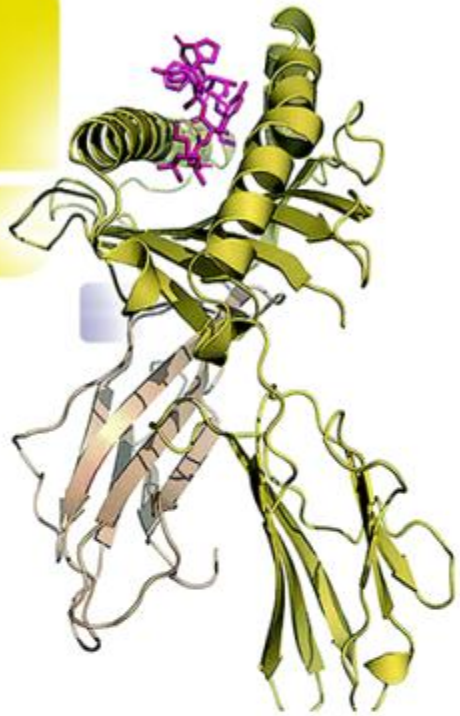
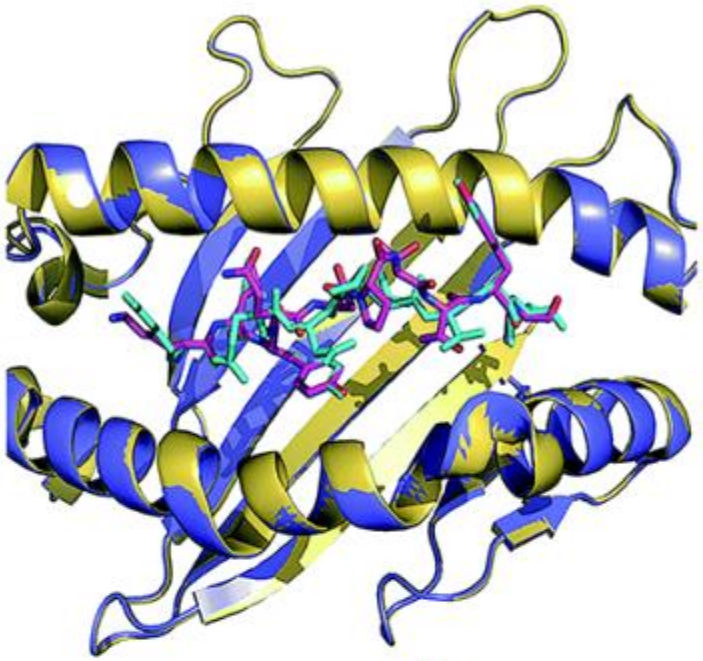
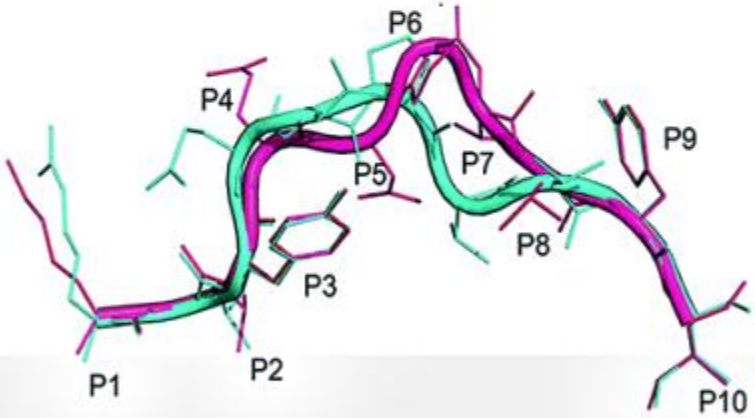


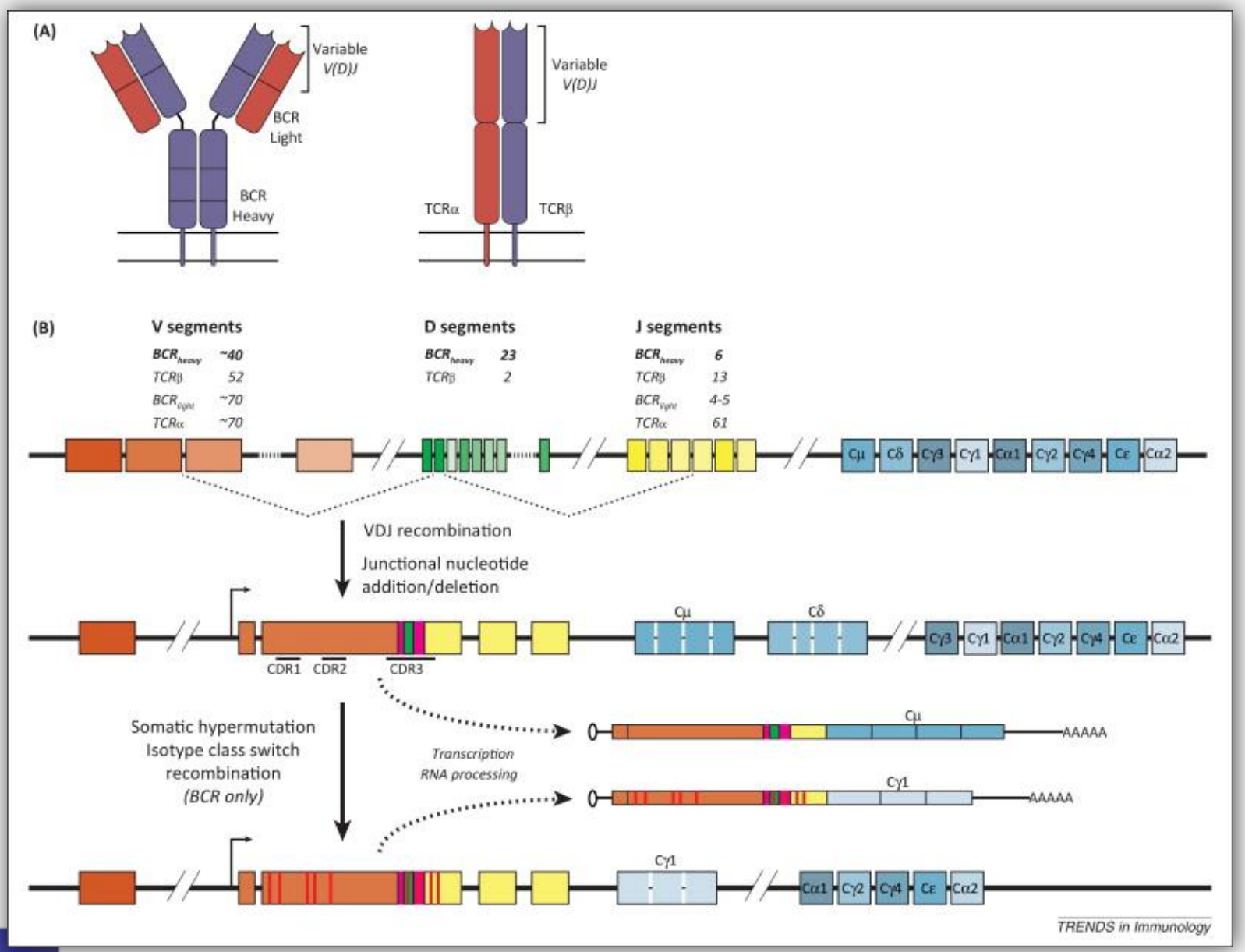




Guillermo Terán-Ángel
IDIC-ULA

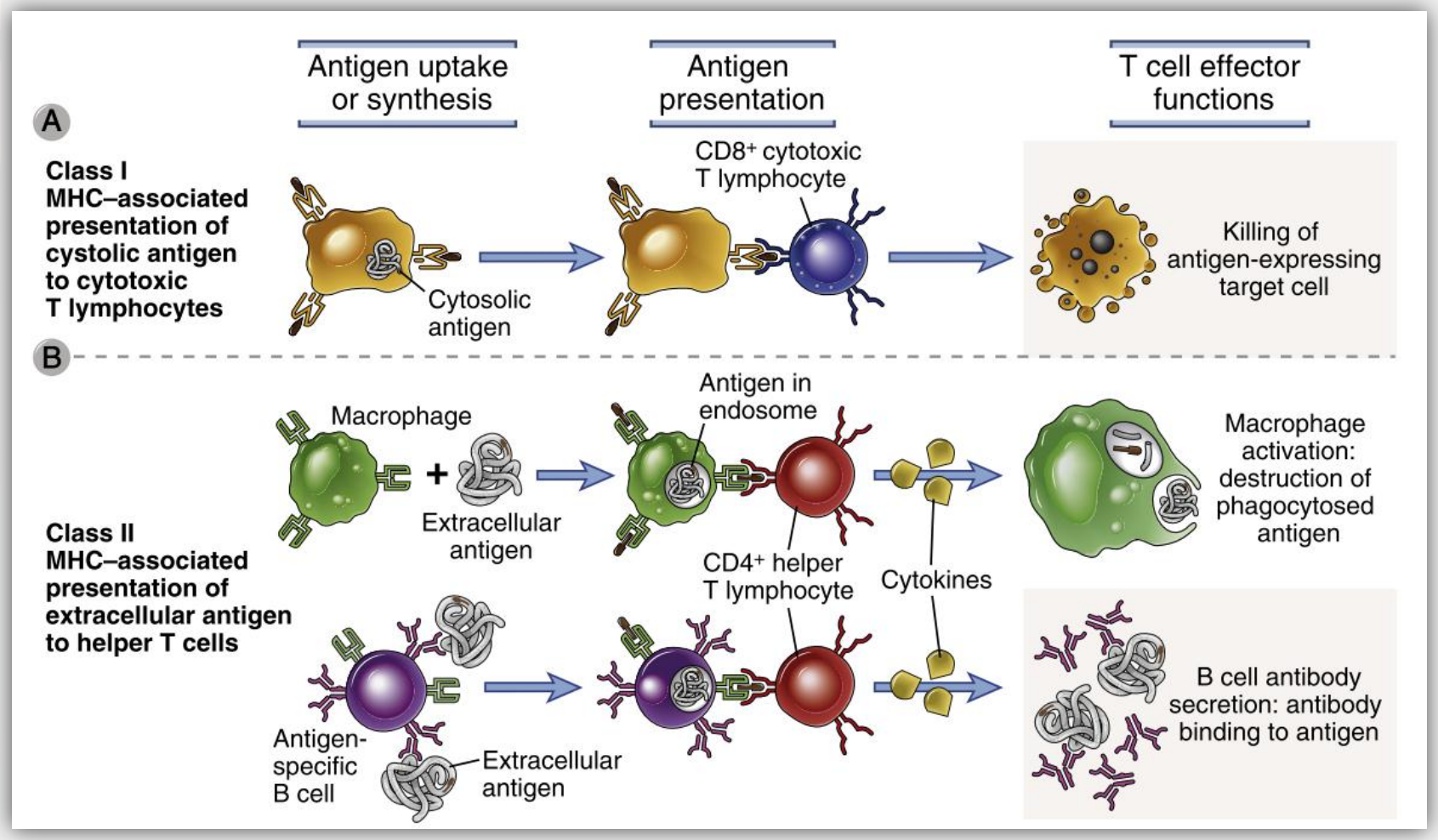
Procesamiento y presentación antigénica

Ubicándonos

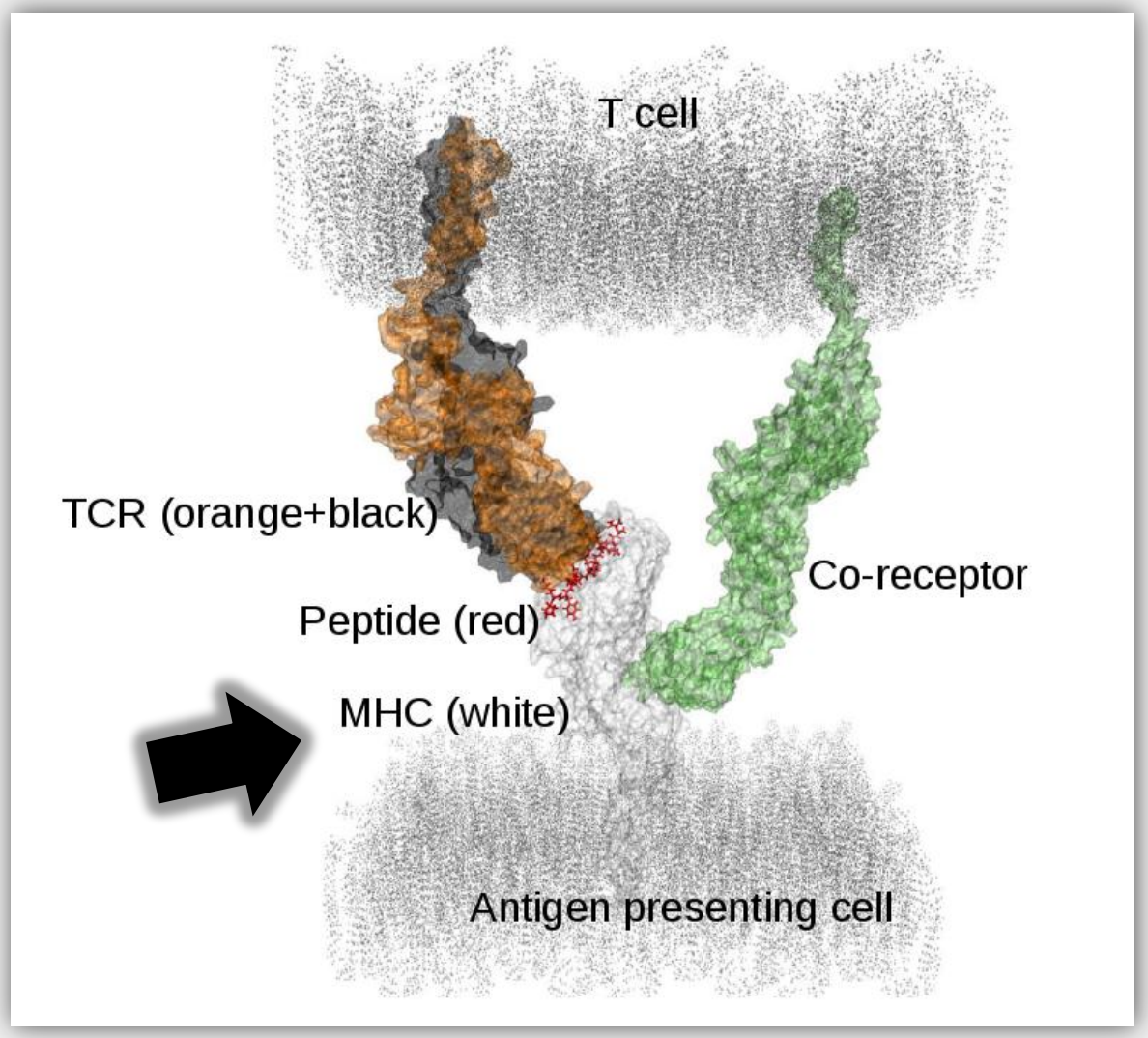


Trends in Immunology Volume 35, Issue 12, p581–590

Ubicándonos

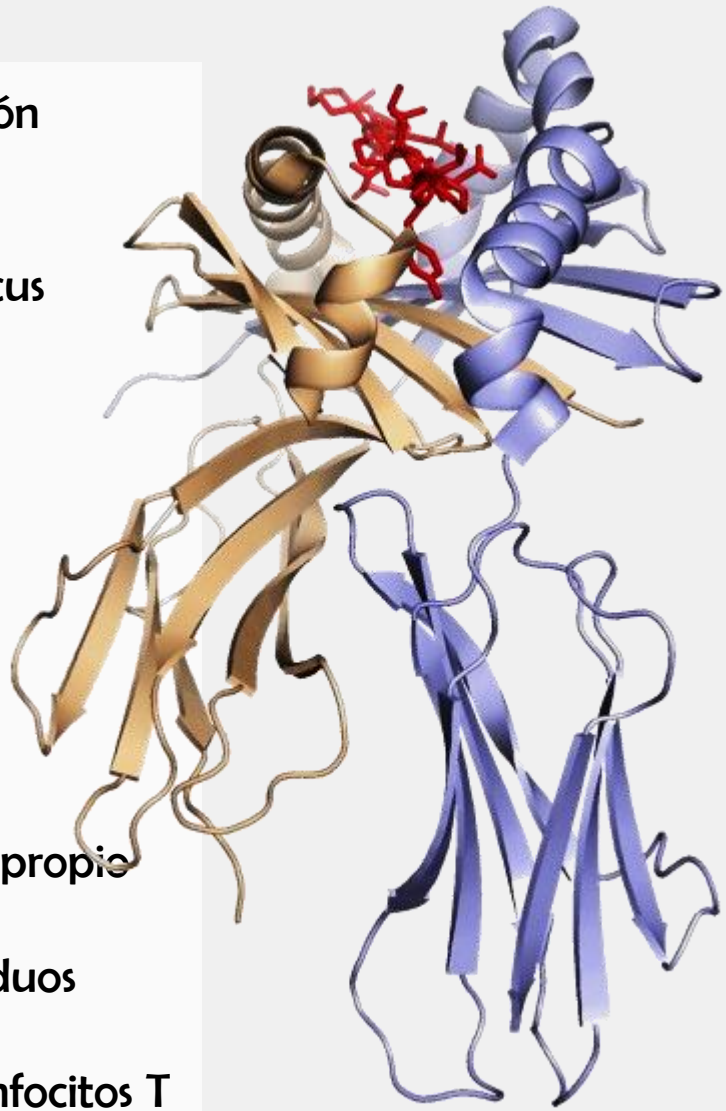


La piedra angular de la RI

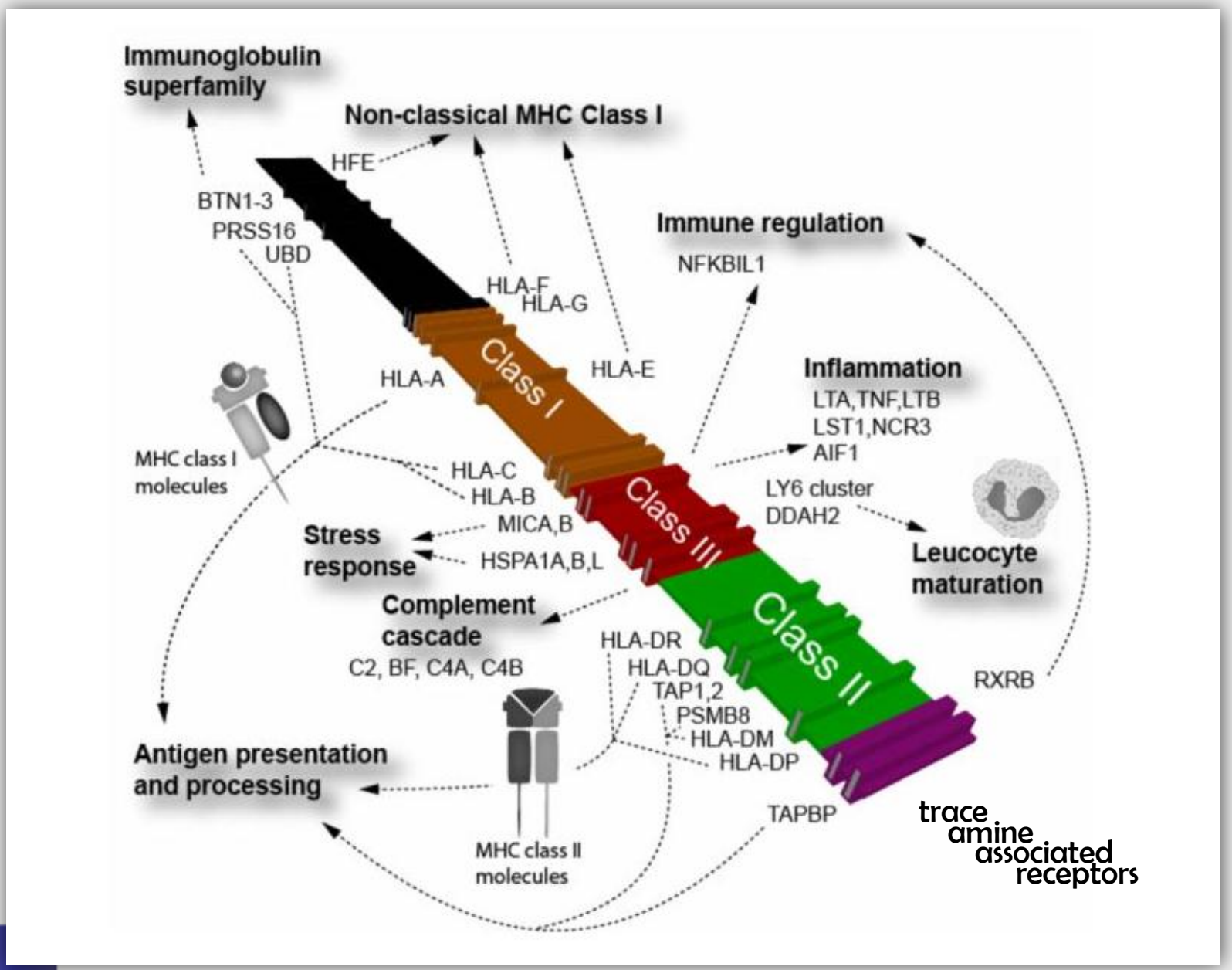


Comencemos por el HLA o MHC

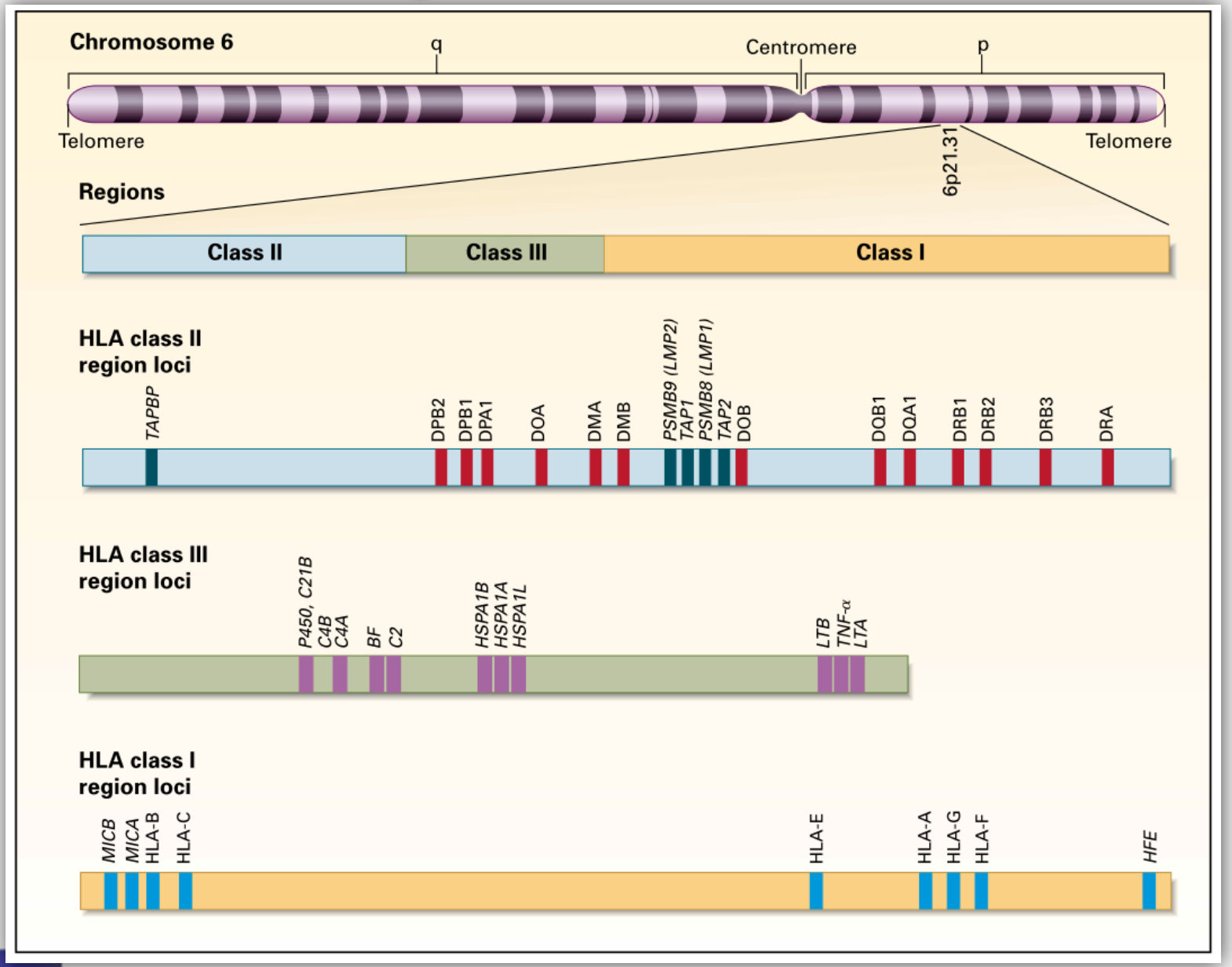
- Proteínas especializadas en la presentación antigénica
- Codificadas por genes presentes en un locus denominado complejo mayor de histocompatibilidad (MHC)
- Genes altamente polimórficos
- Participan en:
  - ✓ Reconocimiento intercelular
  - ✓ Discriminación de lo propio y no propio
  - ✓ Trasplante de tejido entre individuos
  - ✓ Presentación de péptidos a los linfocitos T



El mega combo genético



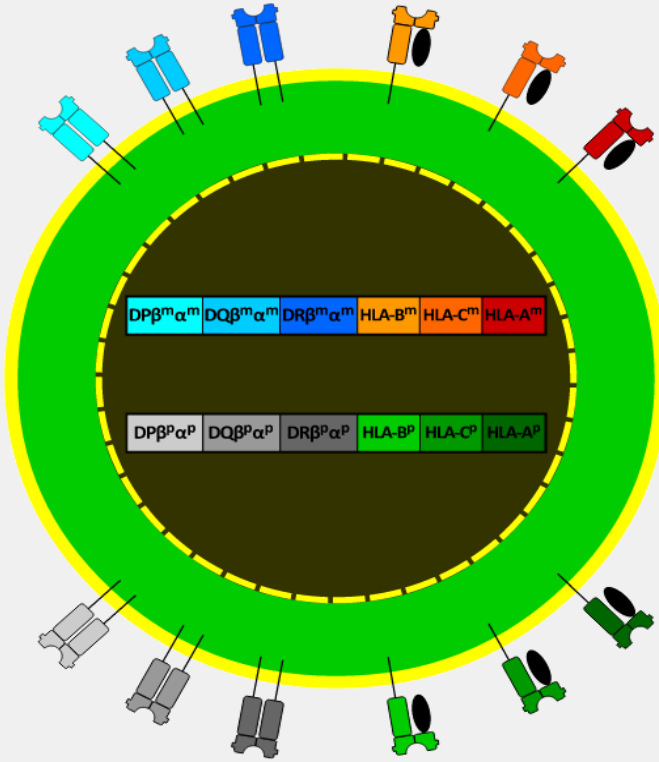
Estructura génica

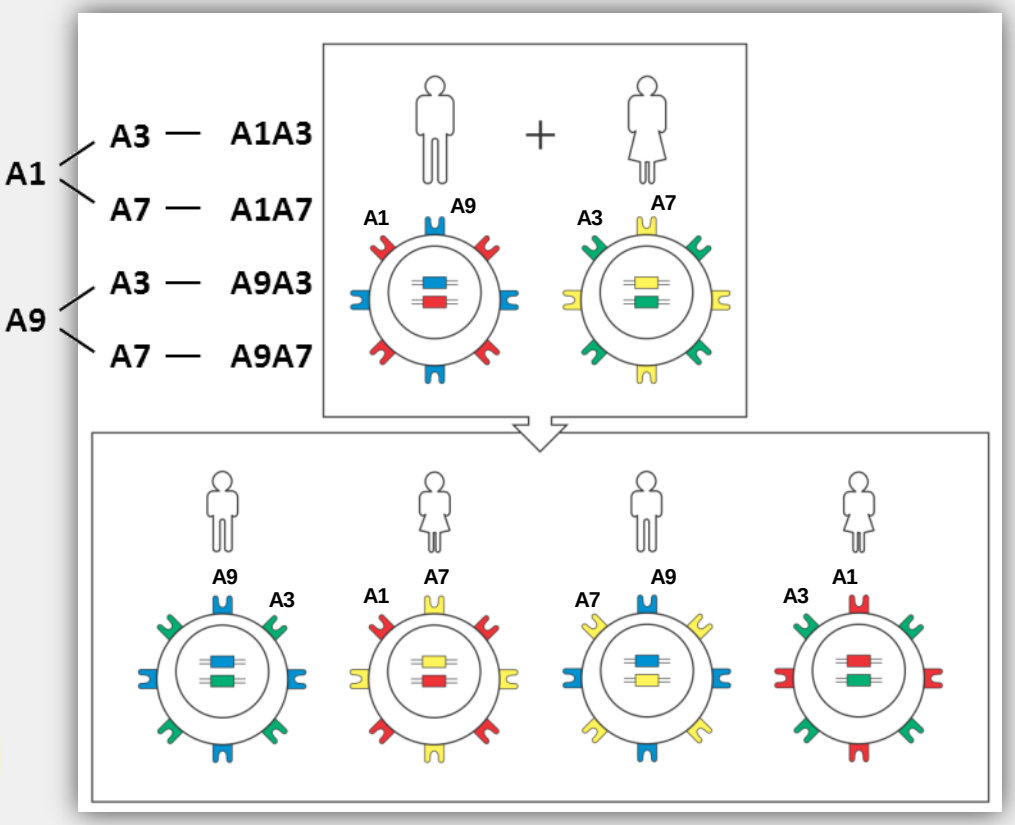


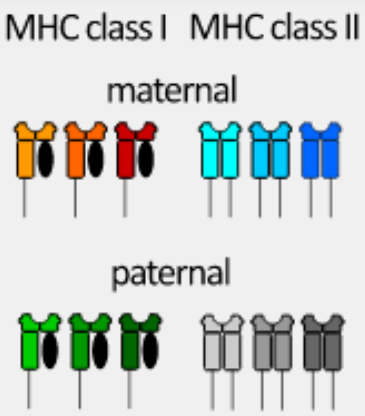
N Engl J Med 2000; 343:702-709

Herencia

Codominancia





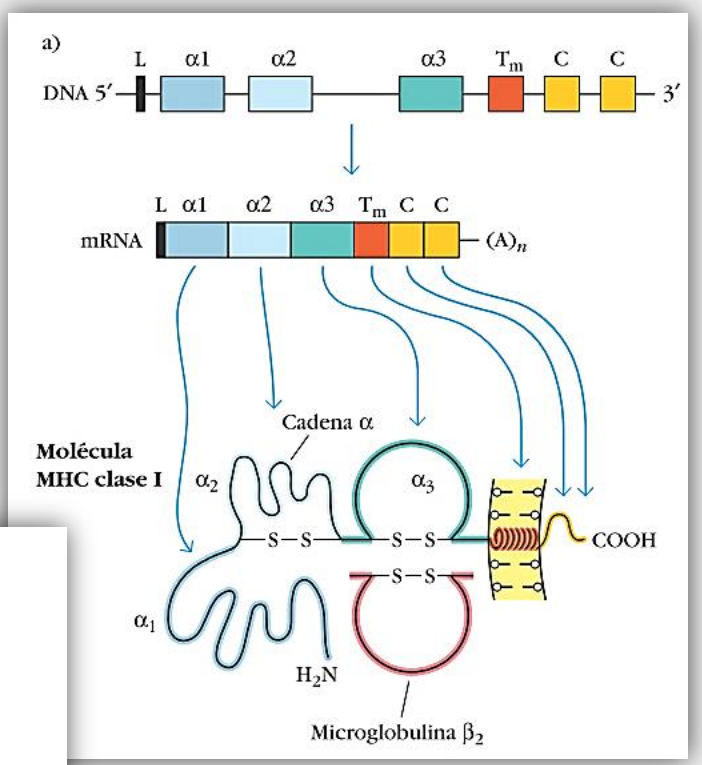


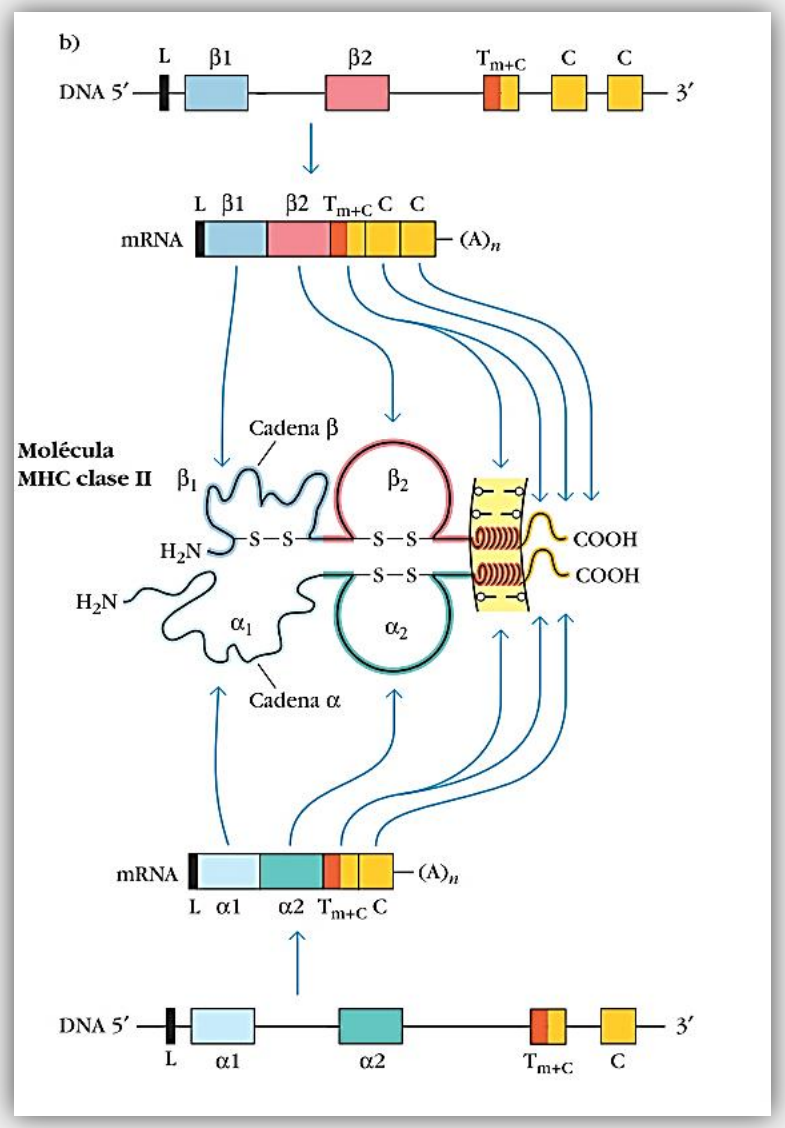
Genetic matchmaking

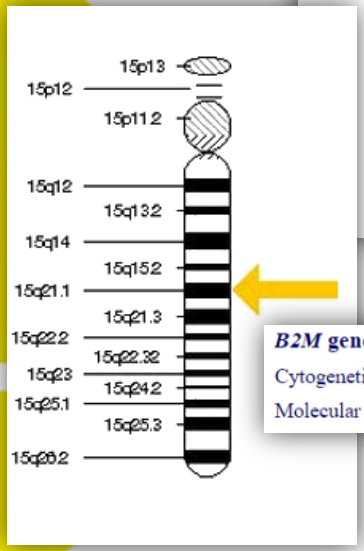
- MHC-dependent mate choice is linked to a trace-amine-associated receptor gene
- Garantizar variabilidad

Sci Rep. 2016 Dec 12;6:38490. Mol Ecol. 2017 Jan;26(2):668-688.

Expresión génica







***B2M* gene**

Cytogenetic Location: 15q21.1

Molecular Location on chromosome 15: base pairs 44,711,486 to 44,718,158

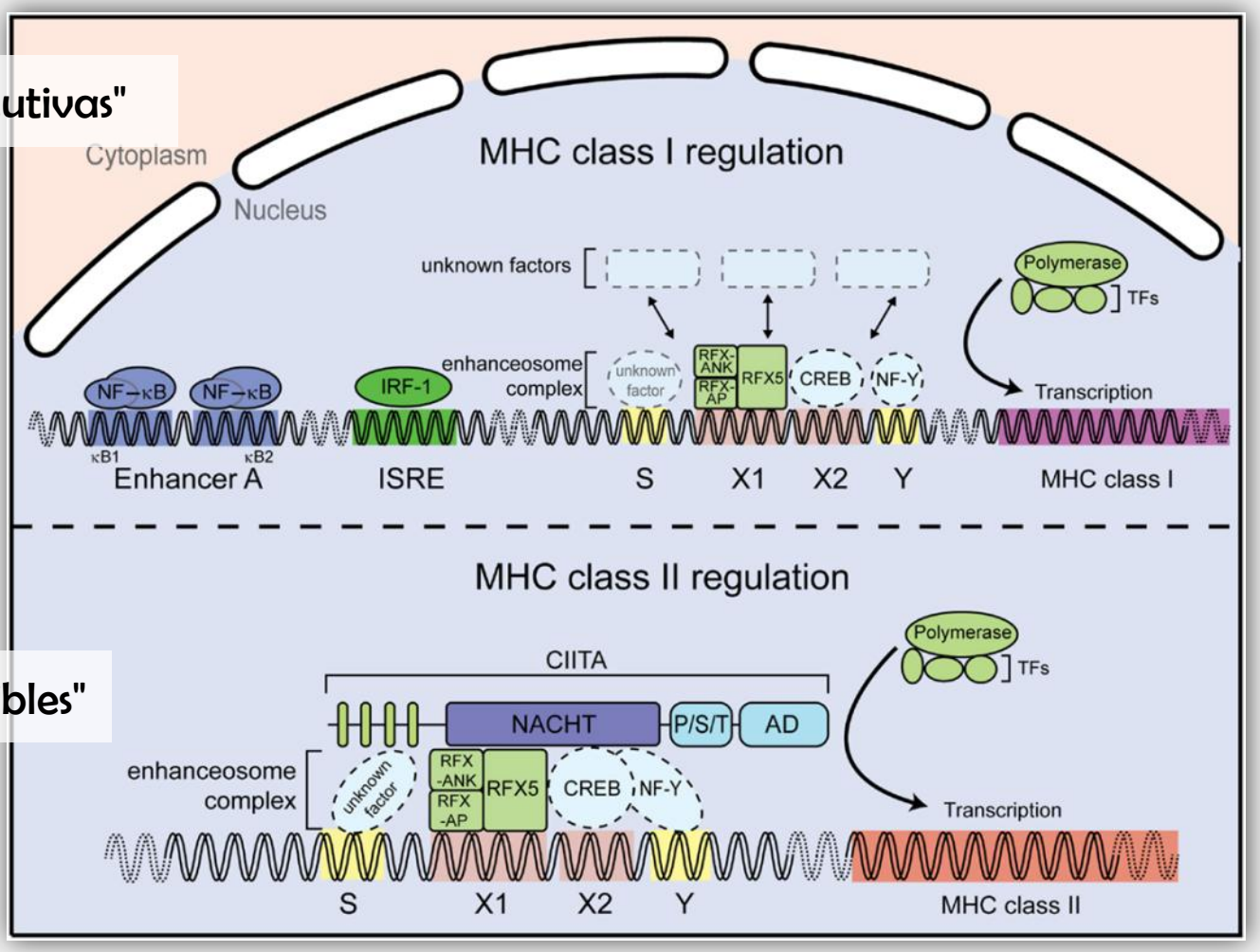
2007 @goldsby inmunologia de kuby

Regulación génica

- "pseudo Constitutivas"

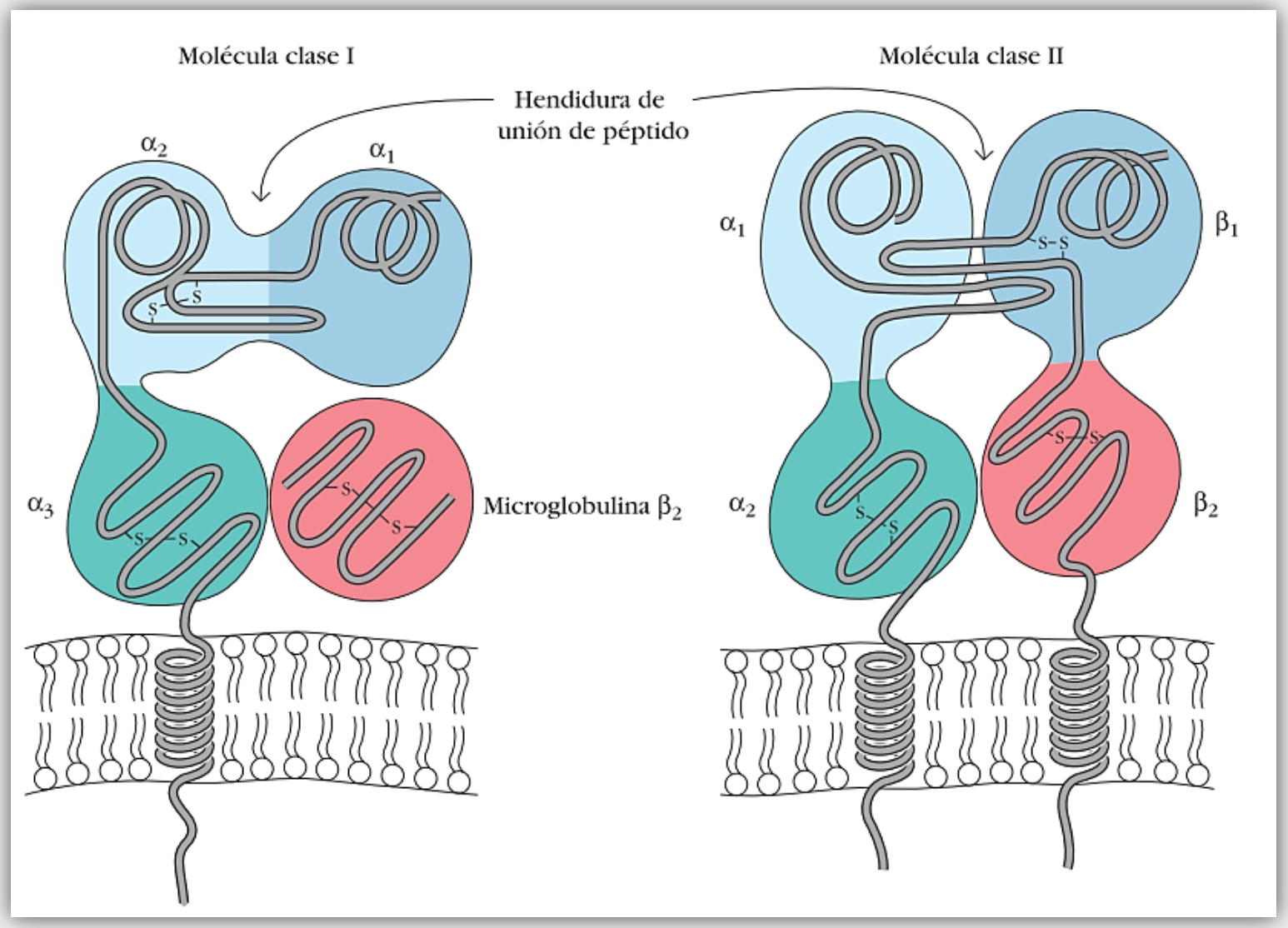
- CIITA deficiency: Bare lymphocyte syndrome, clinically similar to severe combined immunodeficiency

- " pseudo Inducibles"



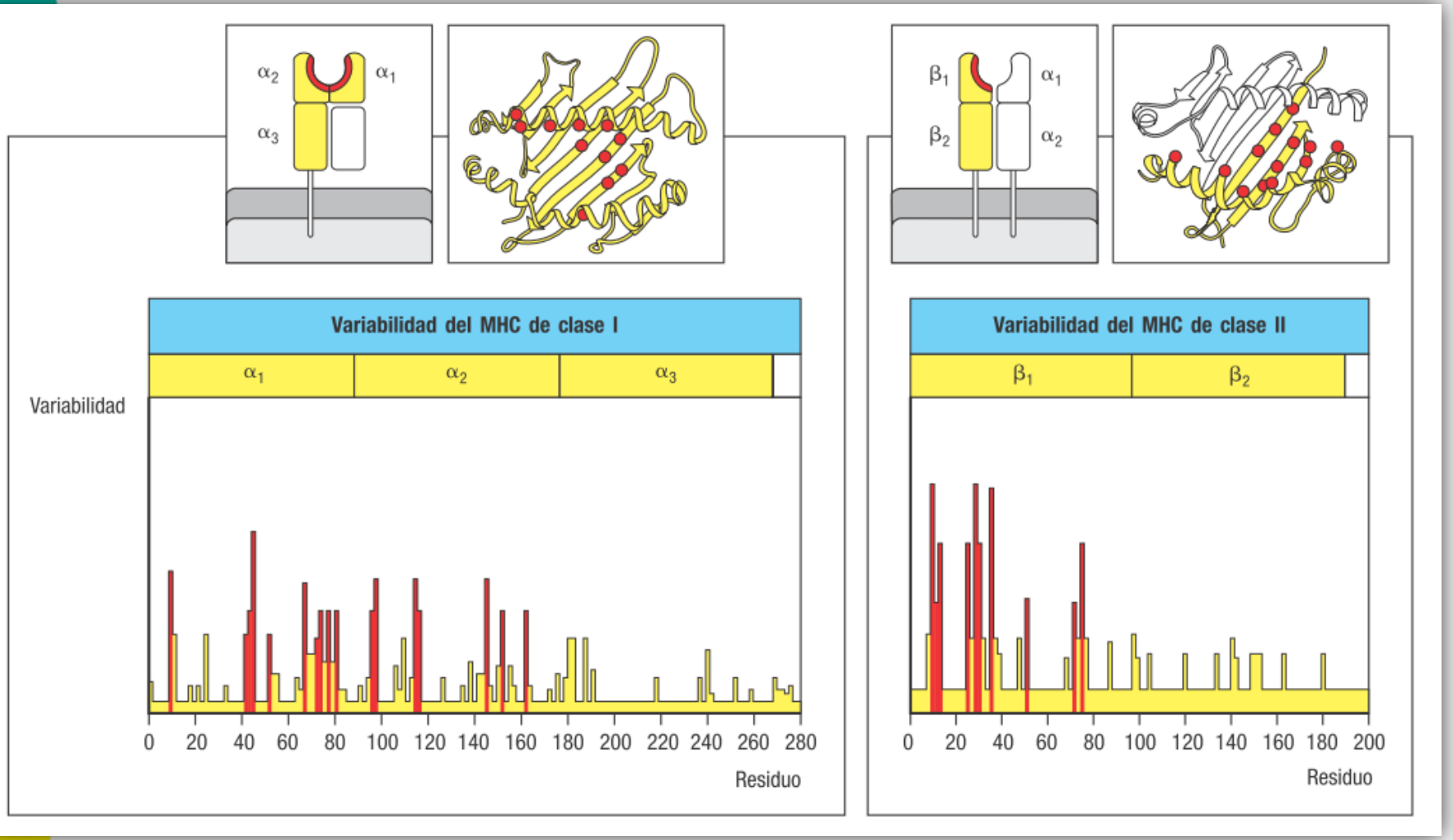
http://dx.doi.org/10.3389/fimmu.2013.00397

Entendamos las moléculas



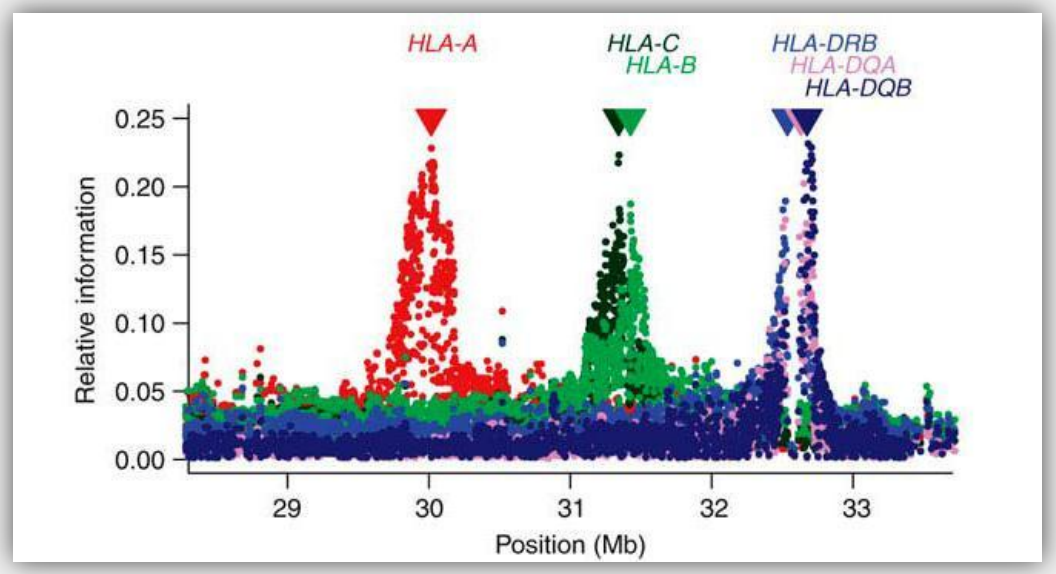
2007 @goldsby inmunologia de kuby

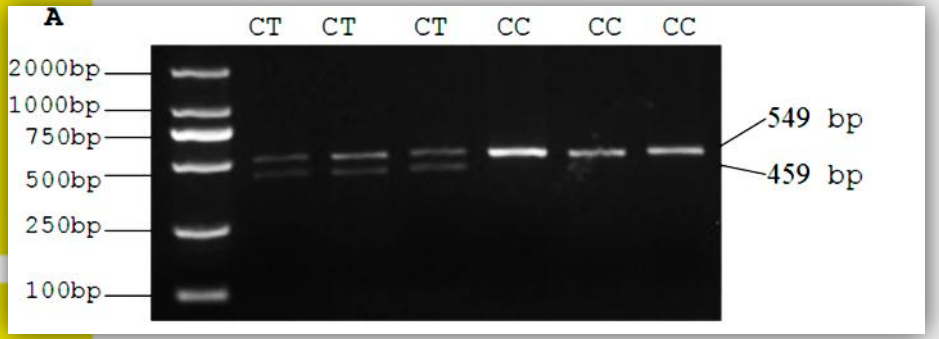
Variabilidad específica

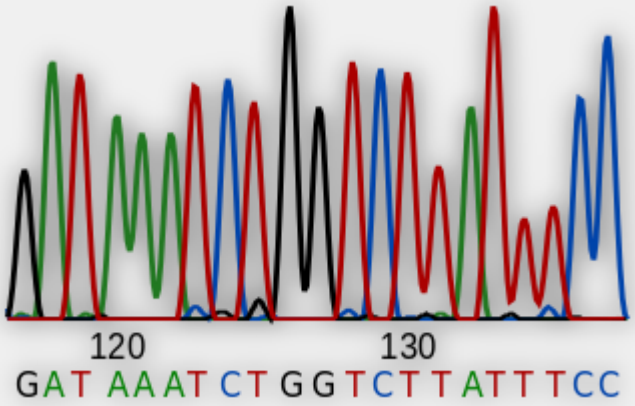


2009 @janeway inmunologia

SNPs

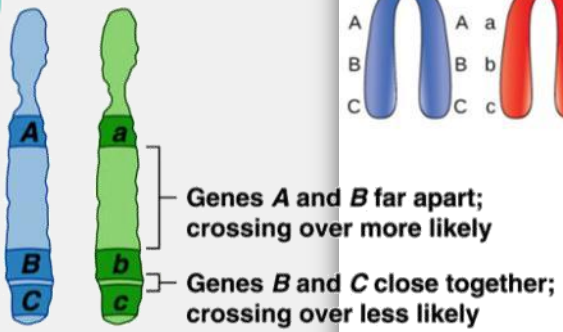


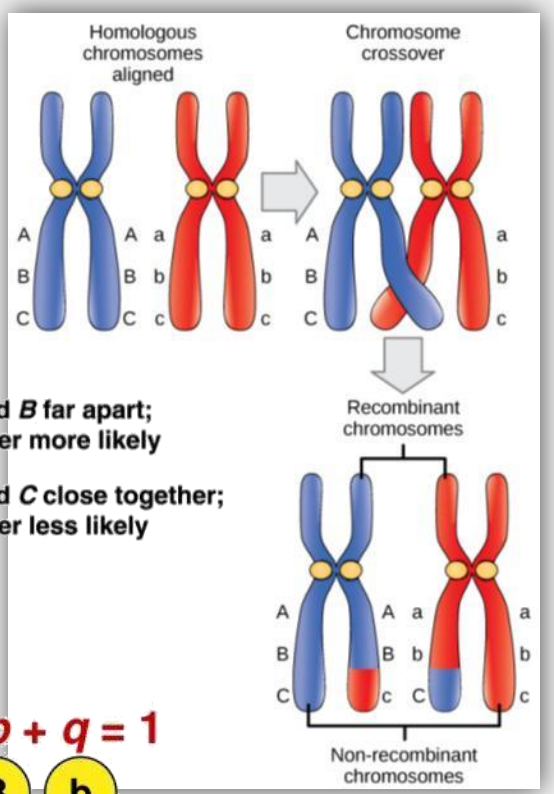




Nature Genetics - 38, 1166 - 1172 (2006)

Desequilibrio de LIGAMIENTO





- **Alelos:** $p + q = 1$

B b

- **Individuos:** $p^2 + 2pq + q^2 = 1$

BB Bb bb

$$\chi^2 = \sum \frac{(fo - ft)^2}{ft}$$

Frecuencias genotipicas experimentales

f(aa)	0,625	0,113
f(ab)	0,250	0,070
f(bb)	0,125	0,817

Frecuencias alelicas

f(a)	0,750	0,148
f(b)	0,250	0,852

Frecuencias genotipicas teoricas

f(aa)	0,563	0,022
f(ab)	0,375	0,252
f(bb)	0,063	0,726

Inmunogenética

TABLE 7-4 Some significant associations of HLA alleles with increased risk for various diseases

Disease	Associated HLA allele	Relative risk*
Ankylosing spondylitis	*B27*	90
Goodpasture's syndrome	*DR2*	16
Gluten-sensitive enteropathy	*DR3*	12
Hereditary hemochromatosis	*A3*	9.3
	B14	2.3
	A3/B14	90
Insulin-dependent diabetes mellitus	*DR4/DR3*	20
Multiple sclerosis	*DR2*	5
Myasthenia gravis	*DR3*	10
Narcolepsy	*DR2*	130
Reactive arthritis (*Yersinia, Salmonella, Gonococcus*)	*B27*	18
Reiter's syndrome	*B27*	37
Rheumatoid arthritis	*DR4*	10
Sjogren's syndrome	*Dw3*	6
Systemic lupus erythematosus	*DR3*	5

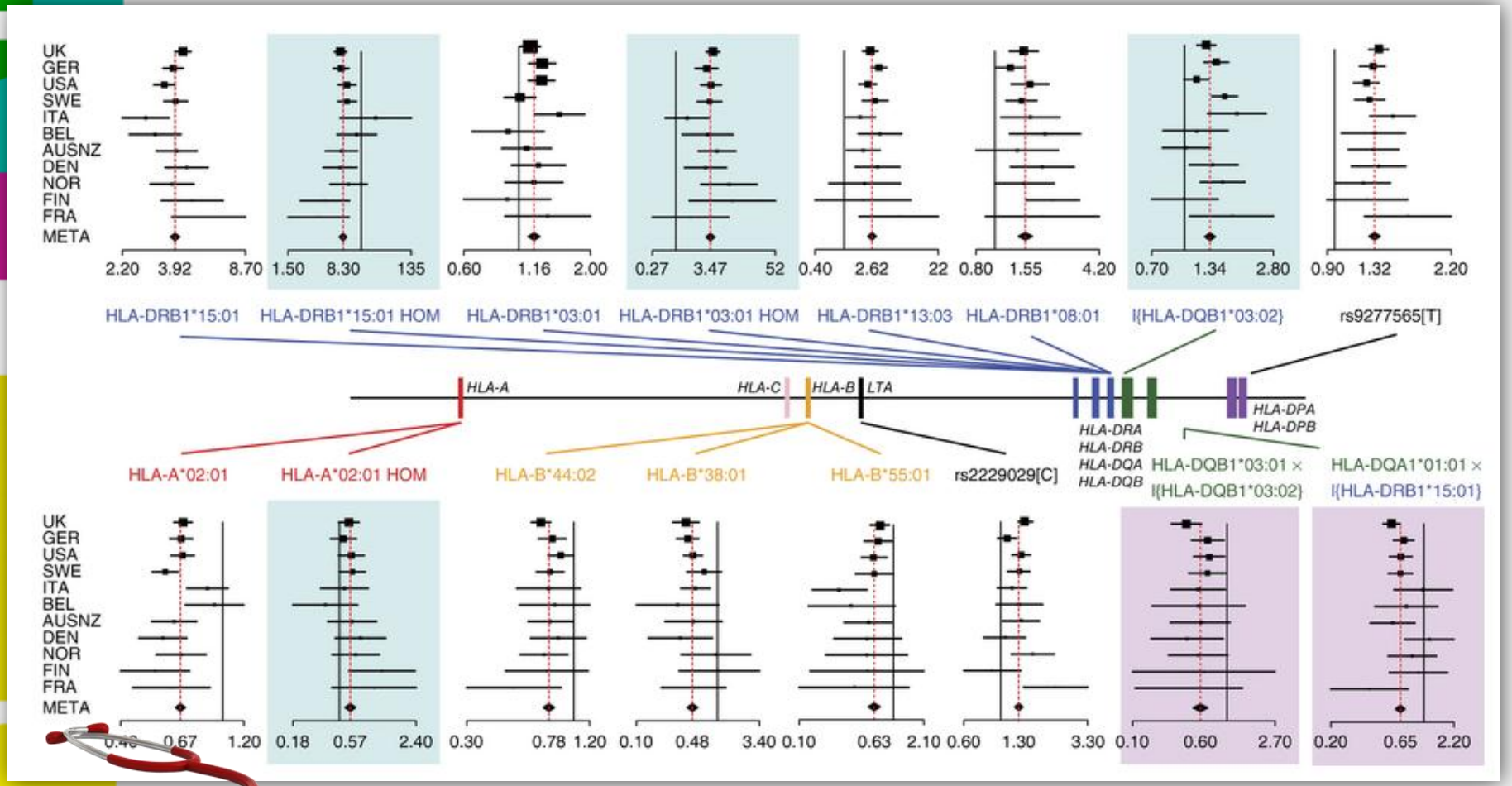
*Relative risk is calculated by dividing the frequency of the HLA allele in the patient population by the frequency in the general population:

$$RR = \frac{(Ag^{+}/Ag^{-})\ \text{disease}}{(Ag^{+}/Ag^{-})\ \text{control}}$$

NOTE: Data from *SAM CD: A Comprehensive Knowledge Base of Internal Medicine*, D. C. Dale and D. D. Federman, eds., 1997, Scientific American, New York.

Int J Immunogenet. 2014 Feb;41(1):1-12

Un ejemplo: EM



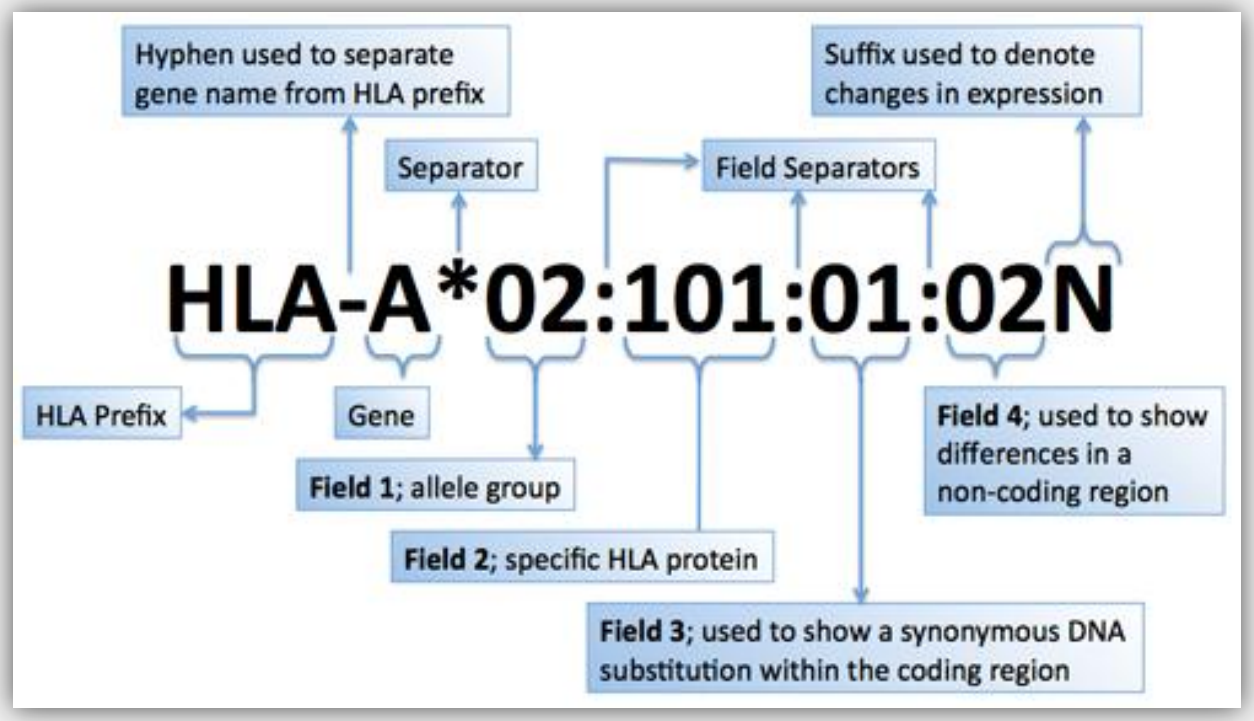
Nature Genetics 47, 1107–1113 (2015)

Mi opinión

- Debe establecerse una relación de la presencia del marcador con una modificación funcional que condicione o favorezca la enfermedad

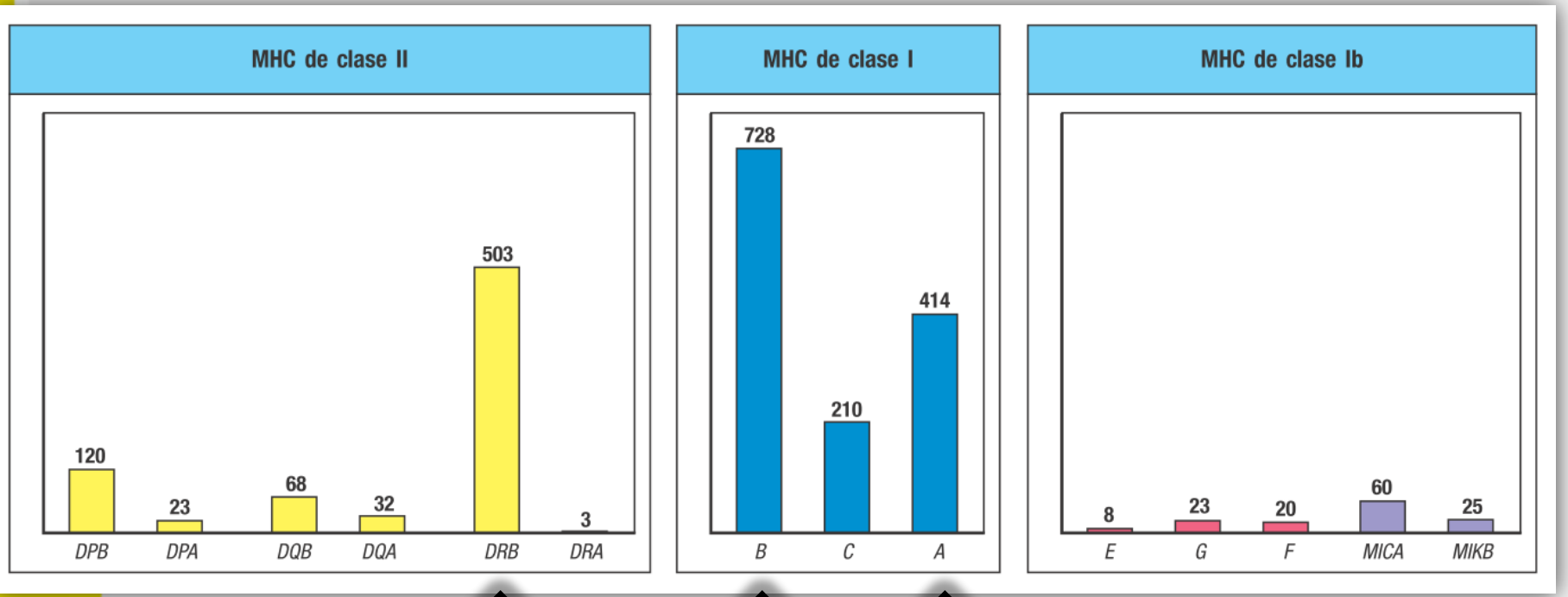
- El hallazgo *per se* no significa mayor cosa

Nomenclatura



Letter	Significance
N	Null allele (produces a non-functional protein)
L	Lower than normal cell surface expression
S	Soluble protein not found on cell surface
Q	Questionable (allele may affect normal expression)
C	Protein that is present in cytoplasm but not cell surface
A	Aberrant expression (uncertain if protein is expressed)

Variabilidad

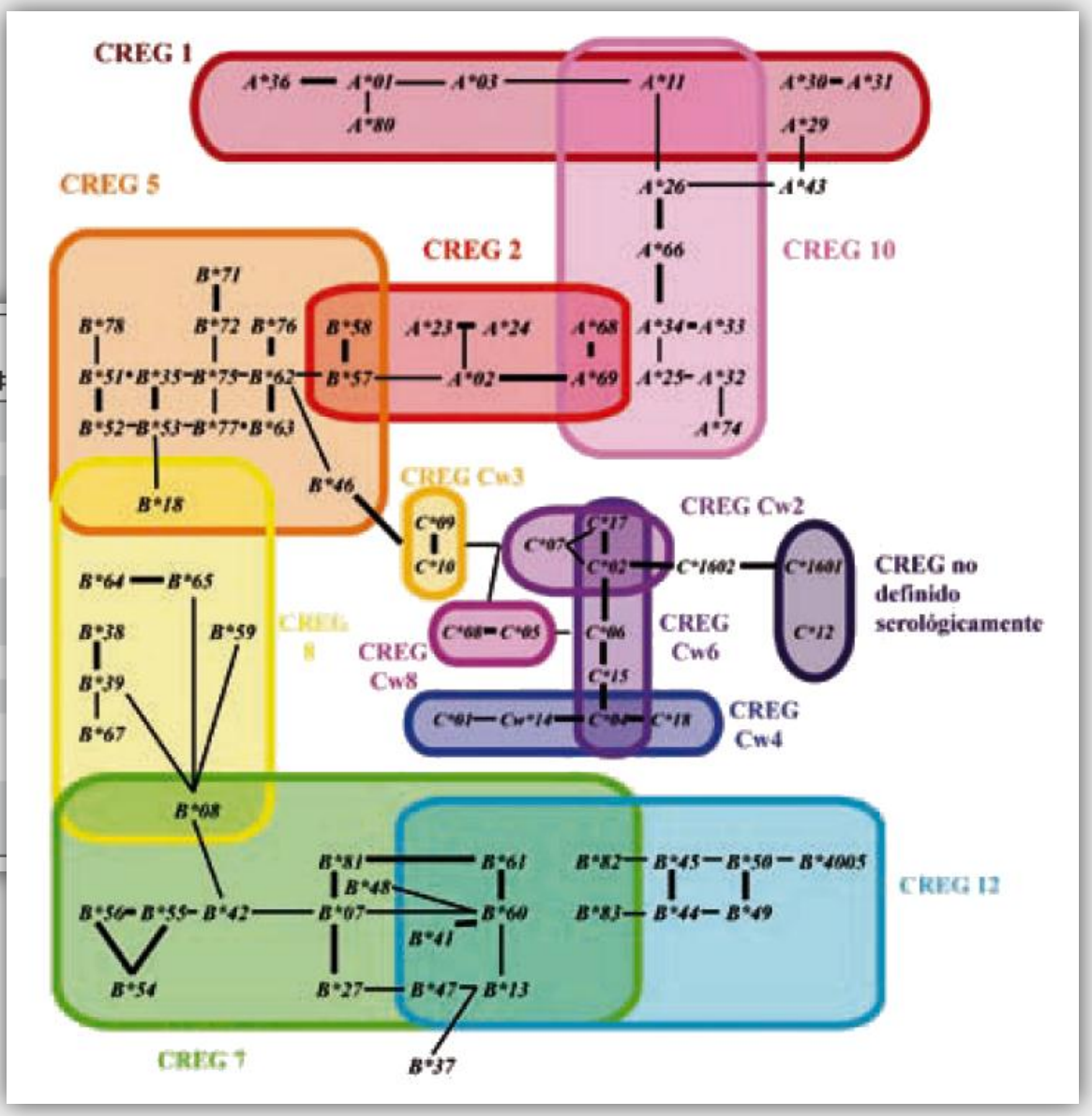


- Una incompatibilidad menor en HLA-A y -B se define como 2 antígenos que pertenecen al mismo CREG.
- Una incompatibilidad menor en DR se define como un par de alelos DRB1 que codifican la misma especificidad DR serológica, por ejemplo DRB1*0401 vs. DRB1*0404.
- Hoy en día se acepta que la compatibilidad para los alelos DRB1 y DQB1 tiene una relevancia significativa en el riesgo de desarrollar un GVHD.

Blood. 2015 Feb 12;125(7):1058-9

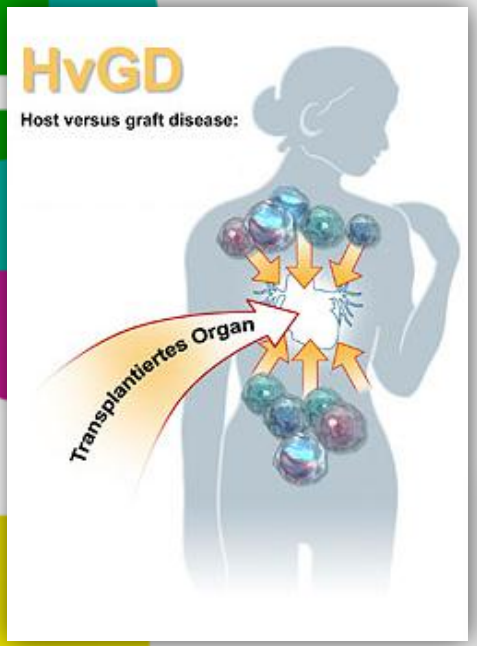
CREGs

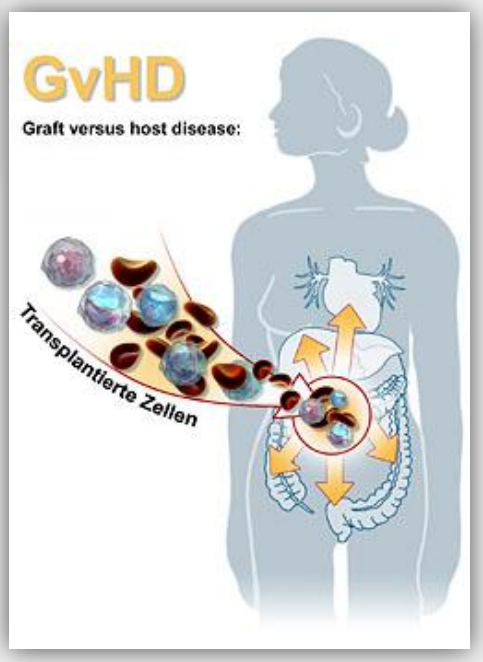
CREG*	CREG present† Donor	Recipient	CREG match status‡
1C	+	+	Match
10C	−	+	Major mismatch
2C	+	+	Match
5C	+	+	Match
7C	+	+	Match
8C	+	+	Match
12C	−	−	Match
Bw4	+	−	Major mismatch
Bw6	+	+	Match



Blood. 2007 May 1;109(9):4064-70. & Gaceta Médica de México. 2012;148:52-67

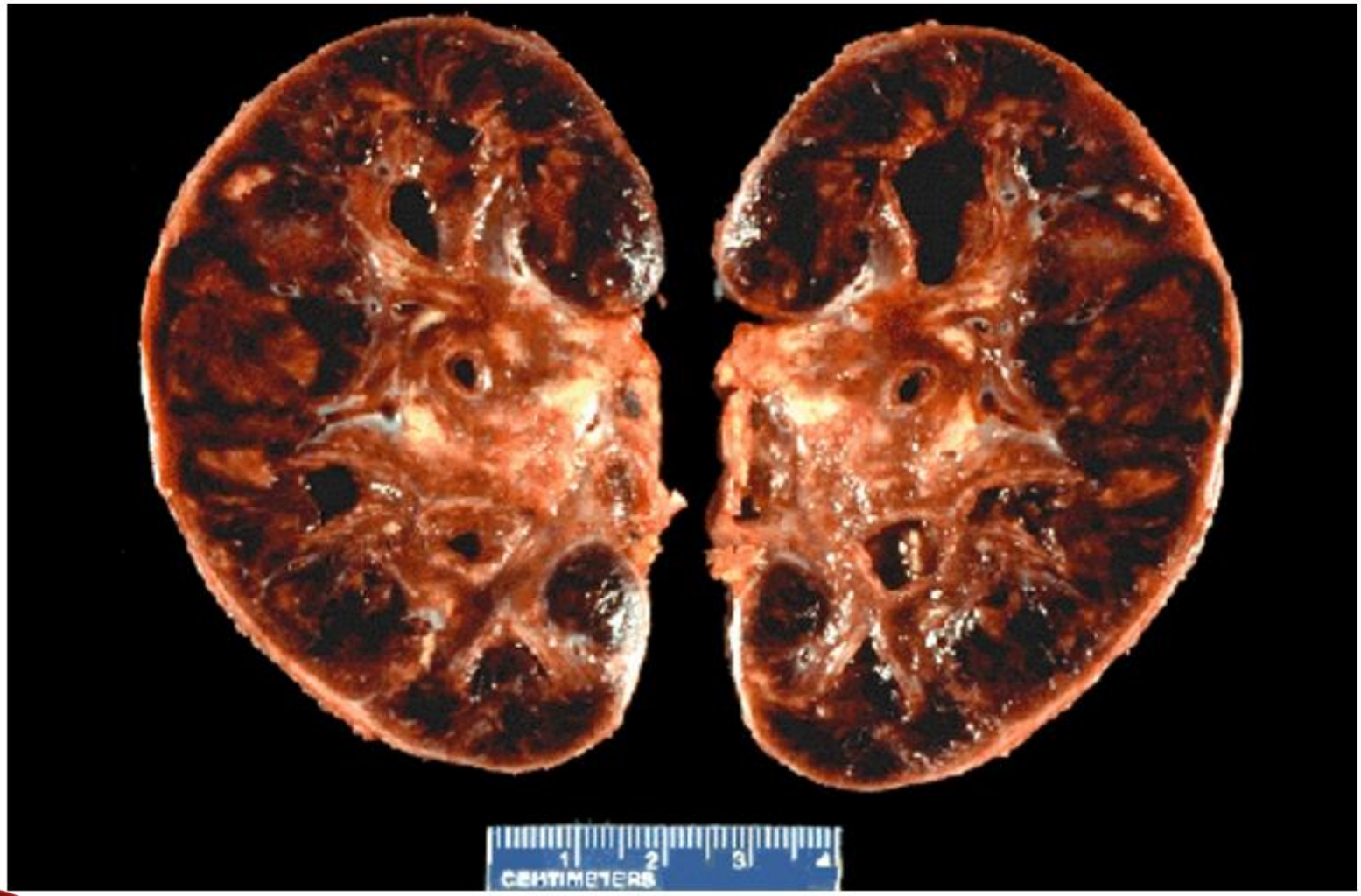
GVHD





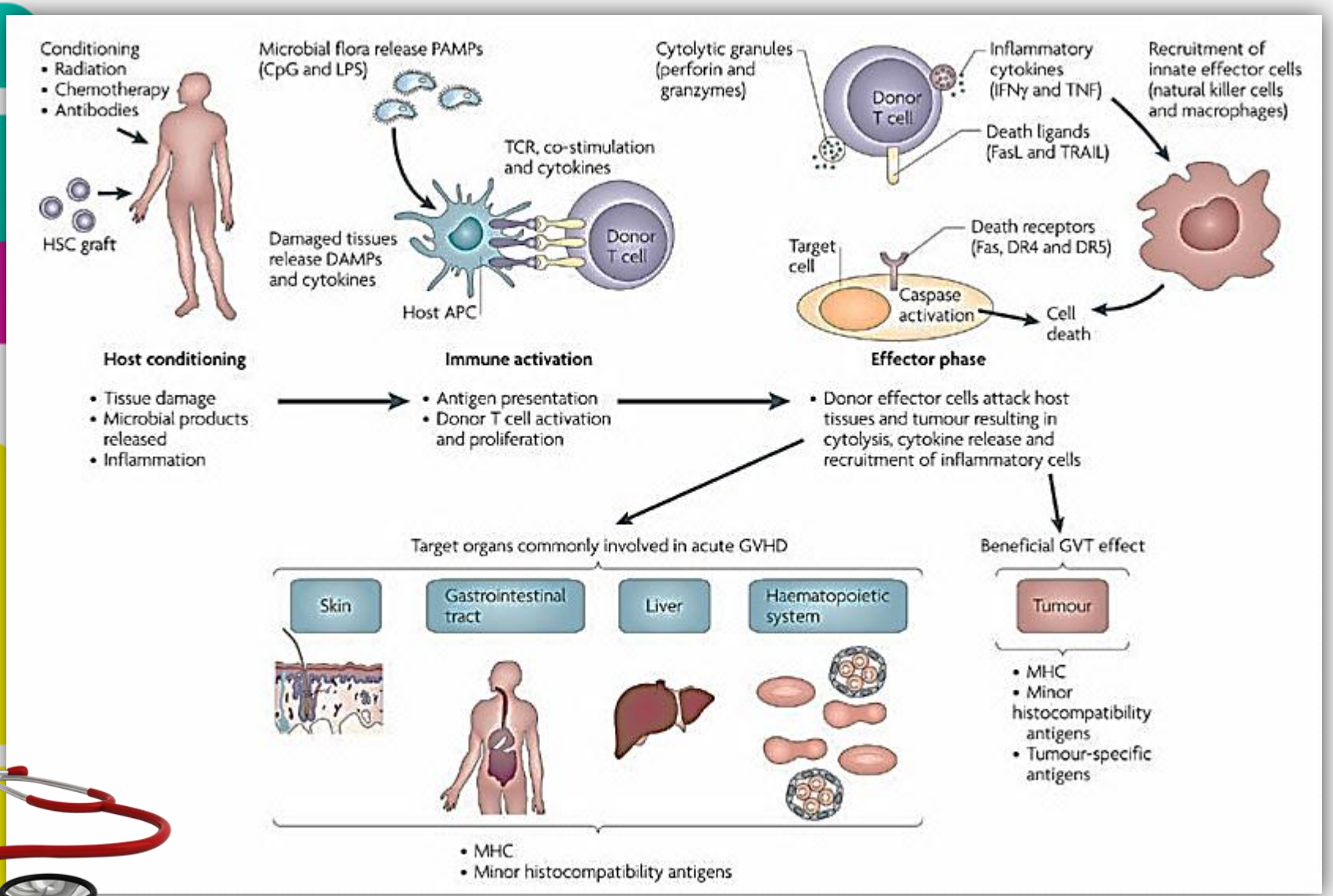
- La piel es el blanco mas frecuente, seguido por la mucosa oral, higado, ojo y tracto GI, no obstante, todos los organos puedes ser afectados

Implicaciones



This kidney was removed because of acute transplant rejection. Note the swollen and hemorrhagic appearance of this entire kidney

Graft-versus-host disease



Nature Reviews Cancer 10, 213-221 (March 2010)

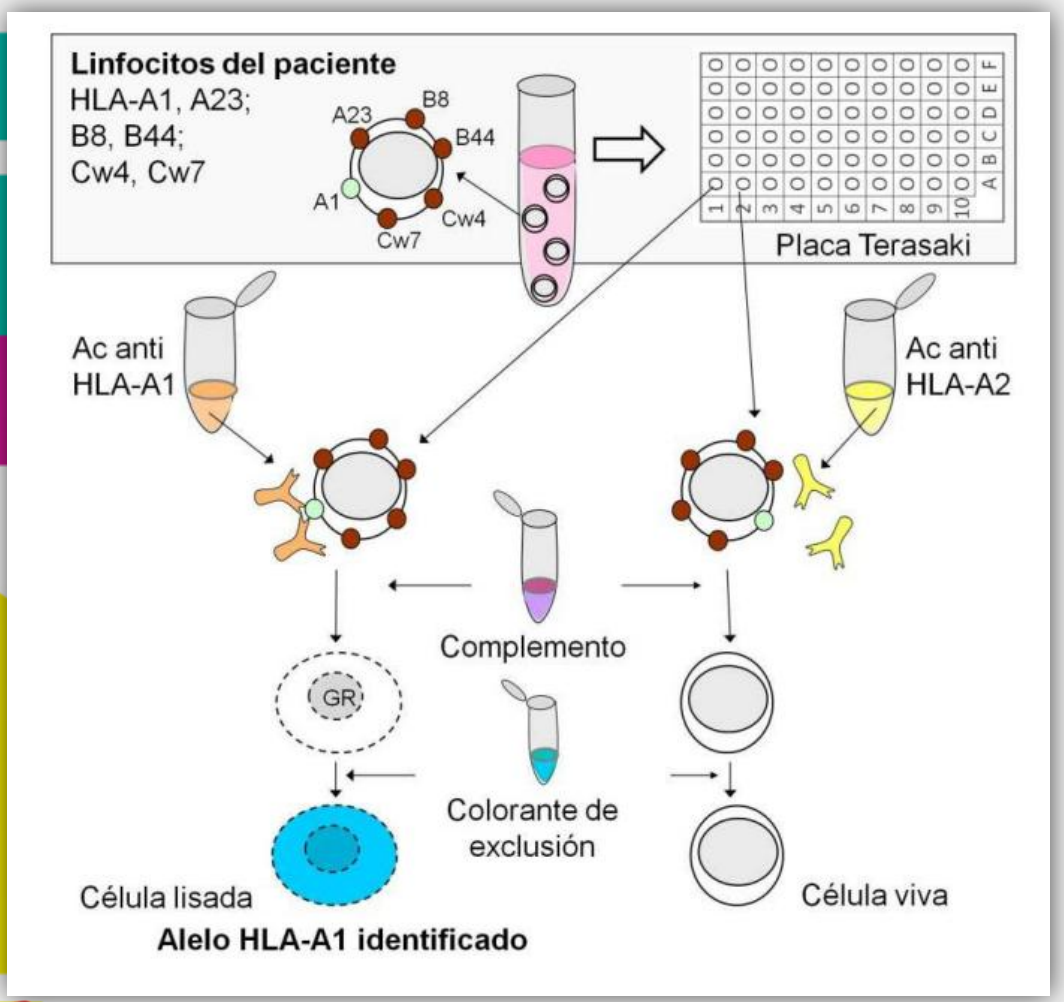
Graft-versus-host disease

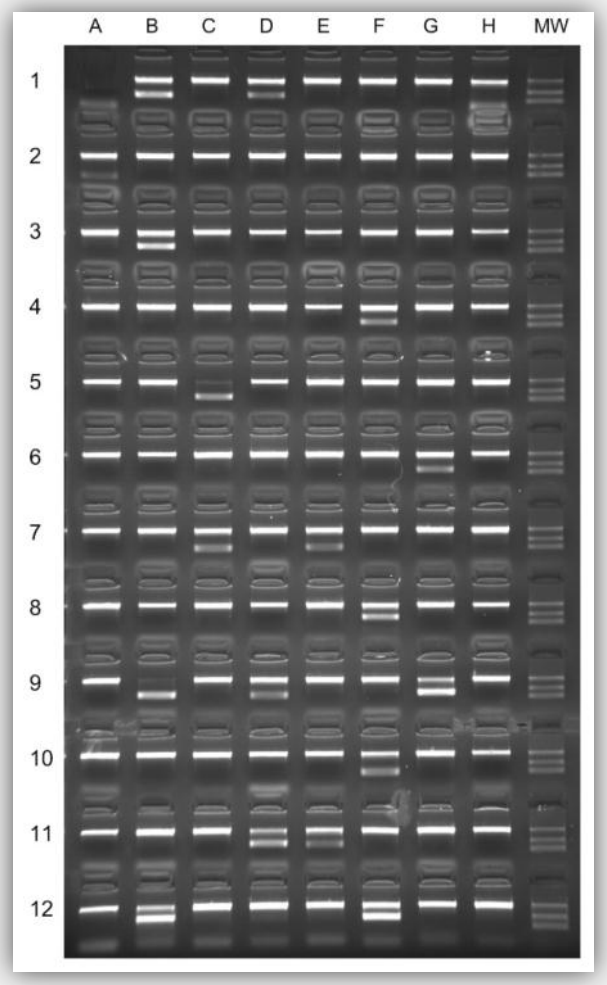
HLA	Match or mismatch*	N	Acute GVHD (Grade III-IV)† RR	95% CI	P	Acute GVHD (Grade II-IV)† RR	95% CI	P	N	Chronic GVHD‡ RR	95% CI	P
A	Match	7048	1.00		.001	1.00		.002	5892	1.00		.328
	Mismatch		1.29	1.10-1.51		1.18	1.06-1.32		636	1.06	0.94-1.21	
B	Match	7475	1.00		.001	1.00		.001	6217	1.00		.235
	Mismatch		1.42	1.16-1.73		1.28	1.11-1.48		311	1.10	0.94-1.30	
C	Match	5965	1.00		<.001	1.00		<.001	4716	1.00		<.001
	Mismatch		1.63	1.45-1.83		1.27	1.17-1.37			1.24	1.13-1.35	
DRB1	Match	5878	1.00		.022	1.00		<.001	4936	1.00		.262
	Mismatch		1.21	1.03-1.43		1.24	1.11-1.39		1592	0.93	0.82-1.05	
DQB1	Match	5681	1.00		.336	1.00		.126	4758	1.00		.018
	Mismatch	2217	1.08	0.92-1.27		1.09	0.98-1.22		1770	1.15	1.03-1.30	
DPB1	Match	2604	1.00		.001	1.00		<.001	2223	1.00		.367
	Mismatch	5294	1.23	1.09-1.38		1.36	1.26-1.47		4305	1.04	0.96-1.12	

HLA matching*	N	Acute GVHD (Grade III-IV)† RR	95% CI	P	Acute GVHD (Grade II-IV)† RR	95% CI	P	Mortality† RR	95% CI	P
DRB1 match and DQB1 match	5356	1.00			1.00			1.00		
DRB1 mismatch and DQB1 match	325	0.98	0.74-1.28	.866	1.19	1.00-1.42	.046	1.04	0.88-1.22	.662
DRB1 match and DQB1 mismatch	522	0.92	0.73-1.16	.482	1.05	0.91-1.21	.517	1.04	0.92-1.19	.532
DRB1 mismatch and DQB1 mismatch	169	1.32	1.16-1.50	<.001	1.34	1.23-1.46	<.001	1.17	1.08-1.27	<.001


Veamos las moléculas

Tipificación





Prueba de microlinfocitotoxicidad
Prueba de Terasaki

PCR-SSP

Tipificación

Typing Methods

Method	About method	Pros	Cons
Serotyping	Non-sequencing based typing method where antibodies specific to HLA proteins are used to identify the proteins on the cell surface.	- Low Cost - Rapid - Traditional	- Crude Method - Protein based detection - Inaccurate typing - Protein binding to more than one serotype
Sequence Specific Oligonucleotide Hybridization (SSO)	Typing method where specific oligos are first designed for genes of interest and then hybridized to patient or donor DNA to check for hybridization.	- Checking of specific target - Efficient	- Cannot account for unrecorded alleles - Hybridization errors - Need to know target sequence - Cannot phase
Sanger Sequencing	Sanger sequencing or Sequencing by Termination (SBT) is a classical method used for sequencing specific regions of the MHC.	- Used to sequence regions of interest - Fast - Base pair resolution - Coverage only 2x	- Different HLA alleles share similar sequences, difficulty aligning. - Cannot phase
Next-Gen Seq	Performing long range PCR to amplify HLA genes in MHC region, fragmenting the amplified genes and then preforming deep sequencing.	- Deep coverage (1000x) - Total MHC coverage - Rapid high throughput - Accurate and efficient - Phasing	- Data Analysis

illumina

Características

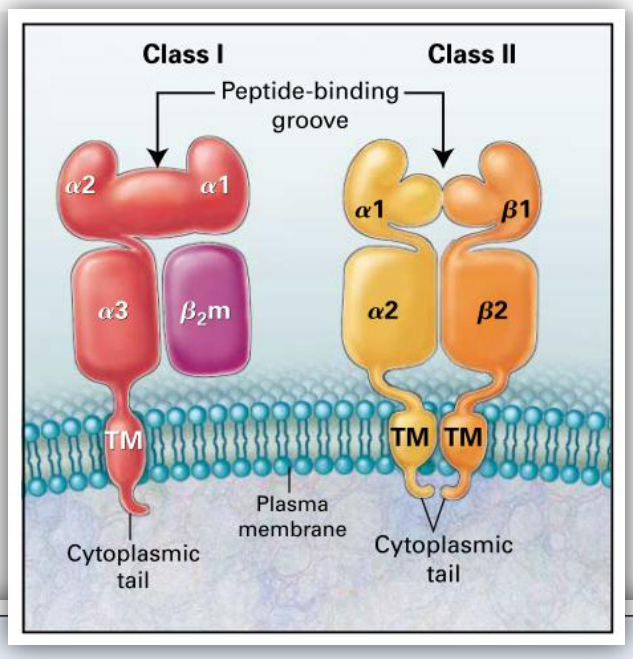
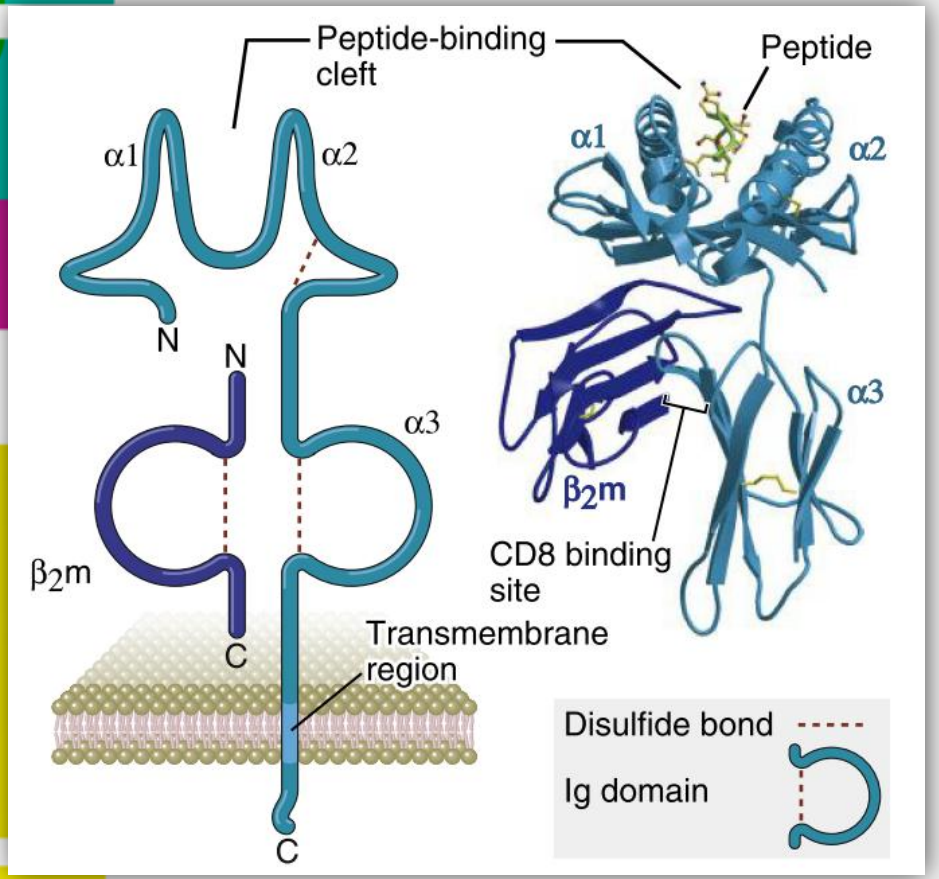


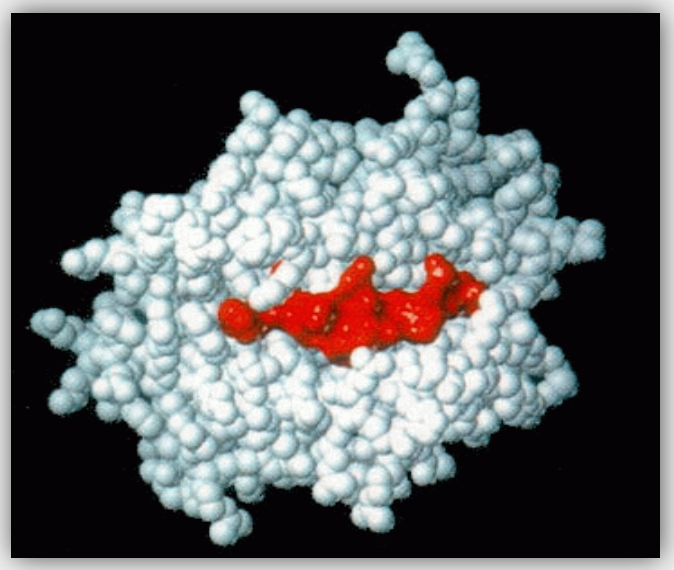
TABLE 6-4 Features of Class I and Class II MHC Molecules

Feature	Class I MHC	Class II MHC
Polypeptide chains	α β_2-microglobulin	α and β
Locations of polymorphic residues	α1 and α2 domains	α1 and β1 domains
Binding site for T cell coreceptor	CD8 binds mainly to the α3 domain	CD4 binds to a pocket created by parts of α2 and β2 domains
Size of peptide-binding cleft	Accommodates peptides of 8-11 residues	Accommodates peptides of 10-30 residues or more
Nomenclature		
Human	HLA-A, HLA-B, HLA-C	HLA-DR, HLA-DQ, HLA-DP
Mouse	H-2K, H-2D, H-2L	I-A, I-E

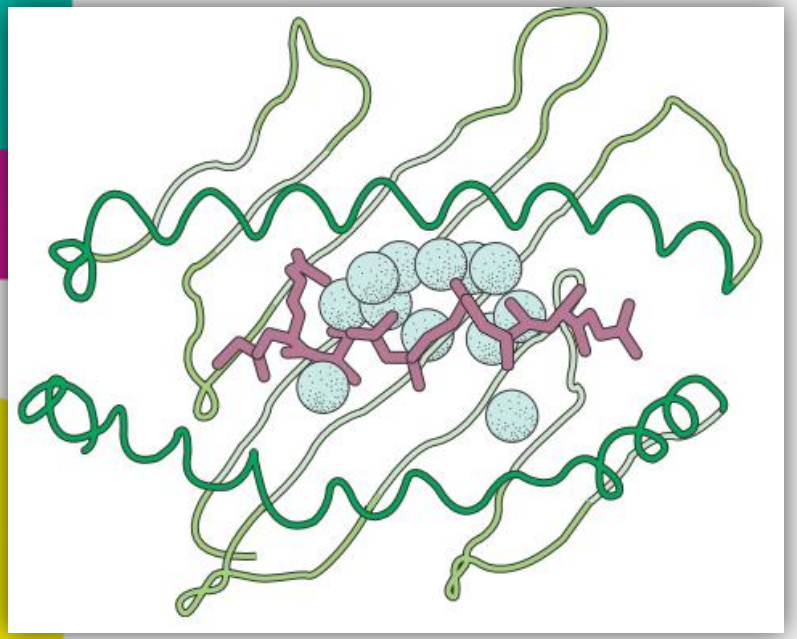
N Engl J Med 2000; 343:702-709

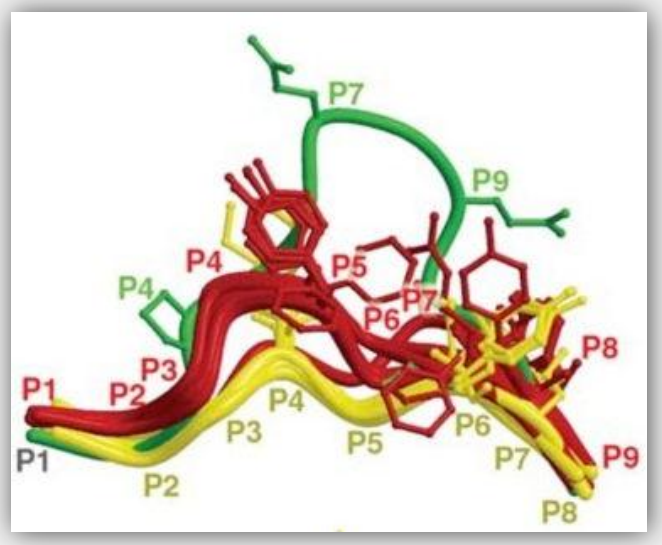
HLA clase I


Peptide-binding cleft
Peptide
α1
α2
α3
N
N
C
C
β2m
β2m
CD8 binding site
Transmembrane region
Disulfide bond
Ig domain



Embolsillamiento tipo I





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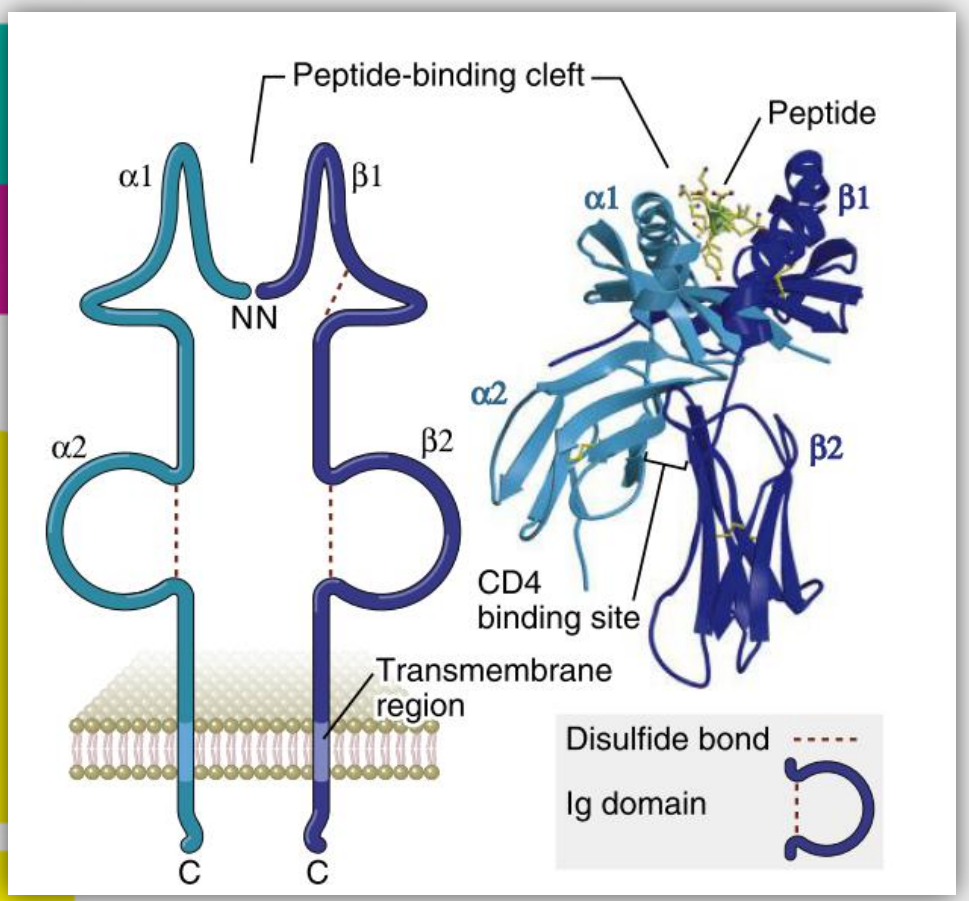
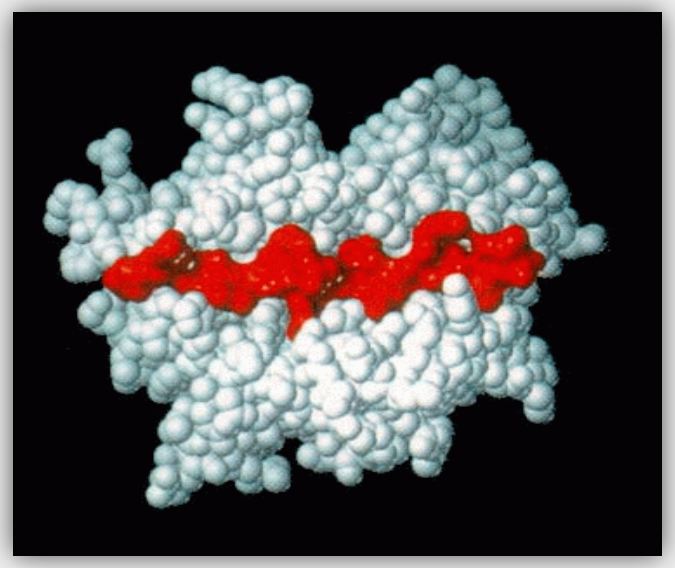
H_3N	S	G	P	R	K	A	I	A	L	COO^-
H_3N	V	G	P	S	G	K	Y	F	I	COO^-
H_3N	S	G	P	E	R	I	L	S	L	COO^-
H_3N	S	Y	F	P	E	I	T	H	I	COO^-
H_3N	T	Y	Q	R	T	R	A	L	V	COO^-
H_3N	S	Y	I	G	S	I	N	N	I	COO^-

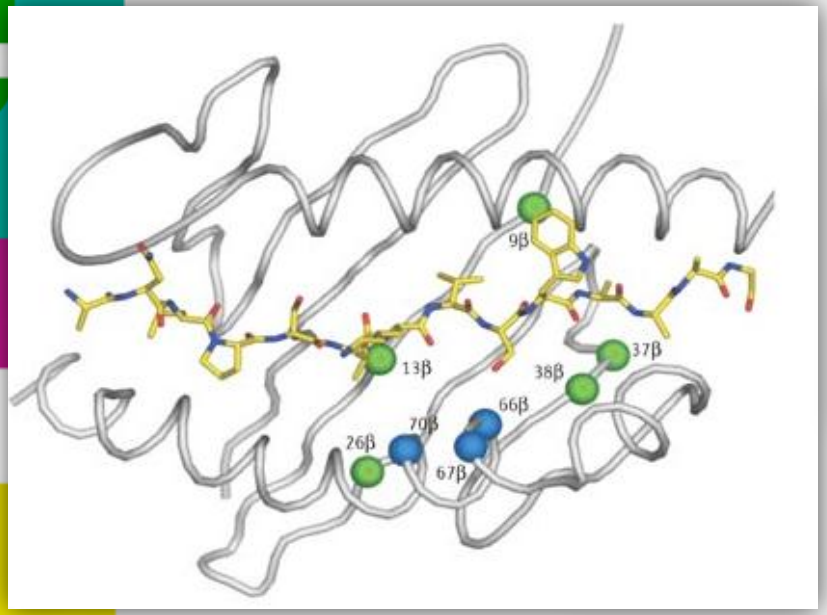
Annu Rev Immunol 24: 419, 2006

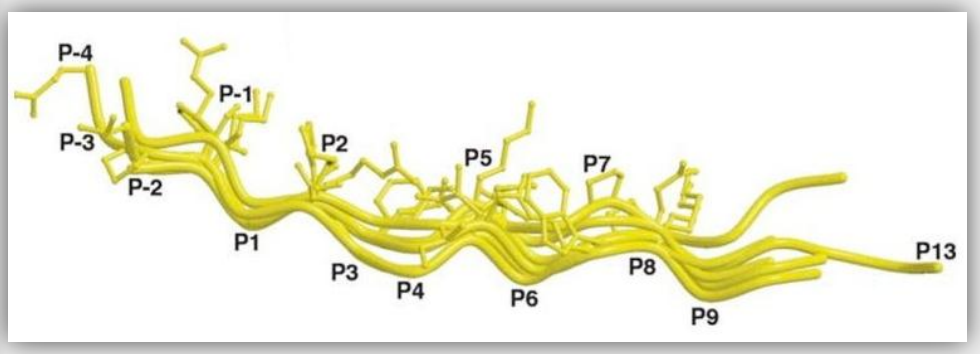
HLA clase II

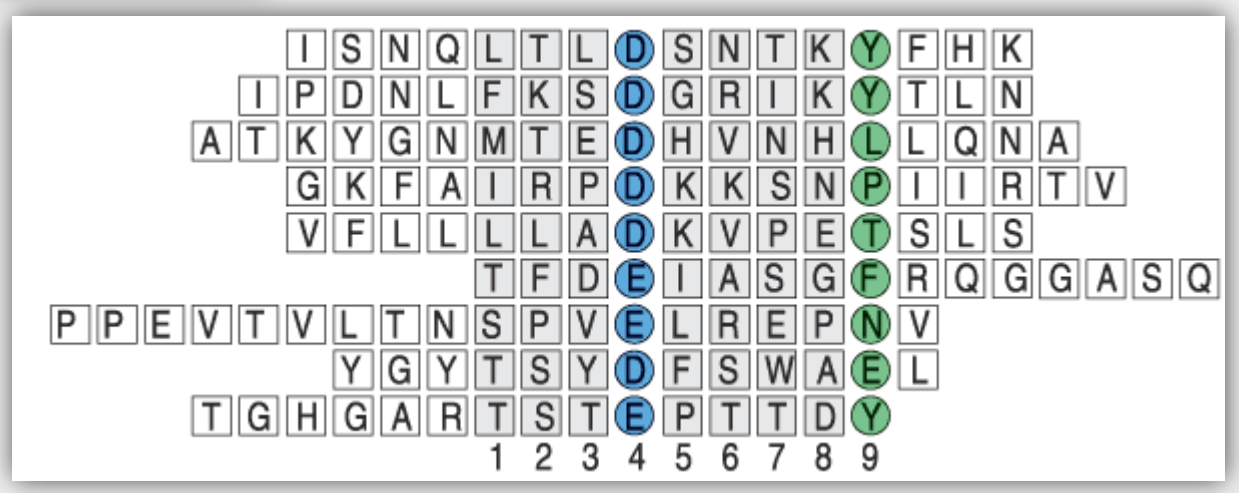

Peptide-binding cleft
Peptide
α1
β1
NN
α2
β2
CD4
binding site
Transmembrane
region
C
C
Disulfide bond
Ig domain



Embolsillamiento tipo II





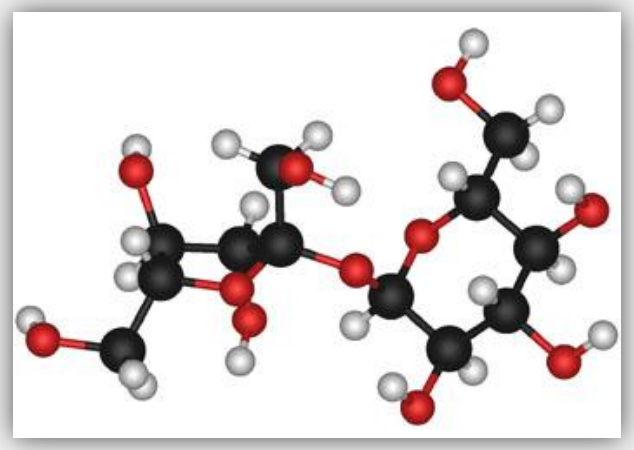


Annu Rev Immunol 24: 419, 2006


Ahora si:
Presentación antigénica

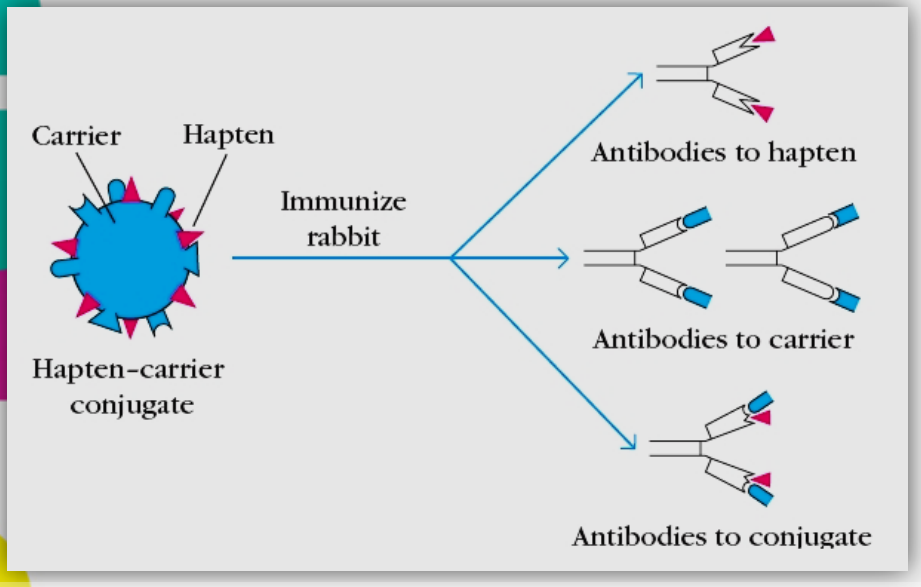
Pero ya va!!!! Antígenos???

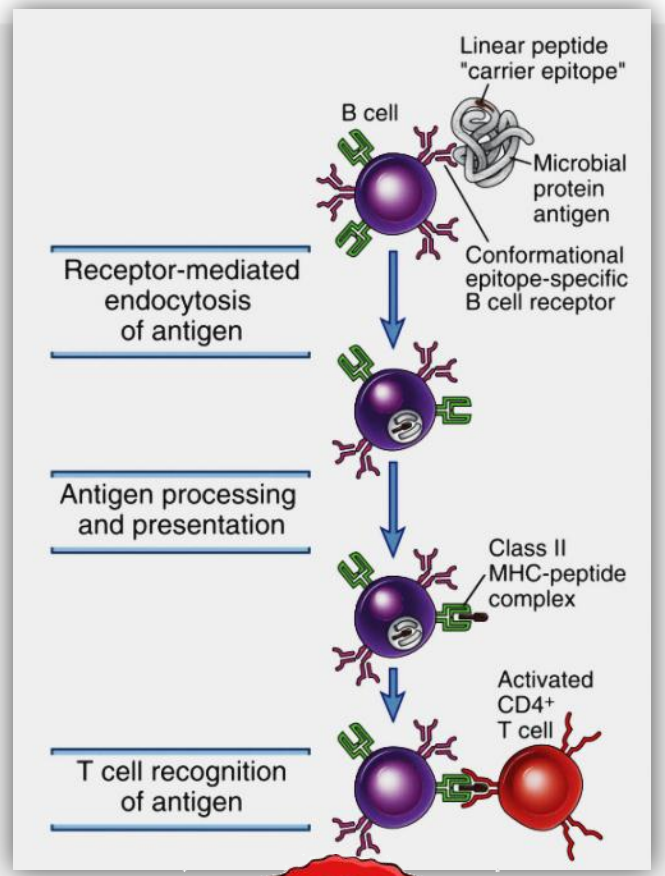
- Antígeno: Sustancia extraña capaz de ser reconocida por el sistema inmune, específicamente por el TCR o BCR
- Inmunógeno: es un antígeno que es capaz de provocar una respuesta inmune incluyendo la producción de anticuerpos
- Antigenicidad: es la capacidad de una sustancia para combinarse específicamente con los productos de la respuesta inmune (anticuerpos, TCR)
- Inmunogenicidad: Es la capacidad de una sustancia para inducir una respuesta inmune celular u humoral



Antigénico no siempre inmunogénico

Haptenos





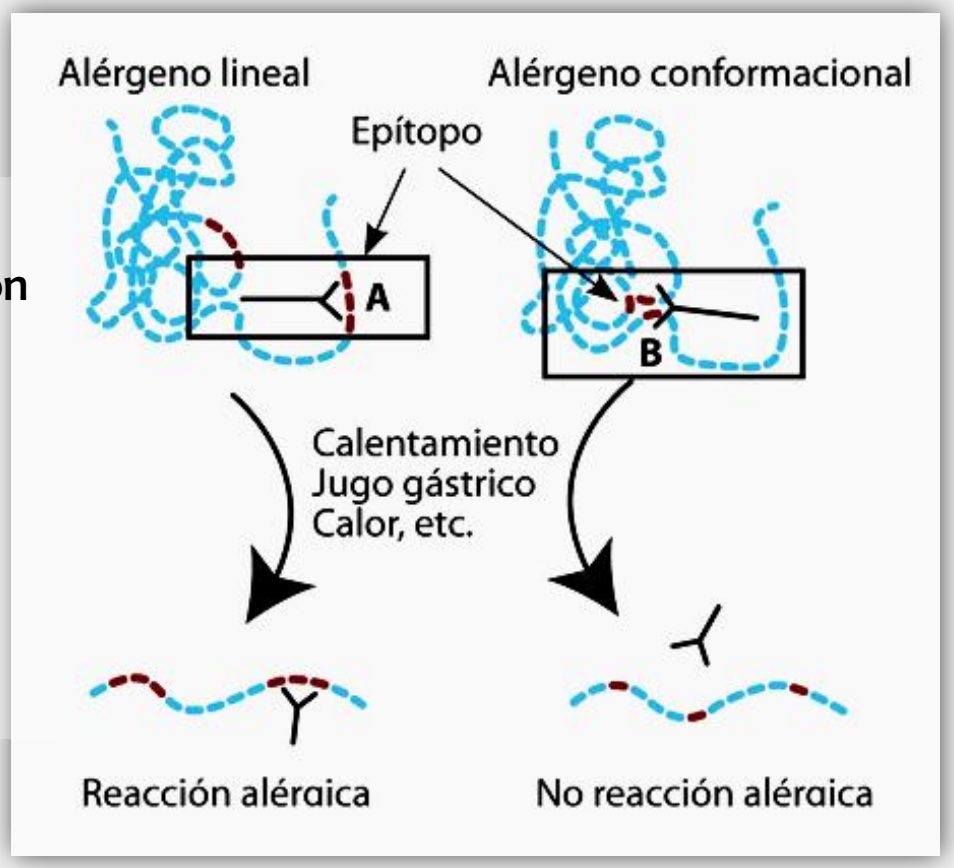
- Hapteno: Sustancia de bajo peso molecular que no es capaz de inducir una respuesta inmune por sí misma, pero que es capaz de reaccionar con los productos de una respuesta inmune específica (anticuerpos).

- Pueden comportarse como inmunógenos cuando se unen a una molécula portadora (Portador o Carrier)

Epítopes

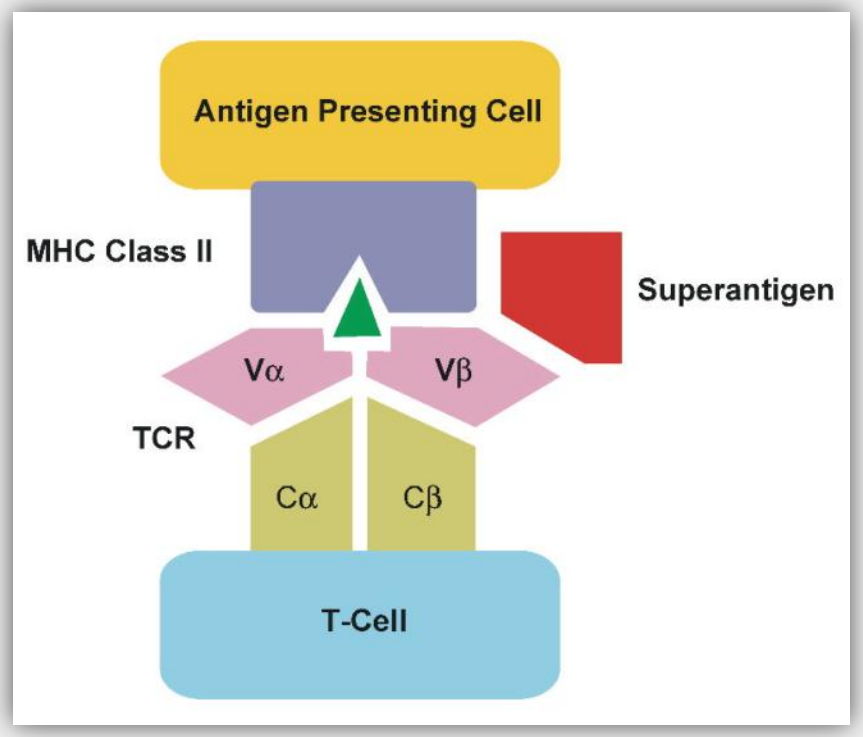
- Epítopo o determinante antigénico: Porción del antígeno que interactúa con el TCR, BCR o con los anticuerpos secretados

  - ✓ Lineales
  - ✓ Conformacionales



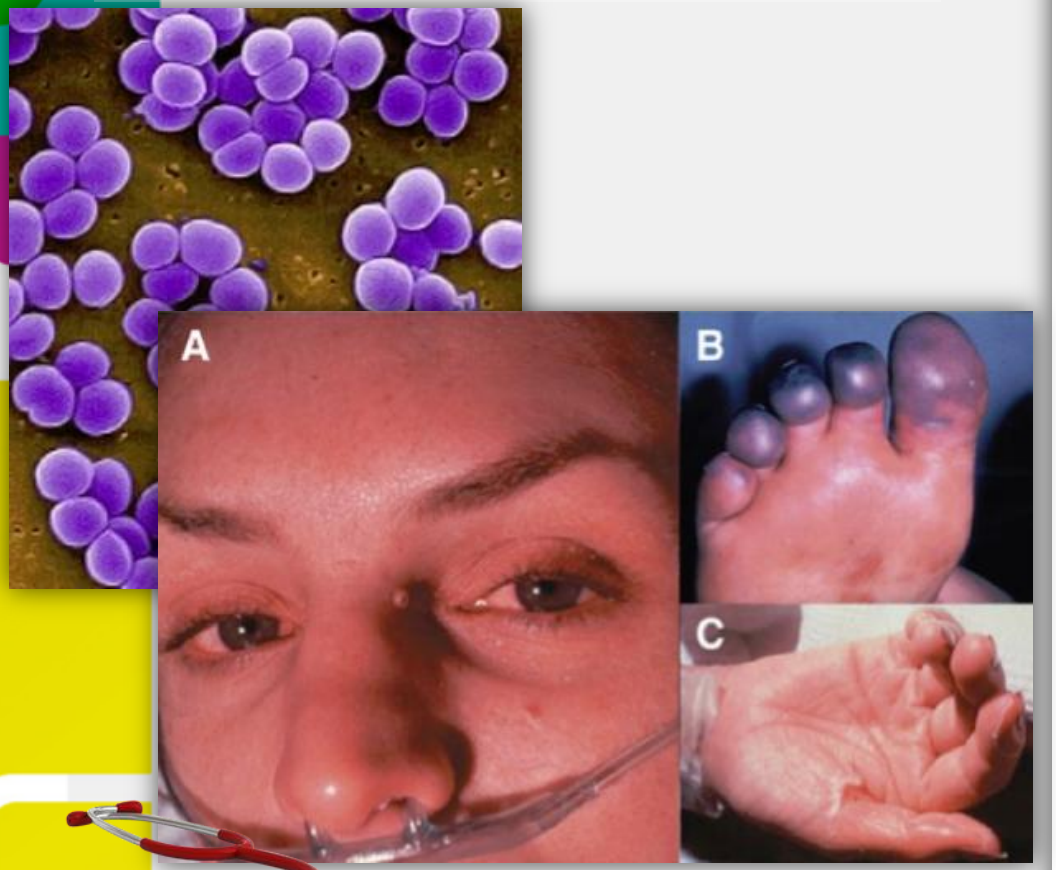
Superantígenos

- Endógenos, provienen principalmente de virus (EBV)
- Exógenos, provienen principalmente de microorganismos: staphylococcal enterotoxins A, B, C1 to C3, streptococcal pyrogenic exotoxins A1 to A4, C.
- Superantígenos de células B (staphylococcal protein A and protein Fv)



Superantígenos

- Staphylococcal enterotoxins A, B, C1 to C3
- Toxic shock syndrome

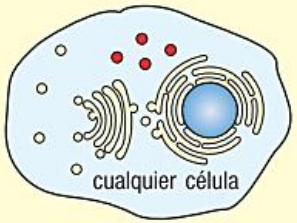
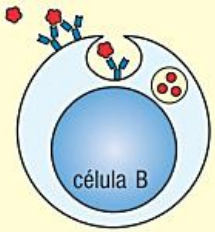


Front Immunol. 2016; 7: 23.

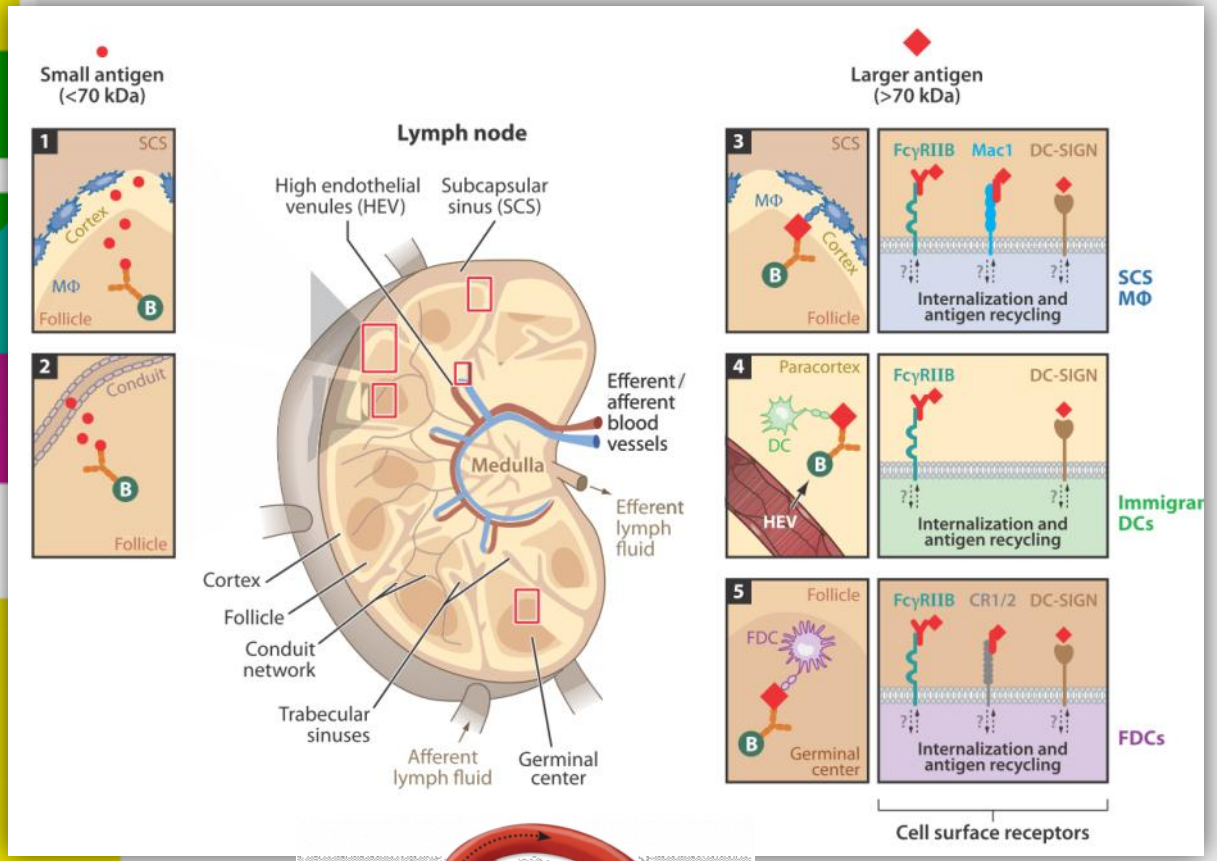
TABLE 2 | Common differentially expressed genes induced by superantigens *in vitro* and *in vivo*.

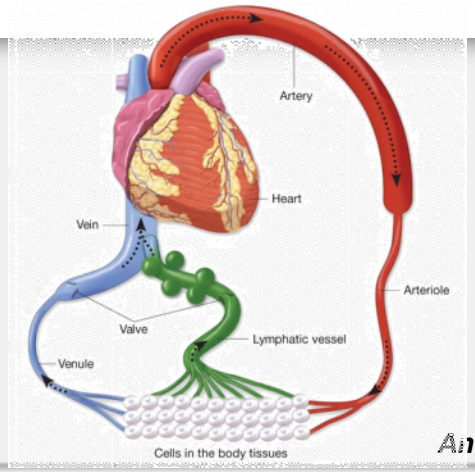
Pathway/network	Gene	Major function
Innate response	IL6, TNFα, LTA, IL17A, IL22	Host defense, inflammation
	IFNγ	Host defense, antimicrobial
	CXCL11, CXXC5, CCL7, XCL1	Host defense, cell migration
	CISH, CIITA, GBP2, TRAF1, RGS16	Signal transduction
	PDE4DIP, PDE4B, PTGER3, P2RY14	Signal transduction
	NEDD9, GNAS, CSF1R	Signal transduction
	STAT1, STAT2, STAT3, IRF7	Transcription factor (TF)
	BATF, BATF2	IFN-inducible TF
	SOCS1, SOCS2, SOCS3	JAK/STAT counter-regulator
	CD69, CD74, ICAM	Immune regulation
	NRP2	Vascular signaling
	Rel A, Rel, NFκBia	NFκB regulator
DNA damage response	RIPK2	DNA sensor interactor
	CTPS, UPP1	Nucleic acid synthesis
	PIM1, PIM2	DNA repair/assembly
	GADD45G	DNA repair adaptor
ER stress/oxidative stress	SIAH2	Ubiquitin E3 ligase
	KCNE4	Membrane integrity
	JunB	Stress response TF
	MGST1	Cell protection
Metabolic stress	IL2, IL2RA, MACF1	Cell proliferation regulator
	FABP4, CD36	Fatty acid metabolism
	HK1, PDK4, PGS1	Cell metabolism
	TARS, NDST2	Synthetase
Apoptosis	PLSCR1, NR4A1	Membrane integrity
	CD40, TNFRSF9	TNFRSF, death receptor
	Casp 4, CFLAR	Caspase regulator
	VCAN, LMNB1	Cell matrix breakdown
	BCL2, BCL6	Anti-apoptotic regulator
	CCND2	Cell cycle regulator
	PLA2G7	Cardiovascular damage
Others	ARID5A, ZBTB32, NDST2	

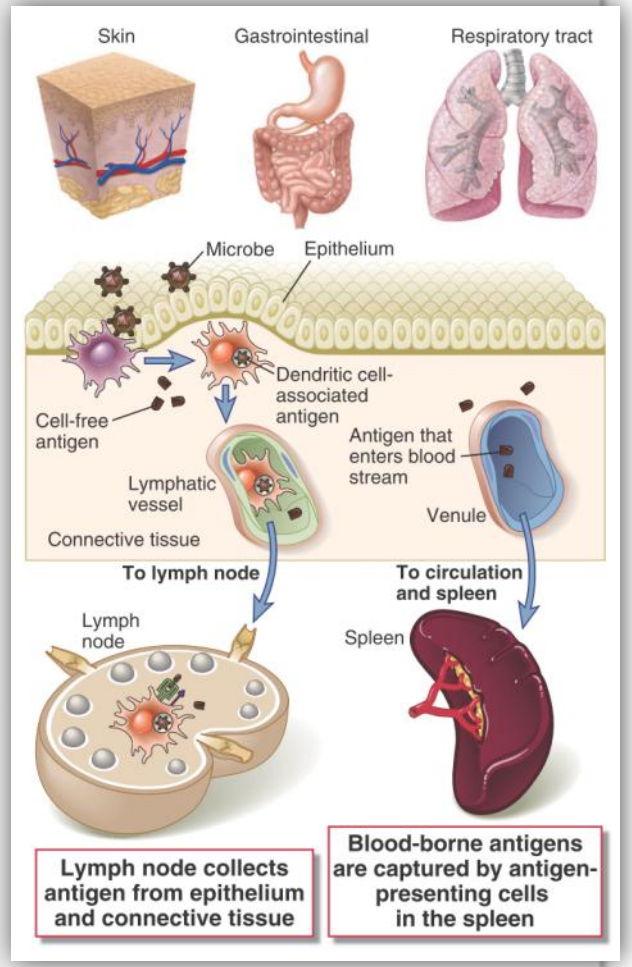
"Tipos" de antígenos

	Agentes patógenos citosólicos	Presentación cruzada de antígenos exógenos	Agentes patógenos intravesiculares	Agentes patógenos y toxinas extracelulares
				
Degradación en	Citosol	Citosol (mediante retrotranslocación)	Vesículas endocíticas (pH bajo)	Vesículas endocíticas (pH bajo)
Unión de los péptidos a	MHC de clase I	MHC de clase I	MHC de clase II	MHC de clase II
Presentación a	Células T CD8 efectoras	Células T CD8 indiferenciadas	Células T CD4 efectoras	Células T CD4 efectoras
Efecto sobre la célula presentadora	Muerte celular	La célula presentadora, generalmente una célula dendrítica, activa a la célula T CD8	Activación para eliminar bacterias y parásitos intravesiculares	Activación de células B para que secreten Ig y eliminar bacterias/toxinas extracelulares

Fuente de Antígenos

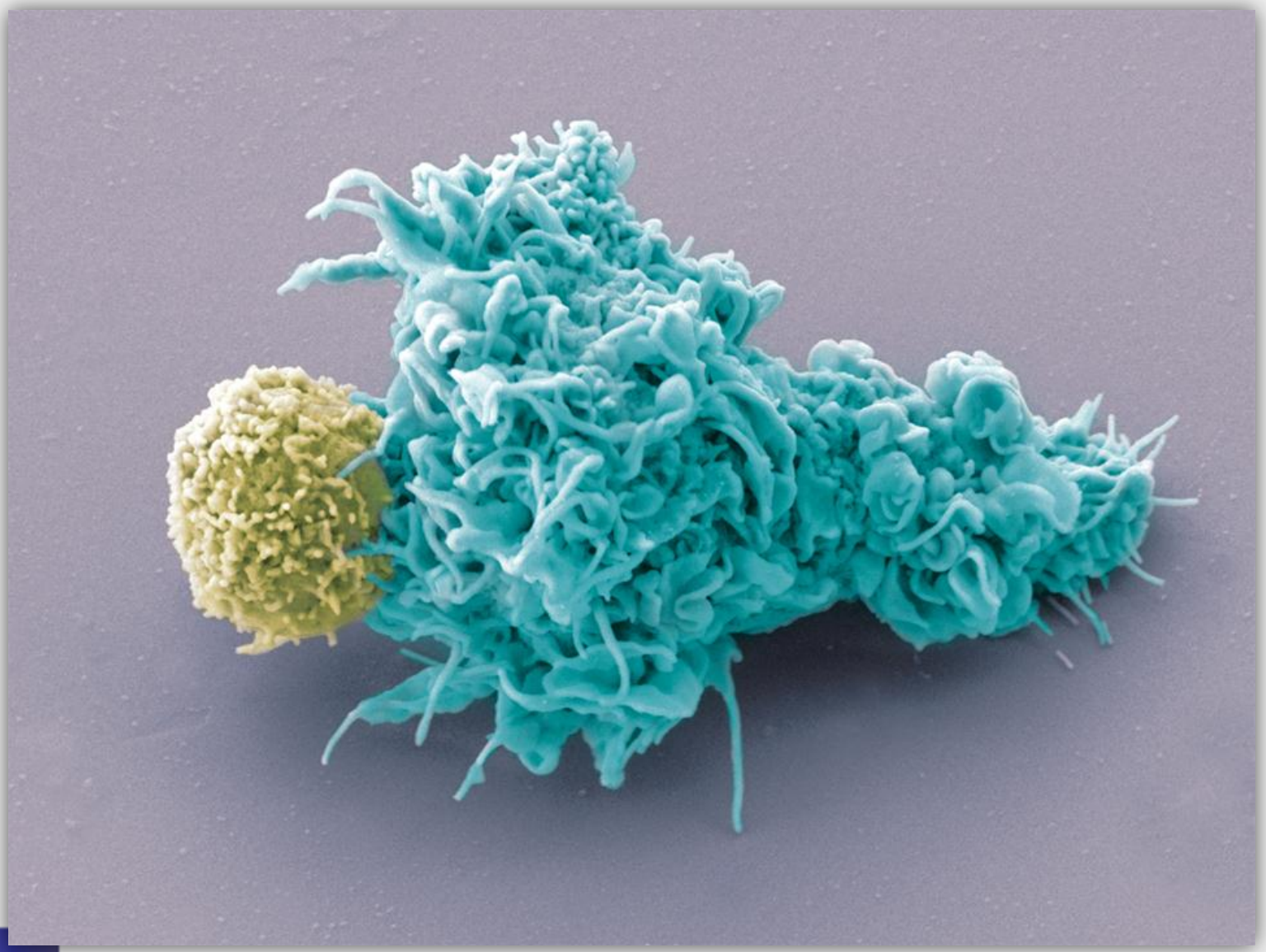






Annu. Rev. Immunol. 2010. 28:185–210

Y quien presenta???



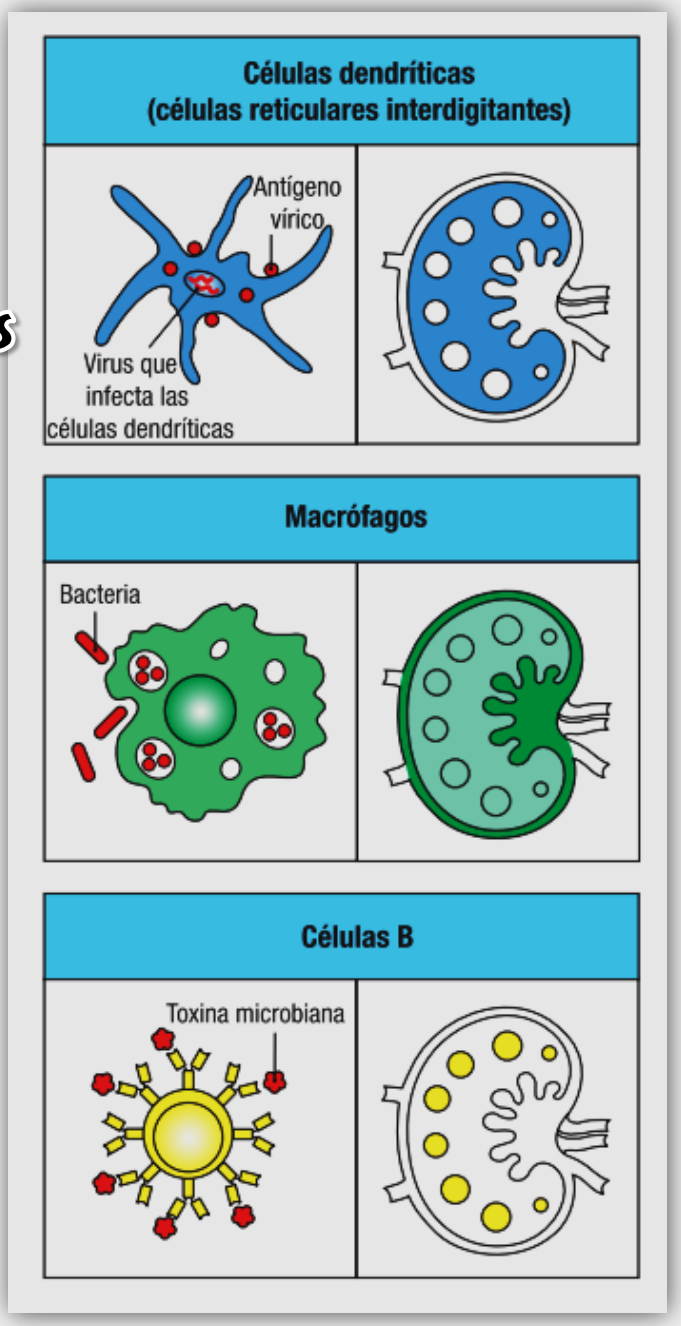
Tipos de APC

Profesionales vs no profesionales

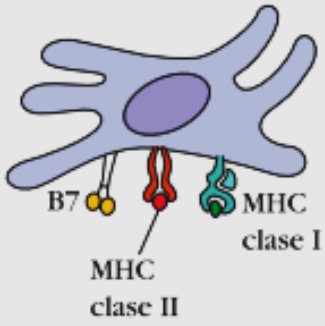
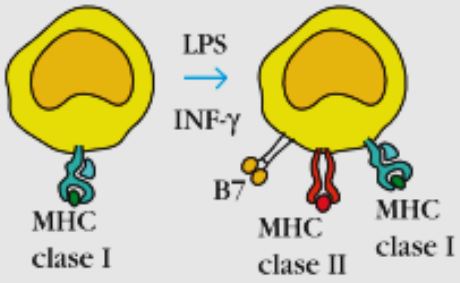
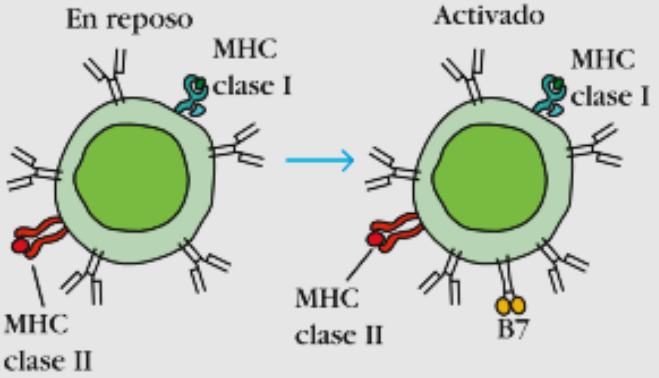
Profesionales
- Células dendríticas
- Macrófagos
- Células B

No profesionales
- Células endoteliales
- Fibroblastos
- Células epiteliales del timo

Y las otraaaas.....



Células presentadoras de Antígenos

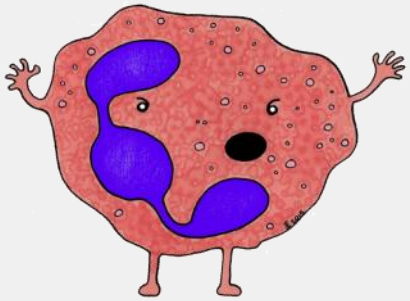
	Célula dendrítica	Macrófago		Linfocito B	
					
Captación de antígeno	Endocitosis, fagocitosis (por células de Langerhans)	Fagocitosis	Fagocitosis	Endocitosis mediada por receptor	Endocitosis mediada por receptor
Expresión de MHC clase II	Constitutiva (+++)	Inducible (−)	Inducible (++)	Constitutiva (++)	Constitutiva (+++)
Actividad coestimuladora	Constitutiva B7 (+++)	Inducible por B7 (−)	Inducible por B7 (++)	Inducible por B7 (−)	Inducible por B7 (++)
Activación de célula T	Células T vírgenes Células T efectoras Células T de memoria	(−)	Células T efectoras Células T de memoria	Células T efectoras Células T de memoria	Células T vírgenes Células T efectoras Células T de memoria

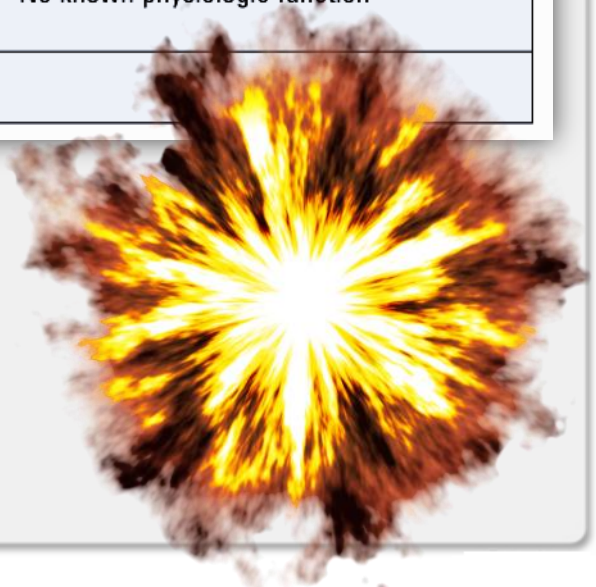
Propiedades y funciones de las APCs

TABLE 6–2 Properties and Functions of Antigen-Presenting Cells

Cell Type	Expression of: Class II MHC	Expression of: Costimulators	Principal Function
Dendritic cells	Constitutive; increases with maturation; increased by IFN-γ	Constitutive; increases with maturation; inducible by IFN-γ, CD40-CD40L interactions	Initiation of T cell responses to protein antigens (priming)
Macrophages	Low or negative; inducible by IFN-γ	Inducible by LPS, IFN-γ, CD40-CD40L interactions	Effector phase of cell-mediated immune responses (T cell–enhanced killing of phagocytosed microbes)
B lymphocytes	Constitutive; increased by IL-4	Induced by T cells (CD40-CD40L interactions), antigen receptor cross-linking	Antigen presentation to $CD4^+$ helper T cells in humoral immune responses (cognate T cell–B cell interactions)
Vascular endothelial cells	Inducible by IFN-γ; constitutive in humans	Constitutive (inducible in mice)	May promote activation of antigen-specific T cells at site of antigen exposure
Various epithelial and mesenchymal cells	Inducible by IFN-γ	Probably none	No known physiologic function

IFN-γ, interferon-γ; IL-4, interleukin-4; LPS, lipopolysaccharide.





Y los granulocitos!!!

Neutrófilos???

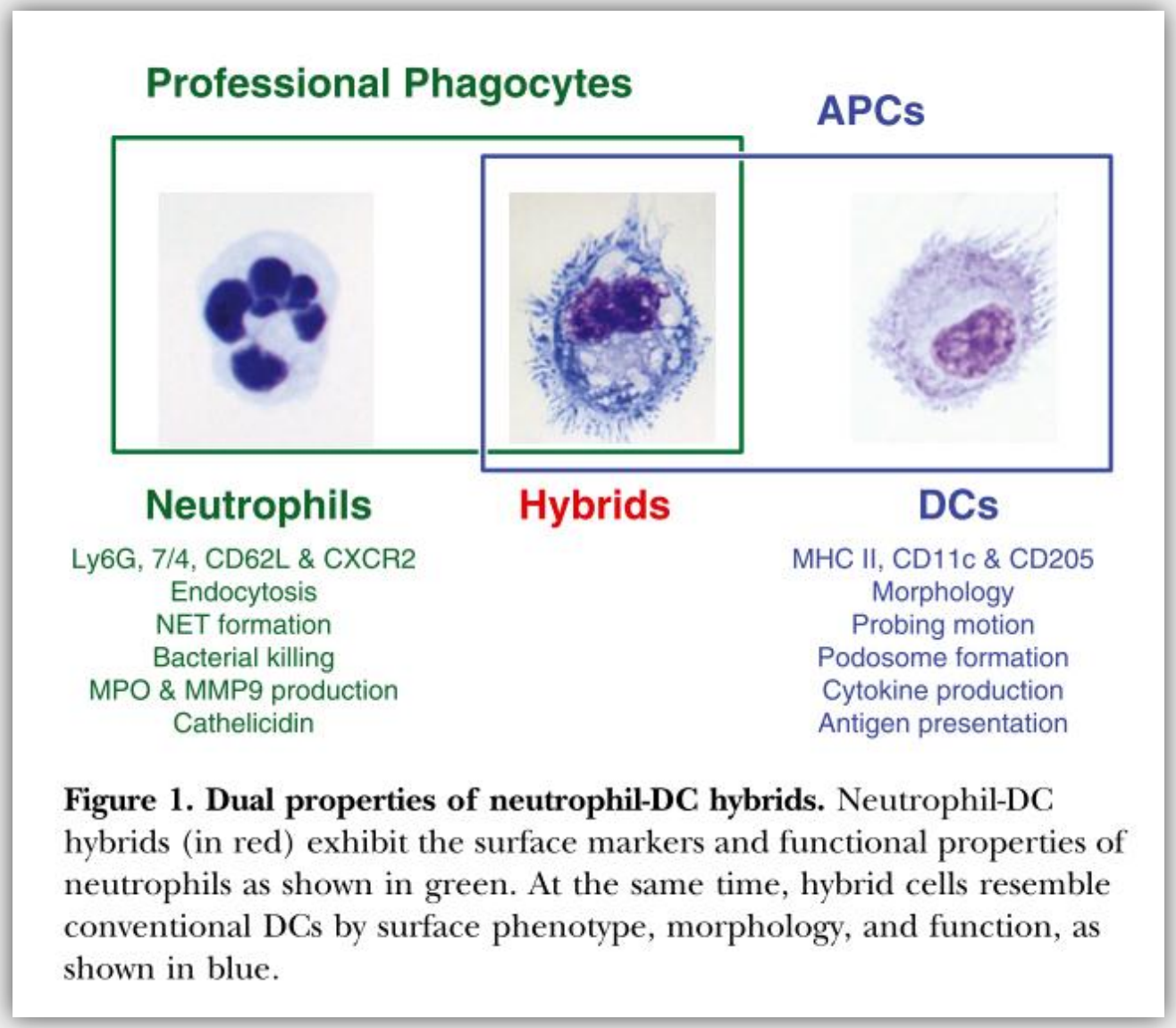


Figure 1. Dual properties of neutrophil-DC hybrids. Neutrophil-DC hybrids (in red) exhibit the surface markers and functional properties of neutrophils as shown in green. At the same time, hybrid cells resemble conventional DCs by surface phenotype, morphology, and function, as shown in blue.

J. Leukoc. Biol. 98: 000–000; 2015.

APC like???

TABLE 1. Cytokine-induced acquisition of APC-like properties by human neutrophils in culture

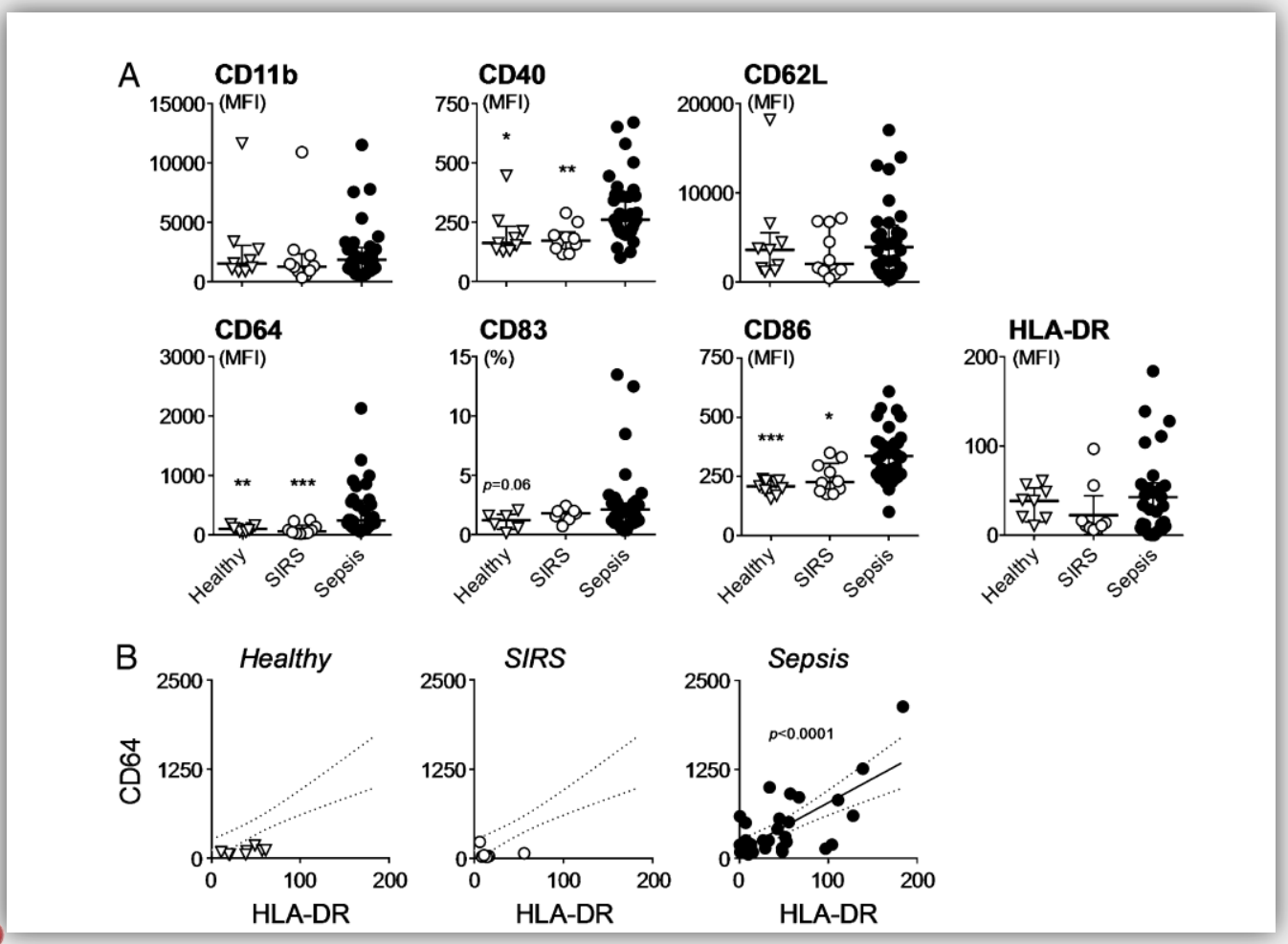
Source	Culture conditions	APC-like properties	Neutrophil properties
Blood	IFN-γ (20 h)	MHC II	
Blood	GM-CSF (44 h)	MHC II	PMN morphology
Blood	GM-CSF + IL-3 (40 h)	MHC II	
Blood	GM-CSF + IFN-γ (44 h)	MHC II, SAg presentation	
Blood	GM-CSF + IFN-γ (48 h)	MHC II, CD83, CD86, TT presentation	CD66b, CD15, bacterial uptake
Blood	GM-CSF + IFN-γ + TNF-α (48 h)	MHC II, CD40, CD83, SAg presentation, cross-presentation	PMN morphology, CD11b, CD66b
Blood	TNF-α + IFN-γ (6–18 h)	CD83, CCR6, chemotaxis to MIP-3α	
Blood[a]	GM-CSF + IL-4 + TNF-α (6–9 days)	MHC II, CD1, CD40, CD80, CD86, TT presentation, allogeneic T cell stimulation, DC morphology	MPO, lactoferrin
BM	GM-CSF + IL-4 + TNF-α (7 days)	MHC II, CD1	CD66b, CD15, CD24, CD89

TABLE 3. Emergence of unusual neutrophils with APC-like properties at inflammatory lesions

Species	Tissue/disease	APC-like properties	Neutrophil properties
Human	Blood/IFN-γ treatment	MHC II	
Human	Blood/GM-CSF treatment	MHC II	
Human	Blood/Wegener's granulomatosis	MHC II	
Human	Blood/Wegener's granulomatosis	CD80, CD86	
Human	Blood/bacterial infection	CD86	
Human	Synovial fluid/rheumatoid arthritis	MHC II mRNA	
Human	Synovial fluid/rheumatoid arthritis	MHC II, CD64, CD83	
Mouse	Colon/inflammatory bowel disease	MHC II, CD86, OVA presentation to naïve CD4 T cells	
Mouse	Peritoneal cavity/sterile inflammation; peritoneal cavity/bacterial infection; lymph node/bacterial infection; skin/chronic inflammation; lung/acute inflammation	MHC II, CD80, CD86, DC morphology, OVA presentation to naïve CD4 T cells, lymph node-directed homing	Ly6G, 7/4, CD62L, CXCR2, bacterial uptake and killing
Human	Blood/sepsis	CD40, CD64, CD86, cross-presentation	CD15, CD66b

J. Leukoc. Biol. 98: 000–000; 2015.

Solo en crisis???



J Immunol 2014; 193:3704-3716;

Eosinófilos????

International Archives of Allergy and Immunology

Original Paper

Int Arch Allergy Immunol 2008;146:227–234
DOI: 10.1159/000115891

Received: June 19, 2007
Accepted after revision: November 20, 2007
Published online: February 11, 2008

Human Eosinophils Show Chemotaxis to Lymphoid Chemokines and Exhibit Antigen-Presenting-Cell-Like Properties upon Stimulation with IFN-γ, IL-3 and GM-CSF

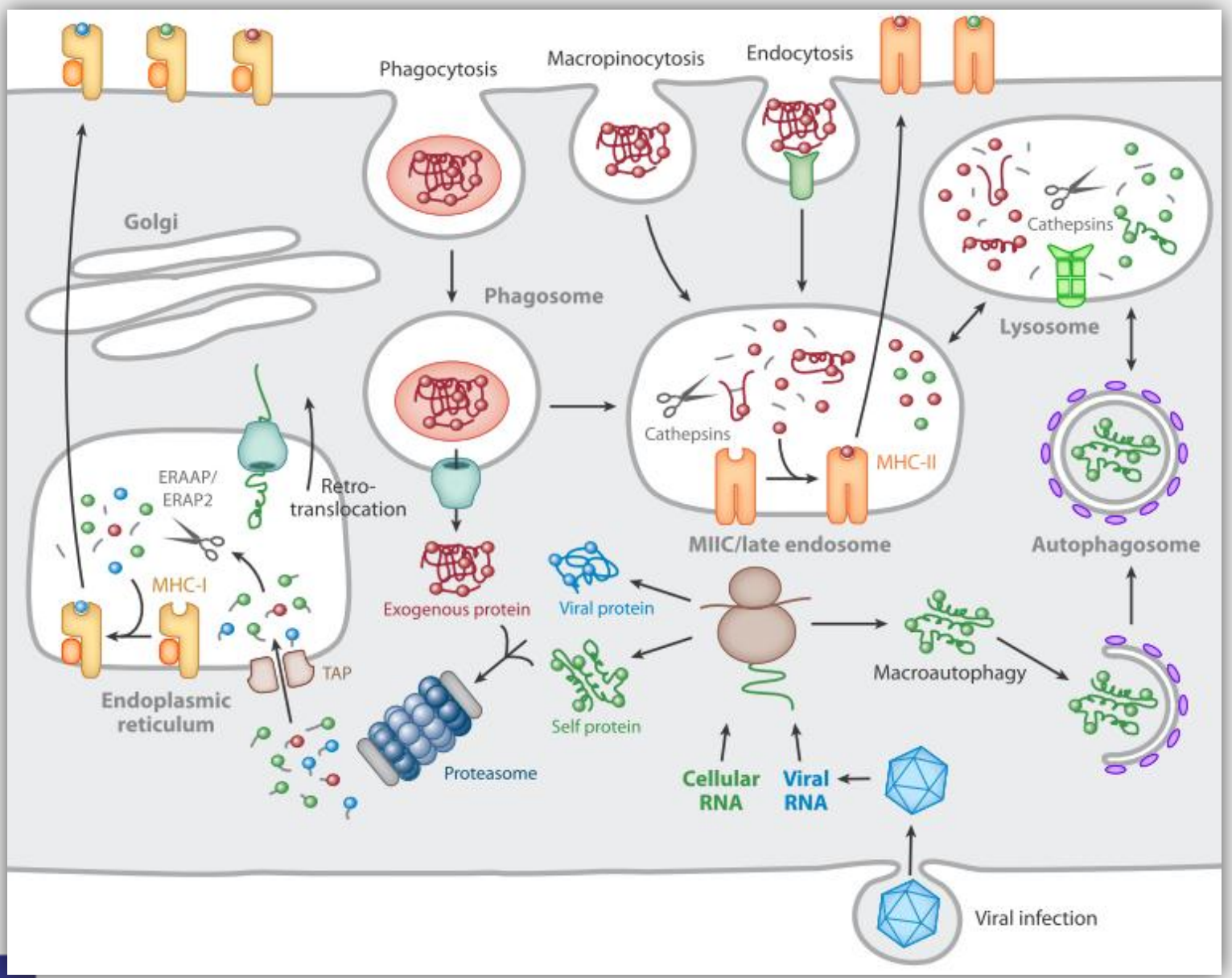
Yun-Jae Jung[a] So-Youn Woo[b] Myoung Ho Jang[c] Masayuki Miyasaka[d]
Kyung-Ha Ryu[e] Hae-Kyung Park[b] Ju-Young Seoh[b]

Eur. J. Immunol. 1992. *22:* 1919–1925

**Victoria Del Pozo◆,
Belen De Andrés◆,
Elena Martín▲,
Blanca Cárdaba▼,
Julio Cesar Fernández,
Soledad Gallardo,**

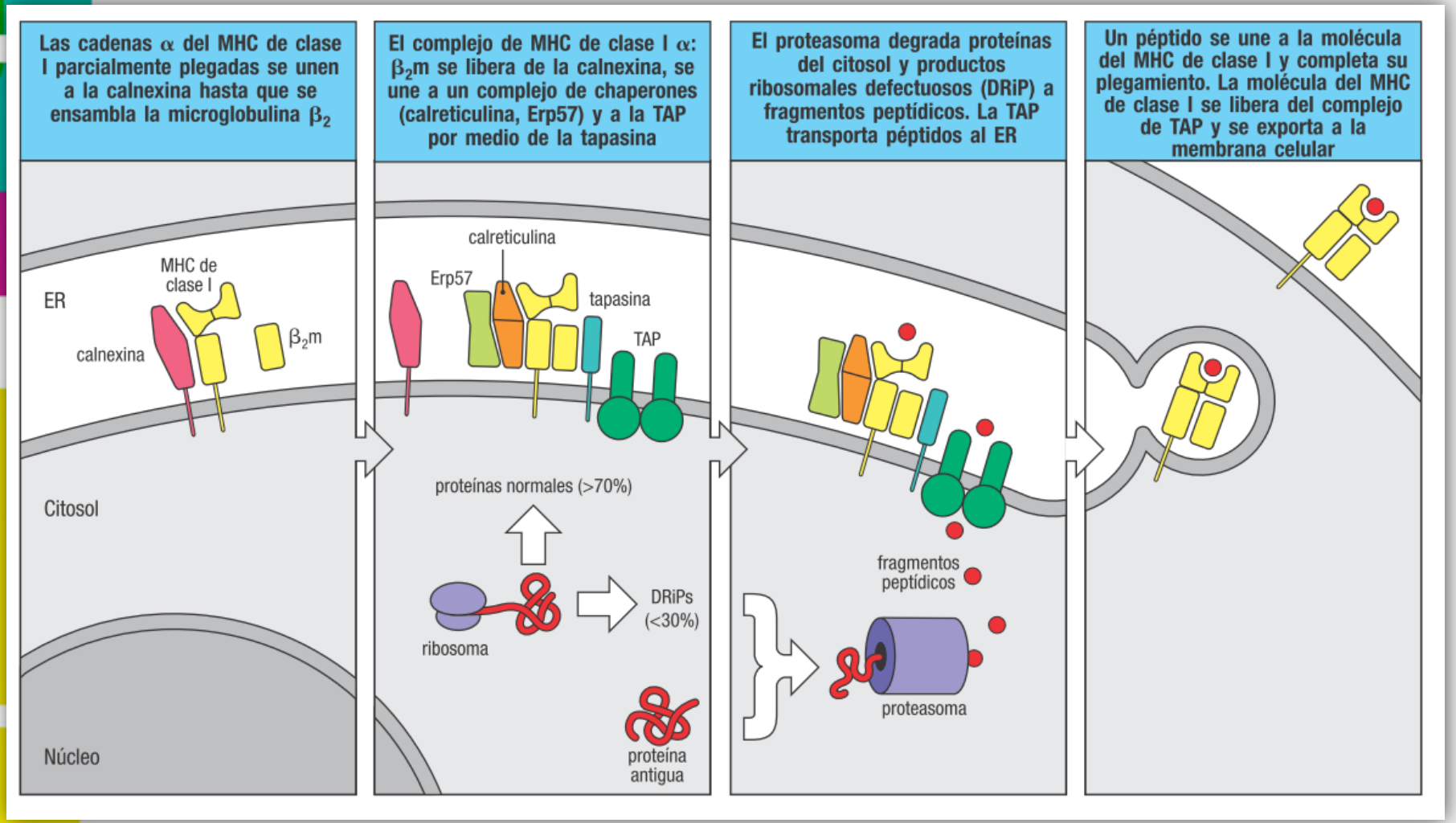
Eosinophil as antigen-presenting cell: activation of T cell clones and T cell hybridoma by eosinophils after antigen processing*

PRESENTACIÓN ANTIGÉNICA



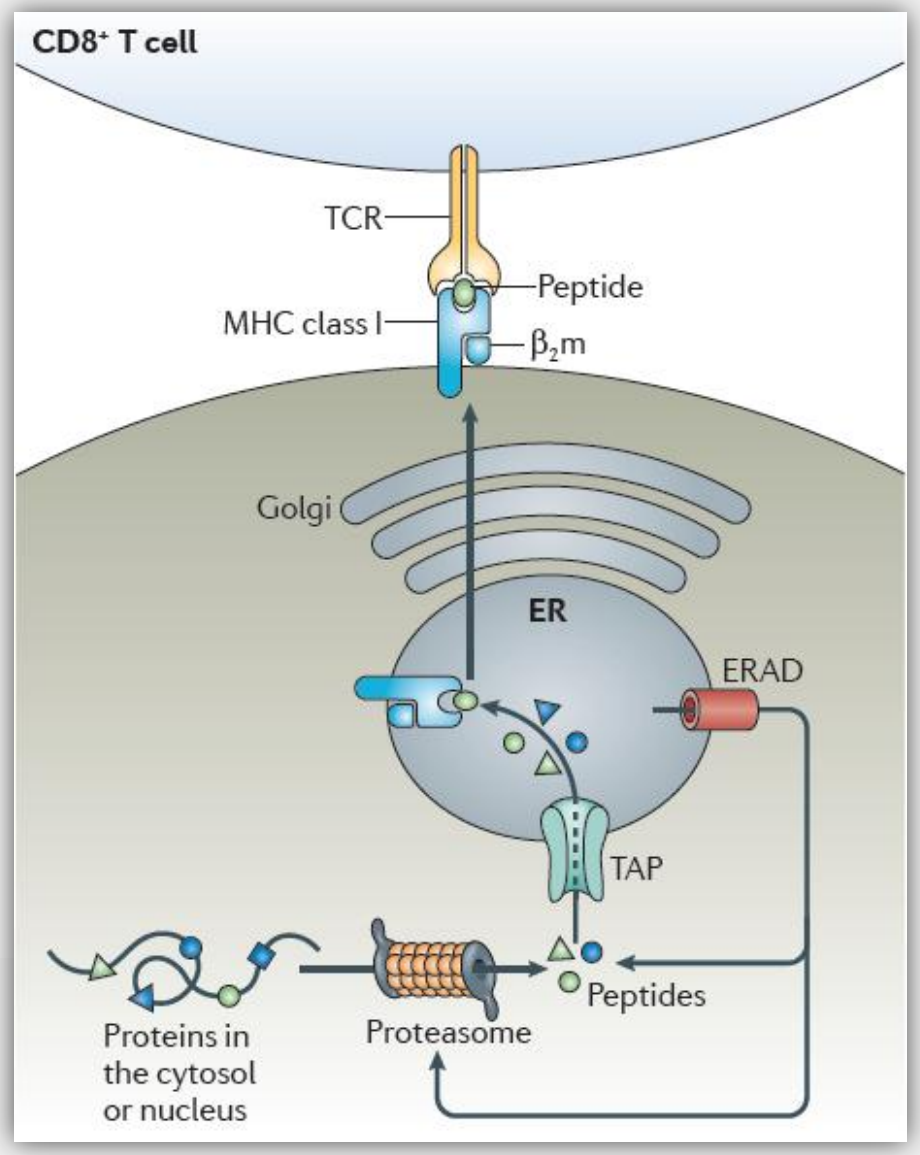
Annu. Rev. Immunol. 2013. 31:443

Presentación asociada al MHC I



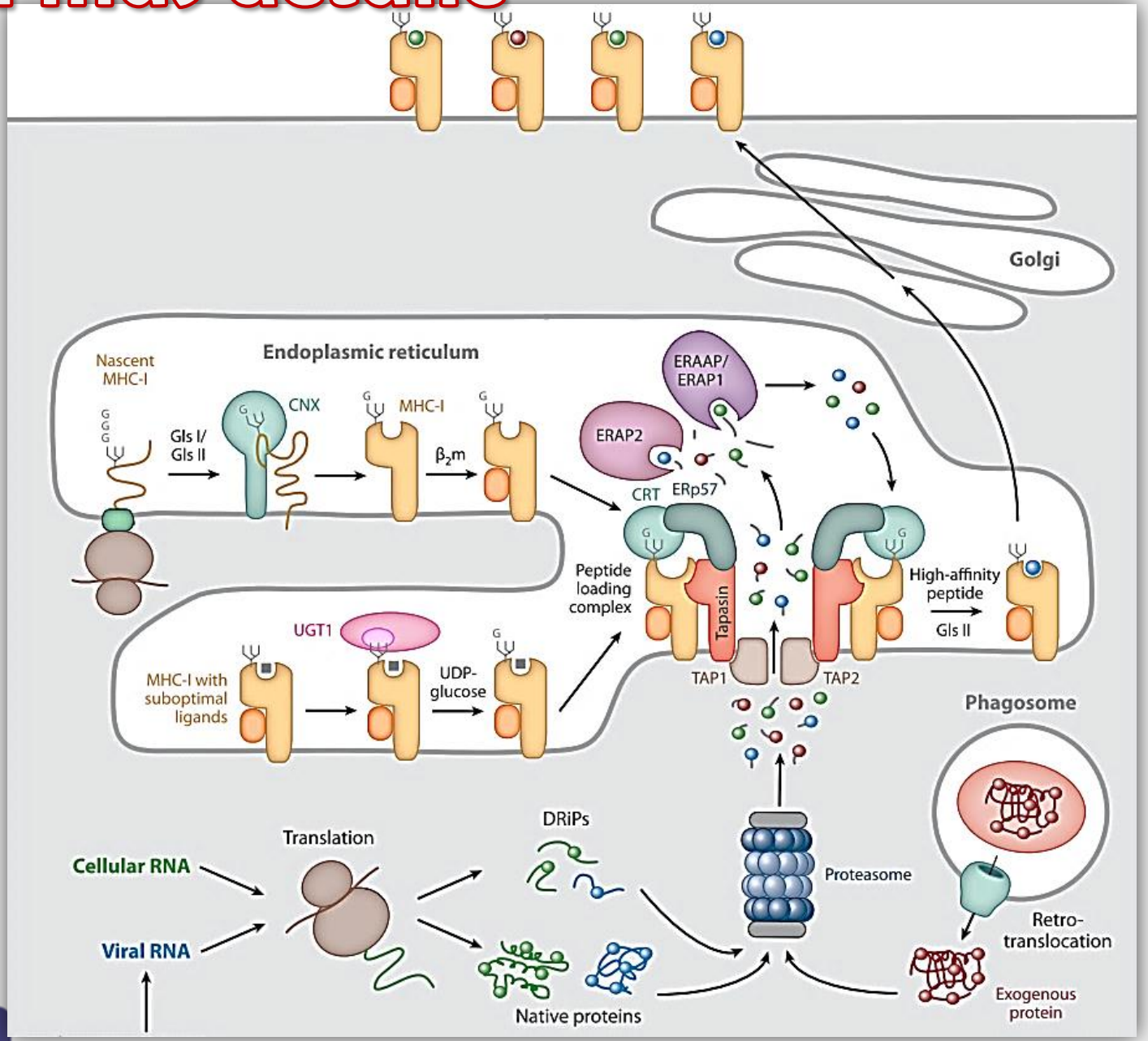
Presentación asociada al MHC I

- Proteínas citosólicas
- Patógenos intracelulares
- Células tumorales
- Antígenos exógenos (presentación cruzada)
- Presentación de Ag a linfocitos T CD8



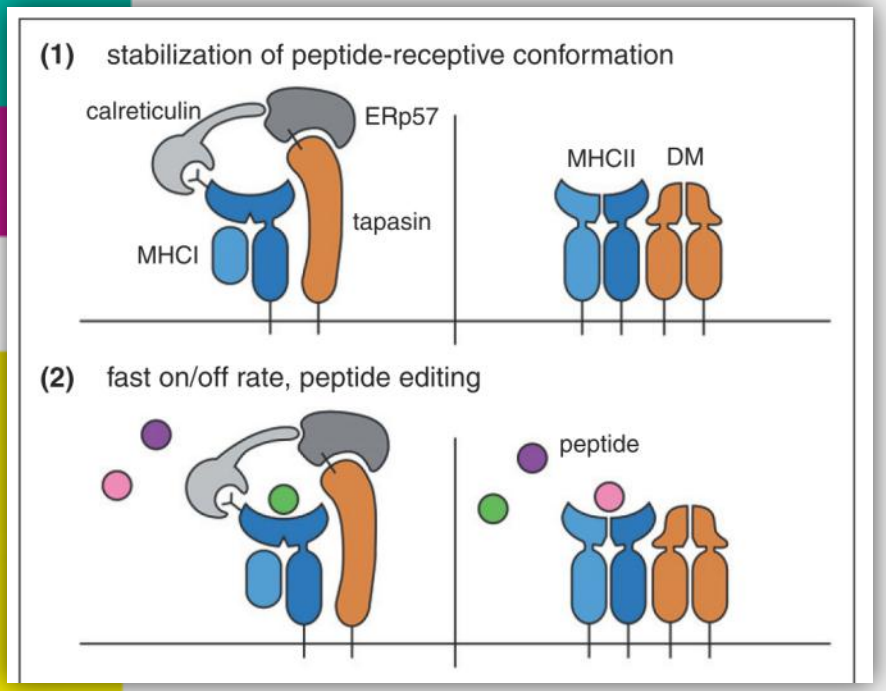
Nat Rev Immunol 2010; 10: 73. Nat Rev Immunol 2011; 11: 823

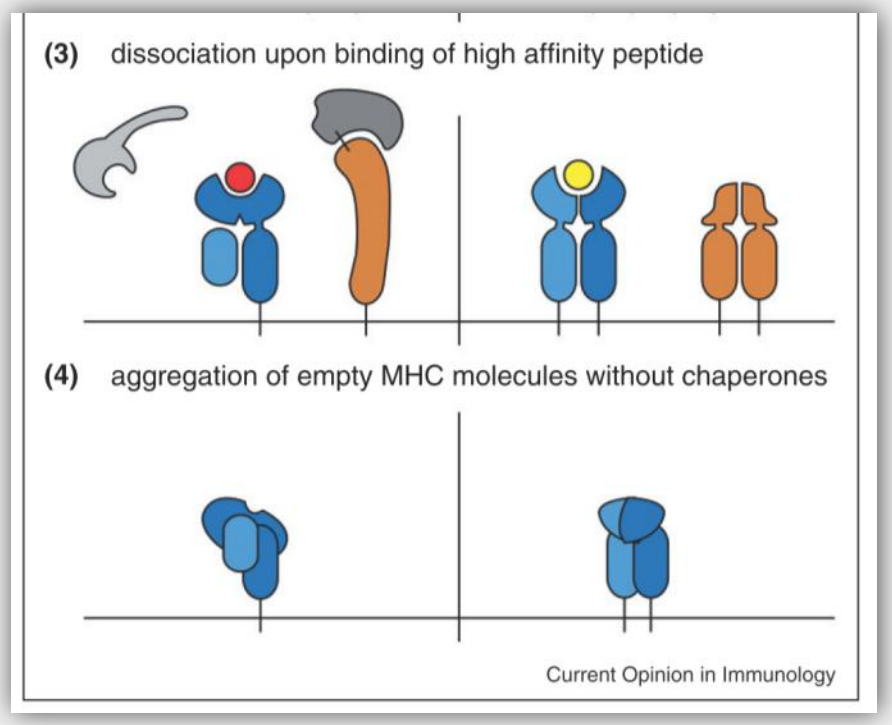
En más detalle



Curr Opin Immunol. 2008 Feb;20(1):75-81.

Chaperonas

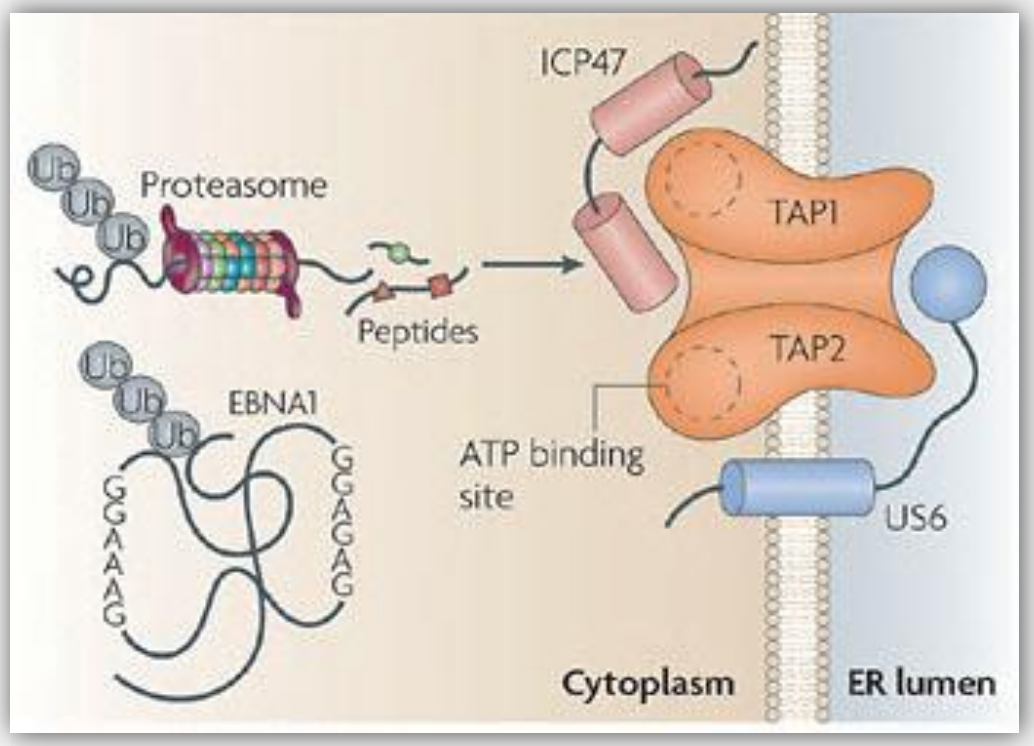




Current Opinion in Immunology 2012, 24:105–111

Papel de TAPs

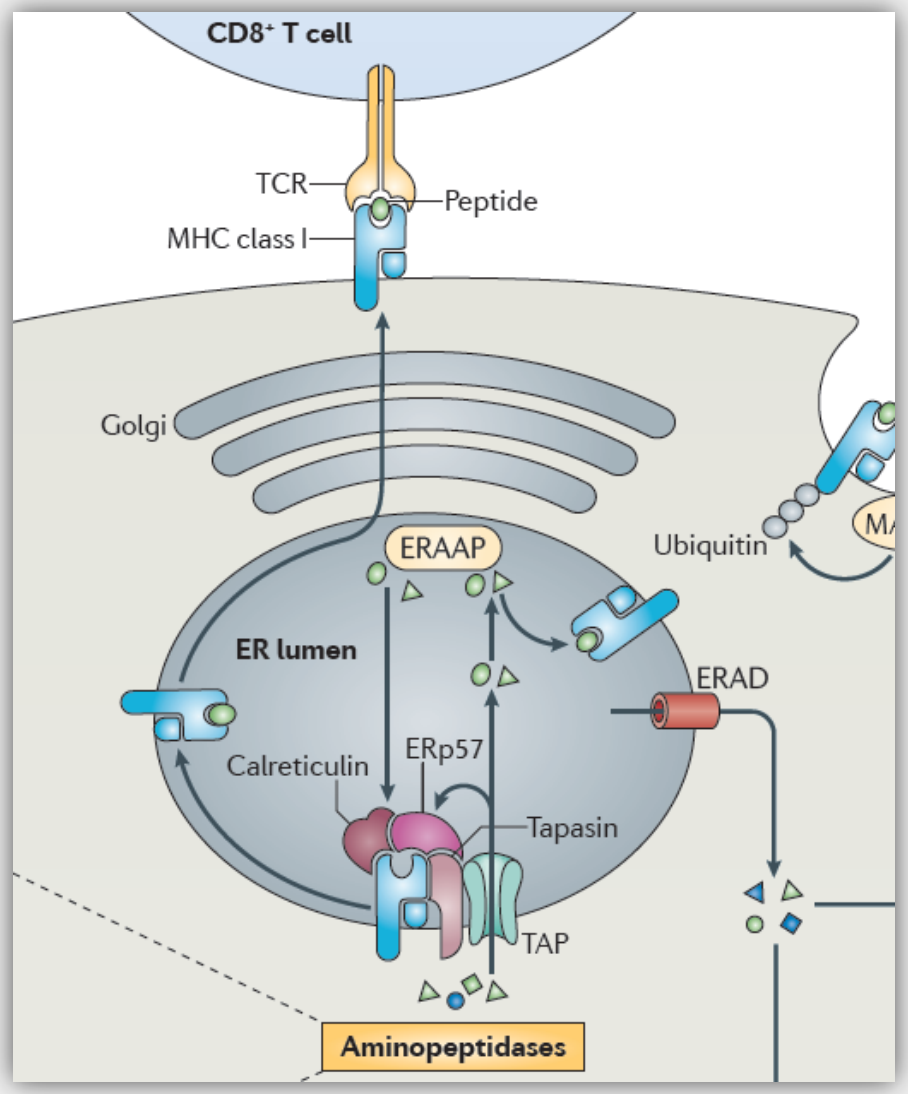
- Transportador asociado al procesamiento antigénico (TAP)
  - ✓ Dos subunidades
  - ✓ TAP1 Y TAP2
  - ✓ Genes ligados al MHC
- Familia de Transportadores ABC
- Transporte activo dependiente de ATP
- Péptidos 8-16 aa
- Extremos carboxílicos básicos o hidrófobos



Nat Rev Immunol 2010; 10: 73. Nat Rev Immunol 2011; 11: 823. J Biol Chem. 2012 Aug 3;287(32):27047

Tapasina

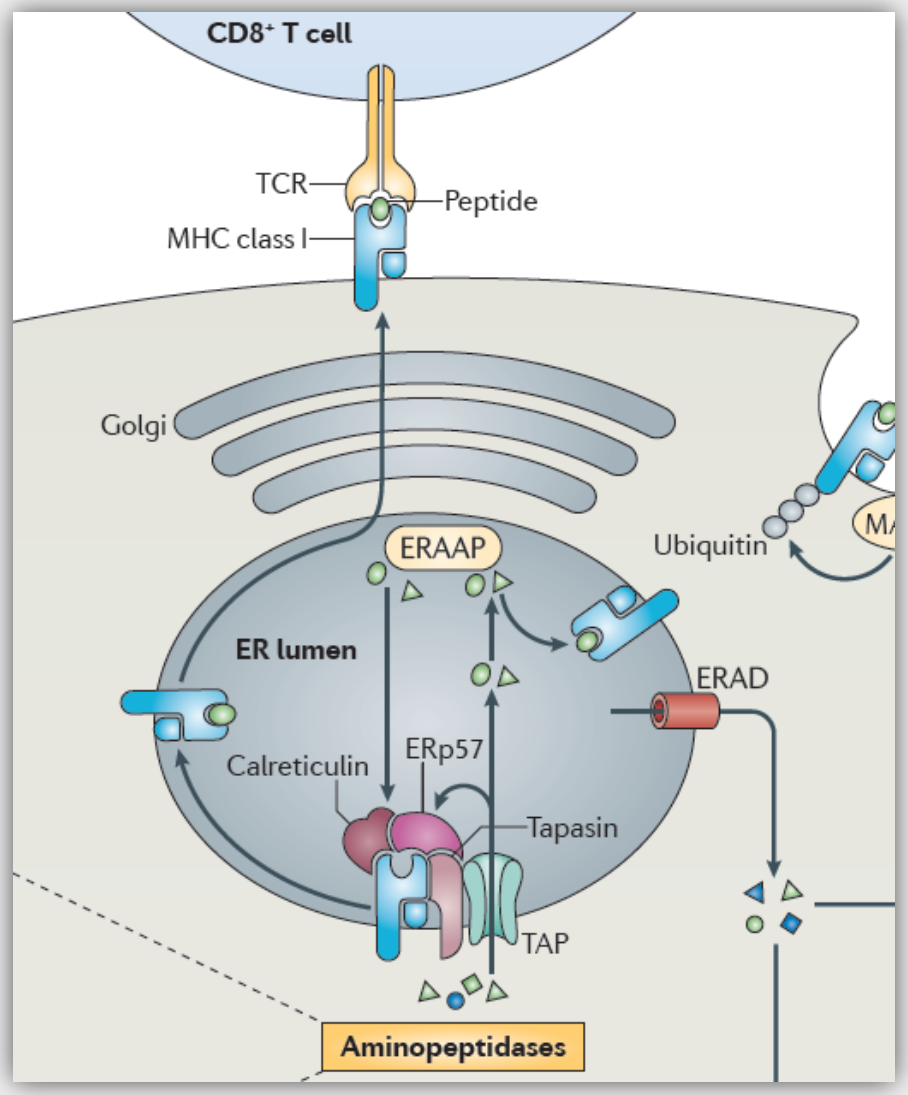
- Glicoproteína transmembrana
- Reclutamiento de dimeros MHC-I-β2 m y CRT
  - ✓ Edición de péptidos. Alta afinidad



Caramelo JJ et al. 2004. J. Biol. Chem. 279:46280. Ritter C et al. 2005. EMBO J. 24:1730. Solda T, et al. 2007. Mol. Cell 27:238. . Neefjes Nat Rev Immunol 2011; 11: 823

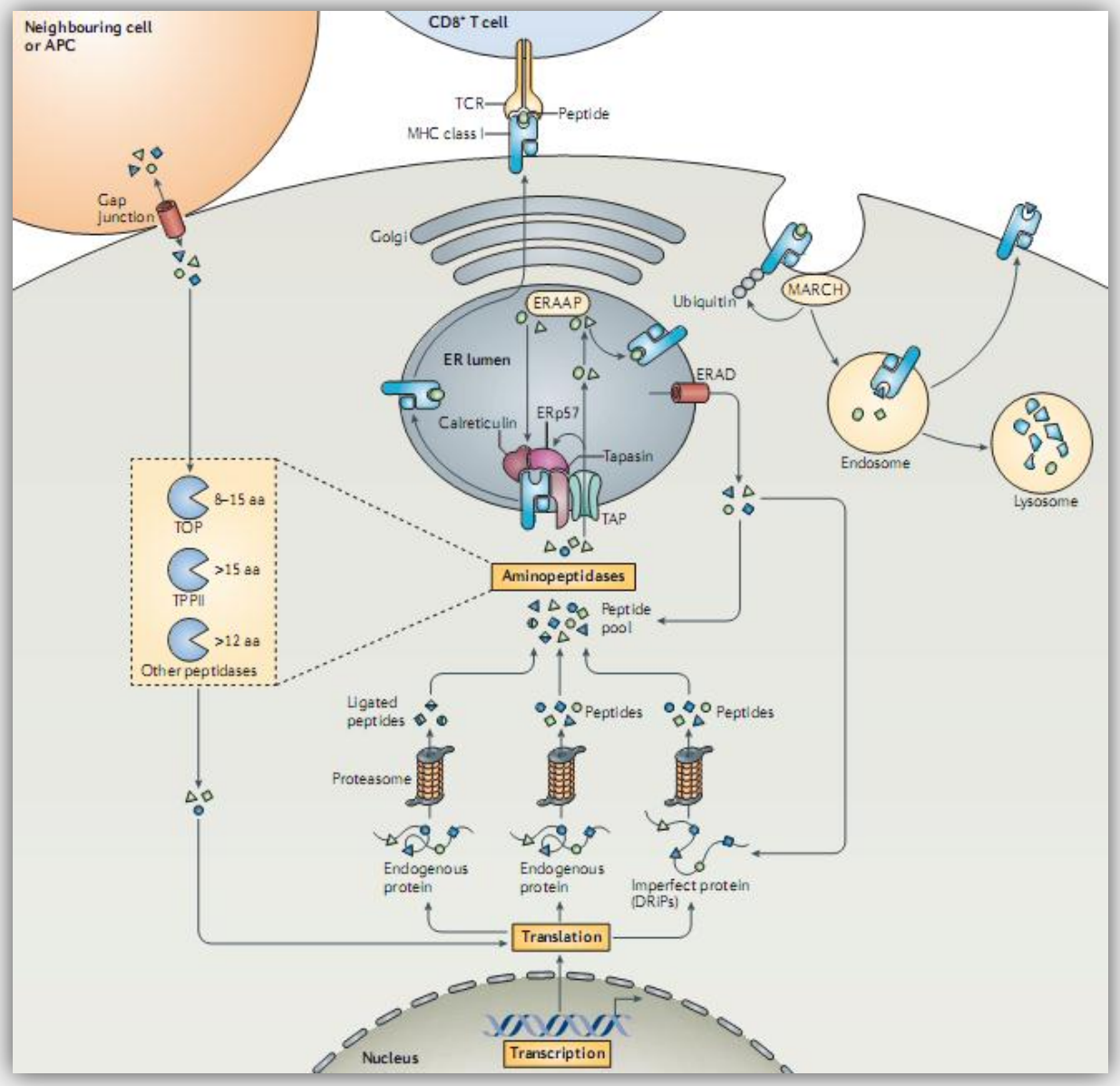
ERp57

- Estabilidad de tapasina
- Forma de U
- Isomerización de puentes disulfuro
- Alta especificidad de unión a glicoproteínas



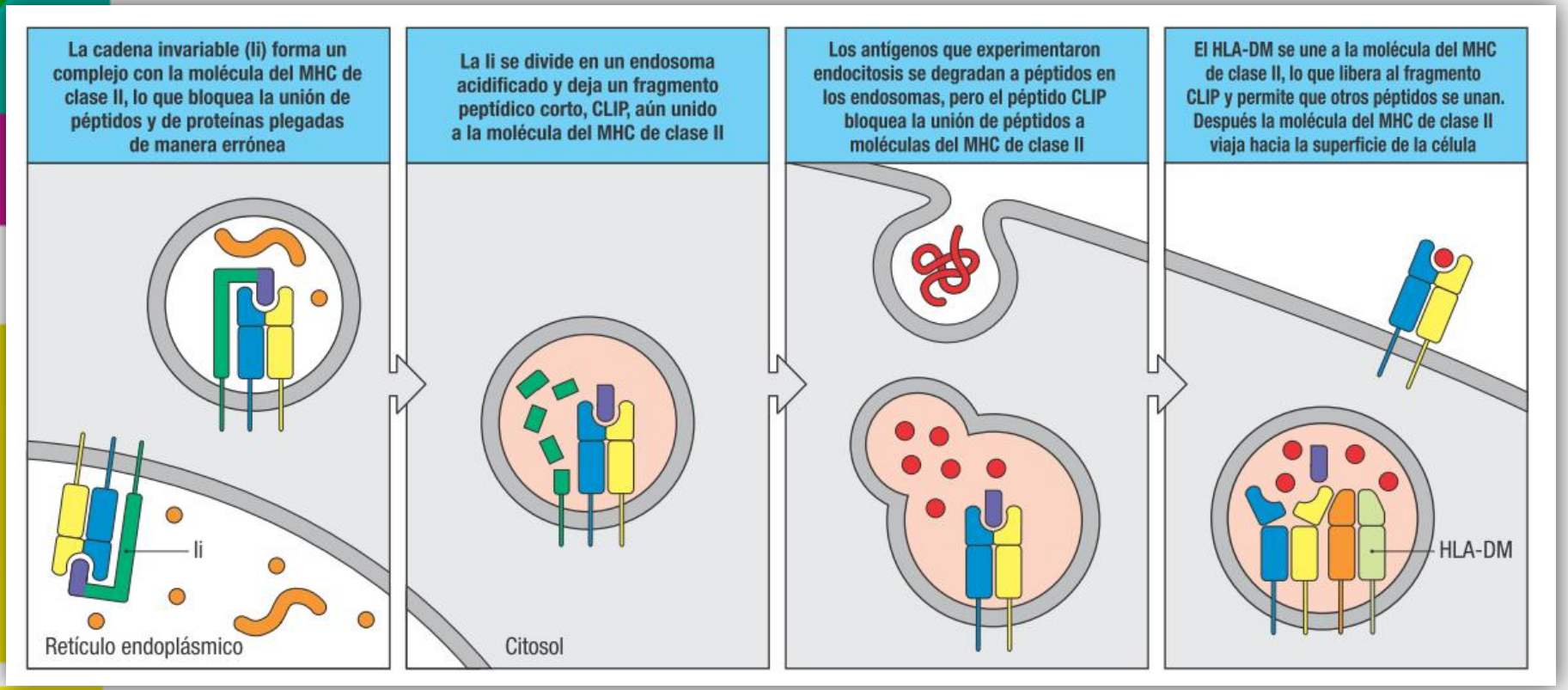
Caramelo JJ et al. 2004. J. Biol. Chem. 279:46280. Ritter C et al. 2005. EMBO J. 24:1730. Solda T, et al. 2007. Mol. Cell 27:238. . Neefjes Nat Rev Immunol 2011; 11: 823

Ay hazlo tu!!!!



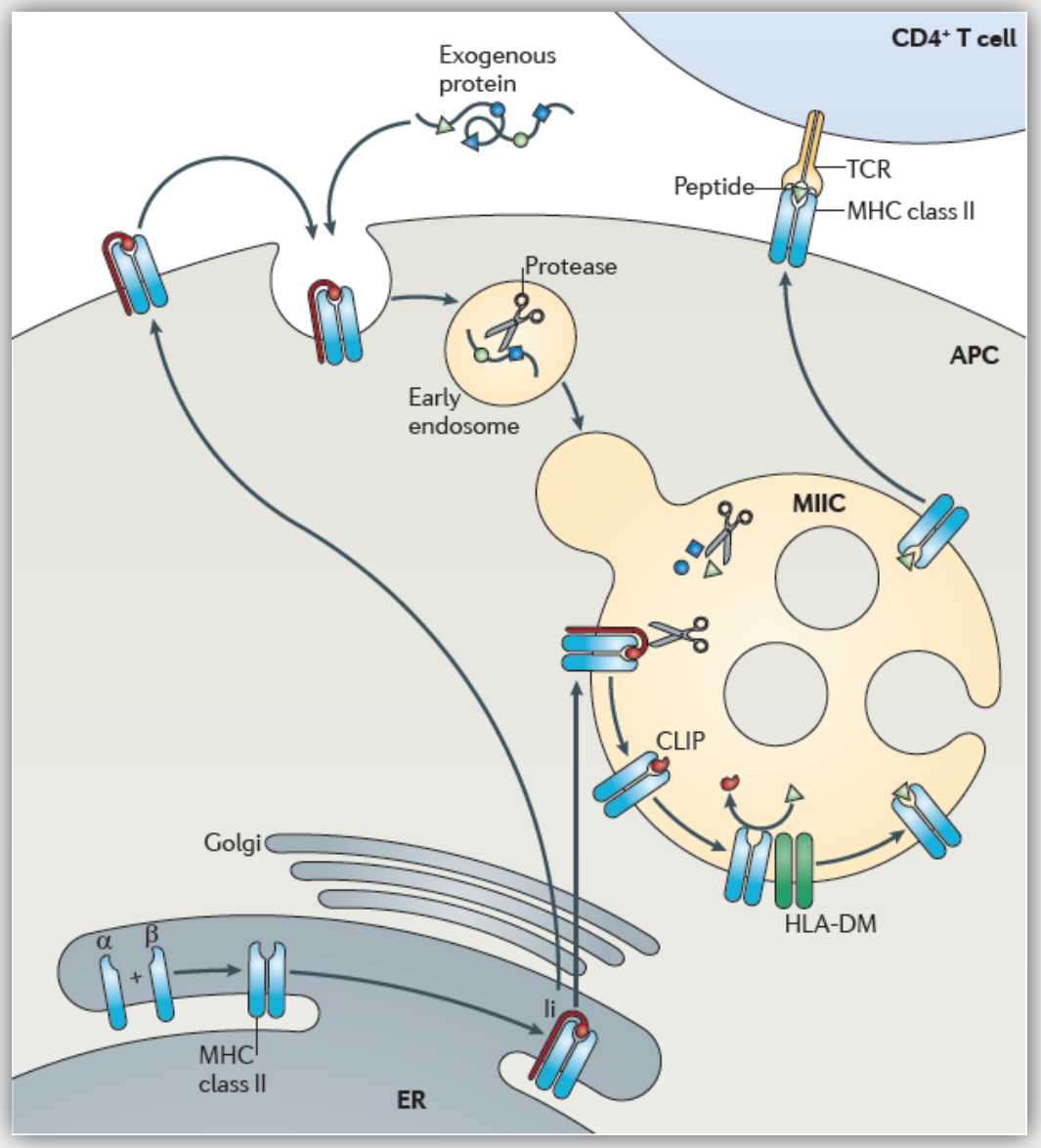
. J Immunol 2009;183;1083-1090.. J Immunol 2010;184:9-15. Nat Rev Immunol 2011; 11: 823

Presentación asociada al MHC II



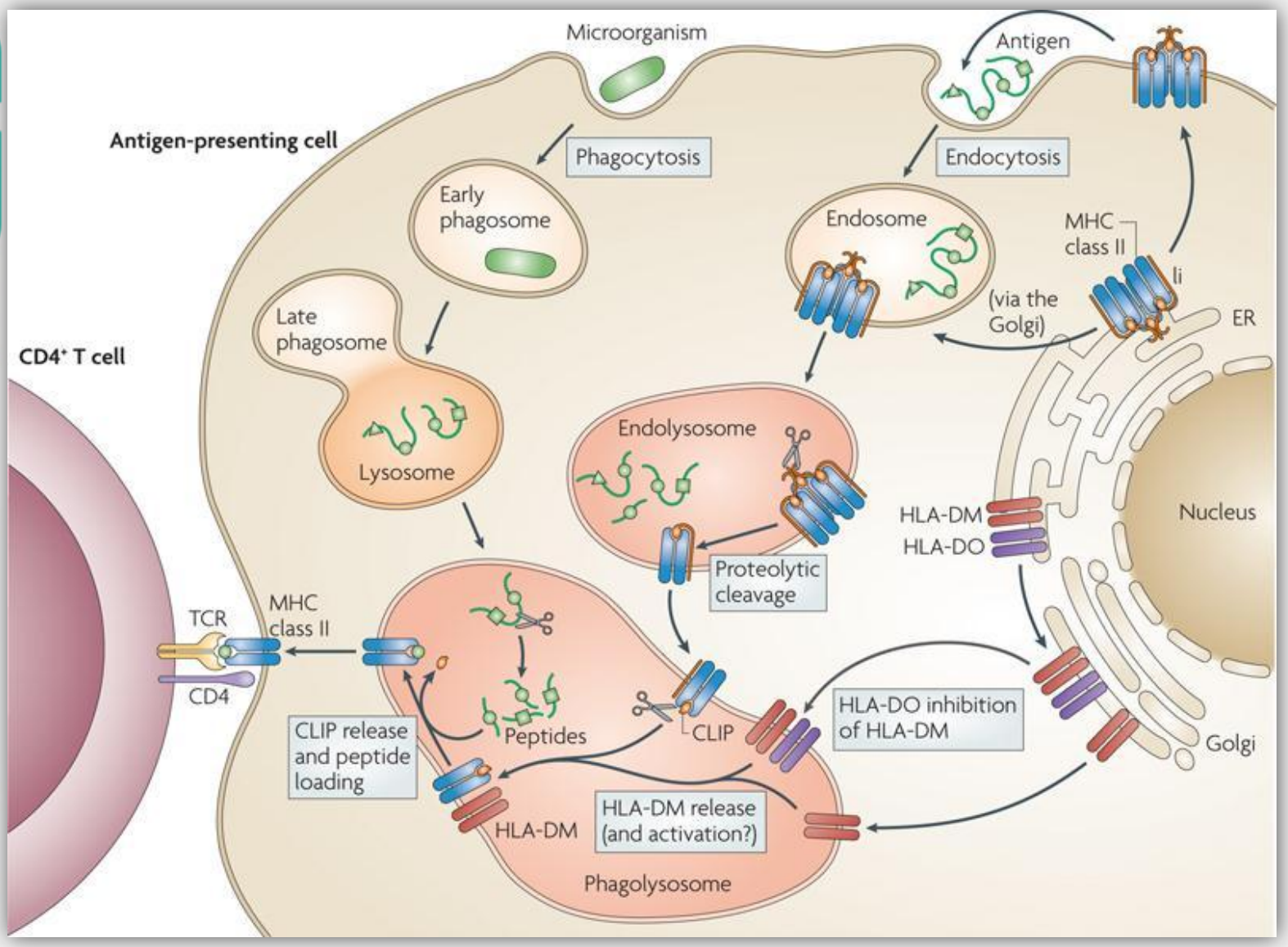
Presentación asociada al MHC II

- Antígenos exógenos
  - ✓ Receptores Fc
  - ✓ Receptores de C3b
  - ✓ BCR
  - ✓ DEC205
- Vía endocítica
- Microbios particulados
  - ✓ Fagosoma
  - ✓ Fusión con lisosomas
- Presentación a células CD4+



Curr Opin Immunol.2006; 18: 64. Nat Rev Immunol 2008; 8(8):607. Nat Rev Immunol 2011; 11: 823

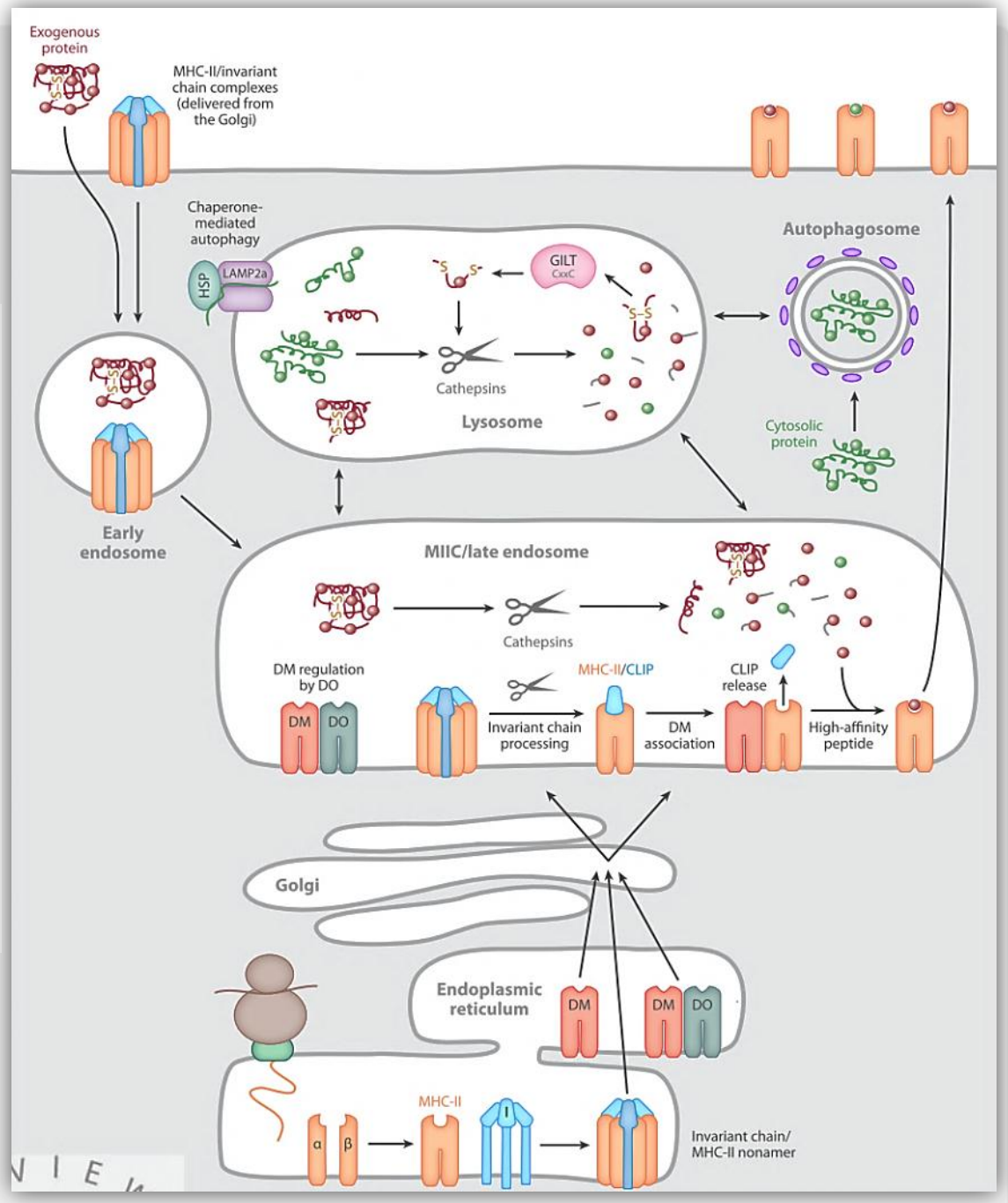
Regulación por DM/DO



Nature Reviews Microbiology 8, 296-307 (April 2010)

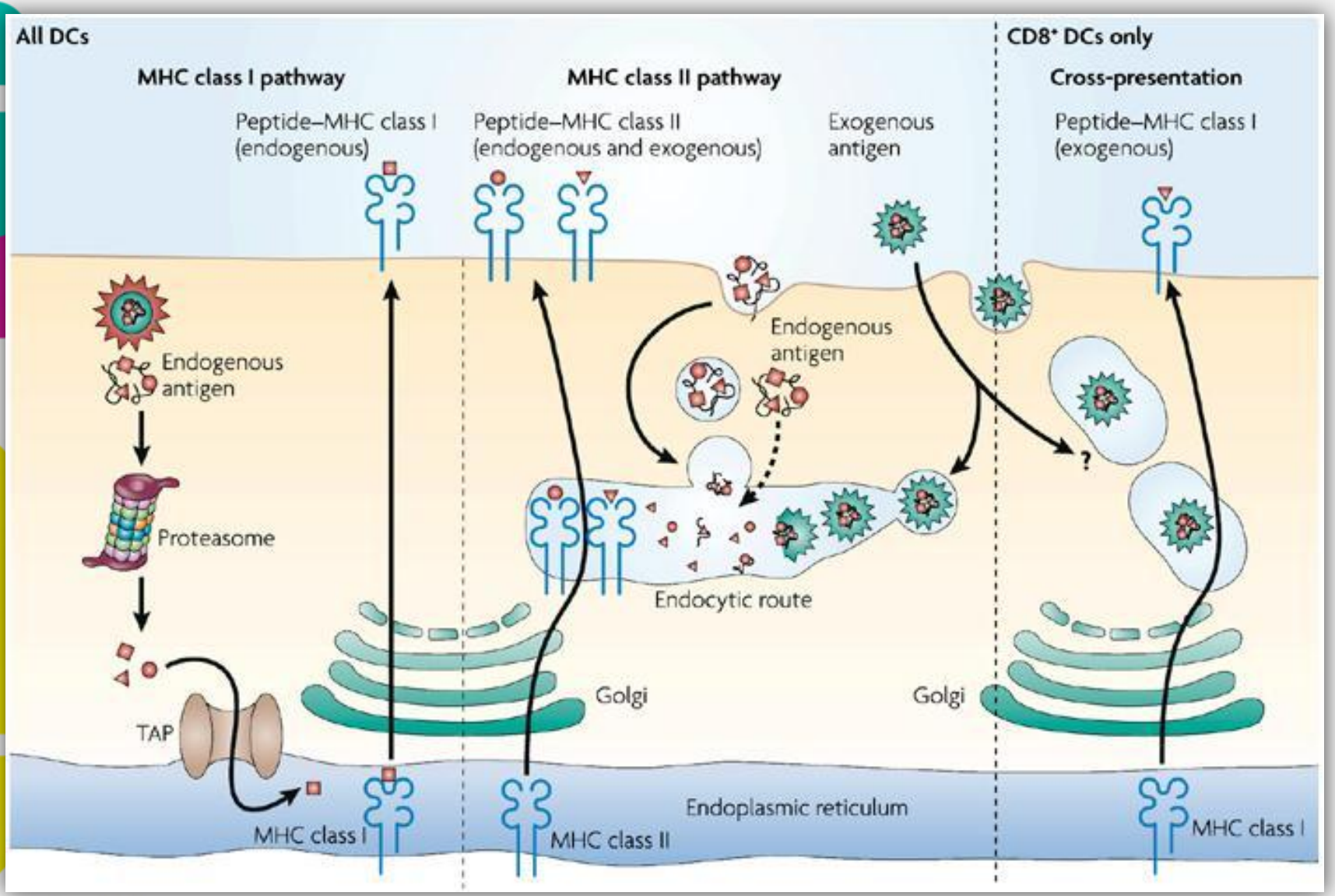
Sinopsis

- Cadena invariante (Ii)
- Glicoproteína transmembrana
- Distintas isoformas
- Chaperona de MHC-II
  - ✓ CD1, MHC-I, receptor Fcγ neonatal
- Direcciona el tráfico del MHC-II a endosomas



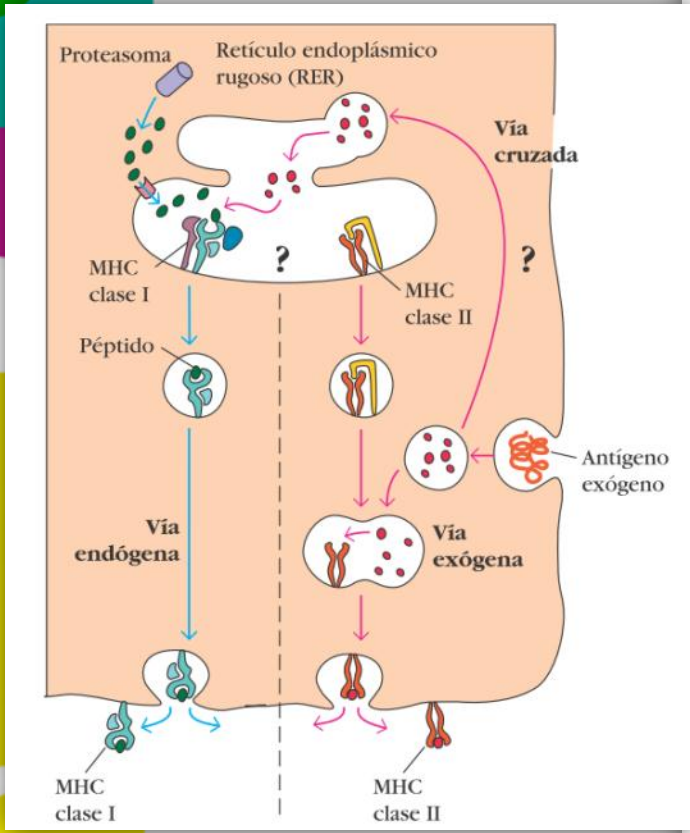
van Lith et al. 2010. J. Biol. Chem. 285:40800. Neefjes Nat Rev Immunol 2011; 11: 823. Blumm et al. Annu. Rev. Immunol. 2013

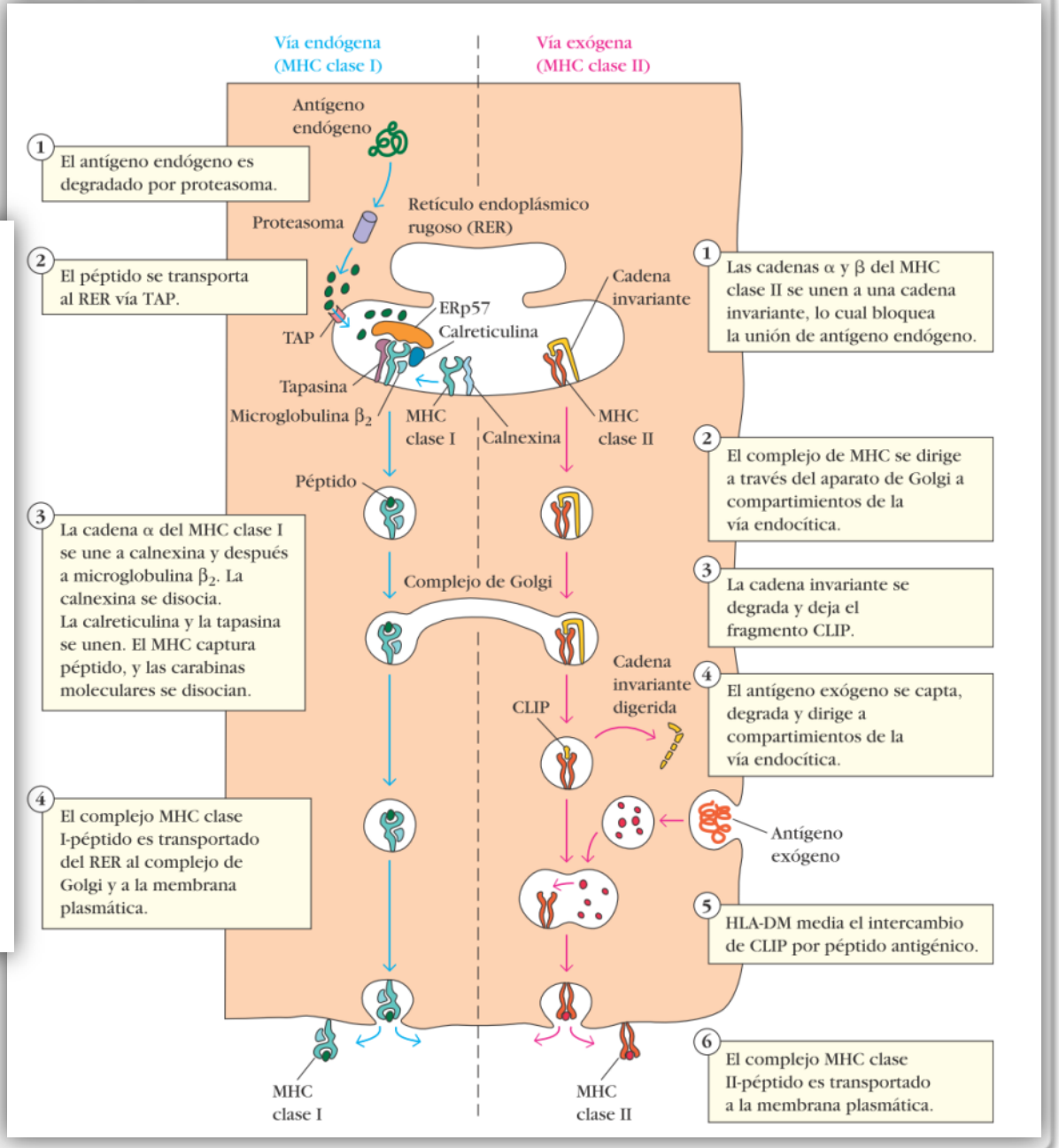
Presentación cruzada



Villadangos J, Schnorrer P. Nat Rev Immunol 2007; 7: 543

Otra vez todo





Moléculas no clásicas

Clase I

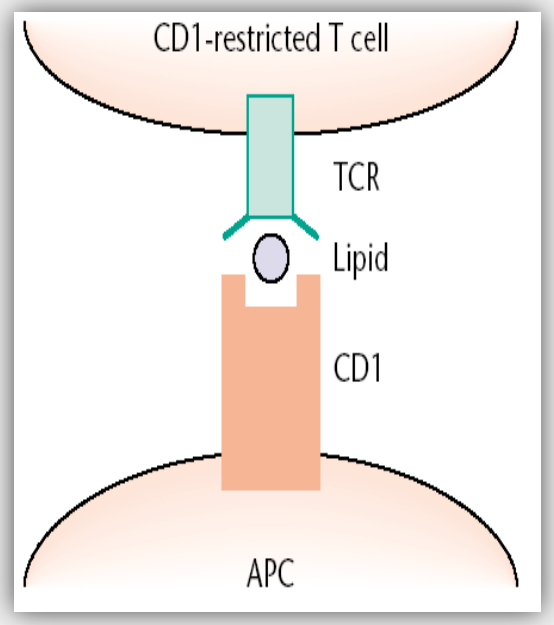
- En su mayoría son pseudogenes
- Polimorfismo escaso o nulo
- Pueden presentar péptidos a células T
- HLA-E-HLA-H, HLA-J, HLA-X
- Ligandos de NKG2D
- Familia MIC (MICA, MICE)
- CD1

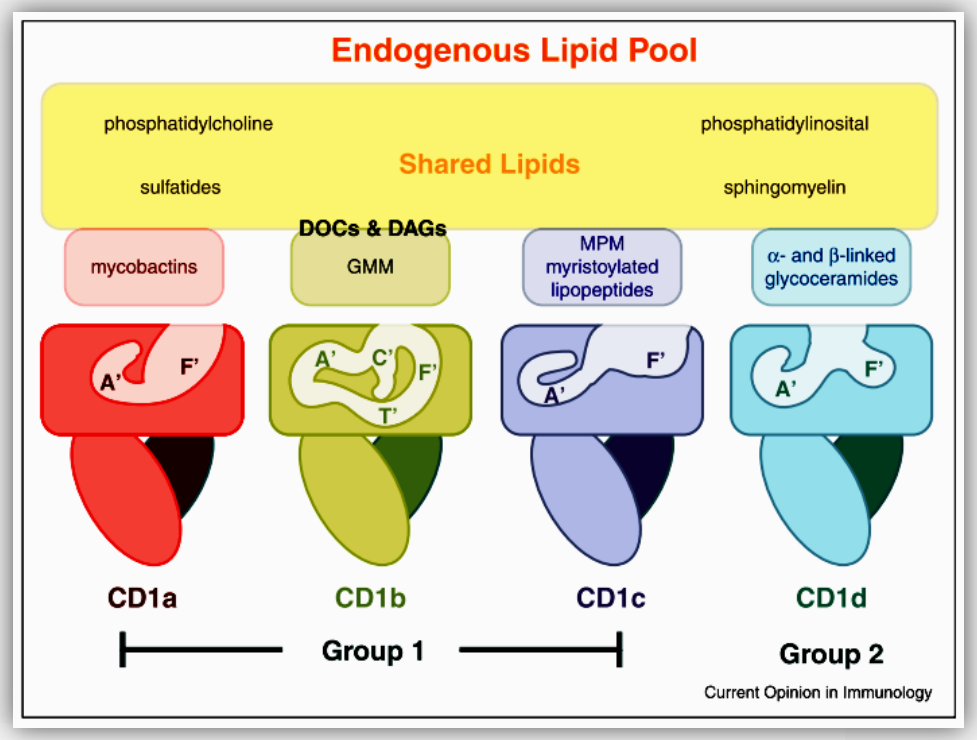
Clase II

- Limitado polimorfismo
- Unión del péptido a moléculas clase II
- Regulación de la presentación de antígenos mediada por el MHC II
  - ✓ HLA-DM
  - ✓ HLA-DO

Vias et al. Nat Rev Immunol 2008, 8: 607. Netea. Nat Med 2010; 16:28

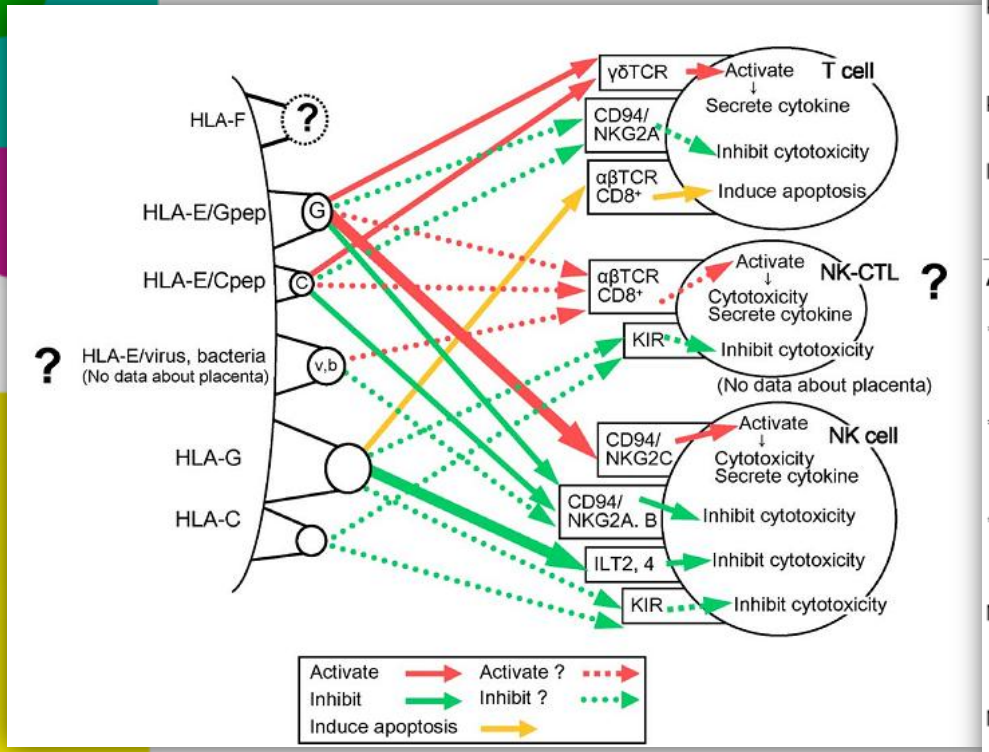
CD1

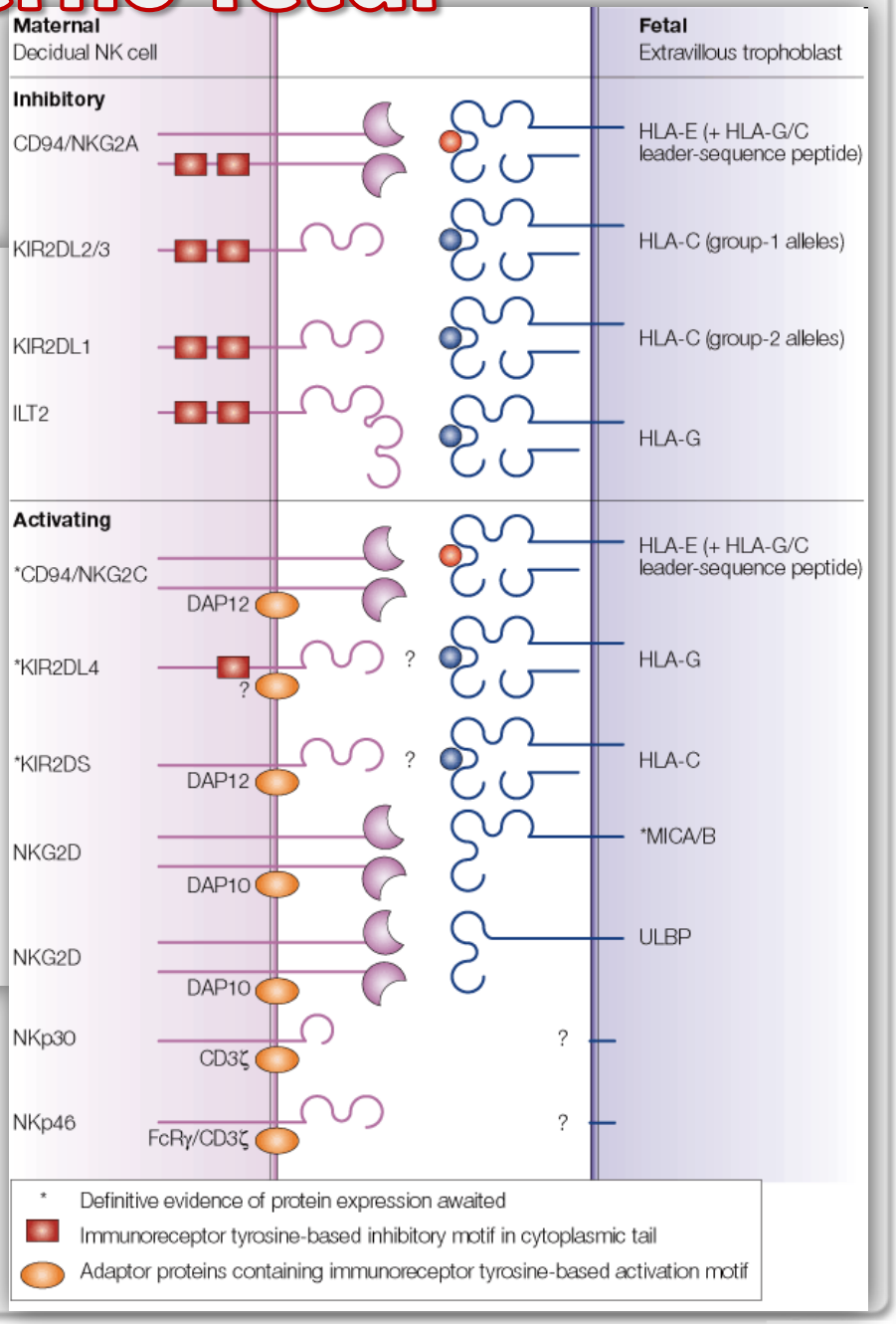




- Presente en compartimientos endosomales
- Glicolípidos microbiales
- Tolerancia central a lípidos propios
- CD1 a pesar de ser parecido a MHC-I, se comporta como MHC-II
- Los antígenos son lípidos y glucolípidos (micobacterias)
- Activa linfocitos T γδ y NKT

Tolerancia materno fetal





J Immunol Res. 2016;2016:4326495

Tolerancia materno fetal

Contents lists available at ScienceDirect

Journal of Reproductive Immunology

journal homepage: www.elsevier.com/locate/jreprimm

Maternal–fetal HLA sharing and preeclampsia: variation in effects by seminal fluid exposure in a case–control study of nulliparous women in Iowa

Elizabeth W. Triche[a,*], Karisa K. Harland[b,c], Elizabeth H. Field[d,e], Linda M. Rubenstein[f], Audrey F. Saftlas[f]

[a] Department of Epidemiology, Brown University School of Public Health, Providence, RI 02912, USA
[b] Department of Emergency Medicine, Roy J. and Lucille A. Carver College of Medicine, University of Iowa, Iowa City, IA 52242, USA
[c] Injury Prevention Research Center, College of Public Health, University of Iowa, Iowa City, IA 52242, USA
[d] Veterans Affairs Medical Center, Iowa City, IA 52246, USA
[e] Department of Internal Medicine, Roy J. and Lucille A. Carver College of Medicine, University of Iowa, Iowa City, IA 52242, USA
[f] Department of Epidemiology, University of Iowa College of Public Health, Iowa City, IA, USA

Journal of Reproductive Immunology 101–102 (2014) 111–119

Interconsulta

Paciente:
HLA- A*0201
B*0702
Cw*0401
DRB1*0101
DQB1*0501

Donante 1:
HLA- A*0202
B*0702
Cw*0401
DRB1*0104
DQB1*1206

Donante 2:
HLA- A*0201
B*1602
Cw*0401
DRB1*0101
DQB1*0501

Preguntas:

a) ¿Cuál de los donantes escoge para el trasplante? explique.
b) Explique la relevancia de las diferentes moléculas del HLA en la fisiología de trasplantes.
c) Explique la relevancia clínica de los haplotipos del HLA en relación a los trasplantes, de algunos ejemplos en función de sus RR o HR, explique.
d) Explique las patologías GVHD y HVGD.

Evaluación

Sección 01:

2
Solymar Castillo
Luisely Barrios
Andrea Gonzalez
Veronica Garcia
Manuela Becerra
Angelica Contreras
Jose Balza

Sección 02:

2
Eberto Sosa
Oriana Nava
Valentina Monsalve
Kelly Villamizar
Alejandra Rangel
Mayra Obregón
Liliana Zerpa

Entrega 07 días

Martes 24:00 h

¡Pregunten Ahora o Callen Para Siempre!

Guillermo Teran-Angel
guillermondi@gmail.com
http://guillermo.vv.si


¡Gracias por la atención!