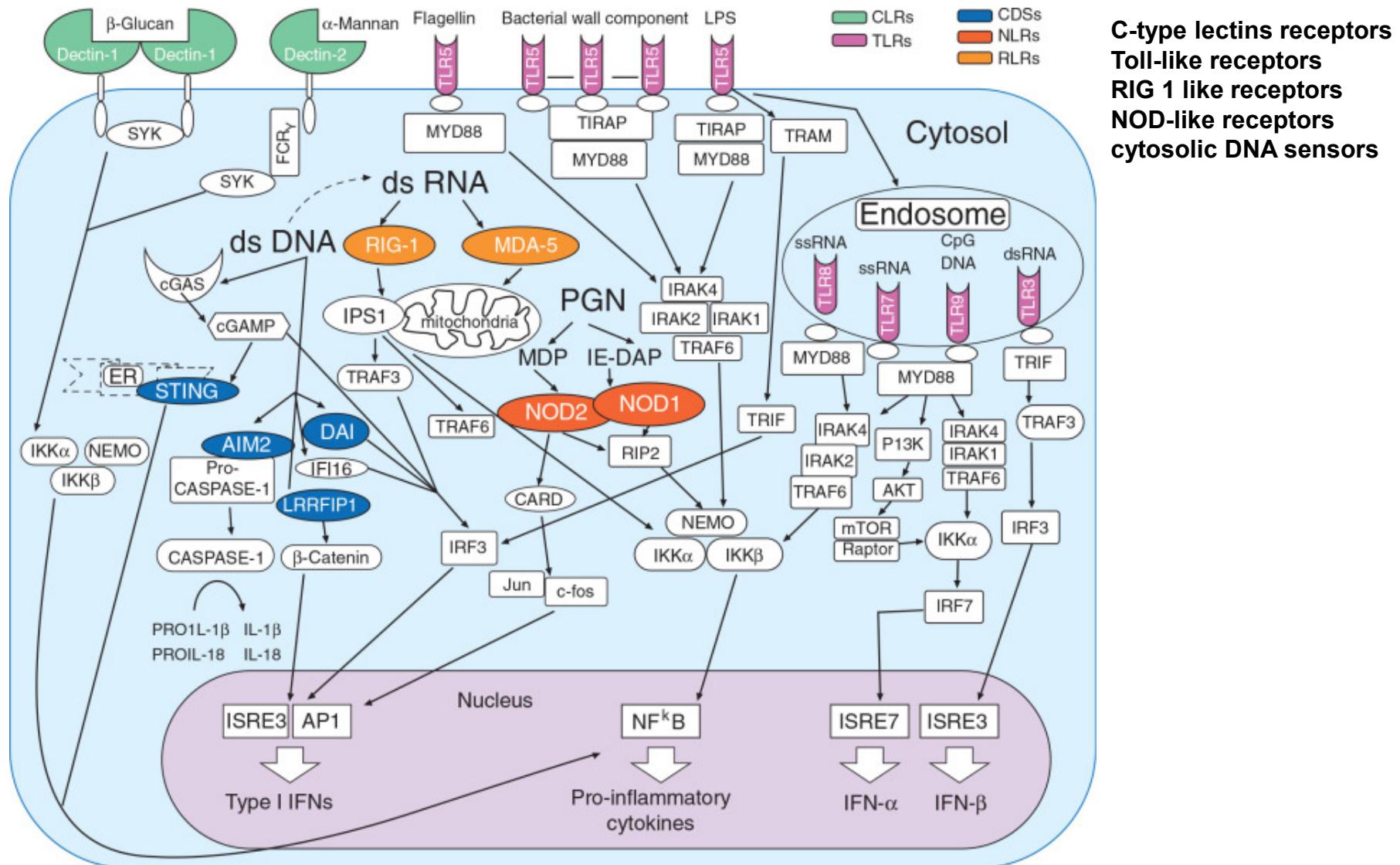
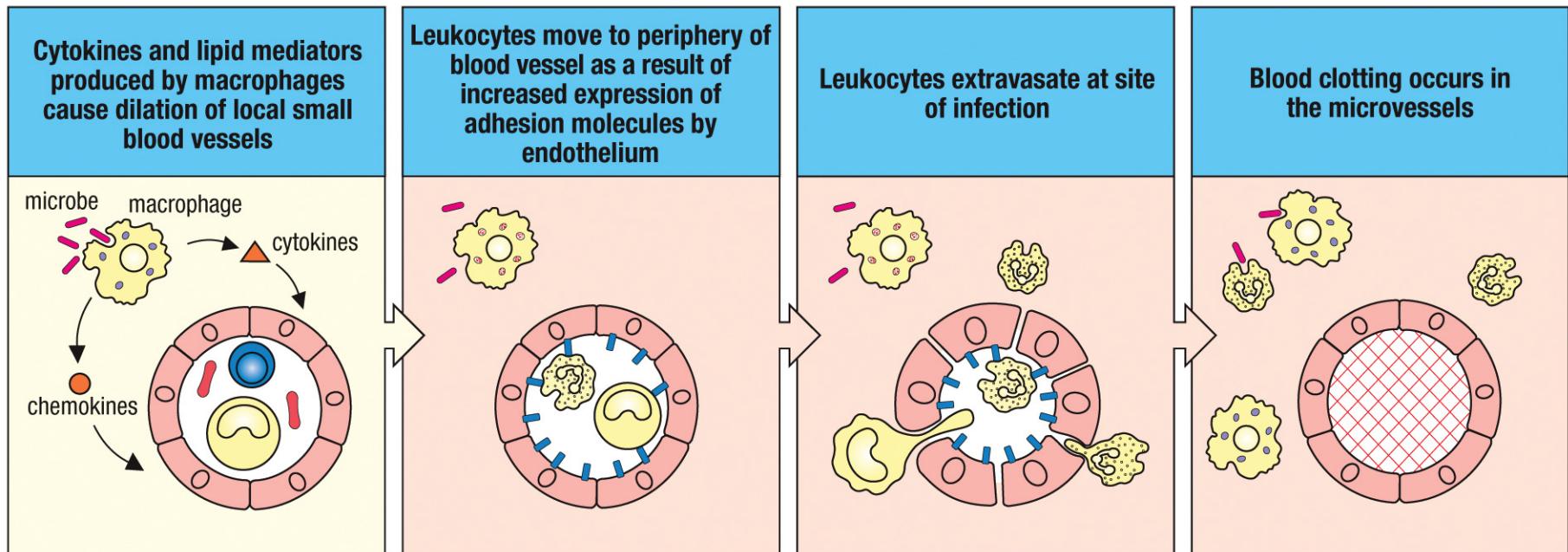


# Pattern Recognition Receptors



# Roles of Inflammation in Combating Infection



# Outline

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- Cytokines in innate immunity:



Leukocyte recruitment

Acute phase response

Interferon

Type I Interferon: antiviral response

Interferon- $\gamma$ : macrophage activation

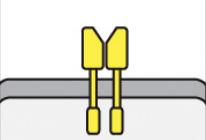
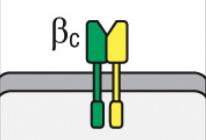
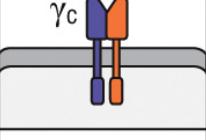
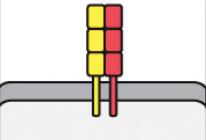
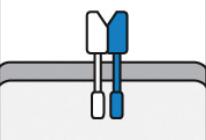
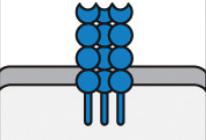
- NK cells

# Definition

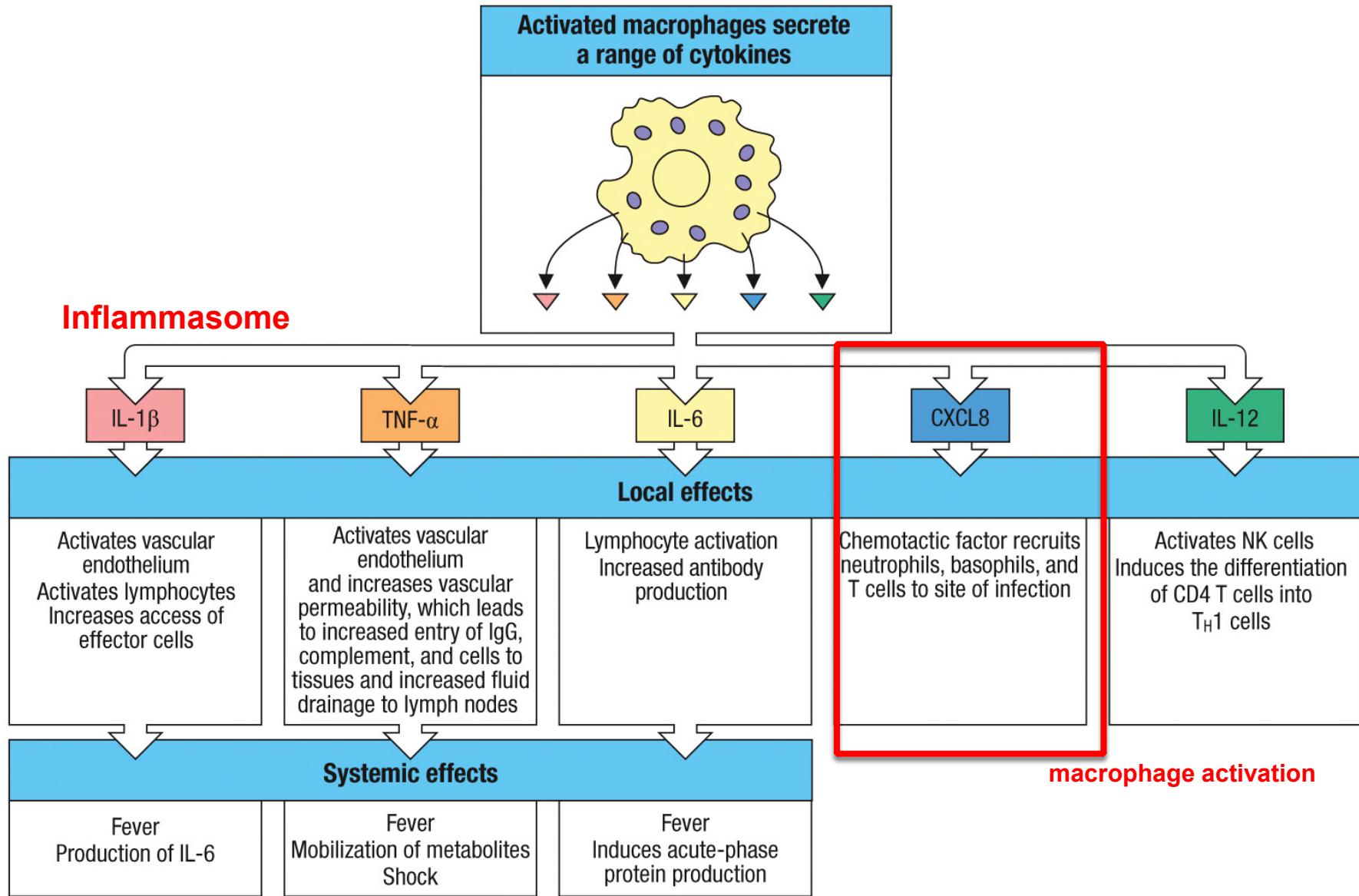
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- Cytokine: broad and loose category of small proteins that are important in cell signaling. They are released by cells and affect the behavior of other cells.
- Chemokine: **chemotactic cytokines** that induce directed chemotaxis in nearby responsive cells.

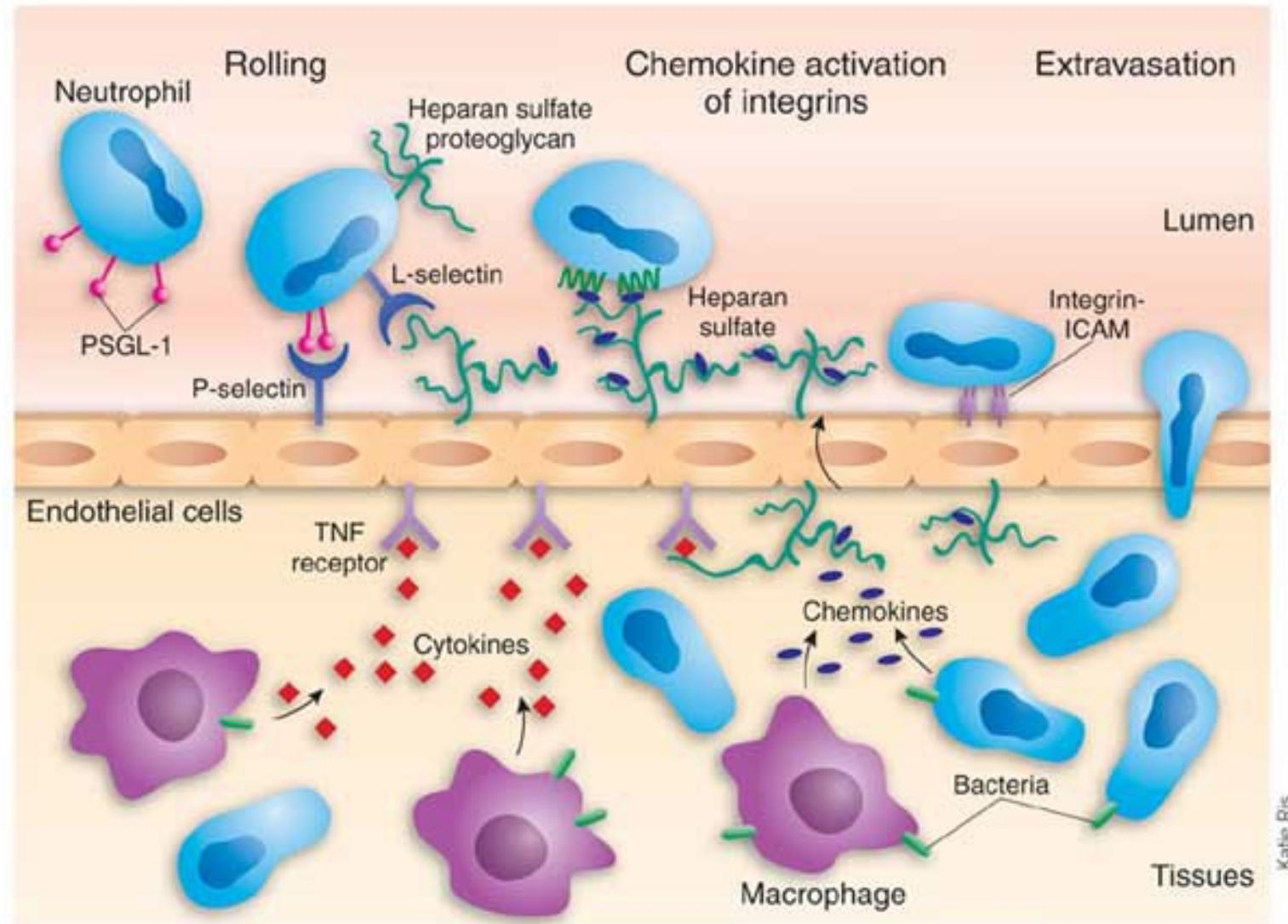
# Cytokine Receptors

<b>Homodimeric receptors</b>		Receptors for erythropoietin and growth hormone
<b>Heterodimeric receptors with a common chain</b>		Receptors for IL-3, IL-5, GM-CSF share a common chain, CD131 or $\beta_c$ (common $\beta$ chain)
		Receptors for IL-2, IL-4, IL-7, IL-9, IL-15, and IL-21 share a common chain, CD132 or $\gamma_c$ (common $\gamma$ chain). IL-2 receptor also has a third chain, a high-affinity subunit IL-2R $\alpha$ (CD25)
<b>Heterodimeric receptors (no common chain)</b>		IL-1 family receptors
		Receptors for IL-13, IFN- $\alpha$ , IFN- $\beta$ , IFN- $\gamma$ , IL-10
<b>TNF receptor family</b>		Tumor necrosis factor (TNF) receptors I and II, CD40, Fas (Apo1, CD95), CD30, CD27, nerve growth factor receptor
<b>Chemokine receptor family</b>		CCR1–10, CXCR1–5, XCR1, CX3CR1

# Effects of Cytokine Secretion

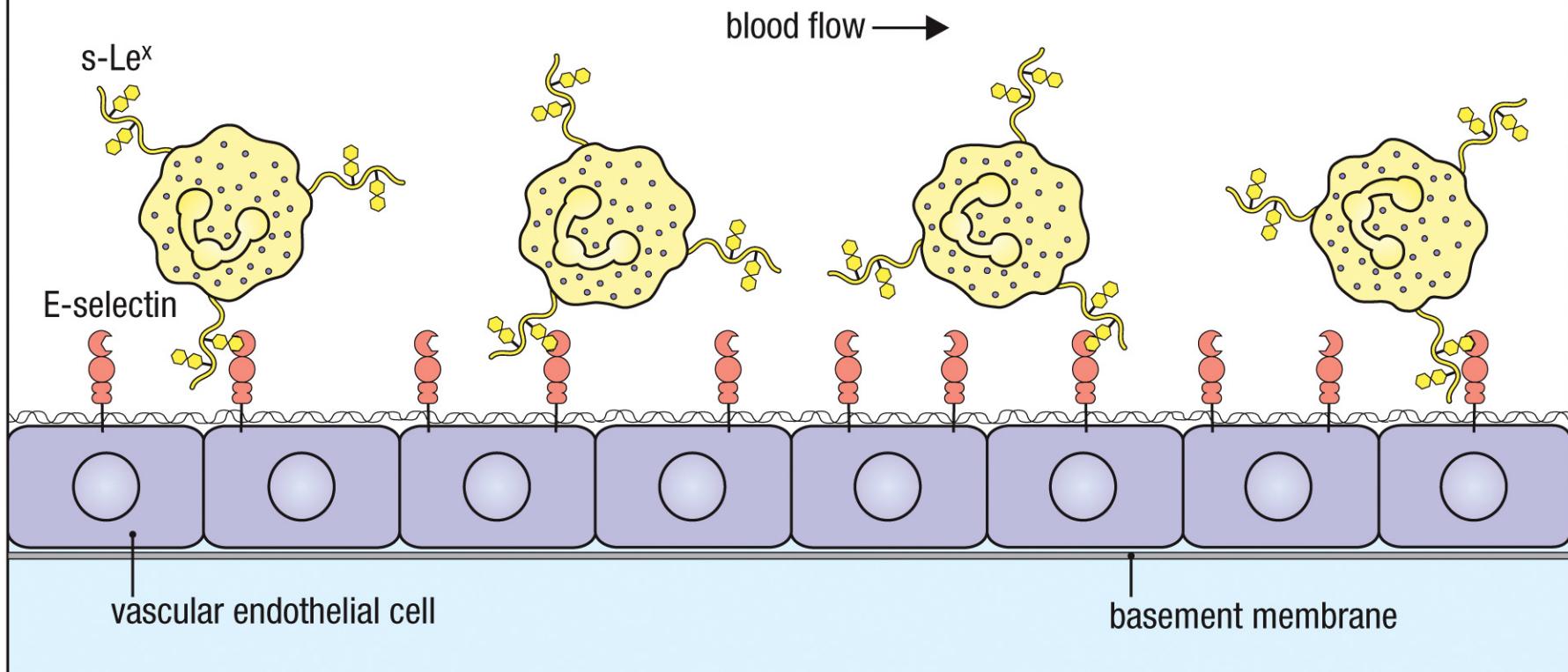


# Cytokines Attract Leukocytes to Sites of Infection



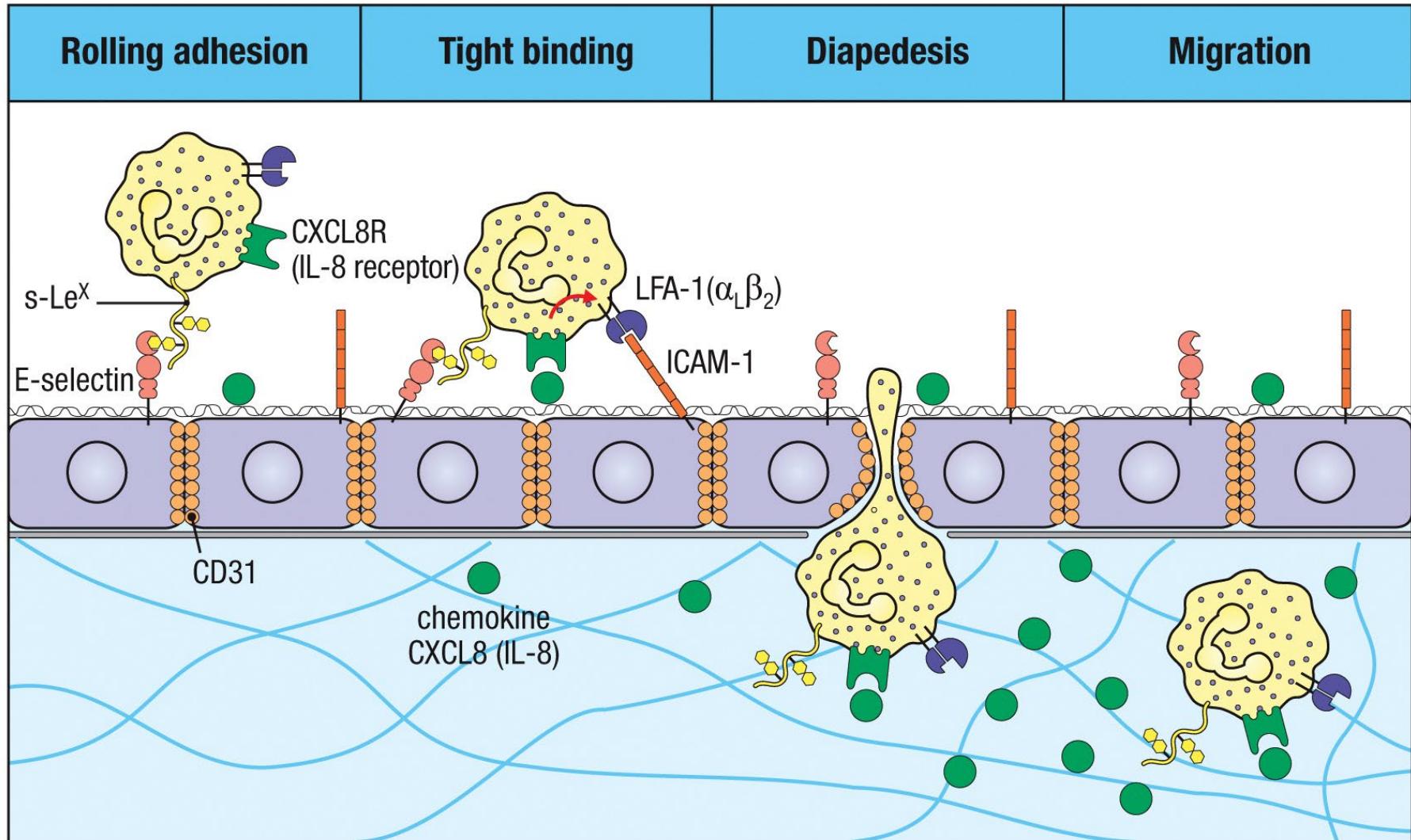
# Extravasation: Rolling

Selectin-mediated adhesion to leukocyte sialyl-Lewis<sup>X</sup> is weak and allows leukocytes to roll along the vascular endothelial surface

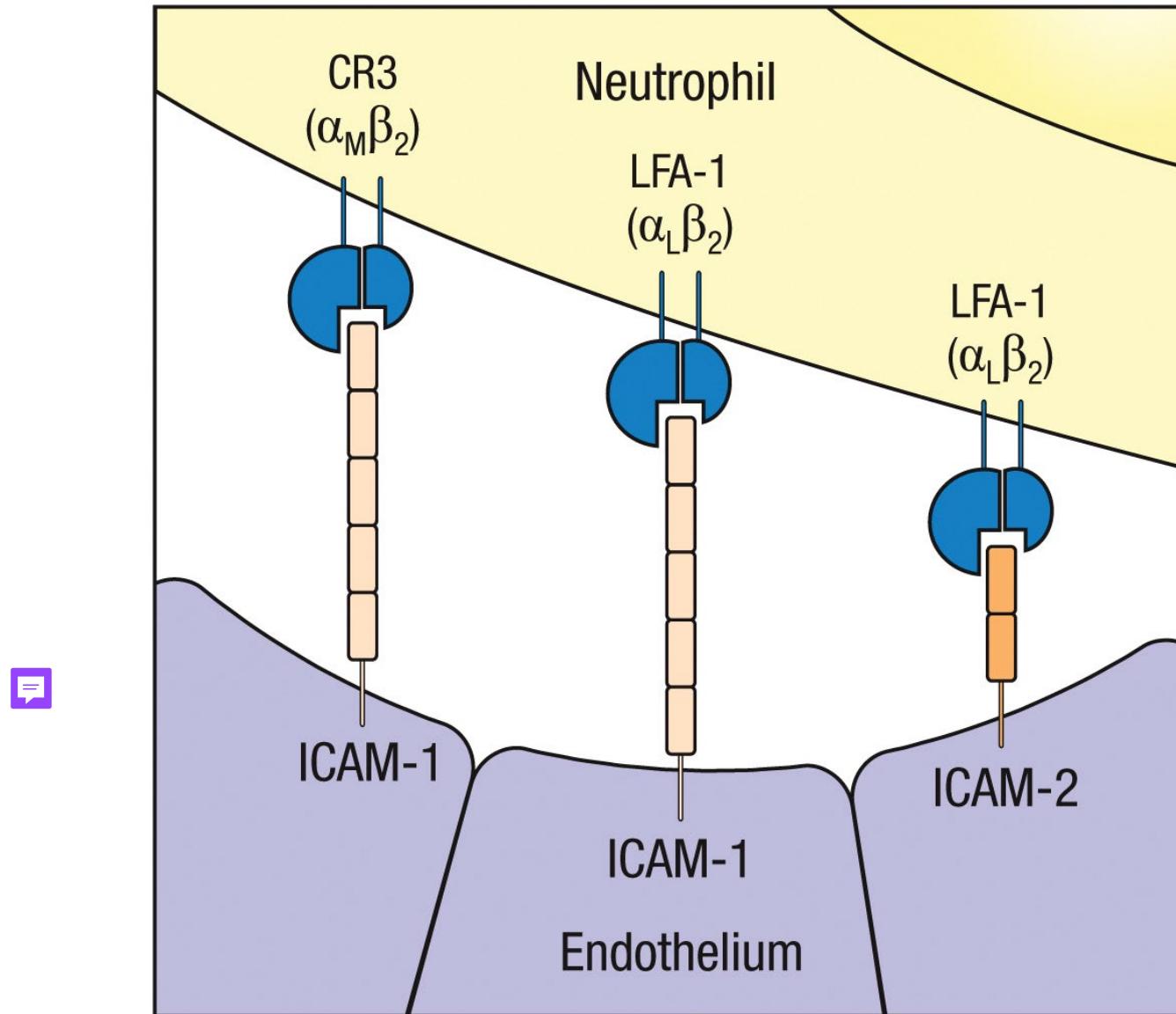


sialyl-Lewis<sup>X</sup> moiety (s-Le<sup>X</sup>)

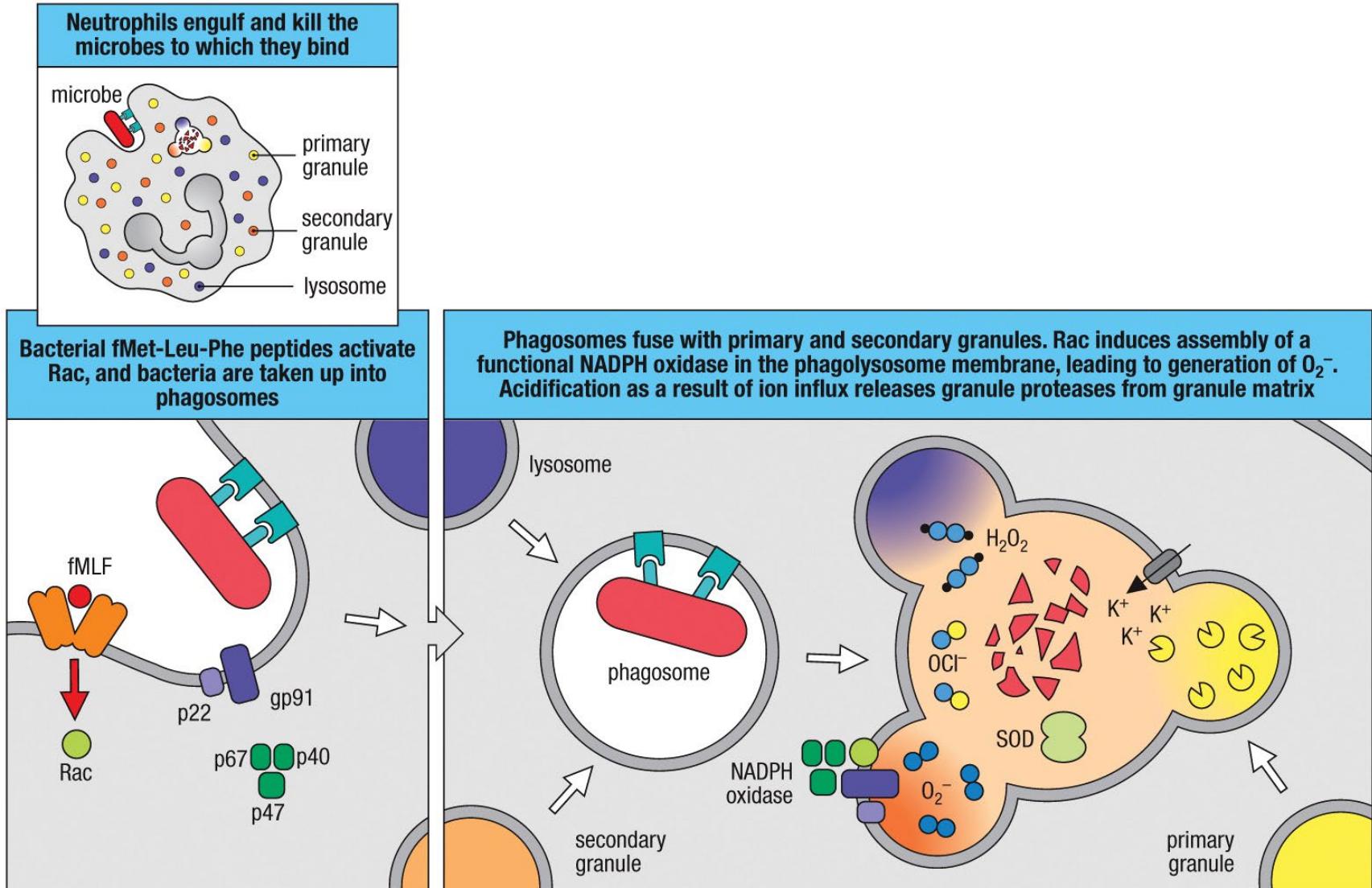
# Extravasation: Diapedesis



# Phagocyte Adhesion to Endothelium



# Neutrophil ROS



# Neutrophil Extracellular Trap

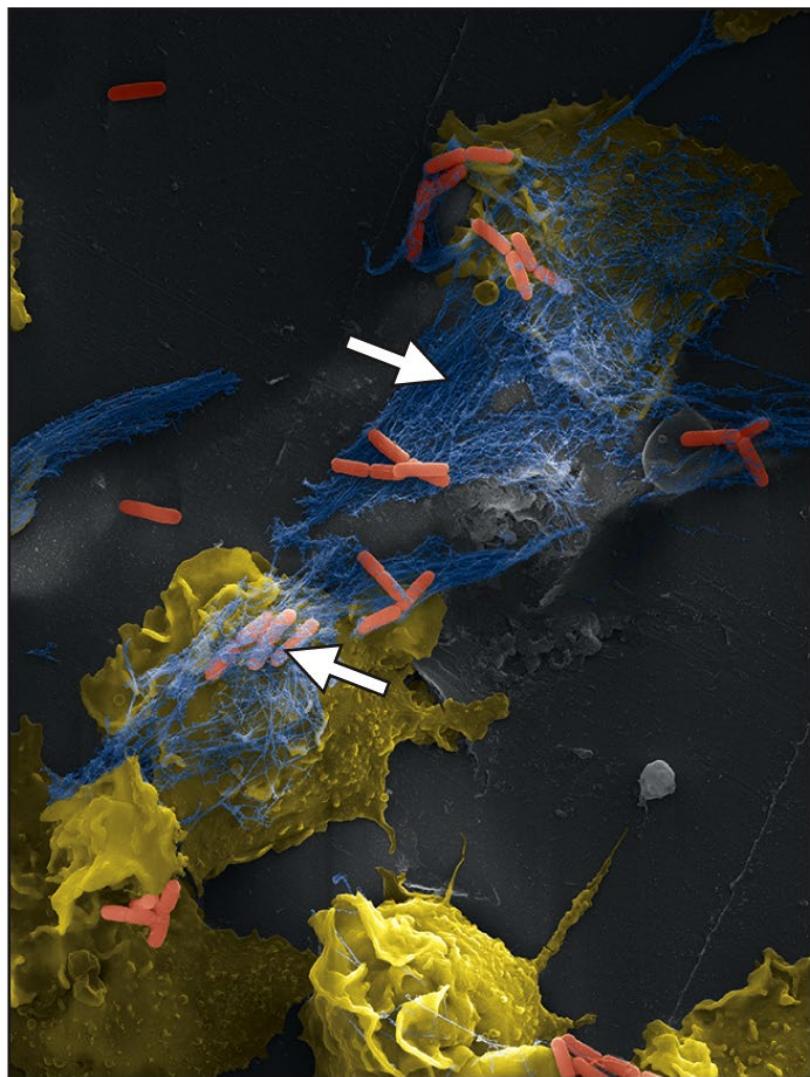
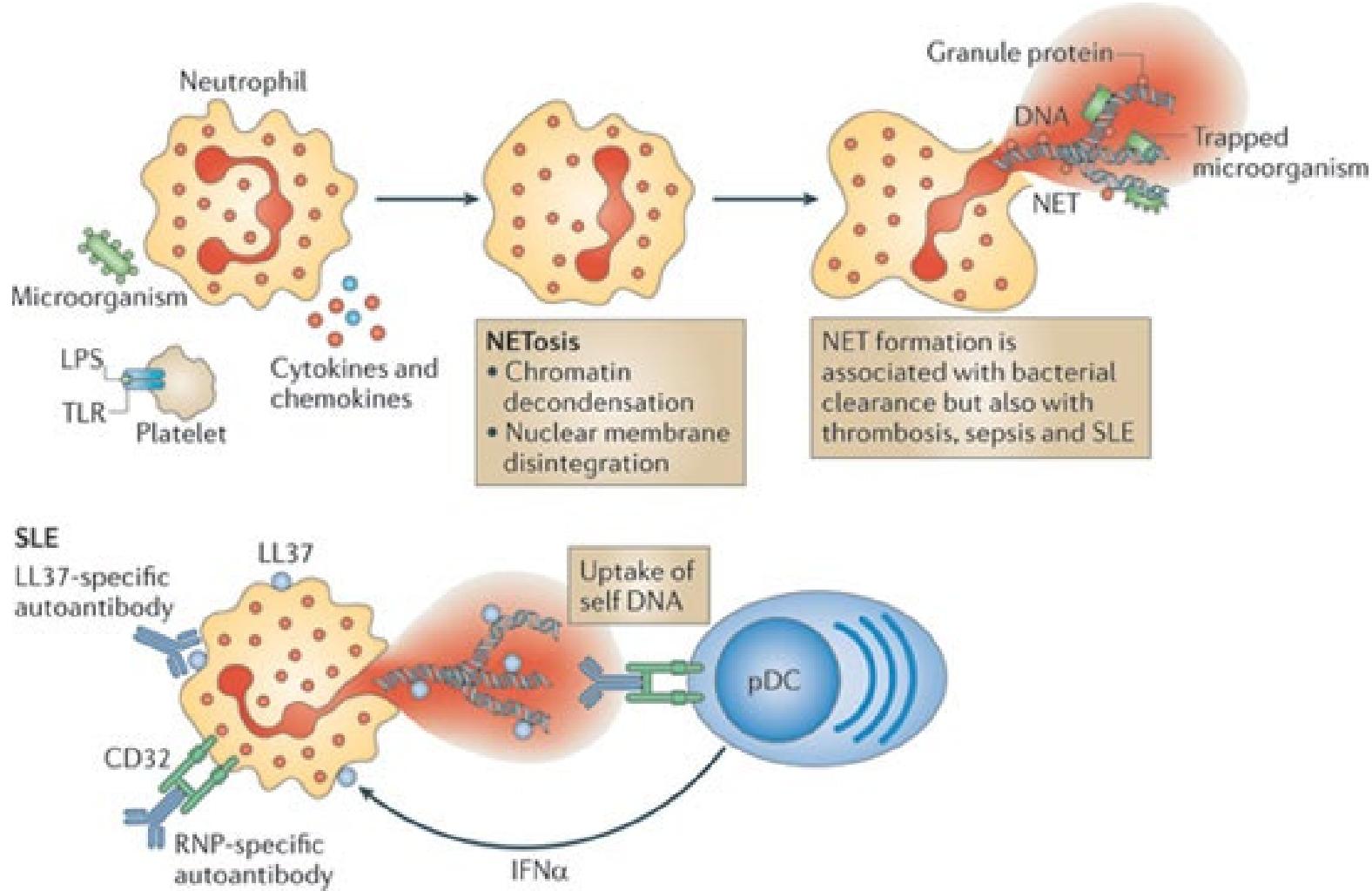


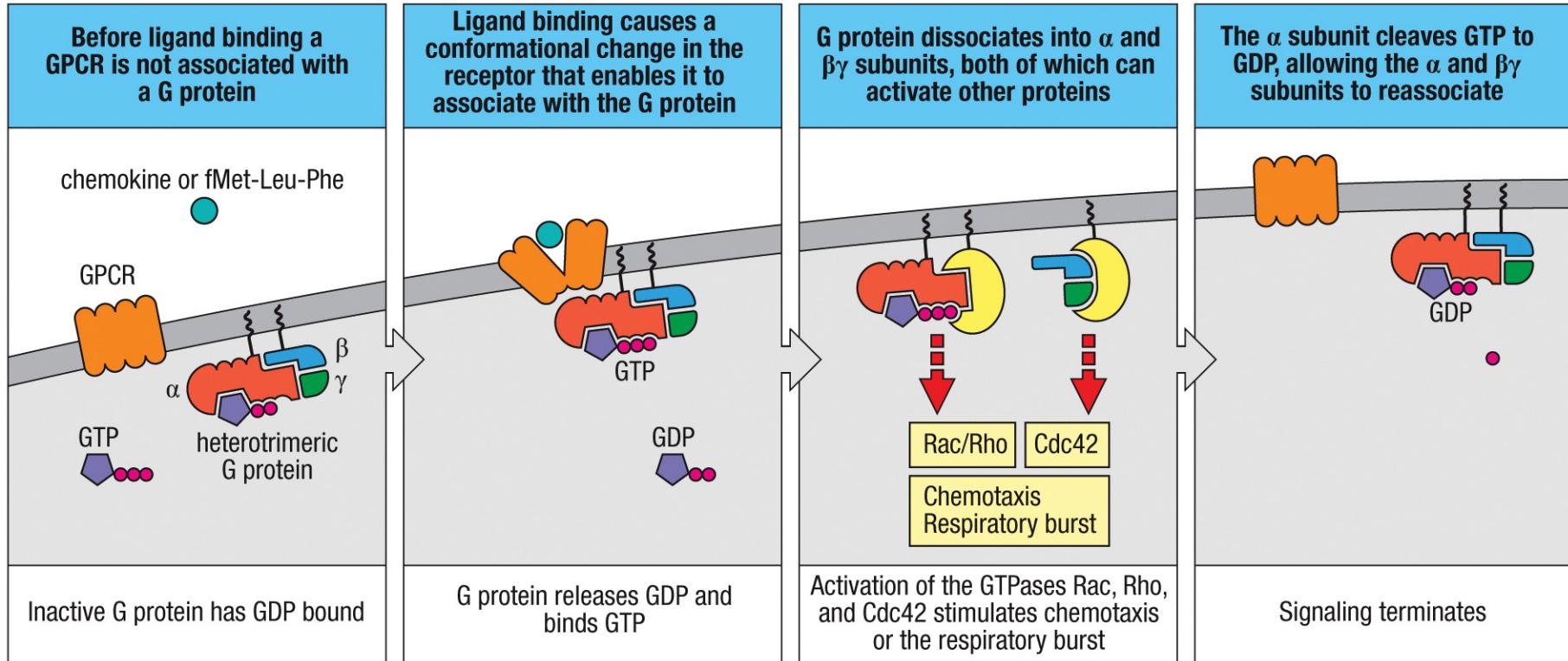
Figure 3.6 Janeway's Immunobiology, 9th ed. (© Garland Science 2017)

CXCR2: a neutrophil receptor that can trigger NET formation

# Neutrophil Extracellular Trap

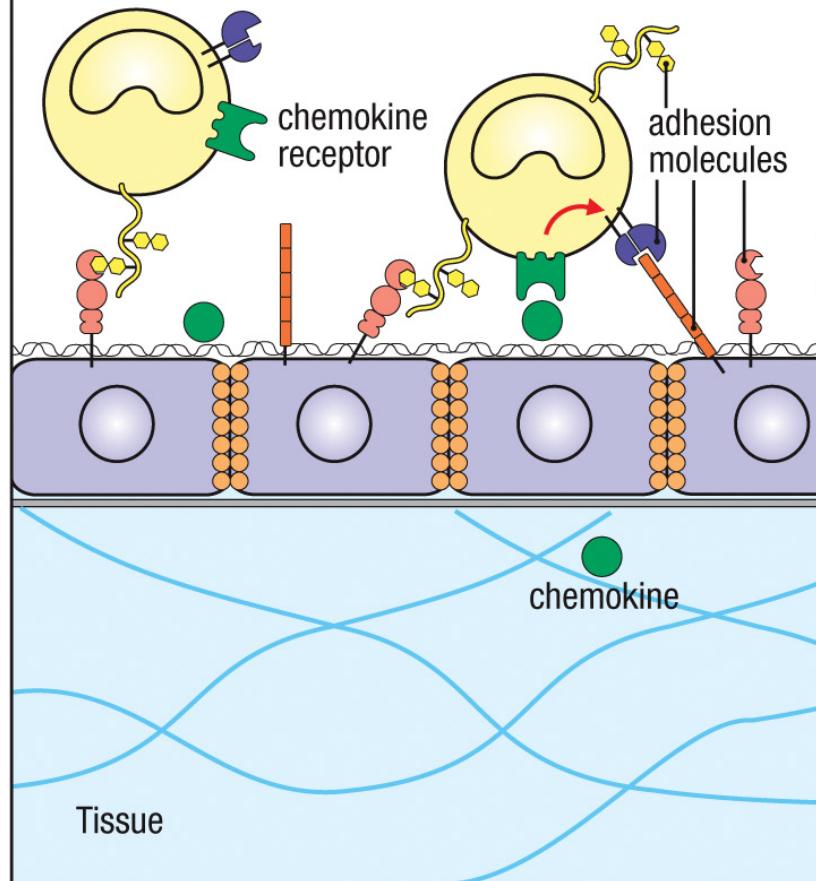


# Chemokine Receptor Signalling

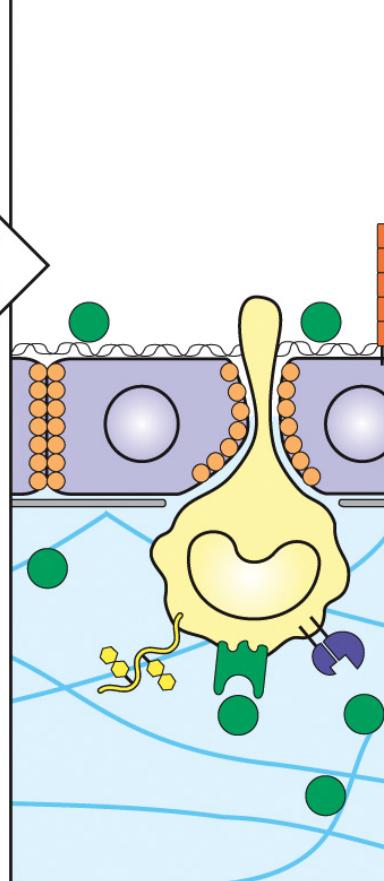


# Monocytes Extravasation

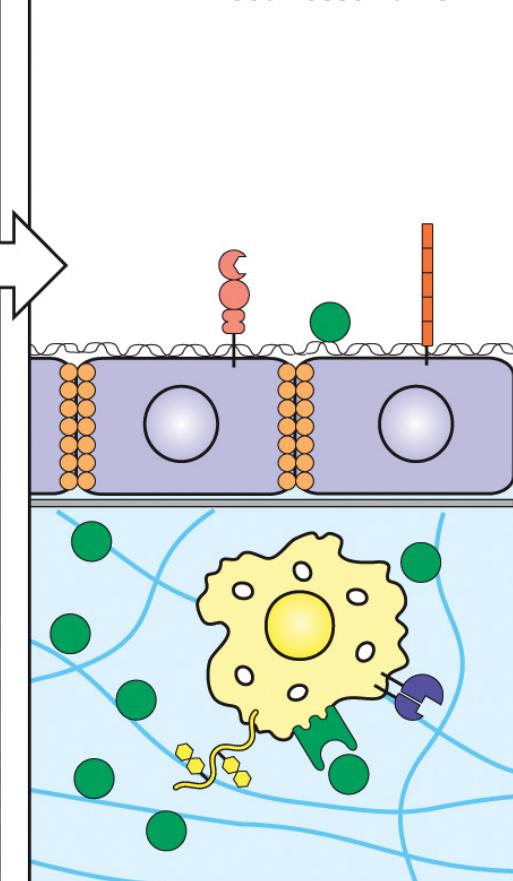
Monocyte binds adhesion molecules on vascular endothelium near site of infection and receives chemokine signal



The monocyte migrates into the surrounding tissue



Monocyte differentiates into inflammatory monocyte at site of infection



# Different Chemokines for Different Cells

Class	Chemokine	Produced by	Receptors	Cells attracted	Major effects
CXC	CXCL8 (IL-8)	Monocytes Macrophages Fibroblasts Epithelial cells Endothelial cells	CXCR1 CXCR2	Neutrophils Naive T cells	Mobilizes, activates, and degranulates neutrophils Angiogenesis
	CXCL7 (PBP, $\beta$ -TG, NAP-2)	Platelets	CXCR2	Neutrophils	Activates neutrophils Clot resorption Angiogenesis
	CXCL1 (GRO $\alpha$ ) CXCL2 (GRO $\beta$ ) CXCL3 (GRO $\gamma$ )	Monocytes Fibroblasts Endothelium	CXCR2	Neutrophils Naive T cells Fibroblasts	Activates neutrophils Fibroplasia Angiogenesis
CC	CCL3 (MIP-1 $\alpha$ )	Monocytes T cells Mast cells Fibroblasts	CCR1, 3, 5	Monocytes NK and T cells Basophils Dendritic cells	Competes with HIV-1 Antiviral defense Promotes T <sub>H</sub> 1 immunity
	CCL4 (MIP-1 $\beta$ )	Monocytes Macrophages Neutrophils Endothelium	CCR1, 3, 5	Monocytes NK and T cells Dendritic cells	Competes with HIV-1
	CCL2 (MCP-1)	Monocytes Macrophages Fibroblasts Keratinocytes	CCR2B	Monocytes NK and T cells Basophils Dendritic cells	Activates macrophages Basophil histamine release Promotes T <sub>H</sub> 2 immunity
	CCL5 (RANTES)	T cells Endothelium Platelets	CCR1, 3, 5	Monocytes NK and T cells Basophils Eosinophils Dendritic cells	Degranulates basophils Activates T cells Chronic inflammation
CXXXC (CX <sub>3</sub> C)	CX3CL1 (Fractalkine)	Monocytes Endothelium Microglial cells	CX <sub>3</sub> CR1	Monocytes T cells	Leukocyte–endothelial adhesion Brain inflammation

# Cell Adhesion Molecules: Effects On Homing

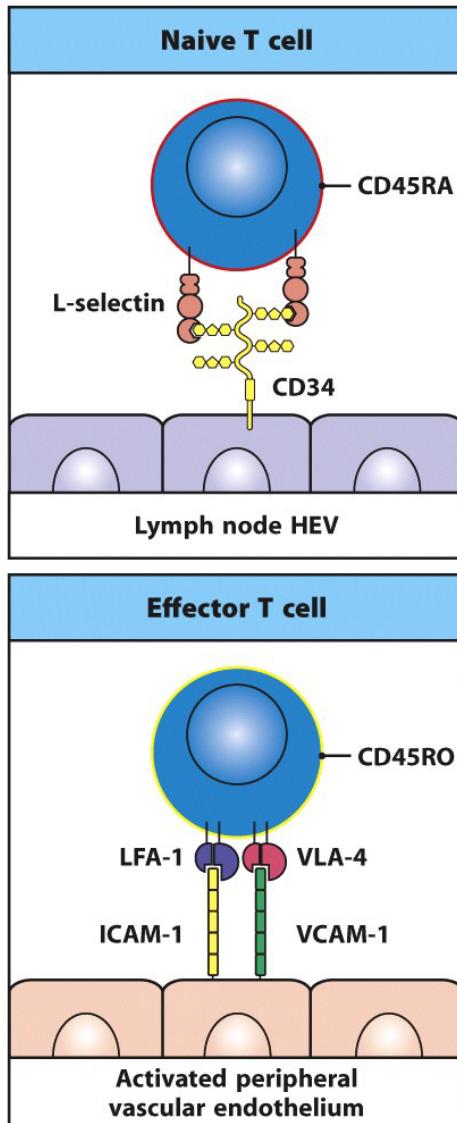


Figure 11.9 Janeway's Immunobiology, 8ed. (© Garland Science 2012)

# Question

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- How are immune cells recruited to sites of inflammation? What are the four steps and which molecules are involved?

# Outline

---

- Cytokines in innate immunity:

Leukocyte recruitment

Acute phase response

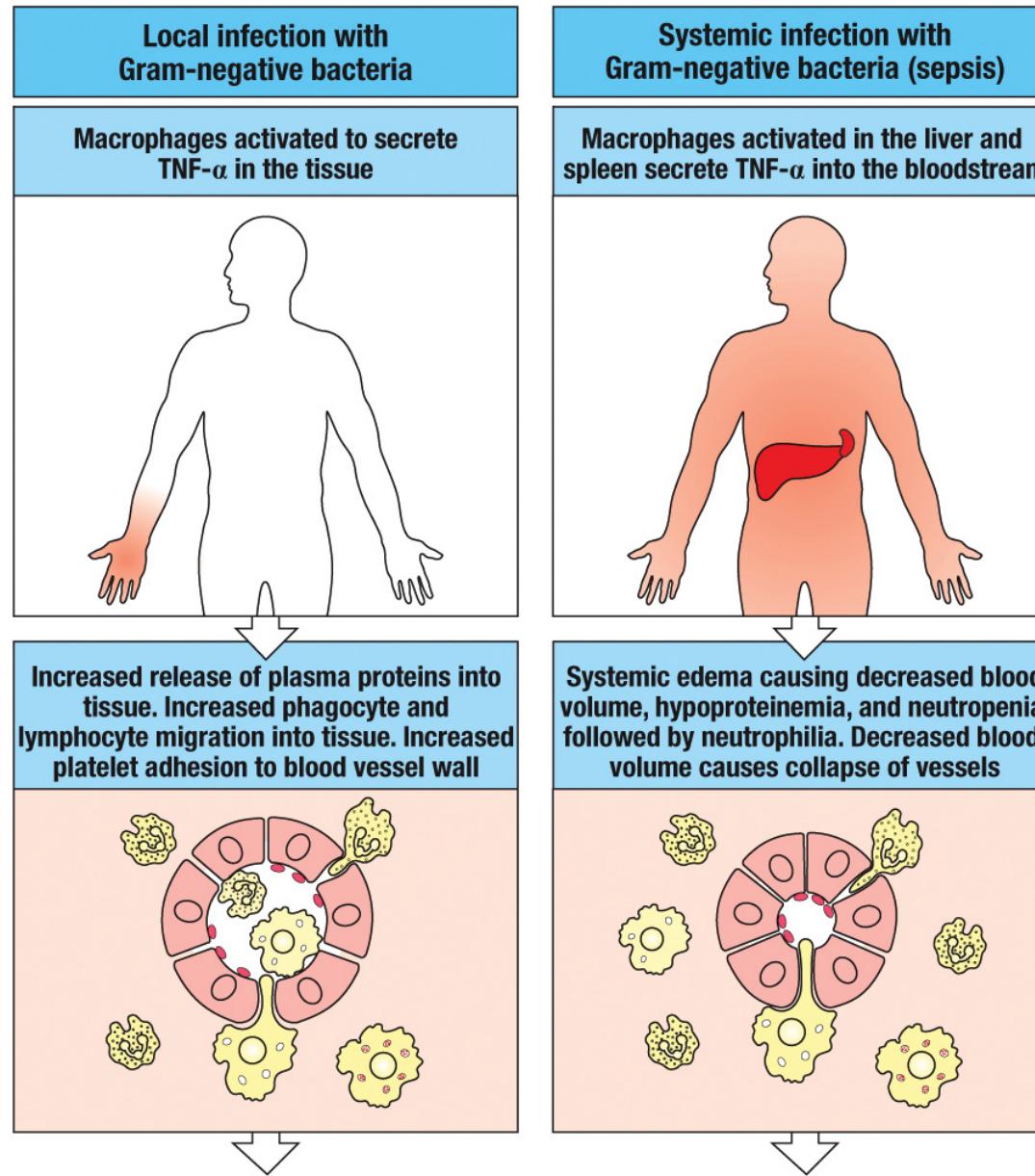
Interferon

Type I Interferon: antiviral response

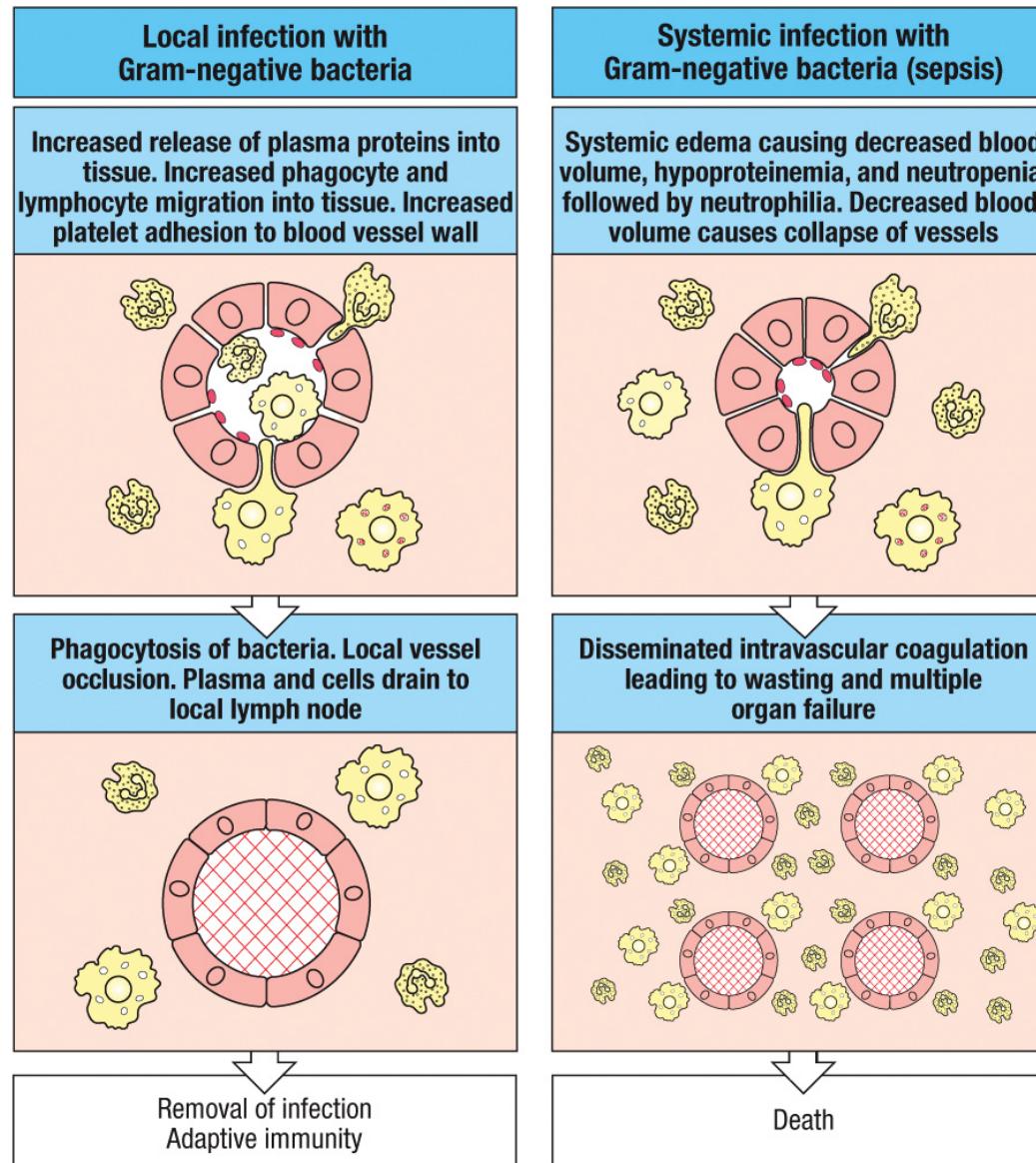
Interferon- $\gamma$ : macrophage activation

- NK cells

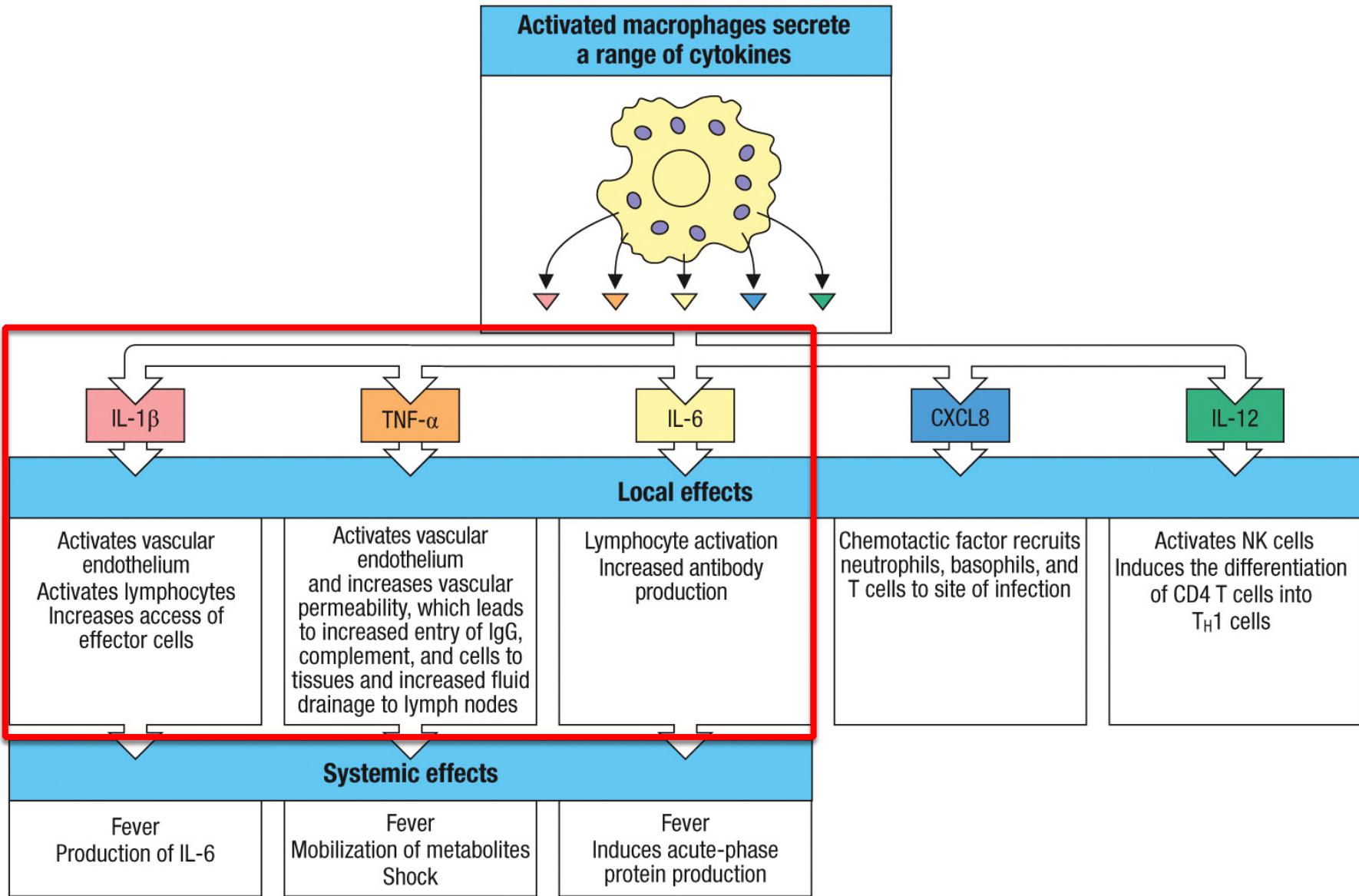
# TNF $\alpha$ Contains Local Infection, But Leads to Septic Shock



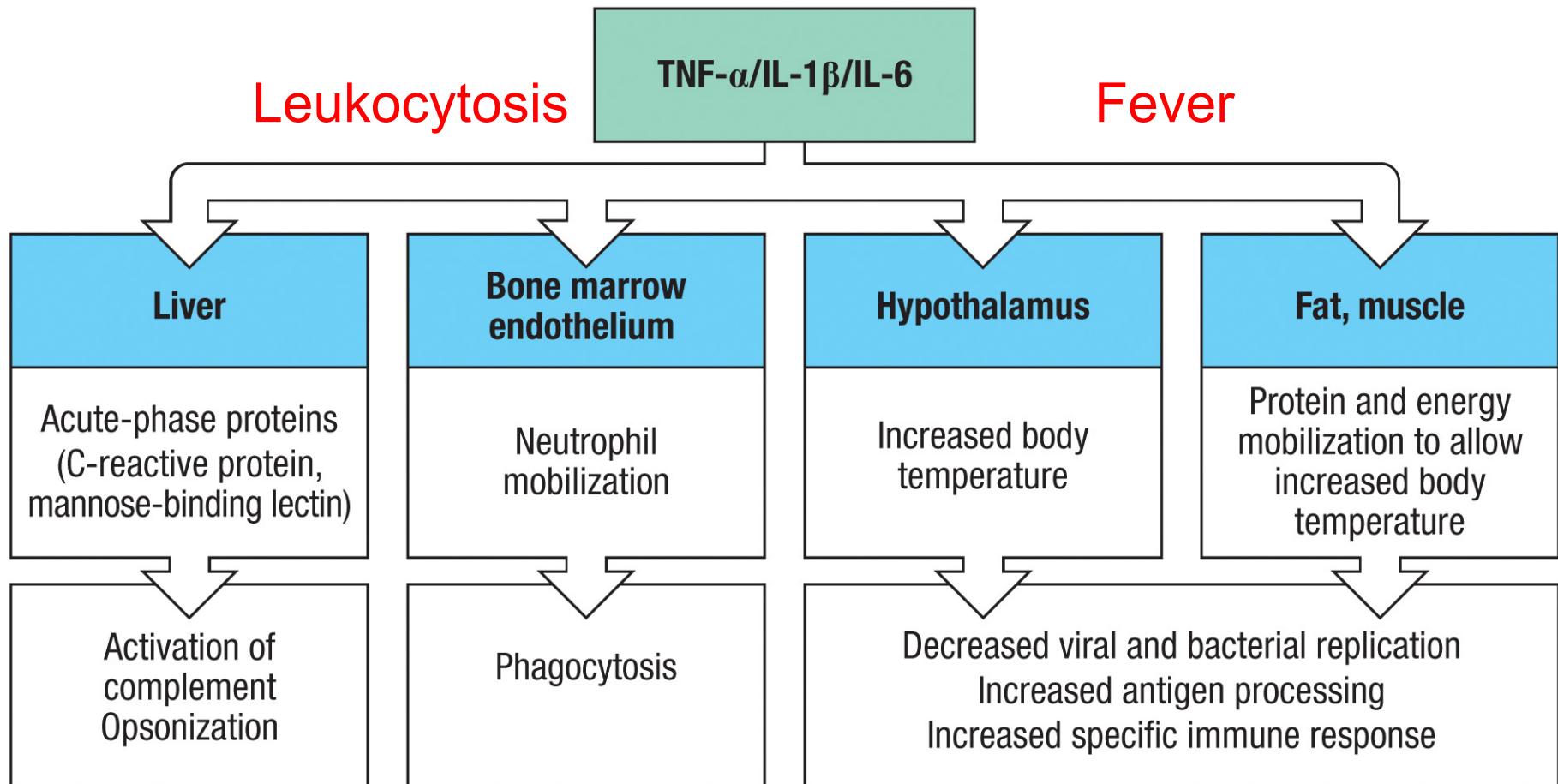
# TNF $\alpha$ Contains Local Infection, But Leads to Septic Shock



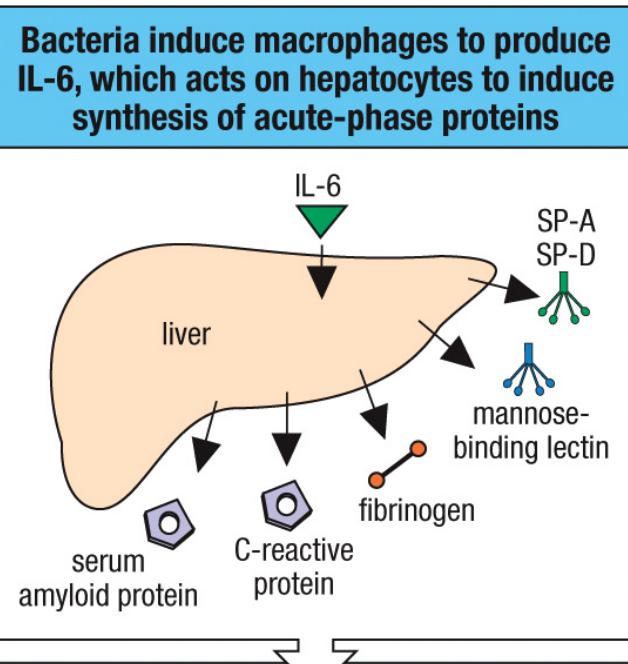
# Effects of Cytokine Secretion



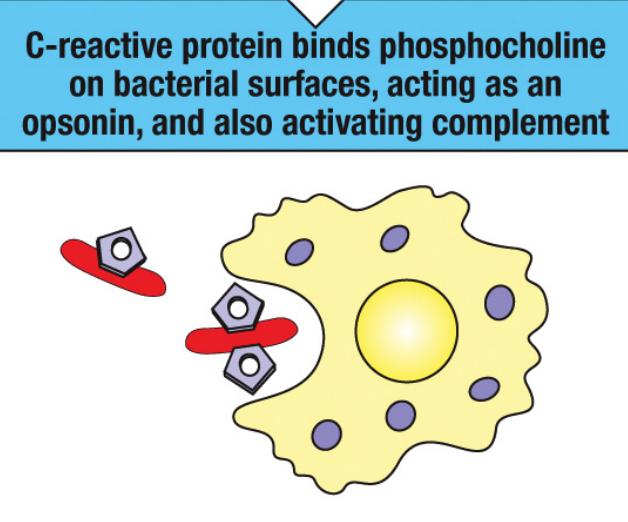
# Cytokines Coordinate Body's Response to Infection



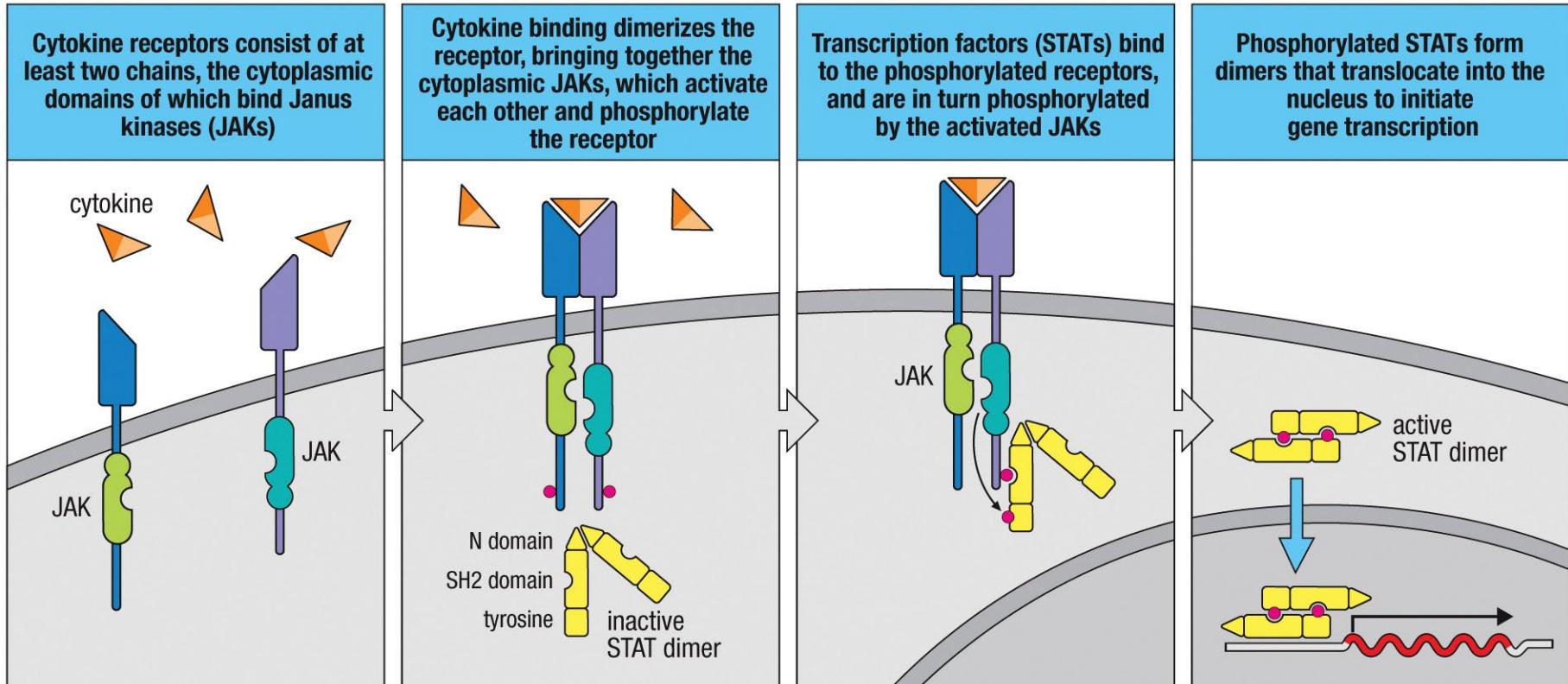
# Acute-Phase Response



CRP is a general indicator of systemic inflammation



# Cytokine Receptor Signalling



# Question

---

- How do TNFalpha/IL-6/IL-1beta work?  
Explain their effects on liver and endothelium.

# Outline

---

- Cytokines in innate immunity:

Leukocyte recruitment

Acute phase response

Interferon

Type I Interferon: antiviral response

Interferon- $\gamma$ : macrophage activation

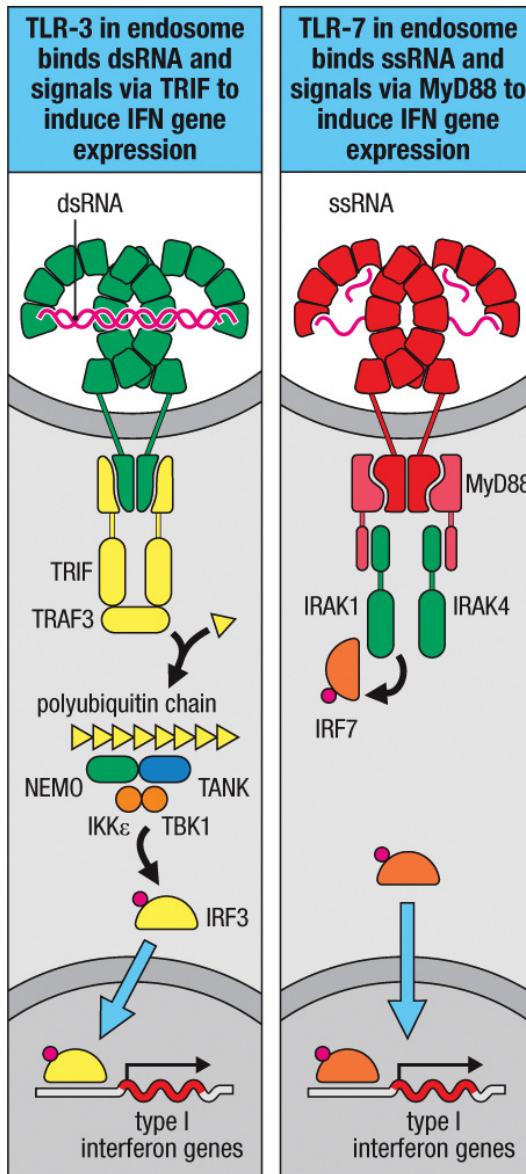
- NK cells

# Interferons

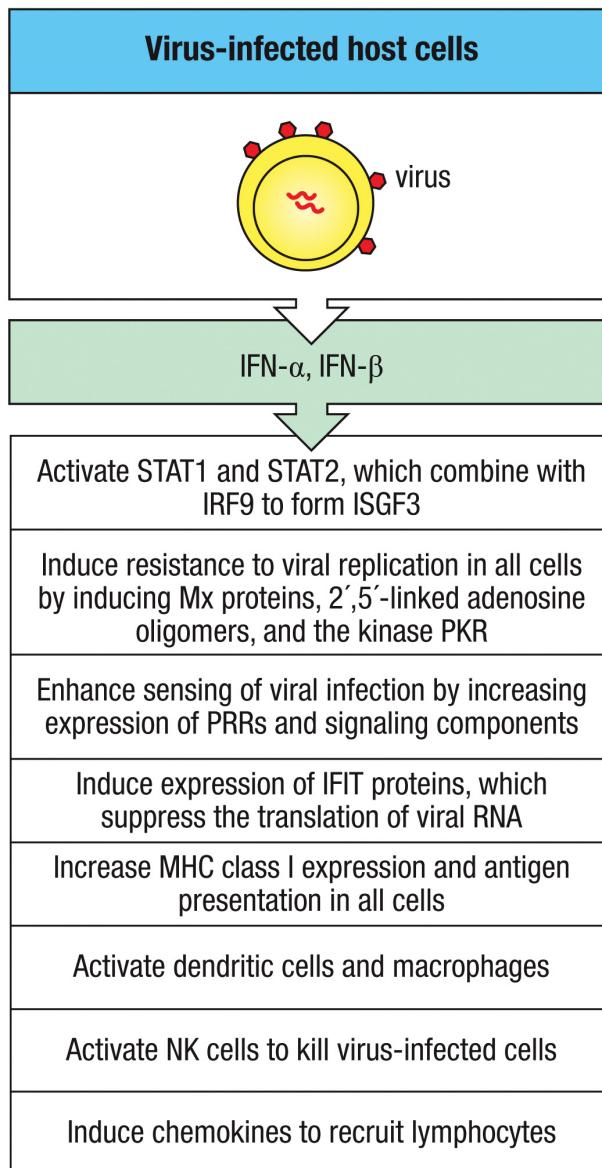
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- Interfere with viral replication in previously uninfected tissue culture cells.
- Restrict viral spreading
- Act on both infected and neighboring cells
- Type I interferon: Interferon- $\alpha$  and  $\beta$

# Intracellular TLRs Activate IFN Pathway

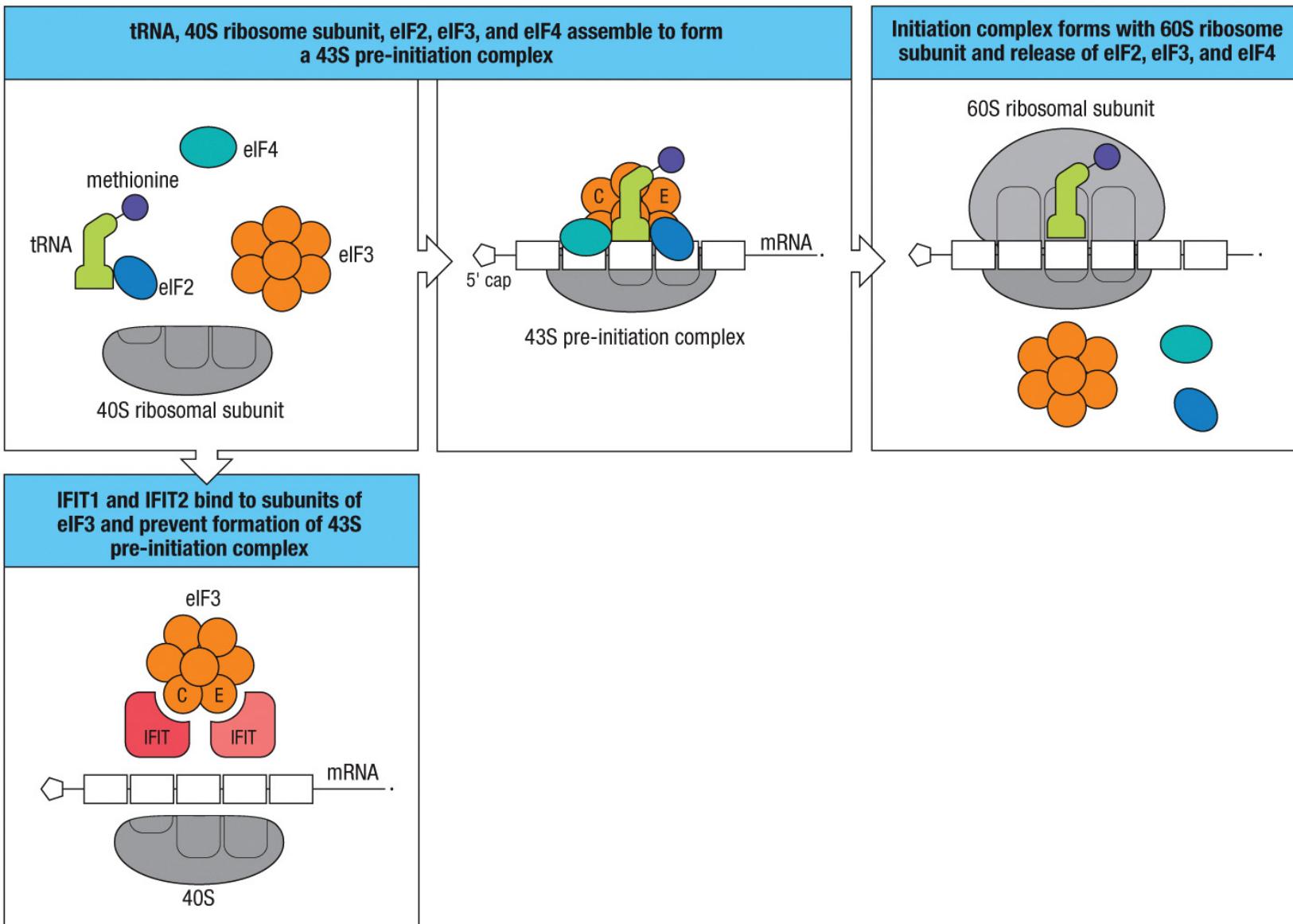


# Interferons Induce Anti-Viral Responses



MX, unkown but very important  
AO: Degrade viral RNA  
PKR: Inhibiting translation

# Inhibiting RNA Translation



# IFN- $\gamma$ Activates Macrophage

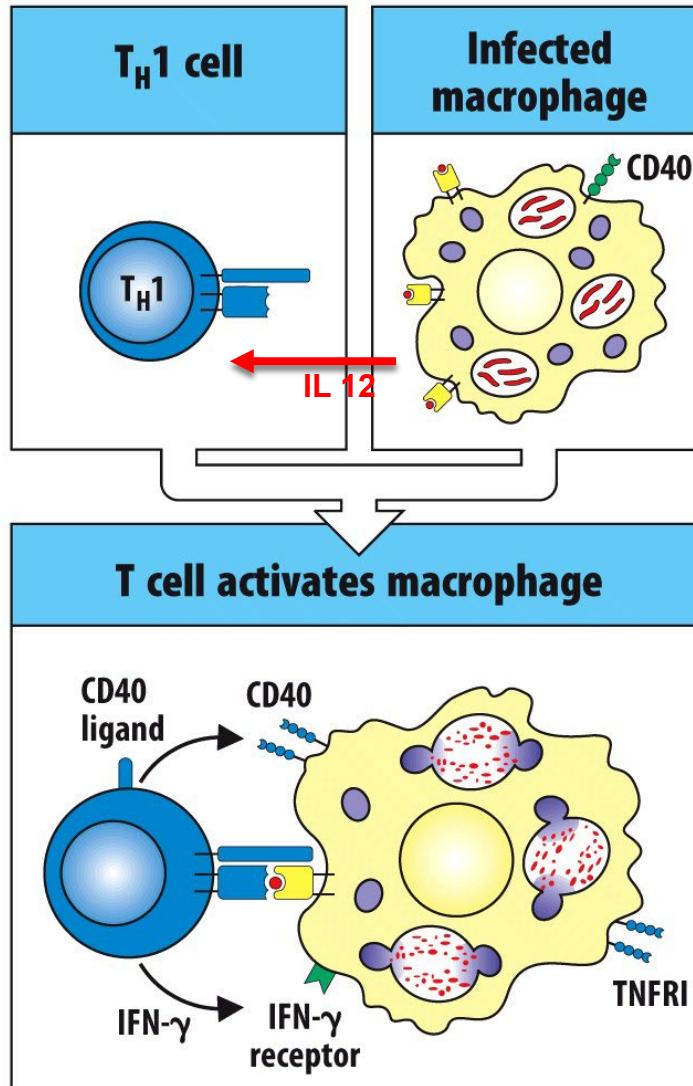


Figure 24.2 Case Studies in Immunology, 6ed. (© Garland Science 2012)

# Question

---

- What are the major cytokines that defend against viral infection?
- How do these cytokines work?

# Outline

---

- Cytokines in innate immunity:

Leukocyte recruitment

Acute phase response

Interferon

Type I Interferon: antiviral response

Interferon- $\gamma$ : macrophage activation

- NK cells

# NK cells

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- Lymphoid progenitor
- Kill tumor cell lines in vitro
- Invariant surface receptor

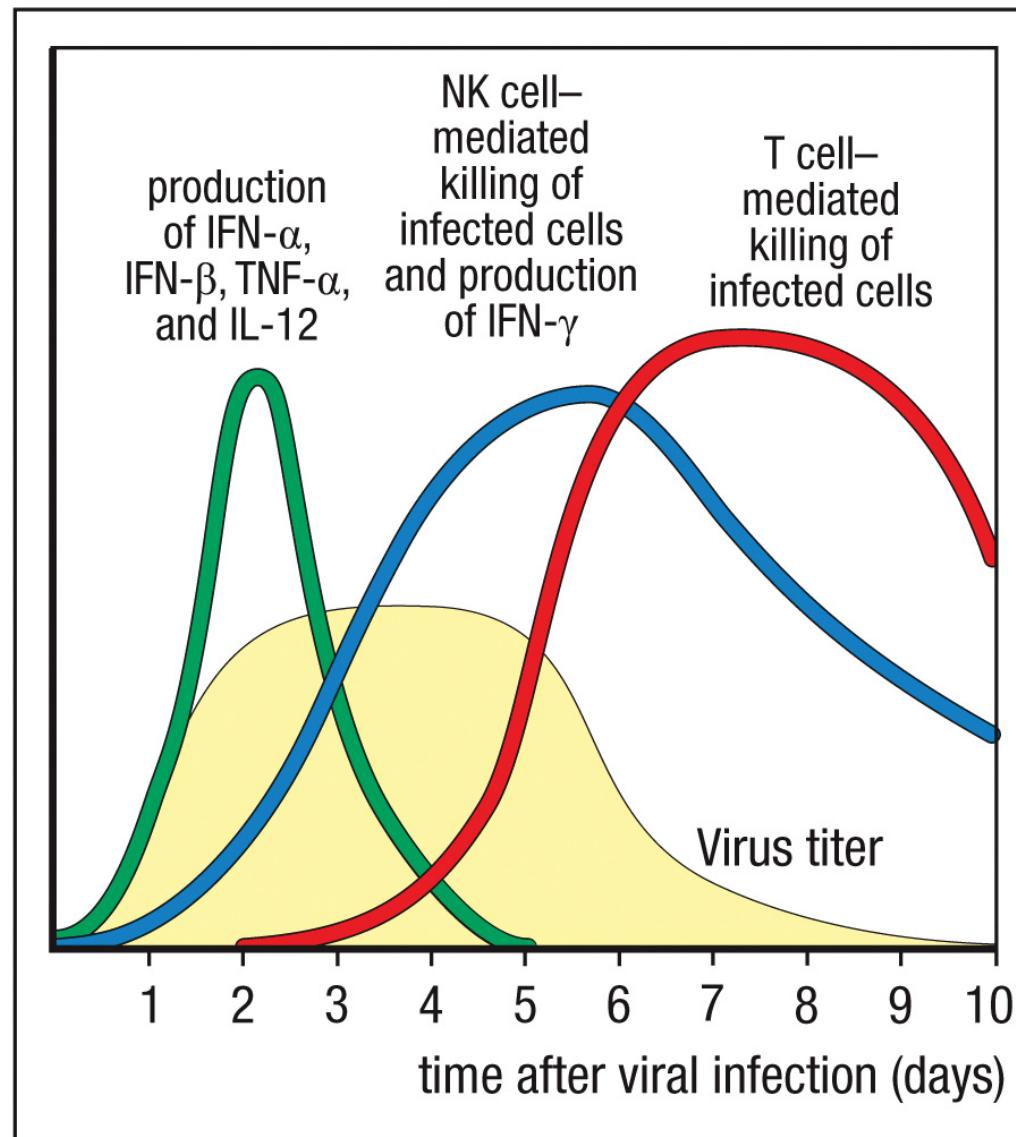
# NK Cells Kill Stressed Cells

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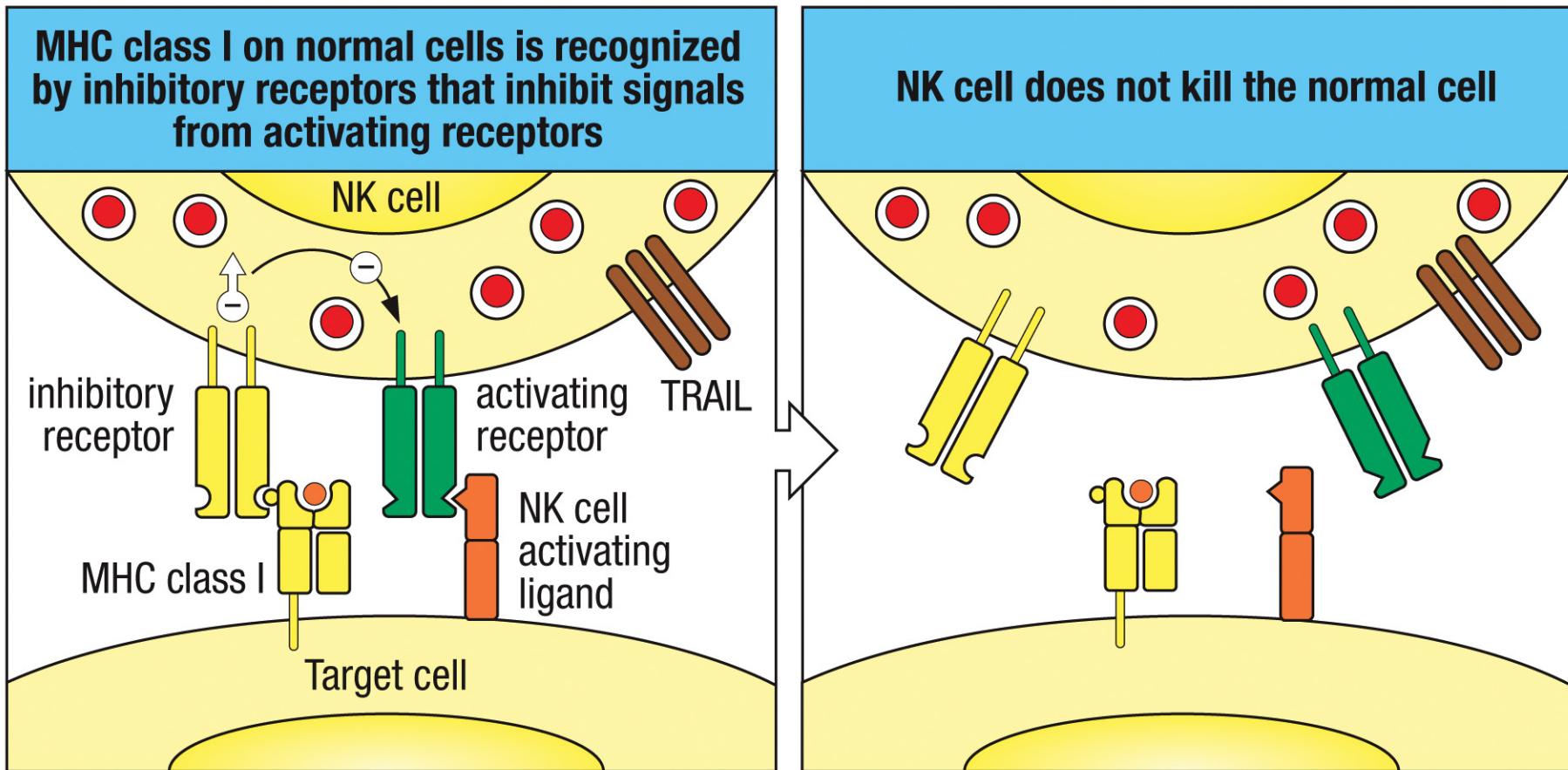
<https://www.youtube.com/watch?v=HNP1EAYLhOs>

<https://www.youtube.com/watch?v=Va1jaBGwoT8>

# NK cells Kill Infected Cells

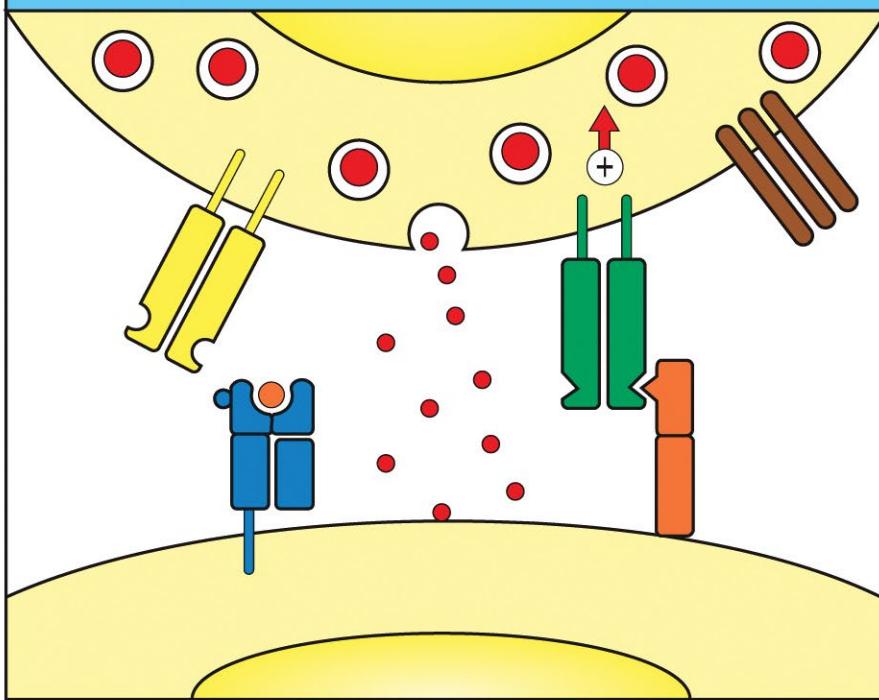


# NK Cells Do Not Kill Normal Cells

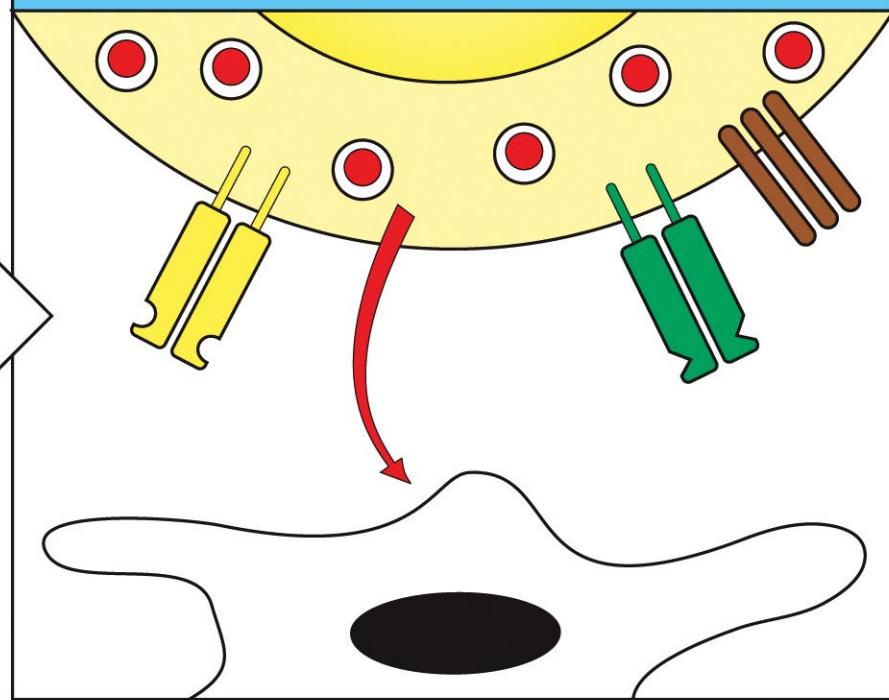


# NK Cells Kill Abnormal Cells

'Missing' or absent MHC class I cannot stimulate a negative signal. The NK cell is triggered by signals from activating receptors

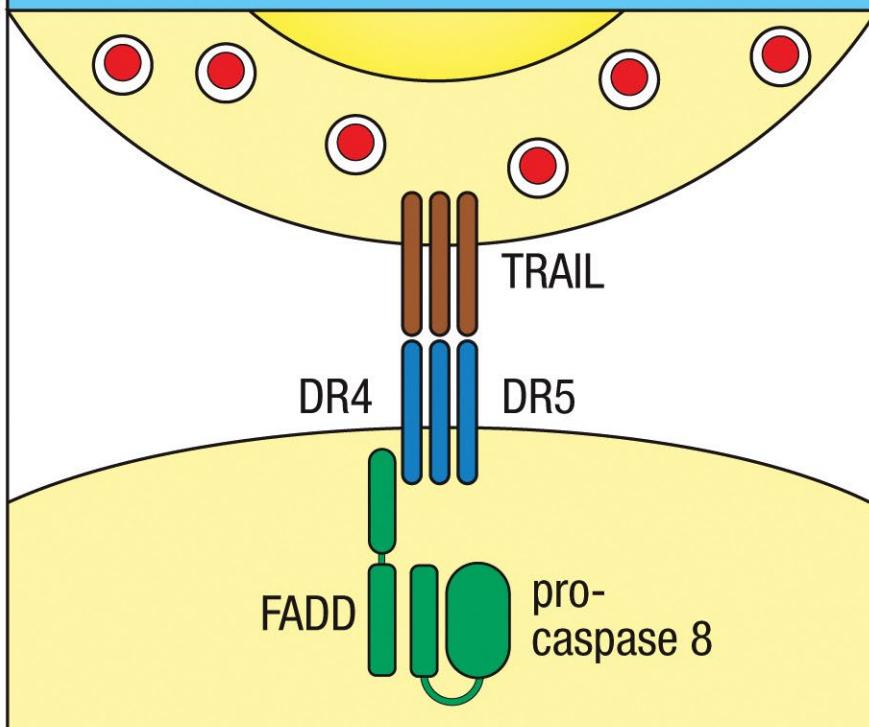


Activated NK cell releases granule contents, inducing apoptosis in the target cell

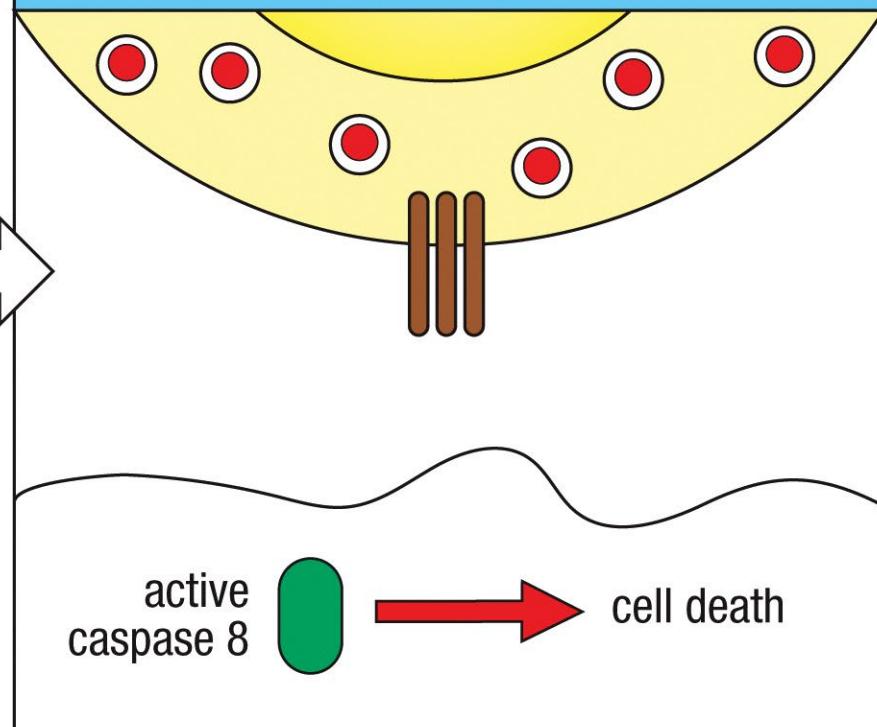


# NK Cells Kill Abnormal Cells

NK cells express the TNF family ligand TRAIL on their cell surface, which can bind and activate DR4 and DR5 expressed by some cell targets



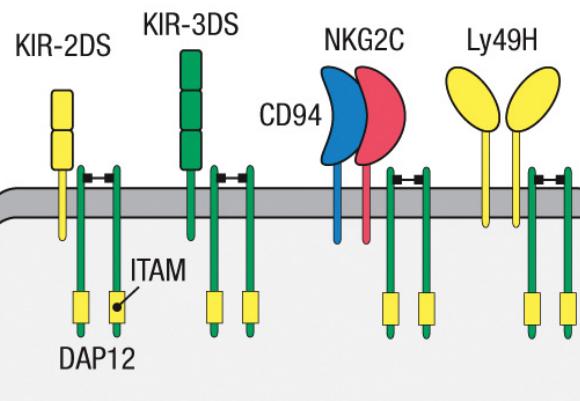
DR4/5 signal via FADD to activate caspase 8, which induces apoptosis in the target cells



# Two Types of Receptors

Activating and inhibitory receptors of NK cells can belong to the same structural family

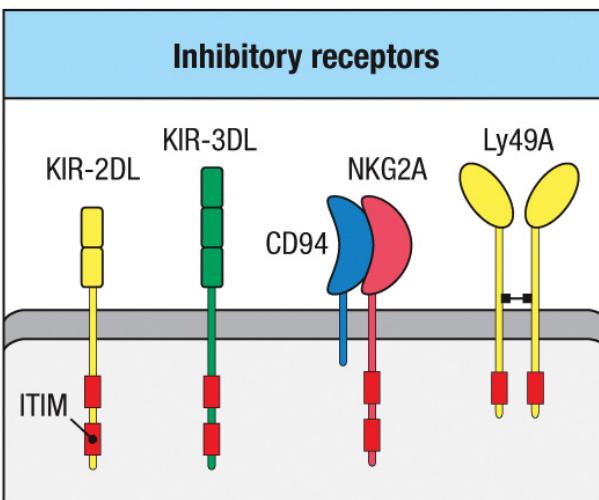
## Activating receptors



killer cell immunoglobulin-like receptors (KIRs)

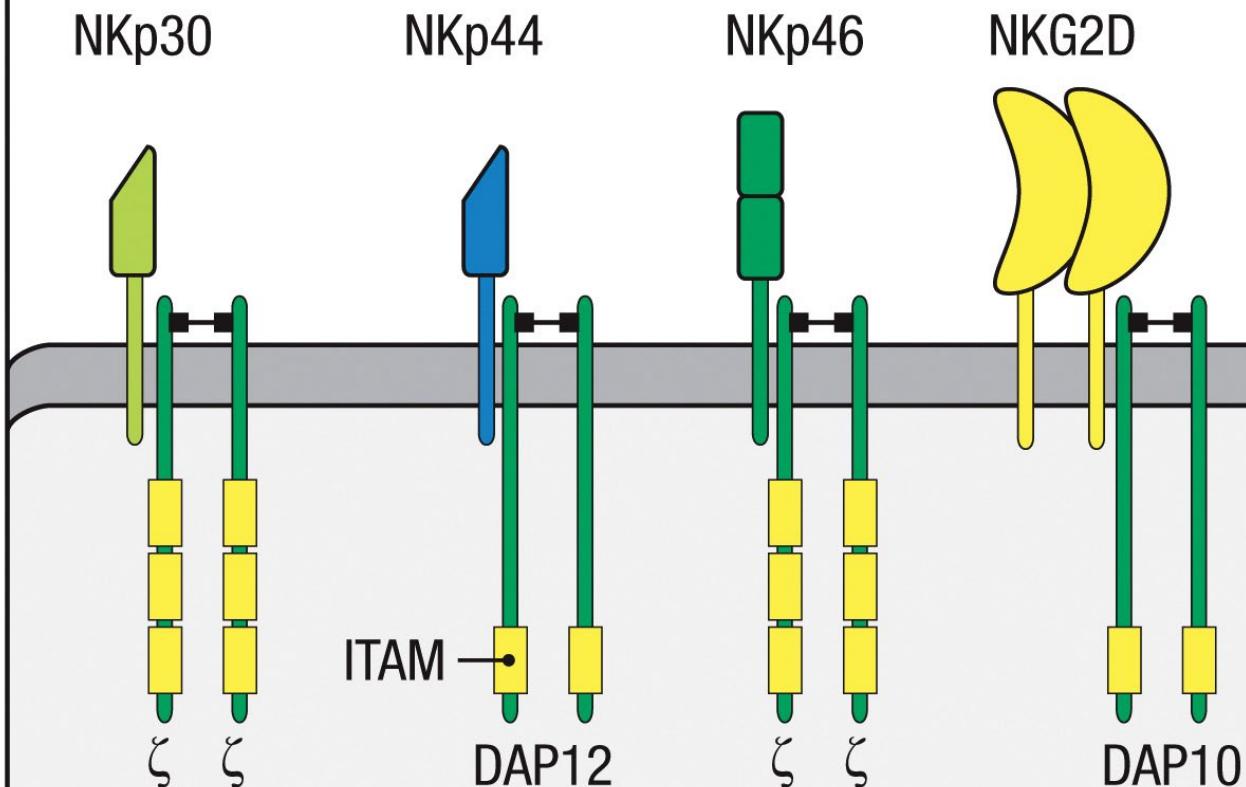
killer cell lectin-like receptors (KLRs and Ly49 receptors)

## Inhibitory receptors



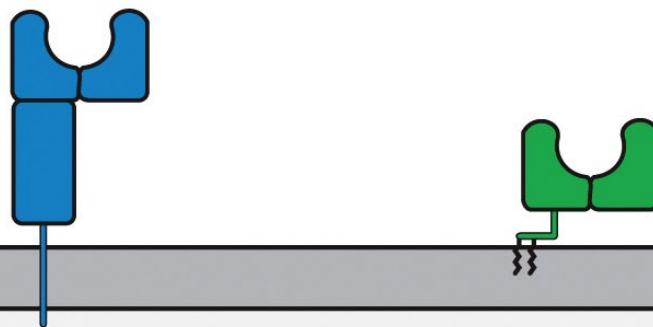
# Activating Receptors

Activating receptors that sense target cells



# Activating Ligands

The ligands for NKG2D are the MHC-like molecules MIC-A and MIC-B and the RAET1 family members, whose expression is induced by cellular stress



MIC-A  
or  
MIC-B

RAET1 family  
(includes MULT1, ULBPs)

# Question

---

- What is NOT the function of cytokines?
- A) guide immune cell migration
- B) activate intracellular signaling
- C) activate innate immune cells
- D) activate adaptive immune cells
- E) none of the above

# Case Studies

---

- Leukocyte Adhesion Deficiency
- Interferon- $\gamma$  Receptor Deficiency

# Leukocyte Adhesion Deficiency

---

Patient:

4-week-old female

Fever 39°C,

Redness and swelling around umbilical cord stump

WBC count 20,000 cells/microliter (normal range 5,000-10,000)

Skin culture positive for E.coli and S.aureus.

Family history:

A brother died at 1 year of age due to Staphylococcal pneumonia infection

Diagnosis:

Rebuck skin window-monitor the migration of immune cells into the damaged skin.

No white cells

Treatment :

Bone marrow transplantation

# Deficient of Surface LFA

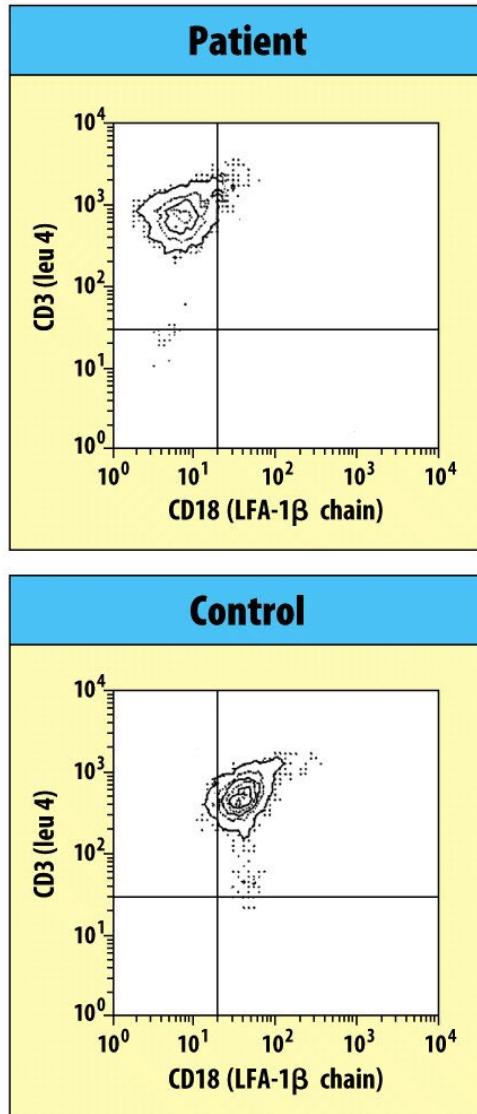
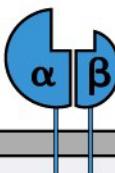


Figure 27.5 Case Studies in Immunology, 6ed. (© Garland Science 2012)

# LFA-1

Integrins		Name	Tissue distribution	Ligand
<p>Bind to cell-adhesion molecules and extracellular matrix.</p> <p>Strong adhesion</p>	 <p>LFA-1</p>	$\alpha_L:\beta_2$ (LFA-1, CD11a/CD18)	Monocytes, T cells, macrophages, neutrophils, dendritic cells	ICAMs
		$\alpha_M:\beta_2$ (Mac-1, CR3, CD11b/CD18)	Neutrophils, monocytes, macrophages	ICAM-1, iC3b, fibrinogen
		$\alpha_X:\beta_2$ (CR4, p150-95, CD11c/CD18)	Dendritic cells, macrophages, neutrophils	iC3b
		$\alpha_4:\beta_1$ (VLA-4, LPAM-2, CD49d/CD29)	Lymphocytes, monocytes, macrophages	VCAM-1 Fibronectin
		$\alpha_5:\beta_1$ (VLA-5, CD49d/CD29)	Monocytes, macrophages	Fibronectin
		$\alpha_4:\beta_7$ (LPAM-1)	Lymphocytes	MAdCAM-1
		$\alpha_E:\beta_7$	Intraepithelial lymphocytes	E-cadherin

# LFA-1 is Required for Leukocyte Infiltration

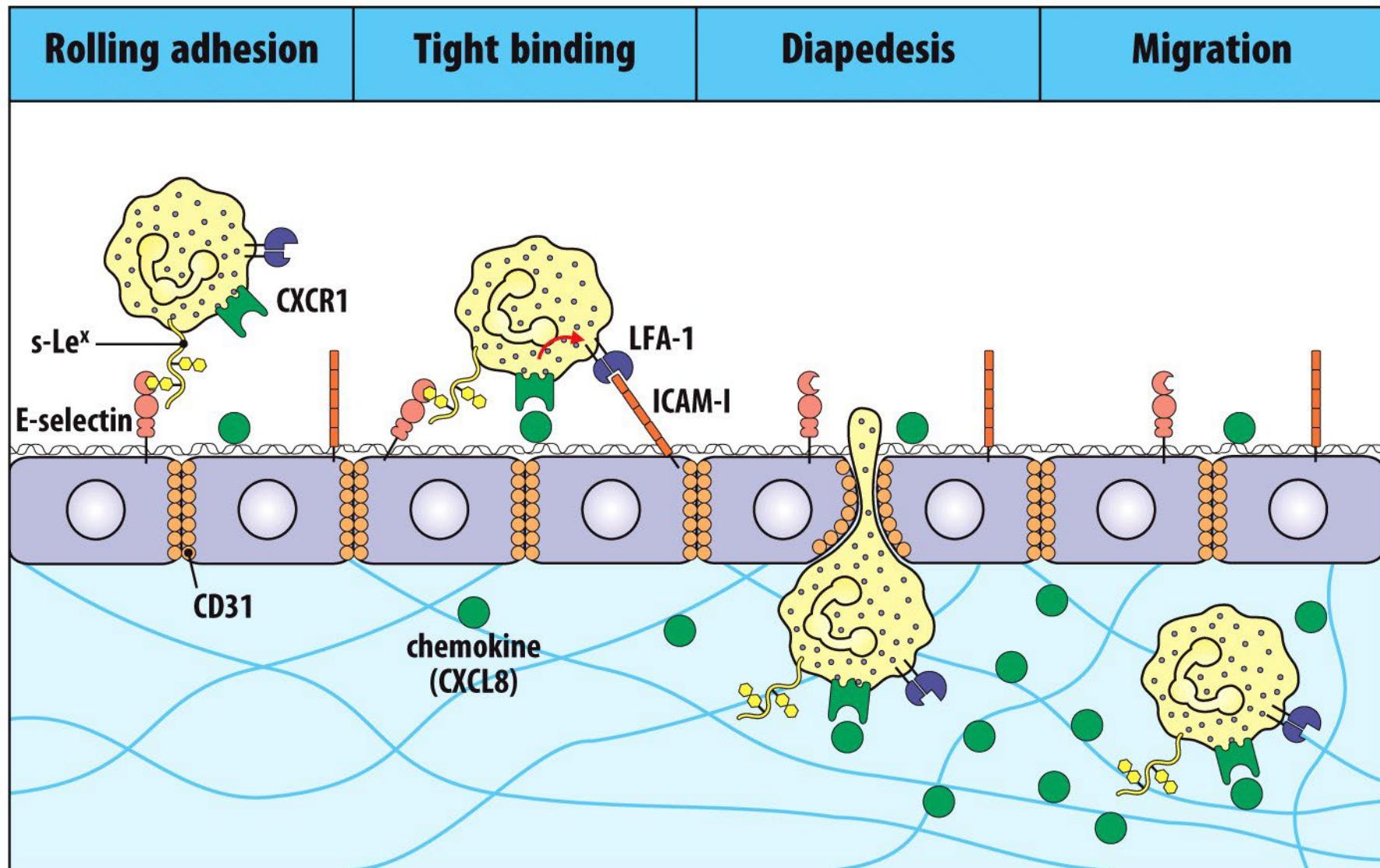


Figure 27.1 part 2 of 2 Case Studies in Immunology, 6ed. (© Garland Science 2012)

# LFA-1 is Required for T Cell Activation

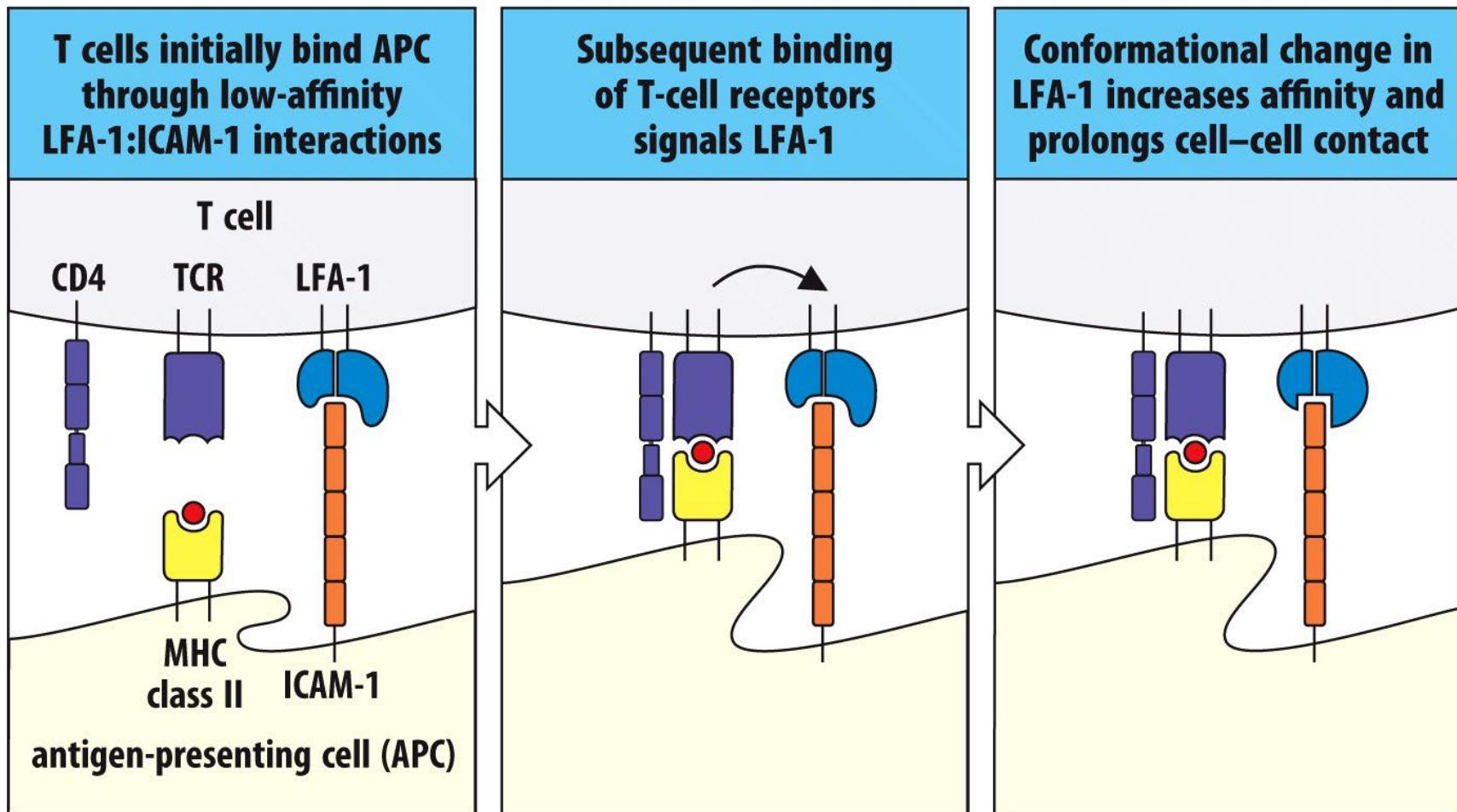


Figure 27.4 Case Studies in Immunology, 6ed. (© Garland Science 2012)

# What's Wrong with the Patient?

---

- LFA-1 defect leads to impair recruitment of leukocytes to infected tissue.
- Poor T cell activation
- Severe immune deficiency
- Poor wound healing
  - Mechanism not understood.

# Interferon- $\gamma$ Receptor Deficiency

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Patient:

2 1/2-year-old female

enlarged lymph nodes

Normal number of leukocytes and Ig levels

Family history:

Distantly related

Diagnosis:

Lymph nodes positive for *Mycobacterium avium*

Treatment :

Antibiotics

Outcome:

Died after recurrent infection

# IFN- $\gamma$ Activates Macrophage

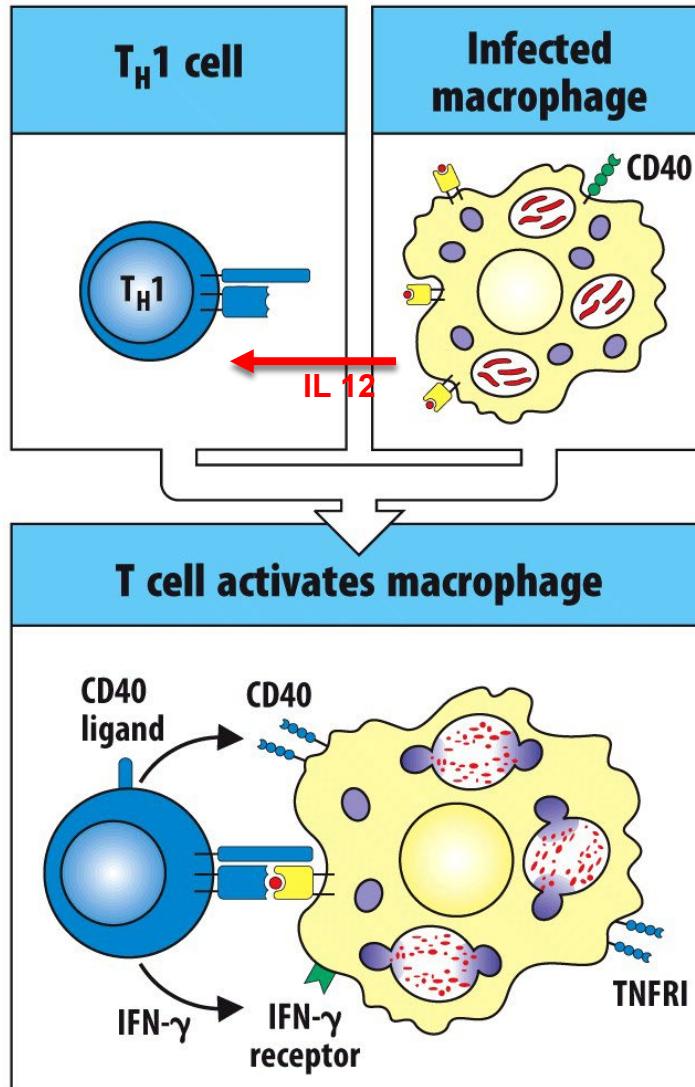


Figure 24.2 Case Studies in Immunology, 6ed. (© Garland Science 2012)

# IFN- $\gamma$ Signaling

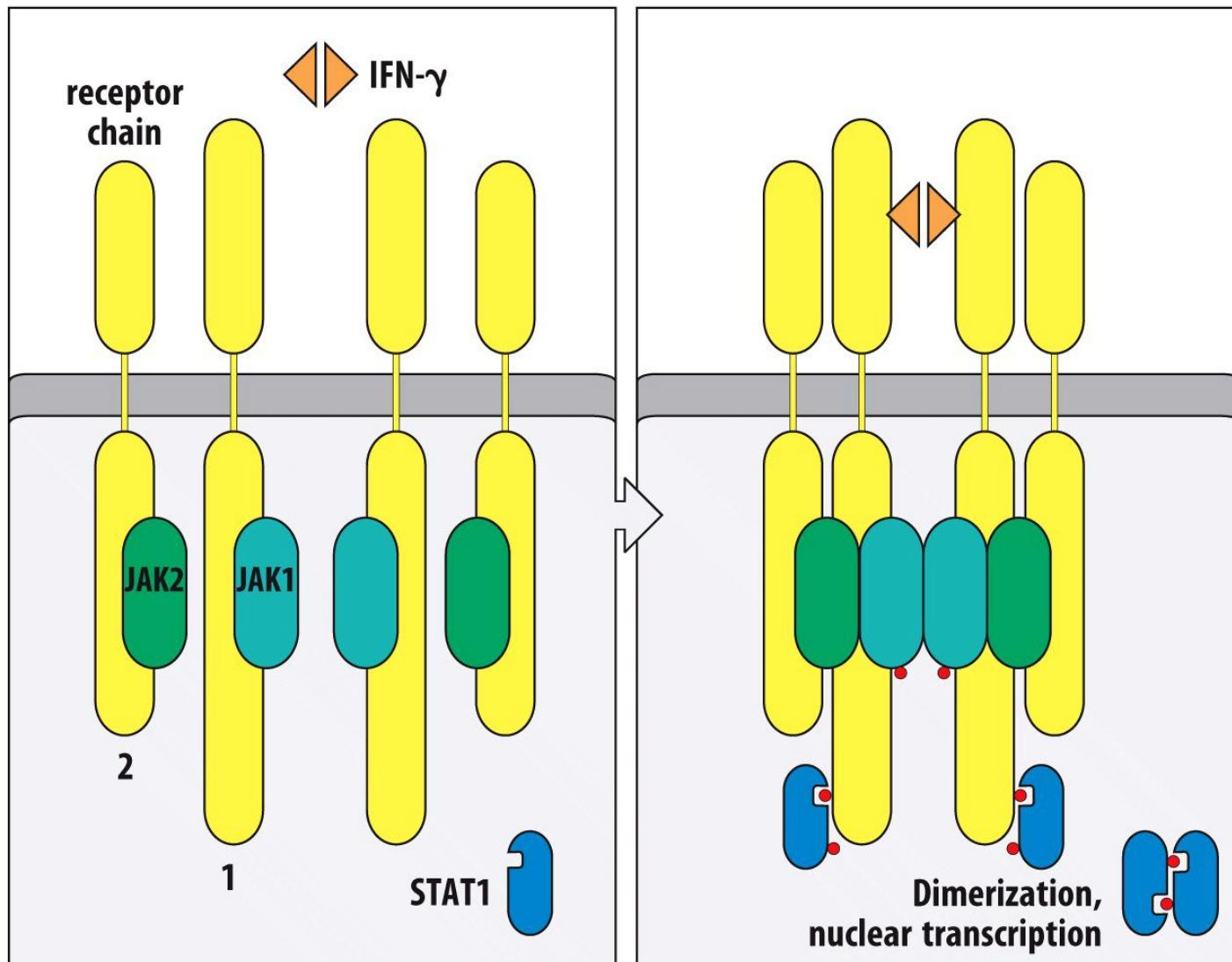


Figure 24.3 Case Studies in Immunology, 6ed. (© Garland Science 2012)

# What's Wrong with the Patient?

---

- Defect in IFN- $\gamma$  signaling
- Unable to activate infected macrophages
- Susceptible to intracellular bacterial infection