Immunology Team

Mechanisms of Autoimmunity

First Lecture

Musculoskeletal Block 431 **Autoimmunity** → A condition that occurs when the immune system mistakenly attacks and destroys healthy body tissue .

Autoimmunity

Immune system has evolved to discriminate between **Self and Non-self**

Mediated by auto-reactive T cells and auto-reactive B cells (auto-antibodies)

Tolerance \rightarrow is the process by which the immune system does not attack an antigen

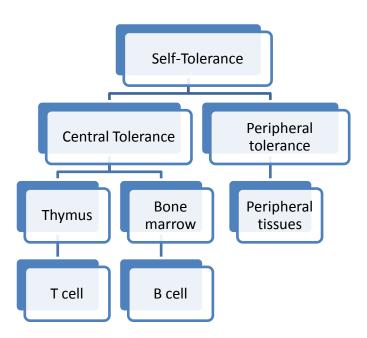
Tolerance to self is acquired by:

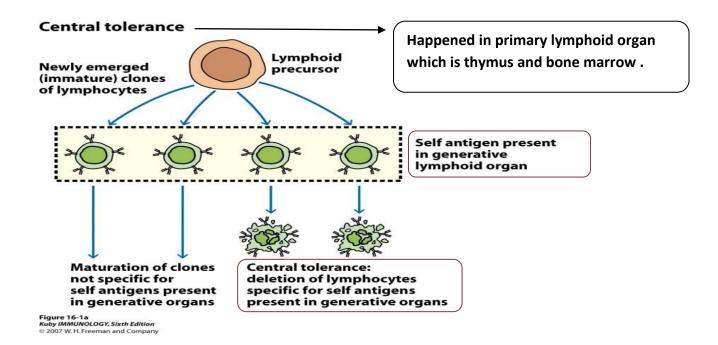
A) Deletion (clonal deletion) ->

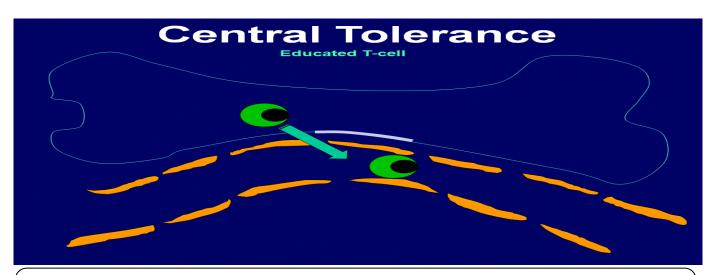
clonal deletion: any cell, whether it's in the thymus gland (T-cells) or in the bone marrow (B-cells), that may react against self antigens will be deleted in the central tissue of the thymus or of the bone \rightarrow (they are not allowed to pass to the blood because if they pass to the blood they will cause autoimmune process)

B) Functional inactivation (clonal anergy), of developing lymphocytes that possess antigenic receptors with high affinity for self-antigens.

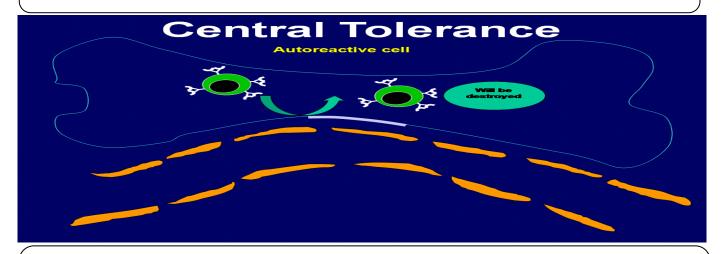
Anergy = losing response





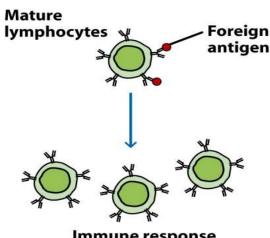


This a cell that don't react with self- antigen. So, it will be allowed to pass through to the circulation to be mature and start functioning.



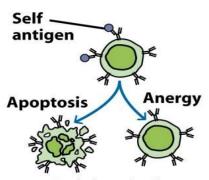
This cell has been react with self antigen .So, it will not be allowed to pass through to the circulation because if it's pass It will cause autoimmunity. So, it will be destroyed in the thymus or bone marrow.

Peripheral tolerance



Immune response to foreign antigens

Costimulatordeficient APC



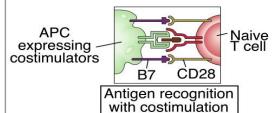
Peripheral tolerance: deletion or anergy of lymphocytes that recognize self antigens in peripheral tissues

Effector T cells



T cell response

Normal response

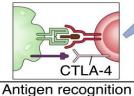


T cell proliferation and differentiation

Clonal anergy

Anergy either happen by the absence of costimulation (e.g. : B7) or by the binding of inhibitory molecule (e.g: CTLA-4)

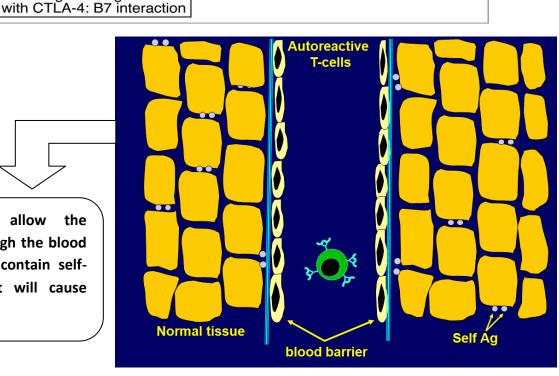




Restimulation with APC expressing costimulators



The Blood barrier doesn't allow autoreactive T-cell to pass through the blood vessel to normal tissue which contain selfantigen .because if it pass it will cause autoimmunity.



Failure of Immune Tolerance (Development of Autoimmunity)

Induction of Autoimmunity "Proposed Mechanisms!"

- Sequestered antigens
- Molecular mimicry
- Inappropriate class II MHC expression on none-antigen presenting cells
- Polyclonal B cell activation

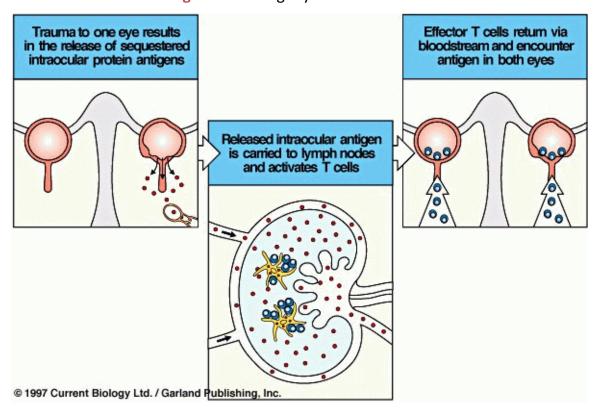
Sequestered antigens

- Some self-antigens are sequestered (hidden) in specialized tissues.
- These are <u>not seen</u> by the developing immune system will not induce selftolerance.
- Exposure of T cells to these normally sequestered/tissue-specific self-antigens in the periphery results in their activation.

Examples of Sequestered Antigens

MS = *multiple sclerosis* / MBP present in the central nervous system

- Myelin basic protein (MBP), associated with MS
- Sperm-associated antigens in some individuals following vasectomy
- Lens and corneal proteins of the eye following infection or trauma
- Heart muscle antigens following myocardial infarction



Molecular Mimicry

Many of autoimmune disorders are due to mimicry molecule

(Cross-reacting Antigens)

- Viruses and bacteria possess antigenic determinants that are very similar, or even identical, to normal host cell components.
- This phenomenon, known as molecular mimicry, occurs in a wide variety of organisms.
- Molecular mimicry may be the initiating step in a variety of autoimmune diseases

TABLE 20-3 MOLECULAR MIMICRY BETWEEN PROTEINS OF INFECTIOUS ORGANISMS AND HUMAN HOST PROTEINS

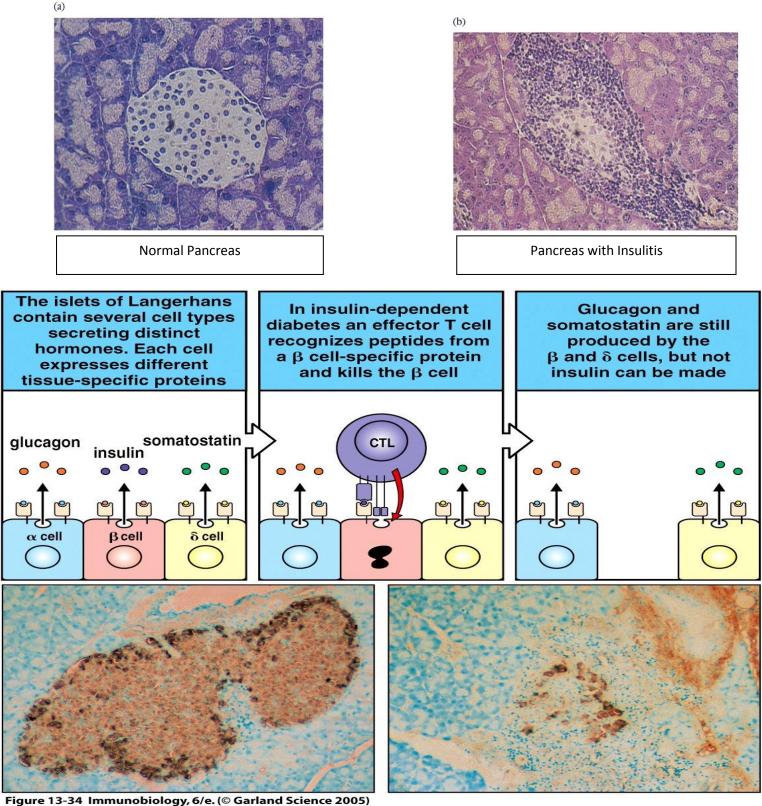
| Protein* | Residue [†] | Sequence [‡] |
|-----------------------------------|----------------------|-----------------------|
| Human cytomegalovirus IE2 | 79 | PDPLGRPDED |
| HLA-DR molecule | 60 | VTELGRPDAE |
| Poliovirus VP2 | 70 | STTKESRGTT |
| Acetylcholine receptor | 176 | TVIKESRGTK |
| Papilloma virus E2 | 76 | SLHLESLKDS |
| Insulin receptor | 66 | VYGLESLKDL |
| Rabies virus glycoprotein | 147 | TKESLVIIS |
| Insulin receptor | 764 | NKESLVISE |
| Klebsiella pneumoniae nitrogenase | 186 | SRQTDREDE |
| HLA-B27 molecule | 70 | KAQTDREDL |
| Adenovirus 12 E1B | 384 | LRRGMFRPSQCN |
| α-Gliadin | 206 | LGQGSFRPSQQN |
| Human immunodeficiency virus p24 | 160 | GVETTTPS |
| Human IgG constant region | 466 | GVETTTPS |
| Measles virus P3 | 13 | LECIRALK |
| Corticotropin | 18 | LECIRACK |
| Measles virus P3 | 31 | EISDNLGQE |
| Myelin basic protein | 61 | EISFKLGQE |

Inappropriate Expression of Class II MHC Molecules

- Class II MHC ordinarily expressed on antigen presenting cells, such as macrophages, dendritic cells and B cells.
- Abnormal expression of MHC determinants allows the recognition of these autoantigens by self-reactive T cells.
- This may occur due to the local production of IFN- γ , which is known to increase class II MHC expression on a variety of cells.

The inducer of IFN- γ under these circumstances could be a **viral infection**.

Type I Diabetes: Pancreatic β cells express abnormally high levels of MHC I and MHC II



Polyclonal B-cell activation = Excessive activation of B-cell producing large number of antibodies which are not specific to any antigen

Polyclonal B Cell Activation

Viruses and bacteria can induce nonspecific polyclonal B cell activation, including:

- · Certain gram negative bacteria
- Herpes simplex virus.
- Cytomegalovirus
- Epstein Barr Virus
- Human immunodeficiency virus (HIV)

These viruses induce the **proliferation of numerous clones of B cells** to secrete IgM in the absence of a requirement for CD4 T cell help.

Polyclonal activation leads to the **activation of self-reactive B cells** and autoantibody production.

Patients with **infectious mononucleosis** (caused by EBV) and AIDS (HIV) have a variety of auto-antibodies.

Hormonal Factors

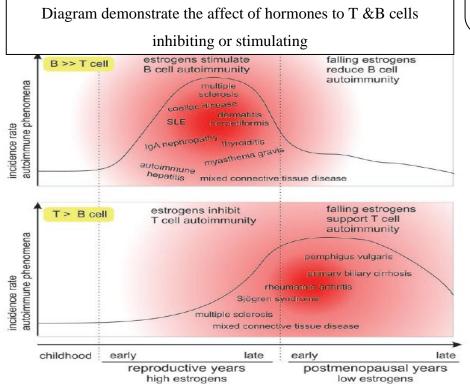
About 90% of autoimmune diseases occur in women – cause not known

In animal models estrogen can induce B cells to enhance formation of anti-DNA

low progesterone

antibodies

SLE either appears or exacerbates during pregnancy

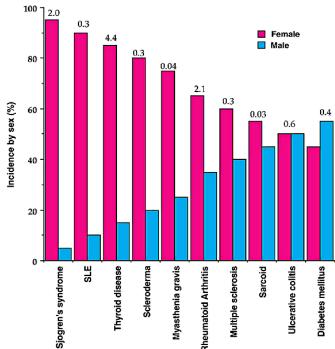


high progesterone

SLE = Systemic Lupus Erythematosus

SLE becomes more severe in pregnancy, due to the changes in the hormones levels

There is a **theory** that says "the cause because of estrogen and progesterone in female"



Drug Induced Lupus Erythematosus

- Lupus erythematosus like syndrome develops inpatients receiving a variety of drugs such as
 - Hydralazine (used for hypertension),
 - Procainamide,
 - Isoniazid
 - Penicillin
- Many are associated with the development of anti-nuclear antibodies (ANAs)
- Renal and CNS involvement is uncommon.
- Anti-histone antibodies are frequently present

Take home message

- Normal healthy state is maintained by immunological tolerance against self antigens at central and peripheral levels
- Autoimmune diseases result from the breakdown of immunological tolerance to self antigens
- Certain autoimmune diseases exhibit strong association with female gender