

Innate Immunity & Inflammation

November 20, 2006

Ch. 22, Ch. 23

Cells & organs of immune system

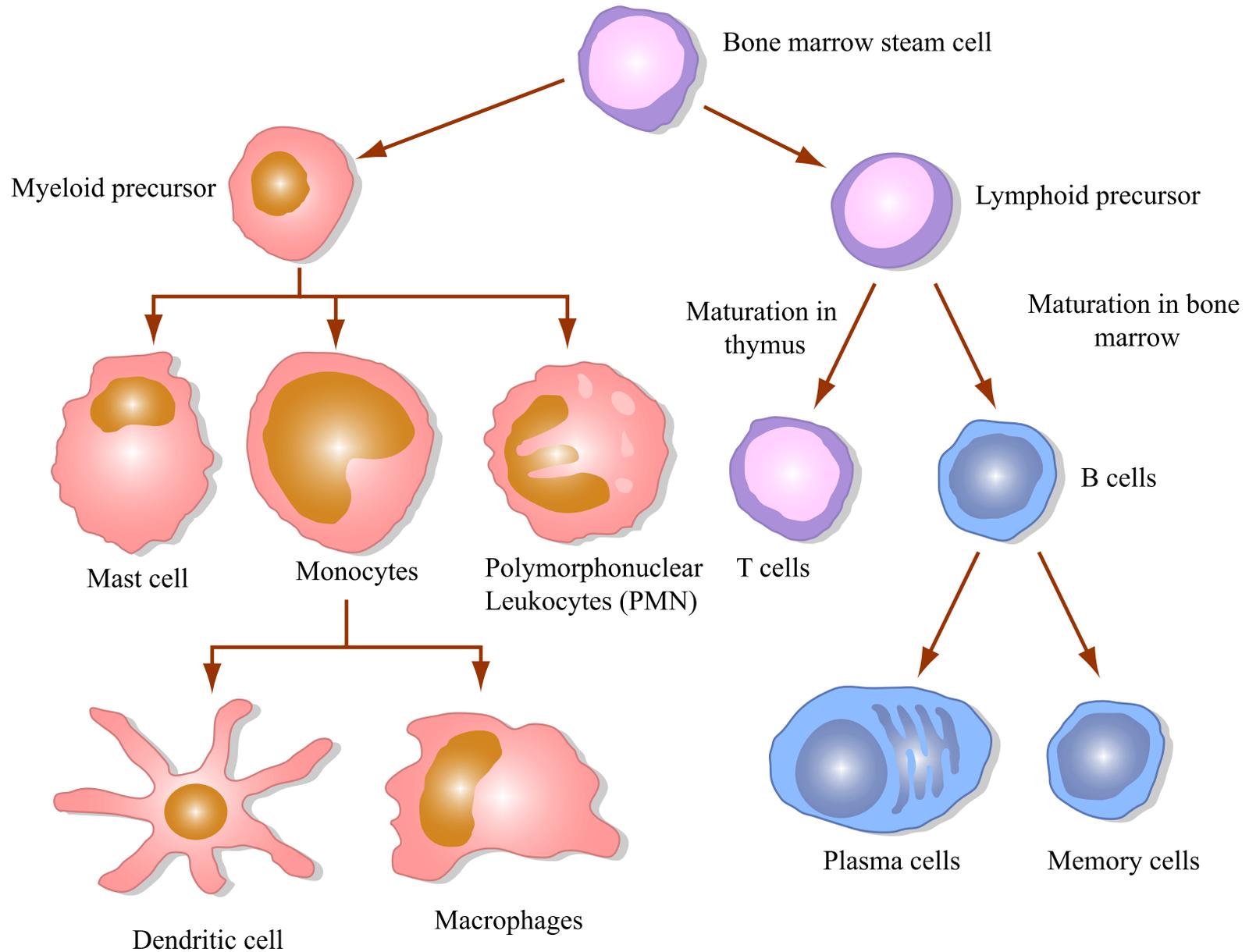
Innate immune response

Signals (chemokines, cytokines)

Inflammation

Adaptive immune response

Cells of the Immune System



NEUTROPHIL
Common phagocytic cell

EOSINOPHIL
Allergic conditions
and parasites

BASOPHIL
Synthesize-store
heparin/histamine

Image showing neutrophils, eosinophils, basophils, monocytes, B lymphocytes, and T lymphocytes removed due to copyright restrictions.

MONOCYTE
A large phagocyte

B LYMPHOCYTE
Antibody production

T LYMPHOCYTE
Destroy targets
(viruses and
cancer cells)

Lymphatic System

Diagrams of the human lymphatic system removed due to copyright restrictions.
See Figures 22-2a and 22-2c in Madigan, Michael, and John Martinko. *Brock Biology of Microorganisms*.
11th ed. Upper Saddle River, NJ: Pearson Prentice Hall, 2006. ISBN: 0131443291

Immune Responses

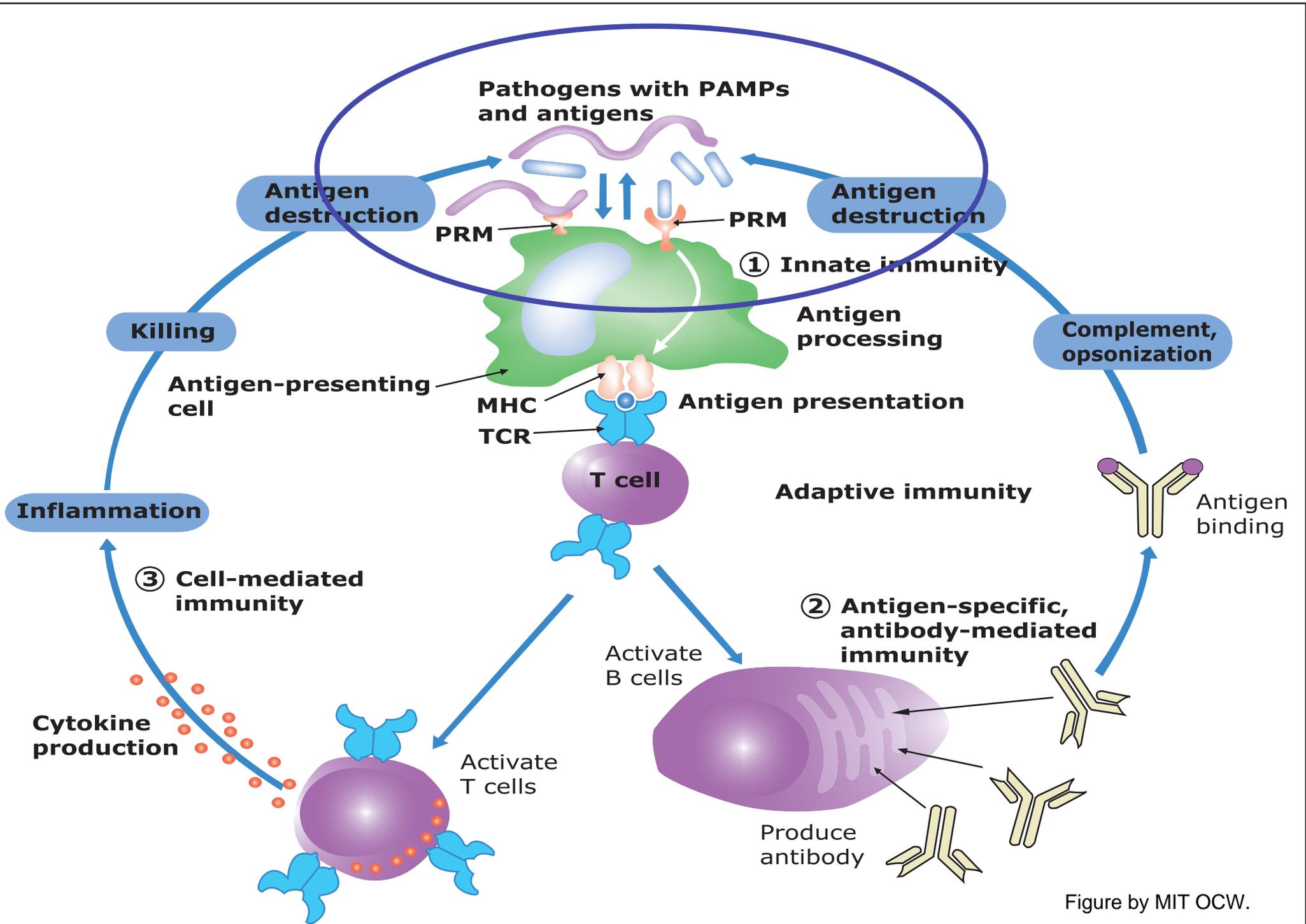


Figure by MIT OCW.

Cell Characteristics

PMN (**neutrophils**, basophils, eosinophils)

Monocytes (**macrophages**, dendritic cells)

- Phagocytic
- Attracted to the site of an active infection or tissue injury by soluble chemoattractants called **chemokines**
- Recognize **pathogen-associated molecular patterns (PAMPs)** via a family of membrane-bound **pattern-recognition receptors (PRRs)**

Activation of Phagocytes

PRRs

- Present before infection
- Evolved to recognize microbes
- PRRs interact with PAMPS shared by a variety of pathogens, activating complement and phagocyte effector mechanisms to target and destroy pathogens
- Activation of signaling cascade leads to production of chemokines and cytokine
- First discovered as the Toll receptors in *Drosophila* (the fruit fly), the evolutionarily and functionally related transmembrane proteins are called **Toll-like receptors (TLRs)** in mammals

Figure by MIT OCW.

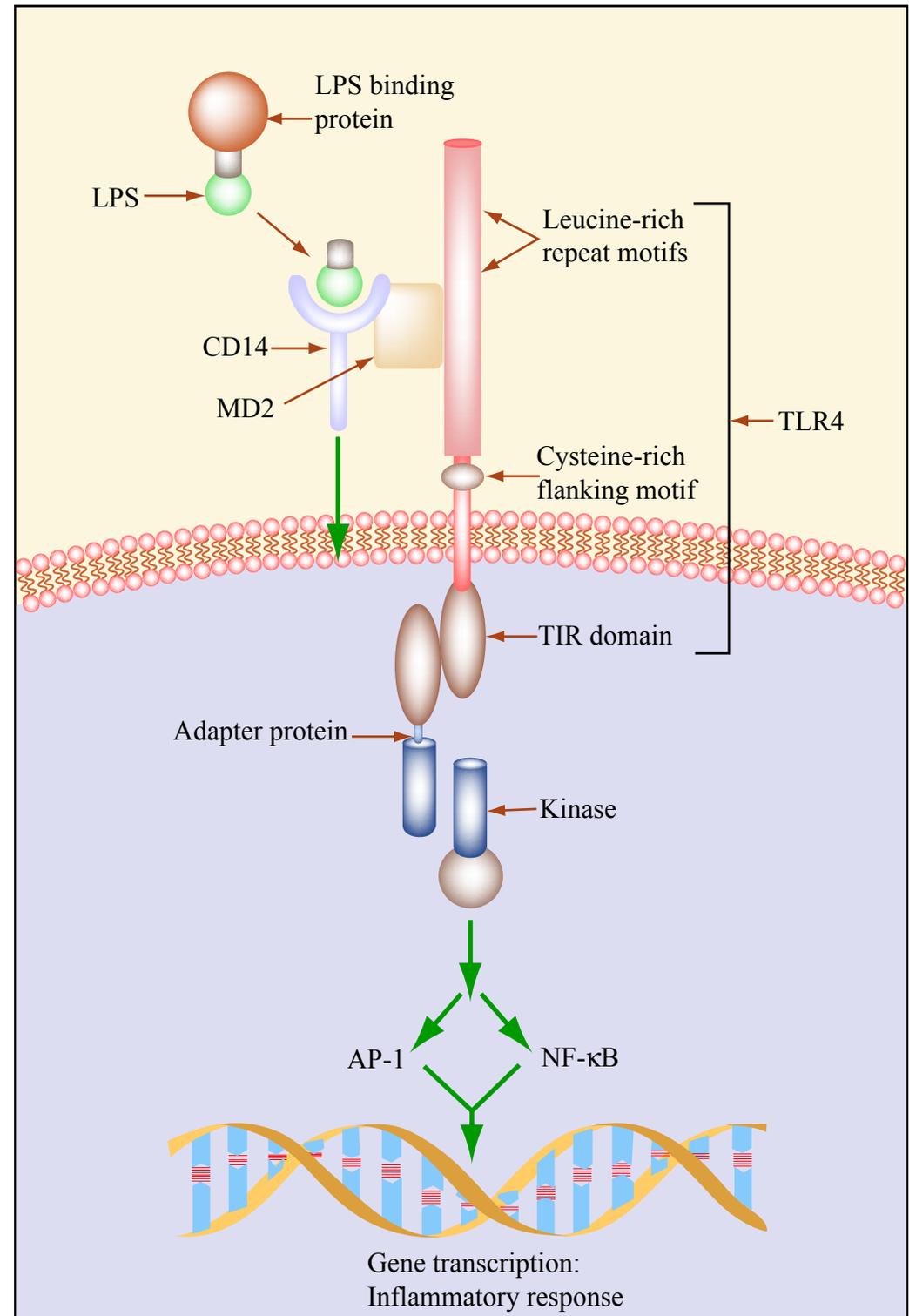


Table of receptors and targets in the innate immune response removed due to copyright restrictions.
See Table 23-1 in Madigan, Michael, and John Martinko. *Brock Biology of Microorganisms*. 11th ed.
Upper Saddle River, NJ: Pearson Prentice Hall, 2006. ISBN: 0131443291.

Phagocytosis

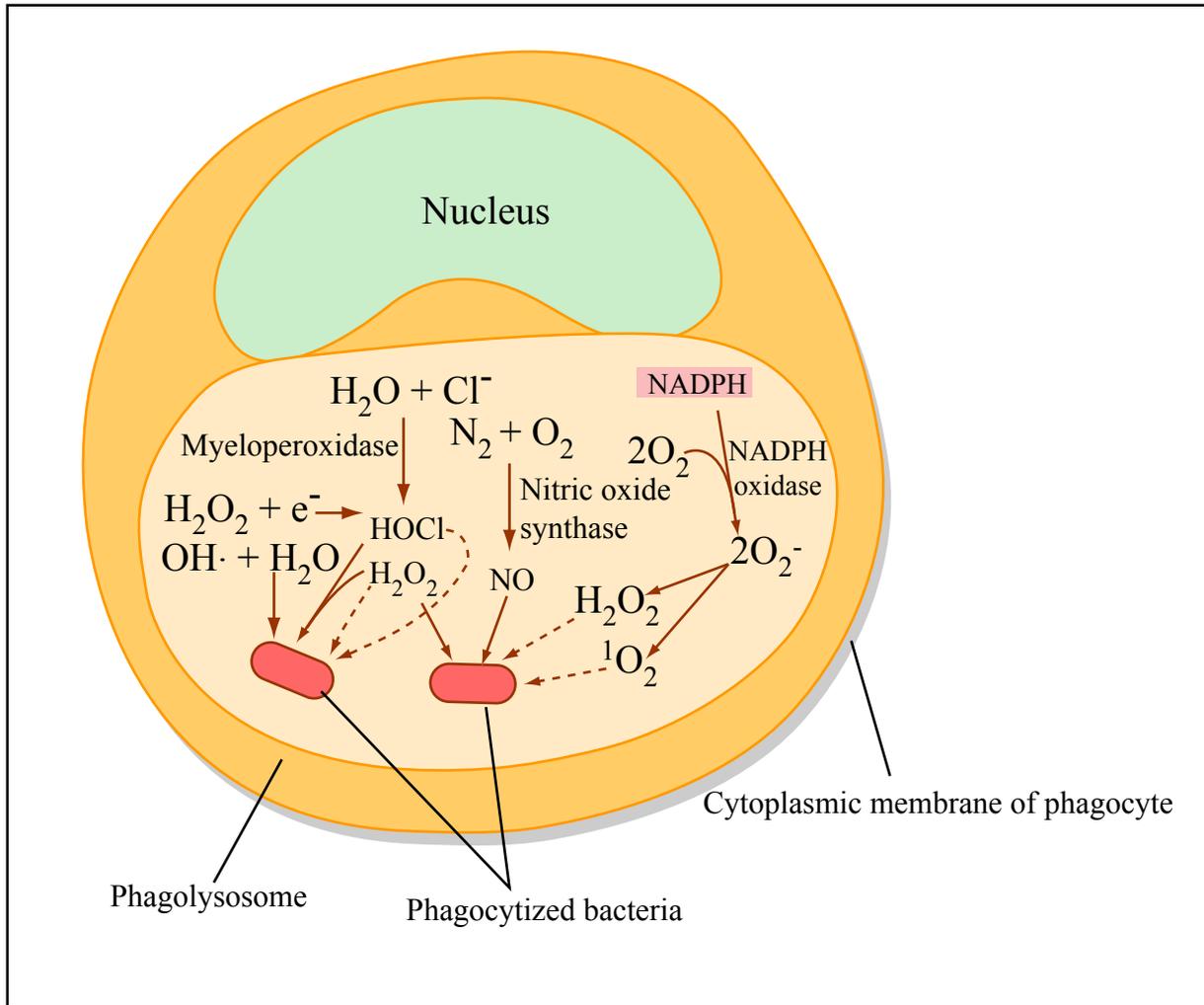


Figure by MIT OCW.

- Phagocytosis stimulates respiratory burst
- NADPH or phagocyte oxidase (Phox)
- PMNs produce myeloperoxidase that converts H_2O_2 to HOCl
- Efficient killing

Chemokines & Cytokines

Chemokines are potent chemoattractants

- CXC (alpha) act mostly on PMNs (IL-8)
- CC (beta) act on other phagocytes (MCP-1, MIP-1a)
- C (lymphotactin) and CX₃C (fractalkine)

Cytokines are activator molecules

- Acute phase response, septic shock
- Produced by leukocytes (interleukins [IL], IFN- γ , TNF- α)

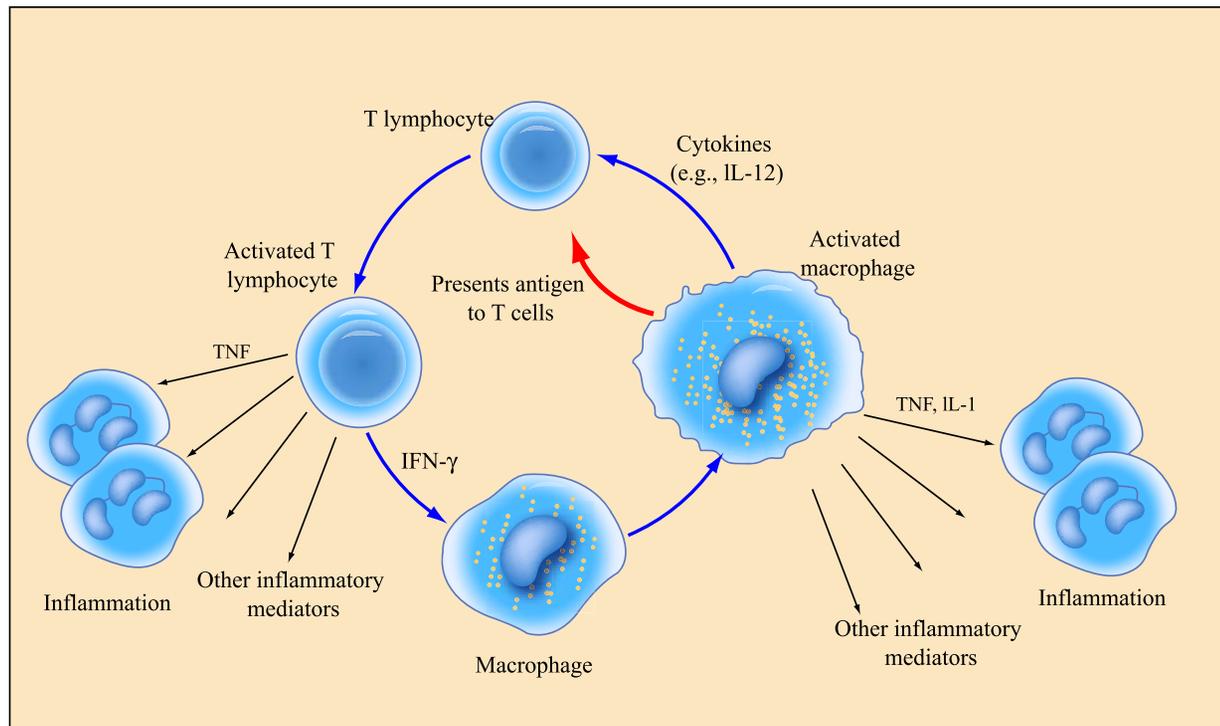


Figure by MIT OCW.

Inflammation

Redness

Swelling

Heat

Pain

- Reaction of blood vessels leading to the accumulation of fluid and leukocytes (white blood cells) in extravascular tissues
- Inflammation is a process, more than a state, and is closely linked to repair (regeneration and/or fibrosis)
- Although fundamentally protective, some instances of inflammation are harmful to the individual (hypersensitivity, chronic diseases, scarring)

Acute inflammation (vascular events)

1. Increased blood flow
 - After an initial vasoconstriction, there is vasodilation of arterioles, leading to increased blood flow (heat, redness)
2. Increased permeability
 - Structural changes in the microvasculature that permit plasma proteins and leukocytes to leave circulation
 - Loss of protein from plasma results in decreased osmotic pressure relative to the interstitial fluid
 - Combined with increased hydrostatic pressure from vasodilation, this results in outflow of fluid into the interstitial tissue (edema)
 - Slowing of circulation due to increased permeability of the microvasculature, increased viscosity and stasis
3. Emigration of leukocytes from the microcirculation and their accumulation at the site of injury
 - With stasis, margination of leukocytes, followed by rolling, then sticking (pavementing), then diapedesis

Mechanisms of vascular leakage

1. Endothelial gap formation (rapid, reversible, short-lived) occurs in post-capillary venules (20-60 μm in diameter)
2. Cytoskeletal reorganization (delayed, longer lasting)
3. Increased transcytosis (channels)
4. Direct endothelial injury (necrosis of endothelial cells, leading to thrombosis)
5. Delayed prolonged leakage (after a delay of 2-12 hours, lasting hours-days)
6. Leukocyte-mediated endothelial injury

Leukocyte extravasation

1. Margination, rolling, adhesion
 - E-selectin, P-selectin, and L-selectin
 - ICAM-1, VCAM-1, and integrins LFA-1, MAC-1, $\alpha_4\beta_1$, and $\alpha_4\beta_7$
2. Transmigration across the endothelium (diapedesis)
3. Migration in interstitial tissues towards a chemotactic stimulus (chemokines)

Leukocyte extravasation

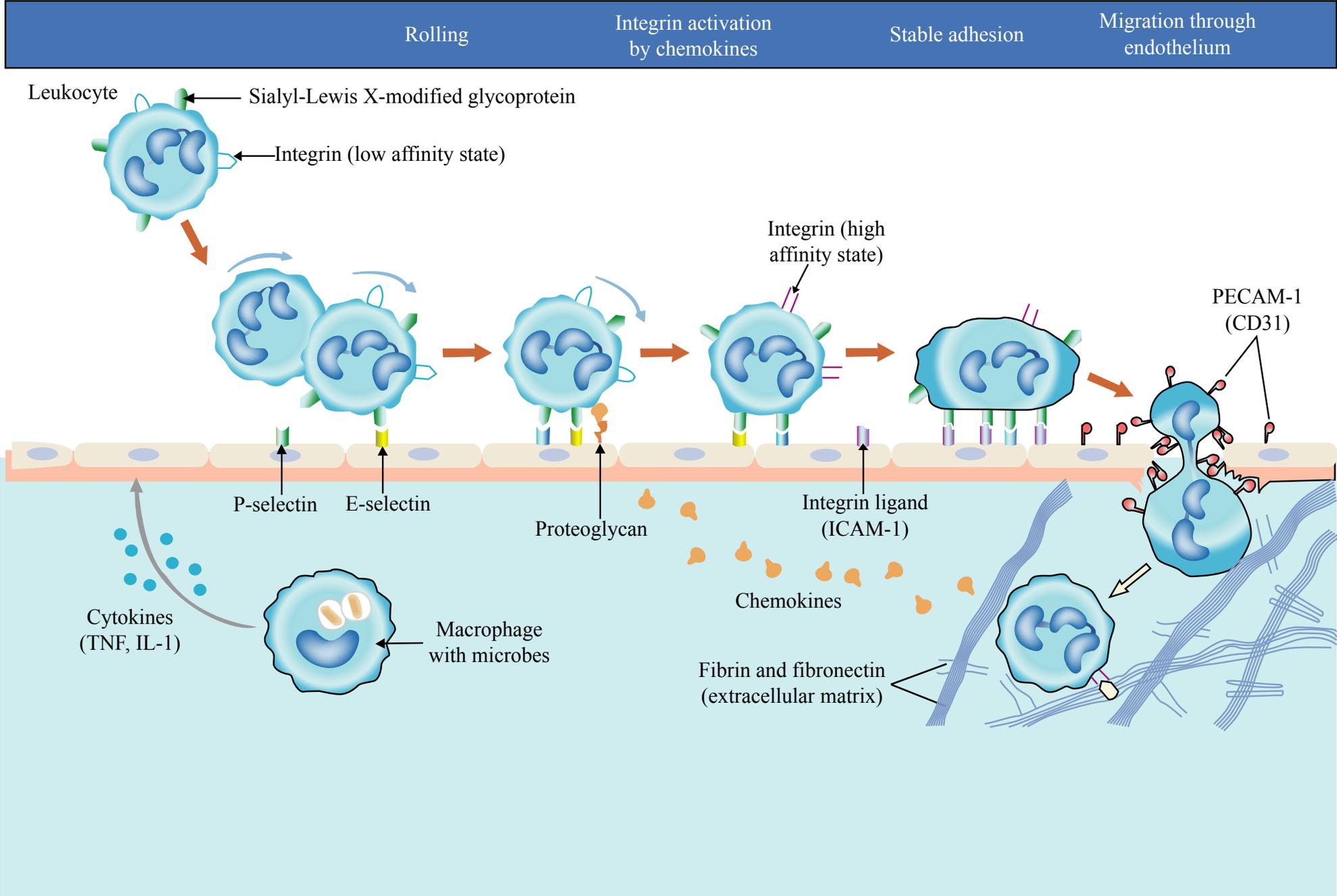


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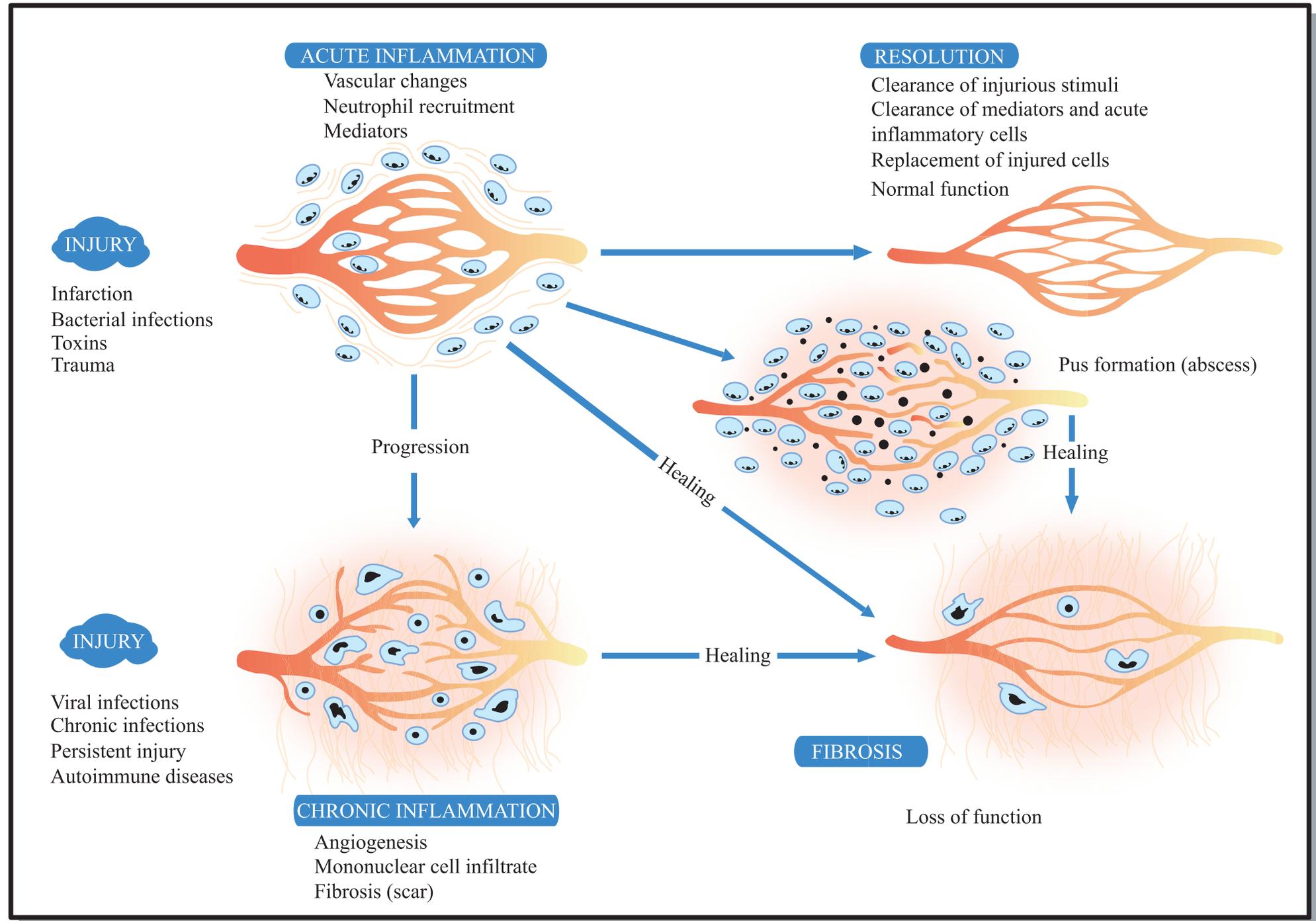


Figure by MIT OCW.

Immune Response

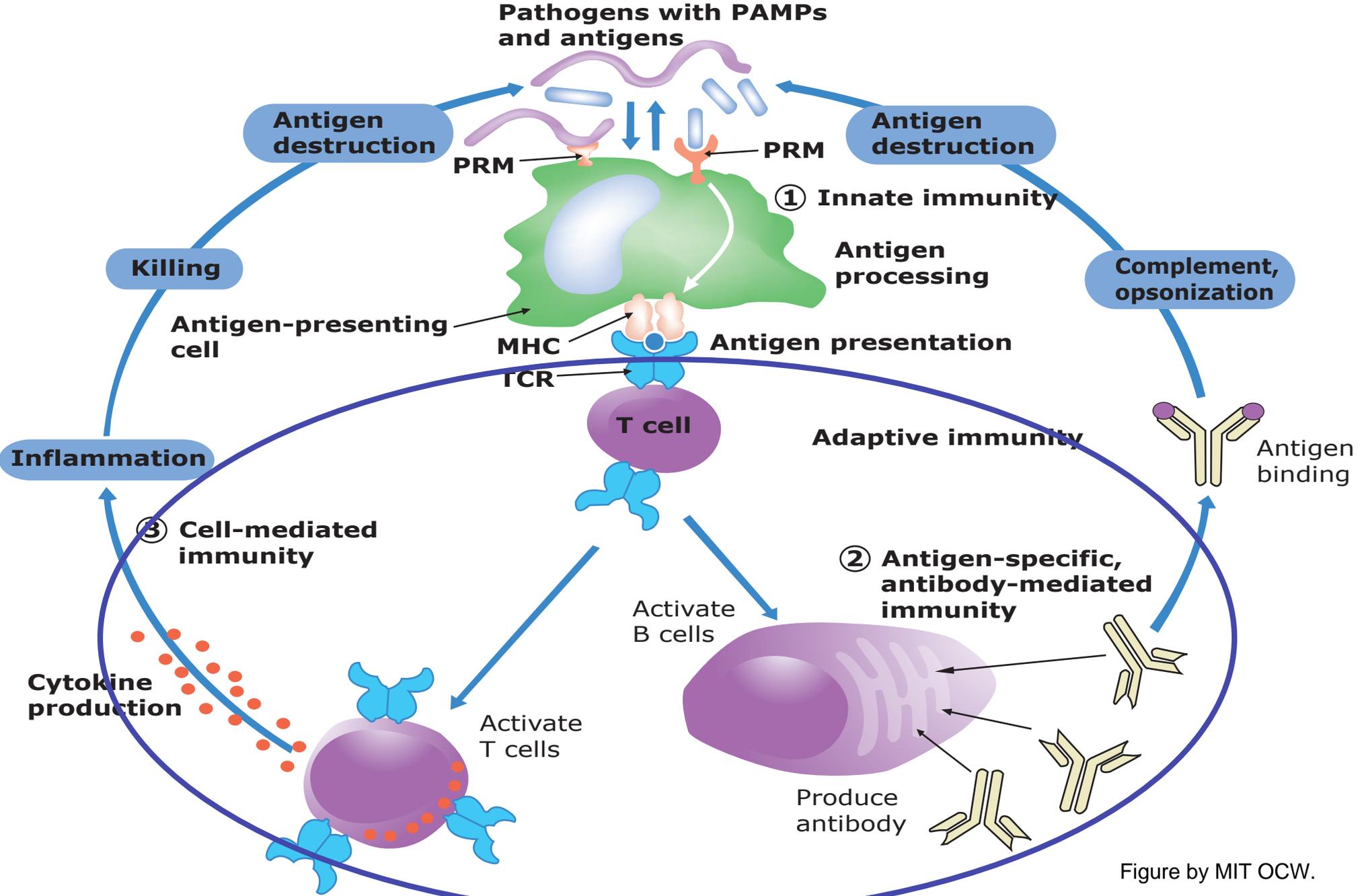
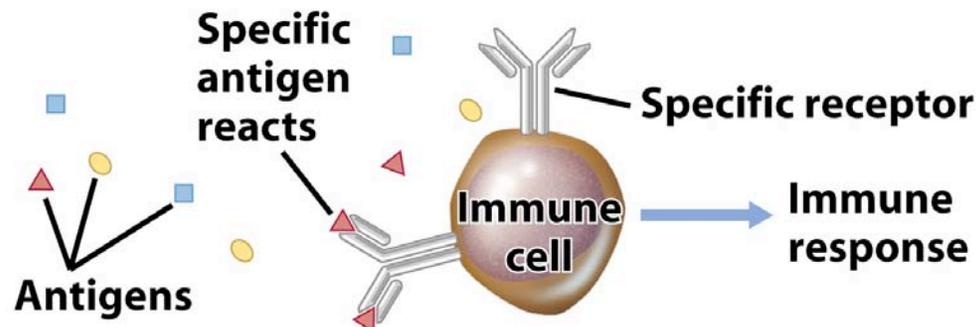


Figure by MIT OCW.

Adaptive Immunity

- nonspecific phagocytes present antigen to specific **T cells**
 - triggers the production of effector T cells and antibodies
 - T cells and antibodies react directly or indirectly to neutralize or destroy the antigen
- characterized by
 - **specificity** for the antigen
 - ability to respond more vigorously when reexposed to the same antigen (**memory**)
 - discriminate self antigens from nonself antigens (**tolerance**)



Specificity: Immune cells recognize and react with individual molecules (antigens) via direct molecular interactions.

Types of Adaptive Responses

Antibody-mediated immunity

particularly effective
against pathogens such
as viruses and bacteria
in the blood or lymph
and also against soluble
pathogen products such
as toxins

Cell-mediated immunity

leads to killing of pathogen-
infected cells through
recognition of pathogen
antigens found on infected
host cells