

Flow cytometric assessment of the reactivity of a panel of monoclonal antibodies (mAb) against two populations of human dendritic cells (DC)

ABSTRACT

Immunophageal assays used revealed variations in the reactivity of the immunophenotyping as well as differences between the two DC populations at different times, suggesting subcellular subgroups within the Mo-DC and Mo-LC.

INTRODUCTION

The majority of the world's population is susceptible to acquired immunodeficiency syndrome (AIDS) (1,2). This condition is caused by a mutation in the B cell receptor (BCR) gene. The majority of people with acquired immunodeficiency syndrome (AIDS) are found in low income countries, such as Africa, the Middle East and Asia. The vast majority of the cases of acquired immunodeficiency syndrome (AIDS) are due to the virus.

The majority of people with acquired immunodeficiency syndrome (AIDS) have a mutation in the B cell receptor (BCR) gene. The majority of people with acquired immunodeficiency syndrome (AIDS) have a mutation in the B cell receptor. The afferent branch of the immune response is largely composed of bone marrow derived cells, known as dendritic cells (DC), which constitute 2% of all cells in the human epidermis. Recent, effective efforts have led to the production of DC from PBMC-derived monocytes or from CD34 blood precursors through GM-CSF and IL-4, as well as MG-CSB and TNF. Despite the fact that blood precursors have yielded DC, the identification of surface markers on human DC has been challenging and elusive due to the lack of appropriate reagents with high specificity. Nevertheless, some molecules that have been recently clone-free and sequenced (e.g. CD83, DEC-205) have also been found to be strongly associated with DC. Additionally, there is a growing need for clustering and nomenclature for such DC associated molecules, as well as to clarify and define the existence of DC subsets of different populations.

CONCLUSION

Remarkable conclusions By using the immunophenotyping assays discussed in this report, we were able to identify differences between Mo-DC and Mo-LC populations in human DC, subsets of these populations, the expression of antigens at different times on DC (ii) and kinetics, and specific markers for certain subpopulations.