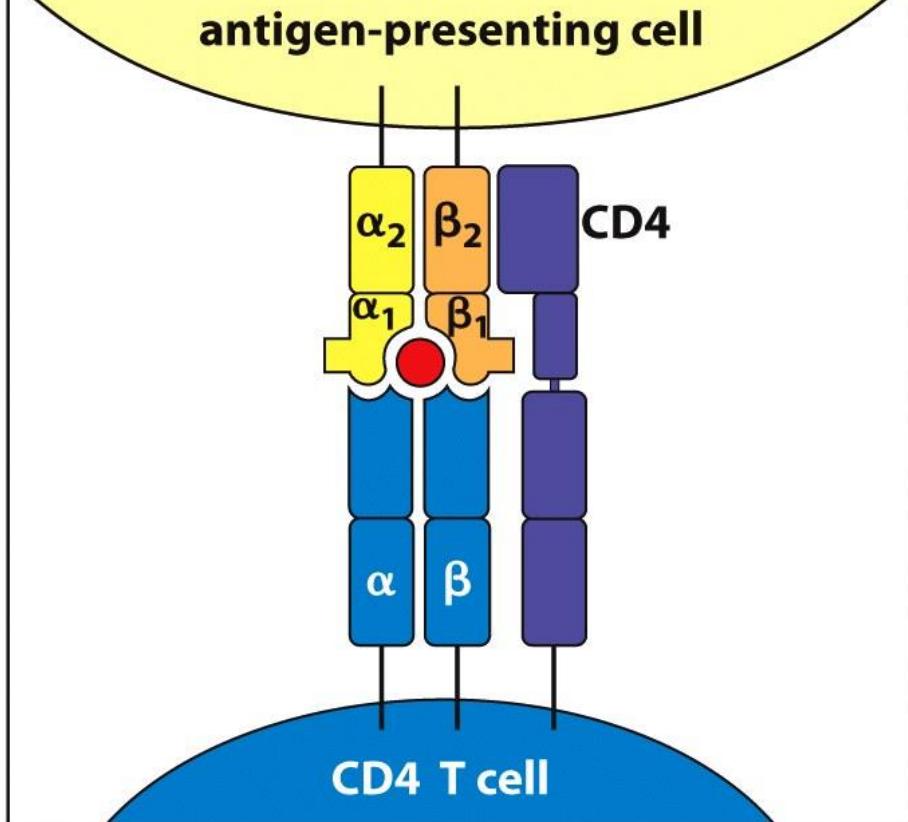


Figure 5.14 The Immune System, 3ed. (© Garland Science 2009)

MHC I – CD8

MHC II – CD4

# How do pathogens avoid detection?

## MHC-I

*Herpes simplex* – produces a protein which inhibits TAP

*Adenovirus* – produces a protein, which binds to and retains MHC-I in the ER

*Cytomegalovirus* – accelerates MHC-I translocation to the cytosol for degradation

*HIV* – accumulate mutations faster than the adaptive immune system can cope with

## MHC-II

*Helicobacter pylori* – encodes a 95kD protein toxin, which increases the pH of the lysosomes, inhibiting protease activity

# Septicemia (toxic shock syndrome) caused by superantigens

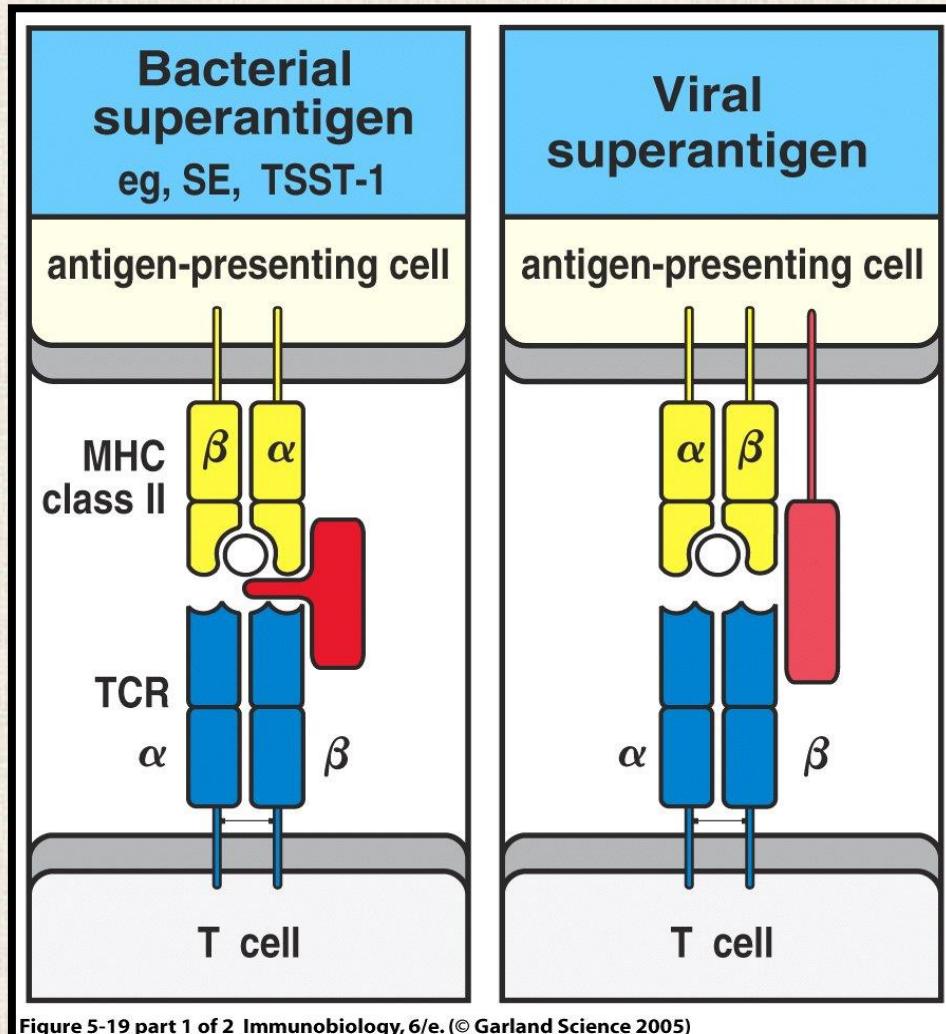


Figure 5-19 part 1 of 2 Immunobiology, 6/e. (© Garland Science 2005)

Compared to a normal antigen-induced T-cell response the endotoxins (Sags) are capable of activating much higher number of the T-cells in **nonspecific** manner. This causes a massive immune response with irregular cytokine production (**toxic shock syndrome**) that is not specific to any epitope on the SAg.

**T cells activated nonspecifically overproduce cytokines resulting systemic toxicity with general catastrophe of bioregulation, („Cytokine tsunami”)**

# **Definition of Toxis Shock Syndrome (septicemia, blood-poisoning)**

Toxic shock syndrome (septicemia/blood-poisoning) is a life-threatening complication of certain types of bacterial or viral infections. Often toxic shock syndrome results from toxins produced by *Staphylococcus aureus* and group A *Streptococcus* bacteria, or some viral toxins (SARS-CoV-2). First description of toxic shock syndrome has been associated primarily with the use of superabsorbent tampons, but risk factors now include skin wounds and surgery. Physiological T cell activation is antigen-specific and well controlled, however, the T cell activation in toxic shock syndrome is none-specific and irregular. Clinical symptoms caused by irregular and mass production of cytokines (“cytokine-tsunami”).

A **toxikus sokk szindróma** (szepszis/vérmérgezés) bakteriális v. vírusfertőzések bizonyos típusainak életveszélyes szövődménye. Gyakran a *Staphylococcus aureus* és a *Streptococcus A* baktériumok által termelt toxinok, vagy egyes vírustoxinok (SARS-CoV-2) okozzák. A toxikus sokk szindróma első leírása elsősorban a szuperabszorbens tamponok használatával volt összefüggésbe hozható, de a kockázati tényezők már inkább a bőrsebek és a műtétek. A fiziológiai T-sejtaktiváció antigénspecifikus és jól kontrollált, szemben a toxikus sokk szindrómával, ahol a T-sejtek aktivációja nem-specifikus és rendszertelen. A klinikai tüneteket a citokinek szabálytalan és tömeges termelődése okozza („citokin-cunami”).