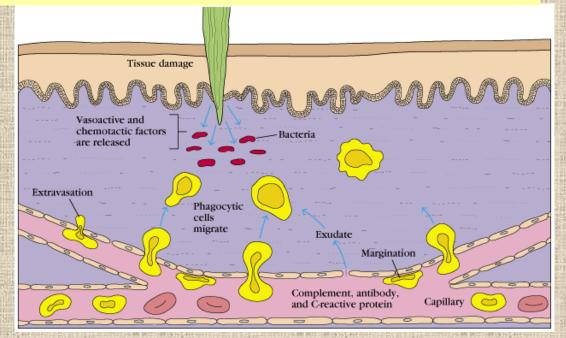
## **Basic immunology**

### Lecture 5. Inflammatory reaction

#### **Timea Berki**

#### Acute, local inflammation:

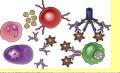
- Infection or tissue-injury initiate the cascade of non-specific reactions
- Immediate reaction
- Its role is to inhibit the spreading of infection and tissue injury



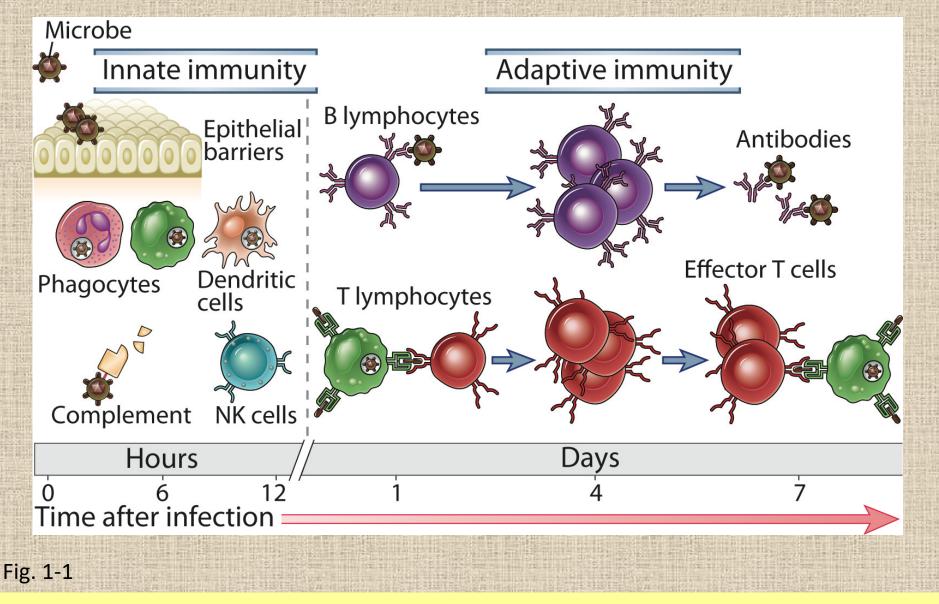
**Celsus**: 4 signs of inflammation: - rubor (red), calor (hot), dolor (painfull), tumor (swelling) + functio laesa (loss of function)

- 3 main events: Vasodilation minutes
  - Increased capillary permeability, fluid efflux, oedema
  - Phagocytes migration: hours

Goldsby RA, Kindt TJ, Osborne BA: Kuby Immunology 4th Edition, 2000.



### **Innate and Adaptive Immunity**



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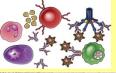
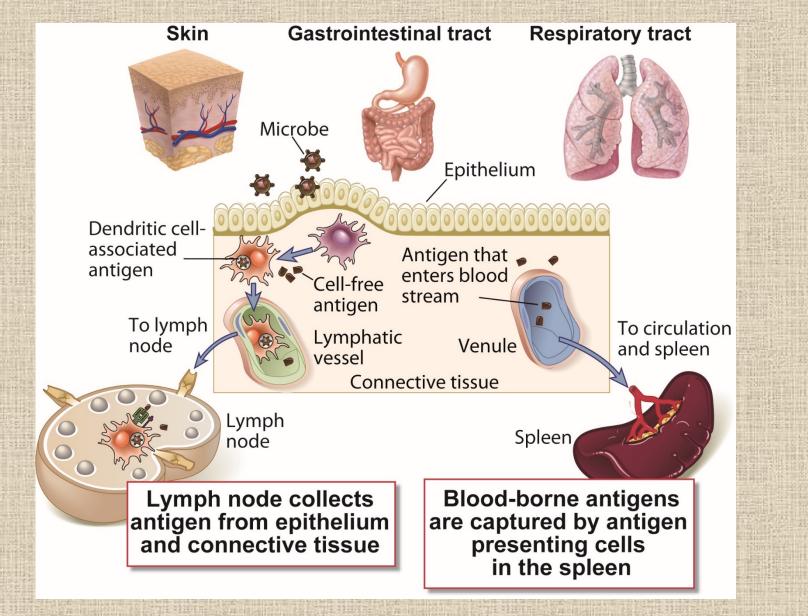


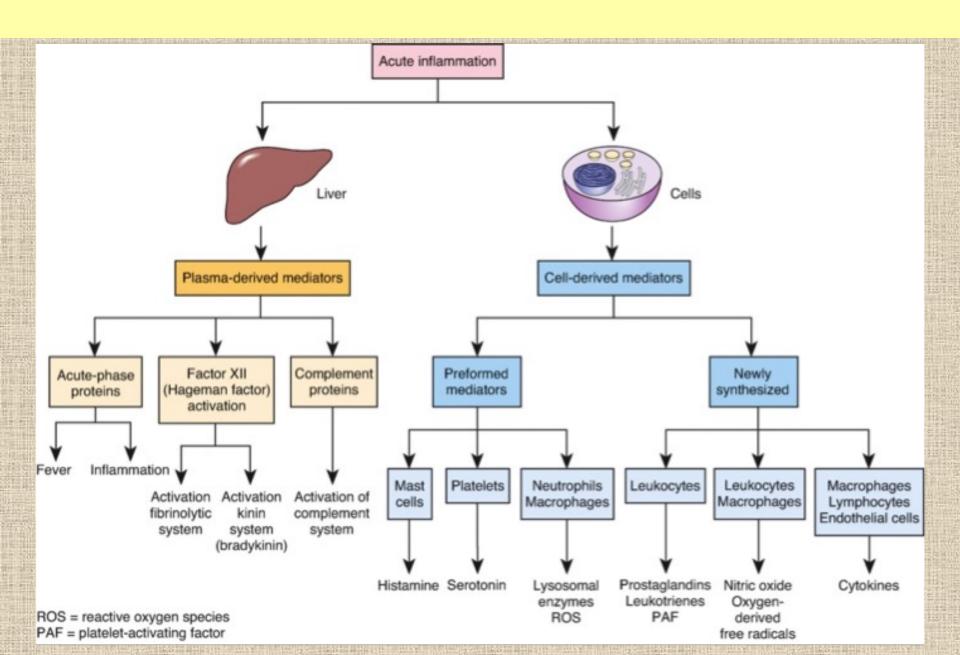
Fig. 6-3

#### **Routes of Antigen Entry**



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#### **Mediators of inflammation**



#### **Molecular mediators of inflammation**

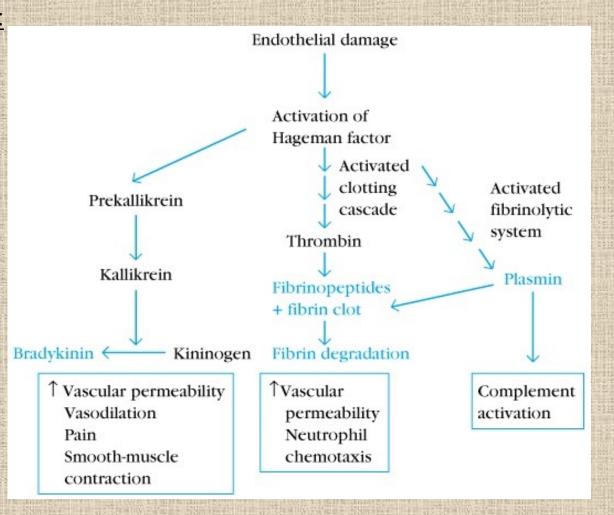
#### Plasma enzyme mediators:

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

Lipid mediators: leukotrienes, prostaglandins (PGE)

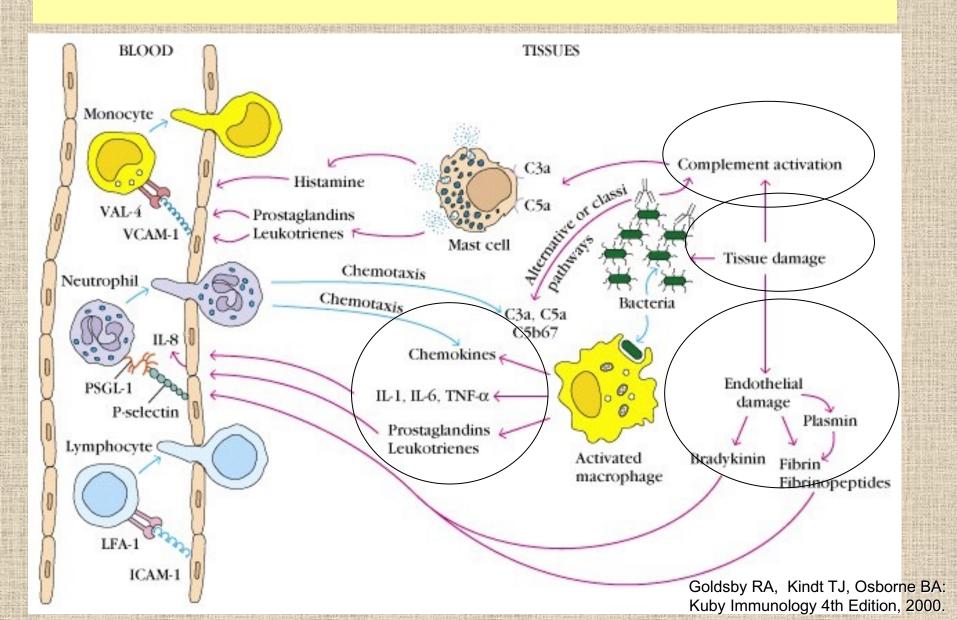
Chemoattractants: -Chemokines: IL-8 -Complement components - PAF (platelet activating factor)

Inflammatory cytokines: IL-1, IL-6, TNFalpha



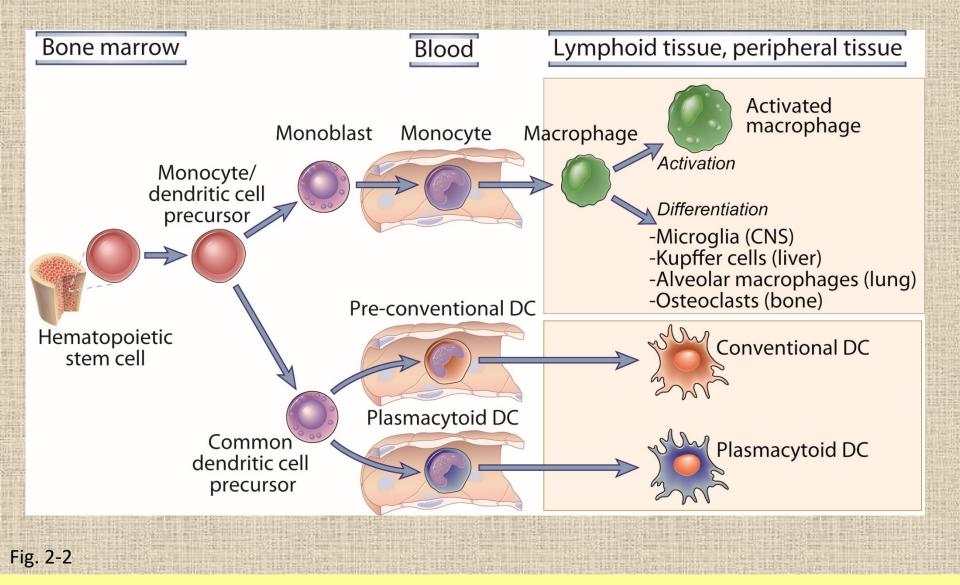
#### Goldsby RA, Kindt TJ, Osborne BA: Kuby Immunology 4th Edition, 2000.

#### **Initation of acute inflammation**



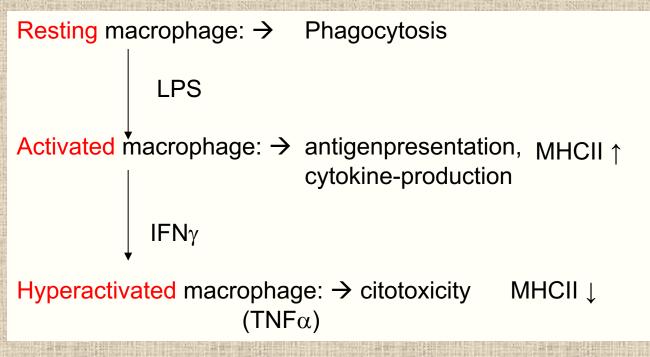


### **Maturation of Macrophages and DCs**



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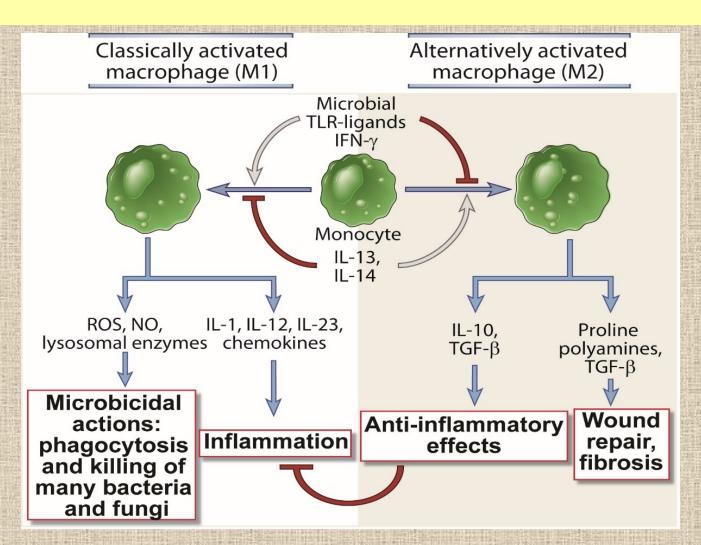
#### Role of macrophages in acute inflammation: classical activation



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

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

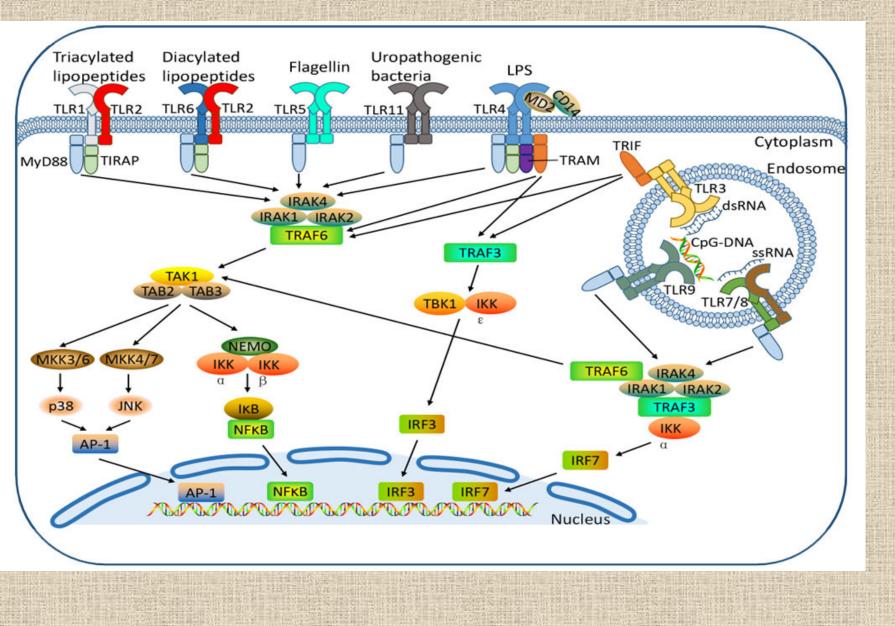
#### **Polarization of macrophages**



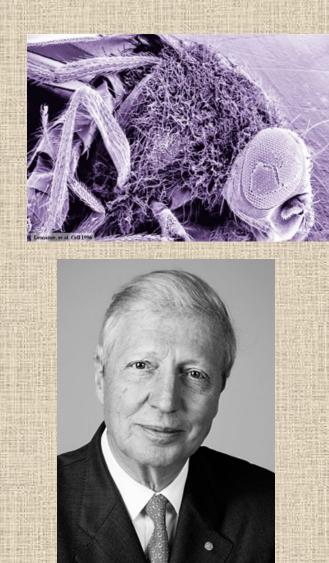
Abbas, Lichtman, Pillai: Cellular and Molecular Immunology 7th Edition, 2012.

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

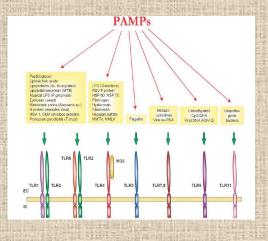
#### **Toll-like Receptors**



#### Nobel Laureates in 2011 for medicine and physiology

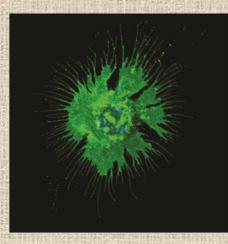


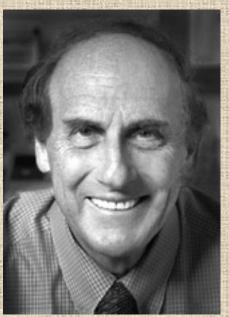
Jules A. Hoffmann





Bruce A. Beutler

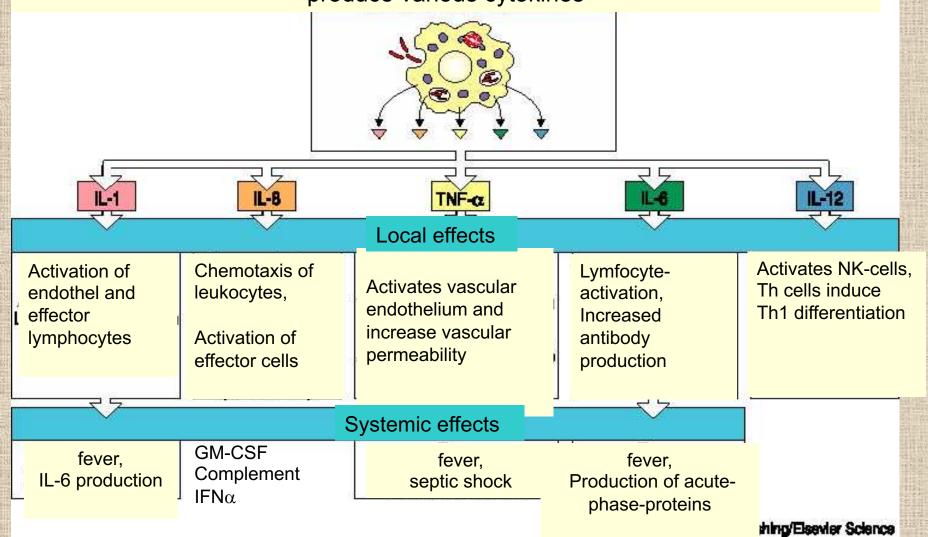




Ralph M. Steinmann

## Activated macrophages produce infalmmatory cytokines

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



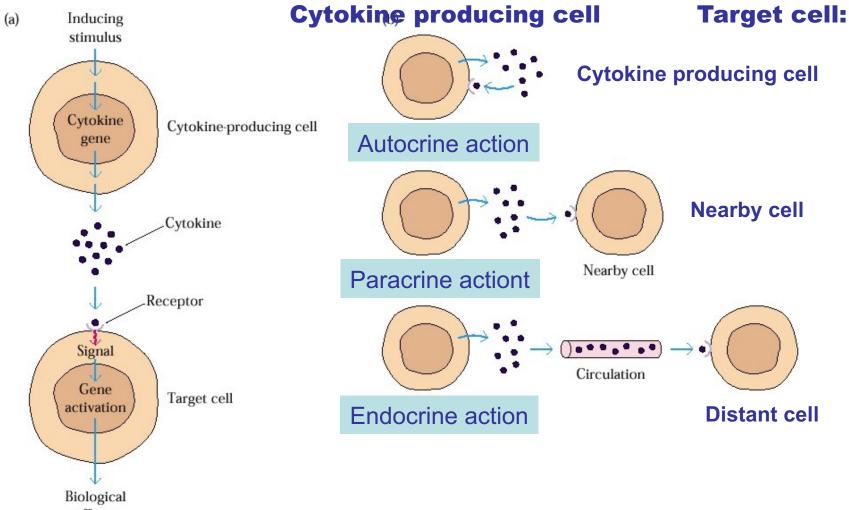
Janeway CA Jr, Travers P, Walport M, Shlomchik MJ. Immunobiology, 2005.

### **Basic characteristics of cytokies**

- Low molecular weight (10-40 kDa) glycoproteins
- Isolated cells secrete them, due to gene activation
- They mediate cell-cell interaction:
- sending information
- regulation of immune response
- Mechanism of action:
  - produced after transient gene activation
  - act through receptors triggering signal-transduction
  - high affinity
  - picomolar concentration

They act mostly locally.

#### Mechanism of cytokine action I.:



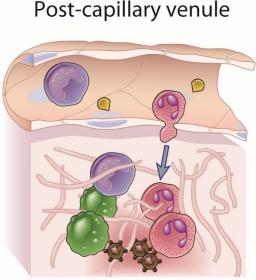
effects

#### Functional groups of cytokines

I. Regulators of natural immunity and inflammation	IFN $\alpha$ , IFN $\beta$ , IL-1 $\alpha$ , IL-1 $\beta$ , IL-6, TNF $\alpha$ IL-12, Chemokines: CXCL8 (IL-8), CCL3,4 (MCP, MIP-1)
II. Regulators of lymphocyte activation and differentiation	TH1: IL-2, INF $\gamma$ , TNF $\beta$ (LT) TH2: , IL-4, IL-5, IL-6, IL-13, IL-15 Treg: IL-10 and TGF $\beta$
III. Regulators of haematopoiesis	IL-3, IL-7, GM-CSF, SCF

# Extravasation, homing (leukocyte migration)

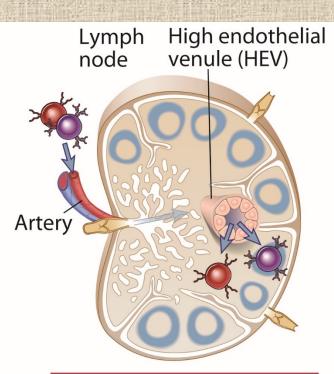
#### **Functions Served by Leukocyte Migration**



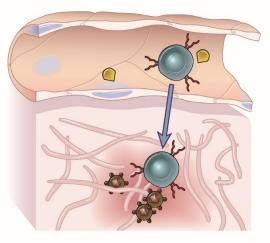
Infected or injured tissue

Neutrophils and monocytes migrate to sites of infection and tissue injury: inflammation

Fig. 3-1



Naive T and B cells migrate into secondary lymphoid tissues: initiation of adaptive immune responses Post-capillary venule



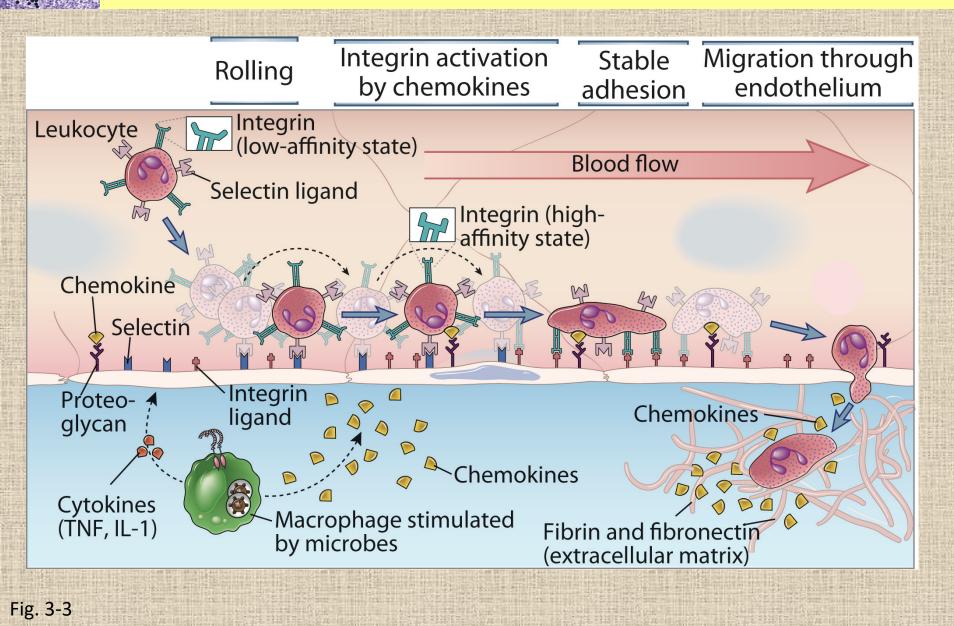
Infected or injured tissue

Effector and memory T cells migrate into sites of infection and tissue injury: cell-mediated immunity

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

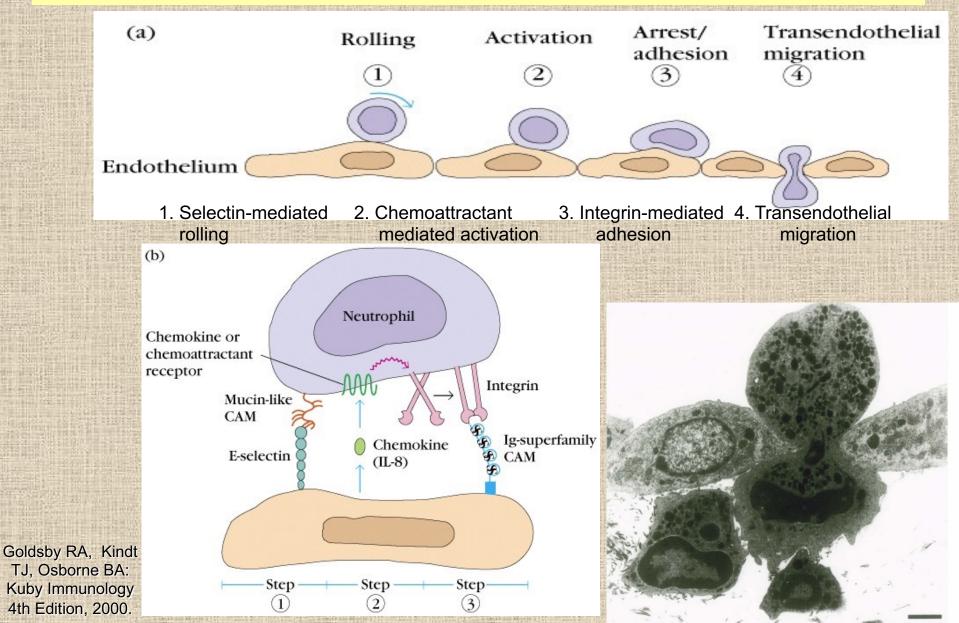
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#### **Leukocyte Recruitment Into Tissues**

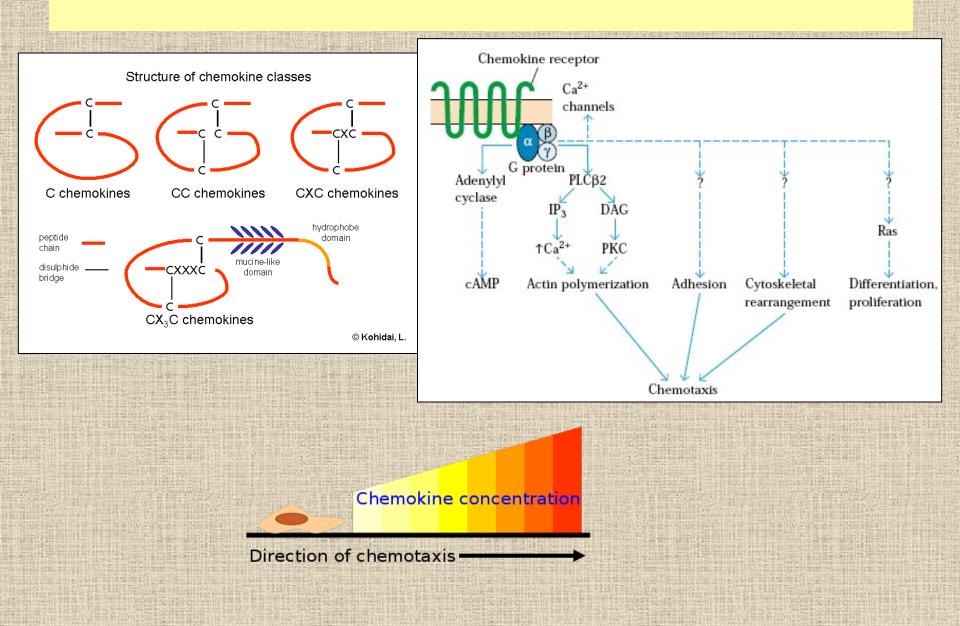


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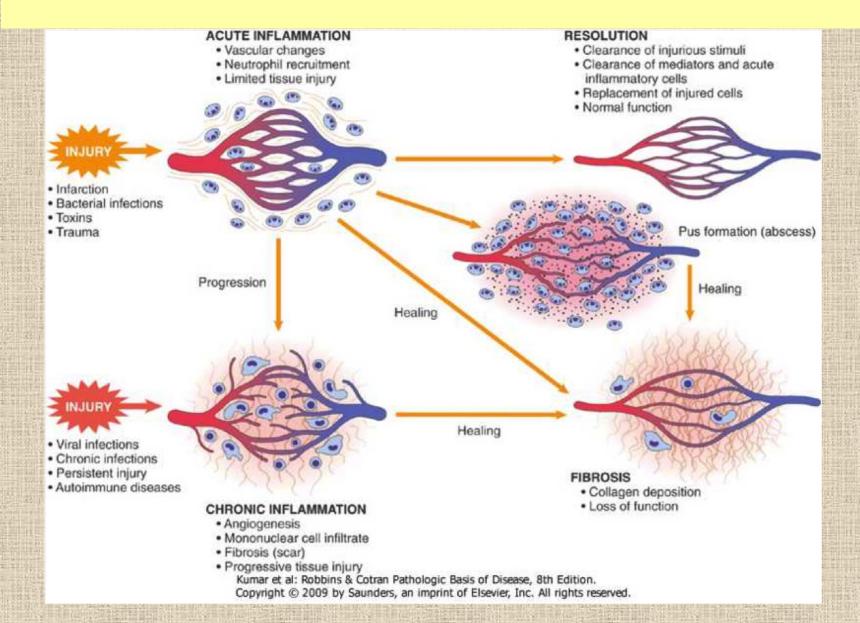
## Neutrophil extravasation through the inflamed endothelium



#### **Chemokine action**



#### **Outcomes of acute inflammation**



## **Causes of Chronic Inflammation**

Unlike acute inflammation showing redness, swelling and pain, chronic inflammation can be invisible

#### Causes

- Autoimmune diseases e.g. such as rheumatoid arthritis, lupus
- Infectious agents e.g. H. pylori, viruses
- Atherosclerosis

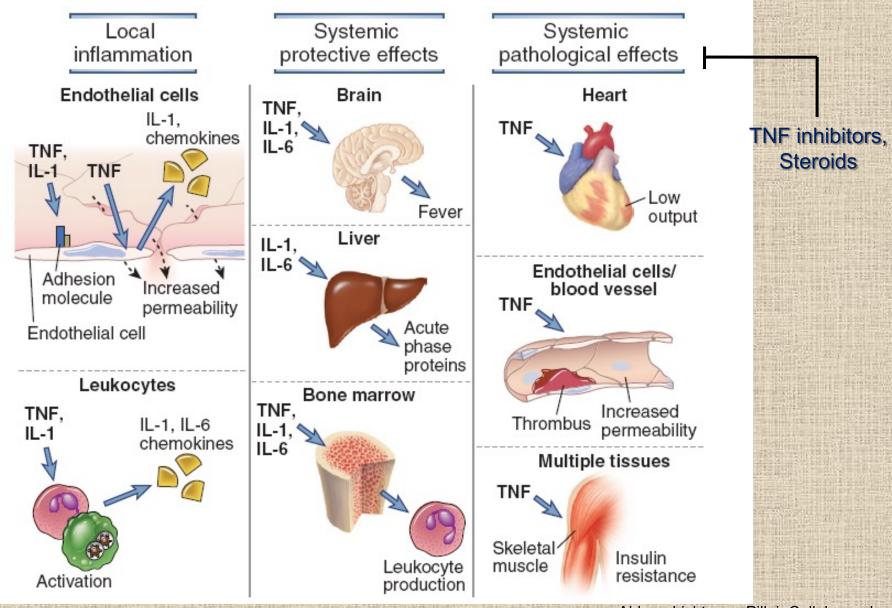
DEAKIN

- Environmental e.g. smoking
- Allergens
- Central adiposity: more macrophages localised in fat will thus produce more inflammatory mediators

Nutrition @ DEAKIN

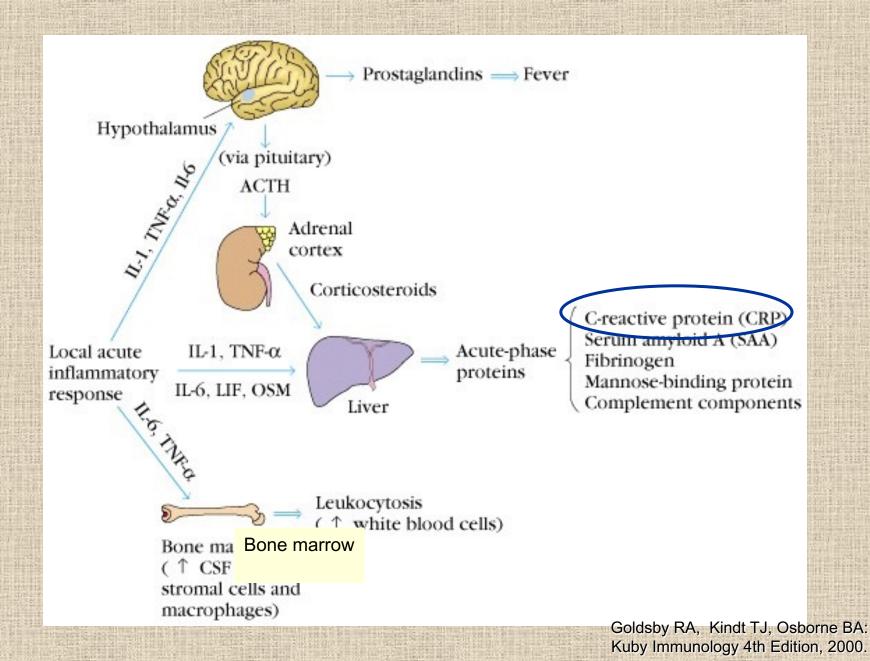
#### Systemic inflammation

#### Local and systemic effects of TNF

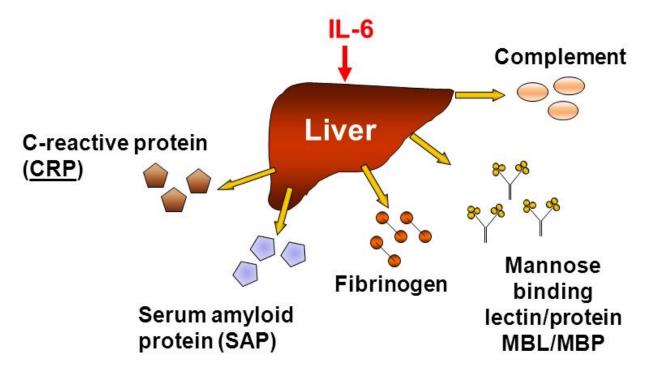


Abbas, Lichtman, Pillai: Cellular and Molecular Immunology 7th Edition, 2012.

#### Systemic acute inflammation = acute phase reaction



### ACUTE PHASE REACTION

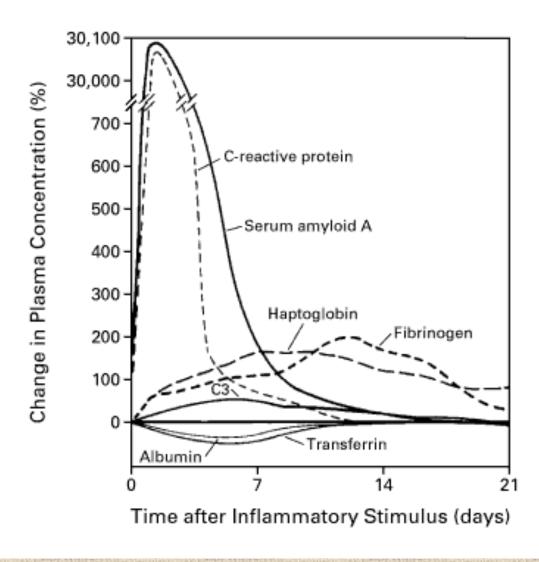


#### UNDER THE INFLUENCE OF IL-6 THE LIVER PRODUCES A BUNCH OF ACUTE-PHASE PROTEINS

#### Systemic effects of acute inflammation acute phase response

- Fever (temperature > 37.8°C or >100 F)
  - Increased pulse, blood pressure
  - Chills
  - Anorexia
- Leukocytosis
  - neutrophilia and left shift of neutrophils points to bacterial infection
  - Lymphocytosis points to viral infection
  - Eosinophilia point to allergy or parasitic infection
- Acute phase protein production in liver
   fibrinogen, CRP,SAA leads to increased ESR

#### Acute phase proteins in serum



#### **Complement system**

- Major <u>effector</u> system of the humoral IR
- Component of the <u>innate (non-specific)</u> immune IR
- Results <u>immediate</u> response
- Connection to the specific IR

### **Discovery**:

#### 1890: Jules Bordet's experiment:

- Immune serum against Vibrio cholerae caused lysis of the bacteria
- Heating the antiserum destroyed this activity
- Addition of a fresh serum to the antiserum restored its killing ability

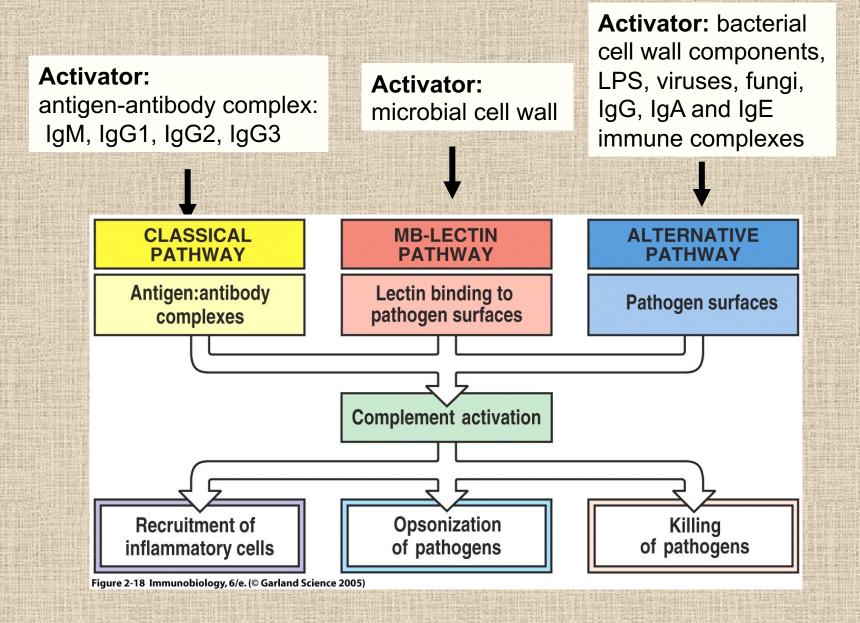
#### Paul Ehrlich:

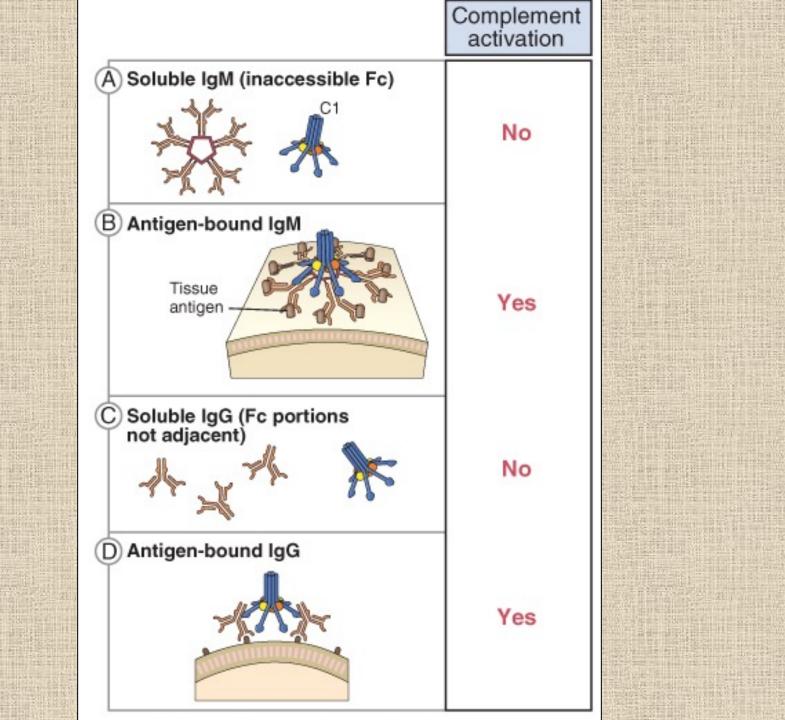
- 2 components of the ANTISERUM:
- $\rightarrow$  heat stable: specific antibody
- → heat sensitive: responsible for the lytic activity → COMPLEMENT

#### **Components:**

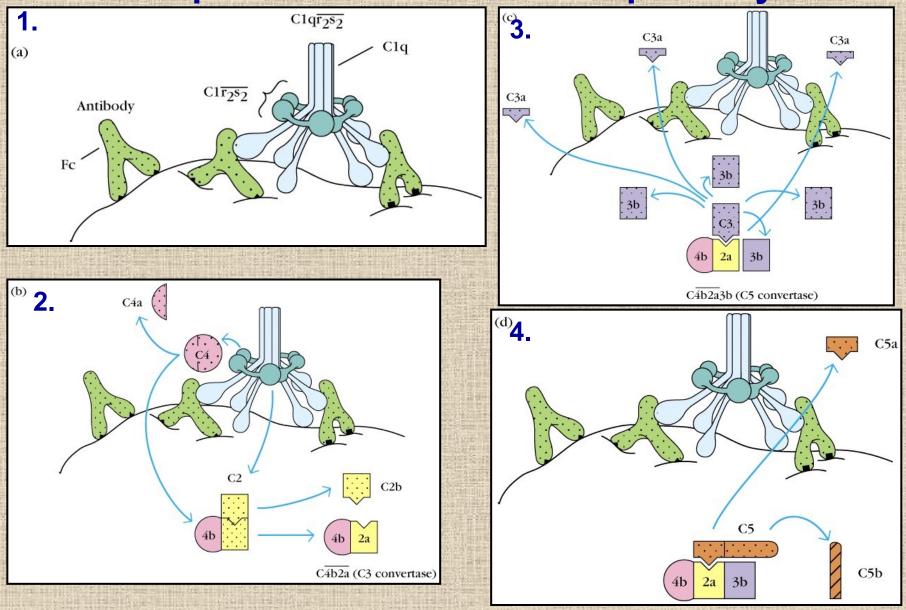
- Inactive factors in the serum and body fluids which can activate each other in an enzyme cascade
- <u>Cell surface receptors</u> (CR) for binding the activated complement components
- <u>Regulatory proteins</u>: soluble and cell surface bound to prevent uncontrolled complement activation

#### Activation of the complement enzyme cascade





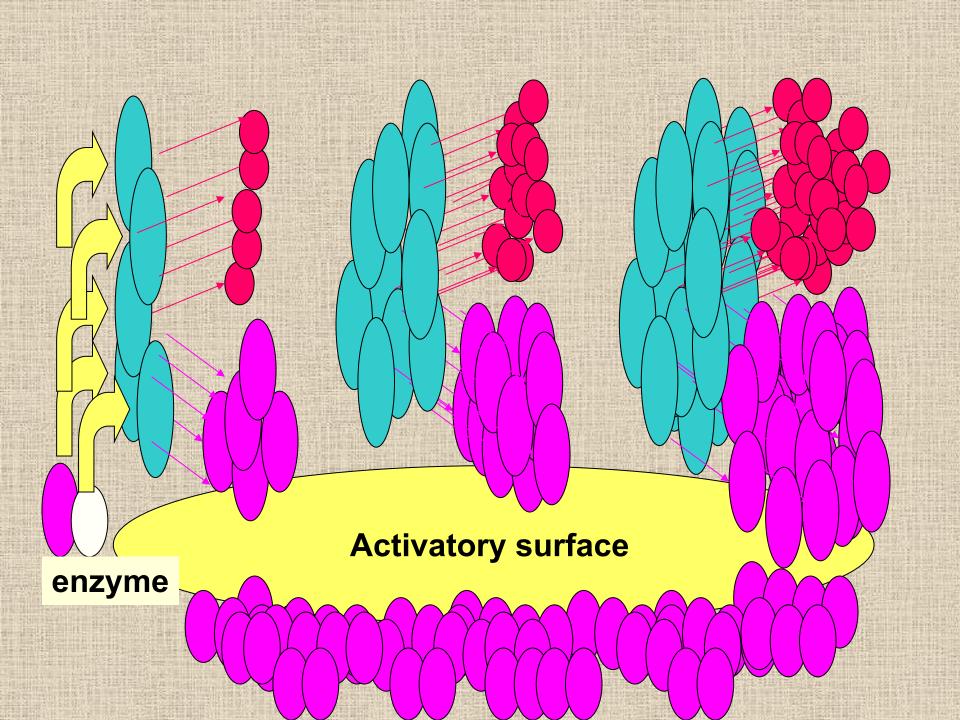
#### **Components of the classical pathway**



# Cascade-like activation Limited proteolysis: C3 → C3a + C3b Amplification

#### Activatory surface (molecule, cell surface structure etc.)





## MBL forms a complex with serin proteases that resambles the C1qrs complex

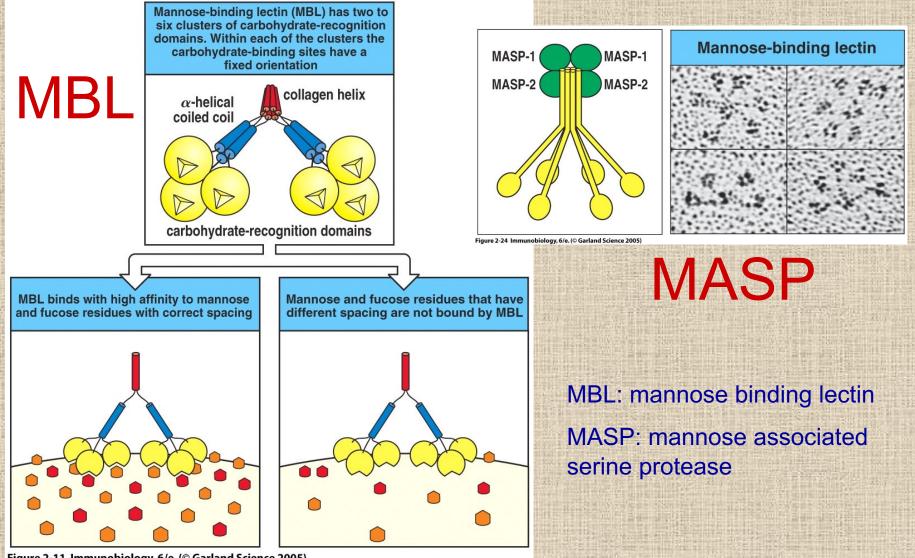


Figure 2-11 Immunobiology, 6/e. (© Garland Science 2005)

#### Main components and effector actions of complement

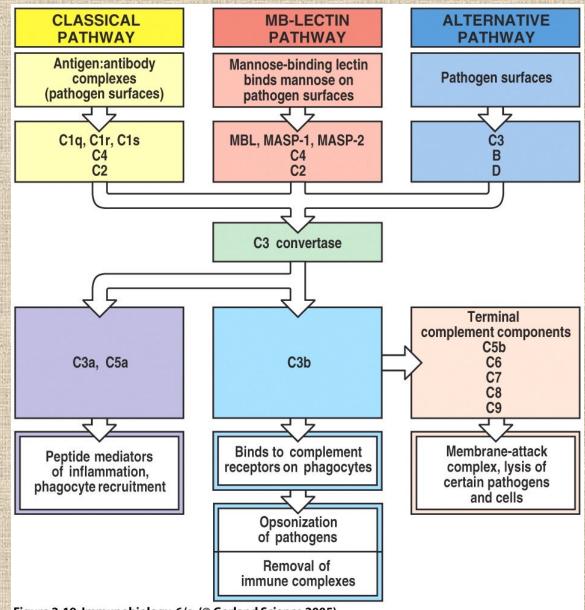
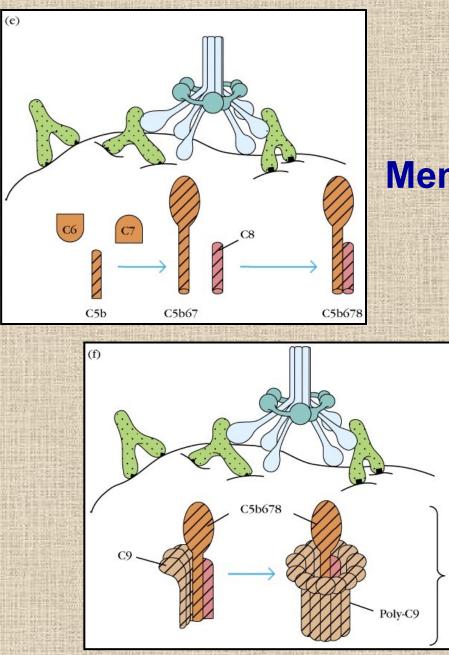


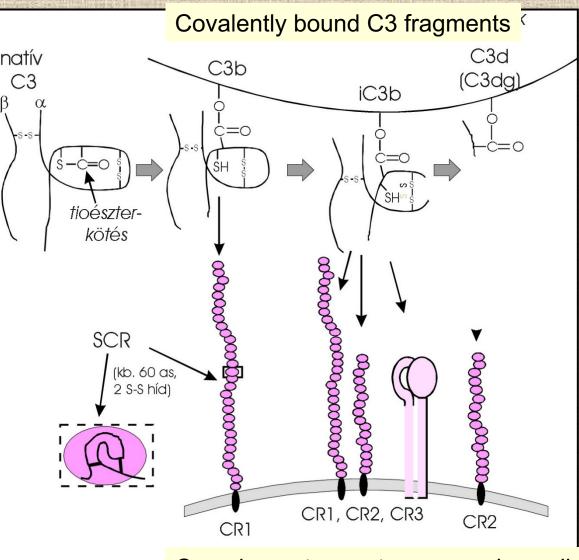
Figure 2-19 Immunobiology, 6/e. (© Garland Science 2005)



#### Membrane Attack Complex (MAC)

MAC

### C3b-binding receptors

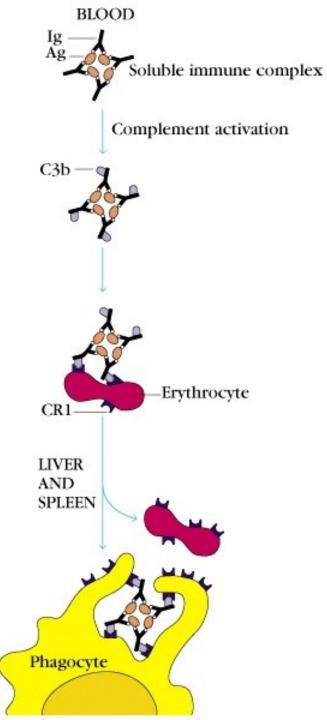


Complement receptor expressing cells (RBC, lymphocytes, monocytes, Macrophages, neutrophyls, FDCs etc.)

#### **Complement receptors**

Receptor	Specificity	Functions	Cell types
CR1 (CD35)	C3b, C4b iC3b	Promotes C3b and C4b decay Stimulates phagocytosis Erythrocyte transport of immune complexes	Erythrocytes, macrophages, monocytes, polymorphonuclear leukocytes, B cells, FDC
CR2 (CD21)	C3d, iC3b, C3dg Epstein– Barr virus	Part of B-cell co-receptor Epstein–Barrvirus receptor	B cells, FDC
CR3 (Mac-1) (CD11b/ CD18)	iC3b	Stimulates phagocytosis	Macrophages, monocytes, polymorphonuclear leukocytes, FDC
CR4 (gp150,95) (CD11c/ CD18)	iC3b	Stimulates phagocytosis	Macrophages, monocytes, polymorphonuclear leukocytes, dendritic cells
C5a receptor	C5a	Binding of C5a activates G protein	Endothelial cells, mast cells, phagocytes
C3a receptor	C3a	Binding of C3a activates G protein	Endothelial cells, mast cells, phagocytes

Figure 2-31 Immunobiology, 6/e. (© Garland Science 2005)



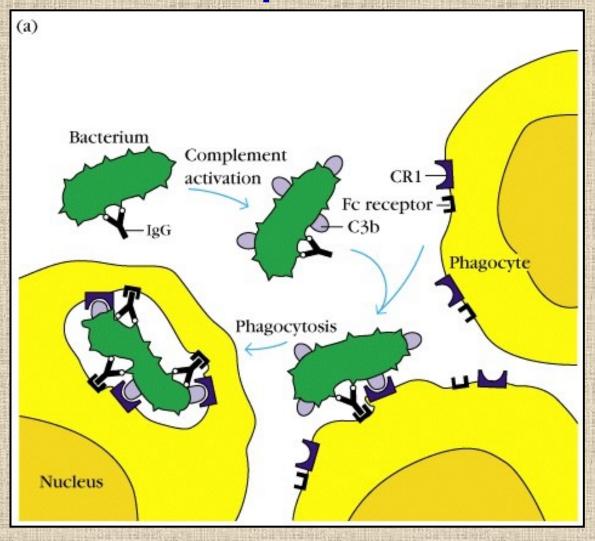
## Clearance of immuncomplexes from blood

- 1. Immuncomplex formation
- 2. Complement activation C3b binding
- 3. Binding of IC to CR1 of the RBCs
- 4. Transport to the spleen and liver
- 5. Macrophages bind immuncomplexes

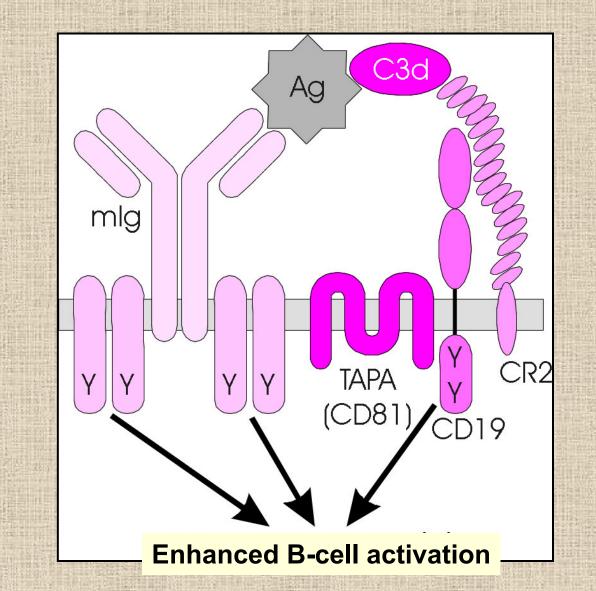
and take them up by phagocytosis

#### Inefficient clearance: immuncomplex deposition

#### OPSONOZATION: C3b and IgG serve as opsonins

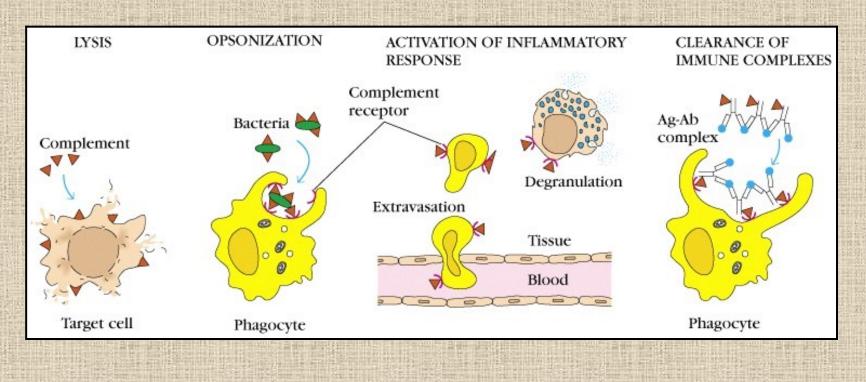


### **B-cell co-activation through CR2**

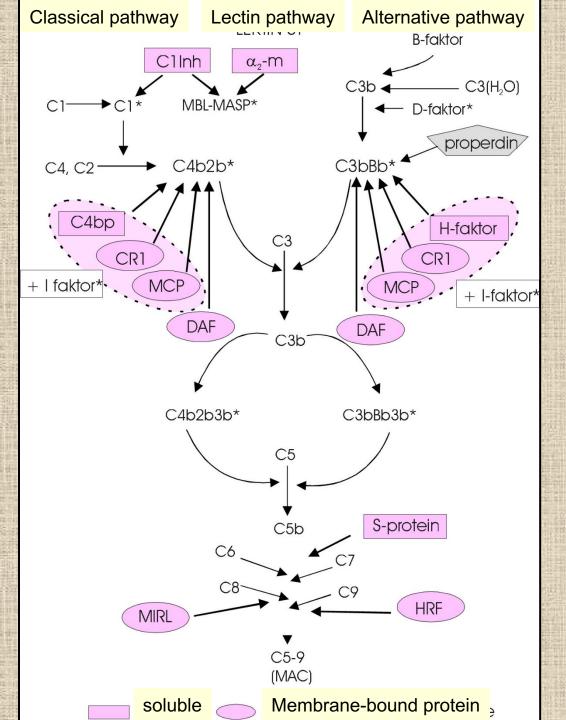


#### Functions of the complement:

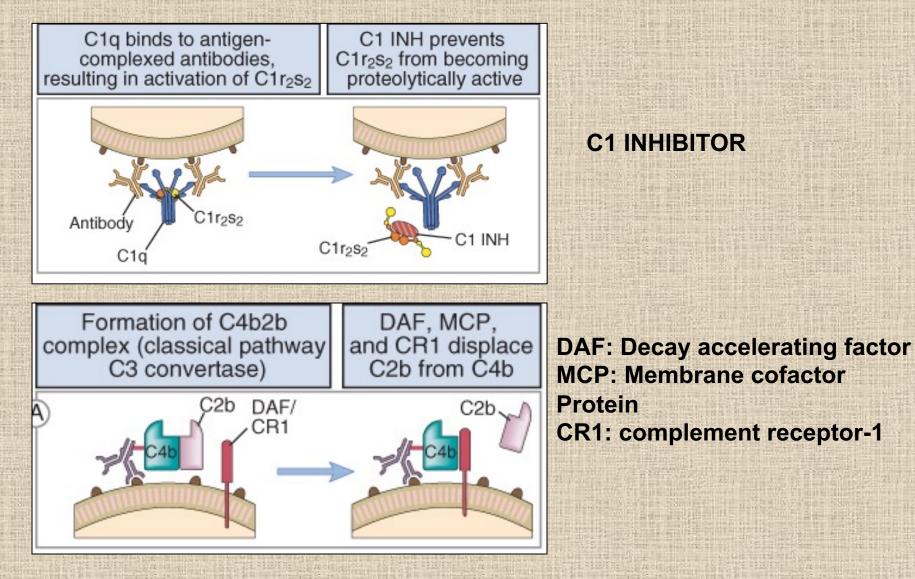
- 1. Lysis of cells, bacteria, viruses
- 2. Opsonization, which promotes phagocytosis of particulate antigens
- 3. Binding to complement receptors results activation of the inflammatory response and specific IR
- 4. Immune clearance of immune complexes from circulation



# Regulatory proteins



#### Regulatory proteins of classical pathway



#### Regulation of alternative pathway

