



Introduction to Immunology & Lymphoid System

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Objectives

- To know the historical perspective of immunology
- To be familiar with the basic terminology and definitions of immunology
- To recognize immune response cells
- To understand types of immune responses
- To know about the lymphoid system
- To understand T and B cell functions

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A Historical Perspective of Immunology

What is immunity?

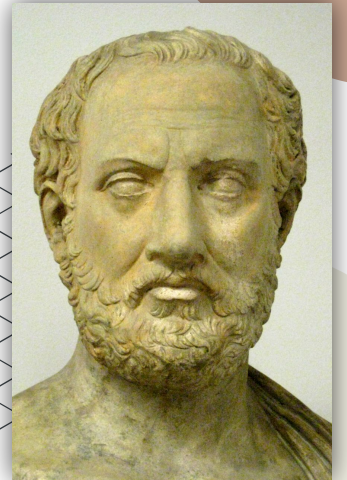
Immunity is the state of **protection** (الحماية) against **foreign** pathogens or substances (antigens)

Word origin: Immunity (Latin: Immunis) which mean **exempt or free**

Observations of immunity go back over 2000 years

-Thucydides, an ancient historian, wrote in 430 BC of a plague in Athens where those who had recovered could safely nurse the currently ill

He meant they had resistance/immunity



A Historical Perspective of Immunology

Can we generate Immunity without inducing disease?

Yes, through **vaccination**:

Prepares immune system to eradicate an infectious agent **before** it causes disease

Widespread vaccine use has **saved** many lives

-Examples:

- Rabies vaccine
- Eradication of **smallpox** (الجدري)

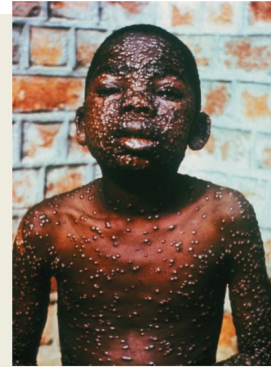


Figure 1-1
Aley Immunology, Eighth Edition
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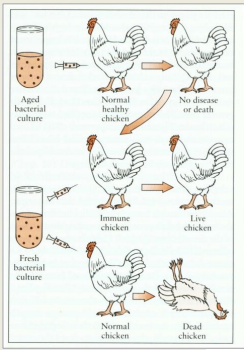
Explain: effective vaccine can measure by comparing number of annual cases for year with the cases we see now a day

Disease	ANNUAL CASES/YR: Prevacine	CASES IN 2016: Postvaccine	Reduction (%)
Smallpox	48,164	0	100
Diphtheria	175,885	0	100
Measles	503,282	79*	99.98
Mumps	152,209	145*	98.90
Pertussis ("whooping cough")	147,271	964*	99.35
Paralytic polio	16,316	0	100
Rubella (German measles)	47,745	0*	100
Tetanus ("lockjaw")	1,314 (deaths)	1* (case)	99.92
Invasive <i>Haemophilus influenzae</i>	20,000	356*	98.22

Dr Notes

- The effectiveness of a vaccine can be measured by comparing the number of annual cases per year before and after vaccination
- They tried vaccinations before even knowing the components of the immune system

Louis Pasteur's Contributions



Cholera in Chickens

chickens **inoculated** (ملقح) with old strains not only survive but become resistant

Attenuated:

weakened, non-virulent strain (سلالة) whose exposure can confer resistance to disease



Determined

through studies of cholera that the virulence (خبث) of a pathogen **weakens** with age

Classical Experiment:

Heat attenuated **anthrax** (الجمرة الخبيثة) bacillus and subsequent challenge with **virulent** Bacillus anthracis in sheep

Definitions

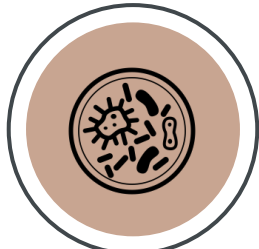
439: Under microscope we cannot distinguish between B and T lymphocytes, so we study the proteins on the surface to identify them.

Antigen (Ag):	any substance (usually foreign) that binds specifically to a component of the adaptive immunity .
Allergen:	noninfectious antigens that induce Allergy.
Innate immunity:	Nonspecific host defenses that exist prior to exposure to Ag.
Adaptive Immunity:	Specific host defenses that are mediated by T & B cells following exposure to Ag.
Pathogen:	a disease causing organism
Vaccination:	deliberate induction of protective immunity to a pathogen
Immunoglobulin (Ig) or Antibodies:	Molecules secreted from plasma cell (B cell) as an adaptive immune response to extracellular Ag.
(CD) Cluster of Differentiation:	molecule with a CD designation has a characteristic cell surface protein which are often associated with the cell's function.

441: Immediate response against pathogen

439: They are 2 heavy and 2 light polypeptide chains linked to each other via disulfide bonds

Where and What are Antigens?



Microorganisms & their related products

Proteins -
polysaccharides -
lipids



Environmental substances

(Pollens, soil component)



Drugs

(Allergic reaction against certain drugs)



Organ transplant

tissues, cells

438: There's a difference between antigens and immunogens. Not all antigens induce an immune response. Antigens that induce an immune response are called immunogens. So all immunogens are antigens but not all antigens are immunogens.

- Markers are used to distinguish lymphocytes.
- Lymphoid series comprise of main lymphocyte populations

Important slide

Lymphocyte Populations

T Cell Markers

CD3
In all T cells

CD4
In T **helper**
cells only

CD8
In T **cytotoxic**
cells only

B Cell Markers

CD19

Natural Killer Cell Markers (NK)

CD16

CD56

Cells of the Immune system

B cells

Also express the B cell receptor (BCR)

T cells

Also express the T cell receptor (TCR)

(a) Soluble antigen binding to a B cell

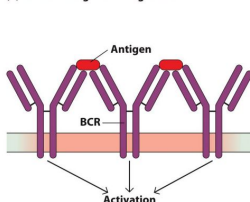
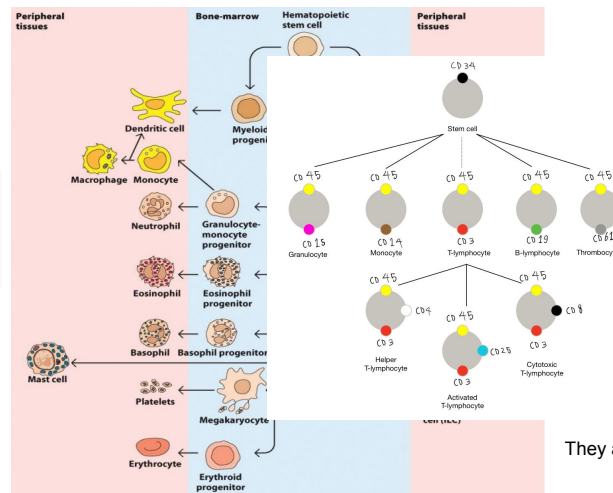
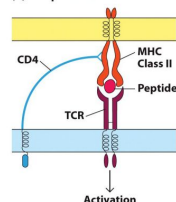


Figure 27
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(b) APC presentation to a T cell



They all have CD45 except Stem Cells

Types of Immunity

Innate (Natural) Immunity

Nonspecific host defenses that exist prior to exposure to Ag (Antigen)

- **First line** of defense
- **Fast, non-specific**
- **Shorter** duration
- Uses phagocytic cells
- **No memory**

Adaptive (Acquired) Immunity

Specific host defenses that are mediated by T & B cells following exposure to Ag (Antigen)

- Response of a **specific** B and T lymphocytes to an antigen
- Exhibit Immunological **Memory**
- **Self / non-self recognition**
- Slower to develop (5–6 days or more)

Humoral immunity (AbMI)

Immunity that is mediated by antibodies (**B cells**). Response takes place in blood and lymph

Cell Mediated Immunity (CMI)

Immune response in which antigen specific **T cells** dominate. Response takes place inside the cell

AbMI: Antibody mediated immunity

Humoral means fluid (Latin)

439: Further explanation:

1- Antibodies are produced by (B-lymphocytes)

2- Antibodies are found in body fluid (blood and lymph)

439: Recognize whether the body (antigen) is from inside or outside the body.

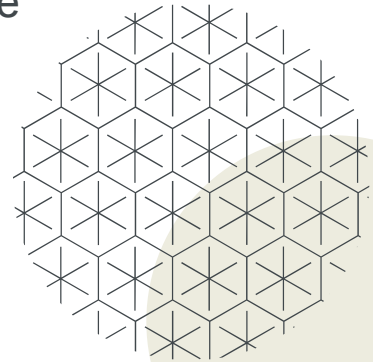
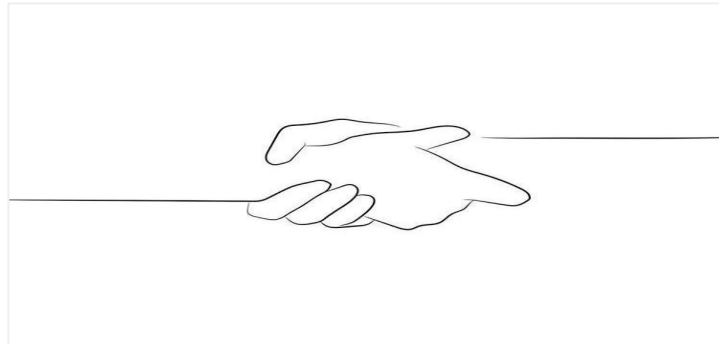
When Antigen is from inside the body it's called: Autoimmune disease

Important concepts for understanding the immune response

-**Innate** and **Adaptive** immunity work **cooperatively**

-Activation of innate immune responses produces signal molecules (cytokines).

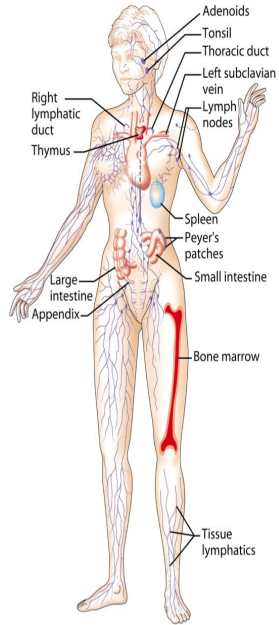
-These signal molecules stimulate and direct adaptive immune responses.



Lymphoid System

Lymphoid vessels

Lymphoid organs



Primary
Lymphoid
Organs

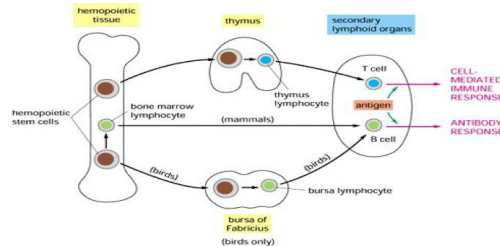
Secondary
Lymphoid
Organs

(Development & Differentiation of
immune cells)

(where the immune response
occurs)

Bone
Marrow

Thymus



- Spleen
- Lymph nodes
- Tonsils
- MALT (Mucosa Associated Lymphoid Tissue)
- Peyer's patches
- Appendix

Secondary Lymphoid Organs

- Differentiation into effector cells takes place in follicles of **secondary** lymphoid organs
- Both B and T lymphocytes will develop into **long-lived** memory cells in these areas, as well

Lymph nodes and spleen	The most highly organized secondary lymphoid organs.
Spleen	First line of defense against blood-borne pathogens
Mucosa-associated lymphoid tissue (MALT)	Important layer of defense against infection at mucosal and epithelial layers.

Lymphoid series comprise of main lymphocyte populations

B cells

T cells

Natural Killer

T-Lymphocyte Differentiation



Originate in Bone Marrow



Migrate to Thymus for development.



Differentiation

- T cell precursors differentiate into mature T cells in Thymus.
- All of them have CD3 proteins on their cell surface.

During their passage through thymus they:

differentiate into:

T cells expressing either markers (CD4 T helper cell) or CD8 (T cytotoxic cell) but not both!

Two Major populations

Of T lymphocyte

T helper lymphocytes (CD4+)

T cytotoxic lymphocyte (CD8+)

Subtypes of T Helper (CD4+)	Function
Th1	<ul style="list-style-type: none">•(Inflammatory T helper cell) mediates inflammation via helping macrophages in CMI during inflammatory response.•helps CD8+ cells to become activated cytotoxic T cells.
Th2	provides help to B cell to produce antibody
Th17	•has a role in innate Immunity & the pathogenesis of autoimmune diseases.
Treg	•repress the growth and function of T cell helper and cytotoxic subsets.(regulatory T cells)
Tfh	•T follicular helper are critical to prevent autoimmunity .

- About 35% of peripheral blood **T** cells
- Perform cytotoxic functions
- They mediate the killing of:
 - **Virus-infected cells**
 - **Tumors**
 - **Allograft cells (transplant)**

Th 17, Treg, Tfh we will take it after the block

B cells

439:

- ★ B cells -> Bone marrow (mature)
- ★ T cells -> Bone marrow (immature) -> Thymus (maturation)



Origin: During embryogenesis – **fetal liver** (before birth) **Important note**



Migrate to **bone marrow** – final destination

They **do not** require thymus for maturation

B cell progenitors

Pro-B cells, **Pre-B** cells and **immature B** cells are **normally found in bone marrow**

Mature B

Mature B cells are found circulating in **body fluids and lymphoid organs**

Mature B cells display surface:
▪ IgM (immunoglobulin M)
▪ IgD (immunoglobulin D)
which serves as **antigen receptor** (Maturation Markers)

The good, bad, and ugly of the immune system

The Role of Immune system

PROTECT

Dysfunction of this role

Abnormal

Rejection of transplanted tissue or organ

Cancer

Overly active:
Hypersensitivity /
Autoimmunity

Defects in the immune response:
Immunodeficiency

Take home message



Normal healthy state is maintained by intact immune response either innate (natural immunity) and/or adaptive (acquired immunity after exposure to antigens)



Cell mediated immunity and humoral immunity is mediated by T and B lymphocytes respectively



Lymphoid system provides suitable environment for development, maturation and proper functioning of cells of immune system

MCQs

Q1:Humoral immunity is mediated by:

A- Tlymphocytes	B- Macrophages	C- B lymphocytes	D- Natural kiler cells
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Q2:T cell precursors differentiate into mature T cells in?

A- Thymus	B- Bone marrow	C-Lymph nodes	D-spleen
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Q3: Which type of marker in T helper cells only?

A-CD25 markers	B-CD4 markers	C-CD8 markers	D-CD56 markers
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Q4: Which type of marker that All T cells have it

A- CD8 markers	B- CD25 markers	C- CD4 markers	D- CD3 markers
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Q4-D
Q3-B
Q2-A
Q1-C

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