

Introduction

- Overwhelming majority of initial antigen encounters occur at mucosal surfaces
- Surface bathed by a heterogeneous population of microorganisms
- Confronted by a large number of antigenic stimuli which must be deciphered for pathologic potential
- For the majority, a response characterized by either ignorance or active suppression is appropriate
- For a few, a robust immune response is in order

Introduction (II)

- Gut associated lymphoid tissue (GALT) is characterized by a regulated state of physiologic inflammation
- GALT is poised for, but actively restrained from, full action and notable for a tendency to suppress responses, called oral tolerance
- Certain microorganisms and food antigens elicit vigorous immune responses
- The rules which govern these immunologic decisions are beginning to be clear and are important to the development of vaccines and the treatment of inflammatory bowel disease

MUCOSAL BARRIER FUNCTION

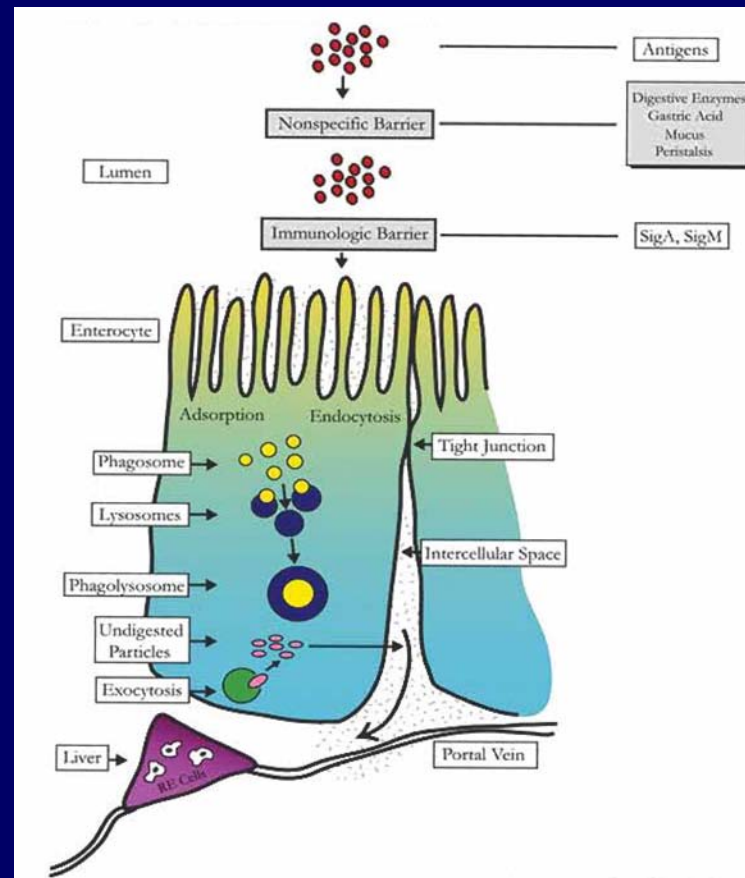
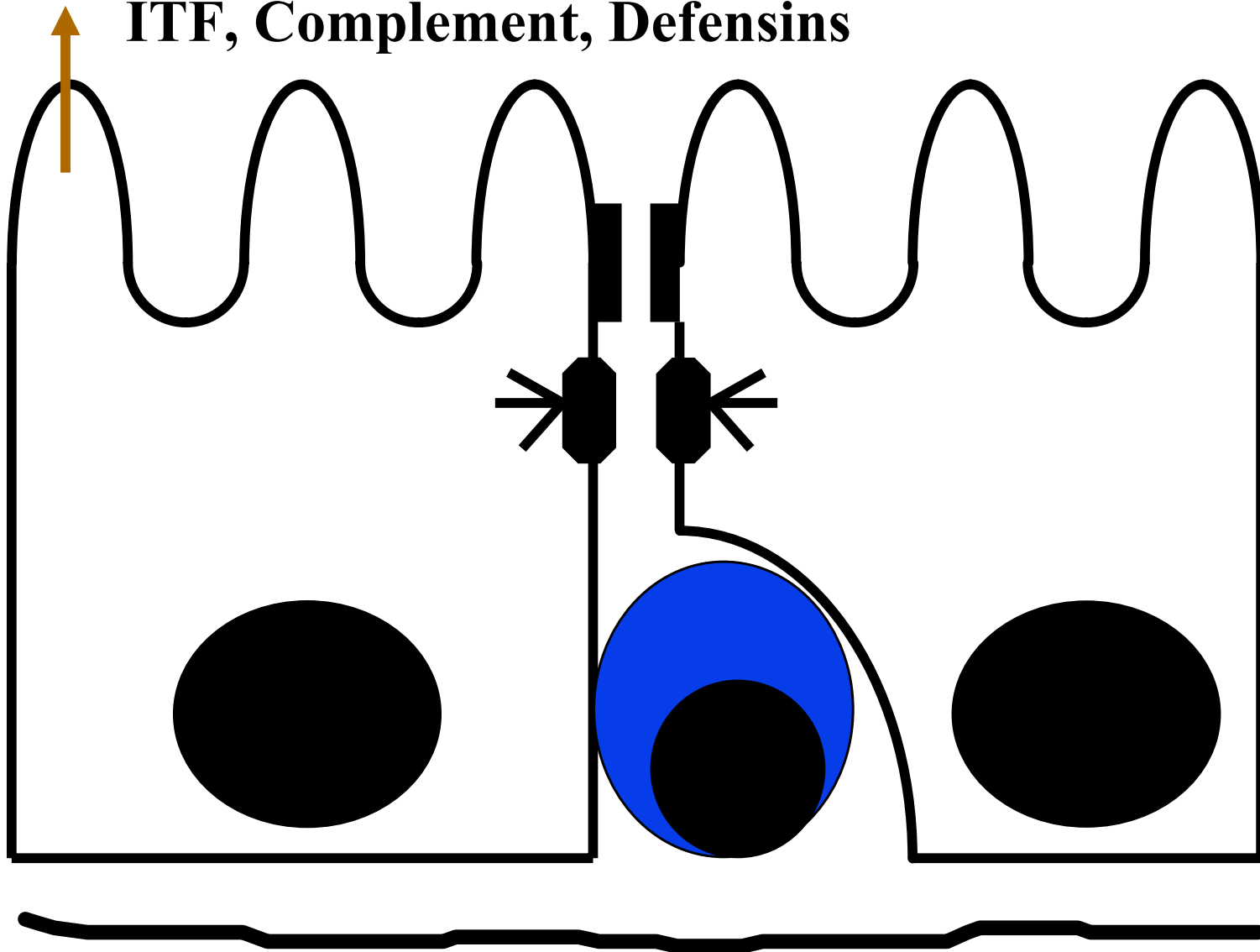


Illustration by MIT OCW.

Adapted from illustrations by Per Brandtzaeg at Laboratory for Immunohistochemistry and Immunopathology (LIIPAT), University of Oslo. See Brandtzaeg, P., et al. *Immunol. Rev.* 171 (1999): 45-87.

INNATE HUMORAL FACTORS

Lactoferrin, Lysozyme, Peroxidase,
ITF, Complement, Defensins



TLR Ligands and their Receptors

Figure removed due to copyright reasons. Please see:

Figure 1 in Akira, Shizuo. "Mammalian Toll-like receptors." *Curr Opin Immunol* 15 (2003): 6.

Commensal Bacteria Regulate Mucosal Gene Expression

Figure removed due to copyright reasons. Please see:

Figure 1 and Figure 2 in Hooper, Lora V., et al. "Molecular Analysis of Commensal Host-Microbial Relationships in the Intestine." *Science* 291 (2001): 881-84.

INNATE HUMORAL FACTORS: DEFENSINS

Alpha (Cryptdins)														
HNP-1	A	C	Y-----	C	RIPA	C	IAGERRY	G	T	C	IYQ	G	RLWAF	CC
HNP-2		C	Y-----	C	RIPA	C	IAGERRY	G	T	C	IYQ	G	RLWAF	CC
HNP-3	D	C	Y-----	C	RIPA	C	IAGERRY	G	T	C	IYQ	G	RLWAF	CC
HNP-4	V	C	S-----	C	RLVF	C	RRTELRV	G	N	C	LIG	G	VSFTY	CC TRV
* HD -5	ARAT	C	Y-----	C	RTGR	C	ATRESLS	G	V	C	EIS	G	RLYRL	CC R
* HD -6	TRAFT	C	H-----	C	RR-S	C	YSTEYSY	G	T	C	TVM	G	INHFR	CC L
RabNP-1	VV	C	A-----	C	RRAL	C	LPRERRA	G	F	C	RIR	G	RIHPL	CC RR
RatNP-1	T	C	Y-----	C	RRTR	C	GFRRERLS	G	A	C	GYR	G	RIYRL	CC R
Beta														
Gal-2	LF	C	--KGG	C	HFGG	C	PSHLIKV	G	S	C	F--	G	FRS--	CC KWPWNA
TAP	NPVS	C	VRNKG	C	VPIR	C	PGSMKQI	G	T	C	V--	G	RAVK-	CC RKK
BNBD-12	GPLS	C	GRNGGV	C	IPIR	C	PVPMRQI	G	T	C	F--	G	RPVK-	CC RSW
* hBD-1	DHYN	C	VSSGGQ	C	LYSA	C	PIFTKIQ	G	T	C	YR-	G	KAK--	CC K

* Secreted by Paneth Cells, AEC

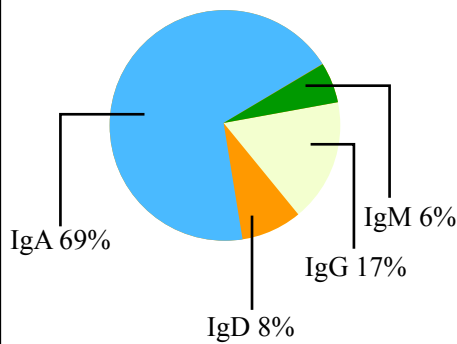
Luminal Factors:

Specific Extrinsic or Immunologic Barriers

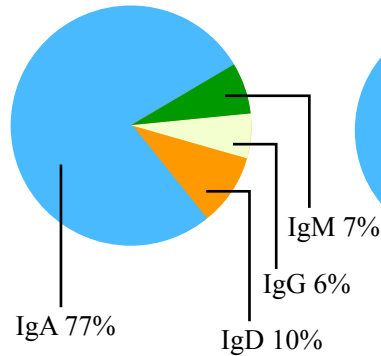
Secretory Immunoglobulins

Isotype Distribution of Ig Production By Mucosal Plasma Cells

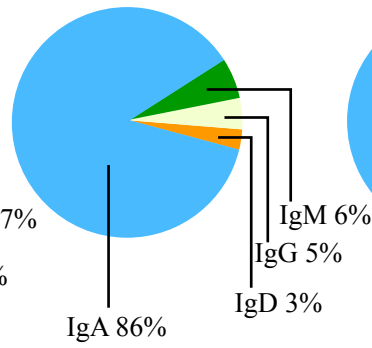
Nasal Glands



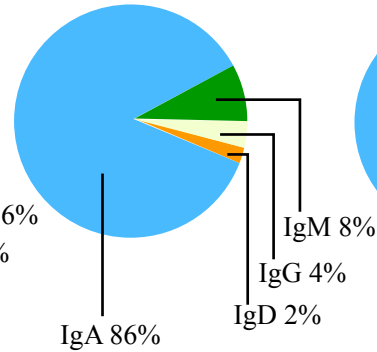
Lacrimal Gland



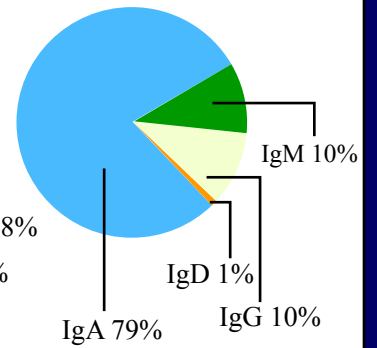
Parotid Gland



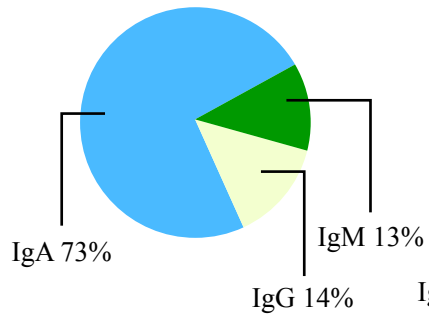
Submandibular Gland



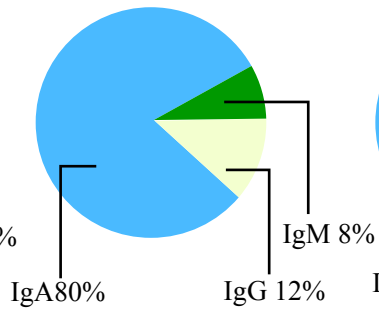
Mammary Gland



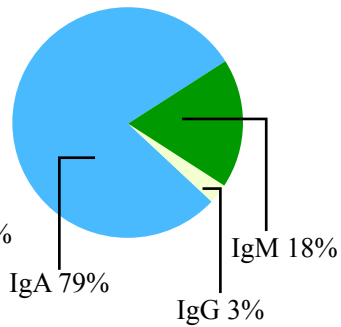
Gastric Body



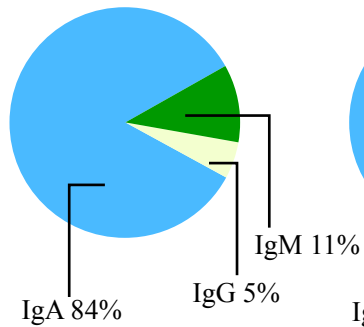
Gastric Antrum



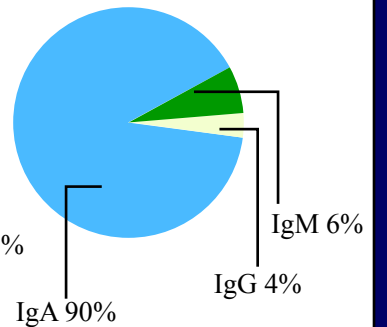
Duodenum-Jejunum



Ileum



Large Bowel

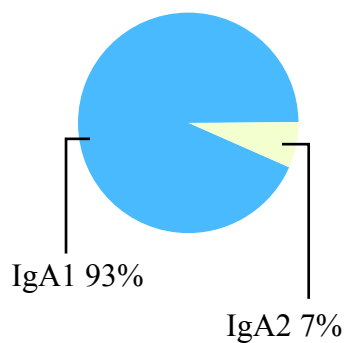


Levels ($\mu\text{g/ml}$) of Immunoglobulins in Human Secretions

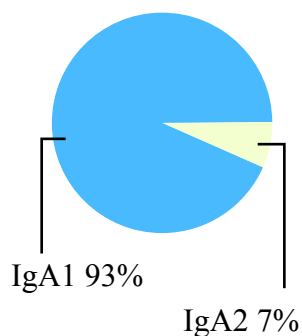
<i>Fluid</i>	<i>IgA</i>	<i>IgG</i>	<i>IgM</i>
<i>Nasal Secretions</i>	70-846	8-304	0
<i>Broncho-alveolar fluid</i>	3	13	0.1
<i>Milk</i>	470-1632	40-168	50-340
<i>Duodenal fluid</i>	313	104	207
<i>Colonic fluid</i>	162 $\mu\text{g/min}$	34 $\mu\text{g/min}$	17 $\mu\text{g/min}$

IgA2 is Enriched in Mucosal Secretions Relative to Peripheral Blood

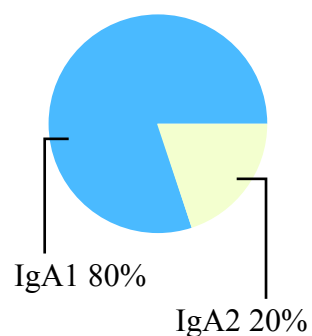
Spleen, Peripheral Lymph Nodes, Palatine Tonsils



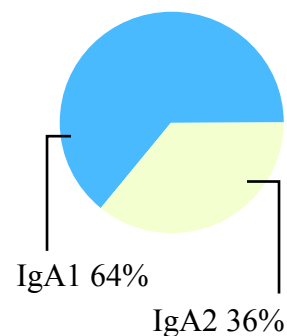
Nasal Mucosa



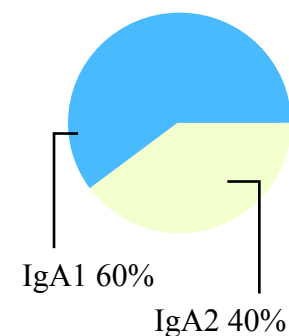
Lacrimal glands



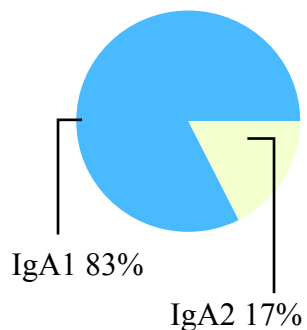
Salivary glands



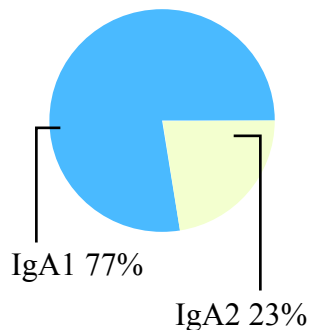
Mammary glands



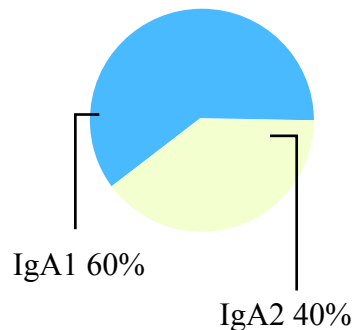
Gastric Mucosa



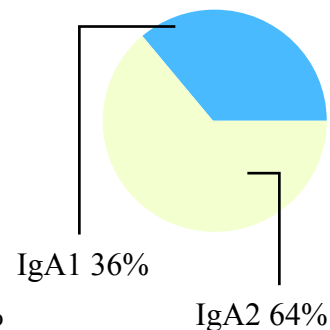
Duodenum-Jejunum



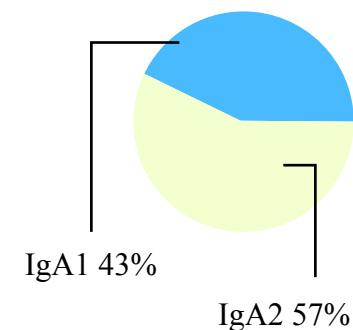
Ileum



Colon



Rectum

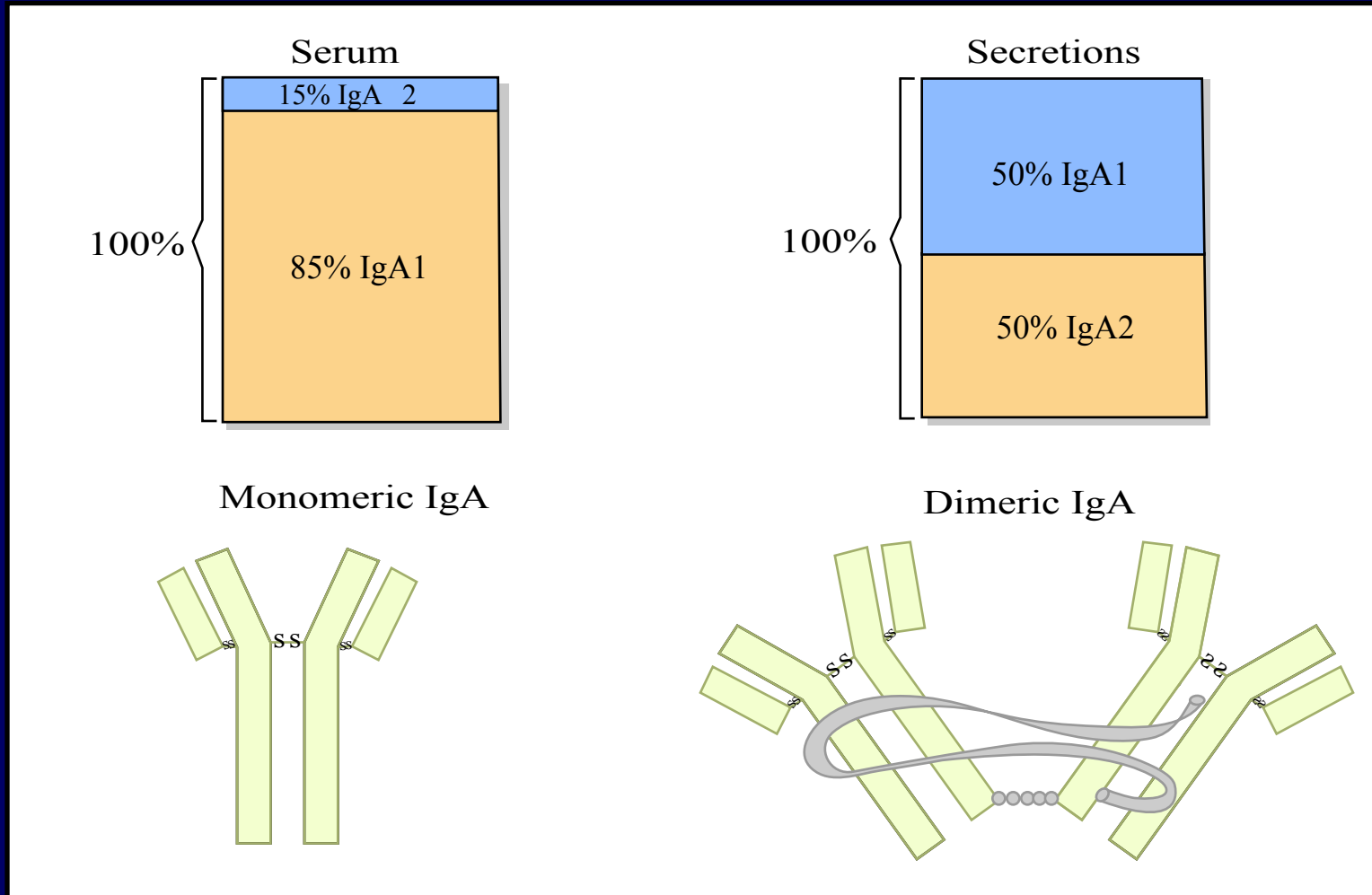


T Cell Independent IgA Secretion in the Intestine

(IgA-secreting cells, no. per 10^5 lymphocytes)

Mouse strain	Housing conditions	Intestinal lamina propria
C57BL/6	SPF	11,600 \pm 1,500
TCR $\beta^{-/-}\delta^{-/-}$	SPF	3,900 \pm 1,600
C57BL/6 <i>nu/nu</i>	SPF	2,800 \pm 1,700
CD4 $^{-/-}$	Conventional	9,100 \pm 930
TNFR-1 $^{-/-}$	SPF	9,500 \pm 540
<i>aly/aly</i>	SPF	<1
LT $\alpha^{-/-}$	Conventional	<10
C57BL/6	Germ-free	1,600 \pm 860

Enrichment of dimeric (d)IgA in Mucosal Secretions Relative to Serum Which contains monomeric IgA



Secretory dIgA is formed by Association With J Chain and proteolytic fragment of plgR or SC

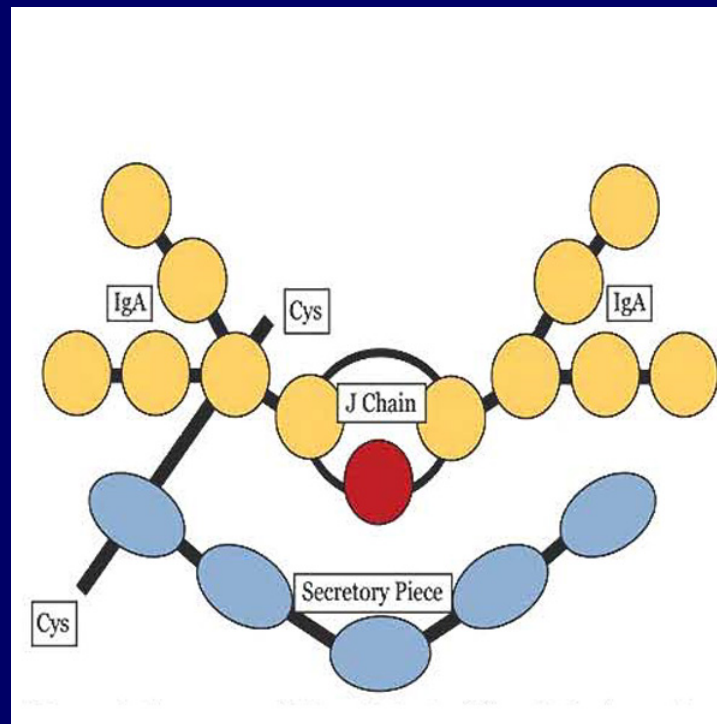


Illustration by MIT OCW. Adapted from illustrations by Per Brandtzaeg at Laboratory for Immunohistochemistry and Immunopathology (LIIPAT) University of Oslo. See Brandtzaeg, P., et al. *Immunol. Rev.* 171 (1999): 45-87.

STRUCTURE OF POLYMERIC Ig RECEPTOR (pIgR)

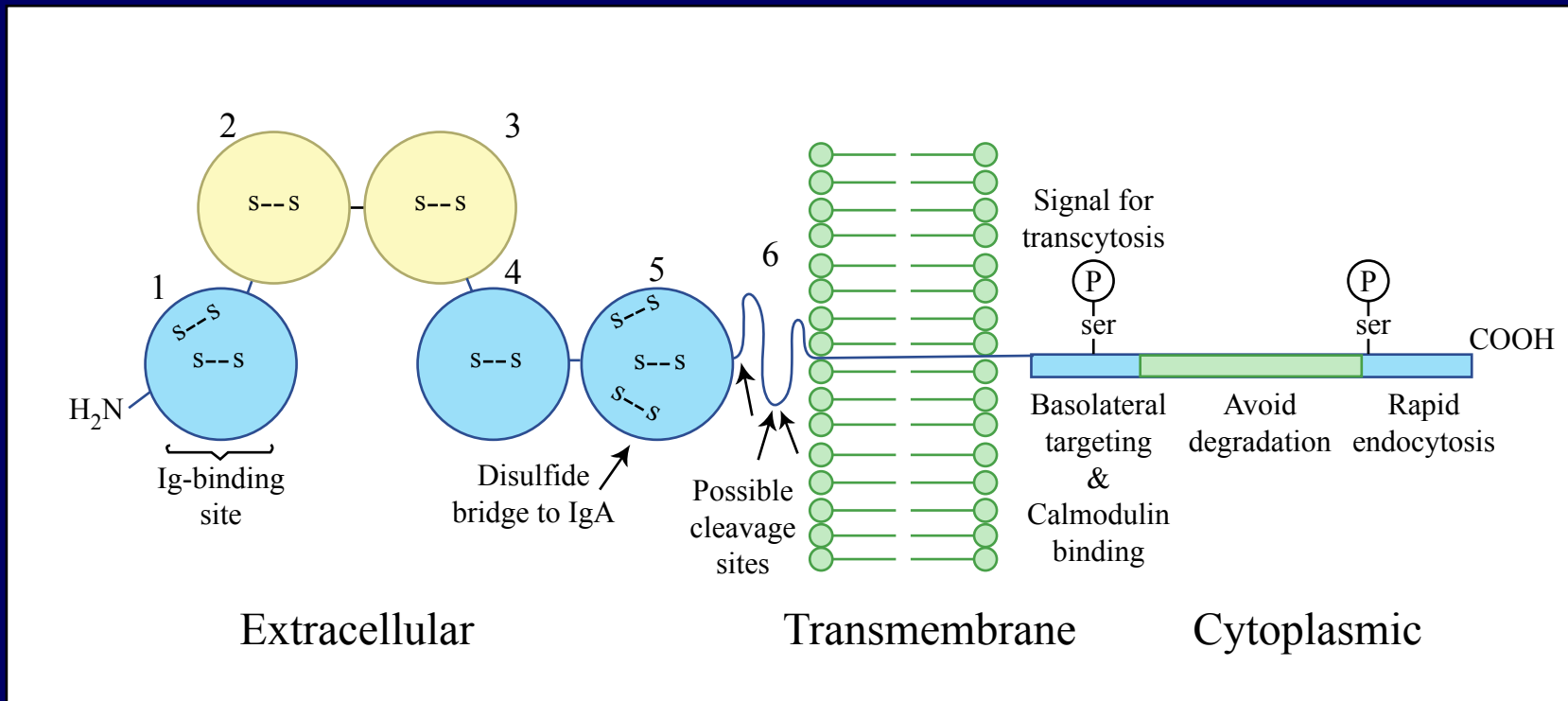


Illustration by MIT OCW. Adapted from illustrations by Per Brandtzaeg at Laboratory for Immunohistochemistry and Immunopathology (LIIPAT) University of Oslo. See Brandtzaeg, P., et al. *Immunol. Rev.* 171 (1999): 45-87.

Intracellular Transport of pIgA via pIgR

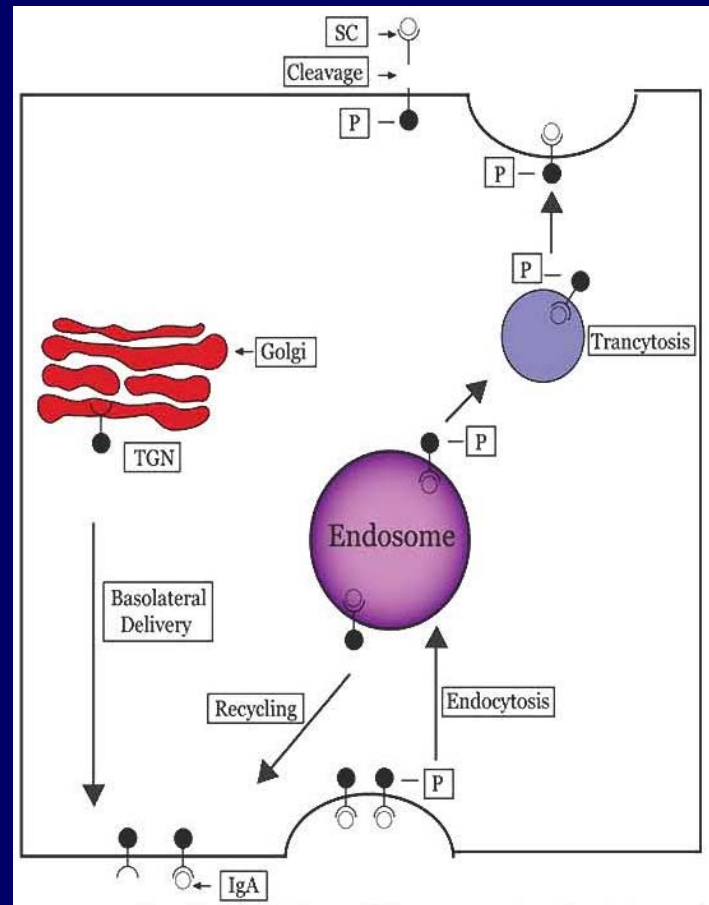


Illustration by MIT OCW. Adapted from illustrations by Per Brandtzaeg at Laboratory for Immunohistochemistry and Immunopathology (LIIPAT) University of Oslo. See Brandtzaeg, P., et al. *Immunol. Rev.* 171 (1999): 45-87.

Quantification of IgA Production In Mucosal Secretions

Image removed due to copyright reasons.

IgA is a Component of Bile via Expression of pIgR in hepatocytes (rat) or bile duct epithelium (human)

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IgA has complex effects in Mucosal Tissues Through interaction with Fc α -receptors

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The **Neonatal** Fc Receptor for IgG, FcRn

- MHC I-like structure/ β_2m associated
- Closed cleft/no defined role in antigen presentation
- **Binds overlapping region of IgG as Protein A**
- **Binds IgG with a 2:1 stoichiometry**
- **Binds IgG at pH 6.0 ($K_d = 10$ nM) but negligibly at physiologic pH 7.4**

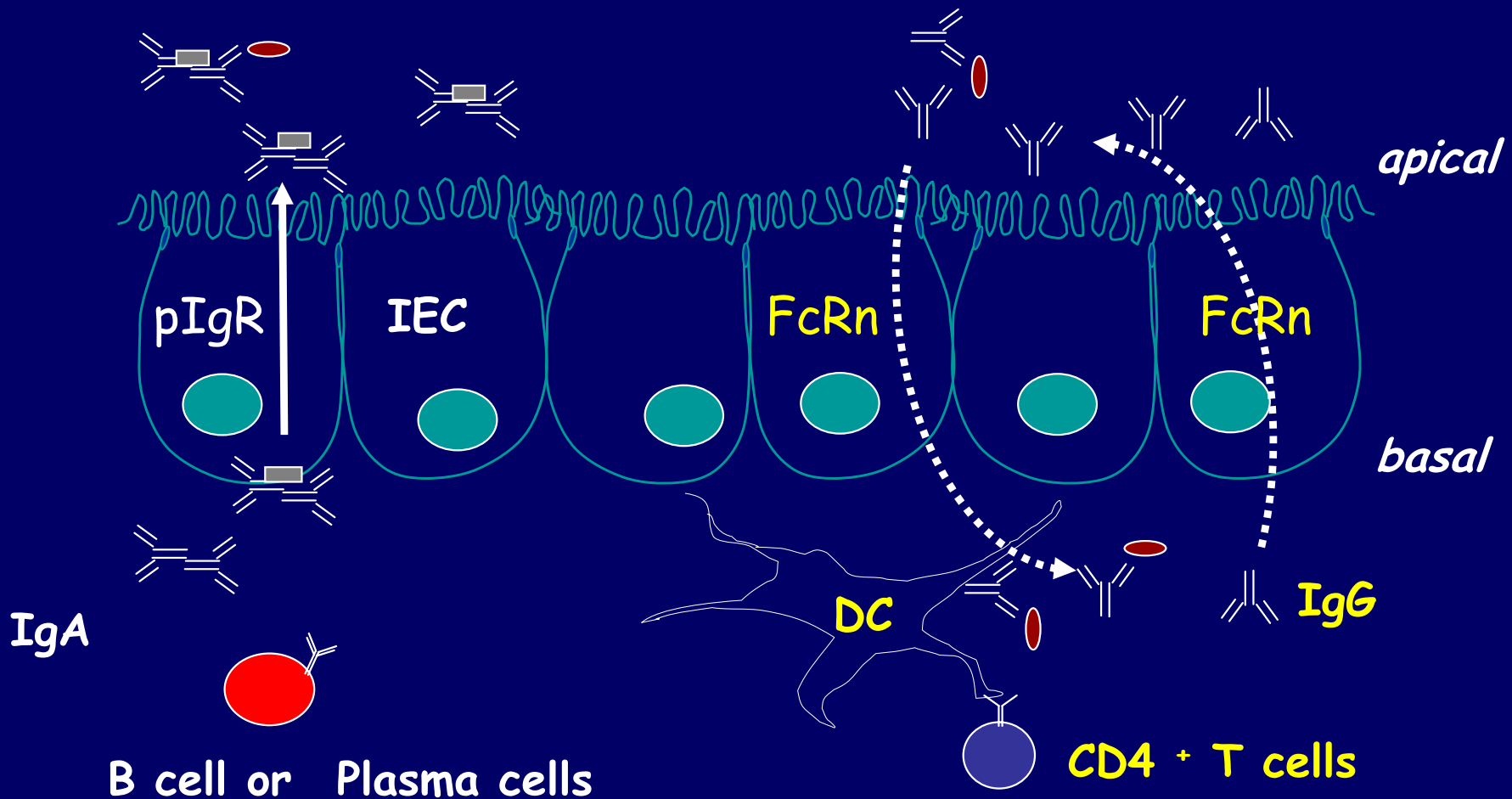
Figure removed due to copyright reasons. Please see:

Burmeister, W. P., et al. "Crystal structure at 2.2 Å resolution of the MHC-related neonatal Fc receptor." *Nature* 372 (1994): 336-43.

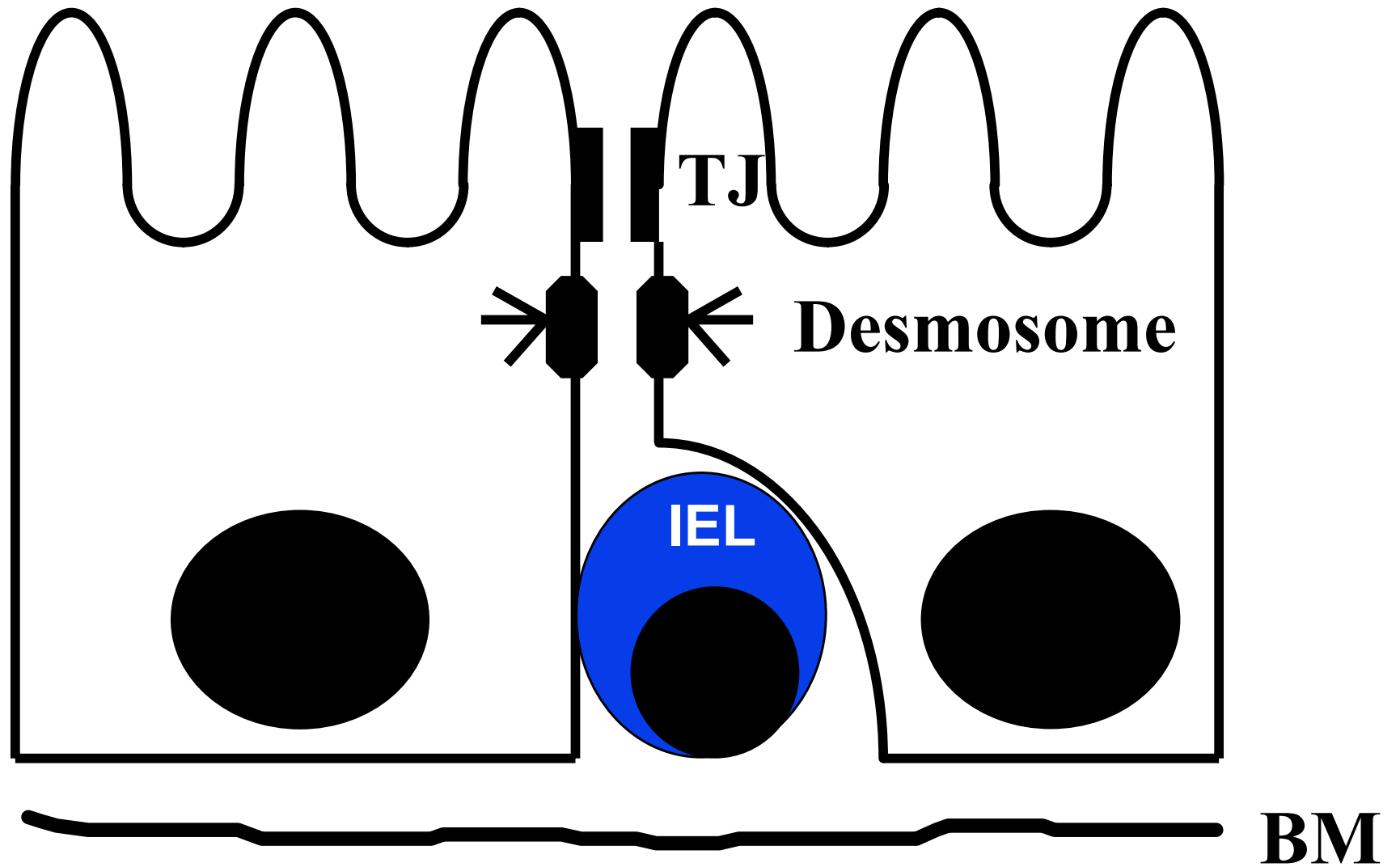
FcRn Plays a Role in the Uptake of Luminal Antigens

*Polymeric IgR-mediated
IgA Transport*

*FcRn-mediated IgG
Transport*

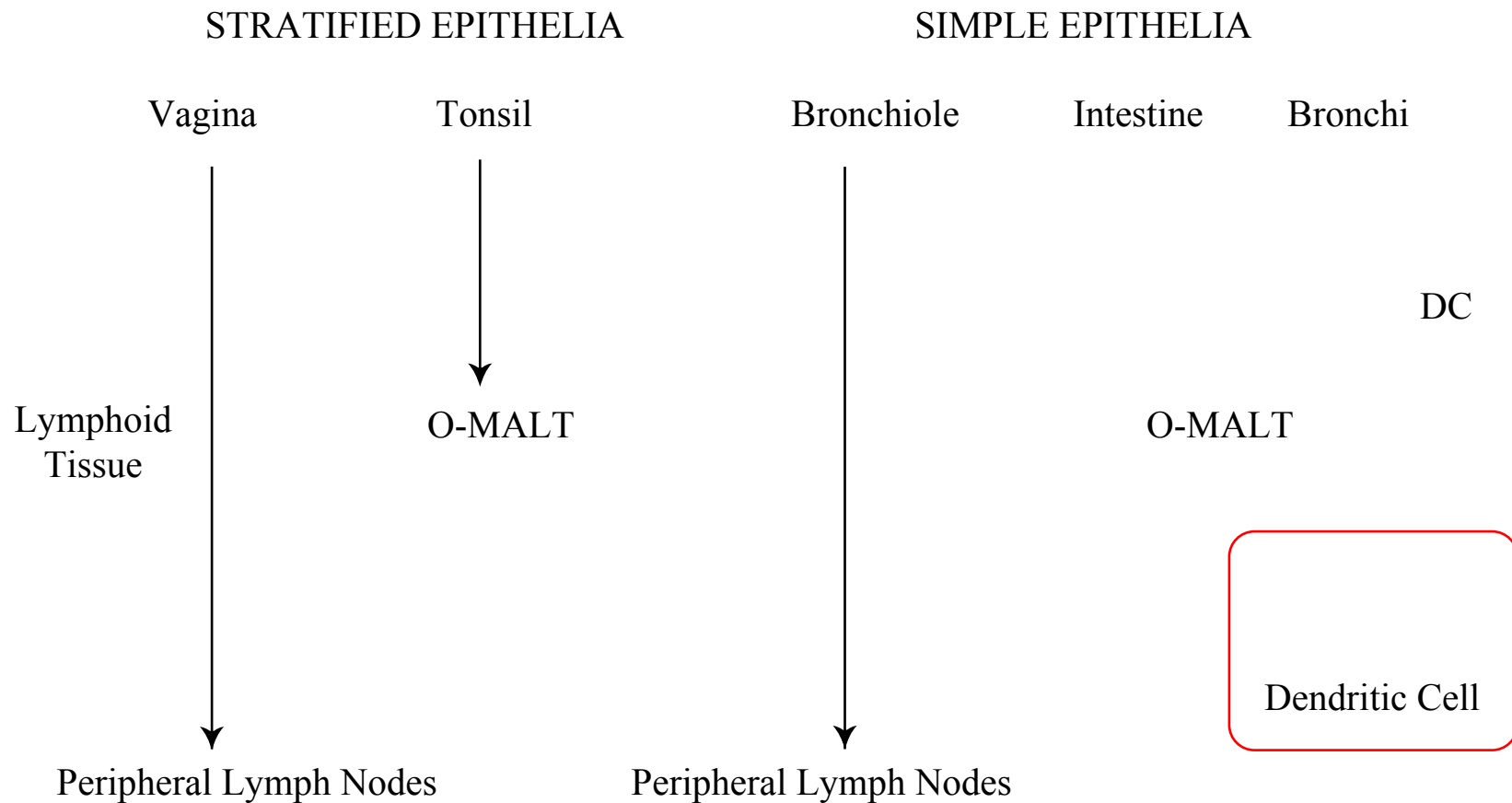


Intrinsic Barrier Function of Epithelium

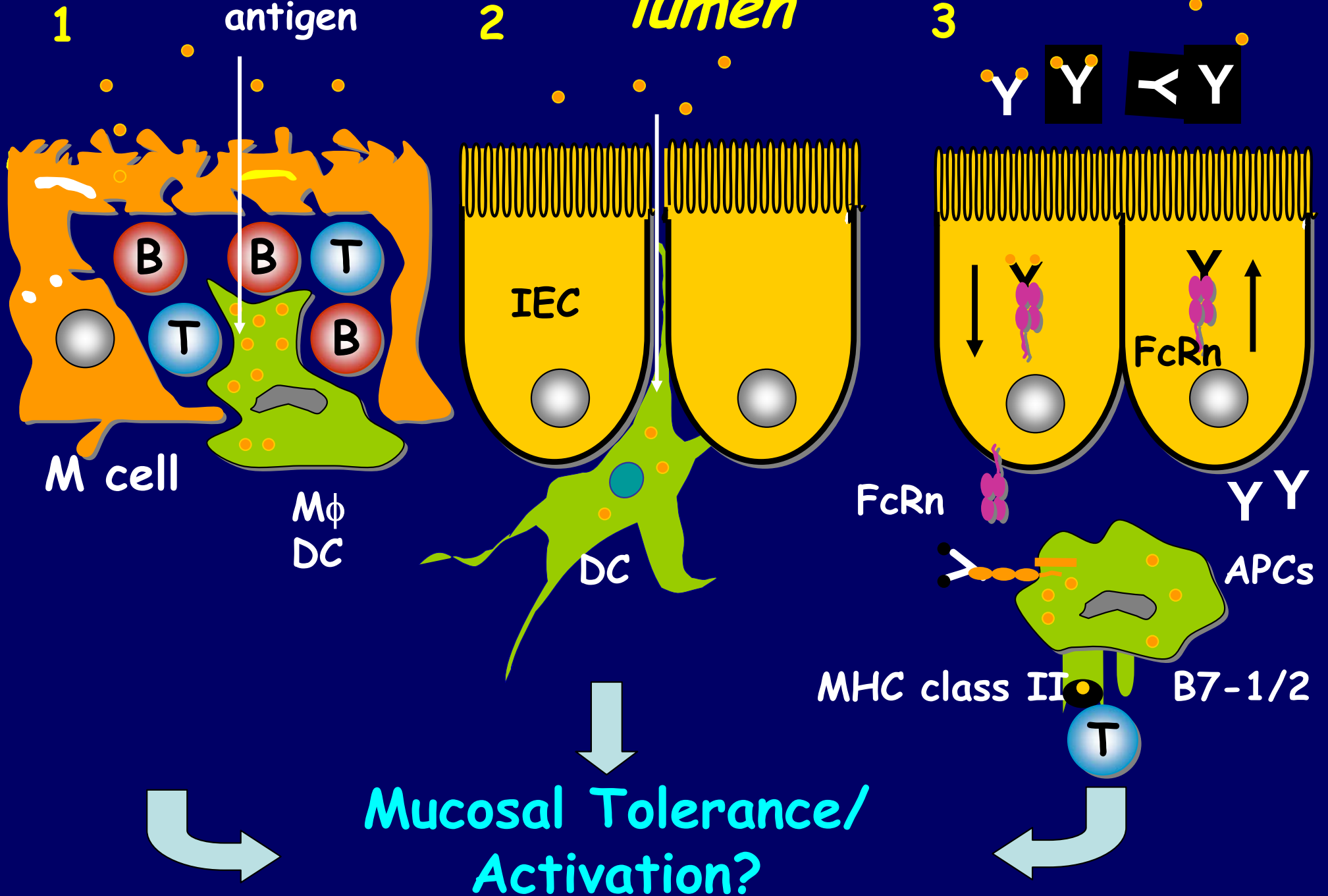


Association of Dendritic Cells with Mucosal Epithelium

ASSOCIATION OF DENDRITIC CELLS WITH MUCOSAL EPITHELIUM



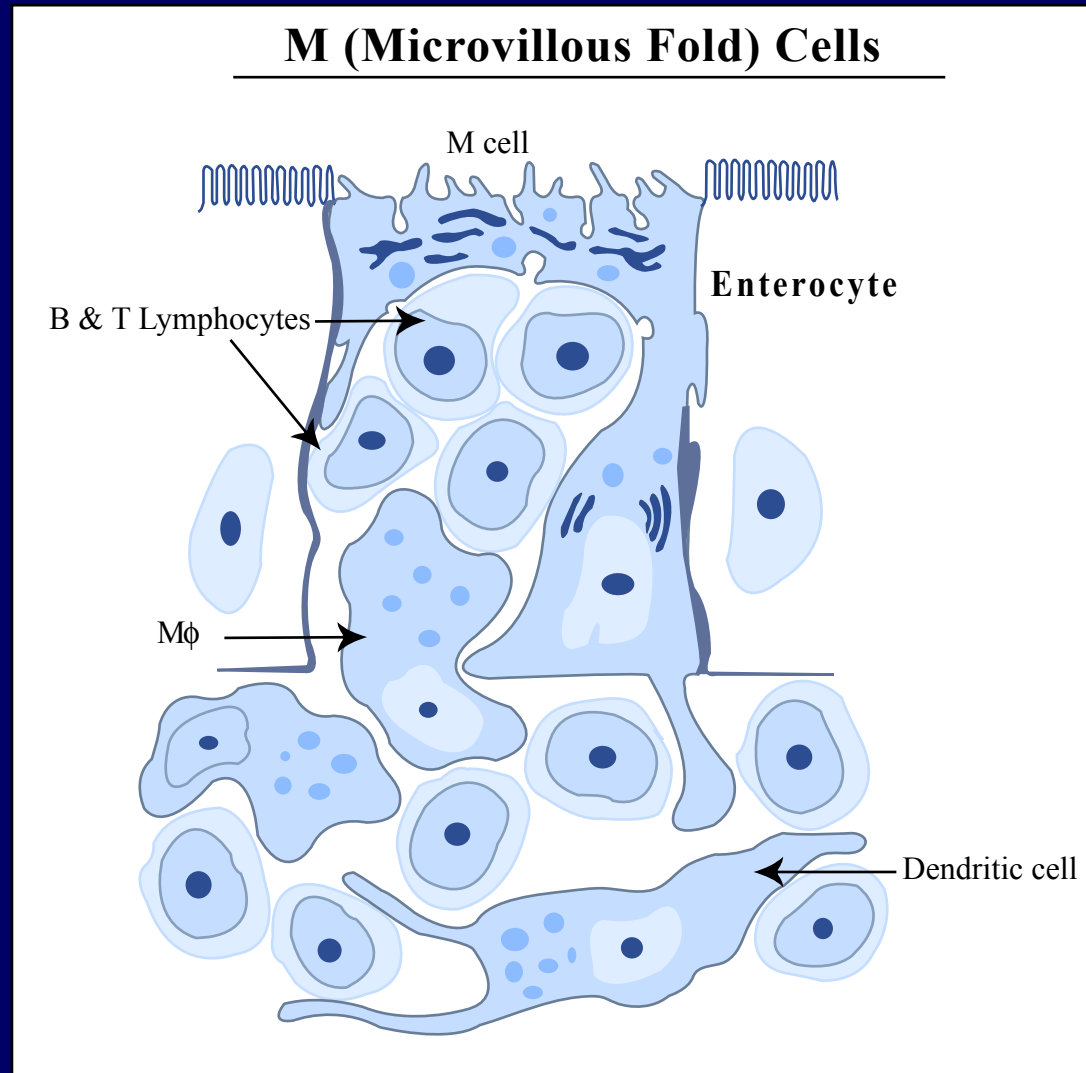
Pathways for antigen-uptake from the lumen



Subtypes of Epithelial Cells in Intestinal Mucosa

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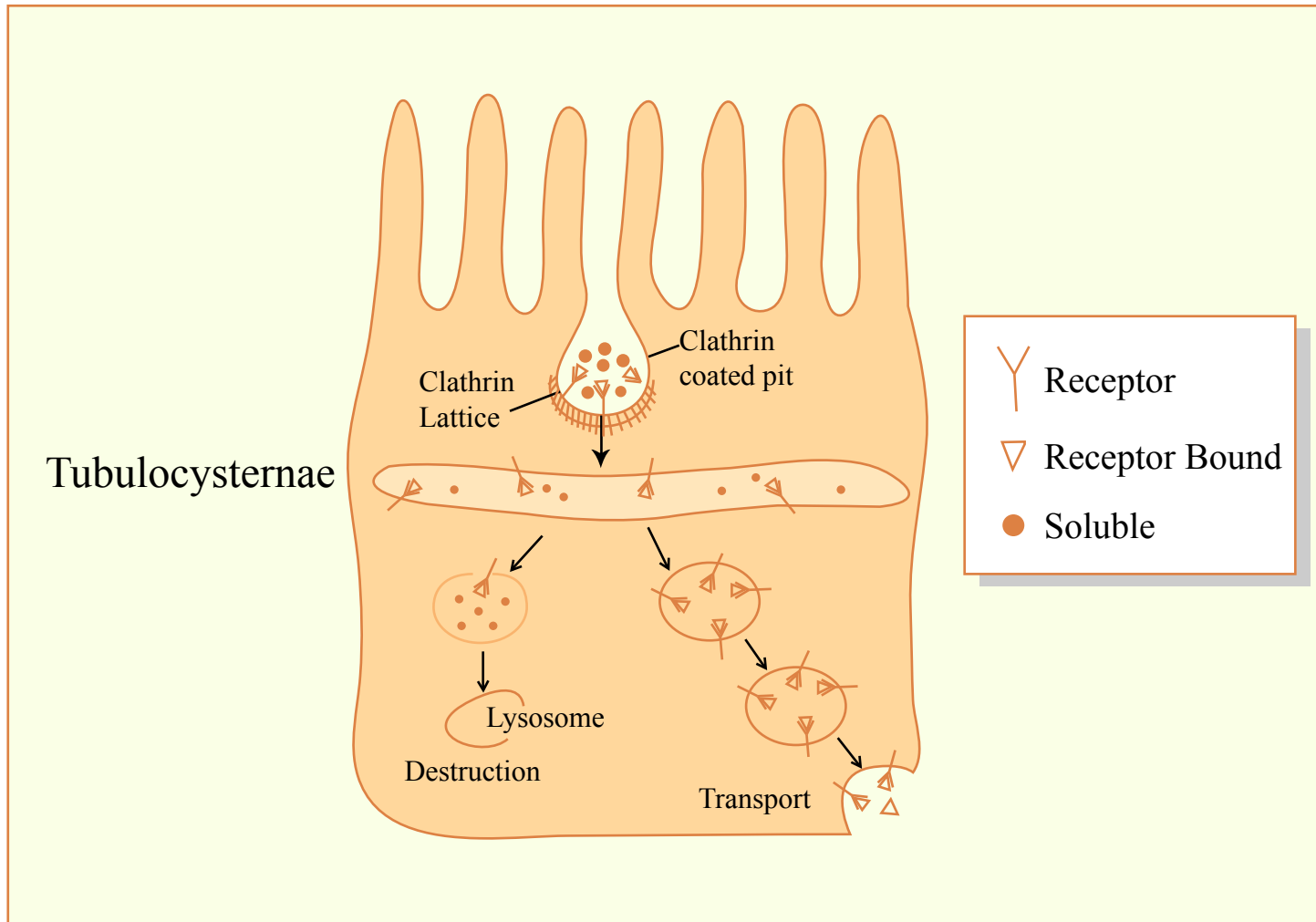
M (MICROVILLOUS FOLD) CELLS



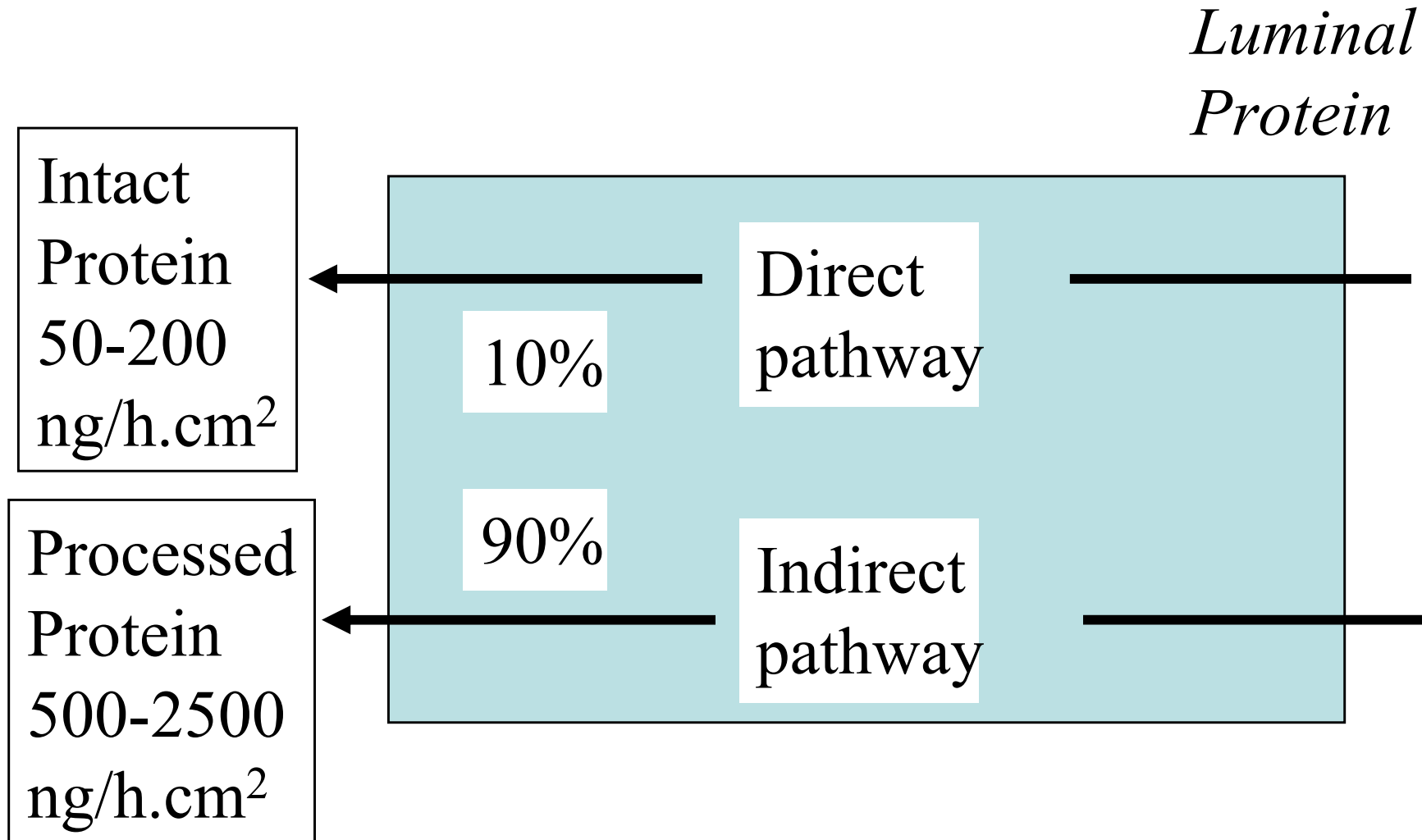
M CELLS TRANSPORT PARTICULATE Ag AND ASSOCIATE WITH MONONUCLEAR CELLS

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Absorptive epithelial cells take up Ag by Receptor And non-Receptor mediated mechanisms sorting Ag to either a degradative or absorptive fate

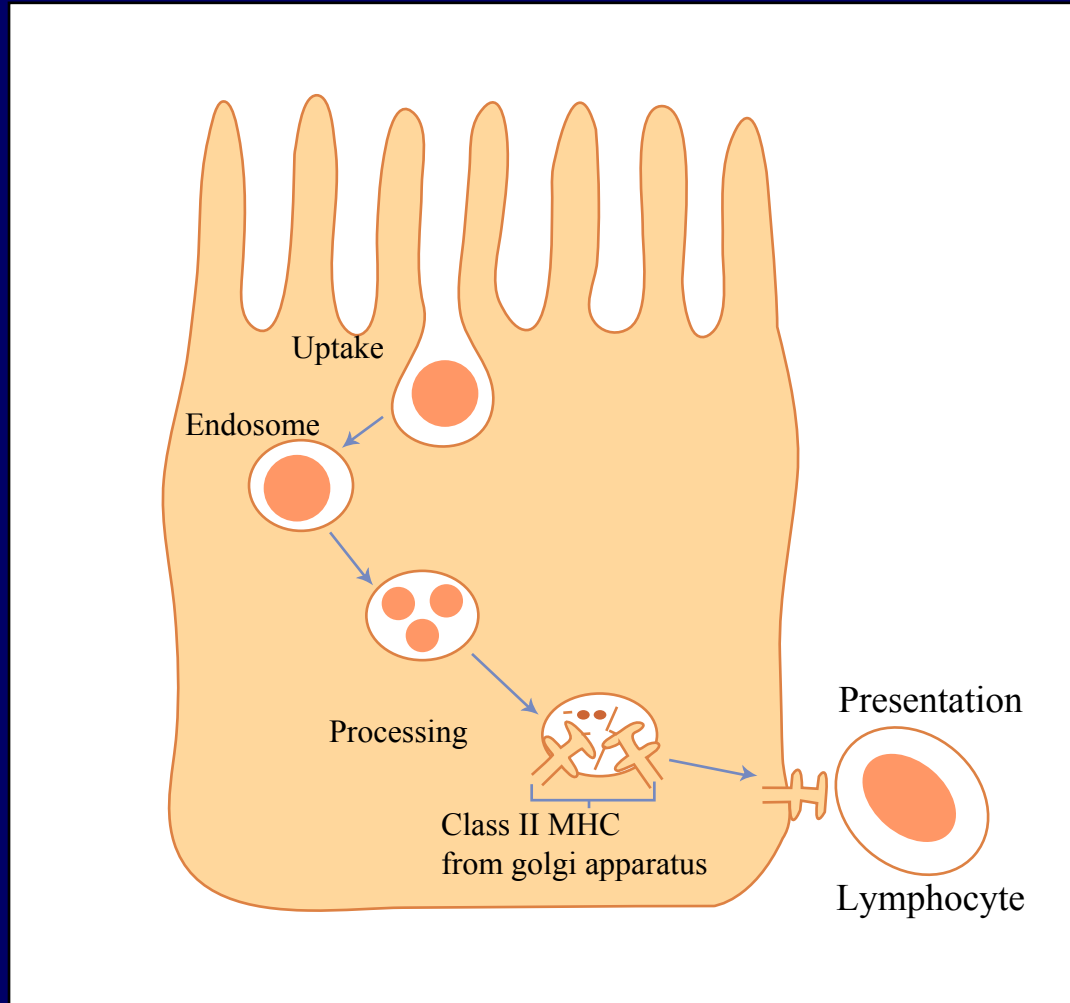


Epithelial Transport of Macromolecules



adapted from Martine Heymann

Absorbed antigens may enter an antigen presenting pathway such as that associated with MHC class II



THE IEC AS AN APC

- Ability to acquire and/or transport antigen
- Ability to process and/or present antigen
- Ability to provide costimulatory and/or regulatory second signals to T cells

Molecules expressed by IECs possibly associated with antigen presentation

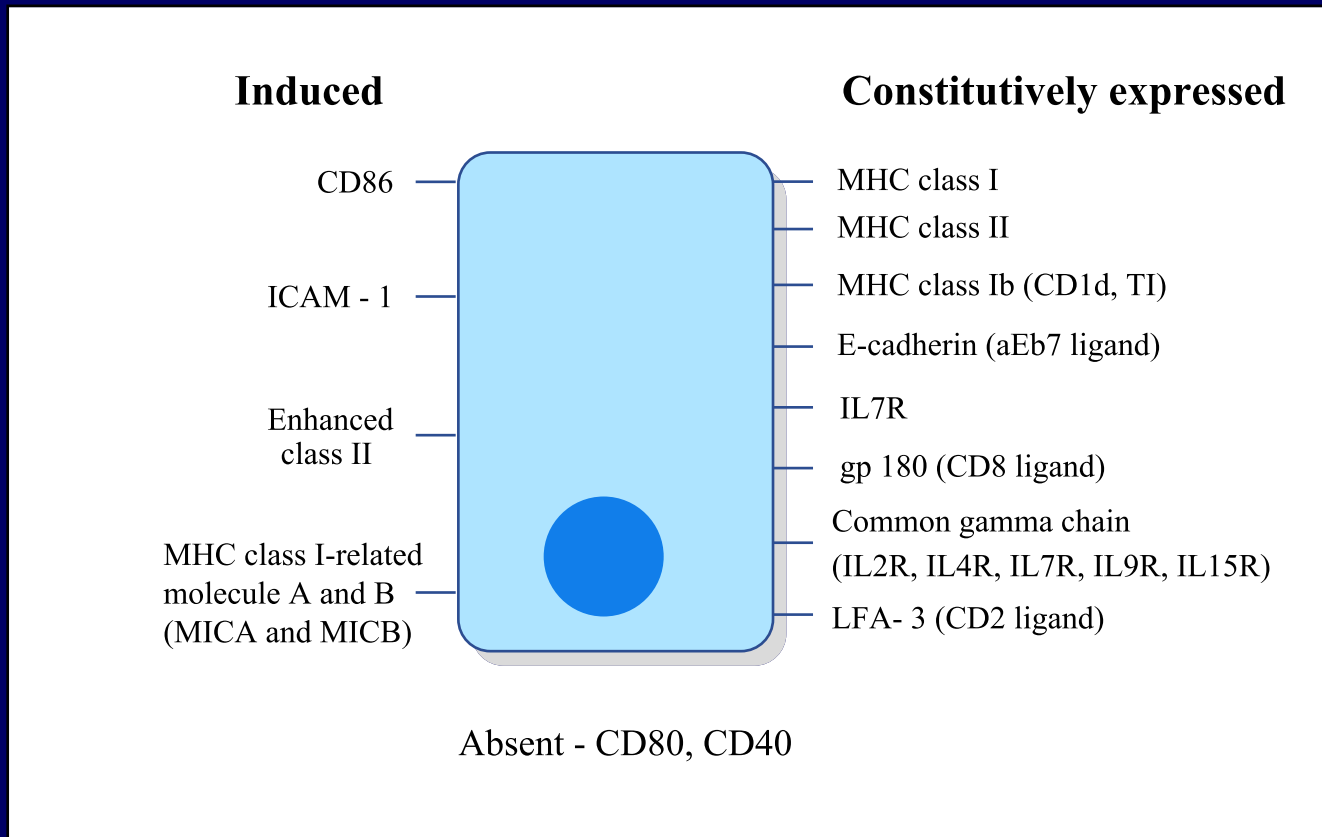
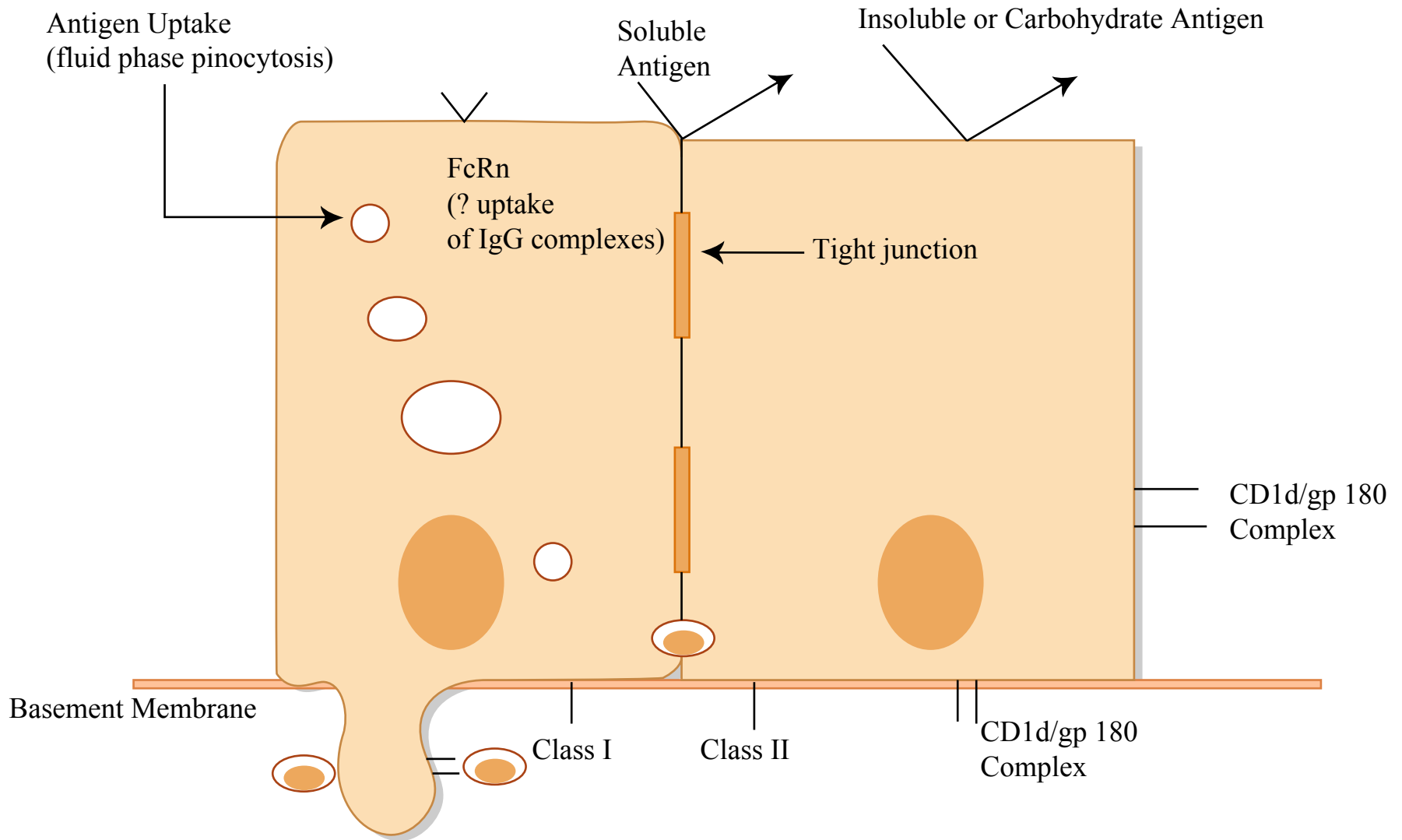


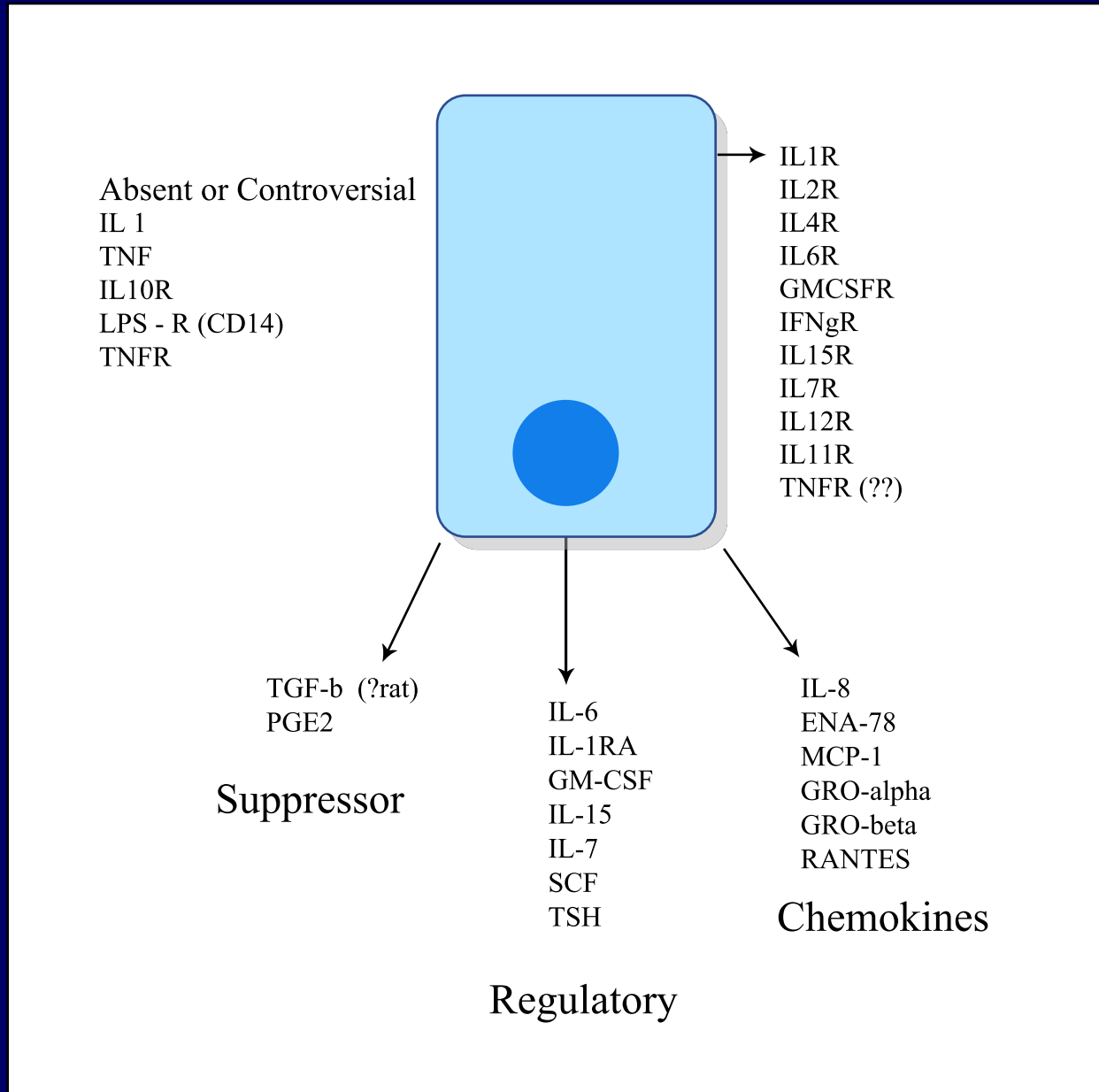
Image by MIT OCW.

Antigen Presentation by Absorptive Epithelial Cell



IEC projection through the basement membrane expressing class Ib, class I, or class II MHC

AEC secrete and respond to a wide variety of cytokines and chemokines



AEC Respond to cytokines and inflammatory mediators

With increased chloride and mucus secretion and paracellular Permeability resulting in diarrhea clinically

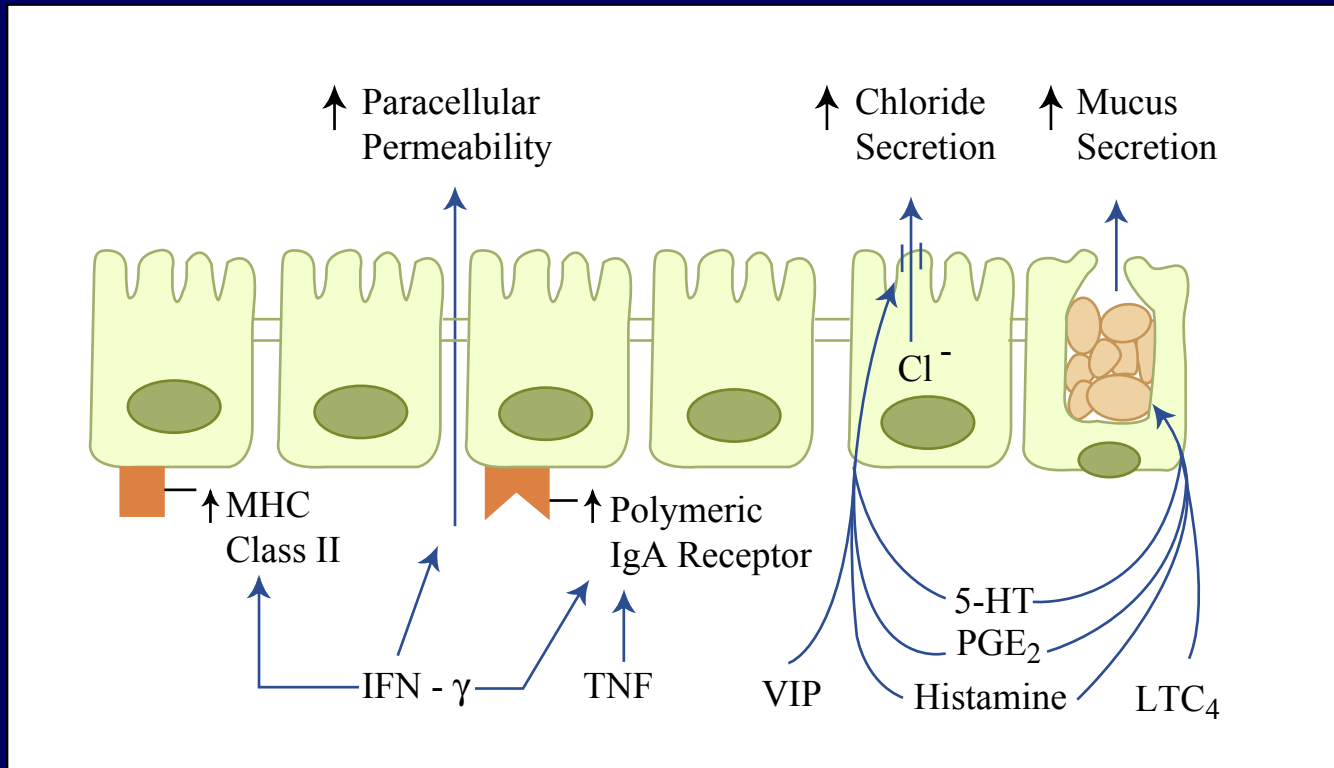
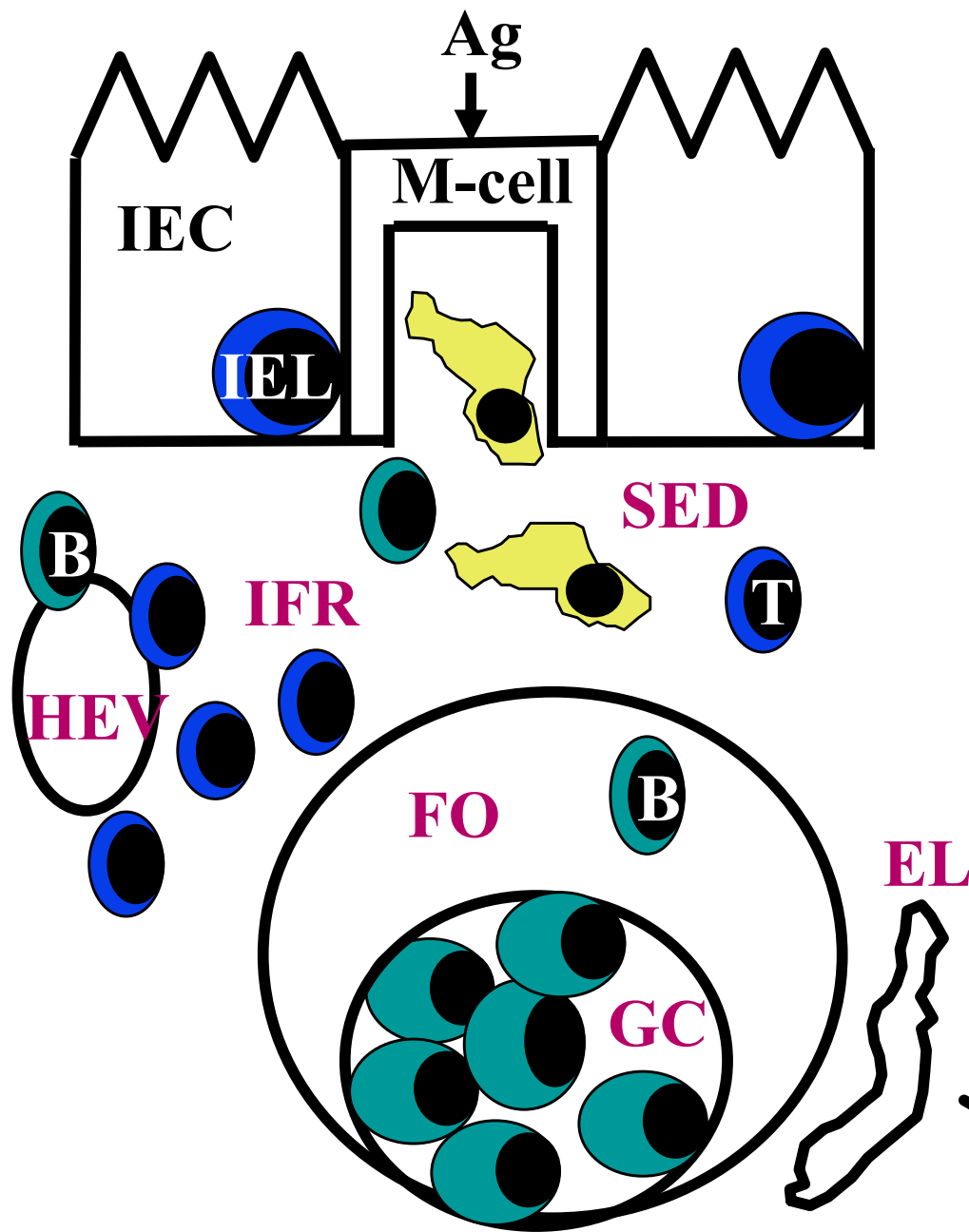
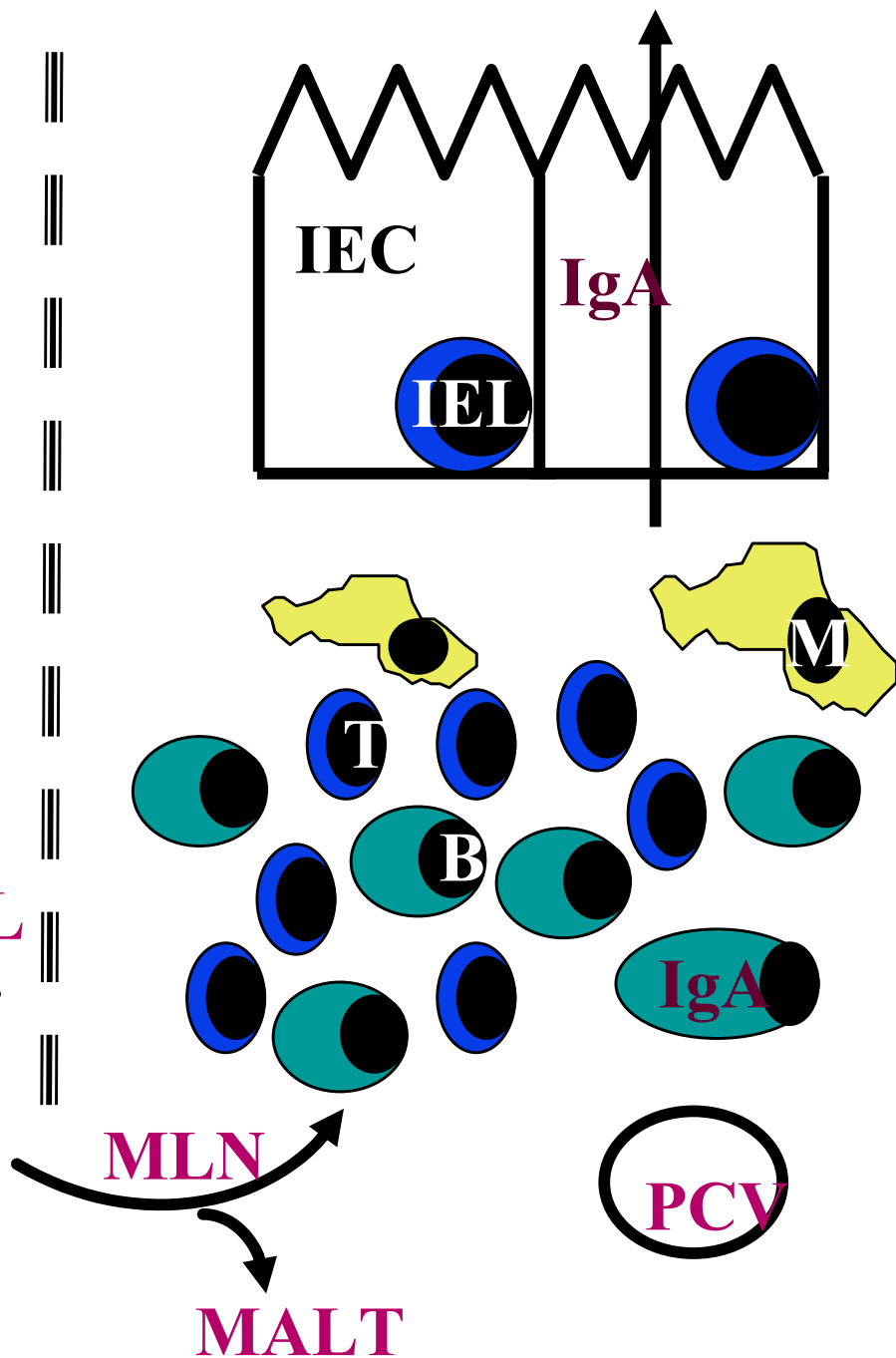


Figure by MIT OCW. After Yamada, *Atlas of Gastroenterology*, 2003.

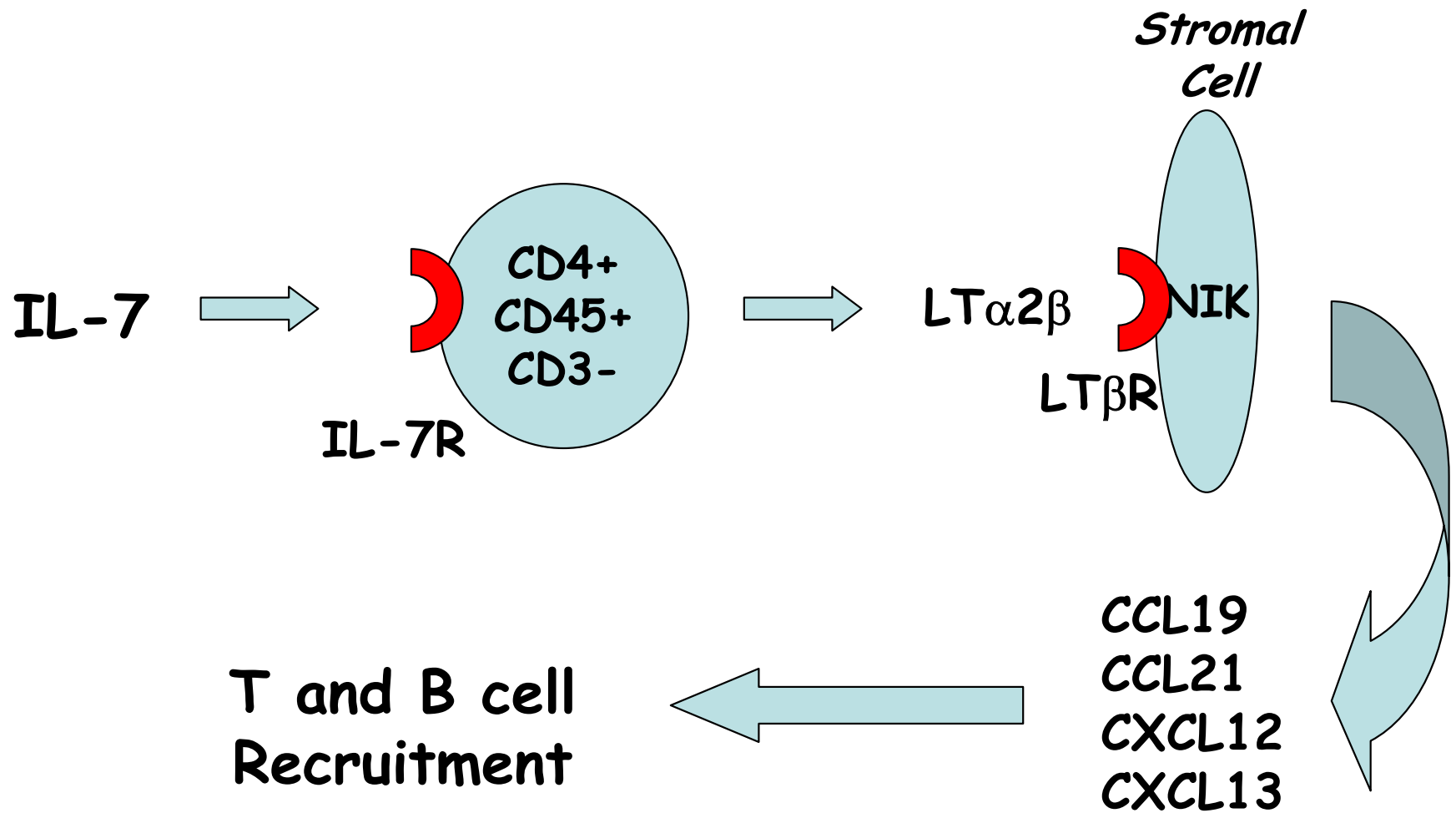
Peyer's patches



Lamina propria



Peyer's Patch Development



Concept of the Common MALT

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Heirarchal Linkage of MALT Component Tissues

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Molecular interactions during lymphocyte trafficking

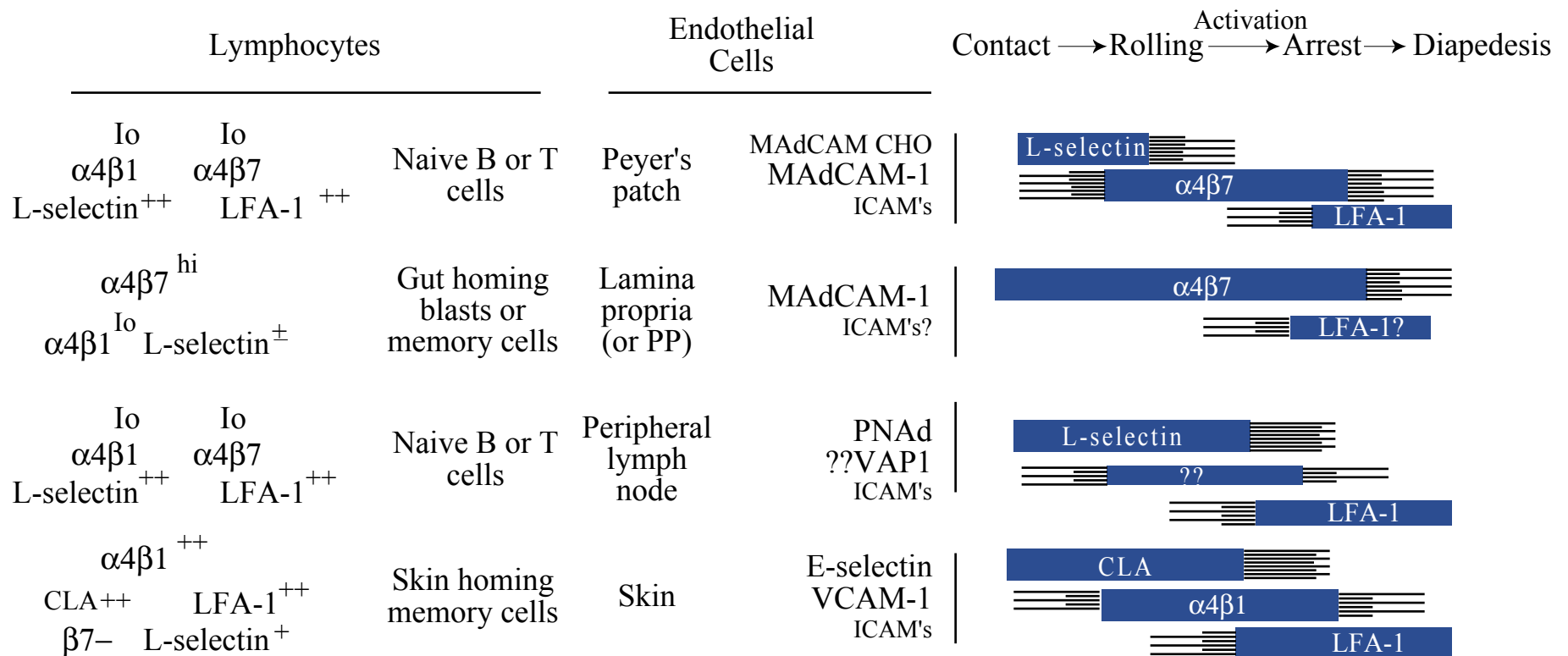
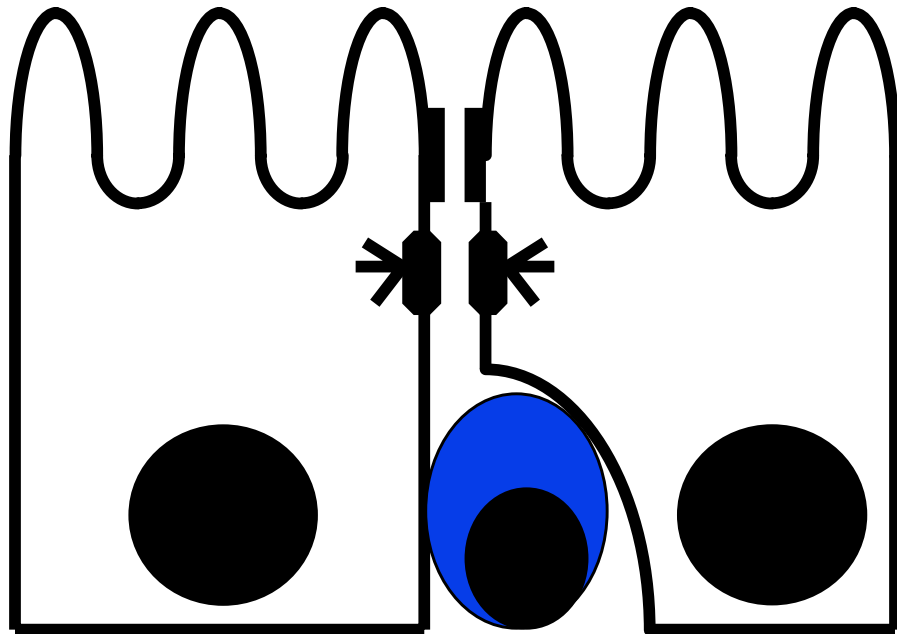


Figure by MIT OCW. After Kiyono, *Essentials of Mucosal Immunology*.

Intraepithelial Lymphocyte

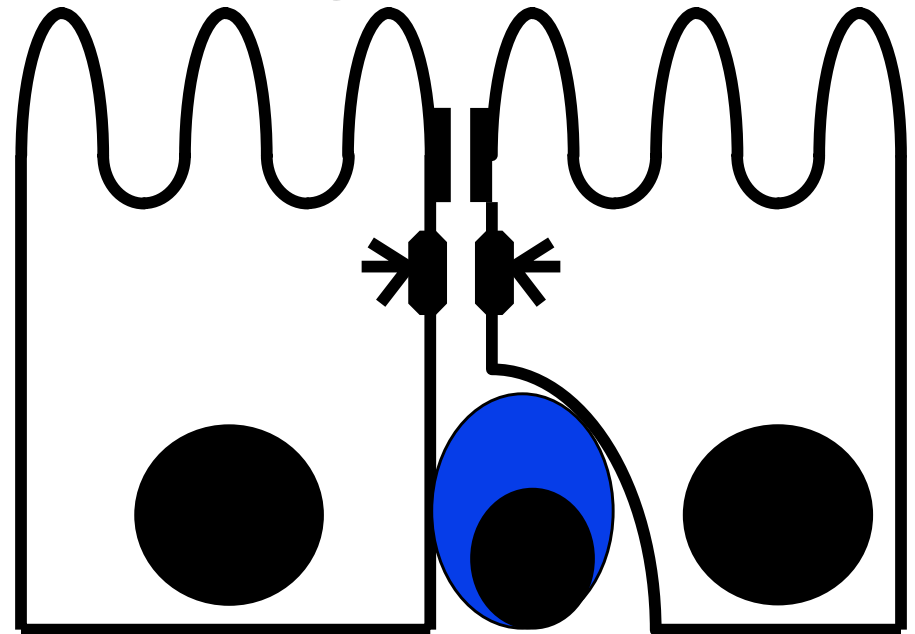
small intestine



TCR $\alpha\beta$ + CD8+
45RO+ α E β 7+
CD69+ CD25-
CD28- CD101+
BY-55+

TCR $\gamma\delta$ < TCR $\gamma\delta$

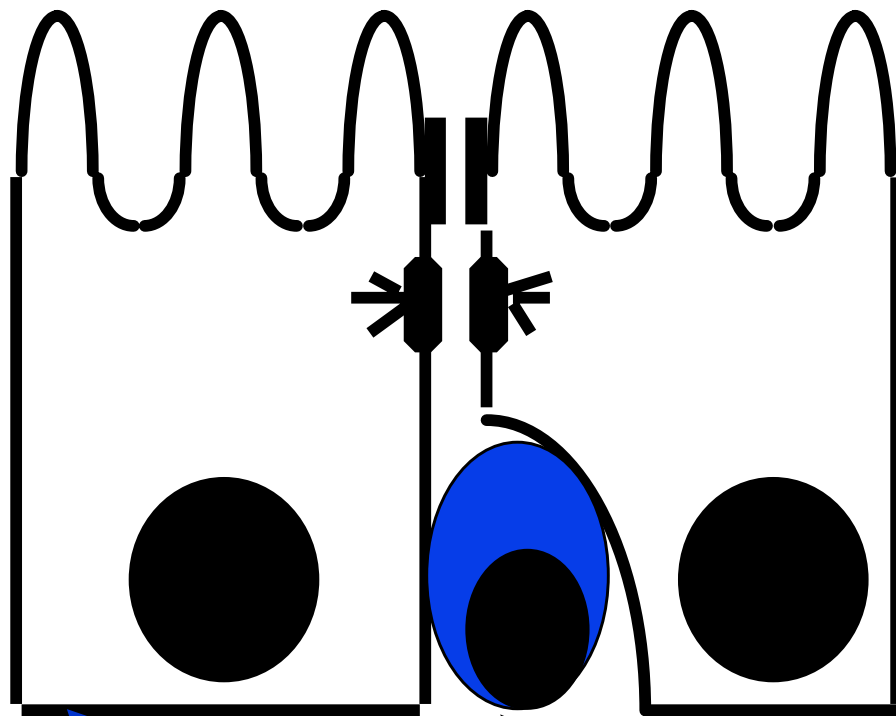
large intestine



1/3 CD8+
1/3 CD4+
1/3 CD4-CD8-

Potential Functions of iIELs

	<u>Mouse</u>	<u>Human</u>
Oral Tolerance	TCR $\gamma\delta$????
Cytotoxicity	TCR $\alpha\beta$	TCR $\alpha\beta$ & $\gamma\delta$
Regulation of B cell immunoglobulin production	TCR $\gamma\delta$????
Anti-microbial immunity	TCR $\alpha\beta$????

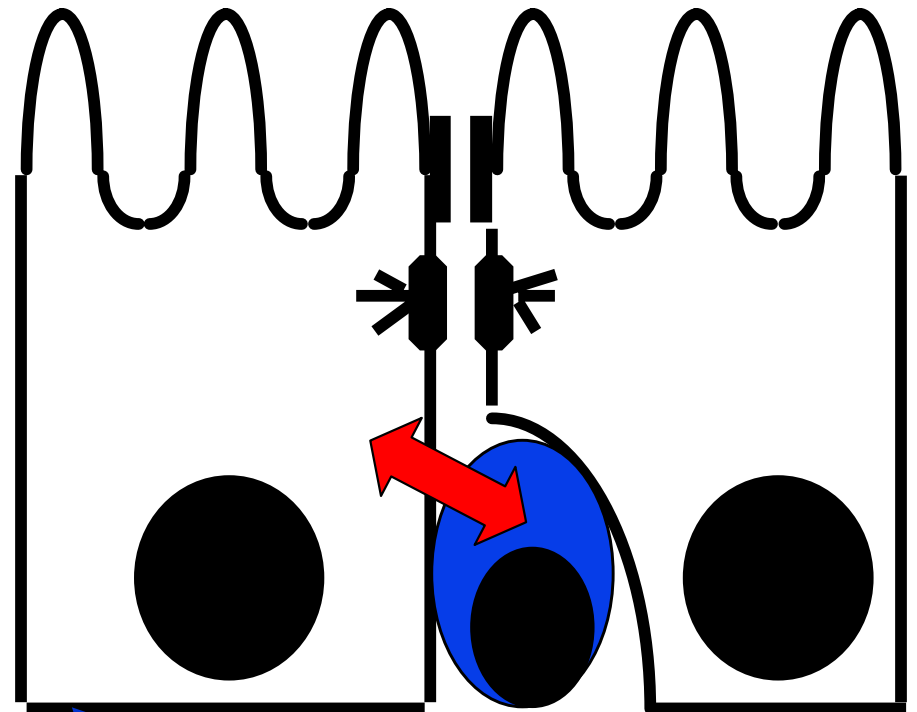


KGF

TGF- β

IL-7

IL-15



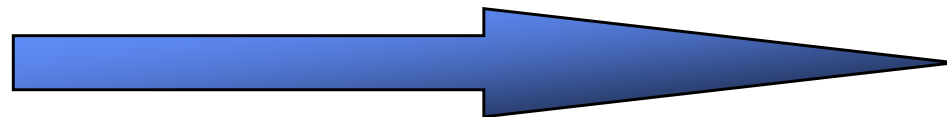
γ -IFN

CD95L

granzyme

chemokines

Normal

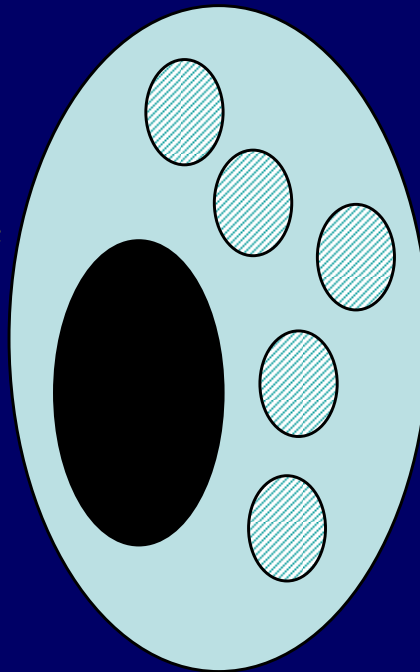


Pathologic

Mast Cells: Stimuli and Mediators

Stimuli

Allergen-IgE
T cell factor
(antigen specific)
Polypeptide histamine
releasing factors
Neuropeptides
Cytokines (e.g. SCF,
IL-8)
Complement
anaphylatoxins
Cationic agents



Mediators

PREFORMED/STORED

Histamine
Proteoglycans
Proteinases
Chemotactic factors

NEWLY SYNTHESIZED

PGD₂, LTC₄
PAF, NO

CYTOKINES

IL3,4,5,8,10,13,
TGF- β , TNF- α

Concept of Oral Tolerance

No oral feeding → Immunize subcutaneous → T cells from regional lymph nodes respond

Feed oral antigen → Immunize subcutaneous →

1. T cells from regional lymph nodes do not respond.
2. Specific IgA is measurable in gut.

*from Challacombe and Tomasi,
J Exp Med, 1980*

Mechanisms of Oral Tolerance

Oral administration of antigen

GALT

Low dose (1 mg X 5)

Induction of Th2 (IL-4/IL-10) and Th3 (TGF- β) secreting regulatory cells

Active suppression

High dose (20 mg)

Deletion or anergy of Th1 and Th2 cells

Clonal deletion/
anergy

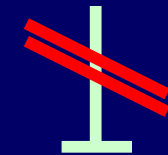
*Inflammatory
Bowel Disease*

Modifying Environmental
Factors
(e.g. tobacco)

Mucosal
Immune
Response

Commensal
Microbial
Antigens

T Regulatory
Response



Th1 or Th2
Inflammatory
Response

Tissue
Injury

Clinical
Symptoms

Regulation
Immune
Response?

Regulation
Of Barrier
Function?

Genetics
(e.g. chr. 5 & 16)

Summary of IBD Susceptibility Loci

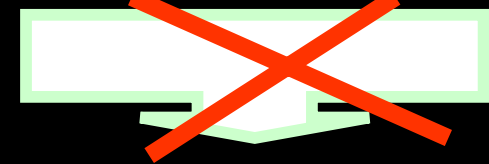
<i>Locus</i>	<i>Chromosomal Region</i>	<i>Comments</i>	<i>Variation identified</i>
<i>IBD1</i>	16q12	CD-specific CARD 15	YES
<i>IBD2</i>	12p	Possibly UC specific	No
<i>IBD3</i>	6p	IBD HLA region	Potential HLA alleles
<i>IBD4</i>	14q11-12	Possibly CD specific	No
<i>IBD5</i>	5q31	OCTN [§]	YES
<i>IBD6</i>	19p13	IBD	No
<i>IBD7</i>	1p36	IBD	No
<i>IBD8</i>	10q30	Scaffold protein	YES

§ OCTN: organic cation transporter

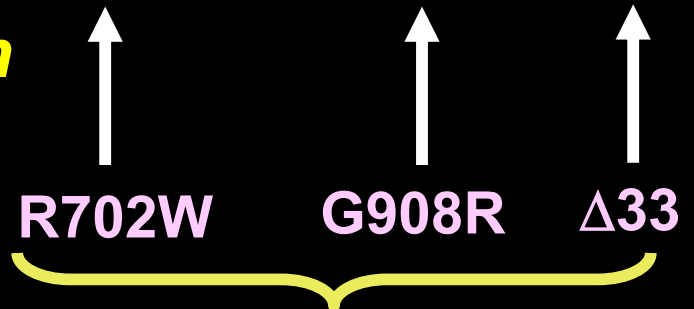
adapted from Rioux J 2003

IBD-1: Nucleotide binding oligimerization Domain (NOD)2 or CARD15: Intracellular Bacterial Sensor

Muramyl Dipeptide



Oligimerization with NOD2



Mutations in CD
(loss of function)

RICK

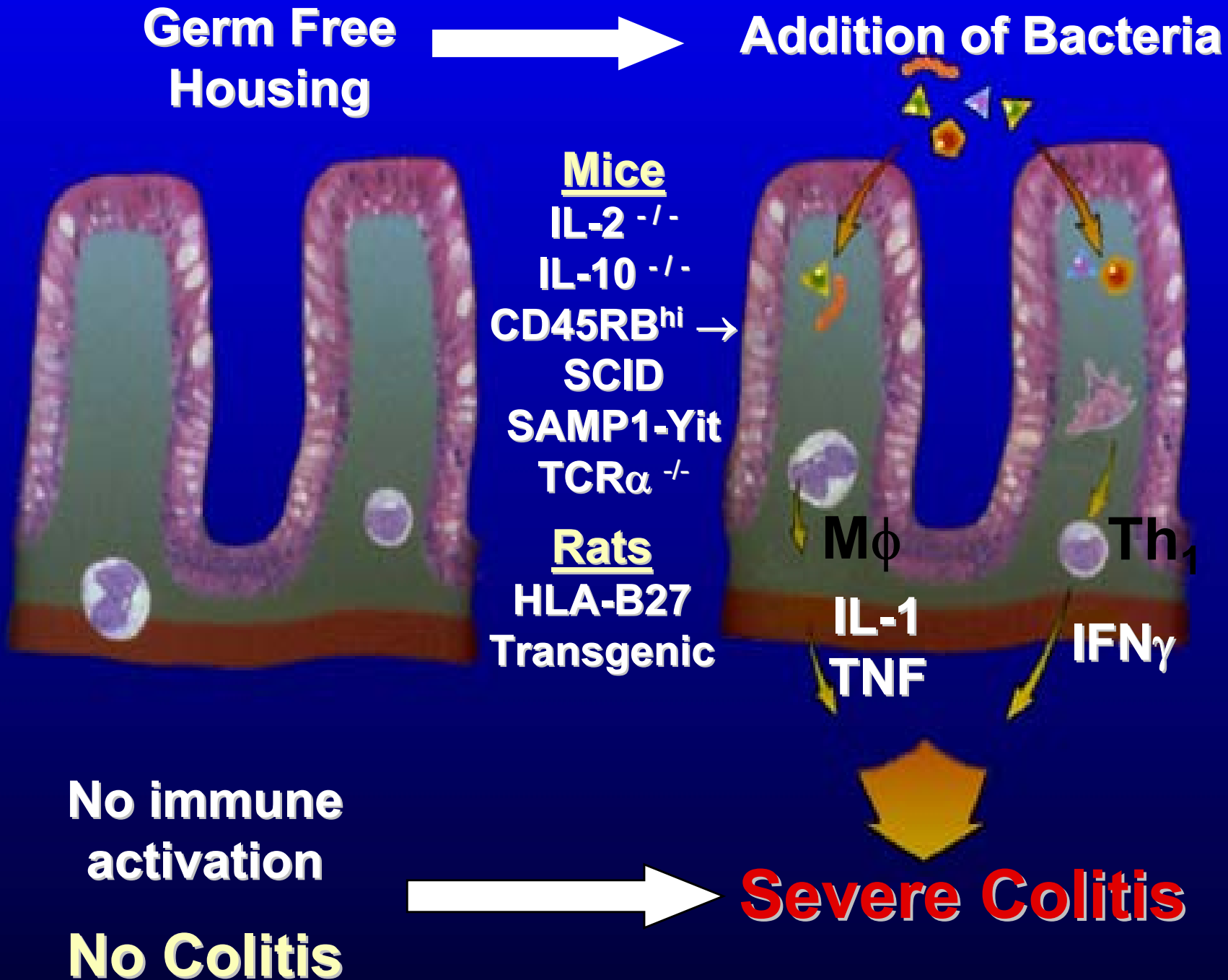
↓ PO₄



NF-κB Activation

LRR = leucine rich repeats

Luminal Bacteria Stimulate Colitis



Crohn's Disease

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Ileocolitis
Transmural
Granulomas

Th1 Inflammation:
IL-12, IFN- γ , TNF- α

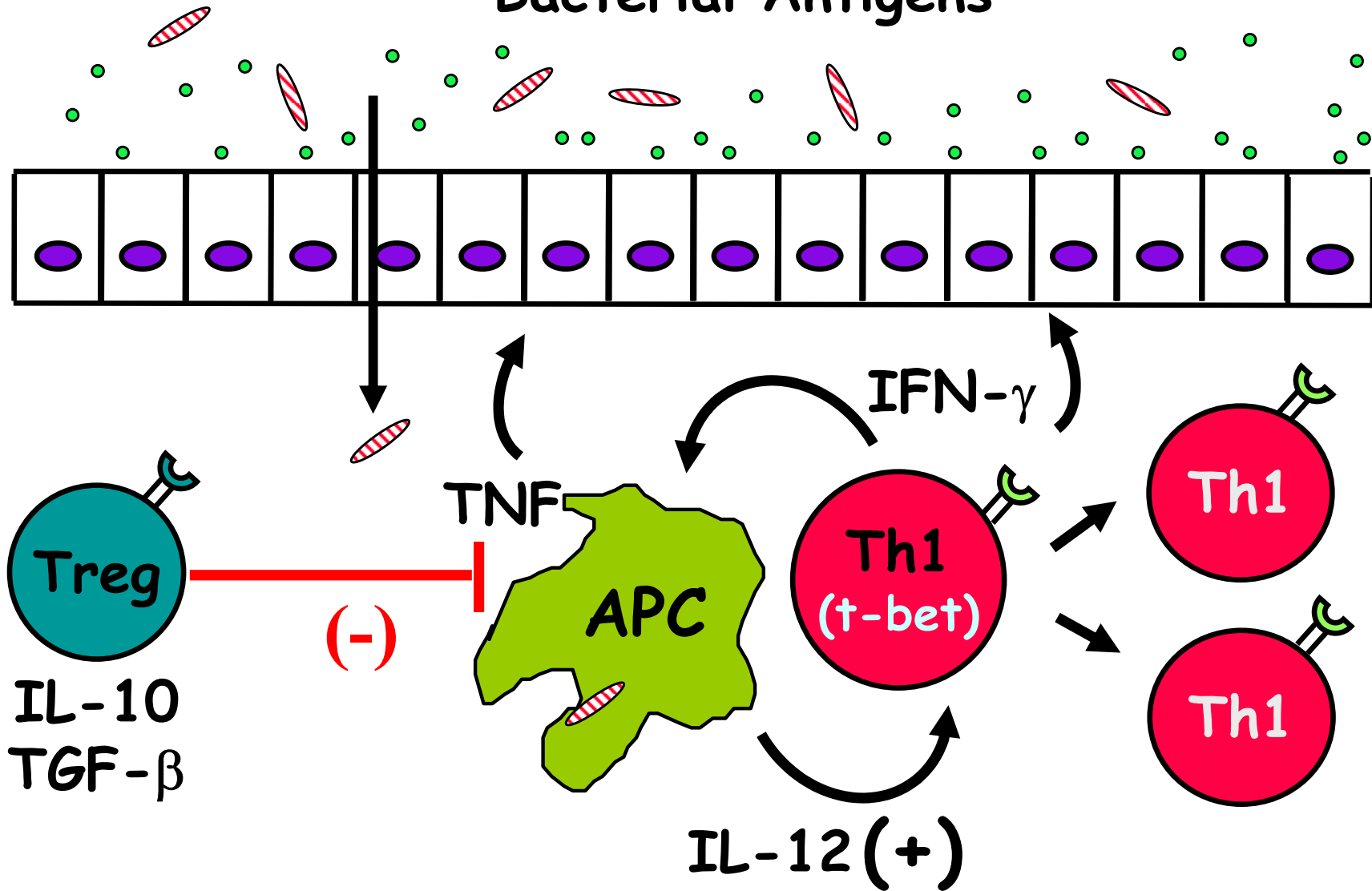
Ulcerative Colitis

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Colitis
Superficial
Crypt Abscesses/Ulceration

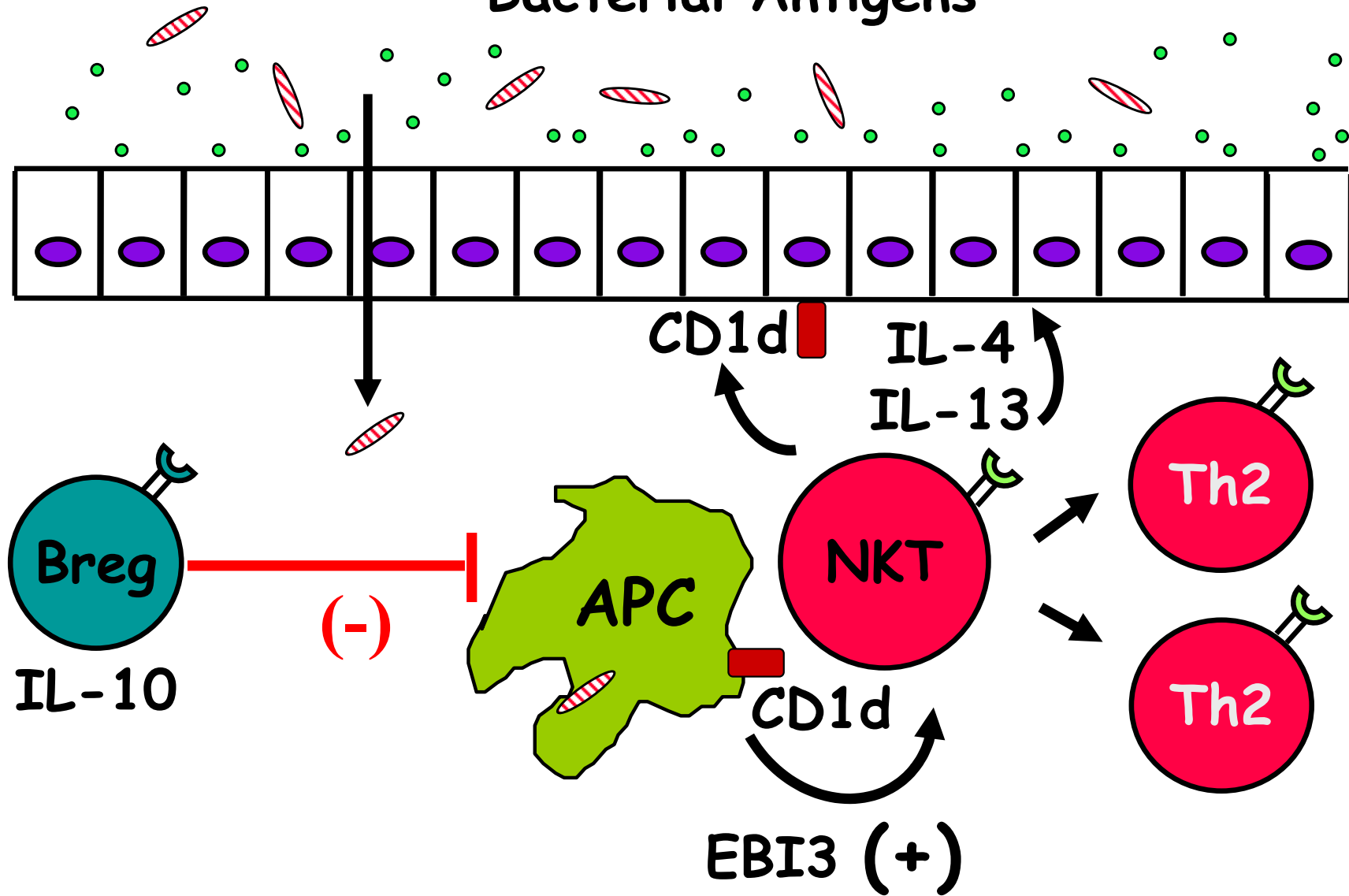
Th2-like Inflammation:
EBI3, IL-5, IL-13, IL-6

Bacterial Antigens



Neurath et al, JEM 2002
Blumberg et al, Ann Rev Immunol 2002

Bacterial Antigens



Mizoguchi et al, Immunity 2001
Heller et al, Immunity 2001

Nieuwenhuis et al, PNAS 2002
Van de Waal et al, Gastroenterology 2003

Celiac Disease

Figure removed due to copyright reasons. Please see:

Figure 3 in Green, Peter, and Bana Jabri. "Coeliac disease." *Lancet* 362 (2003): 383-391.

Figure removed due to copyright reasons. Please see:

Figure 4 in Green, Peter, and Bana Jabri. "Coeliac disease." *Lancet* 362 (2003): 383-391.