

Basic immunology

Lecture 5.

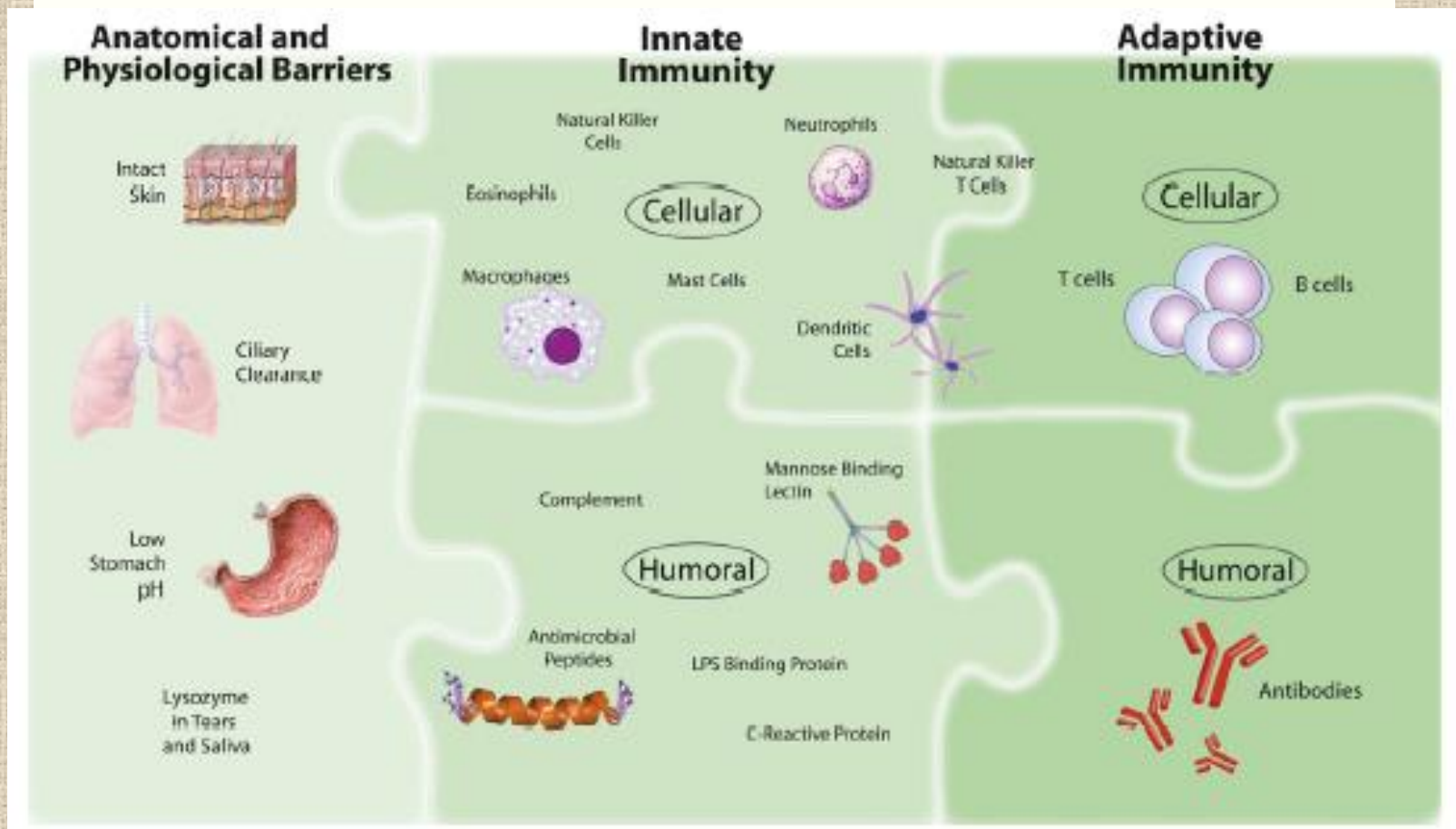
Innate immunity: inflammation, leukocyte migration

Péter Engelmann

- Different levels of the immune response
- Recognition molecules of the innate immunity
- Initiation of local and systemic inflammation
- Extravasation, homing

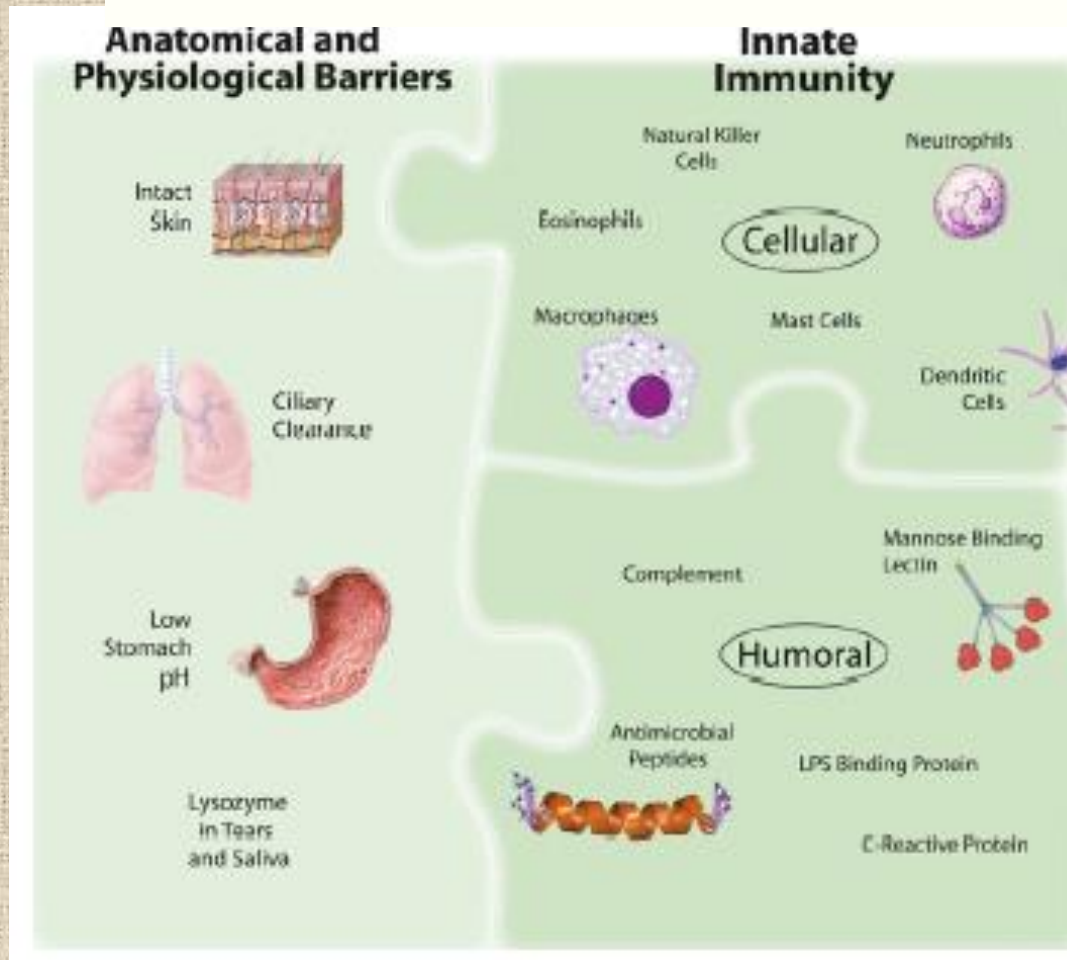
The levels of host defense

- Anatomic „barriers”
- Innate immunity, inflammation
- Adaptive immunity



The levels of host defense

- Anatomic „barriers”
- Innate immunity, inflammation
- Adaptive immunity



I. First line of defense: anatomic „barriers”

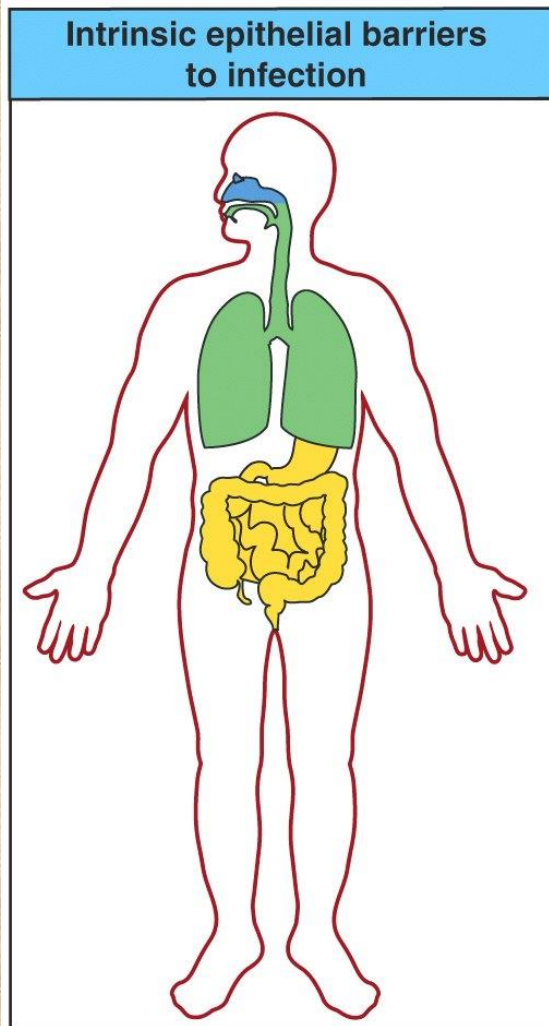
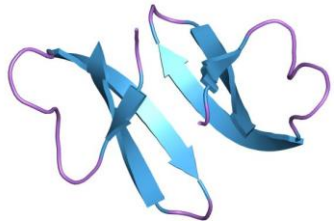


Figure 2-4 Immunobiology, 6/e. (© Garland Science 2005)

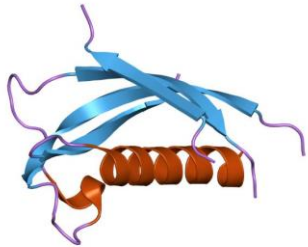
	Skin	Gut	Lungs	Eyes/nose/oral cavity
Mechanical	Epithelial cells joined by tight junctions			
	Longitudinal flow of air or fluid		Movement of mucus by cilia	Tears Nasal cilia
Chemical	Fatty acids	Low pH	Pulmonary surfactant	Enzymes in tears and saliva (lysozyme)
		Enzymes (pepsin)		
	β -defensins Lamellar bodies Cathelicidin	α -defensins (cryptdins) RegIII (lecticidins) Cathelicidin	α -defensins Cathelicidin	Histatins β -defensins
Microbiological	Normal microbiota			

1. Mechanical defense
2. Slightly acidic environment
3. Normal (commensal) microorganisms
4. Antimicrobial factors in the body fluids, on the skin.
5. Cilia

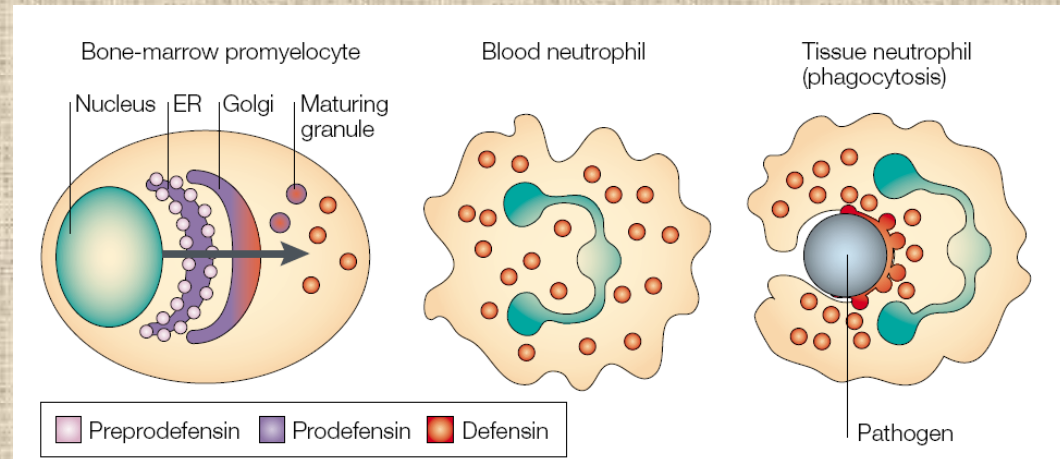
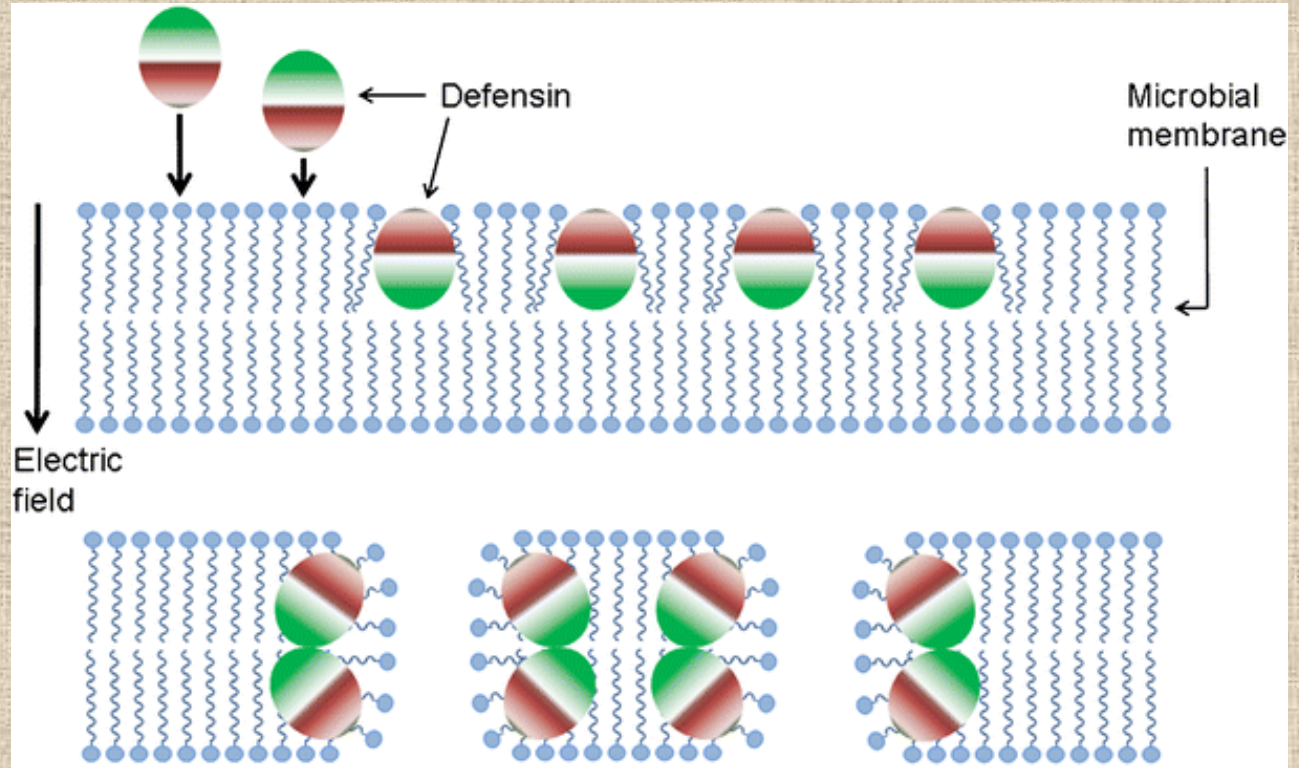
Antimicrobial peptides



Defensin



Cathelicidin

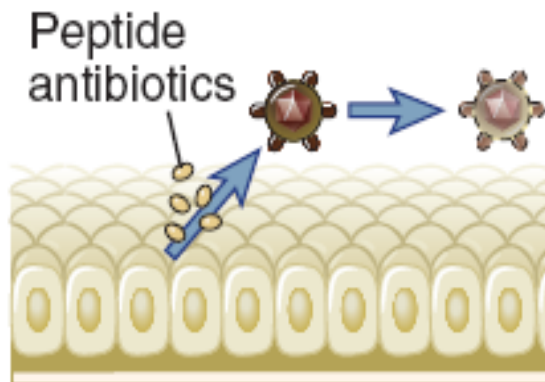


The role of epithelial barriers

Physical barrier
to infection

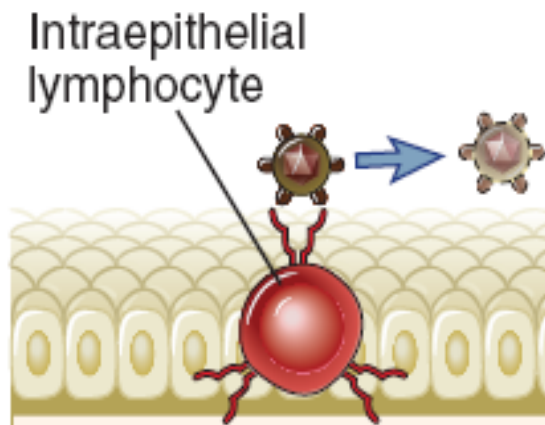


Killing of microbes
by locally produced
antibiotics,
defensins,
cathelicidins



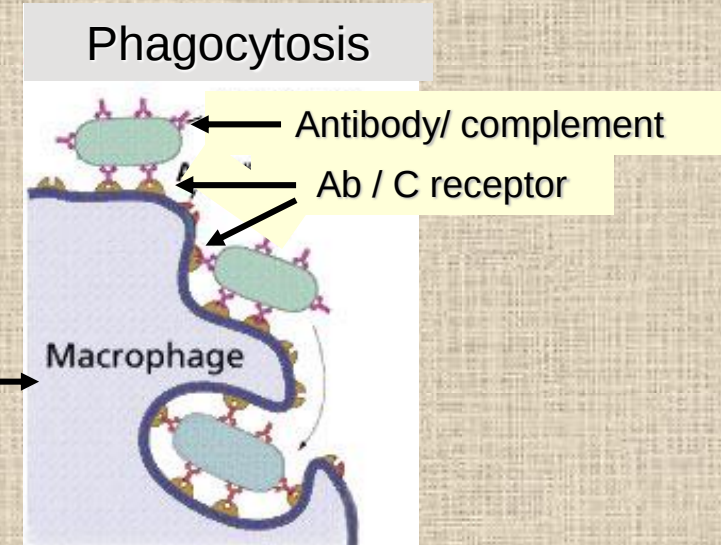
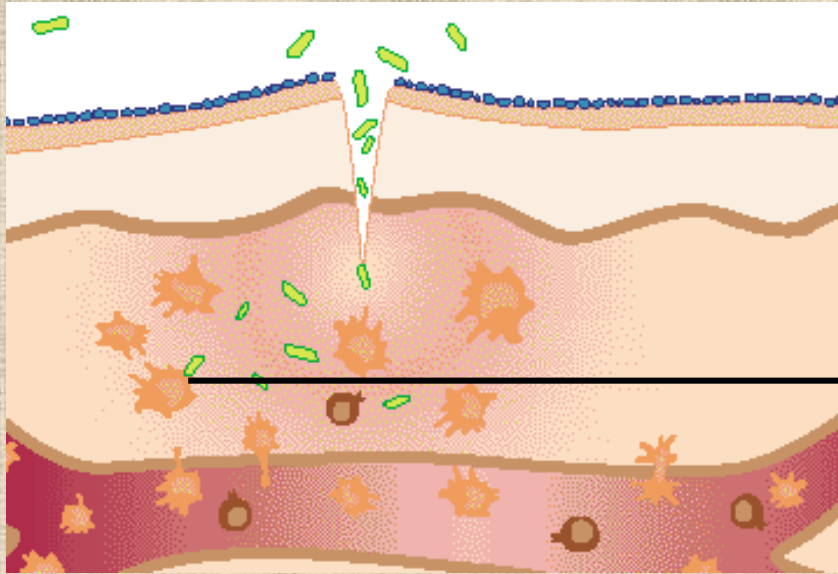
Defensins,
cathelicidins

Killing of microbes
and infected cells
by intraepithelial
lymphocytes

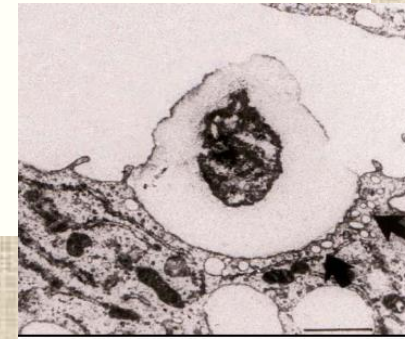


Mast cells, IEL:
 $\gamma\delta$ T cells

II. Second line of defense: innate immunity, phagocytes, inflammation



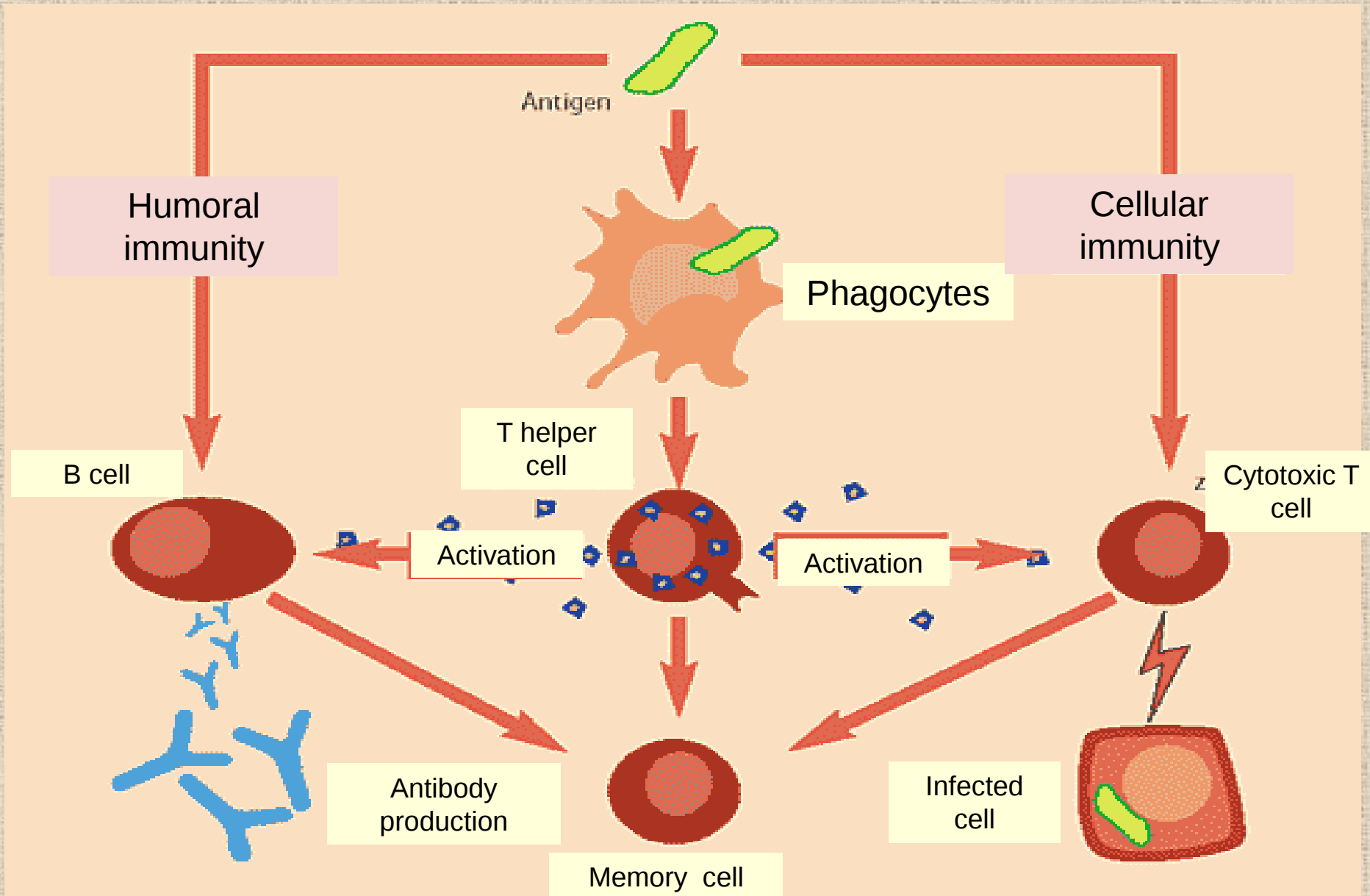
1. **Phagocytes** in the blood and tissues.
2. Soluble **proteins (immunglobulin and complement)**, bind to microbe surface (**opsonisation**) to enhance the phagocytosis.



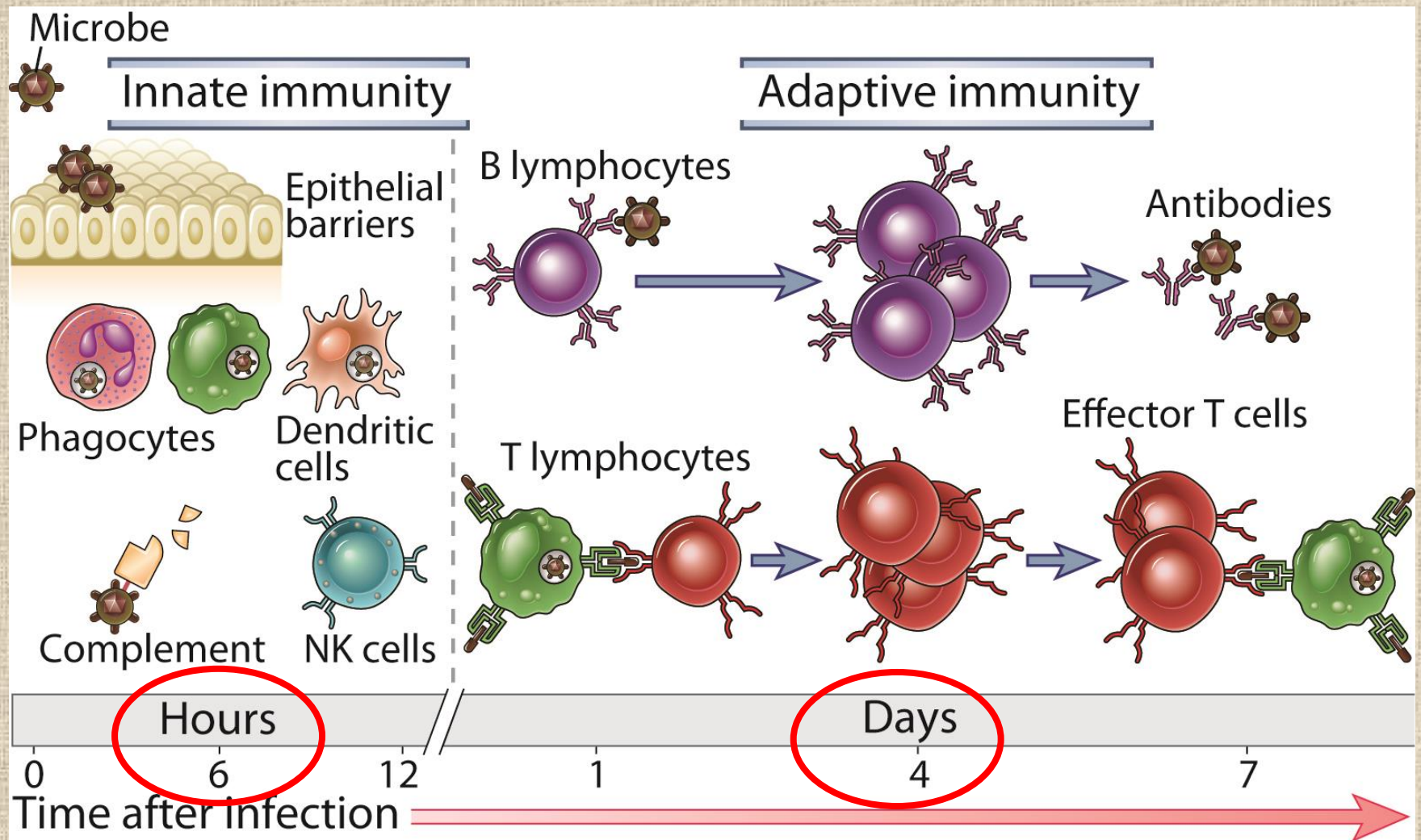
Functions of innate immunity

- The first line of defense against infections-local
- Localisation of microbes and inhibits their spreading
- The effector mechanisms of innate immunity aid the adaptive immunity to eliminate the pathogens
- Activate and influence the adaptive immunity

III. The third line of defense: adaptive immunity



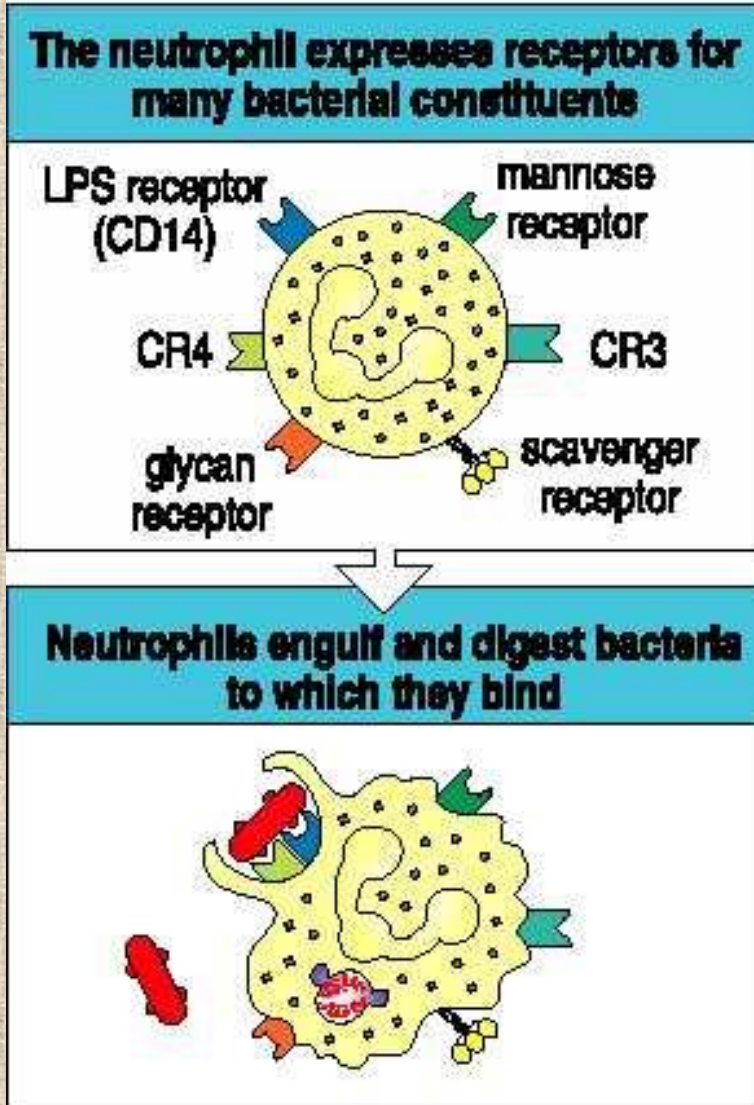
The kinetics of innate and adaptive immune response



- Different levels of the immune response
- Recognition molecules of innate immunity
- Initiation of local and systemic inflammation
- Extravasation, homing

Recognition of pathogens, phagocytosis

Figure 8.8

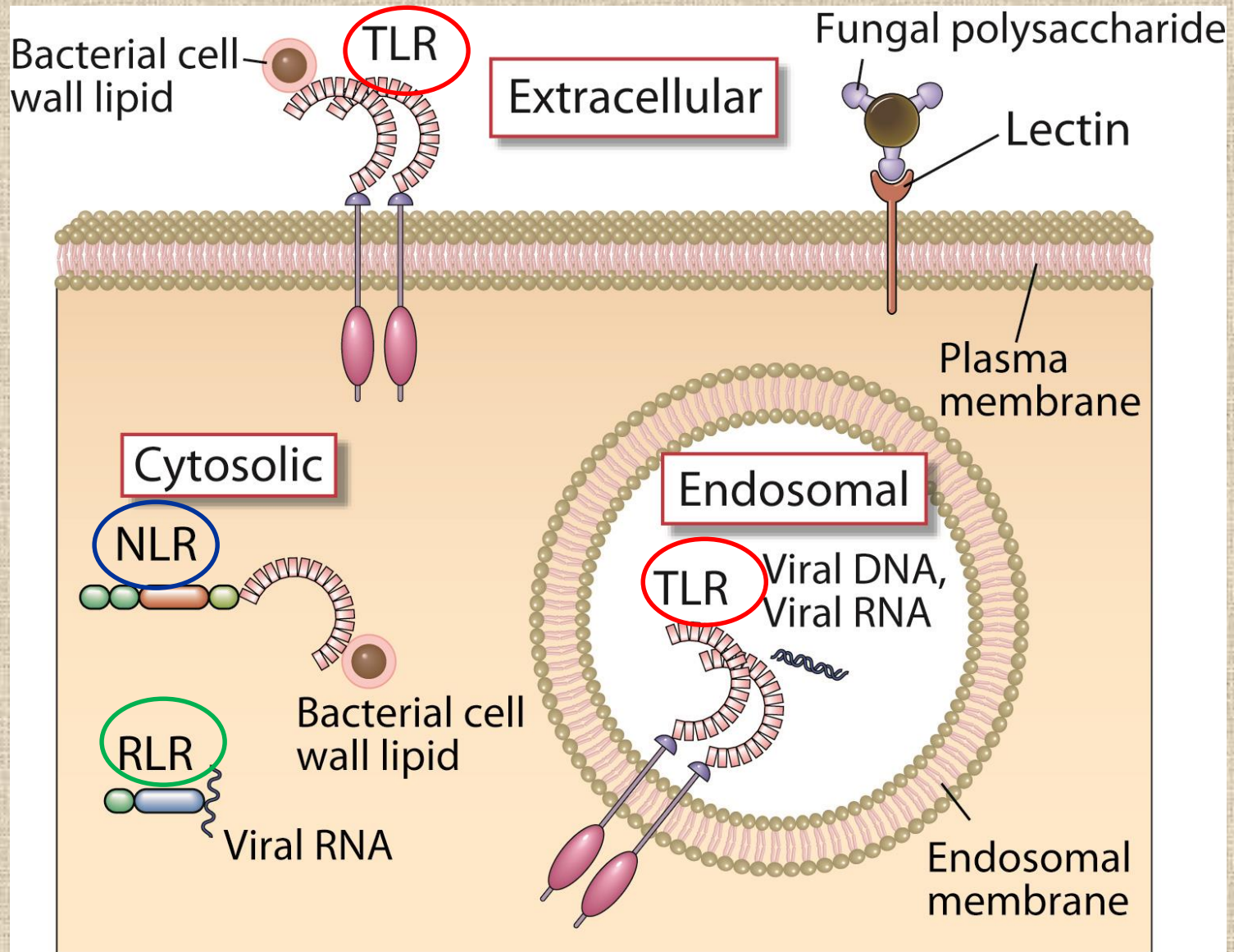


PRR= „Pattern Recognition Receptors”

→ Binding to the PAMPS of microbes

PAMP=„Pathogen Associated Molecular Patterns

Pattern recognition receptors

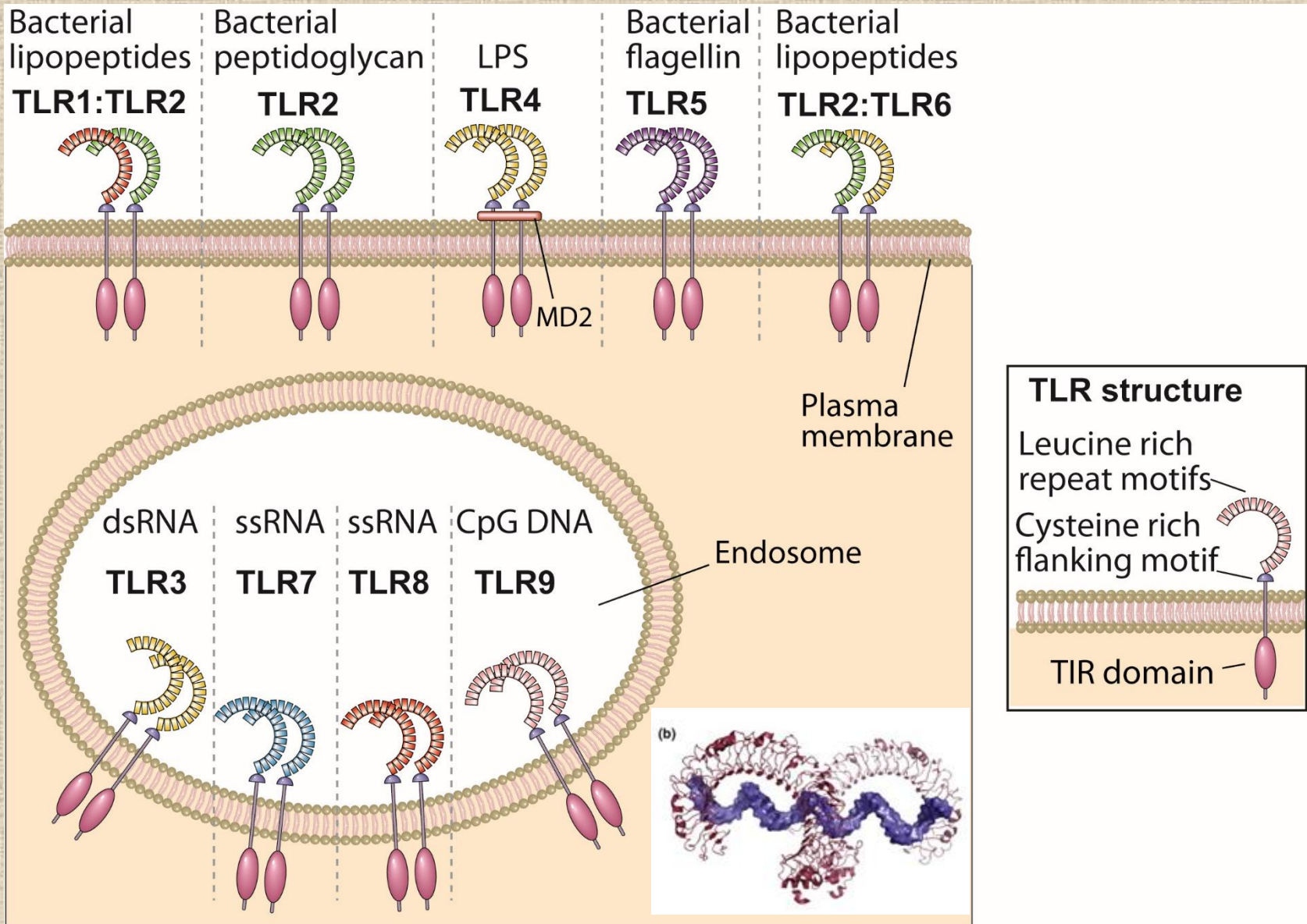


Toll-like receptors (TLR)

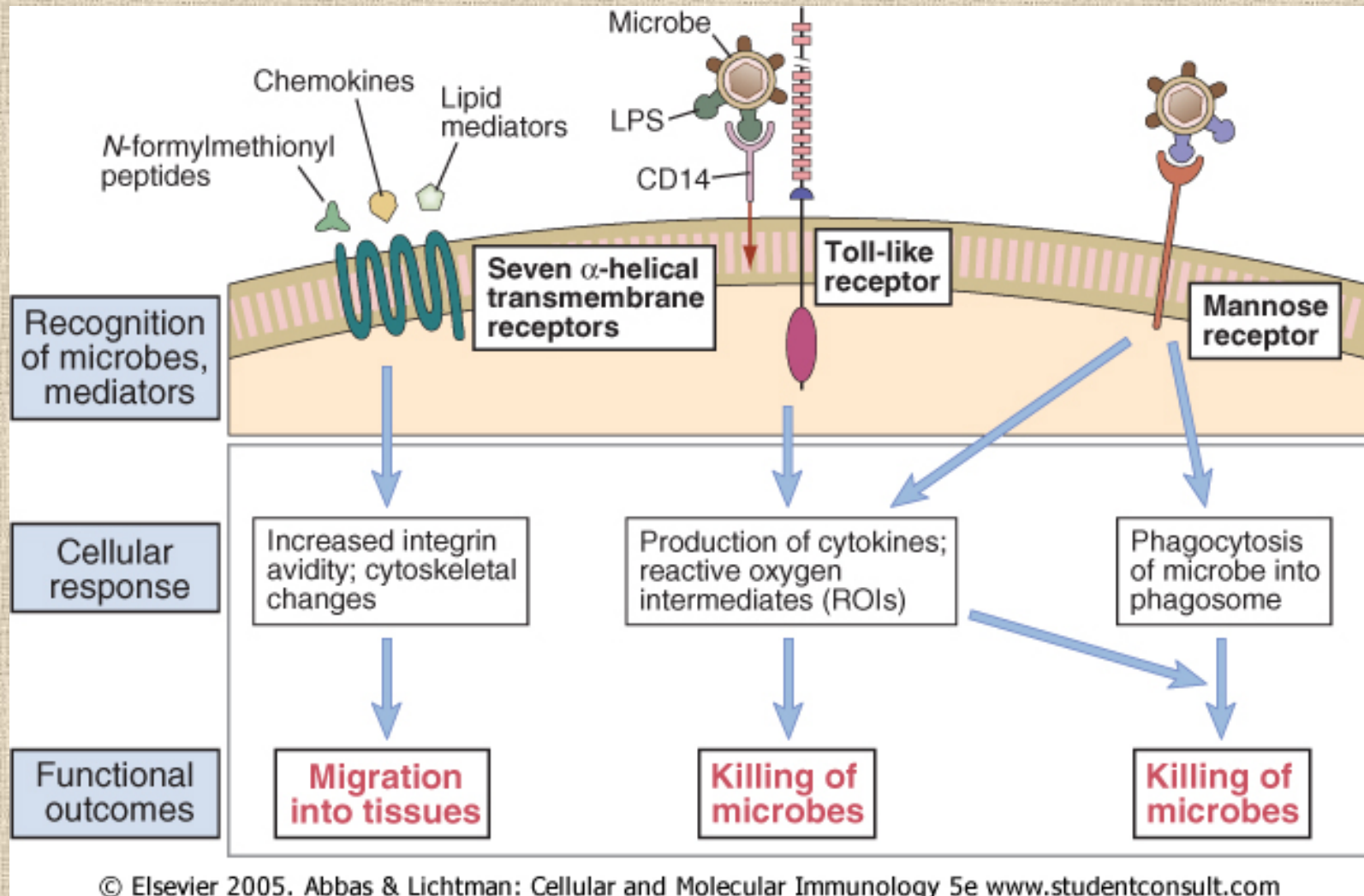
NOD-like receptors (NLR)

RIG-like receptors (RLR)

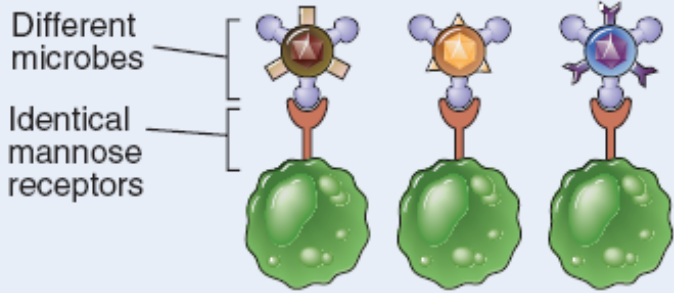
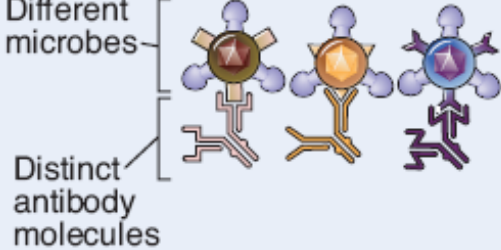
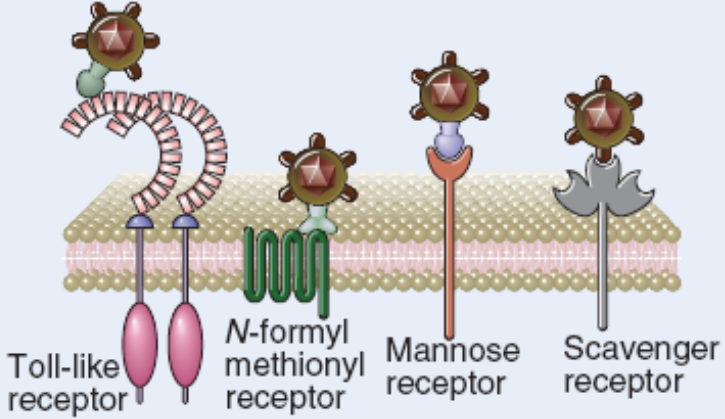
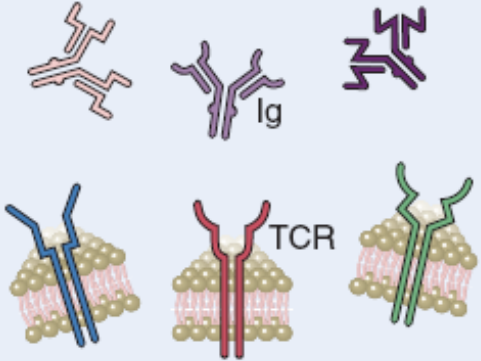
Pattern recognition receptors: Toll-like receptors (TLR)



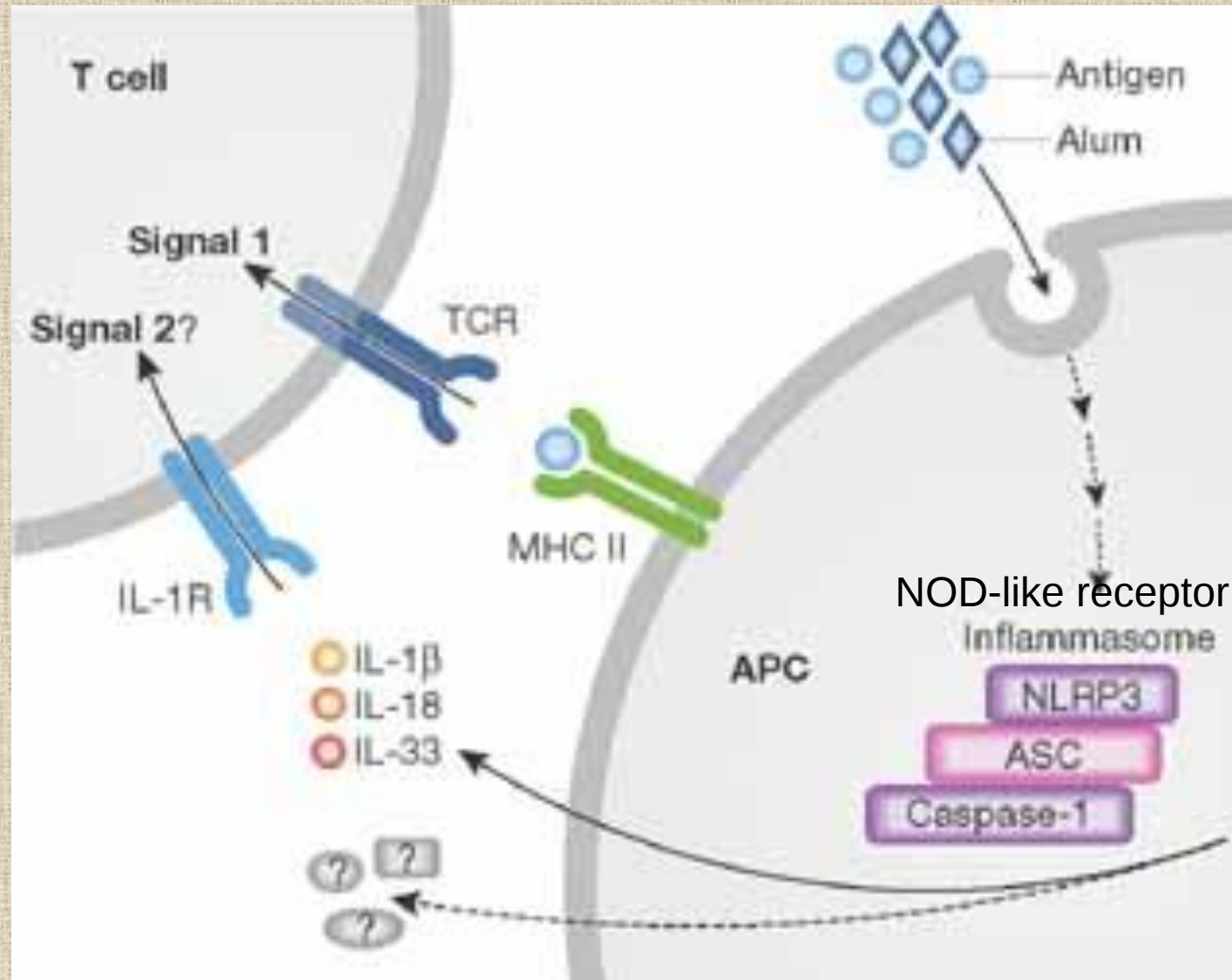
Phagocyte receptors



Specificity of innate and adaptive immunity

Innate Immunity	Adaptive Immunity
Specificity For structures shared by <u>classes of microbes</u> (pathogen-associated molecular patterns) Different microbes Identical mannose receptors 	For structural detail of microbial molecules (<u>antigens</u>); may recognize nonmicrobial antigens Different microbes Distinct antibody molecules 
Receptors <u>Encoded in germline</u> limited diversity (pattern recognition receptors)  Toll-like receptor N-formyl methionyl receptor Mannose receptor Scavenger receptor	Encoded by genes produced by <u>somatic recombination of gene segments</u>; greater diversity  Ig TCR
Distribution of receptors Nonclonal: identical receptors on all cells of the same lineage	Clonal: clones of lymphocytes with distinct specificities express different receptors
Discrimination of self and non-self <u>Yes; healthy host cells are not recognized</u> or they may express molecules that prevent innate immune reactions	Yes; based on elimination or inactivation of self-reactive lymphocytes; may be imperfect (giving rise to autoimmunity)

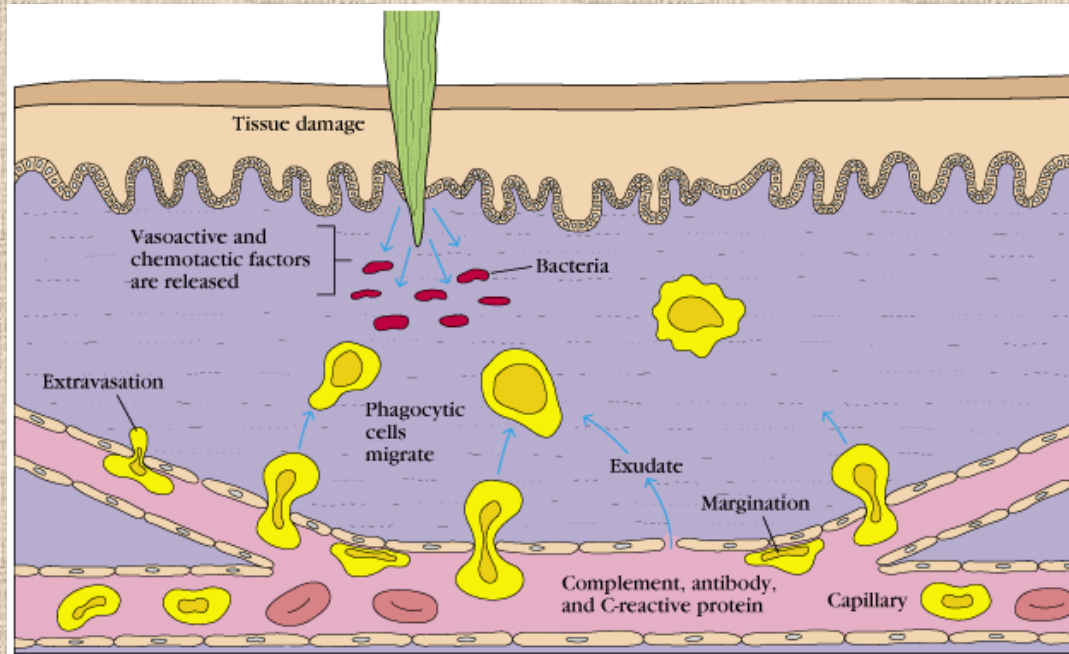
Vaccination and the role of adjuvants



- Different levels of the immune system
- Recognition molecules of the innate immunity
- Local and systemic inflammation
- Extravasation, homing

Acute inflammation:

- Infection or tissue-injury initiate the cascade of non-specific reactions
- Immediate reaction
- its role to inhibit the spreading of infection and tissue injury



Celsus: 4 signs of inflammation: - rubor (red), calor (hot), dolor (painfull), tumor (swelling) + functio laesa (loss of function)

- 3 main events:
- Vasodilation – w/in minutes
 - higher capillary permeability, fluid efflux, initiation of oedema
 - Phagocytes migration: - hours

Molecular mediators of inflammation

Plasma enzyme mediators:

- kinin kallikrein system
- Fibrinolytic system
- Complement cascade
- Clotting cascade

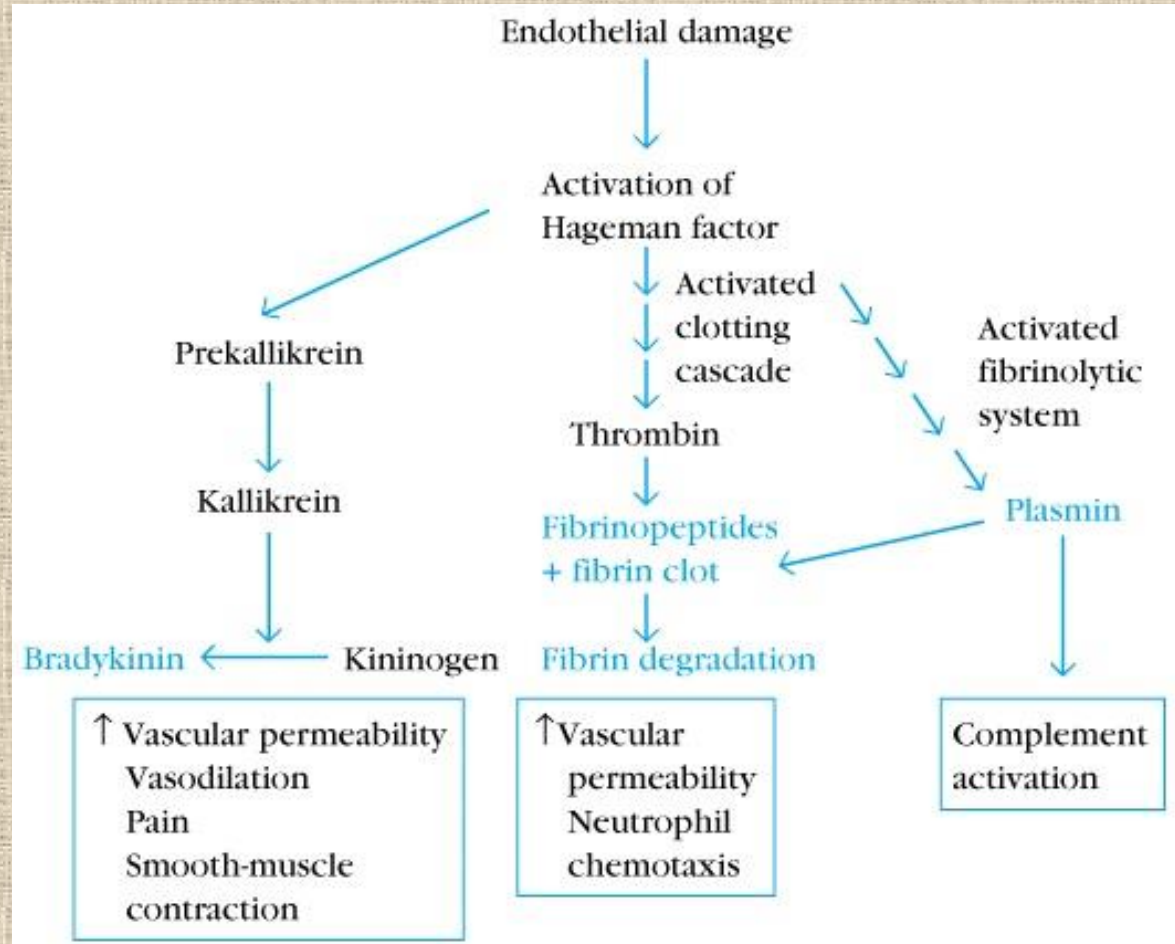
Lipid mediators:

leukotrienes,
prostaglandins (PGE)

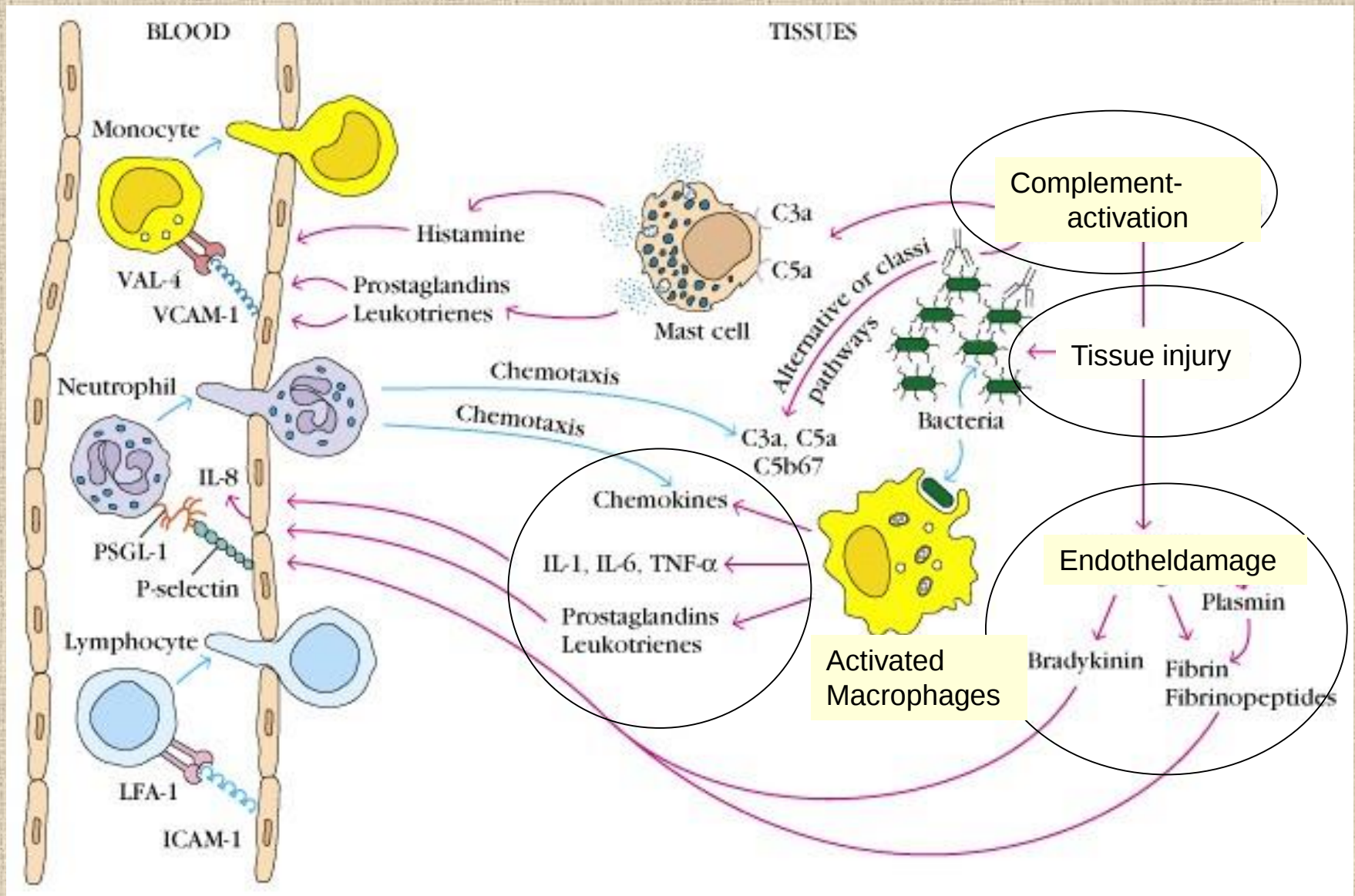
Chemoattractants:

- Chemokines: IL-8
- Complement components
- PAF (platelet activating factor)

Inflammatory cytokines

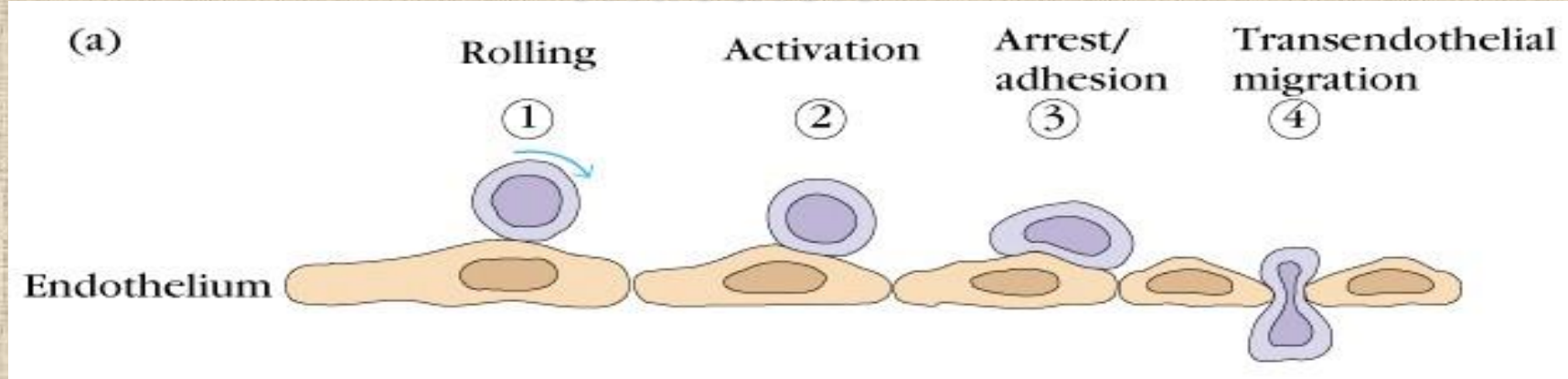


Initiation of acute inflammation



- Different levels of the immune response
- Recognition molecules of the innate immunity
- Local and systemic inflammation
- Extravasation, homing

Neutrophils extravasation through the inflamed endothels

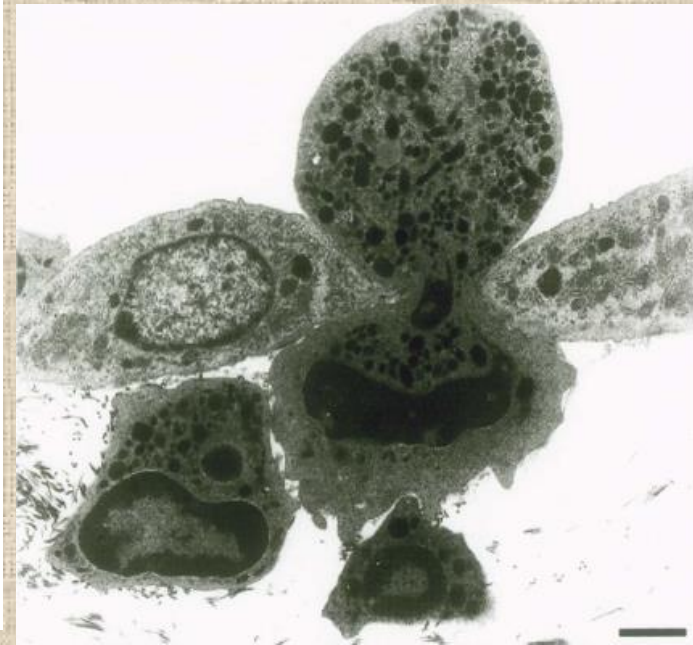
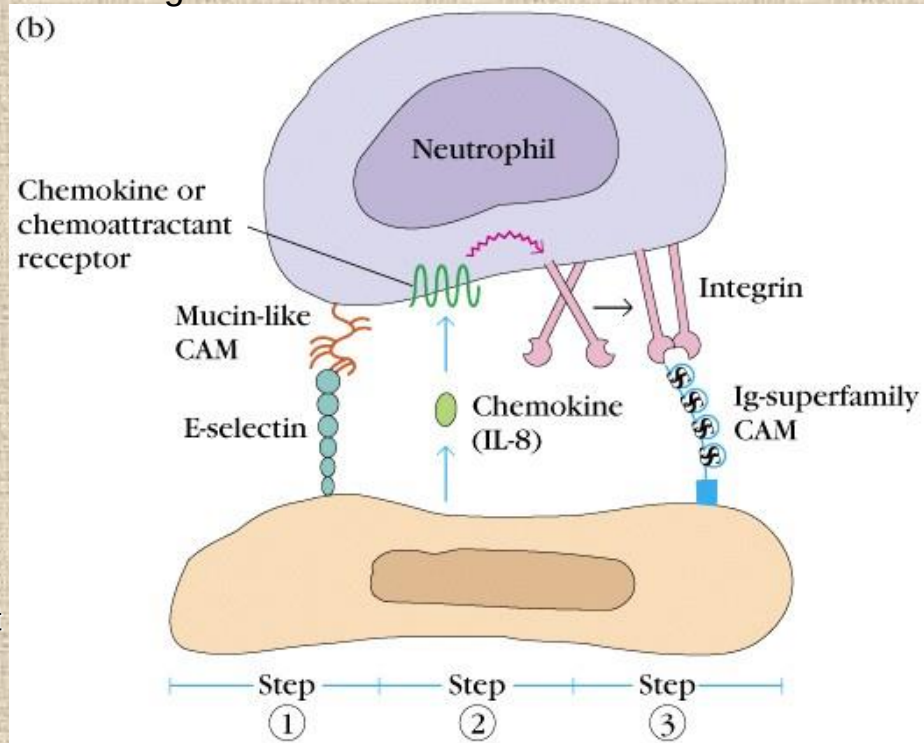


1. Selectin-mediated rolling

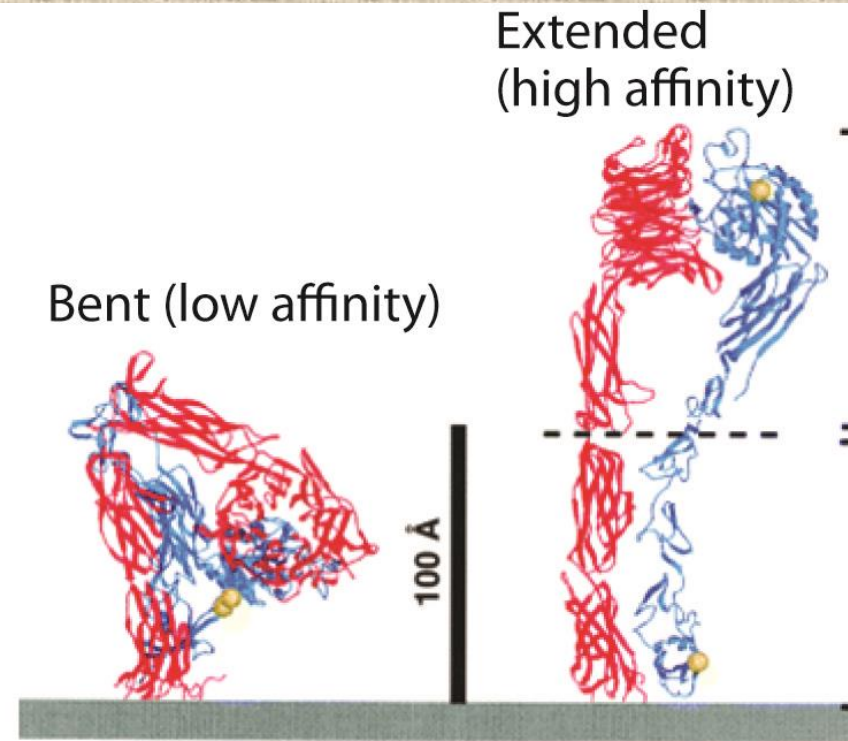
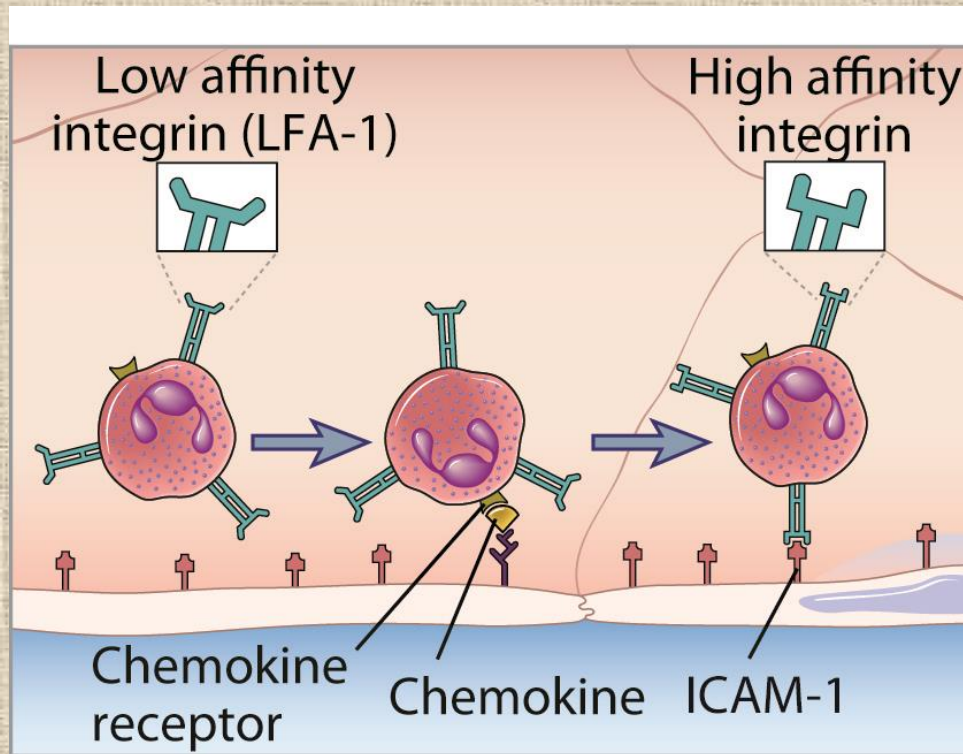
2. Chemoattractant mediated activation

3. Integrin-mediated adhesion

4. Transendothelial migration



Chemokines accelerate conformational changes in integrins



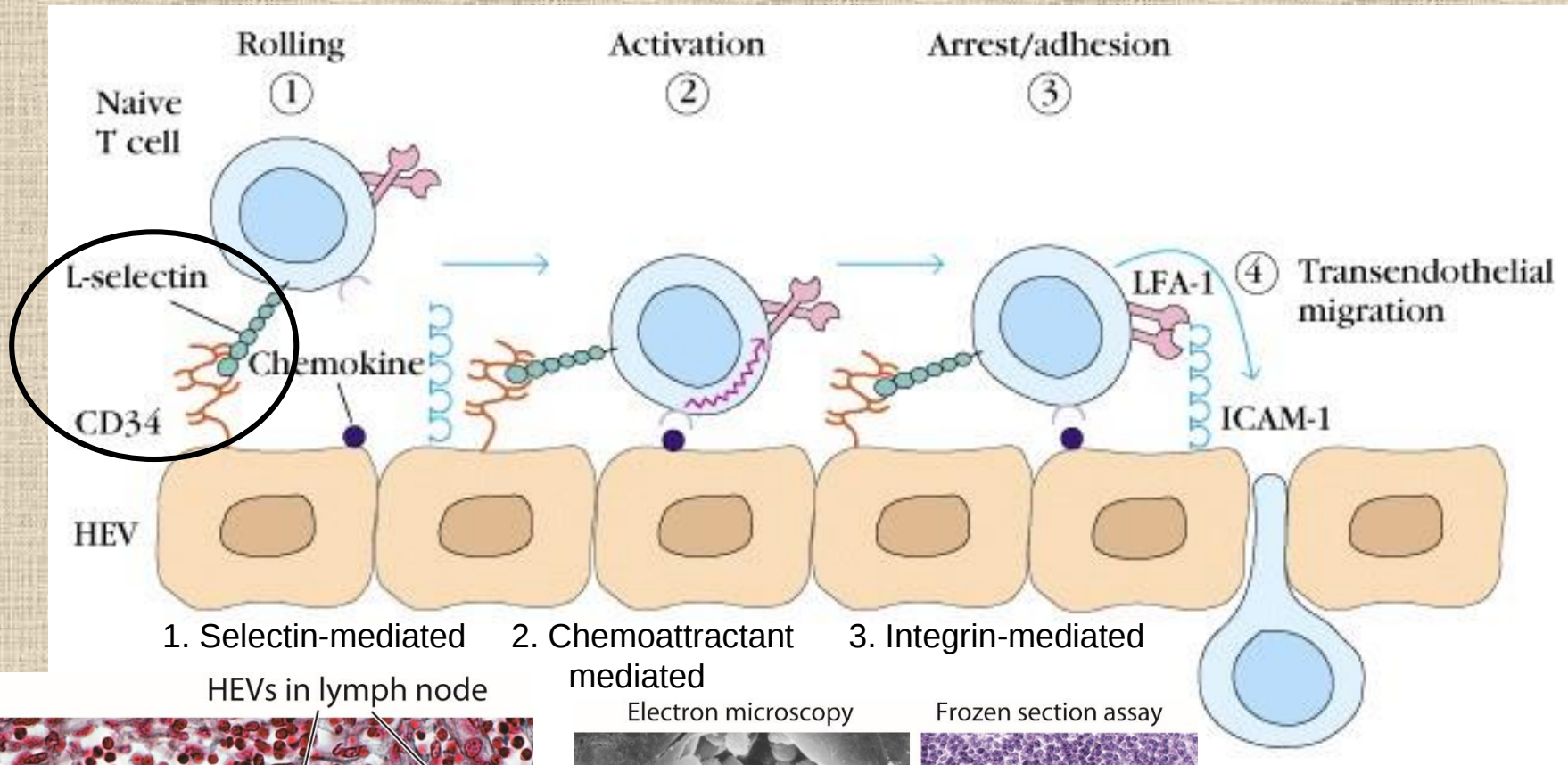
Leukocyte functional antigen 1 (LFA-1)



Intercellular adhesion molecule 1 (ICAM-1)

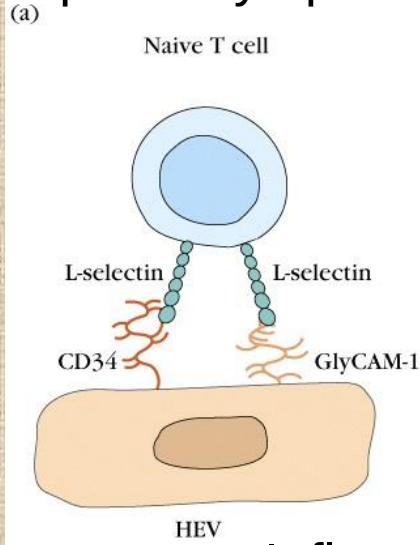
Naive lymphocytes migrate into the peripheral lymphoid tissues:

Role of high endothelium venules (HEV) and adhesion molecules:

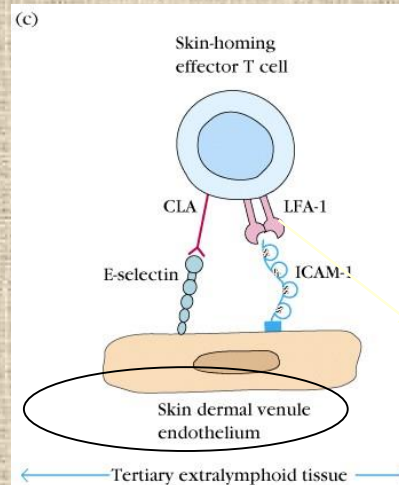
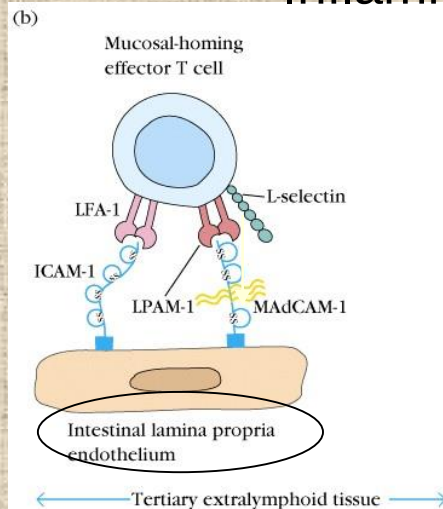


Different adhesion molecules determine the migration of naive and memory (effector) cells

Peripheral lymphoid tissue

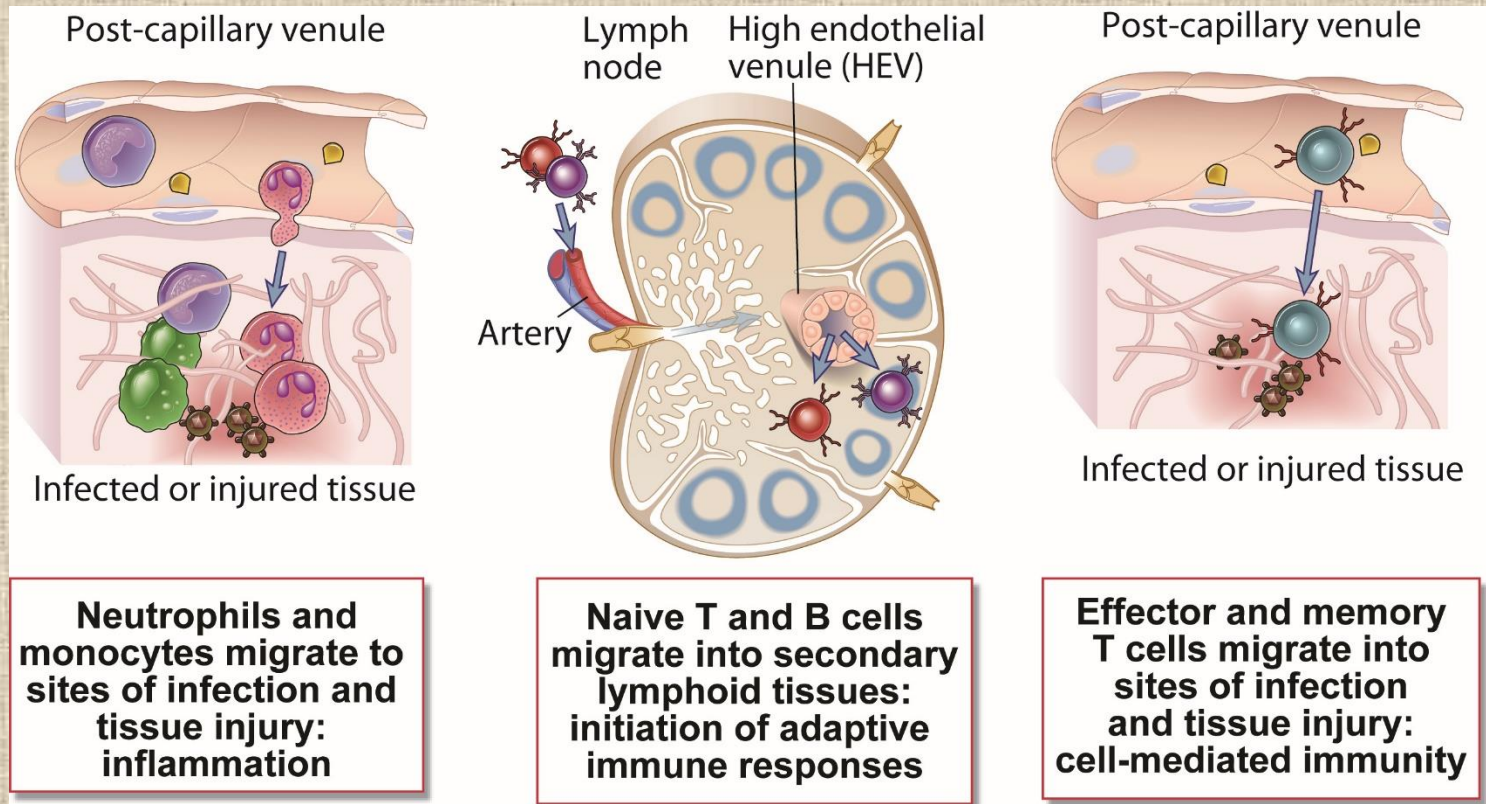


Inflammatory tissue



Falus A: Adj király katonát!, 1999.

Lymphocyte recirculation: continuous migration of cells from the blood and lymph into the lymphoid and inflamed tissues = HOMING



Role:

- Promotes the encounter with antigen
- Promotes the initiation of inflammatory response

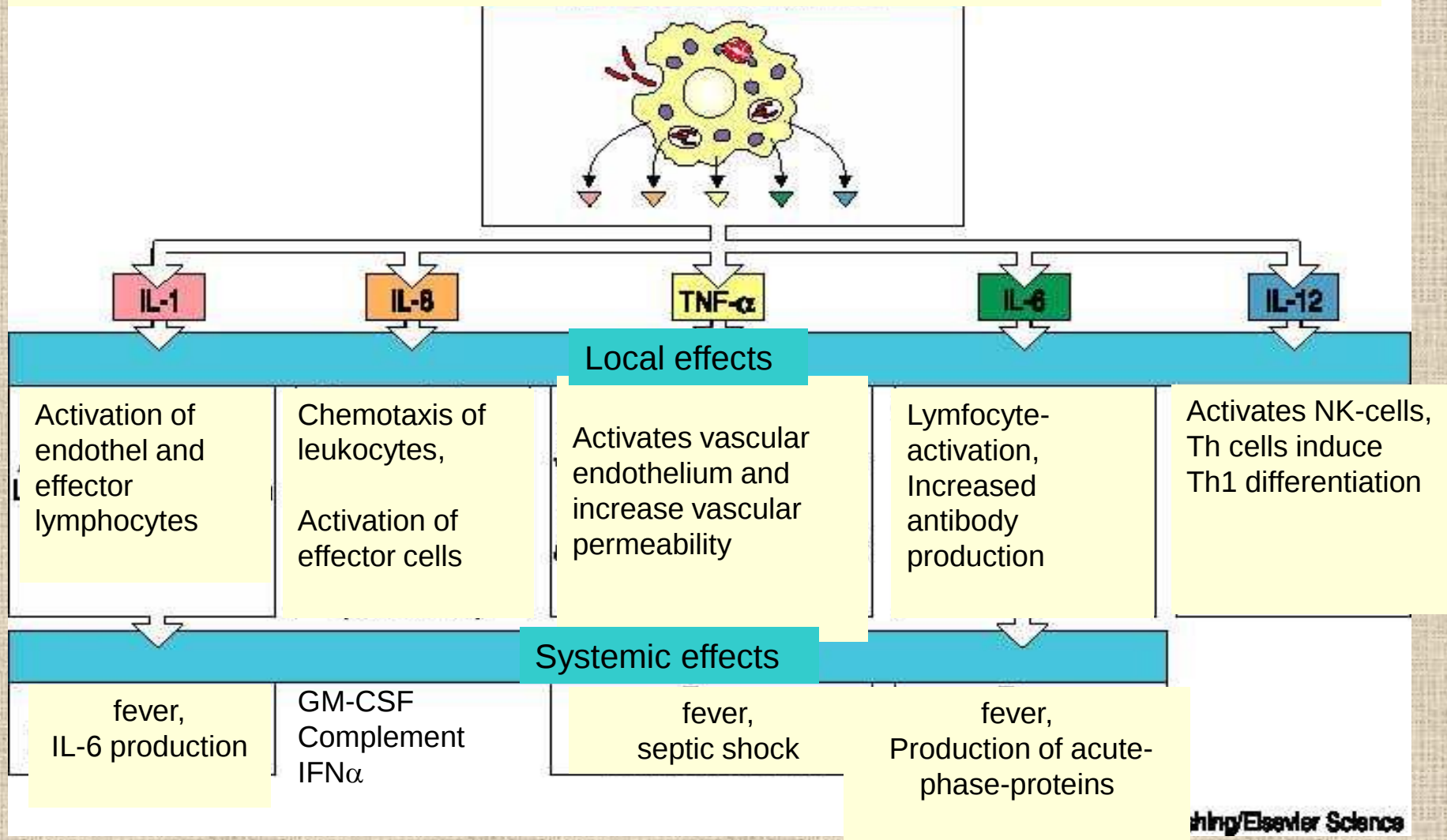
Mechanisms:

- Extravasation: adhesion then transmigration of leukocytes through the endothel from the bloodflow into the tissue.

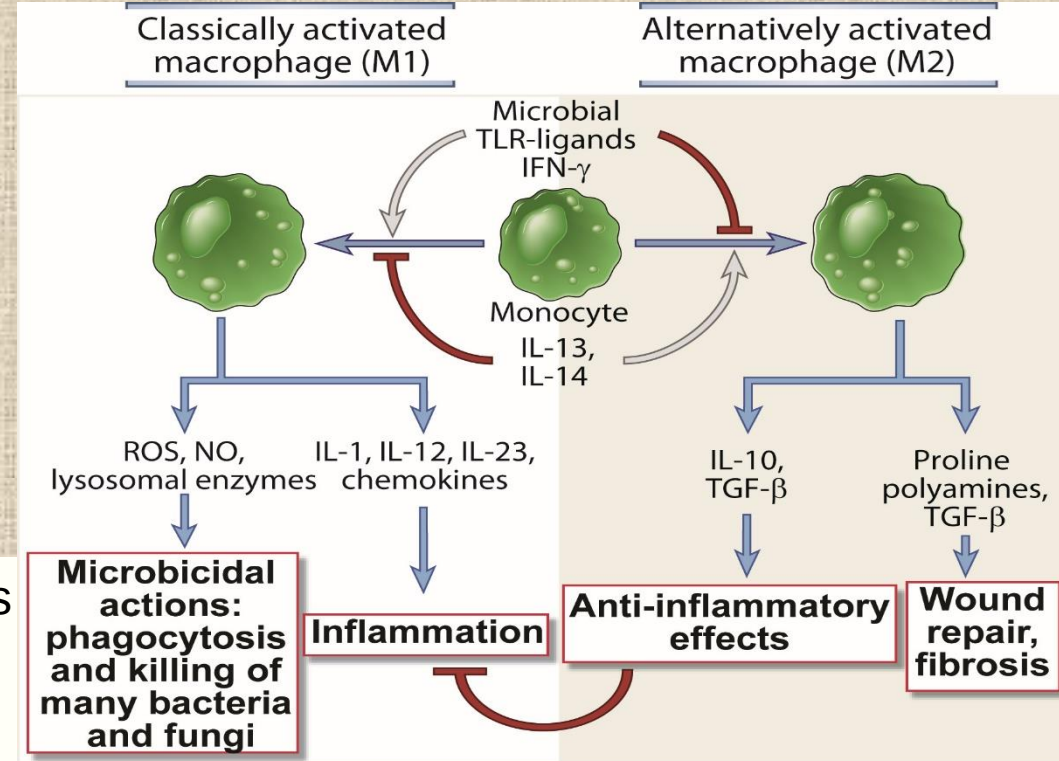
All lymphocyte circulates approx. 1-2 times per day.

Role of macrophages in acute inflammation I

LPS originated from Gram – bacterium LPS activates the macrophages, those produce various cytokines



Role of macrophages in acute inflammation II: classical and alternative activations



Classical activation

Resting macrophage: → Phagocytosis

LPS

Activated macrophage: → antigen presentation, MHCII $\uparrow$
cytokine-production

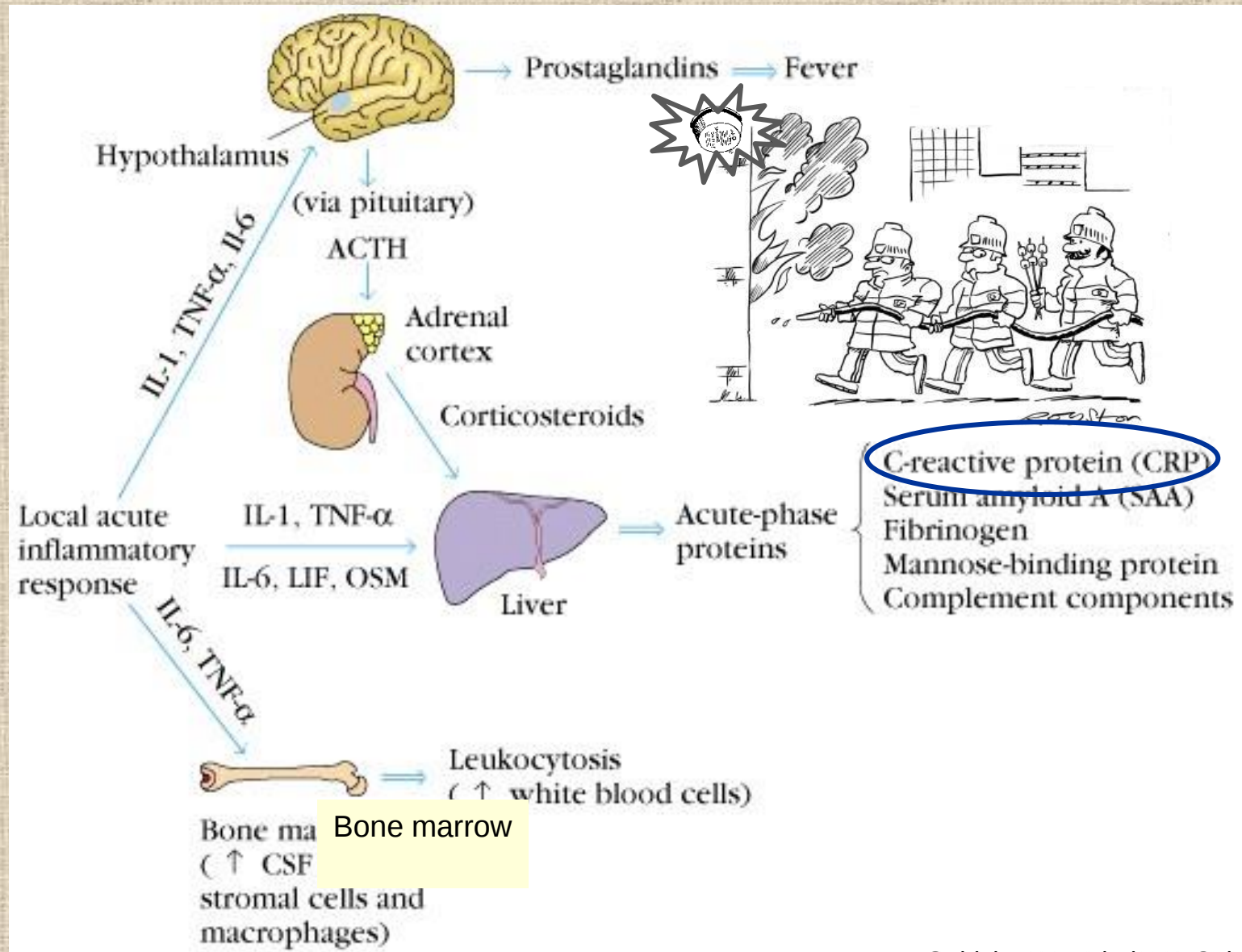
IFN γ

Hyperactivated macrophage: → cytotoxicity MHCII $\downarrow$
(TNF α)

Abbas, Lichtman, Pillai: Cellular and Molecular Immunology 7th Edition, 2012.

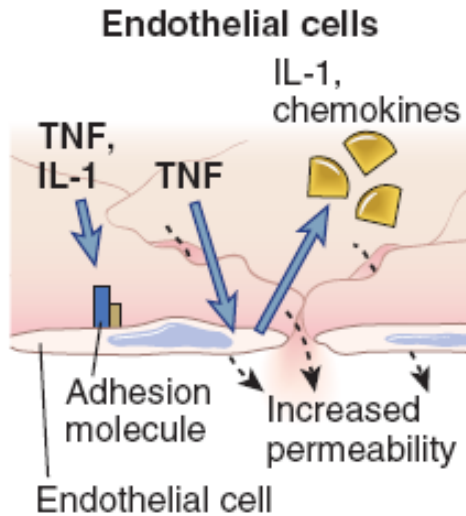
Janeway CA Jr, Travers P, Walport M, Shlomchik MJ. Immunobiology, 2005.

Systemic acute inflammation = acute phase reaction

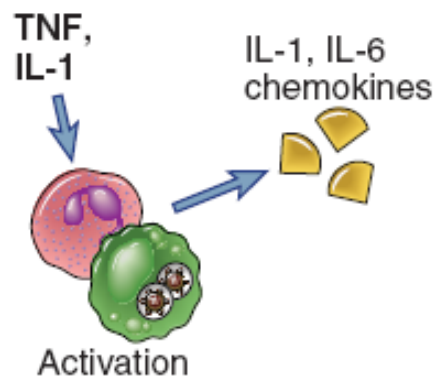


Acute inflammation / Chronic inflammation

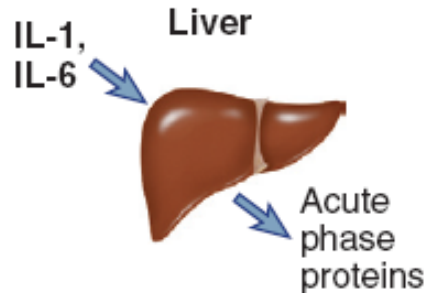
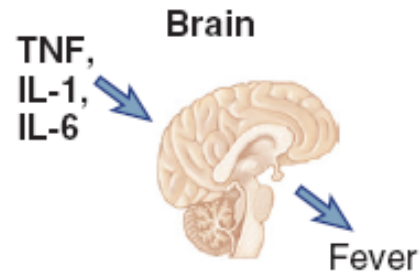
Local inflammation



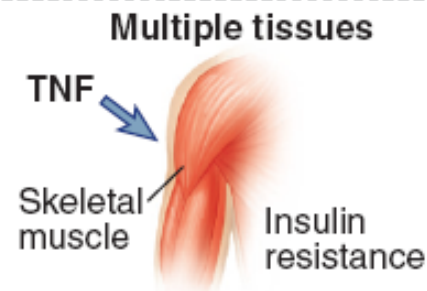
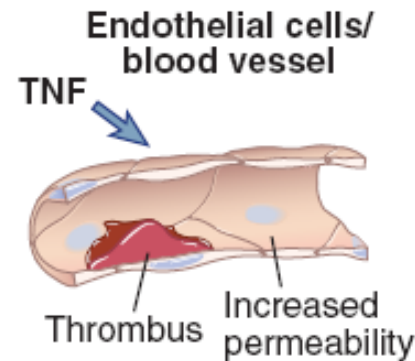
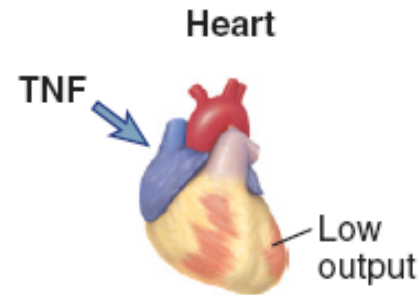
Leukocytes



Systemic protective effects

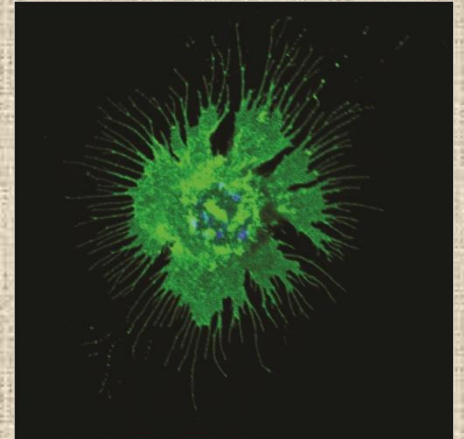
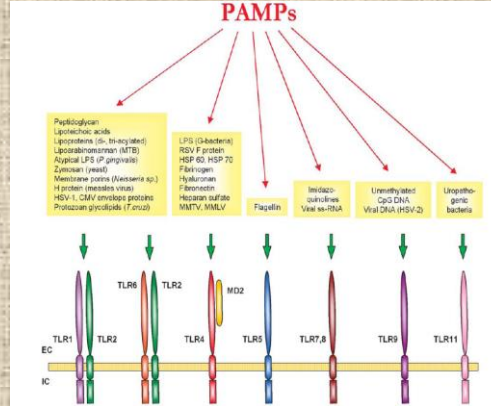
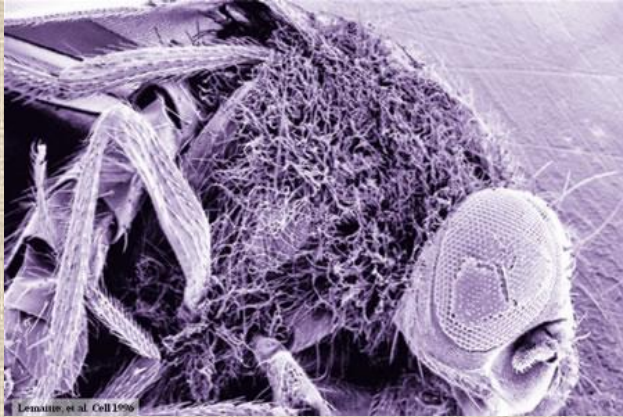


Systemic pathological effects



TNF inhibitors,
Steroids

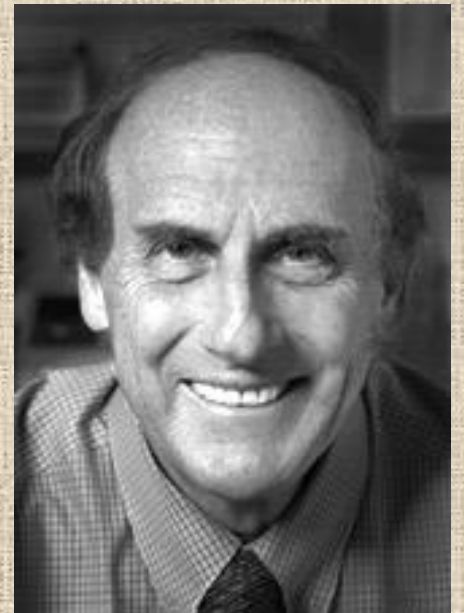
Nobel Laureates in 2011 for medicine and physiology



Jules A. Hoffmann



Bruce A. Beutler



Ralph M. Steinmann