

Cells of the Immune System

Lymphoid organs
(responsible for development of immune response & organisation of cells)

① Primary Lymphoid Organs - bone marrow & thymus

regulate development of immune cells from immature precursors.

② Secondary Lymphoid Organs - spleen, lymph nodes, specialised gut & mucosal tissues.

coordinate interaction b/w antigenic & antigen-binding cells & development into effector or memory cells.

① Hematopoietic Stem Cells (HSCs)

- give rise to all mature and functioning blood cells.
- adult stem cell that divides into daughter & progenitor cells

Common Myeloid-Erythroid Progenitor Cells (CMPS)

Common Lymphoid Progenitor Cells (CLPs)

- isolated as Lin^- & then purified as cells that express CD34.

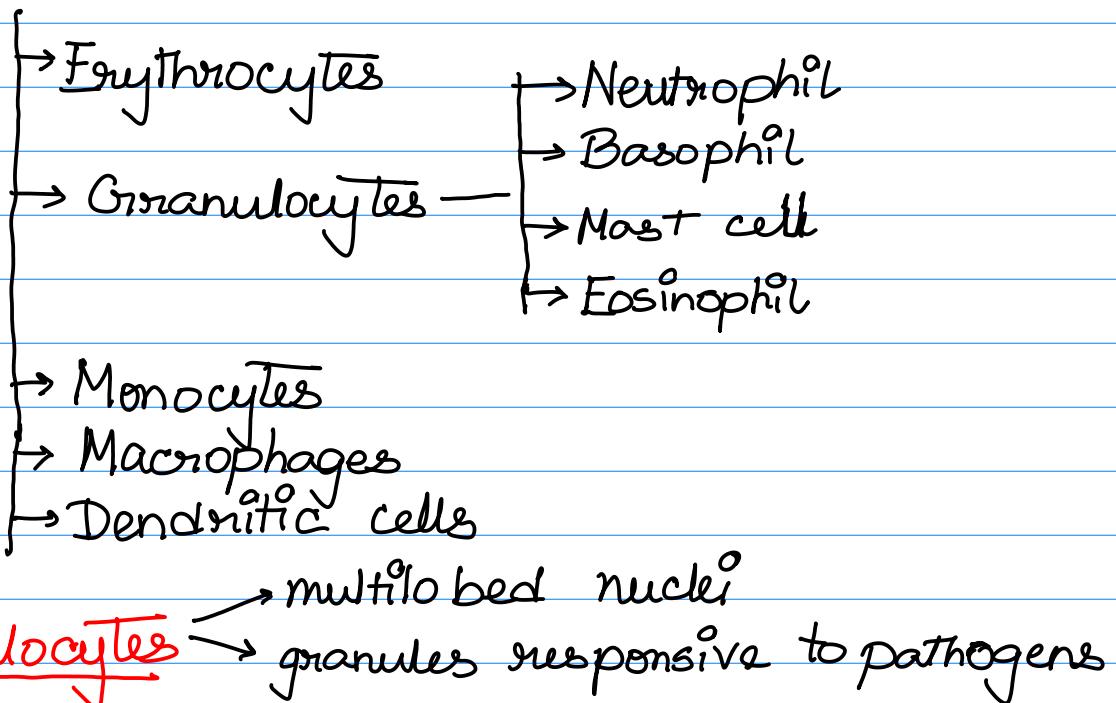
HSCs give rise to different cell types. How to

differentiate?

- ① appearance under microscope
- ② staining with dye
- ③ Fluorescent microscopy

Cells of Myeloid Lineage

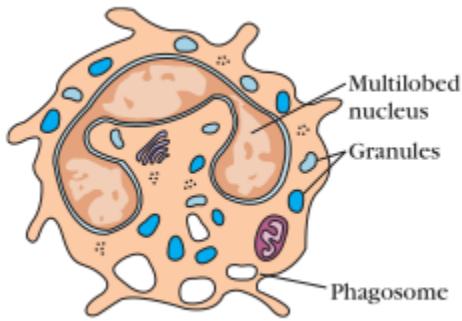
- First responders to infection



② Neutrophils

- most abundant WBCs (50-70 %)
- differentiates in bone marrow
- circulate for 7-10 hours before entering tissue
- lifespan of few days
- **Leukocytosis** - ↑ in no. of circulating neutrophils in response to infection

- Innate cells release chemokines → attract neutrophils
- ↓ ↓
- Phagocytosis NETosis



③ Basophils

- non-phagocytic granulocytes
- granules filled with basophilic proteins
- important in response to parasites like helminths & allergy

Mode of action

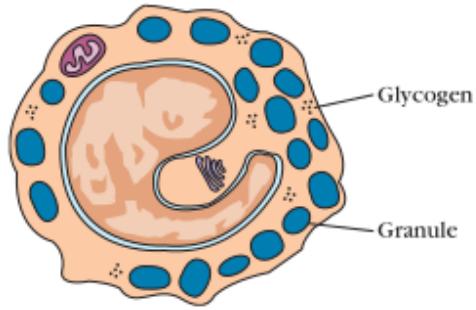
Circulating antibodies bind

↓
Degranulation

↓
Release of histamine

↑ vessel permeability & smooth muscle activity

- may modulate adaptive immune response.



④ Mast Cells

- released from **bone marrow** into blood as undifferentiated cells
- mature only after they leave blood into tissues
 - ↓
 - skin, connective, mucosal
- histamine
- development of **allergies**.

⑤ Eosinophils

- motile phagocytic cells
- migrate into tissue spaces from blood
- cluster around invading **worms** → degranulate proteins that destroy membrane of worms
- release cytokines to regulate B and T lymphocytes
- contribute to **allergy** and **asthma** symptoms

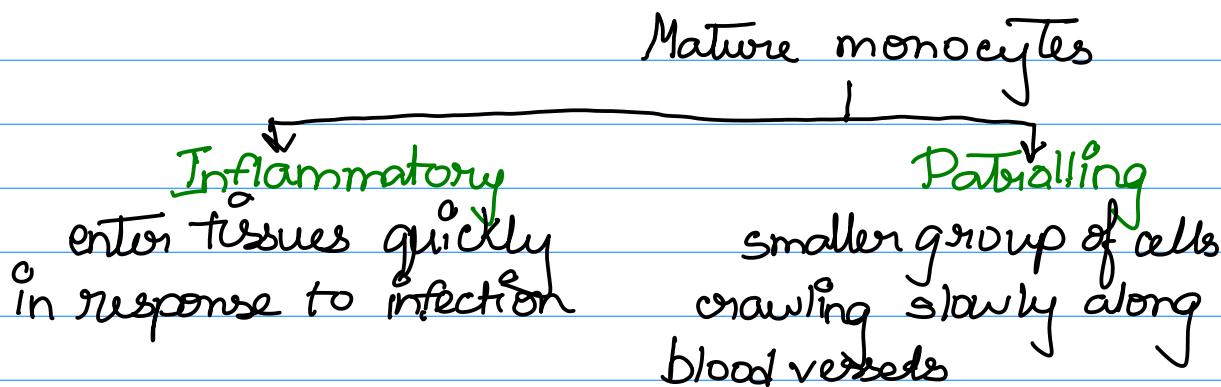
Myeloid Antigen-Presenting Cells

→ Monocytes
→ Macrophages
→ Dendritic cell

- cellular bridges b/w innate and adaptive immune responses

⑥ Monocytes

- ~5-10% of WBCs
- In **bone marrow**, granulocyte-monocyte → pro-monocyte progenitor cells enter blood ↓



⑦ Macrophages

- derived from monocytes that migrated into tissues

→ long term resident in tissues - regulate repair & regeneration
→ inflammatory macrophages - APC + phagocyte

- e.g., osteoclasts in bone
microglial cells in brain
alveolar macrophages in lung
- Activated, inflammatory macrophages are more effective than resting ones —
 - greater phagocytic activity
 - increased ability to kill ingested microbes
 - increased secretion of inflammatory & cytotoxic mediators
 - ability to activate T cells
 - more effective as Antigen Presenting Cell for T_H cells.

- Macrophages express a receptor for a certain class of antibody

if an antigen is coated with appropriate antibody (opsonisation), phagocytosis is enhanced.

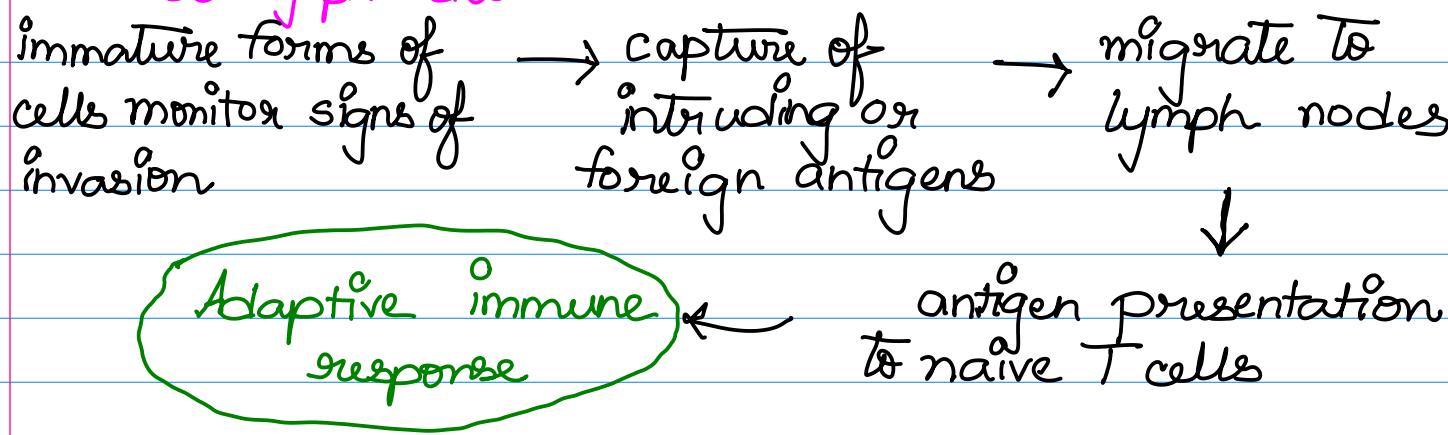
because antigen-antibody complex binds to membrane receptors more readily than antigen alone.

Most of the antigen presented is eliminated —
some found on macrophage membrane; hence APC

⑧ Dendritic Cell

- covered with long membranous extensions that extend & retract dynamically - increasing surface area for browsing lymphocytes.
- antigen capture in one place & antigen presentation in another
- arise from both myeloid and lymphoid lineage

Outside lymph nodes



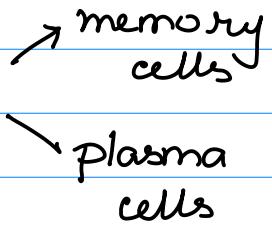
- Immature dendritic cells take on antigens by
 - phagocytosis
 - receptor-mediated endocytosis
 - pinocytosis
- During maturation, shift from antigen-capturing phenotype to antigen-presenting phenotype.

Loss of phagocytosis & pinocytosis capability & gain of antigen-presenting capability and expression of costimulatory molecules.

- arise from bone marrow

Note

cytokines induce differentiation of B cells



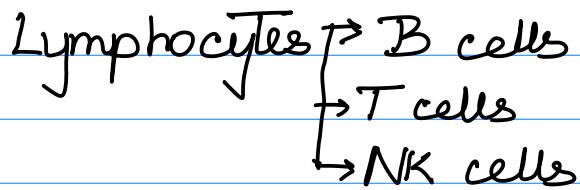
⑨ Erythrocytes

- arise from myeloid-erythroid precursor
- high conc. of hemoglobin
- circulate, delivering oxygen to surrounding tissue
- damaged RBCs release free radicals that induce innate immune activity
- enucleate in mammals only

⑩ Megakaryocytes

- large myeloid cells that reside in bone marrow
- give rise to platelets
 - ↳ responsible for blood clotting
 - ↳ no nuclei of own

Cells of Lymphoid Lineage



Cluster of Differentiation (CD) molecules

- specific surface proteins found on cells of many type
- indicative of functional capacity of cell
- over 350 CD molecules discovered.

Some points:

- ① All receptors on an individual cell's surface have identical specificity
- ② All daughter cells or clones of a lymphocyte have same specificity

(1) B-lymphocytes

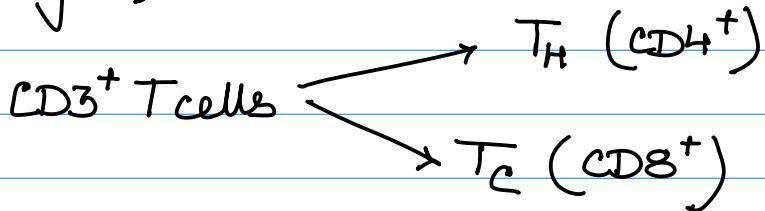
- B - Bursa of Fabricius in birds
- displays B-cell receptor (BCR) - immunoglobulin that binds to antigen
- each B-cell expresses specific antibody on surface
- improved ability to bind antigen through a process known as somatic hypermutation and can generate antibodies of different classes through a process known as class switching.

- ° activated B cells → plasma cells (effector cells)
 - do not divide
 - ↓ secrete antibody

(12) T-lymphocytes

- ° T-site of maturation is thymus
- ° expresses T cell receptor (TCR) complex
 - unlike BCR (recognising soluble antigen)
recognises only processed pieces of antigen, bound to MHC molecules

- ° all T cells express CD3 (expressed in immature thymocytes)



- ° MHC molecules →

Class I
↓
expressed by all nucleated cells in vertebrates

Class II
↓
professional antigen presenting cells & some others during inflammation

- ° T cells → T_H on the basis of $CD4$ or $CD8$
- T_C

- Naïve $CD8^+$ T cells → browse all antigen presenting cell surfaces with TCR
 - ↓
 - activation & proliferation ← antigen bound to MHC-I into Tc.
 - ↓
 - eliminates all cells that have MHC-antigen complex
 - (need help from mature $CD4^+$ T cells)

- Naïve $CD4^+$ T cells → browse all antigen presenting cell surfaces with TCR.
 - ↓
 - activate, proliferate & ← recognition of antigen-MHC complex
 - differentiate
- ↳ T helper type (1/2)
- ↓
- | | |
|--|--|
| Type 1 | Type 2 |
| ◦ regulates immune response to intracellular pathogens | ◦ regulates immune response to extracellular pathogens |

Also, T_{H17} (secreting IL-17) & T-follicular helper cells

T_{FH} regulating humoral immunity & B cell development in germinal centers

- regulatory T cells (T_{REG}) → inhibit immune response
 - ↳ arise naturally from autoreactive T cells in thymus or can be induced at site of immune response.
- $CD4^+$ & $CD25^+$ & $FoxP3$ expressing
- ↳ help us quell autoreactive reactions not avoided already, but may also limit our normal T-cell response to a pathogen.

(13) Natural Killer Cells

- lymphoid cells closely related to B and T cells
- part of innate immunity system
- distinguished by expression of NK1.1 and cytotoxic granules → background killing mechanism.
- efficient cell killers of tumor and virus infected cells
- recognise abnormal cells by absence of MHC class I
 - ↳ have receptors for self-MHC I molecules → binding inhibits killing → non-binding means no self MHC-I molecules \Rightarrow apoptosis induced
- express receptors for immunoglobulin, and bind antibodies that bind pathogen → make connections with variety of target cells → cytotoxic granule induces killing

14 NKT cells

- share features with both NK cells and T₁ cells

have antibody receptors,
cytotoxic granules released
when activated

express TCR and CD1
however, not very
diverse, can only recognise
certain lipids and
glycolipids presented by CD1

- also releases cytokines that can enhance or suppress an immune response

Primary Lymphoid organs

Stem cell niches - specialised anatomic microenvironments that regulate the ability of stem cells to self-renew and differentiate.

Typically populated by a supportive network of stromal cells.

↳ express soluble and membrane-bound proteins that regulate cell survival, proliferation, differentiation and trafficking.

HSC development

↳ by mid to late gestation, take up residence in bone marrow

but, also found in blood, naturally recirculating b/w bone marrow and other tissues

Primary Lymphoid Organs

Bone marrow
(provide niche for maturation of B cells)

Thymus
(provide niche for maturation of T cells)

Bone Marrow

- most active site of self-renewal and hematopoiesis of HSCs (adult stem cell niche)
- contains
 - osteoblasts
 - endothelial cells
 - reticular cells
 - sympathetic neurons
- different microniches in the bone marrow
 - ① endosteal niche - area surrounding bone & in contact with osteoblasts
 - [occupied by quiescent HSCs in close contact with osteoblasts that regulate stem cell proliferation]
 - ② vascular niche - area surrounding blood vessels and in contact with endothelial cells
 - [helps HSCs who have been mobilised to leave the endosteal niche either to differentiate or circulate]
- more differentiated a cell is, closer it is to the center of the bone.
- mature, functional cells (like antibody secreting B cells) can also take up residence in the bone marrow

Thymus

- T cells undergo selection in thymus

T cell precursors

travel via blood
from bone marrow
to Thymus.

thymocytes

generate unique
antigen receptor
(TCR)



selected on the

basis of reactivity
to self-MHC peptide
complexes expressed on
thymic stromal cell surface



those with too high
affinity for self-MHC
undergo apoptosis
(negative selection)

those that bind
self-MHC with
intermediate
affinity
(positive selection)

Majority of cells do not survive because they have
too low affinity for self-antigen-MHC combinations
and fail to undergo positive selection.

T cells enter thymus in
blood vessels at
cortico-medullary
junction ($CD4^+$, $CD8^-$)

Subcapsular cortex

they proliferate and
generate TCR and
both CD4 & CD8
(double positive)

undergo negative selection by medullary thymic epithelial cells (mTEC) who express proteins from different organs to test for autoreactivity

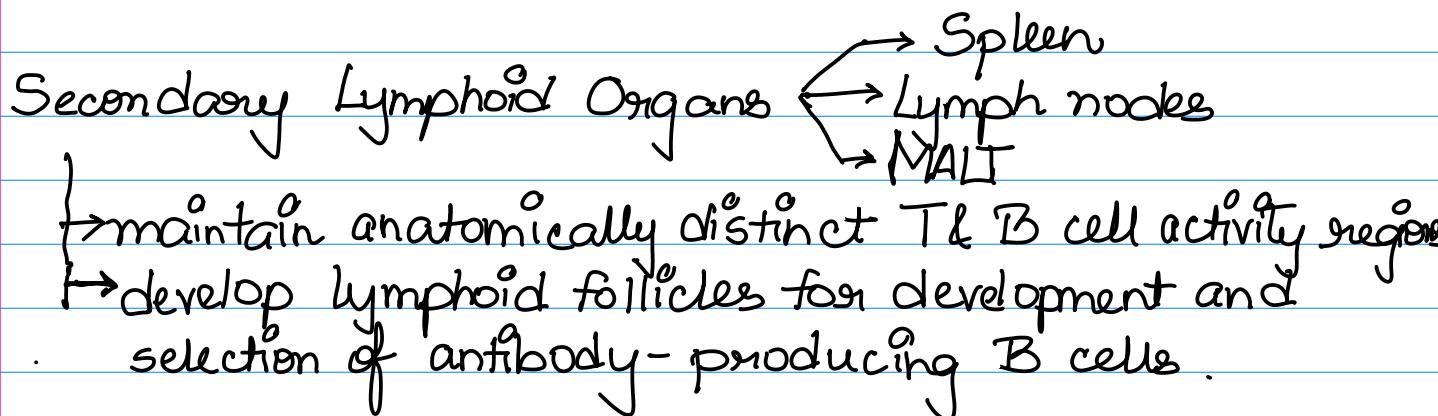
↓
Selection by cortical thymic epithelial cells (cTEC)

mature thymocytes are single positive ($CD4^+$ or $CD8^+$) leave the thymus via same junction

→ encounter antigens presented in 2° lymphoid tissue.

Secondary Lymphoid Tissue

antigens encountered and immune responses initiated here.



Connected to each other through blood and lymphatic

- Lymphocytes enter via blood vessels and leave via lymphatic system
- Lymphatic system - network of thin-walled vessels that help in immune cell trafficking
- Lymph vessels - filled with protein-rich lymph, which seeps through the thin walls of vessels into surrounding tissue → interstitial fluid

Edema is prevented by draining fluid from tissues
→ remainder of lymphatic fluid pass the walls primary lymph vessels.



Lymphatic vessels → Thoracic duct



enters blood through left
subclavian vein
(except for right arm and right side of the head
→ right subclavian vein)

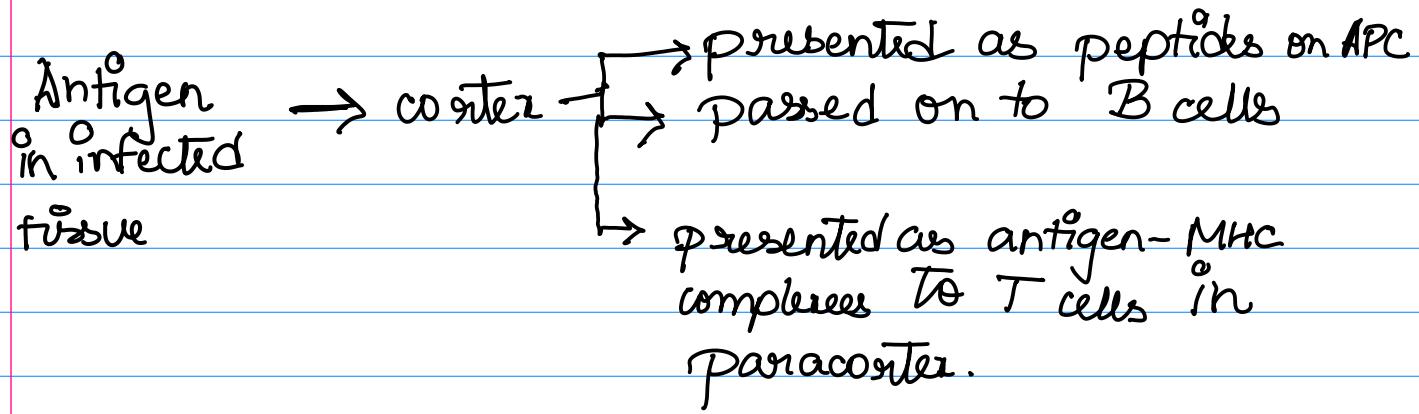
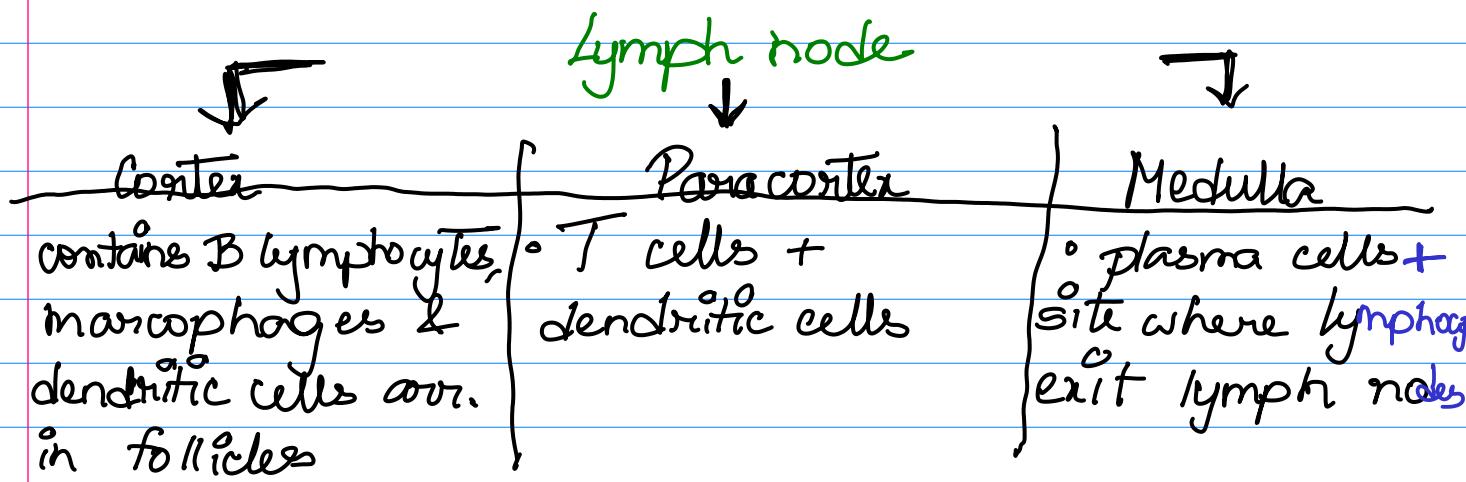
- Activity enhances lymph circulation.

Heart does not pump lymph → low pressure.
flow of lymph achieved through surrounding
smooth muscles.

Lymph Node

- most specialised 2^o lymphoid organ
- fully committed to regulating immune response
- encapsulated, bean-shaped str. → lymphocytes, macrophages, dendritic cells
- connected to both blood & lymph vessels, first str. to encounter antigens that enter through blood.

Ideal microenvironment for antigens - lymphocyte interaction



T cells in lymph node

- 16 - 24 hours for a naïve T cell to browse all MHC-peptide combinations on the surface of dendritic cells in paracortex

- How are T cell movements in the lymph node controlled?

Fibroblast reticular cell conduit system (FRCC) - fibroblast
reticular cells

form web of processes that guide T-cell movements via associated cell-adhesion molecules & cytokines.

presence of this network increases the probability that T cells will meet their specific MHC-peptide combination.

- after TCR binds to MHC peptide → stops migrating



proliferate, & depending on cues from APC, differentiate into effector cells

- $CD8^+$ T cells → ability to kill target cells

- $CD4^+$ cells → effector cells that can activate B cells, macrophages, T_C cells.

B cells in lymph node

- B cells activated & diff. into plasma cells here
 - requires antigen engagement with BCR & direct contact with $CD4^+ T_H$ cells
- different from T cells in that they can sense soluble or free antigen
- Binds to antigen → partially activated → engulfs & processes antigen → present it to T_H in paracortex
→ fully activated & proliferates
- Some B cells on activation → move to follicle to establish germinal center
- Germinal center → facilitates affinity maturation of B cells
 - B cell undergoes somatic hypermutation of genes coding for antigen receptors
 - ↓
those with highest affinity survive
 - ↓
differentiate into plasma cells
 - take up residence in the bone marrow
 - stay and release antibodies in blood stream

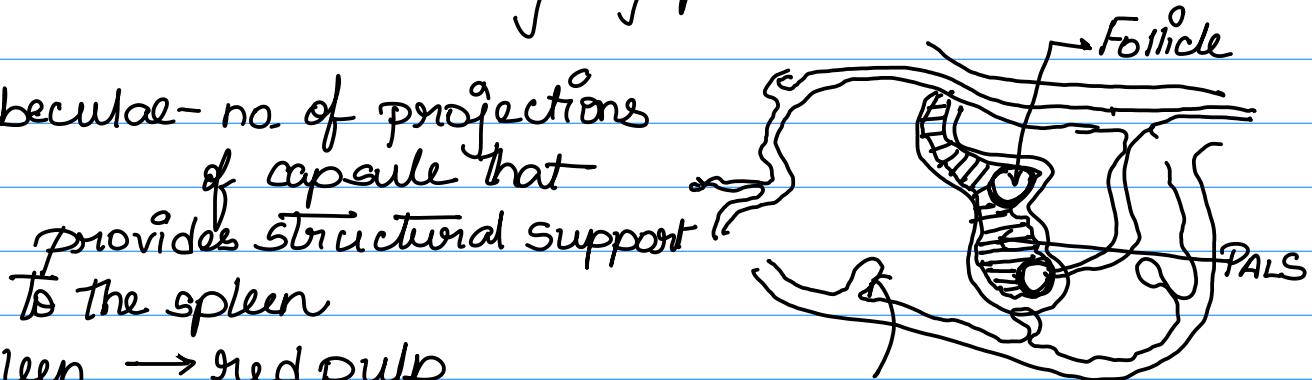
How are memory T & B cells in the lymph node?

Interactions b/w T_H & APC, & b/w T_H & B cells → results not only in proliferation of antigen-specific lymphocytes, but also, generation of memory T and B cells

reside in 2° lymphoid organs (Central memory cells)

Spleen

- high on left side of abdominal cavity
- filters blood and traps blood-borne antigens
- spleen is not affected by lymphatic vessels
- Trabeculae - no of projections of capsule that provides structural support to the spleen
- Spleen → red pulp
 - ↓ white pulp, separated by marginal zone
- White pulp → surrounds the splenic artery, PALS (Periarteriolar lymphoid sheath)
 - T cells
 - B cell follicles



Trabeculae

- Marginal zone - has B cells & specialised macrophages
→ first line of defense against blood-borne pathogens

MALT

- Mucosa-associated lymphoid tissue (MALT)
- major sites of entry for most antigens