



# AUTOIMMUNE DISEASE PART II

# Dr.Eman Tariq Ali (Clinical Immunity)

**College of Pharmacy-Dep. Of Clinical Laboratory Sciences** 

Lecture 5

5/5/2019

Two main mechanisms have been suggested to explain how environmental agents could promote the activation of autoreactive CD4 T cells by dendritic cells

- **1. Molecular mimicry**
- 2. Tissue damage

# MOLECULAR MIMICRY

An environmental agent (such as an infectious organism) will b regarded as foreign by the immune system and dendritic cells will present antigenic peptides derived from the agent on their class II MHC.

If one of these antigenic peptides is very similar to a selfantigen peptide, CD4 T cells specific for that peptide will be activated to become Th. These can then react against self-peptides as well as those from the environmental agent and cause autoimmunity.

# TISSUE DAMAGE

The other is that tissue injury releases intracellular(sequestered) antigens that elicit an immune response.) Tissue damage, whether caused by a toxic substance or a pathogen, can lead to an inflammatory type of response with the production of cytokines and the release of self-antigens from damaged cells. These two factors can activate dendritic cells to present self peptides derived from the selfantigens on their class II MHC, which could then activate self-reactive CD4 T cells.

#### Cross-reactive T cell epitopes



# Mechanisms

Avariety of mechanisms have been proposed for induction of :autoimmunity, including

#### **1. MOLECULAR MIMICRY**

## 2. ALTERATION OF NORMAL PROTEINS

#### **3. RELEASE OF SEQUESTERED ANTIGENS**

#### **. EPITOPE SPREADING**

#### **5. NEOANTIGENS**

## 6. LOSS OF SUPPRESSION

#### 7. Infection.

## **1.MOLECULAR MIMICRY**

- Various bacteria and viruses are implicated as the source of cross-reacting antigens that trigger the activation of autoreactive T cells or B cells. For example, Reiter's syndrome ,occurs following infections with *Shigella* or *Chlamydia*
- The concept of **molecular mimicry** is a process in which infection by microbes is <u>.associated with the subsequent development of specific autoimmune disease</u>
- The antigenic molecules on some infections agents are similar enough to some hostself molecules that B&T cell responses generated against the microbial antigens can .results in damage to host cells bearing similar molecules
- :One of the best-characterized examples of molecular mimicry
- Is the relationship between the M protein of S. pyogenes(the causative agents of strep .throat) and the myosin of cardiac muscle
- Antibodies against certain M proteins cross-react with cardiac myosin, leading to !!!!!!rheumatic fever
- Additional evidence supporting the molecular mimicry hypothesis includes the finding : that
- there are identical amino acid sequences in certain viral proteins and certain human proteins. For example, there is an identical six–amino acid sequence in the hepatitis B .viral polymerase and the human myelin basic protein

#### MOLECULAR MIMICRY

# Sharing of epitopes between an infectious agent and its host.

# Antibodies directed against the infectious agents starts reacting with normal self Ag.

# **Triggers autoimmunity.**



Fig. 1 : Diagram showing Molecular Mimicry Hypothesis. The molecular mimicry hypothesis suggest that a certain antigen (Viral / Bacterial) has a great degree of similarity with endogenous structures. Mistaken identity triggers the host immune system (autoantibodies) to attack the foreign as well as endogenous targets when infected with organism.



## AG RELATED FROM HIDDEN LOCATION

Many self Ag are found in hidden location eg. C N S ,TESTES ,EYE (CORNEA) organ damage

Hidden Ag released

**Reaches blood stream** 

**Encounter Ag sensitive cells** 

Stimulate autoimmunity

## **ANTIGEN GENERATED BY MOLECULAR CHANGES**

Development of completely new epitopes on normal protein. eg RF immuno conglutinine. Mech. of formation of RF Ab + Ag new epitopes exposed on Fc region of Ab Stimulate the formation of Rf Establishment of disease like rheumatiod artheritis and SLE

# AUTOIMMUNE DISEASE



# 1.5

#### Americans living with autoimmune diseases (in millions)

#### Lupus

Crohn's disease and colitis Rheumatoid arthritis Type 1 diabetes Multiple sclerosis Some examples of autoimmune disease are described in more detail below: I/ DISEASES INVOLVING PRIMARILY ONE TYPE OF CELL OR ORGAN I/ Central nervous system (CNS) disorders 1.Allergic Encephalitis 2. 2.Multiple Sclerosis





© MAYO FOUNDATION FOR MEDICAL EDUCATION AND RESEARCH, ALL RIGHTS RESERVED

## **II/ ENDOCRINE DISORDERS**

# **3.Chronic Thyroiditis**

# 4.Insulin-Dependent Diabetes Mellitus (IDDM)

# 5.Hemolytic Anemias, Thrombocytopenias, and Granulocytopenias

# <u>6.Idiopathic thrombocytopenic purpura</u> is. IV/ Gastrointestinal tract disorders

# 7. Pernicious anemia

II/ DISEASES INVOLVING MULTIPLE ORGANS (SYSTEMIC DISEASES

# RASystemic Lupus Erythematosus

#### II/ DISEASES INVOLVING MULTIPLE ORGANS (SYSTEMIC DISEASES) 1.Systemic Lupus Erythematosus

- In this disease, autoantibodies are formed against DNA, histones, nucleolar proteins, and other components of the cell nucleus.
- Antibodies against double-stranded DNA are the hallmark of systemic lupus erythematosus.
- The disease affects primarily women between the ages of 20 and 60 years. Individuals with HLA-DR2 or -DR3 genes are predisposed to systemic lupus erythematosus.
- •Most of the clinical findings are caused by immune complexes that activate complement and, as a consequence, damage tissue. For example, the characteristic rash on the cheeks is the result of a vasculitis caused by immune complex deposition. The arthritis and glomerulonephritis commonly seen in systemic lupus erythematosus are also caused by immune complexes.
- The immune complexes found on the glomerulus contain antibodies (IgG, IgM, or IgA) and the C3 component of complement but not fibrinogen. However, the anemia, leukopenia, and thrombocytopenia are caused by cytotoxic antibodies rather than immune complexes.
- •The diagnosis of systemic lupus erythematosus is supported by detecting antinuclear antibodies (ANA) with fluorescent antibody tests and anti-double-stranded DNA antibodies with ELISA.

# Systemic lupus erythematosus



# Systemic Lupus Erythematosis





A 27 year old woman presented with a visual field defect in the L eye, head-aches and a facial rash. She had a positive ANA and

prote inuria.



# **RHEUMATIOD ARTHRITIS**

 Auto-immune disorder which results in inflammation of the synovial lining of the joint and cartilage destruction.

This result in loss of function.

Affects 1% of adults.

Rhematold Arthritis (Late stage)

Boutonniere deformity of thumb

Ulnar deviation of ----metacarpophalangeal joints

> Swan-neck deformity = of fingers



# Normal and Arthritic Joints

# Rheum atoid arthritis





School of Pathology UNSW, Australia

# Autoimmune Thyroid diseasae





#### School of Pathology UNSW, Australia



# Pernicious anaemia



## Macrocytic RBC

## Hypersegmented PMN





# **Normal and Arthritic Joints**

#### **3.Rheumatic Fever**

Group A streptococcal infections regularly precede the development of rheumatic fever.

Antibodies against the M protein of group A streptococci that crossreact withmyosin in cardiac muscle and proteins in joint and brain tissue are involved in the pathogenesis of rheumatic fever

## **Treatment**

□ The conceptual basis for the treatment of autoimmune diseases <u>is to reduce the patient's immune response</u> <u>sufficiently to eliminate the symptoms</u>.

Corticosteroids, such as prednisone, are the mainstay of treatment, to which antimetabolites, such as azathioprine and methotrexate, can be added.

The latter are nucleoside analogues that inhibit DNA synthesis in the immune cells.

□Immunosuppressive therapy must be given cautiously because of the risk of opportunistic infections.

## **TREATMENT FOR AUTOIMMUNITY**

- Immunosuppression (e.g., prednisone, cyclosporin A)
- Removal of thymus (some MG patients)
- Plasmapheresis (remove Ab-Ag complexes)
- T-cell vaccination (activate suppressing T cells??)
- Block MHC with similar peptide
- anti-CD4 monoclonal Ab
- anti-IL2R monoclonal Ab

#### **Definition and terminology of autoimmune disease**

\*Autoimmune diseases are diseases that involve an immune response against one or more self-antigens.

\*These self-antigens are usually proteins that constitute part of the body; less often they are carbohydrates, lipids or DNA.

•The self-antigens that the immune system responds to in an autoimmune disease are called **autoantigens** and the immune response against an autoantigen is called an **autoimmune response**.

The first disease to be identified as being autoimmune in origin was Hashimoto's thyroiditis in the mid-1950s.

- In this disease antibodies are produced against thyroglobulin and other thyroid-associated antigens.
- Antibodies against self-antigens are called autoantibodies
- and lymphocytes whose antigen receptors are specific for a self-antigen are called **autoreactive cells**.
- Nearly all autoimmune diseases involve the production of autoreactive CD4 T cells, which are also called autoreactive Th cells.
- Depending on the autoimmune disease there may also be the production of autoreactive B cells and/or autoreactive CD8 T cells.

# THANK YOU