# Basic Immunology (Dentistry)

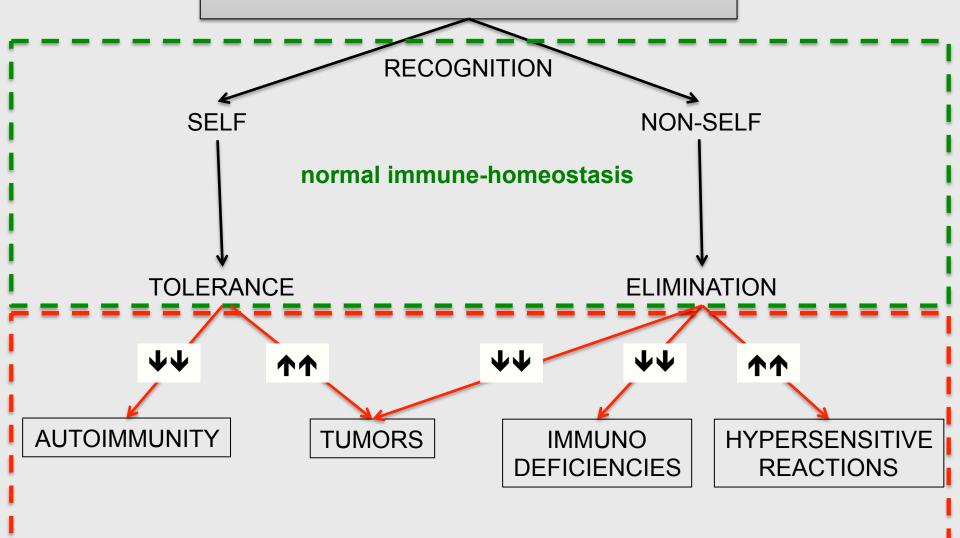
Lecture 3.-4.

Molecular components of the immune system.

- 1. Antigen recognition molecules: Immunoglobulins, T cell receptor
- 2. MHC and antigen presentation

Ferenc Boldizsar MD, PhD





**ALTERED** immune-homeostasis= IMMUNOPATHOLOGY

Composition of the immune system



- None antigen specific
- No immunological memory
- Rapid reactivity
- Linear amplification of the reaction

#### **Adaptive**

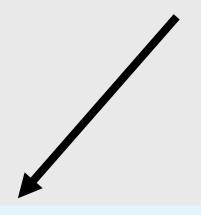
- Antigen specific
- Immunological memory
- Activated after a latency
- Exponential amplification of the reaction

#### **Natural**

Innate-like immunity with adaptive features



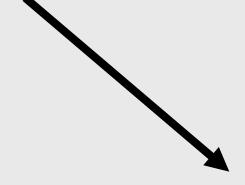
#### Immunological Recognition (Receptors)



**Innate immunity** 

general microbial Molecular PATTERNs

("pattern recognition receptors")



**Adaptive immunity** 

**Antigenspecific (EPITOP)** 

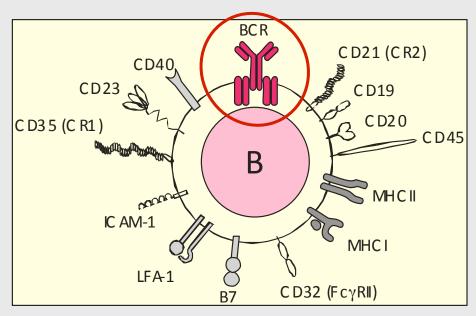


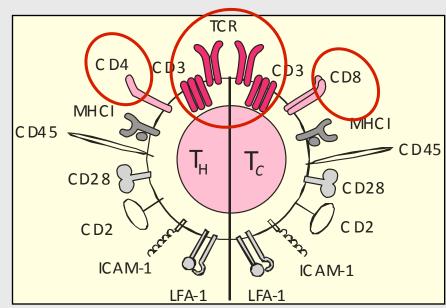
#### Recognition molecules

	1		
	Innate immunity	Adaptive immunity	
Specificity	For pathogen-associated molecular patterns (PAMPS)	For structural details of any molecules (antigens)	
	Different microbes	Different microbes	
	Identical mannose receptors	Distinct antibody molecules	
Receptors	Encoded in germline (pattern recognition receptors)	Encoded by lymphocyte genes produced by somatic recombination	
		Jan 34 Ig	
	N-formyl Mannose methionyl receptor receptor	TCR	
Distribution of receptors	Non-clonal	Clonal	

Table 4-1

#### **Antigen-Receptors of Lymphocytes**





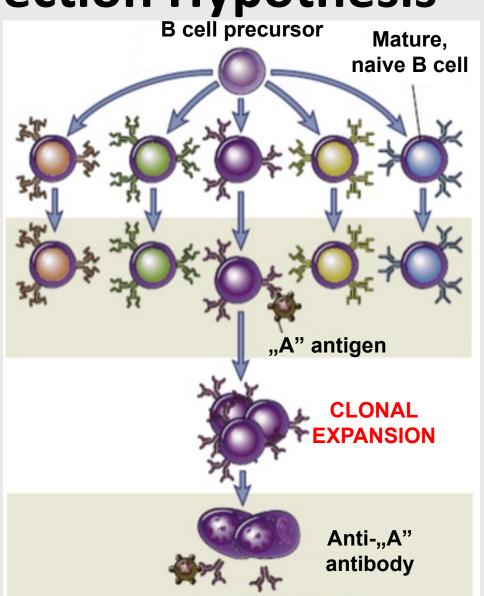
**BcR= B-Zellrezeptor** 

TcR= T-Zellrezeptor

BcR and TcR are <u>Antigen-Receptors</u>, which are different on each individual lymphocyte. Every single Antigenreceptor recognizes and binds only ONE specific Antigen (EPITOP)

## **The Clonal Selection Hypothesis**

- 1. Each newly produced lymphocyte expresses a unique antigen-binding receptor.
- 2. Only those lymphocytes will become activated which recognize an antigen. These selected cells will proliferate and produce clones of themselves with each sister cell having the same antigen-recognition receptor.
- 3. These clones will differentiate into effector cells which will participate in the immune response. (e.g. effector plasma cells produce antibodies)

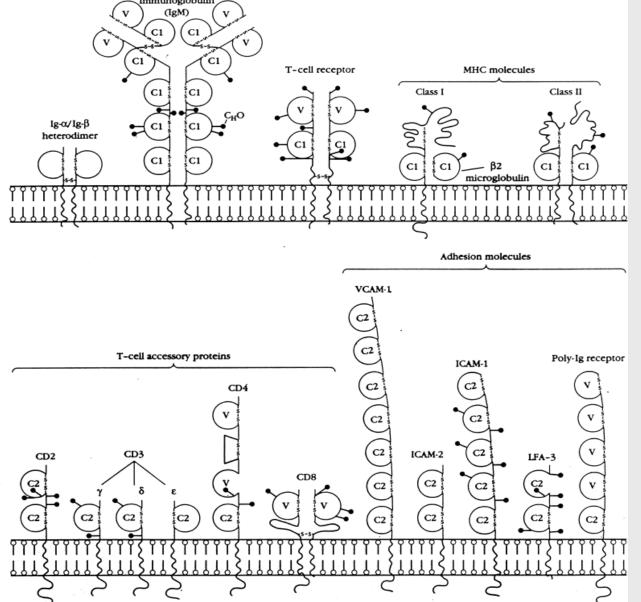


# Recognition molecules in the adaptive immune system

Immunoglobulins
B cell receptors (BcR)
T cell receptors (TcR)
MHC class I and class II

Specialized molecules manage antigen recognition. The common structural features of these molecules are the well-conserved (constant) basic elements (designed by 110 amino acids domain units) containing variable, antigen specific parts (binding sites) for the recognition and ligand formation.

## Immune recognition molecules



Antigen specific recognition molceules

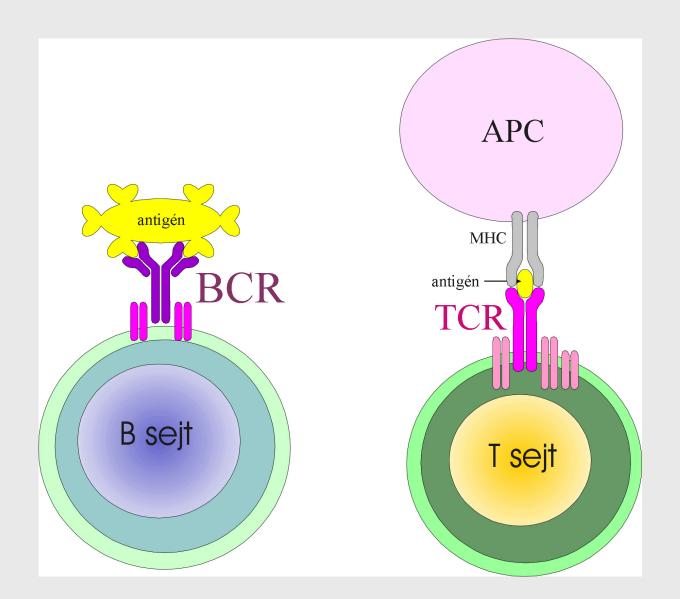
**Accessory** molecules

# **Antigen recognition**

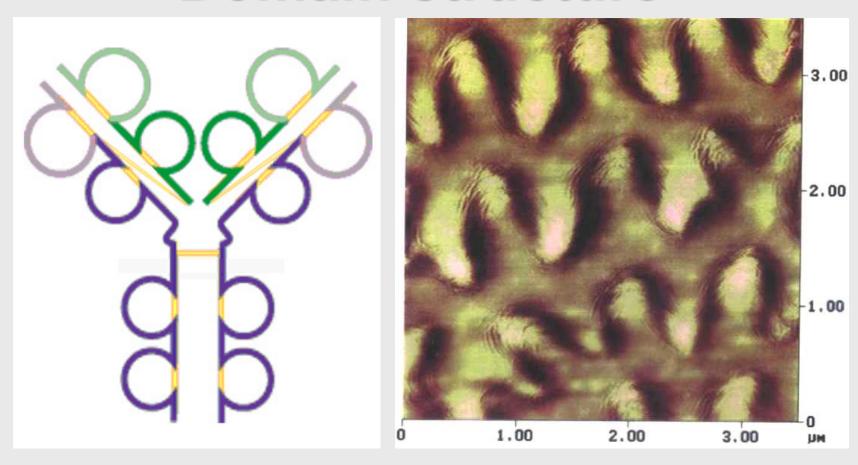
Receptor Antigen APC B cells
BcR (Ig)
native
not needed

T cells
TcR
denatured (presented)
needed

## B cells and T cell antigen recognition

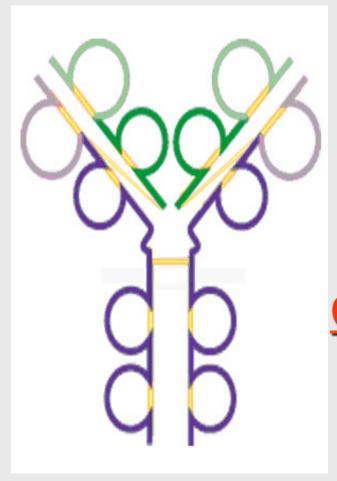


## **Domain structure**



Well conserved amino acid sequence designed by 110 amino acids closed to a "ring shape" with disulphide bound.

## Immunoglobulin molecule



**CDR** 

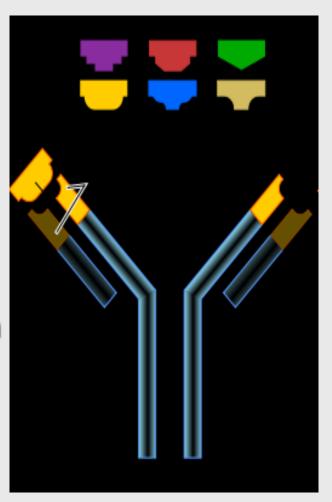
Variable region Idiotype

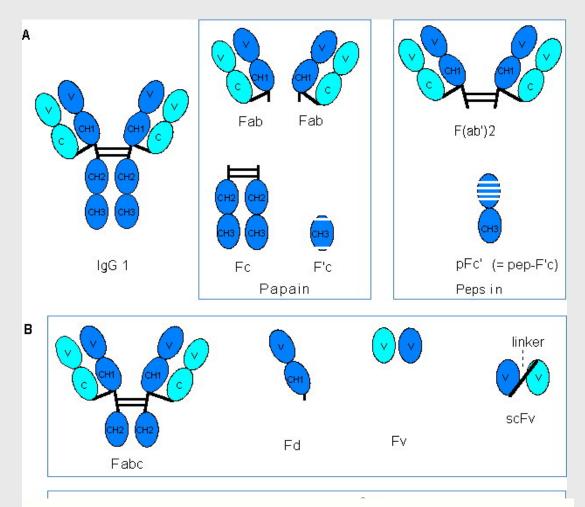
**Fab fragment** 

**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.

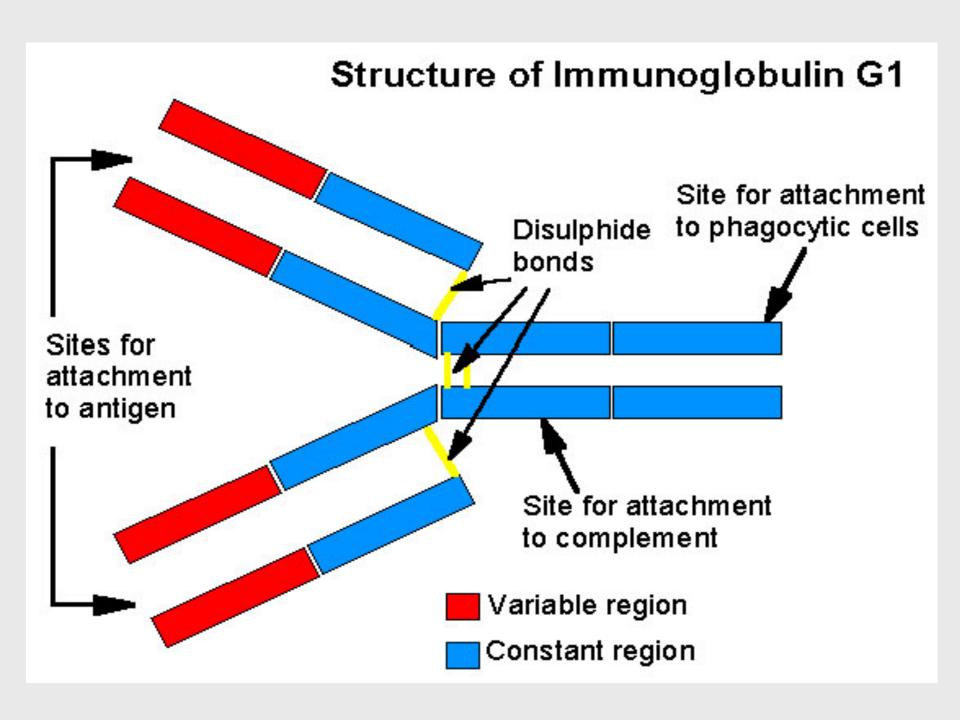
## Immunoglobulin isotypes

- 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.

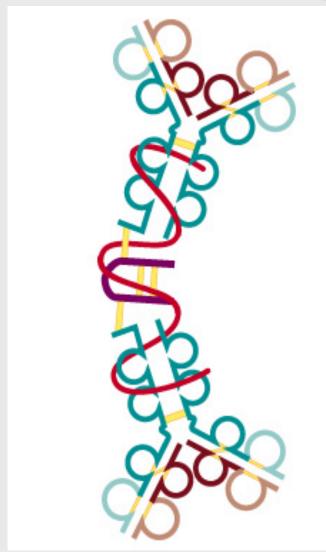
Heavy chain	Light chain	Immuno- globulin	Immuno- globulin
		Class	Subclass
у1	$\kappa$ or $\lambda$		IgG1
у2	$\kappa$ or $\lambda$	IgG	IgG2
γ3	$\kappa$ or $\lambda$		IgG3
у4	κorλ		IgG4
α1	κorλ	IgA	IgA1
α2	$\kappa$ or $\lambda$		IgA2
μ	$\kappa$ or $\lambda$	IgM	
δ	$\kappa$ or $\lambda$	IgD	
3	$\kappa$ or $\lambda$	IgE	

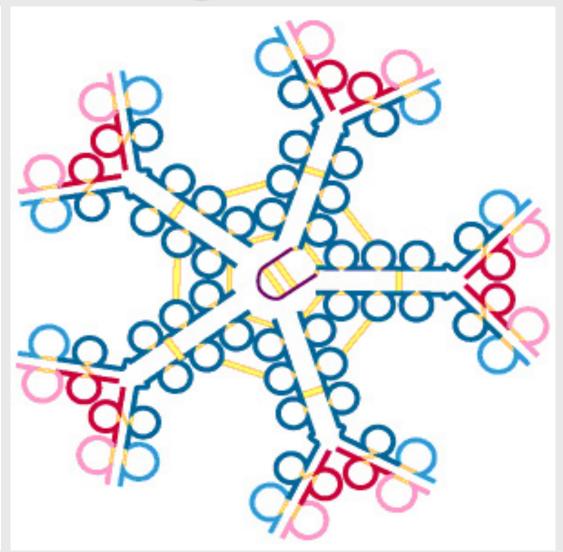
#### Pronunciation of Greek letters:

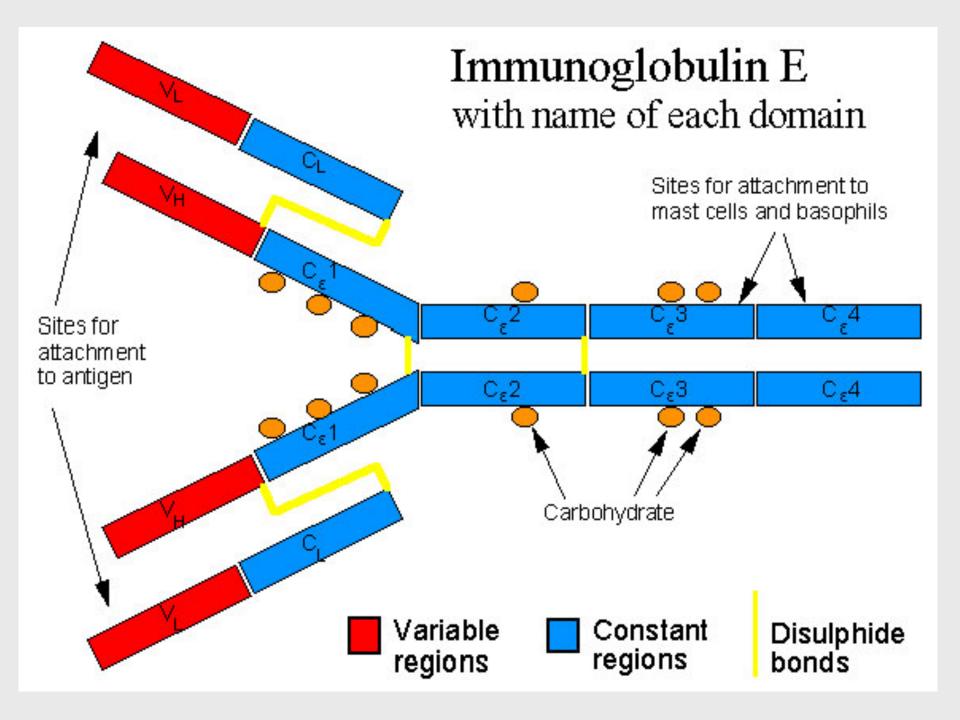
γ gamma α alpha  $\mu$  mu  $\delta$  delta  $\epsilon$  epsilon  $\kappa$  kappa  $\lambda$  lambda

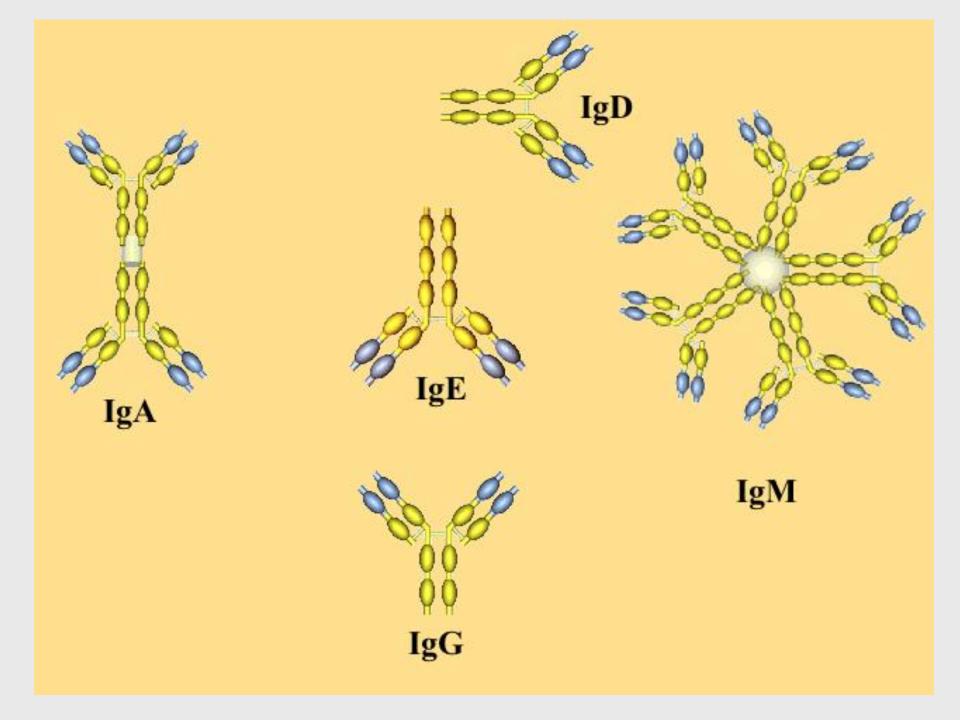


# IgA and IgM

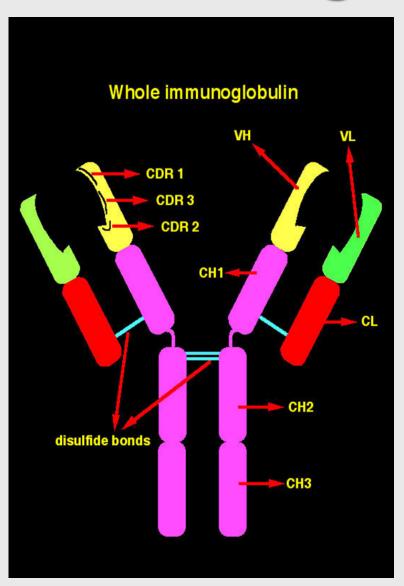






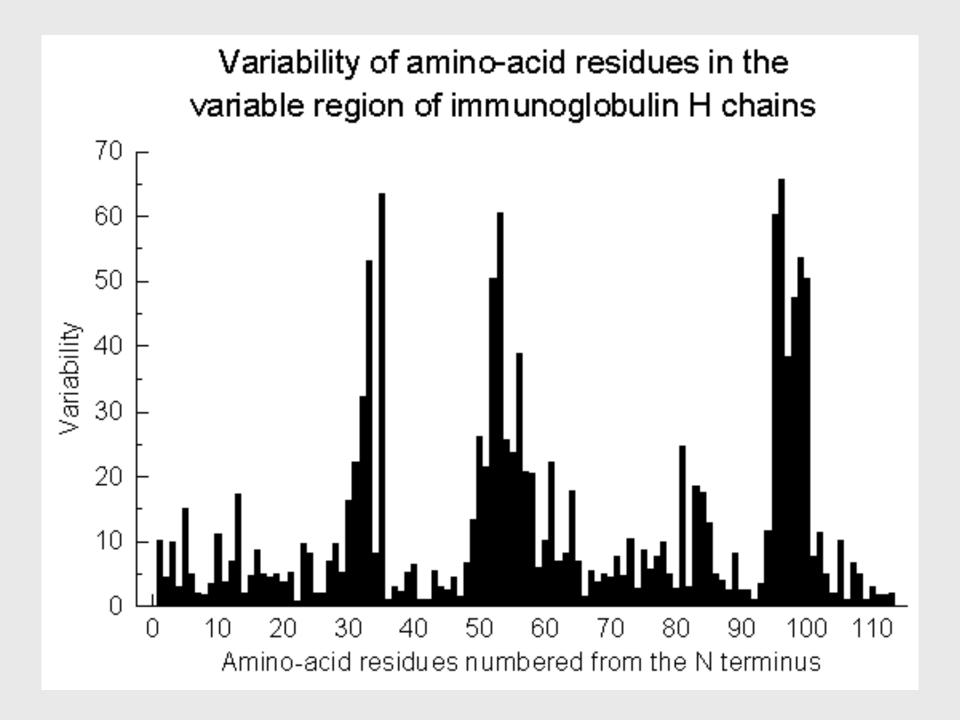


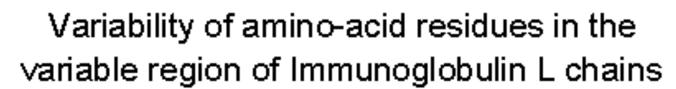
# Immunoglobulin idiotype

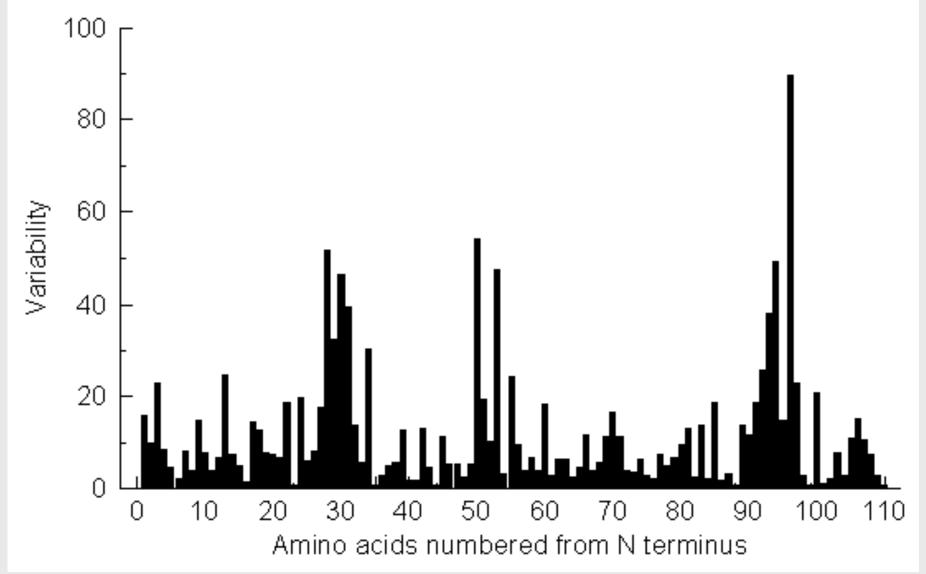


Individual determinants in **V regions**, specific for each antibody.

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 x 3 results tremendous diversity.

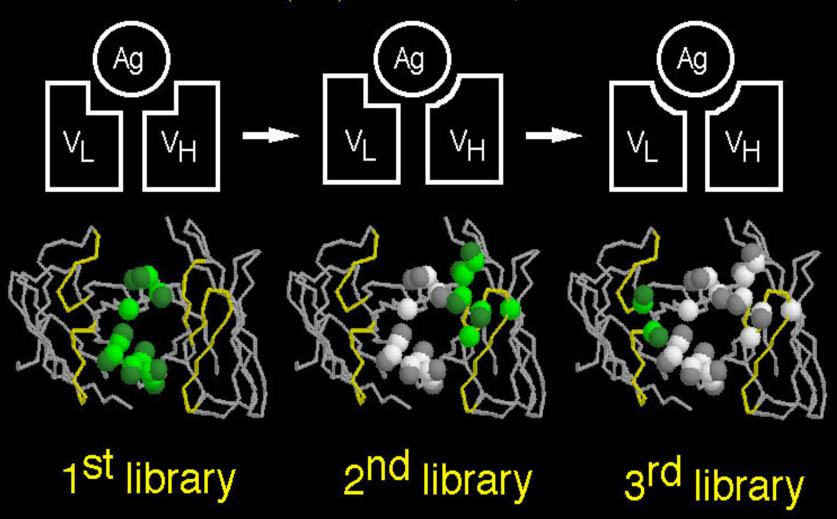






## **Antibody affinity maturation**

Pini et al. (1998) J. Biol. Chem. 273, 21769-21776



# Antigen Recognition by T Cells

## "MHC-restriction"

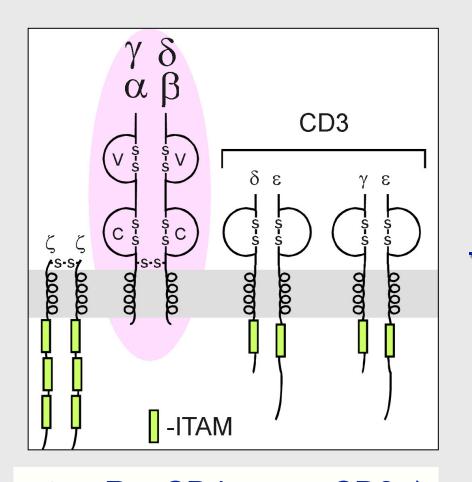
T cells recognize antigens <u>only</u> displayed on surfaces of the body's own cells as MHC-peptide complexes.

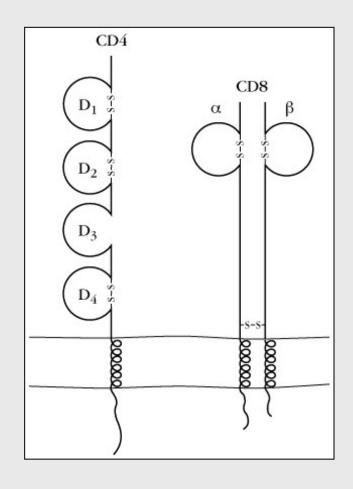
CD8+ (cytotoxic) T-cells MHC I-peptide complex

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

R. M. Zinkernagel & P. C. Doherty – Nobel Prize for Physiology or Medicine (1996.)

#### T cell receptor complex on mature T cells



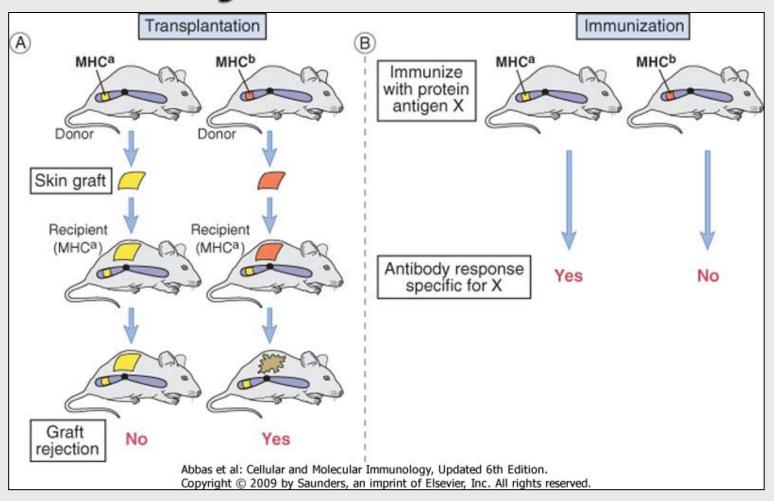


$$\alpha\beta$$
 TcR – CD4+ vagy CD8+)  $\gamma\delta$  TcR – CD4-CD8-

### **Definition**

- MHC=Major Histocompatibility Complex; HLA=Human Leukocyte Antigen
- Discovery: transplantation experiments between inbred mouse strains expressing different MHC genes.
- Inbred mouse strains: mating of siblings for 20 generations → all mice are homozygous at every genetic locus (genetically identical = "syngeneic")
- In case of polymorphic genes (eg. MHC) each inbred strain expresses a single allele from the original population
- Different inbred strains are "allogeneic" to each other = carry different alleles

## Discovery of the mouse MHC



Histocompatibility-2 (H-2) locus

K, D (MHC Class I) genes responsible for graft rejection

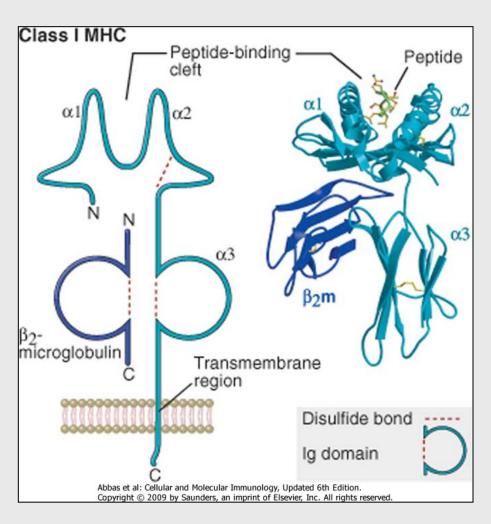
Immune response (Ir) genes

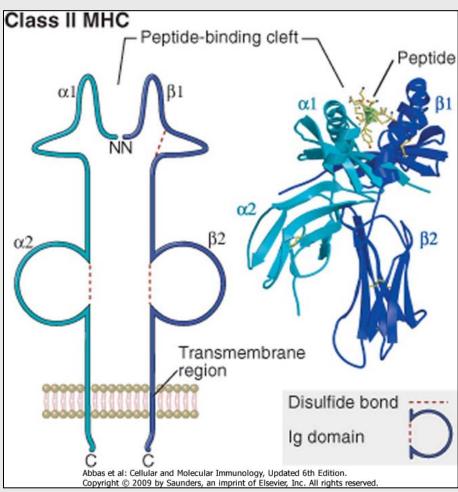
A, E (MHC Class I) genes determine reactivity to different protein antigens

#### Features of MHC-I and MHC-II molecules

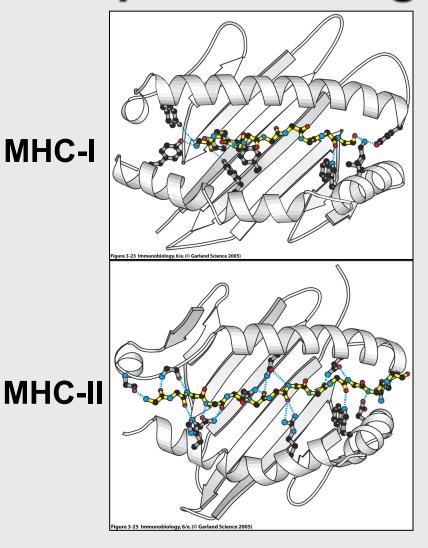
Feature	Class I MHC	Class II MHC	
Polypeptide chains	$\alpha$ (44-47 kD) $\beta_2$ -Microglobulin (12 kD)	α (32-34 kD) β (29-32 kD)	
Locations of polymorphic residues	α1 and α2 domains	α1 and β1 domains	
Binding site for T cell coreceptor	α3 region binds CD8	β2 region binds CD4	
Size of peptide-binding cleft	8-11 AA peptides	10-25 AA peptides	
Nomenclature Human	HLA-A, -B, -C	HLA-DR, -DQ, -DP	
Mouse	H-2K, H-2D, H-2L	I-A, I-E	

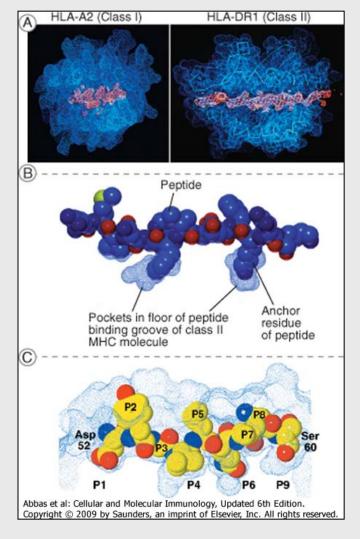
#### The structure of MHC-I and MHC-II





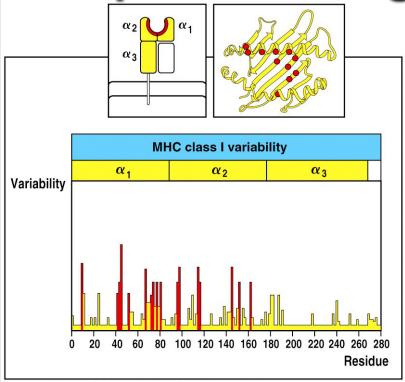
## Peptide binding of MHC-I and MHC-II

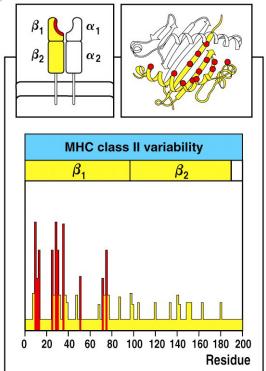




Non-covalent interaction between "anchor"-residues of the peptides and the small pockets in the  $\beta$ -sheet "floor" of the peptide-binding cleft.

Peptide binding of MHC-I and MHC-II

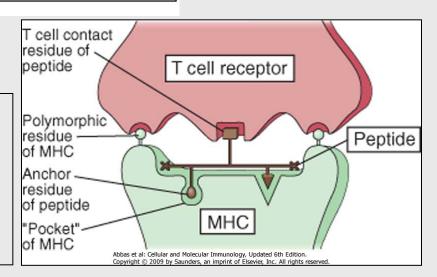




1 MHC molecule can bind 3-500 different peptides which contain the appropriate "anchor"-residues at key positions.

Figure 5-16 Immunobiology, 6/e. (© Garland Science 2005)

Polymorphic AA residues of the MHC molecules are located around the peptide-binding cleft – responsible for **peptide-specificity** and **TcR-binding**.



# MHC-II peptide binding

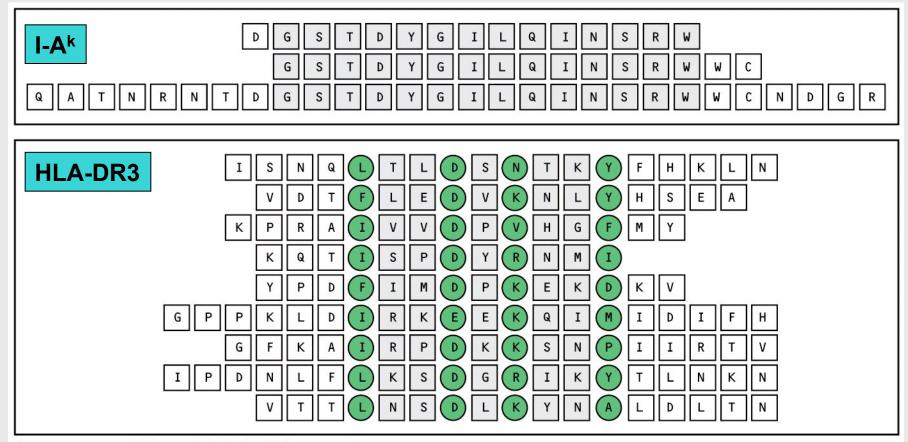
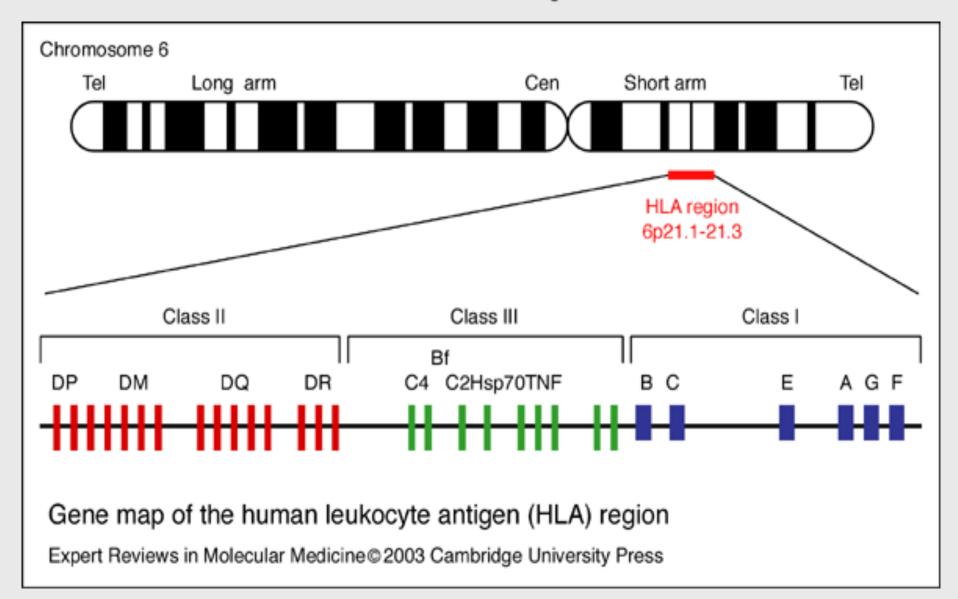


Figure 3-26 Immunobiology, 6/e. (© Garland Science 2005)

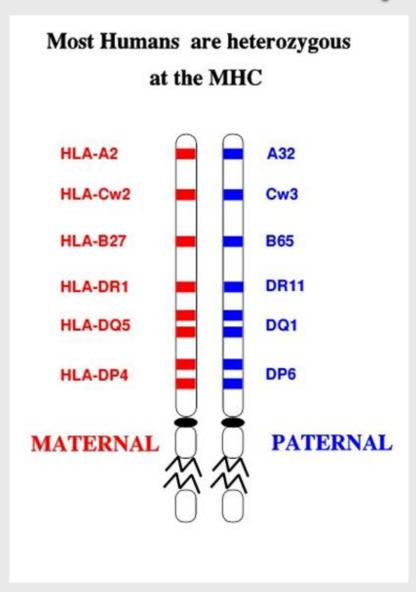
#### **HLA** map



# **Genetics of MHC (HLA)**

- 1. <u>polygenic:</u> several different class I and class II genes encoding proteins with different specificities. In human there are 3 classical class I molecules (HLA-A, B, C) and 3 classical class II molecules (HLA-DR, DP, DQ).
- 2. highly **polymorphic:** multiple alleles of each gene (most individuals are likely to be heterozygous at each locus). 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.
  - Nomenclature: eg. HLA-B\*2705= first 2 places main alleles, last 2 places suballeles. (w=workshop not final)
- 3. <u>co-dominant:</u> Alleles are expressed from both MHC haplotypes in any one individual, and the products of all alleles are found on all expressing cells.

# **Genetics of MHC (HLA)**



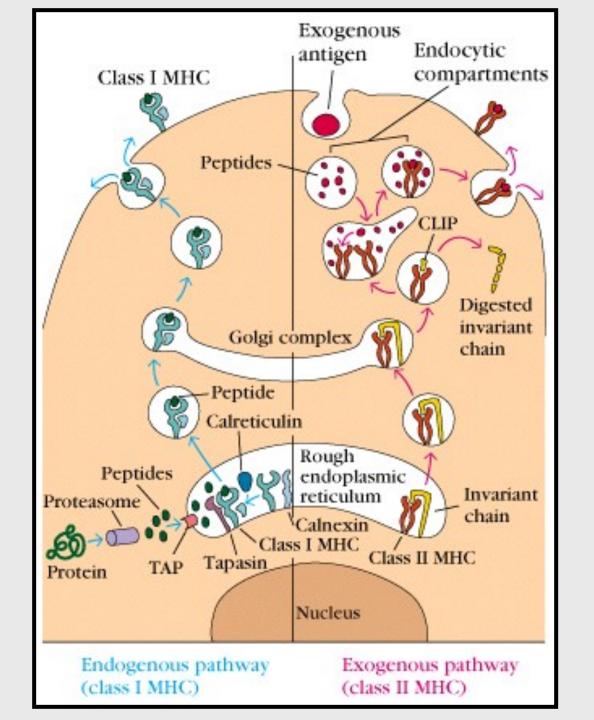
## **Expression pattern of MHC I and MHC II**

MHC | All nucleated cells + platelets

MHC II Professional antigen presenting cells

- Dendritic cells
- B cells
- Macrophages
- (Thymic epithelial cells)

Facultative antigen presenting cells eg. inflammatory epithel



## **Antigen Presentation on MHC I**

Cytosolic, mainly normal or viral/modified proteins

Proteasomal degradation

Peptide transfer to the ER (TAP1&2)

MHC I chains produced into ER by ribosomes

Chaperons: calnexin, calreticulin, Erp57

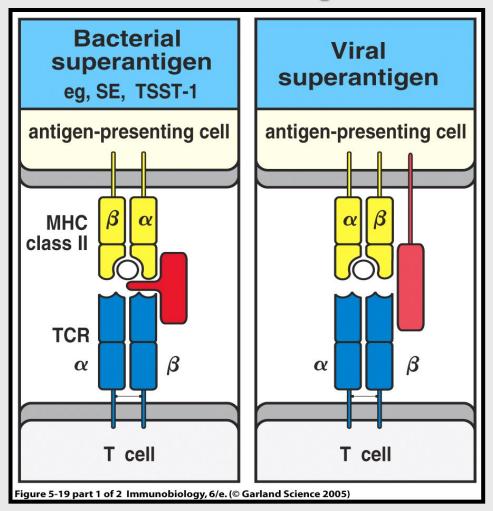
**Tapasin and TAP1&2** 

MHCI & peptide binding within the ER

## **Antigen Presentation on MHC II**

- -Endocytosed proteins: bacteria, bacterial product, internalised receptor bound peptide, parts of another cell
- -Endosomal degradation
- -MHCII chains produced into the ER by ribosomes
- -invariant chain
- -HLA-DM: MHC II specific chaperon
- -CLIP=class II associated invariant chain peptide
- -MHC II & peptide binding in endosomes outside the ER

## Superantigens



Compared to a normal antigeninduced T-cell response where
0.001-0.0001% of the body's Tcells are activated, SAgs
(endotoxins) are capable of
activating up to 20% of the
body's T-cells. This causes a
massive immune response
(toxic shock syndrome) that is
not specific to any particular
epitope on the SAg.

T cells produce cytokines - systemic toxicity, suppression of adaptive immune response ("Cytokine tsunami")

# Medical aspects of MHC

 Tissue/organ transplantation – donor and recipient must have matching HLA haplotype

 HLA-association of diseases ("disease susceptibility") – certain diseases appear more frequently in individuals with a specific HLA type

#### **HLA-association of diseases**

Some HLA associated au	toimmune diseases
------------------------	-------------------

Disease	HLA	Pts <sup>a</sup>	Ctrls <sup>a</sup>	$RR^b$
Ankylosing spondylitis	B27	> 95	9	> 150
Subacute thyroiditis	B35	70	14	14
Psoriasis vulgaris	Cw6	87	33	7
Graves disease	DR3	65	27	4
Myasthenia gravis	DR3	50	27	2
Addisons disease	DR3	69	27	5
Rheumatoid arthritis	DR4(some)	81	33	9
Juvenile idiopathic arthiritis	DR8	38	7	8
Celiac disease	DQ2 (+DQ8)	92	28	30
Narcolepsy	DQ6(02)	> 95	33	> 40
Multiple sclerosis	DQ6(02)	86	33	12
Type 1 diabetes	DQ8(+)	81	23	14
Type 1 diabetes	DQ6(02)	< 0.01	33	0.02

<sup>&</sup>lt;sup>a</sup> The figures show antigen frequencies in a Norwegian population.

In: E. Thorsby, B.A. Lie: HLA associated genetic predisposition to autoimmune

diseases: Genes involved and possible mechanisms.

*Transplant Immunology* 14 (2005) 175 – 182.

In: N. Singh, S. Agrawal, A.K. Rastogi Infectious Diseases and Immunity: Special Reference to Major Histocompatibility Complex. *Emerging Infectious Diseases* 3 (1997) 41-49.

Table 2. Association between human leukocyte antigen (HLA) and some infectious diseases

(HLA) and some injectious diseas	-ES
	HLA
Disease	Association
Bacterial	
Ankylosing spondylitis	B27
Reiter disease	B27
Acute anterior uveitis	B7
Mycobacterial	DD2
Tuberculosis and leprosy	DR2
(multibacillary forms)	(DRB1*1501, 1502)
lepromatous leprosy	DR2 and DQ1
paucibacillary tuberculoid	DR3
Viral	
Dengue fever virus	DR15
Human immunodeficiency	DR13
virus 1	(DRB1*1301, 1302,
	1303)
	DR2
	(DRB1*1501)
	DRB1*03011
Hepatitis B virus	DR13
Hepatitis C virus	A2
_	DR5
Epstein-Barr virus	B35.01
	A11
	B7
Damasitis	
Parasitic Malaria	B53
Scabies	A11
Diffuse cutaneous	A11, B5, B7
leishmaniasis	A11, <b>D</b> J, <b>D</b> /
Localized cutaneous	A28, Bw22, DQw8
leishmaniasis	Bw22, DR11, Qw7
10151111141114515	Bw22, DR11, Qw7 Bw22, Dqw3
Schistosomiasis	B5, DR3
Visceral leishmaniasis	A26
	1320

<sup>&</sup>lt;sup>b</sup> RR: relative risk; i.e. how many times more frequent the disease is in those having the corresponding HLA molecule compared to those lacking it.

## Thank you for your attention!

