# **Immediate hypersensitivity**

**Allergy / Atopy** 

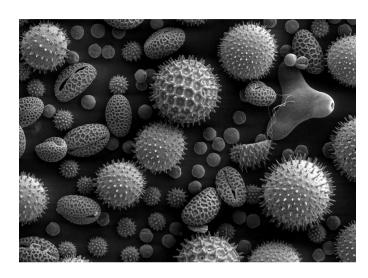
# **Immediate hypersensitivity**

**Mechanisms** 

## **Allergens**



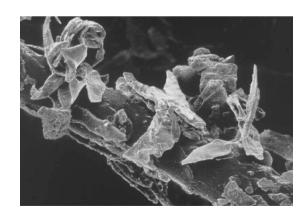
dust mites (feces)



pollens







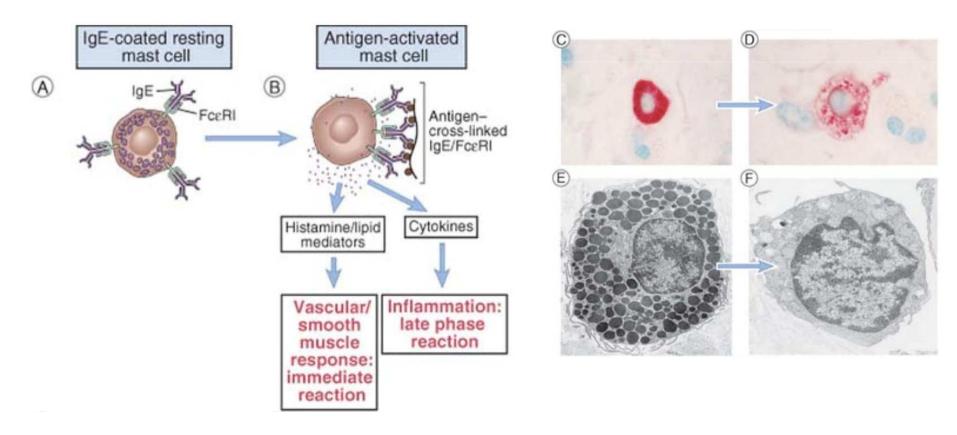
animal dander

#### **Sensitization**

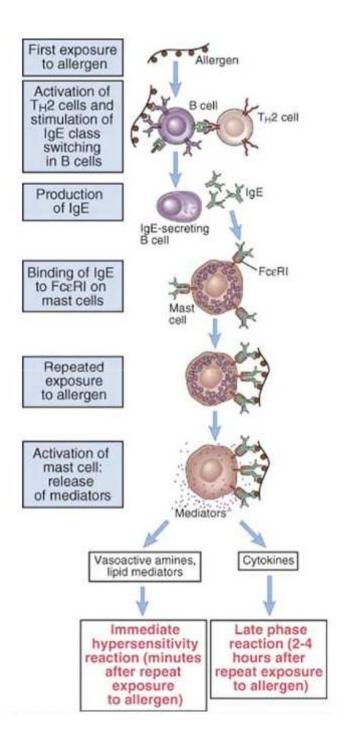
- 1 Dendritic cells (DC) capture antigens (allergens)
- 2 DC partially process allergens and bring them to lymphnodes
- 3 Naïve CD4 T cells are activated to differentiate into Th2
- 4 Th2 secrete IL-4, IL-5 and IL-13
- 5 Unprocessed allergen activate allergen-specific B cells
- 6 IL-4 and IL-13 co-activate allergen-specific B cells
- 7 Allergen-specific B cells promote IgE switching and differentiate into IgE-secreting plasmacells → high IgE
- 8 IL-5 activates eosinophils

#### **Triggering**

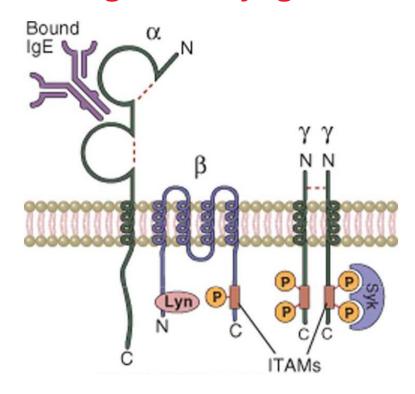
- 1 Antigen-specific IgE enter the circulation and bind to the FcεR1 on basophils and mastocytes
- 2 Expression of FcεR1on basophils and mastocytes is enhanced
- 3 Allergen binds to IgE bound to FcER1. Upon crosslinking of FcER1 by multivalent allergens, degranulation of basophils and mastocytes is triggered



### **Sequence of events**



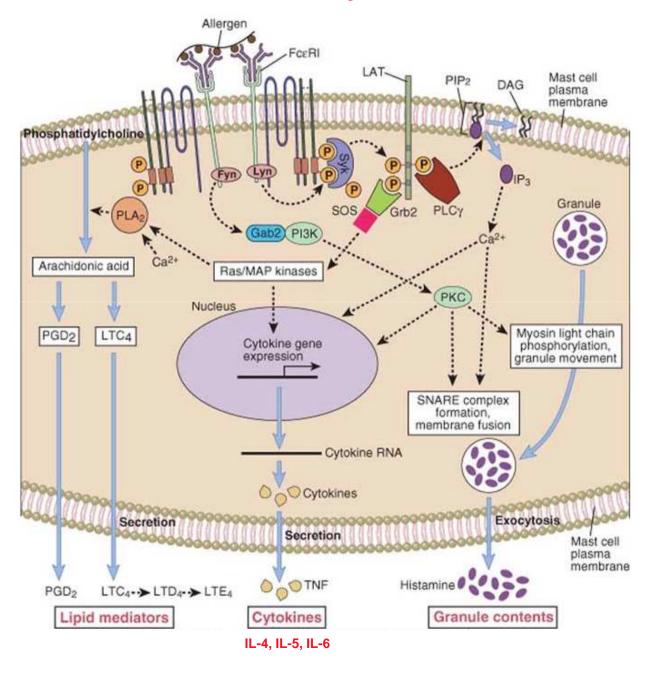
#### Structure of the high-affinity IgE Fc receptor (FceR1)



In non-atopic individuals, FcER1 on the surface of circulating basophils and tissue mastocytes are normally occupied by polyclonal IgE

In atopic individuals, large amounts (~1,000 times normal) of antigen-specific oligoclonal IgE are produced upon first encounter with allergen Therefore, FcɛR1 on the surface of circulating basophils and tissue mastocytes are mostly occupied by antigen-specific oligoclonal IgE

### **Mastocyte activation**



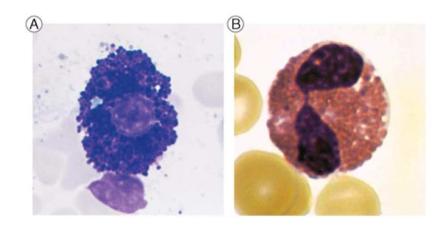
### alternative activation:

- Chemokines
- C5b
- Neuropeptides

# **Immediate hypersensitivity**

**Cellular and soluble mediators** 

### **Cellular mediators**



Characteristic	Mast cells	Basophils	Eosinophils
Major site of maturation	Connective tissue	Bone marrow	Bone marrow
Major cells in circulation	No	Yes (0.5% of blood leukocytes)	Yes (-2% of blood leukocytes)
Mature cells recruited into tissues from circulation	No	Yes	Yes
Mature cells residing in connective tissue	Yes	No	Yes
Proliferative ability of mature cells	Yes	No	No
Life span	Weeks to months	Days	Days to weeks
Major development factor (cytokine)	Stem cell factor, IL-3	IL-3	IL-5
Expression of FccRI	High levels	High levels	Low levels (function unclear)
Major granule contents	Histamine, heparin and/or chondroitin sulfate, proteases	Histamine, chondroitin sulfate, protease	Major basic protein, eosinophil cationic protein, peroxidases, hydrolases, lysophospholipase

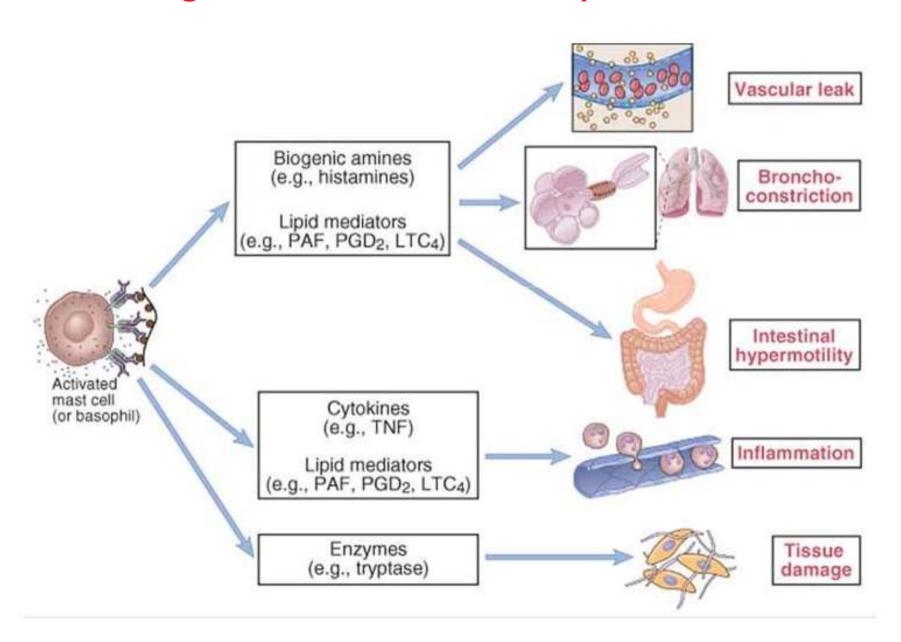
## Soluble mediators: activated basophils/mastcells

Class of product	Examples	Biological effects
Enzyme	Tryptase, chymase, cathepsin G, carboxypeptidase	Remodel connective tissue matrix
Toxic mediator	Histamine, heparin	Toxic to parasites Increase vascular permeability Cause smooth muscle contraction
	IL-4, IL-13	Stimulate and amplify T <sub>H</sub> 2-cell response
Cytokine	IL-3, IL-5, GM-CSF	Promote eosinophil production and activation
	TNF-α (some stored preformed in granules)	Promotes inflammation, stimulates cytokine production by many cell types, activates endothelium
Chemokine	ССГЗ	Attracts monocytes, macrophages, and neutrophils
Lipid mediator	Prostaglandins D <sub>2</sub> , E <sub>2</sub> Leukotrienes B4, C4	Cause smooth muscle contraction Increase vascular permeability Stimulate mucus secretion
Lipiu mediator	Platelet-activating factor	Attracts leukocytes Amplifies production of lipid mediators Activates neutrophils, eosinophils, and platelets

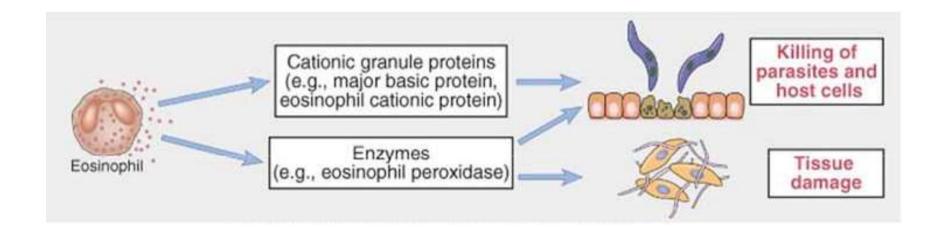
## Soluble mediators: activated eosinophils

Class of product	Examples	Biological effects
	Eosinophil peroxidase	Toxic to targets by catalyzing halogenation Triggers histamine release from mast cells
Enzyme	Eosinophil collagenase	Remodels connective tissue matrix
	Matrix metalloproteinase-9	Matrix protein degradation
	Major basic protein	Toxic to parasites and mammalian cells Triggers histamine release from mast cells
Toxic protein	Eosinophil cationic protein	Toxic to parasites Neurotoxin
	Eosinophil-derived neurotoxin	Neurotoxin
Cytokine	IL-3, IL-5, GM-CSF	Amplify eosinophil production by bone marrow Cause eosinophil activation
Cytokile	TGE-C TGE-0 Epithelial	Epithelial proliferation, myofibroblast formation
Chemokine	CXCL8 (IL-8)	Promotes influx of leukocytes
Lipid mediator	Leukotrienes C4, D4, E4	Cause smooth muscle contraction Increase vascular permeability Increase mucus secretion
Lipid mediator	Platelet-activating factor	Attracts leukocytes Amplifies production of lipid mediators Activates neutrophils, eosinophils, and platelets

#### Biologic effects: activated basophils/mast cells

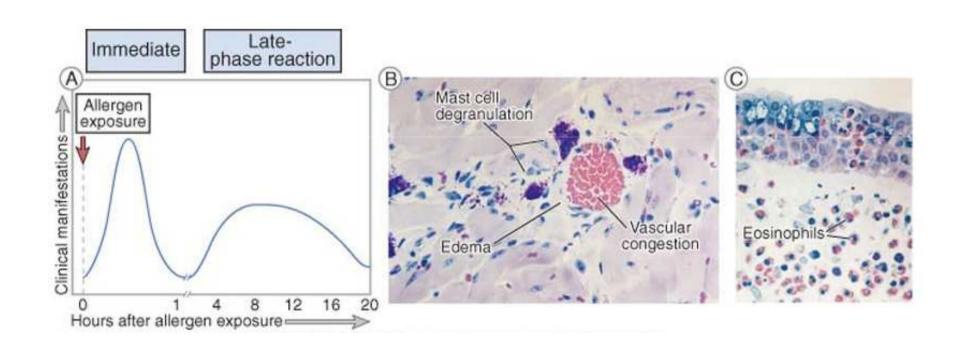


### Biologic effects: activated eosinophils

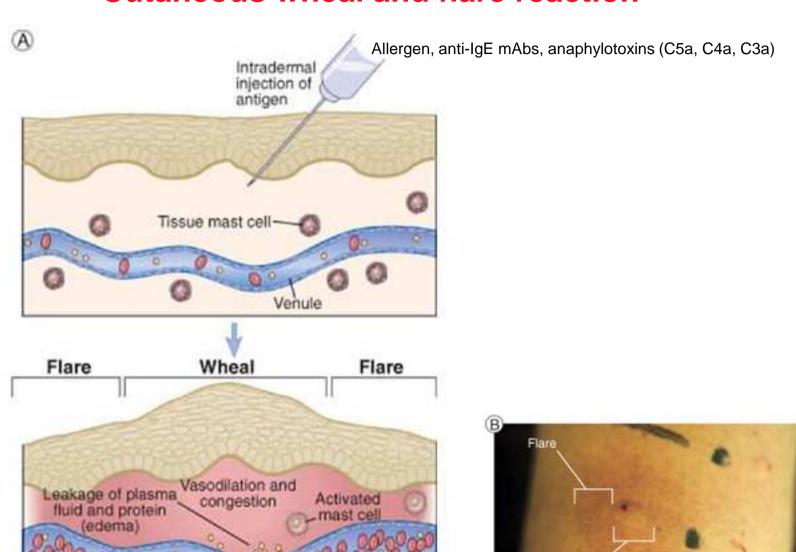


lgE-mediated allergic reactions			
Syndrome	Common allergens	Route of entry	Response
Systemic anaphylaxis	Drugs Serum Venoms Food, e.g. peanuts	Intravenous (either directly or following oral absorption into the blood)	Edema Increased vascular permeability Laryngeal edema Circulatory collapse Death
Acute urticaria (wheal-and-flare)	Animal hair Insect bites Allergy testing	Through skin Systemic	Local increase in blood flow and vascular permeability
Seasonal rhinoconjunctivitis (hay fever)	Pollens (ragweed, trees, grasses) Dust-mite feces	Inhalation	Edema of nasal mucosa Sneezing
Asthma	Danders (cat) Pollens Dust-mite feces	Inhalation	Bronchial constriction Increased mucus production Airway inflammation
Food allergy	Tree nuts Shellfish Peanuts Milk Eggs Fish Soy Wheat	Oral	Vomiting Diarrhea Pruritis (itching) Urticaria (hives) Anaphylaxis (rarely)

## Phases of the allergic response



#### **Cutaneous wheal and flare reaction**



Vasodilation

at edge of lesion

Vasodilation

at edge of lesion Wheal

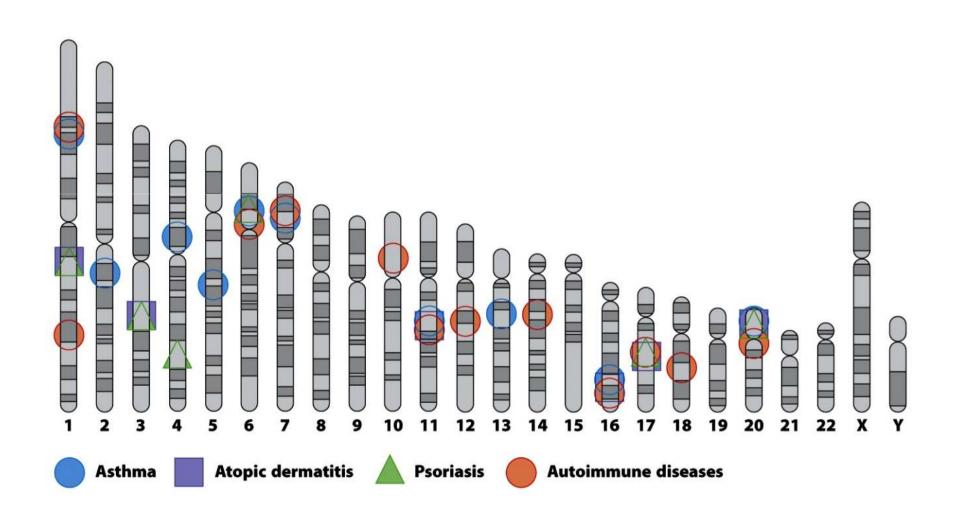
## Phases of the allergic response



# **Immediate hypersensitivity**

**Genetic bases** 

### **Susceptibility loci**



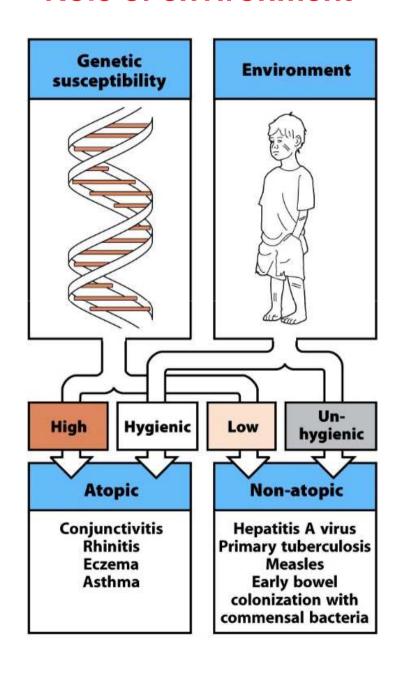
## **Candidate susceptibility genes**

Gene	Nature of polymorphism	Possible mechanism of association
IL-4	Promoter variant	Variation in expression of IL-4
IL-4 receptor α chain	Structural variant	Increased signaling in response to IL-4
High-affinity IgE receptor β chain	Structural variant	Variation in consequences of IgE ligation by antigen
MHC class II genes	Structural variants	Enhanced presentation of particular allergen-derived peptides
T-cell receptor α locus	Microsatellite markers	Enhanced T-cell recognition of certain allergen-derived peptides
ADAM33	Structural variants	Variation in airway remodeling
β <sub>2</sub> -Adrenergic receptor	Structural variants	Increased bronchial hyperreactivity*
5-Lipoxygenase	Promoter variant	Variation in leukotriene production <sup>†</sup>
TIM gene family	Promoter and structural variants	Regulation of the T <sub>H</sub> 1/T <sub>H</sub> 2 balance

## Candidate susceptibility genes and location

location	genes	Putative role of gene products in disease
5q	Cytokine gene cluster (IL-4, IL-5, IL-13), CD14, β <sub>2</sub> - adrenergic receptor	IL-4 and IL-13 promote IgE switching, IL-5 promotes eosinophil growth and activation; CD14 is a component of the LPS receptor which, via interaction with TLR4, may influence the balance between T <sub>H</sub> 1 vs. T <sub>H</sub> 2 responses to antigens; β2-adrenergic receptor regulates bronchial smooth muscle contraction
6р	Class II MHC	Some alleles may regulate T cell responses to allergens
11q	FcεRI β chain	Mediates mast cell activation
12q	Stem cell factor, interferon-y, STAT6	Stem cell factor regulates mast cell growth and differentiation; interferon-γ opposes action of IL-4; STAT6 mediates IL-4 signal transduction
16	IL-4 receptor α chain	Subunit of both IL-4 and IL-13 receptors
20p	ADAM33	Metalloproteinase involved in airway remodeling
2q	DPP10	Peptidase that may regulate chemokine and cytokine activity
13q	PHF11	Transcriptional regulator involved in B cell clonal expansion and Ig expression

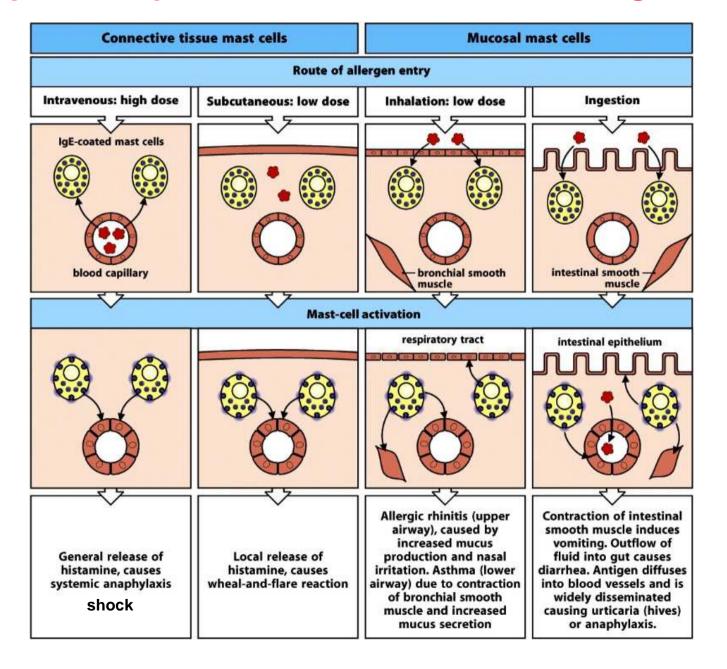
#### **Role of environment**



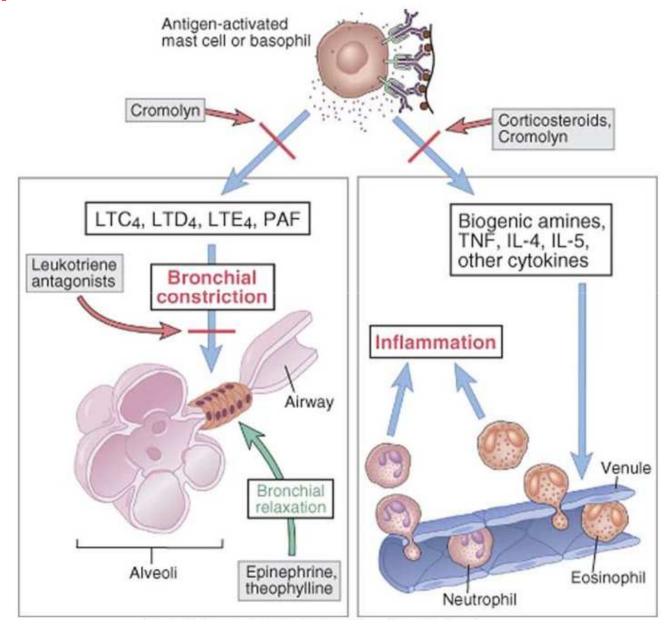
# **Immediate hypersensitivity**

**Clinical manifestations** 

### Symptoms depend on dose and route of allergen entry



#### **Athsma**



#### Pathological features of athsma

