

# Imunologia de Mucosa

**Denise Moraes da Fonseca**

Laboratório de Imunologia de Mucosas

Instituto de Ciências Biomédicas – Universidade de São Paulo

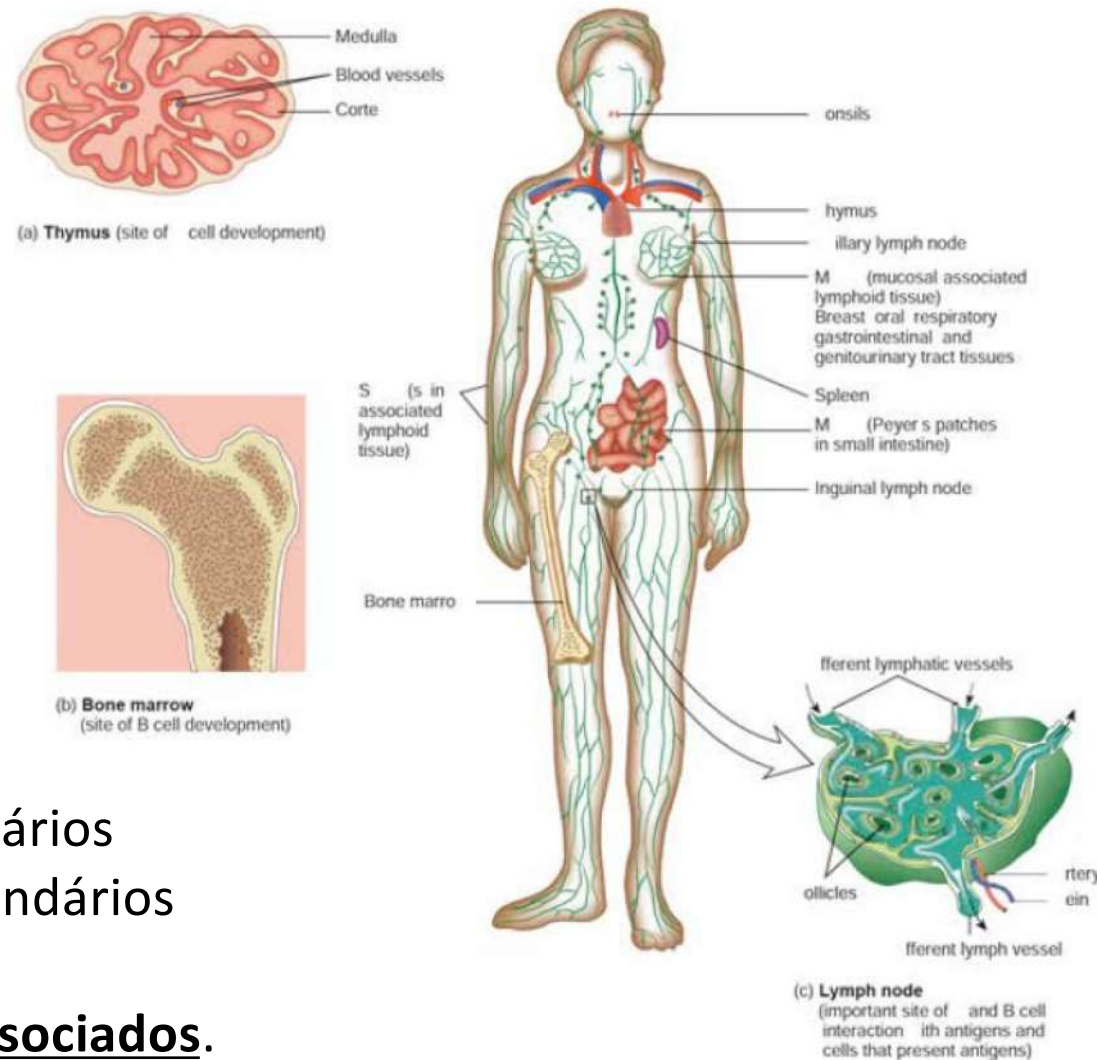
2022

# Tópicos da aula

---

- Componentes do sistema imune de mucosa:  
barreira física e barreira ativa
- Respostas canônicas: Tolerância Oral, Imunidade a vacinas, Th17/22, IgA, Linfócitos Inatos
- Particularidades de tecidos de barreira
- Interação com microbiota

# Como está organizado o sistema imunológico pelo corpo ?



- Órgãos linfoides Primários
- Órgãos linfoides Secundários
- Circulação
- **Barreiras e órgãos associados.**

Figure 13.2: The distribution of Lymphoid tissues in the body

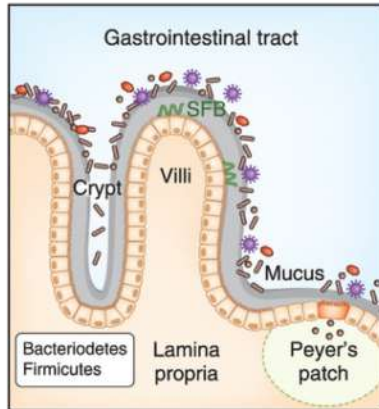
# Porque estudar o Sistema Imune de mucosa?

---

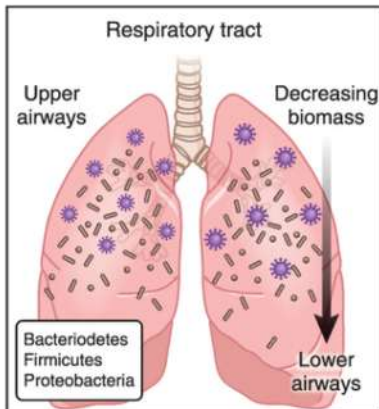
## Números de Linfócitos em Diferentes Tecidos

|              |                                                                                                       |
|--------------|-------------------------------------------------------------------------------------------------------|
| Baço         | $70 \times 10^9$   |
| Linfonodos   | $190 \times 10^9$                                                                                     |
| Medula óssea | $50 \times 10^9$                                                                                      |
| Sangue       | $10 \times 10^9$                                                                                      |
| Pele         | $20 \times 10^9$                                                                                      |
| Intestinos   | $50 \times 10^9$  |
| Fígado       | $10 \times 10^9$                                                                                      |
| Pulmões      | $30 \times 10^9$                                                                                      |

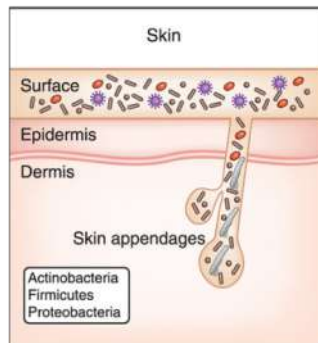
# Porque estudar o Sistema Imune de mucosa/barreira?



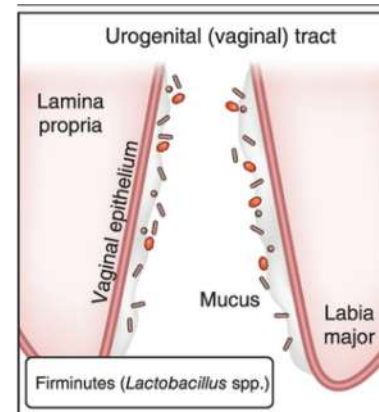
- Absorção de nutrientes
- Tolerância
- Superfície (200m<sup>2</sup>)



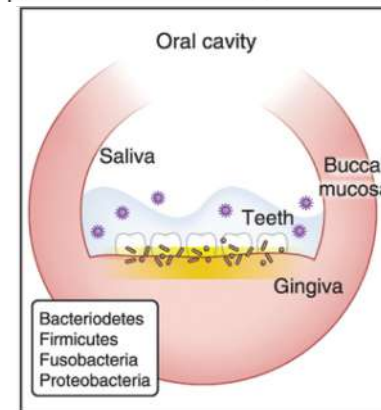
- Respiração
- Exposição a antígenos ambientais



- Superfície
- Exposição ambiental

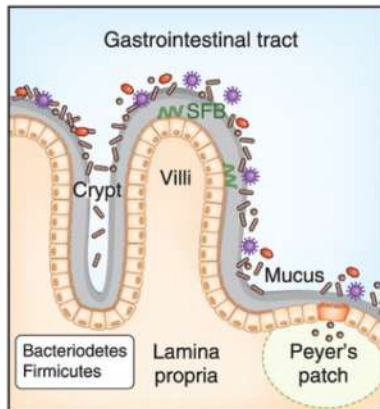


- Reprodução
- Exposição ambiental

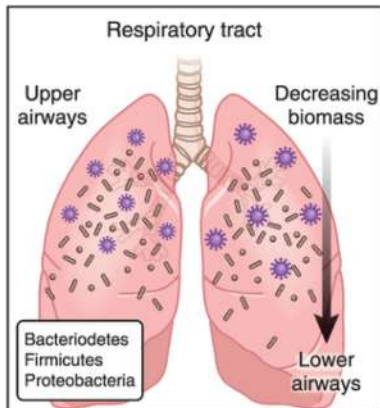


- Digestão
- Exposição ambiental

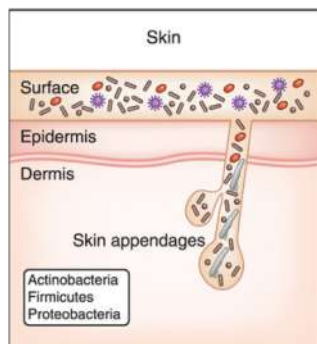
# Porque estudar o Sistema Imune de mucosa/barreira?



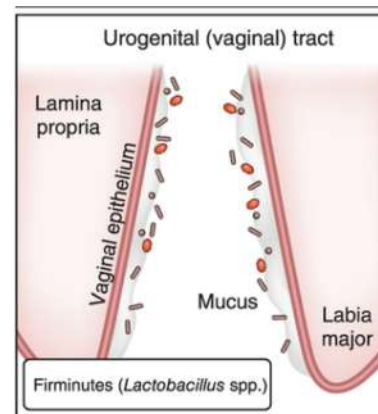
- Absorção de nutrientes
- Tolerância
- Superfície (200m<sup>2</sup>)
- Tonsilas, linfonodos dren.
- Placas de Peyer
- Lâmina própria, GALT



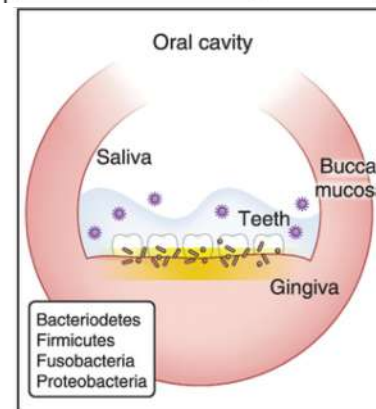
- Respiração
- Exposição a antígenos ambientais
- Tonsilas
- Adenóides
- Foliculos linfóides associados



- Superfície
- Exposição ambiental
- Epitélio estratificado queratinizado
- Aglomerados celulares



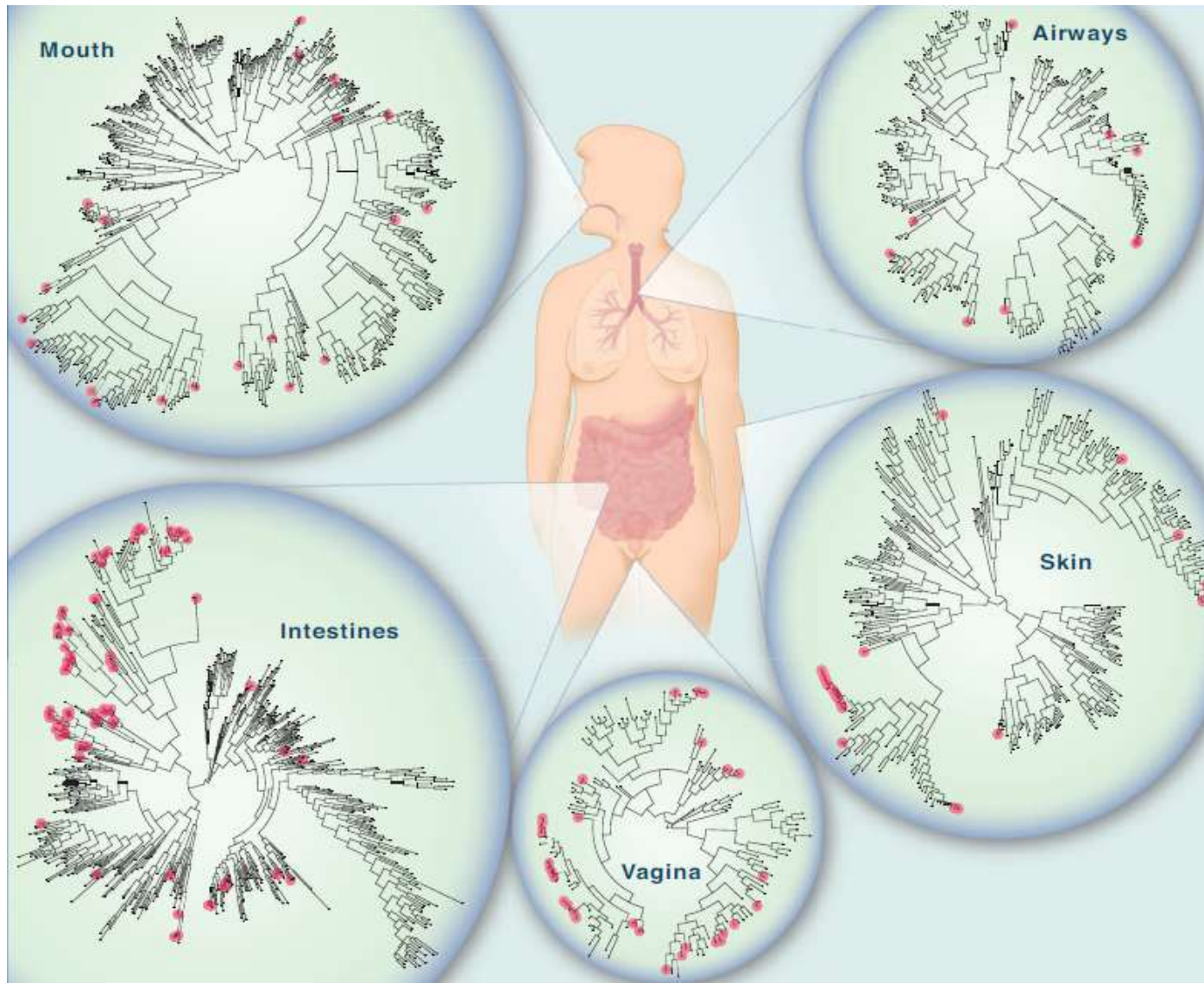
- Reprodução
- Exposição ambiental



- Digestão
- Exposição ambiental

GALT: Gut-associated lymphoid tissue  
BALT: Bronchial-associated lymphoid tissue  
NALT: Nasal-associated lymphoid tissue

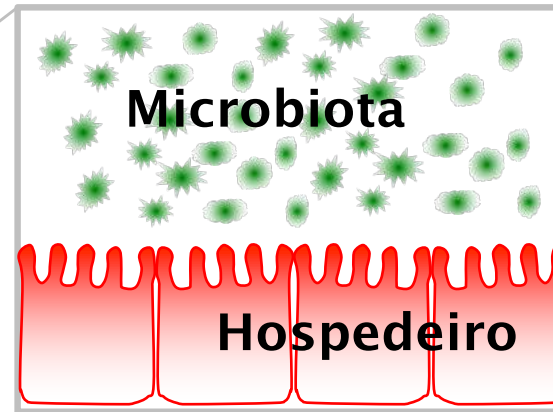
# 'Meta'organismo humano



## Fisiologia

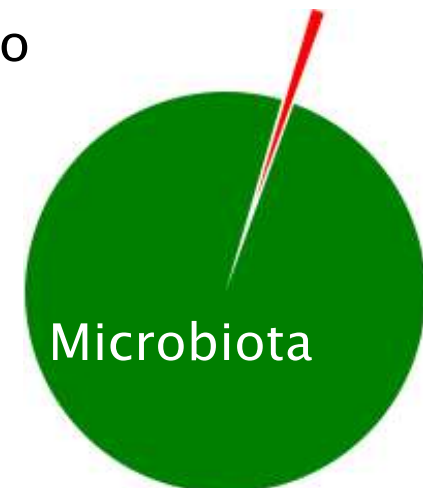
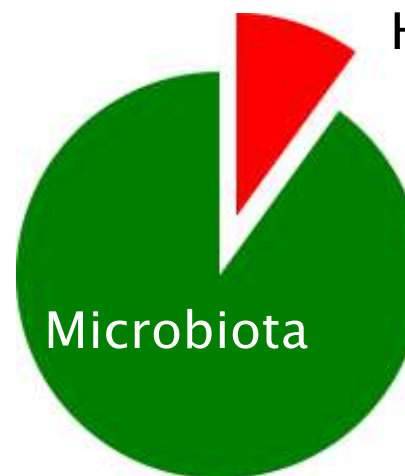
- Absorção de Nutrientes
- Síntese de Vitaminas
- Metabolismo de bile e hormônios
- Fermentação de carboidratos
- Comportamento e Cognição
- **Sistema Imunológico**

# 'Meta'organismo humano

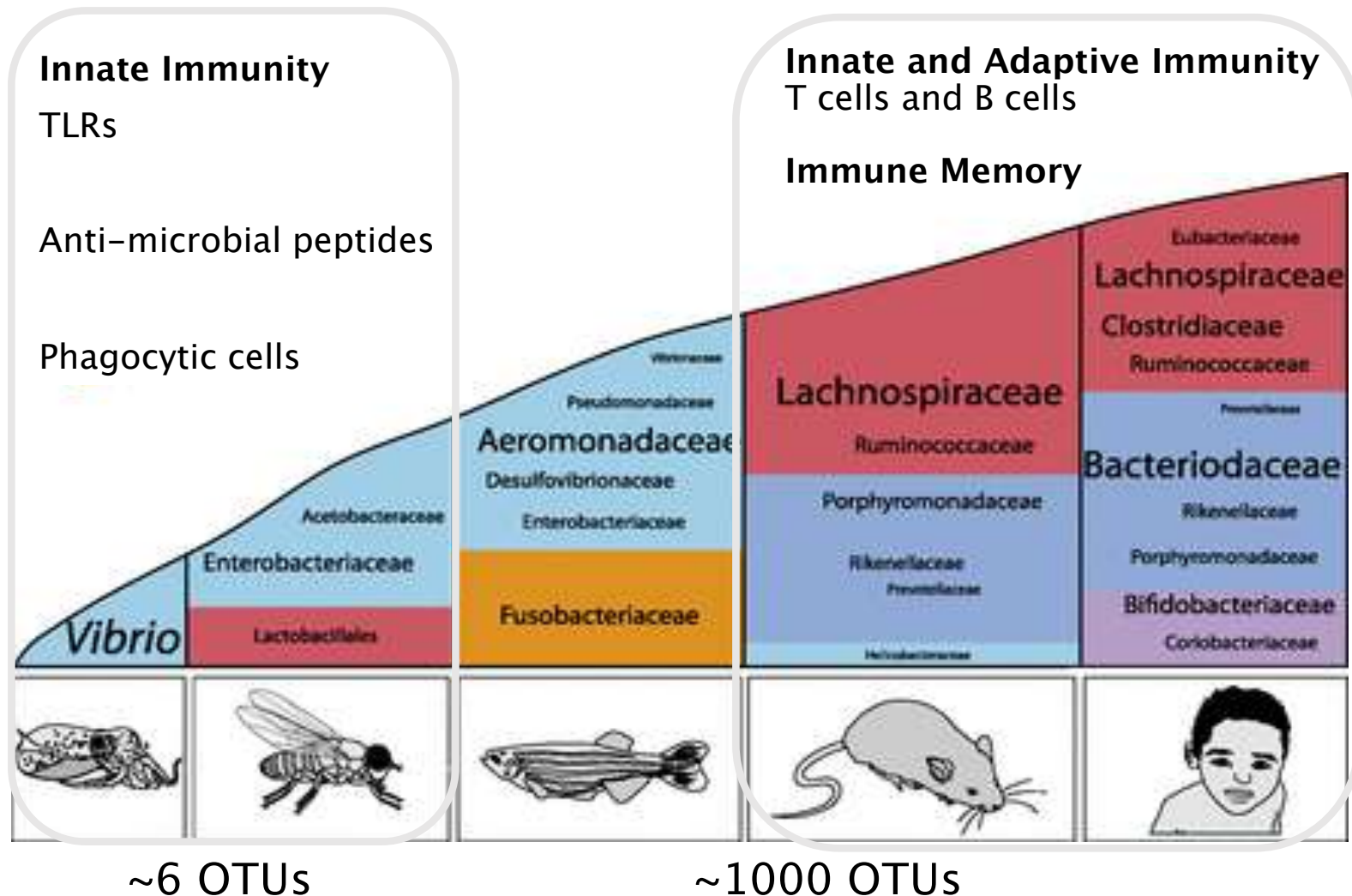


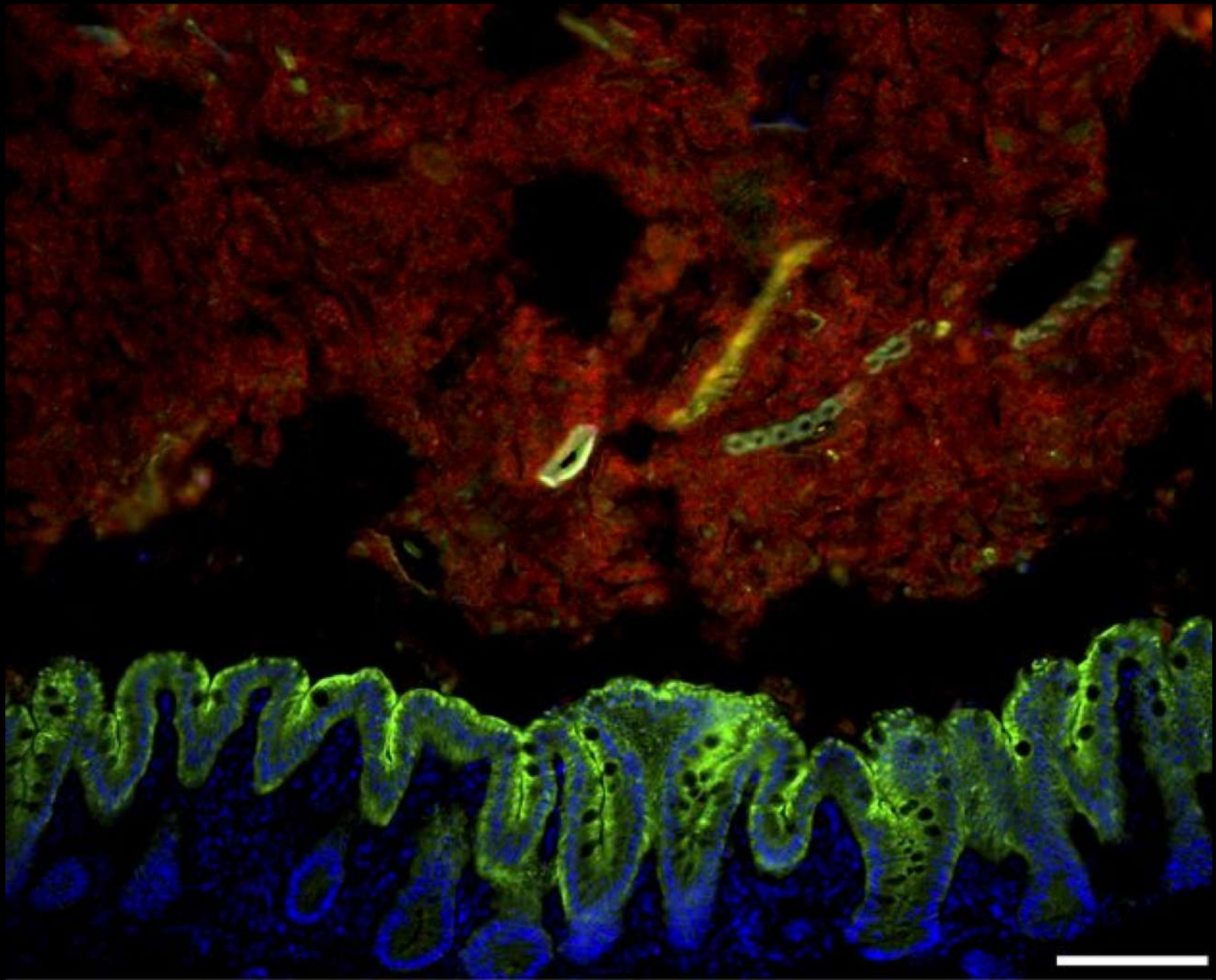
Células no seu corpo

Genes no seu corpo



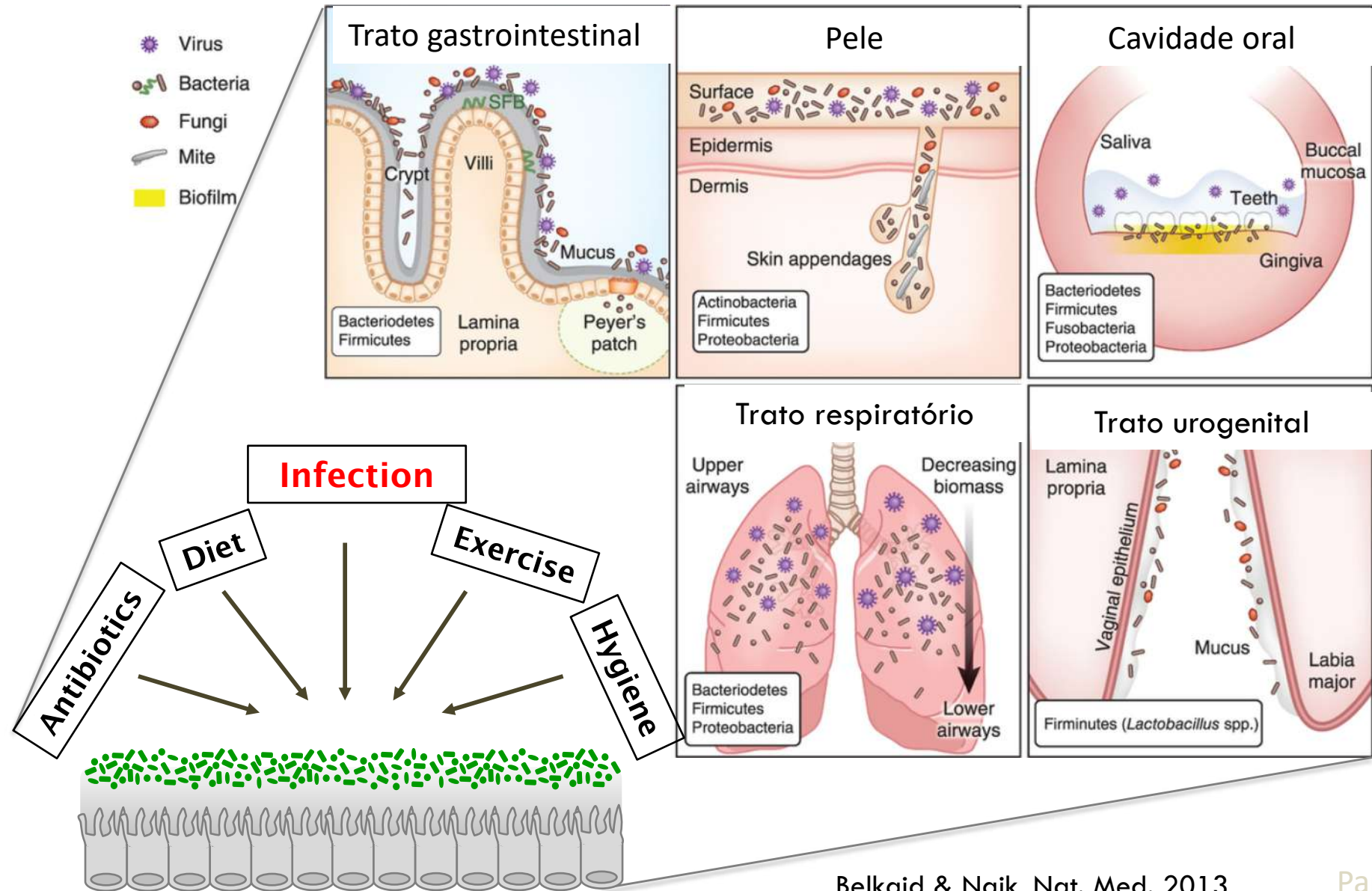
# Complexidade da microbiota aumentou à medida em que o sistema imune evoluiu



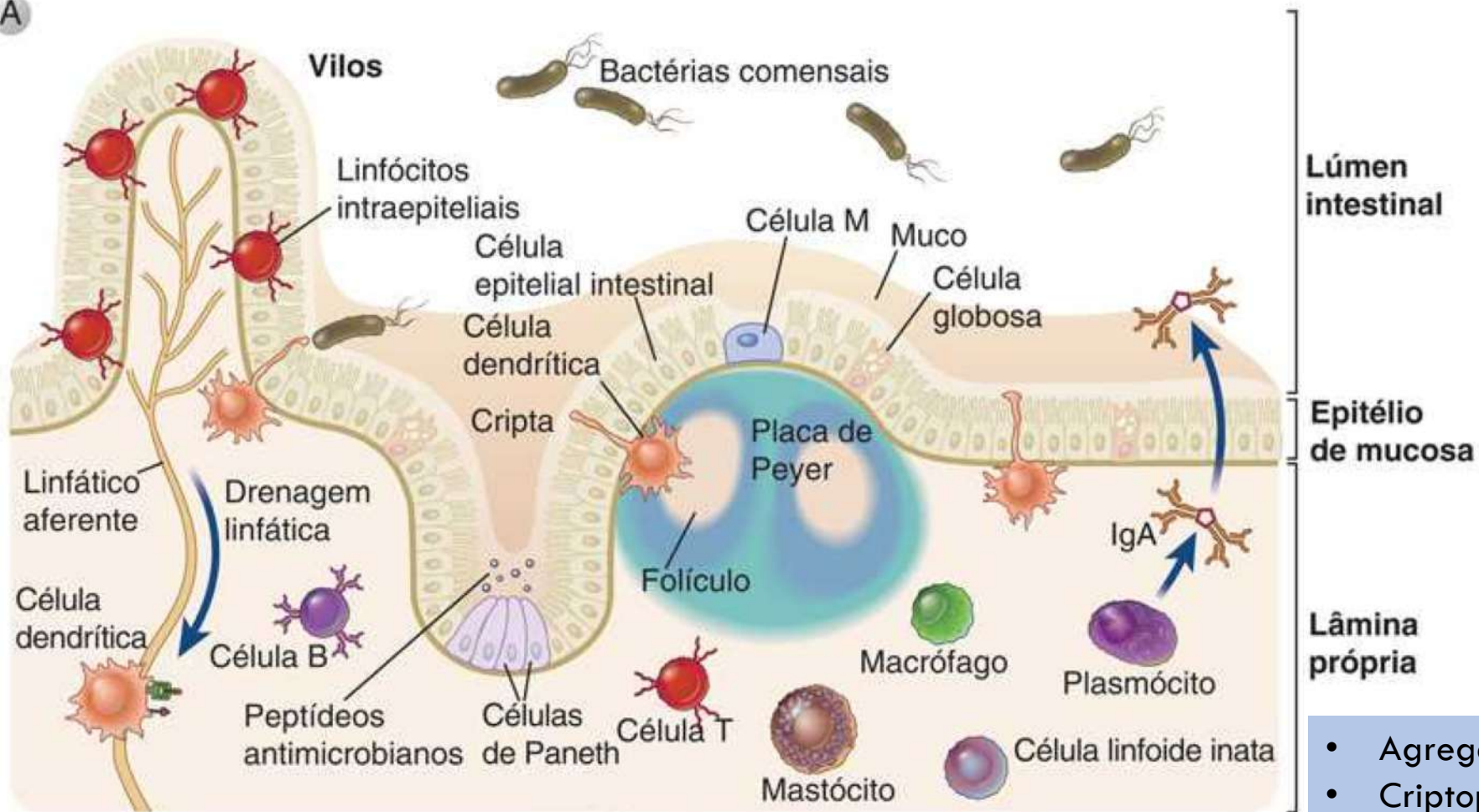


DAPI/Pan-Ker/eubacterial probe

# Tecidos de barreira



A

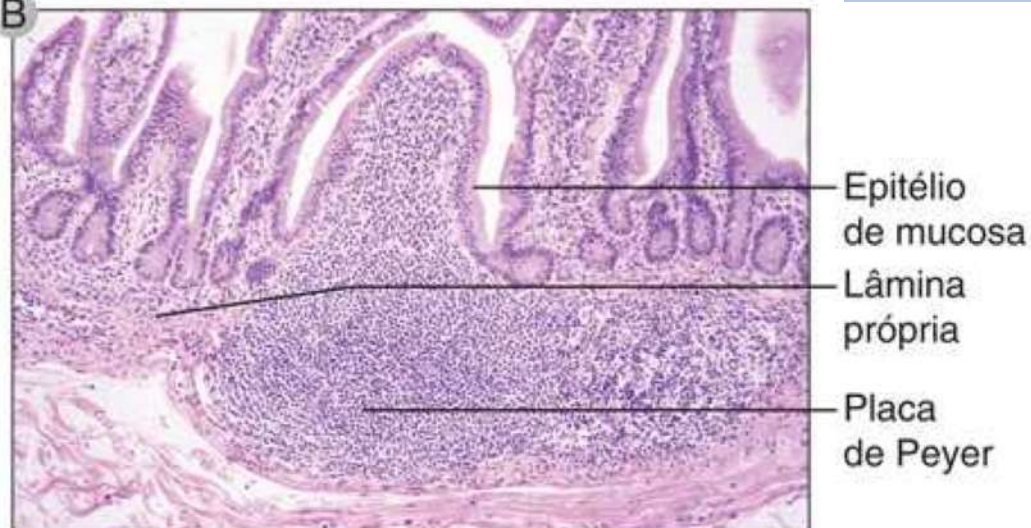


- Agregados linfóides
- Criptoplaças

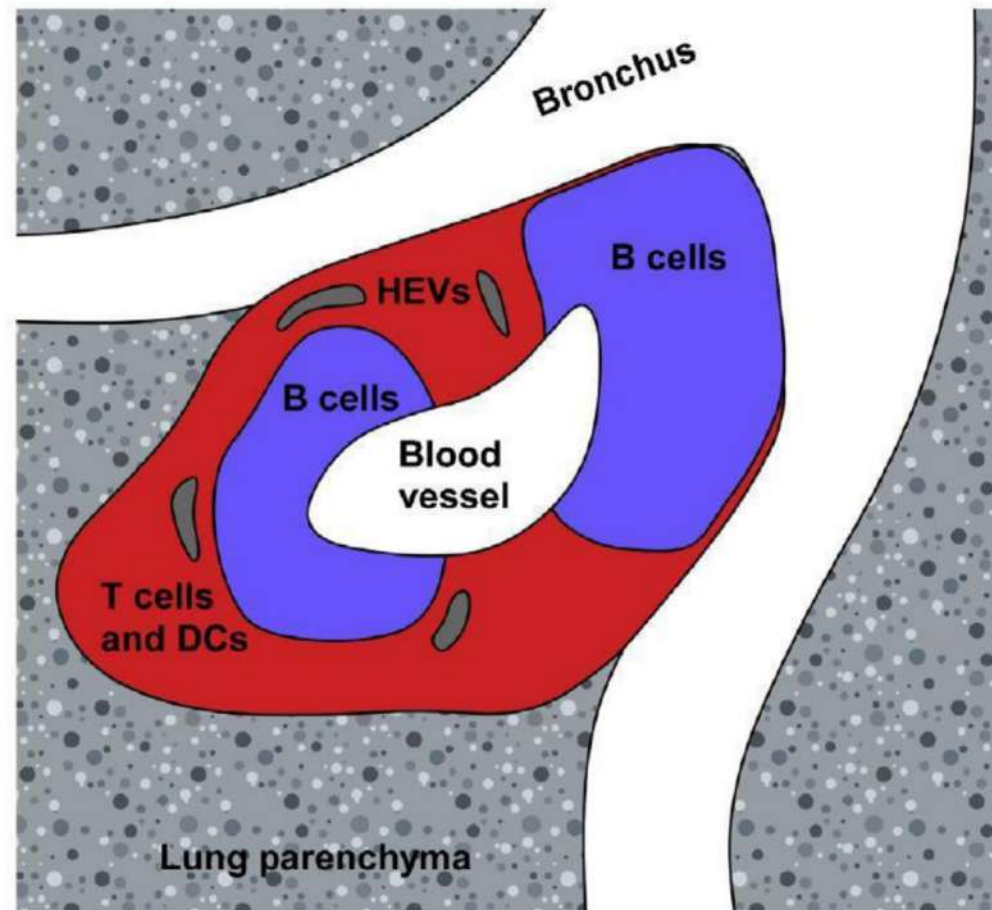


Mesentério

B



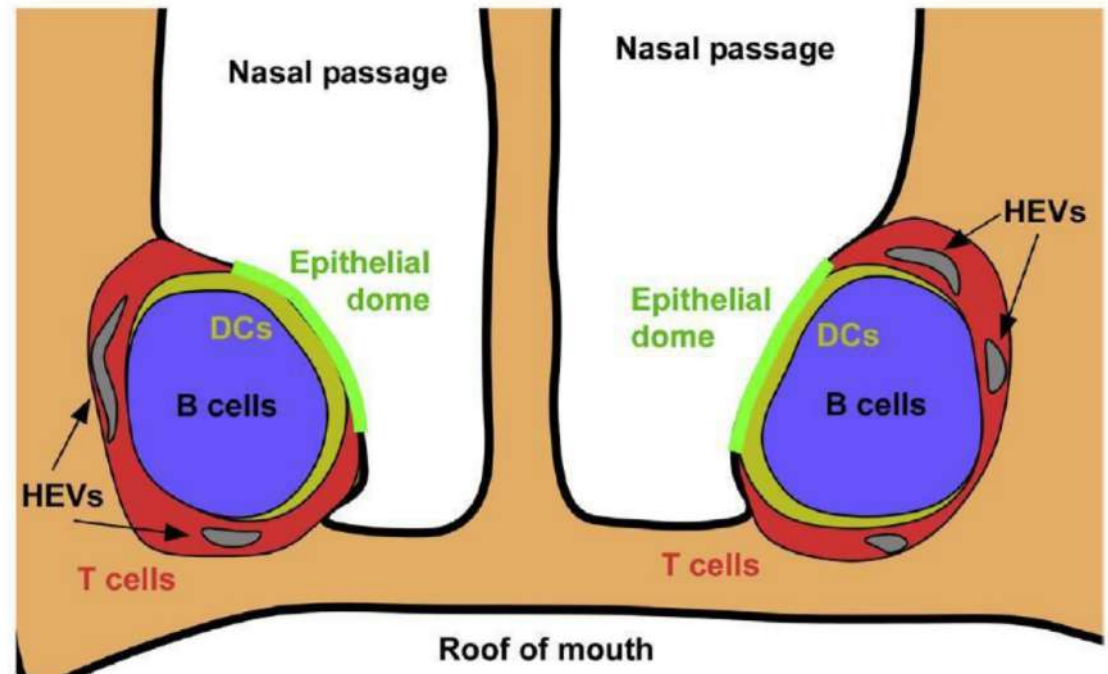
# BALT: Bronchial-associated lymphoid tissue



**FIGURE 2 Structure of BALT.** Although the structure of BALT varies widely, it is often observed along the major airways in the lung and typically fills the perivascular space surrounding small pulmonary arteries. B cell follicles (blue) are observed underneath the bronchial epithelium, but also away from the epithelium as well. T cell areas (red) surround the B cell follicles and may fill in the space between follicles in larger areas of BALT. HEVs (gray) are observed surrounding the B cell follicles in the T cell zone. (See color plate section.)

# NALT:-Nasal-associated lymphoid tissue

**FIGURE 1 Cross-section of murine NALT.** NALT is seen in cross-section as a single B cell follicle, but consists of a series of B cell follicles that run lengthwise along the nasal passages. The B cell follicle (blue) is situated underneath a dome epithelium (green) that is underlined with a thin layer of DCs (yellow) that are poised to receive antigens transported across the epithelium. The T cell area (red) surrounds the B cell follicle and may also be between B cell follicles. HEVs (gray) are found in the T cell zone and at the border of the T and B cell areas. (See color plate section.)



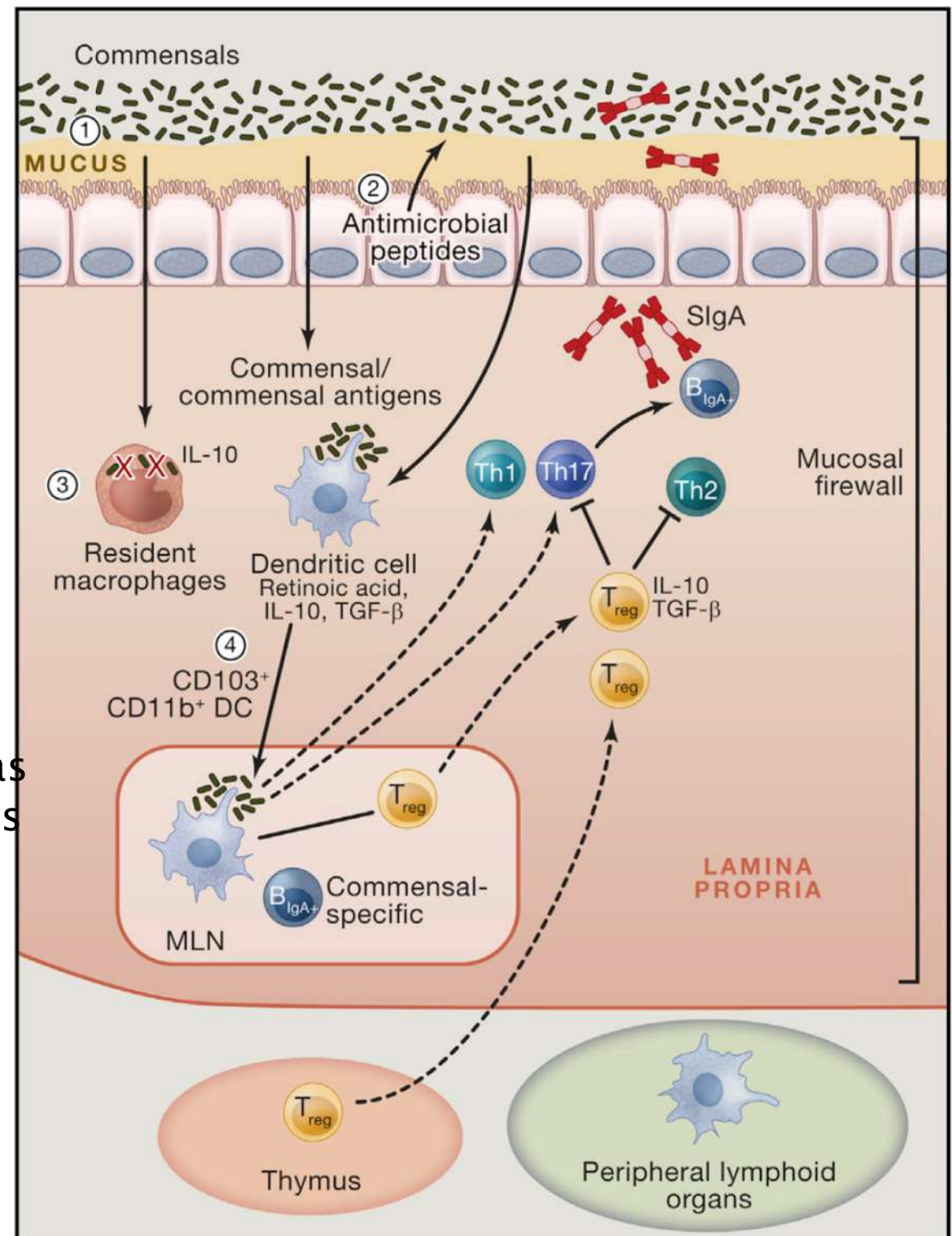
# Componentes

## Barreira Física

- Epitélio/ Junções celulares
- Muco
- Peptídeos antimicrobianos
- \*Epitélio Ciliado
- \*pH

## Barreira ativa

- Células dendríticas especializadas
- Células T efectoras especializadas (Th17 e Treg)
- IgA
- Células Inatas (macrófagos e ILCs)
- Microbiota

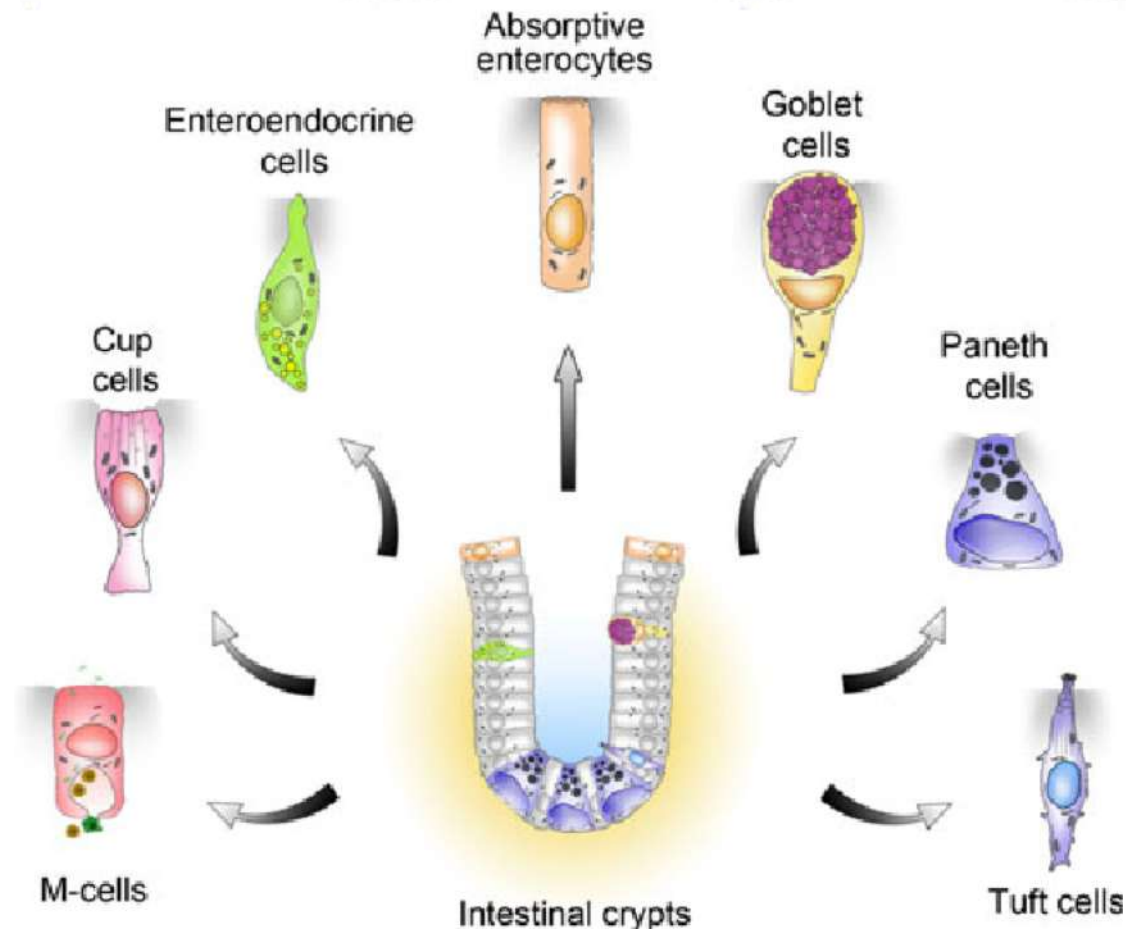
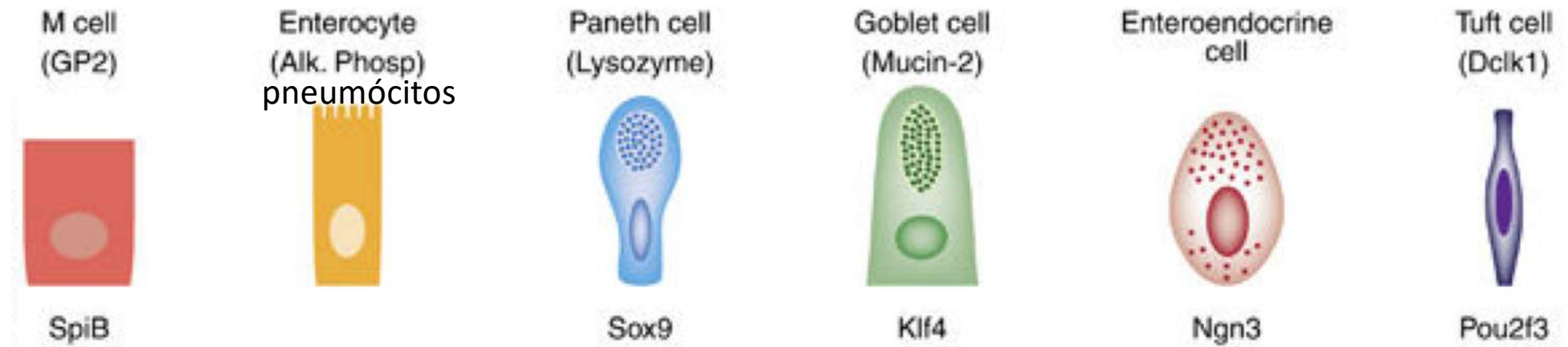


# Tópicos da aula

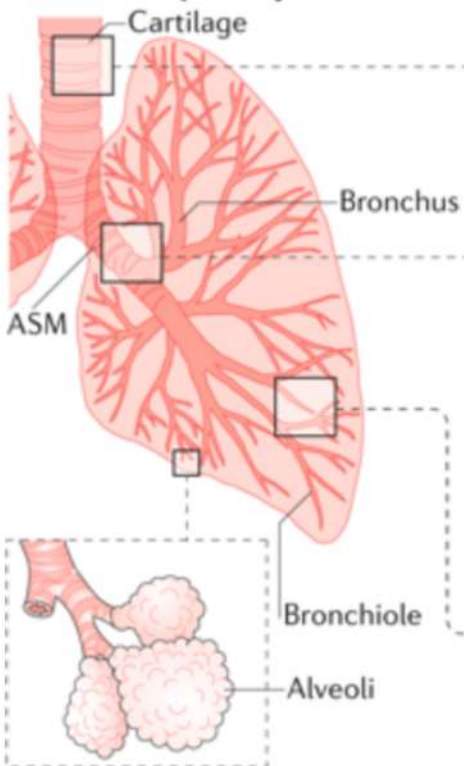
---

- Conceitos e Componentes: barreira física
- Componentes: barreira ativa
- Respostas canônicas: Tolerância Oral, Imunidade a vacinas, Th17/22, IgA, Linfócitos Inatos
- Particularidades de tecidos de barreira
- Interação com microbiota e doença

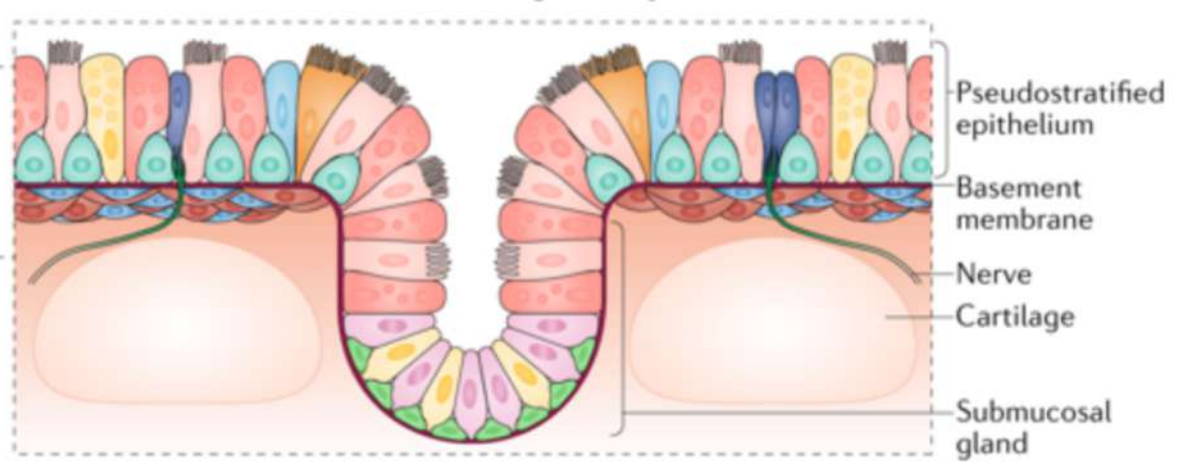
# Epitélio: diferentes células com funções especializadas



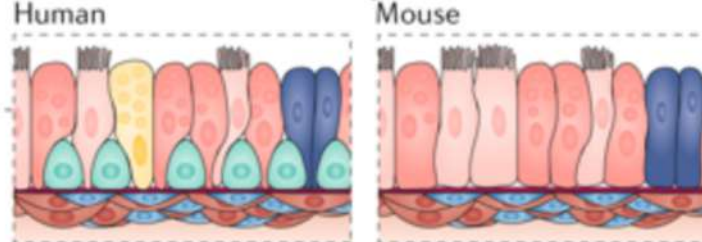
### a Lower respiratory tract.



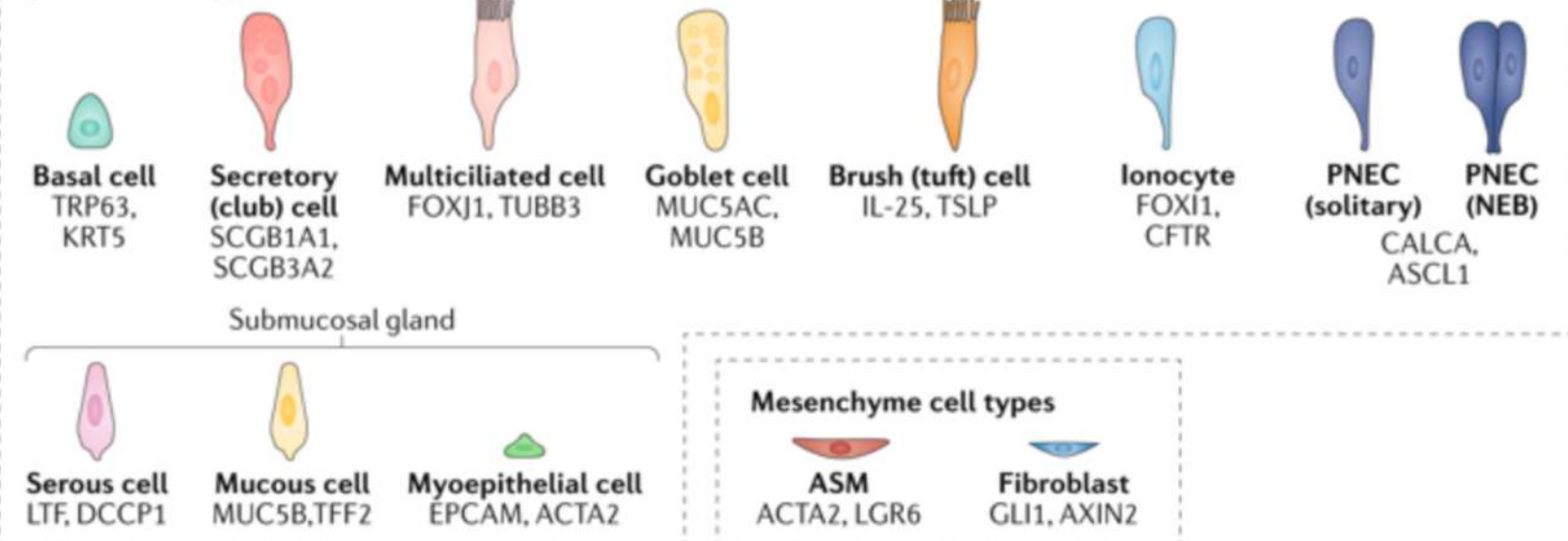
### b Trachea (human and mouse) and large airways (human)

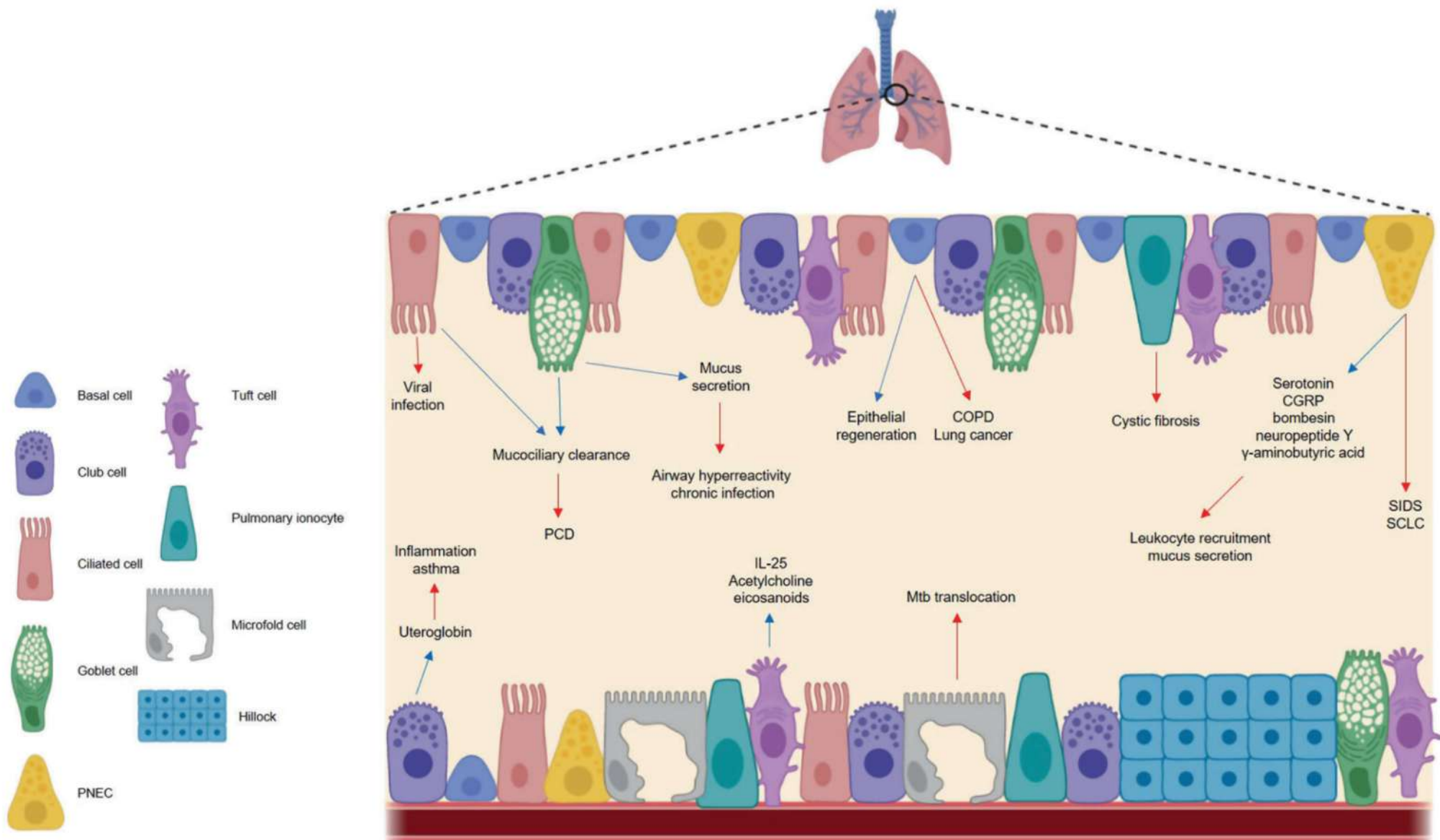


### c Medium and small airways



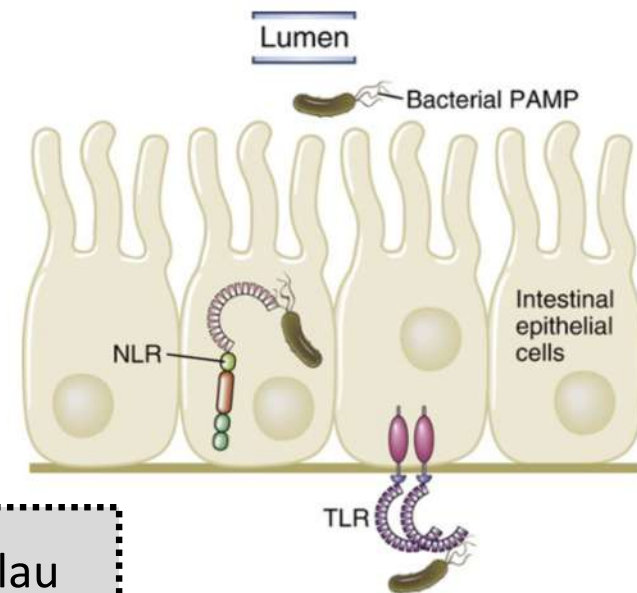
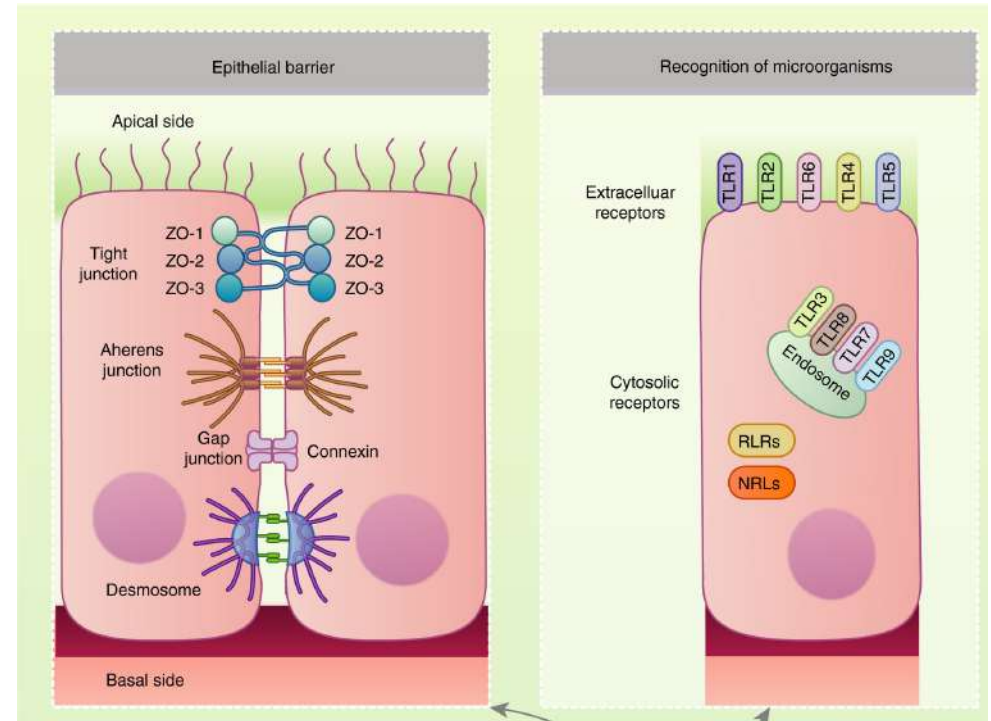
### Epithelial cell types



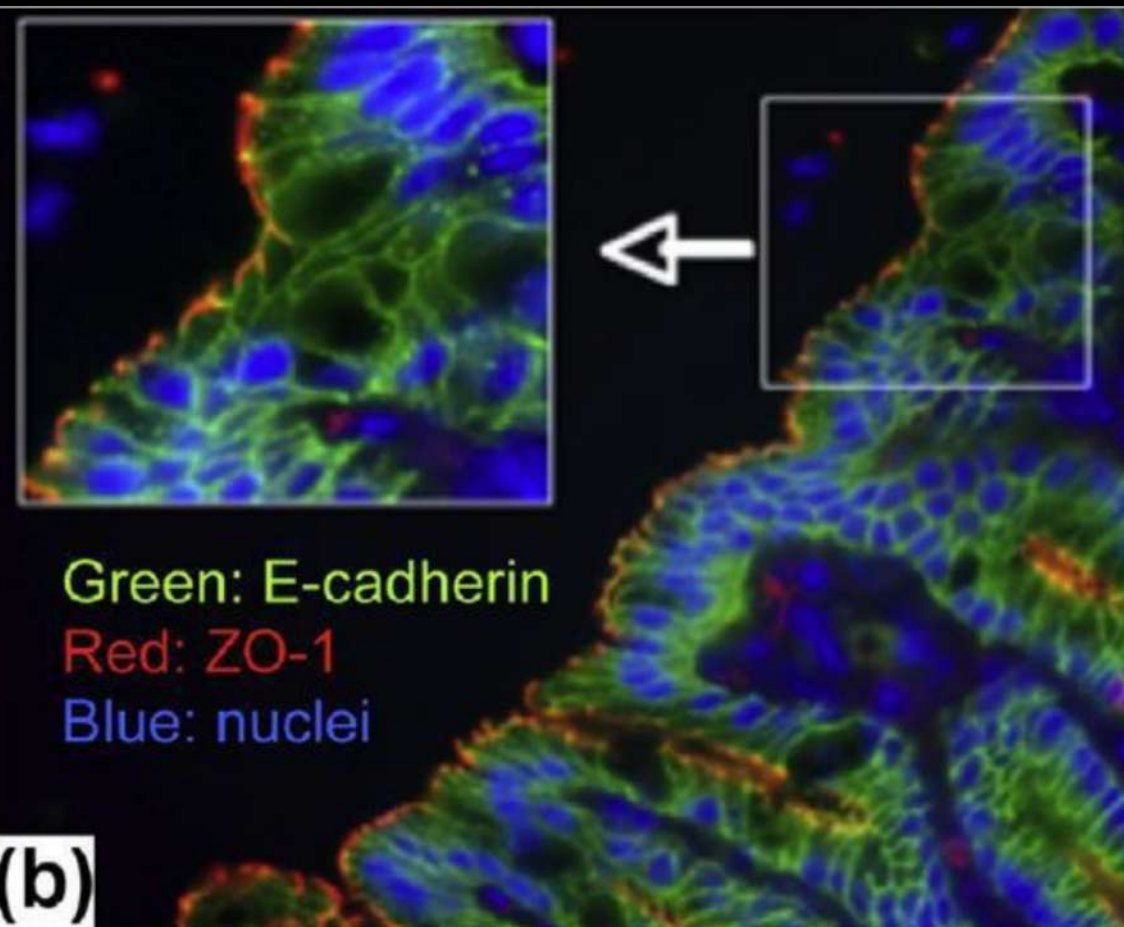
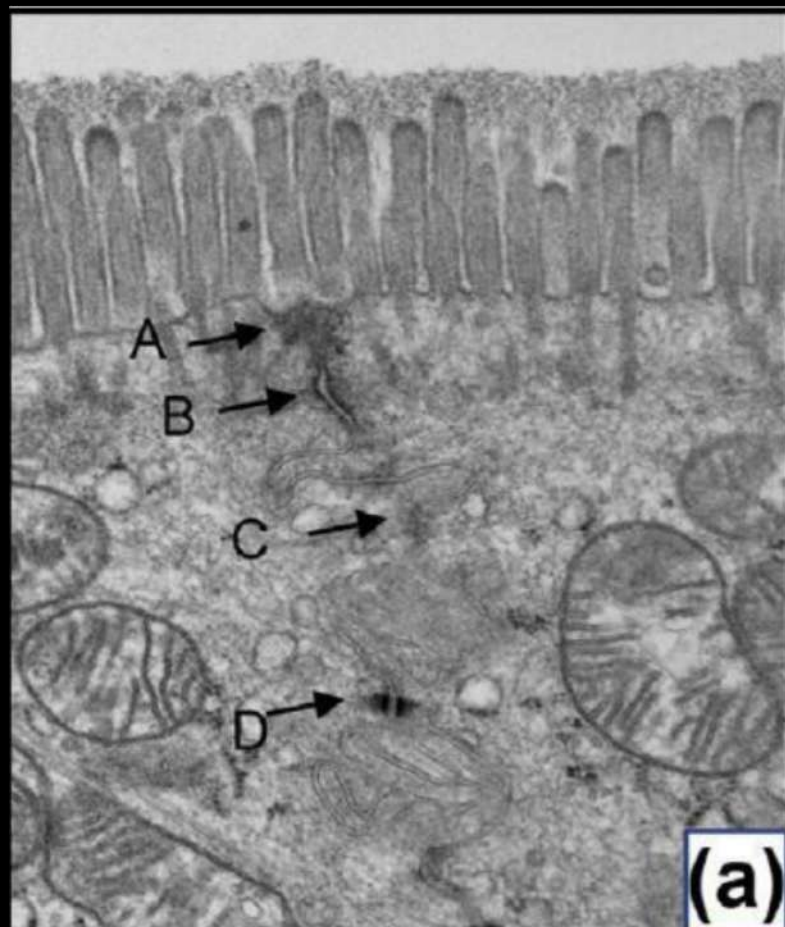


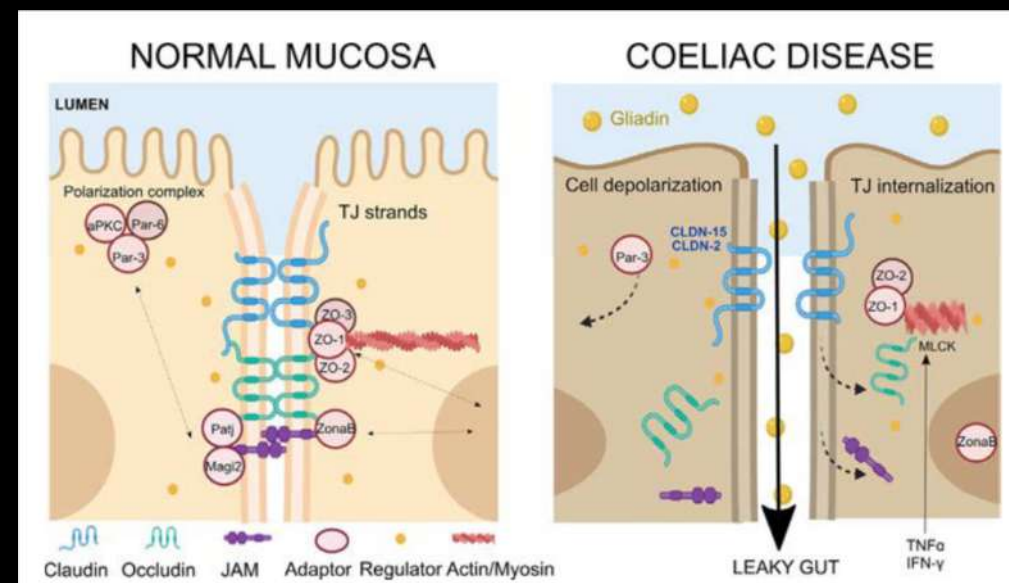
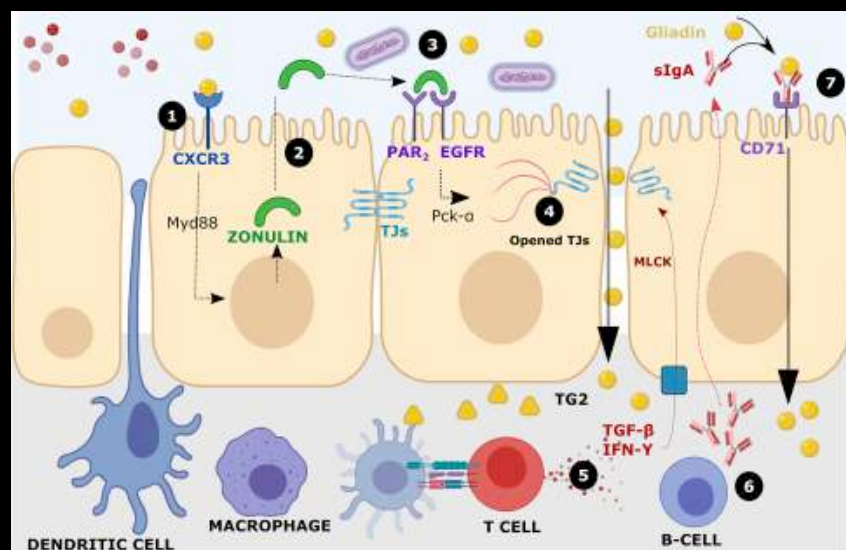
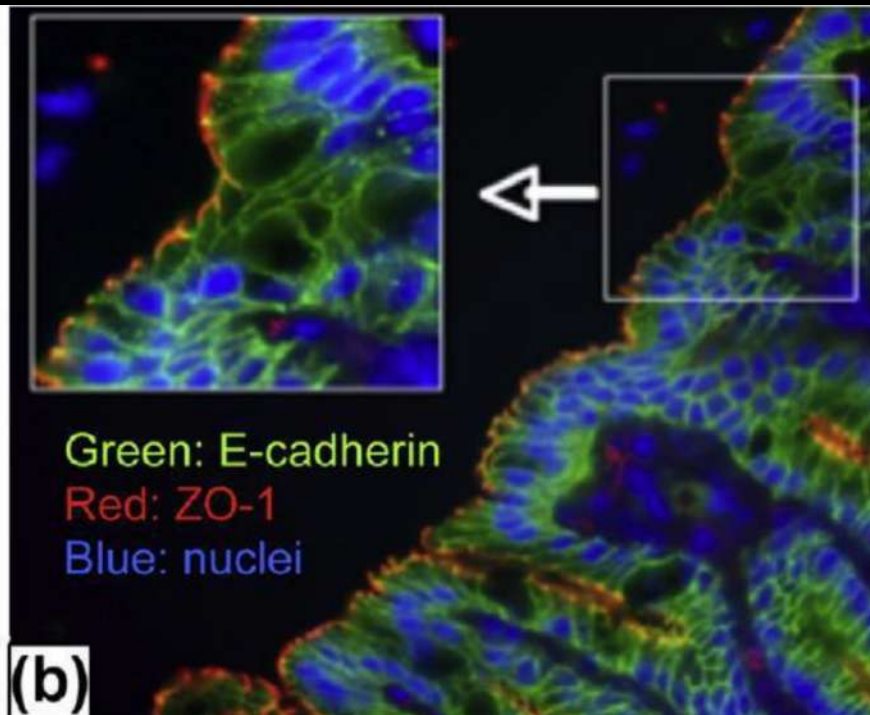
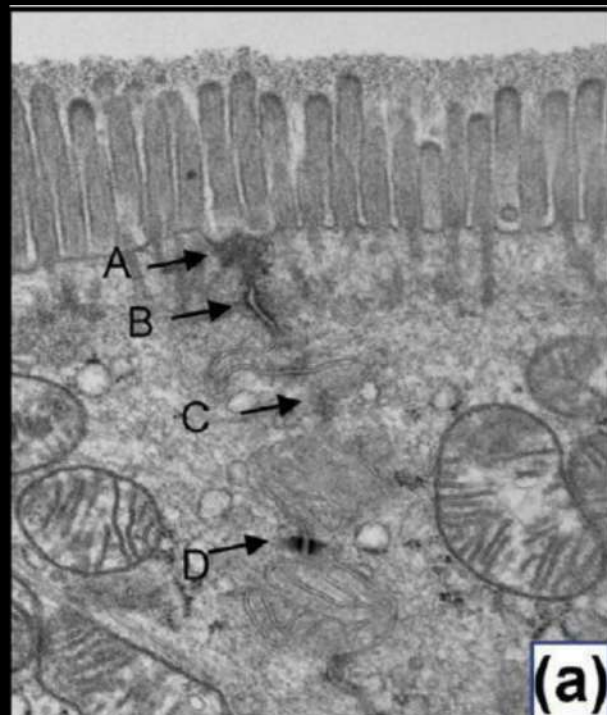
# Epitélios: função imunológica

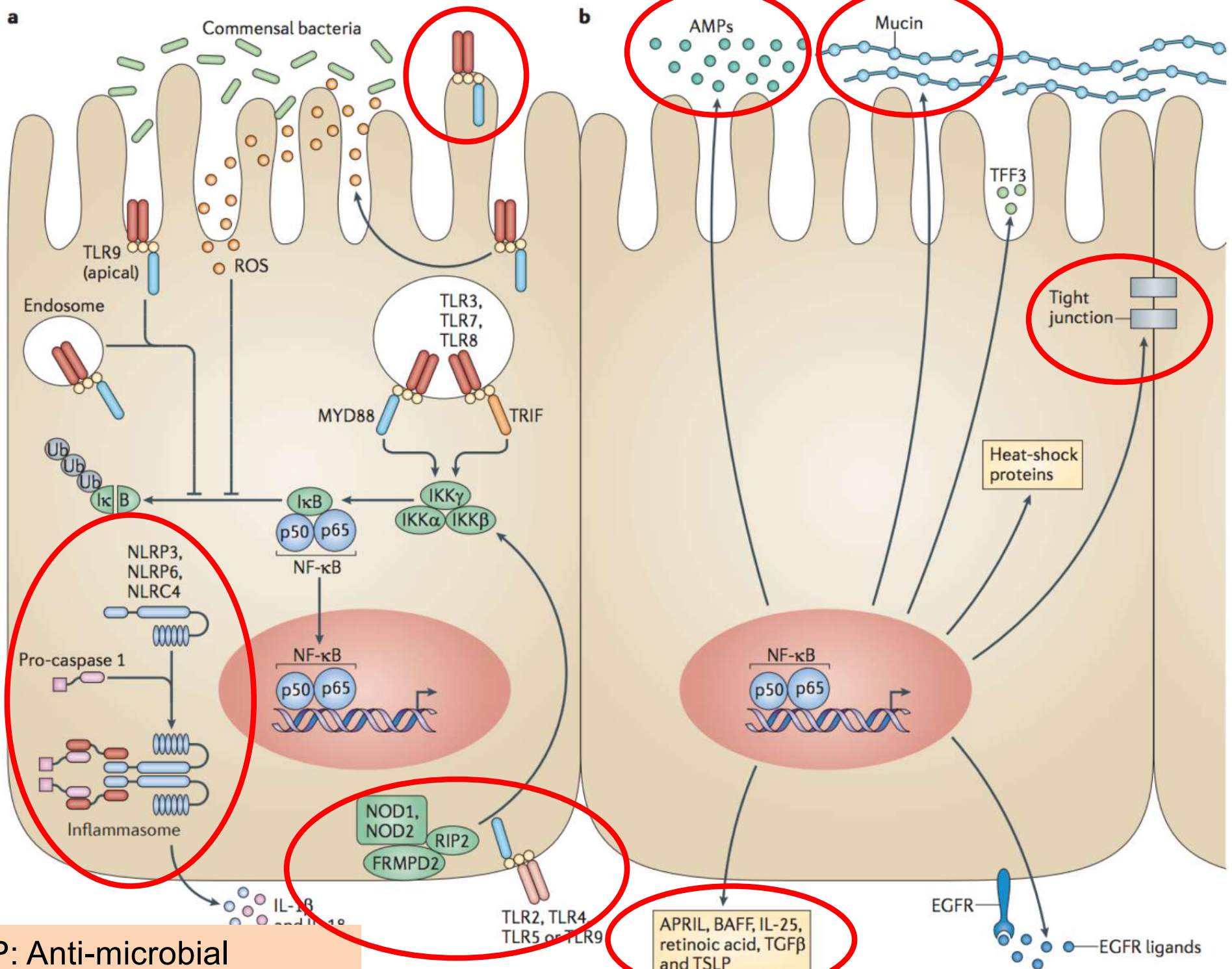
- Simples, estratificado ou pseudoestratificado
- Junções
- Microvilosidades
- Cílios
- Células especializadas: M, Paneth, globulares/caliciformes, Club, Tuft...
- Produção de fatores antimicrobianos: defensinas, catalecidinas e lectinas do tipo C, Óxido Nítrico, Inteferons e IFN I
- Surfactantes (pulmão)
- RECEPTORES para PAMP e DAMP



✓ Doença inflamatória intestinal / Crohn e Síndrome de Blau

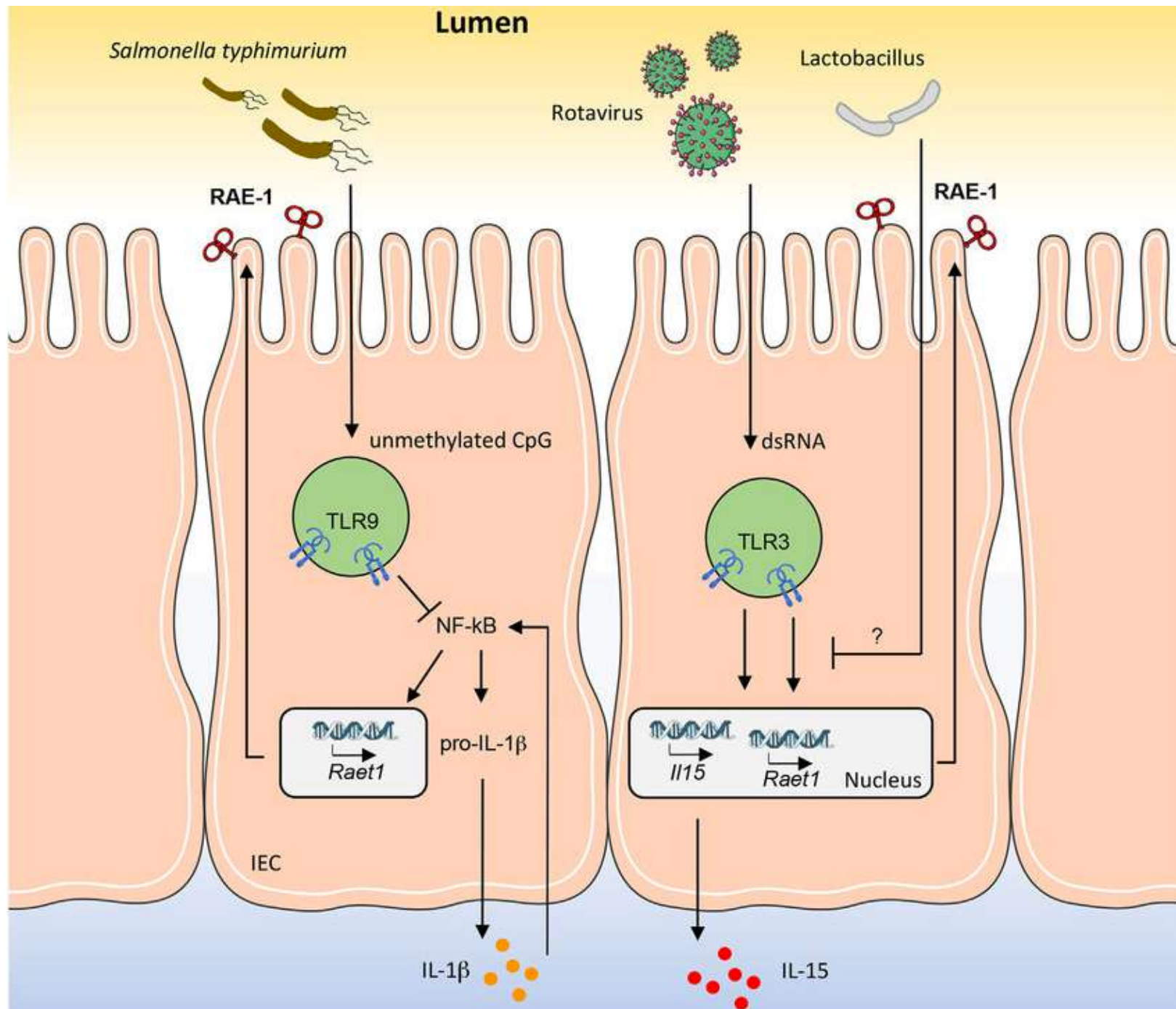




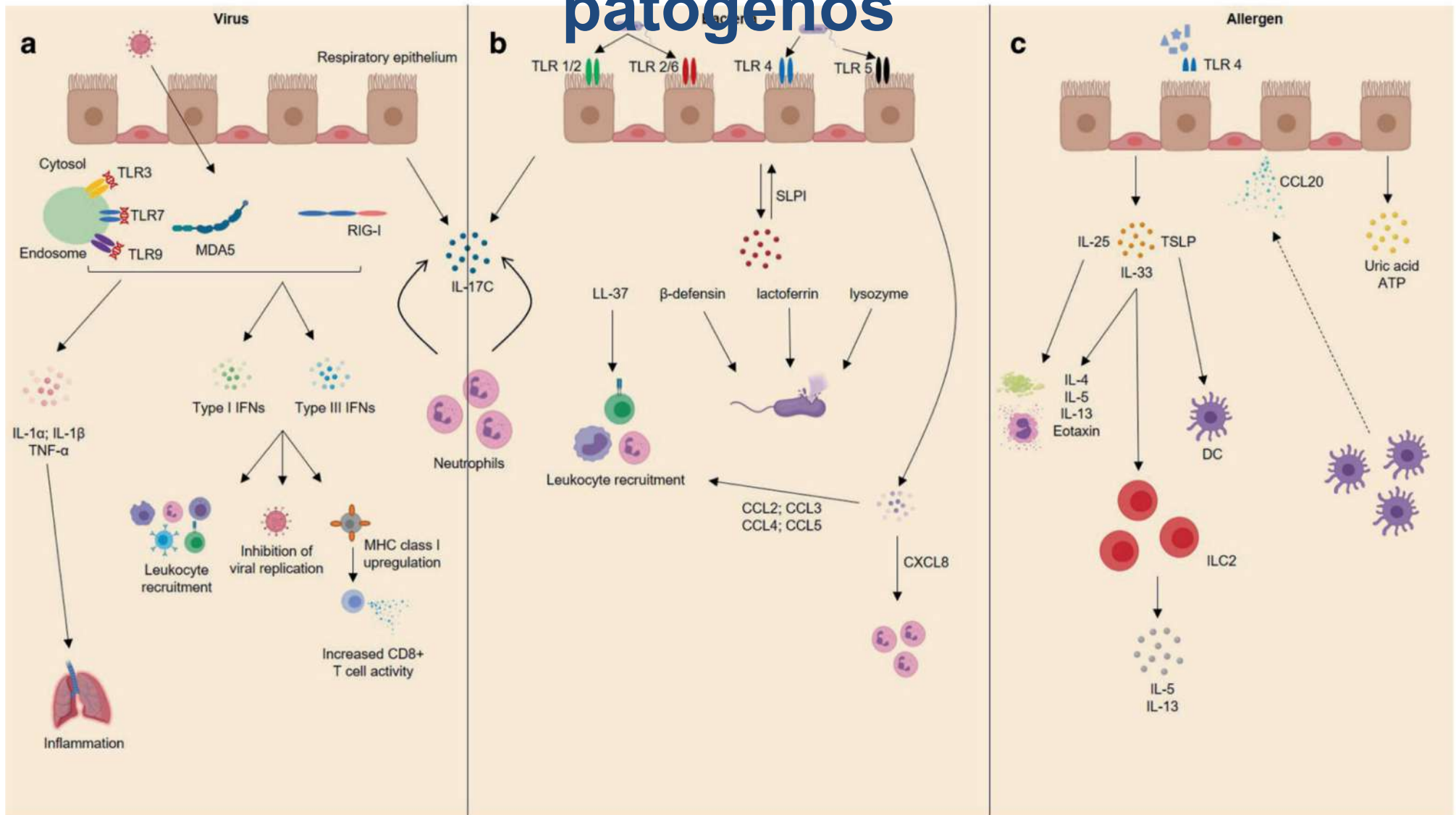


AMP: Anti-microbial  
peptides

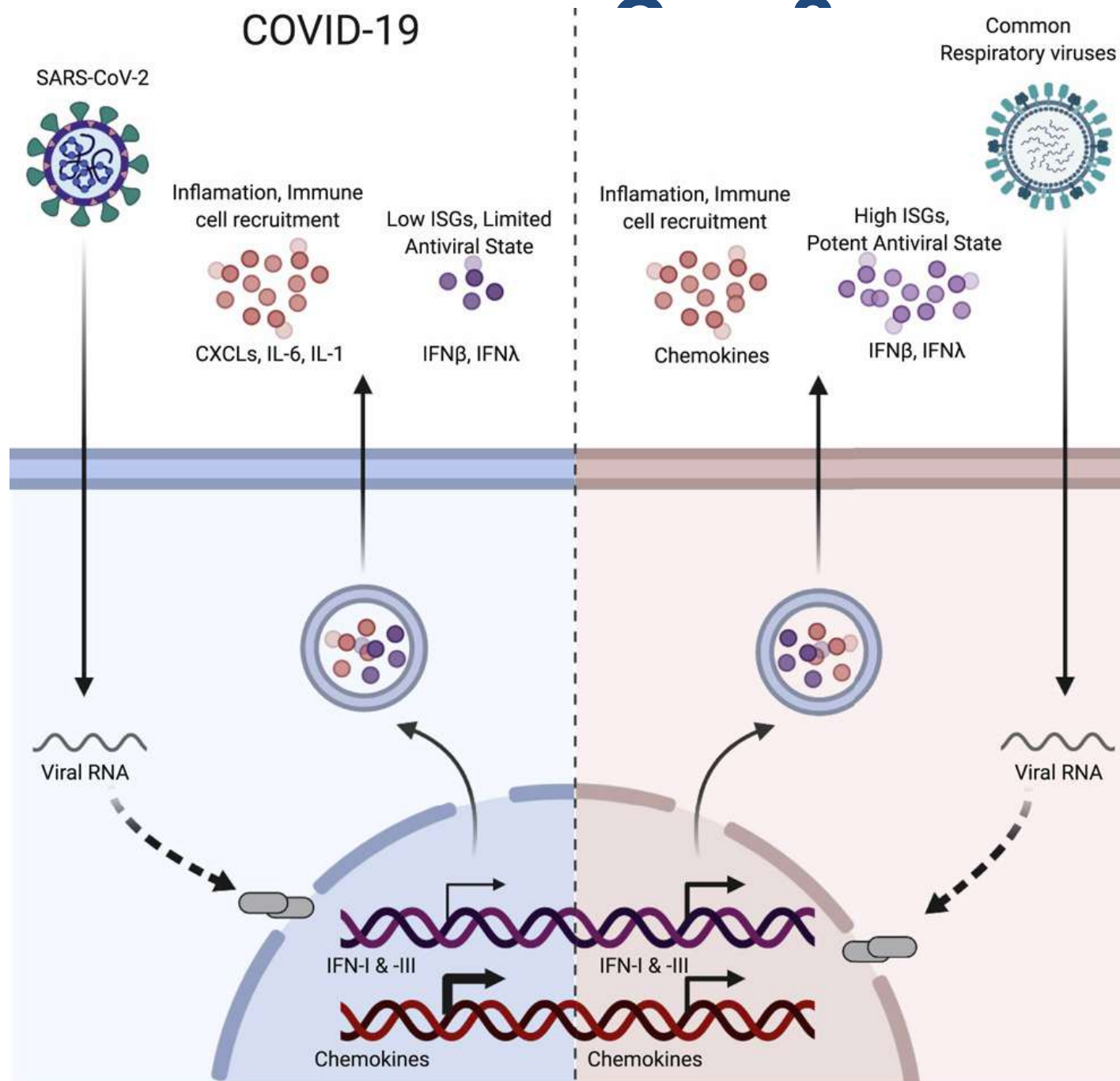
# Epitélio intestinal: interação com patógenos



# Epitélio respiratório: interação com patógenos

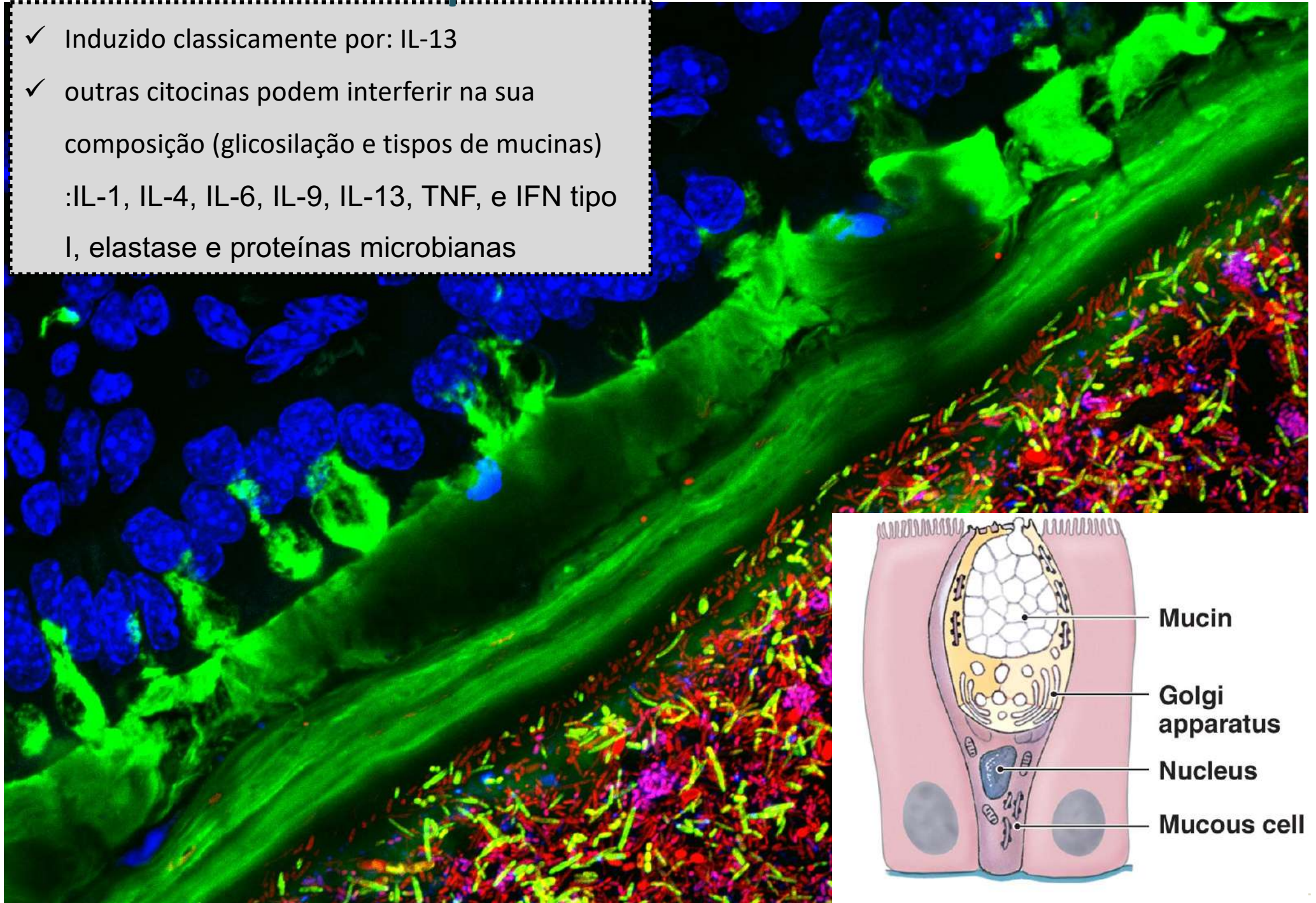


# Epitélio das vias aéreas: resposta SARS-

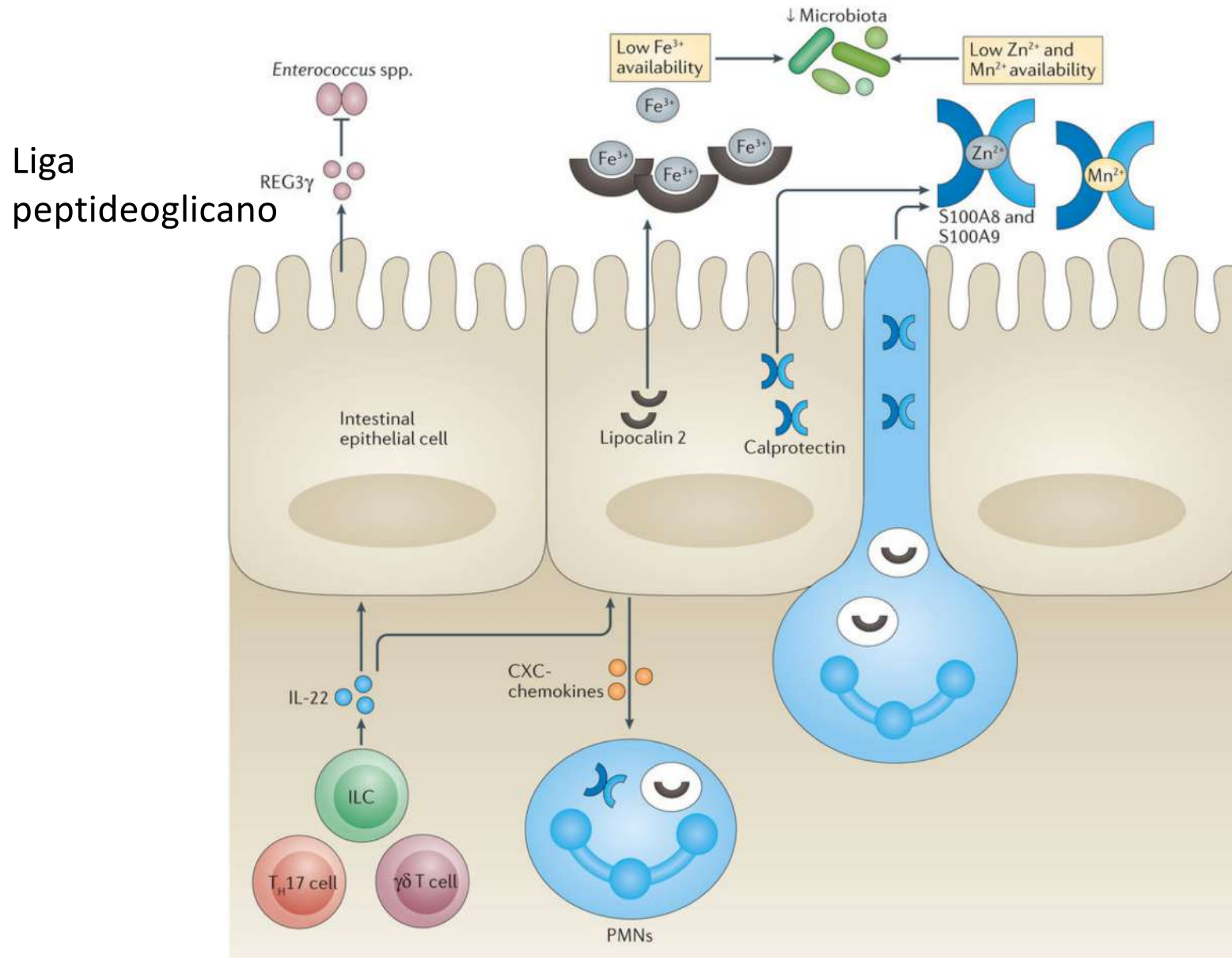


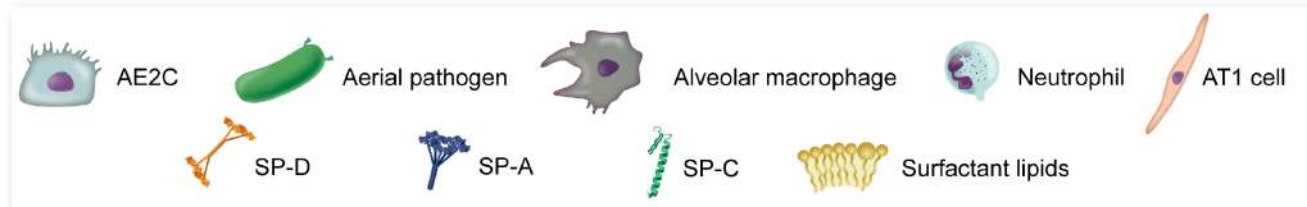
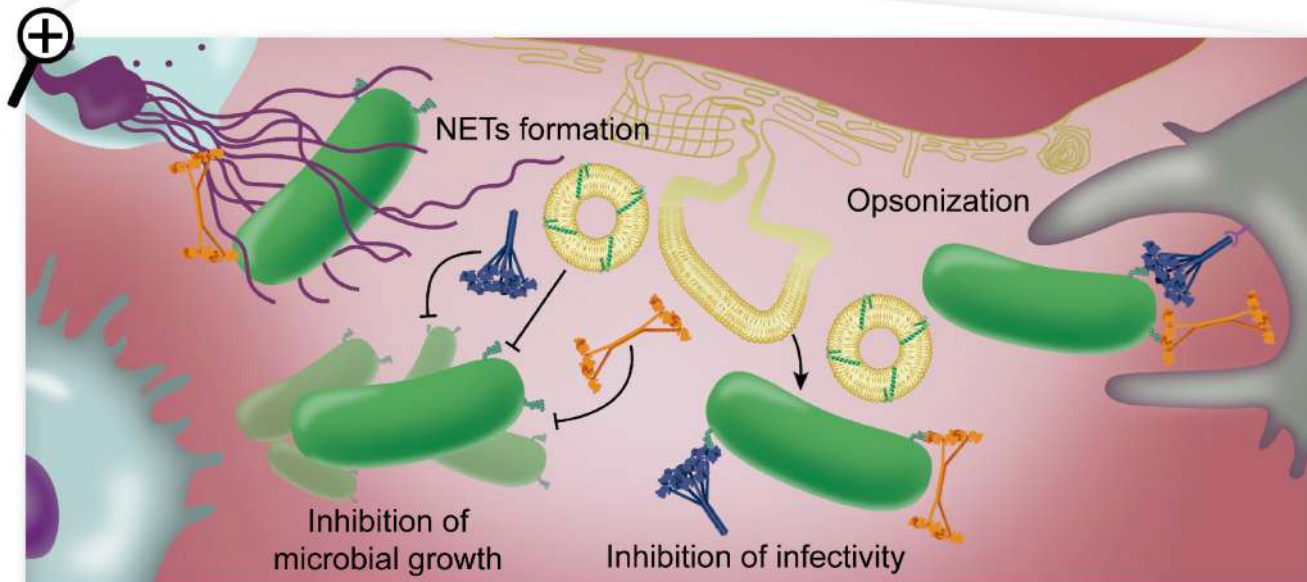
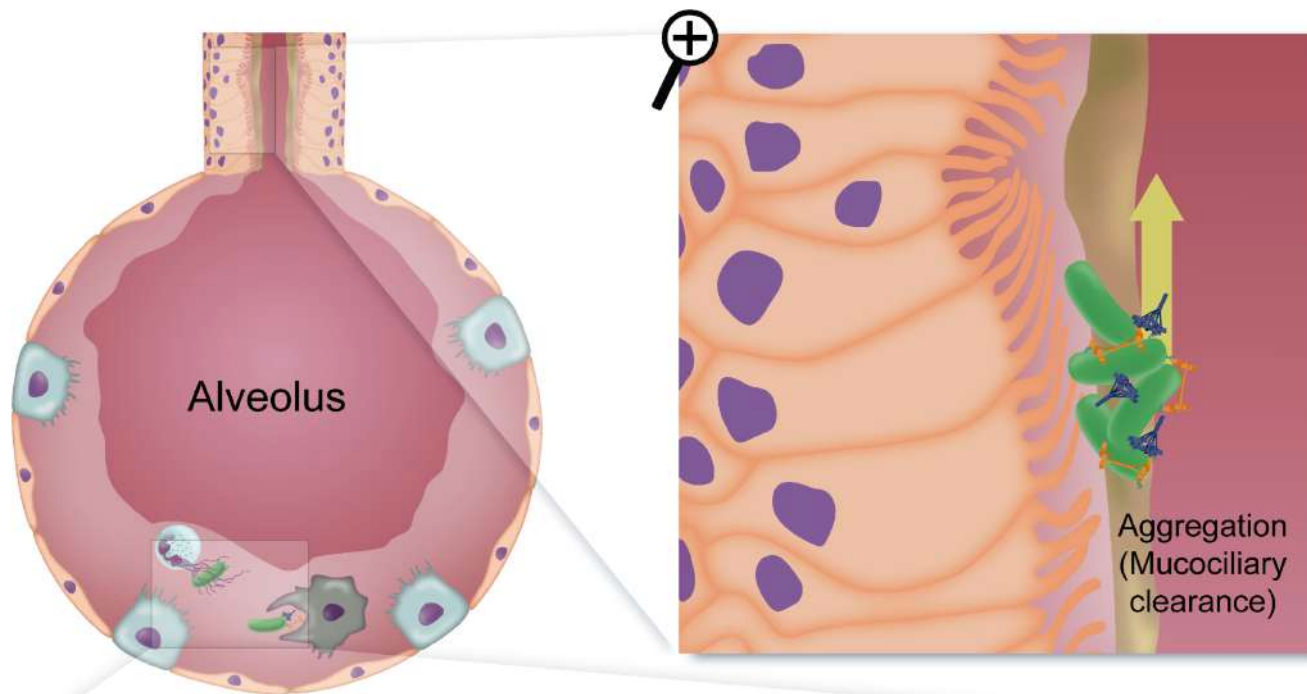
# Epitélio: Muco

- ✓ Induzido classicamente por: IL-13
- ✓ outras citocinas podem interferir na sua composição (glicosilação e tipos de mucinas)  
:IL-1, IL-4, IL-6, IL-9, IL-13, TNF, e IFN tipo I, elastase e proteínas microbianas



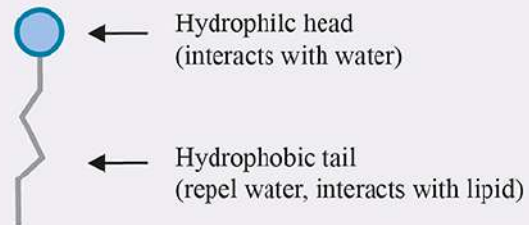
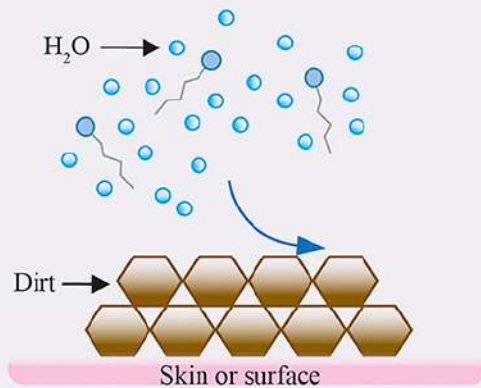
# Peptídeos antimicrobianos



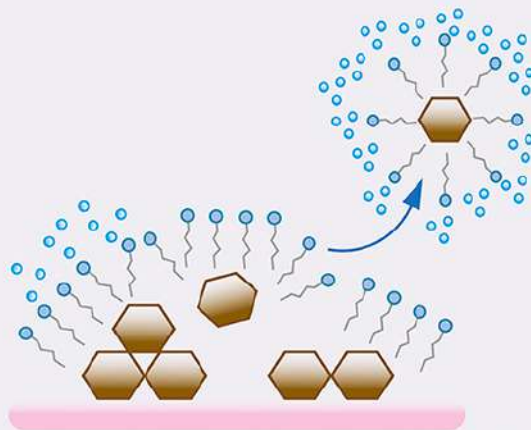


**A**

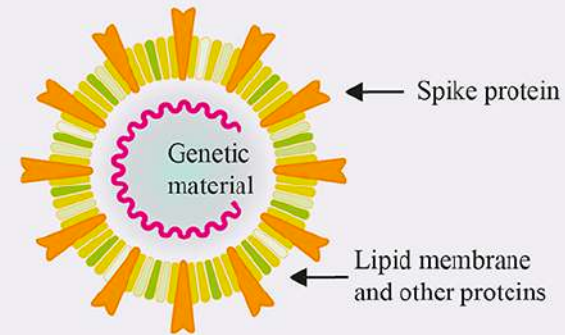
**BIOSURFACTANTS MOLECULES** have an amphiphilic structure with a hydrophilic head and a hydrophobic tail.

**B**

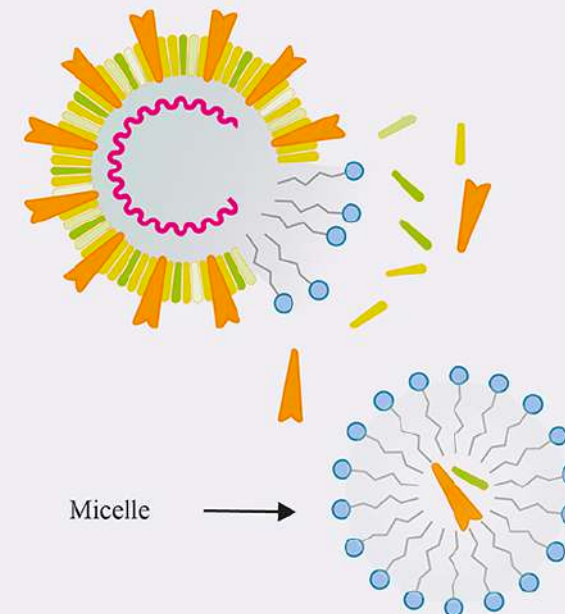
**BIOSURFACTANTS** hydrophobic ends surround and lift the dirt while hydrophilic heads face the water and get caught in the flow, carrying the dirt away.

**C**

**CORONAVIRUS** has a lipidic membrane with embedded proteins that help the virus to infect the cells.

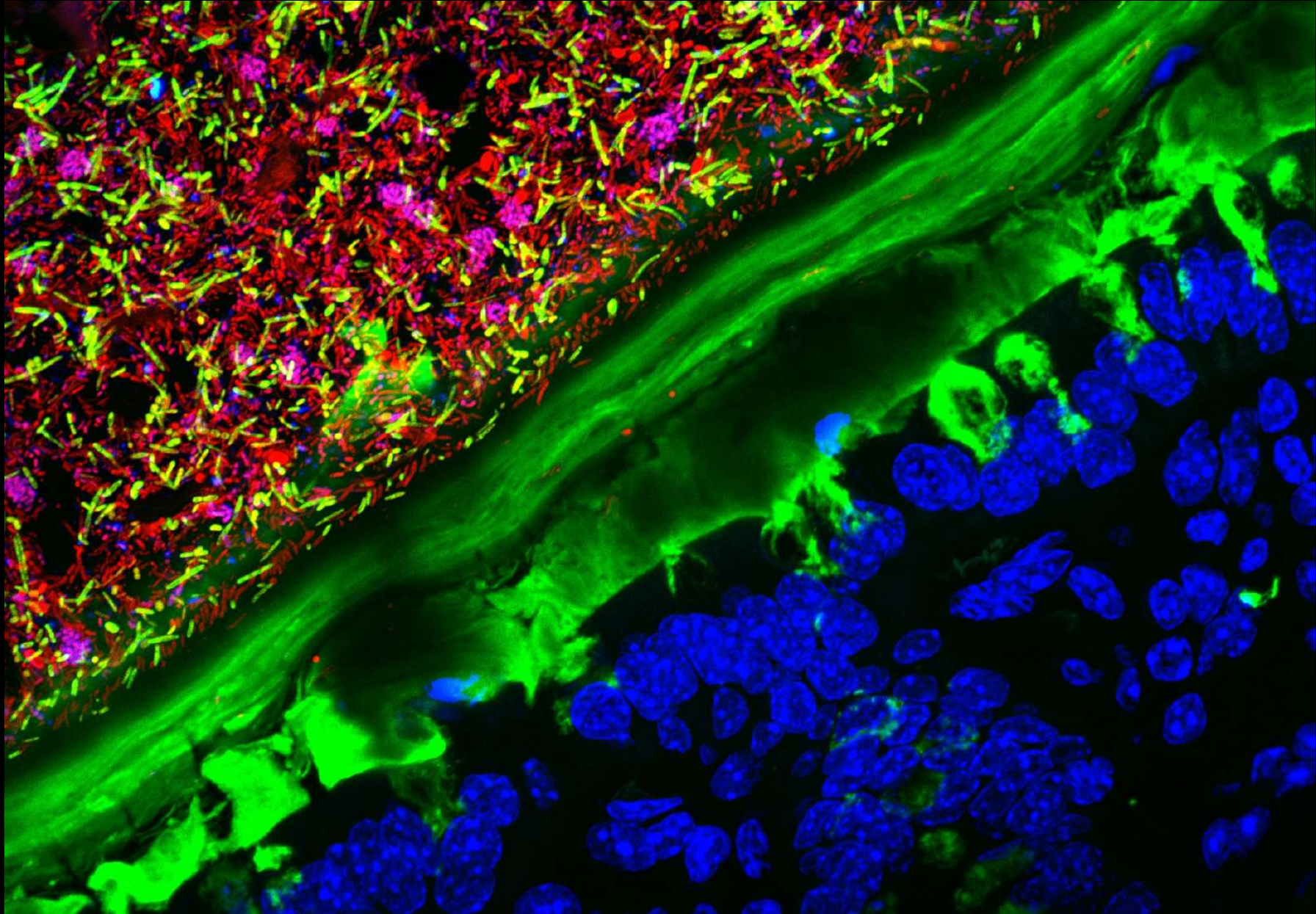


**BIOSURFACTANTS** destroy the virus when the lipophilic tails wedge into the lipid membrane and fall it apart. Virus fragments are encapsulated into micelles and are washed away.



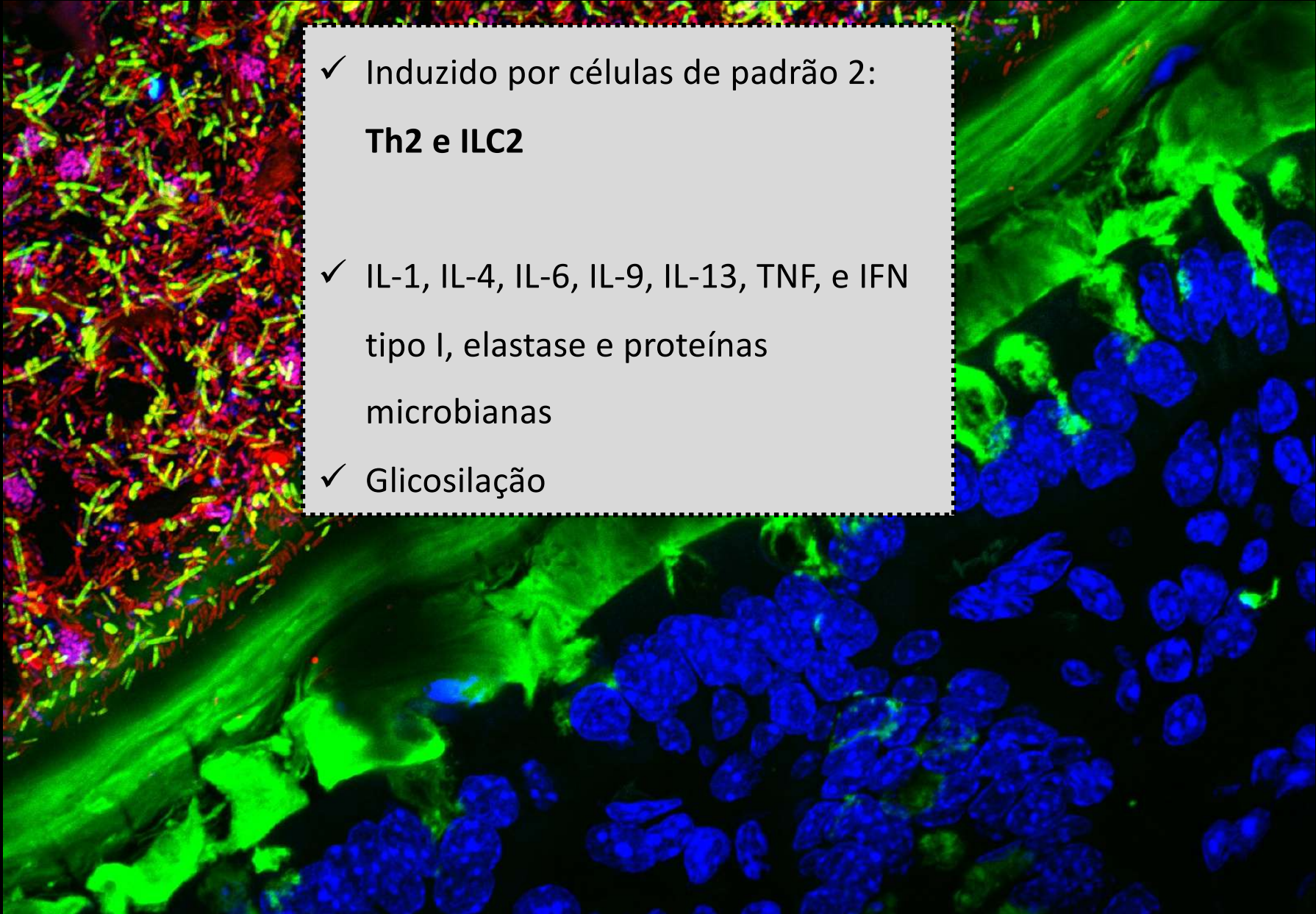
Os peptídeos antimicrobianos não se encontram “soltos” no exterior das mucosas, mas sim ancorados à camada de muco.

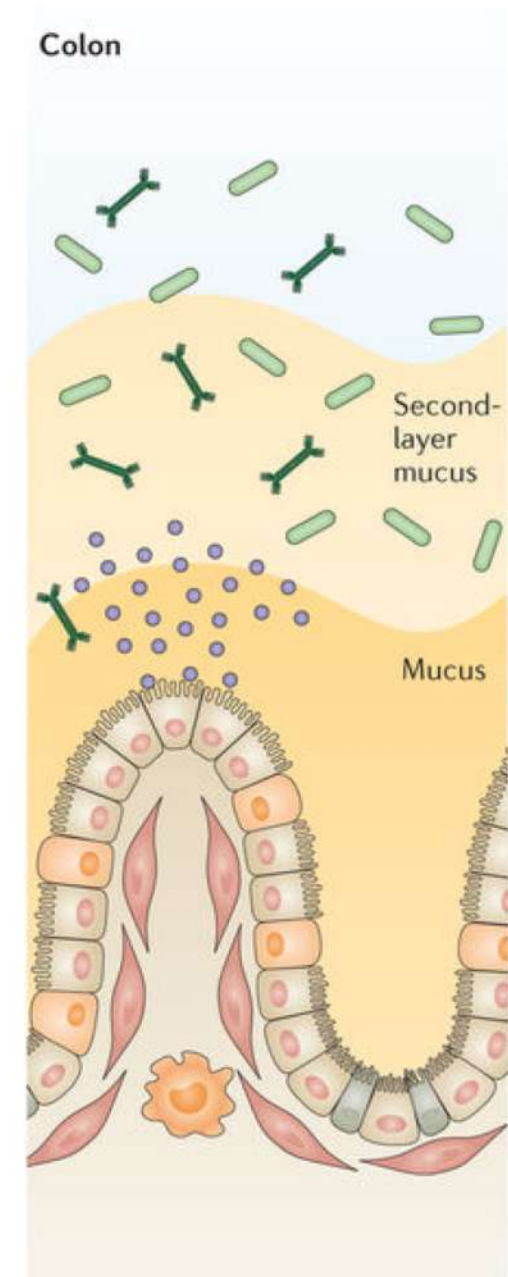
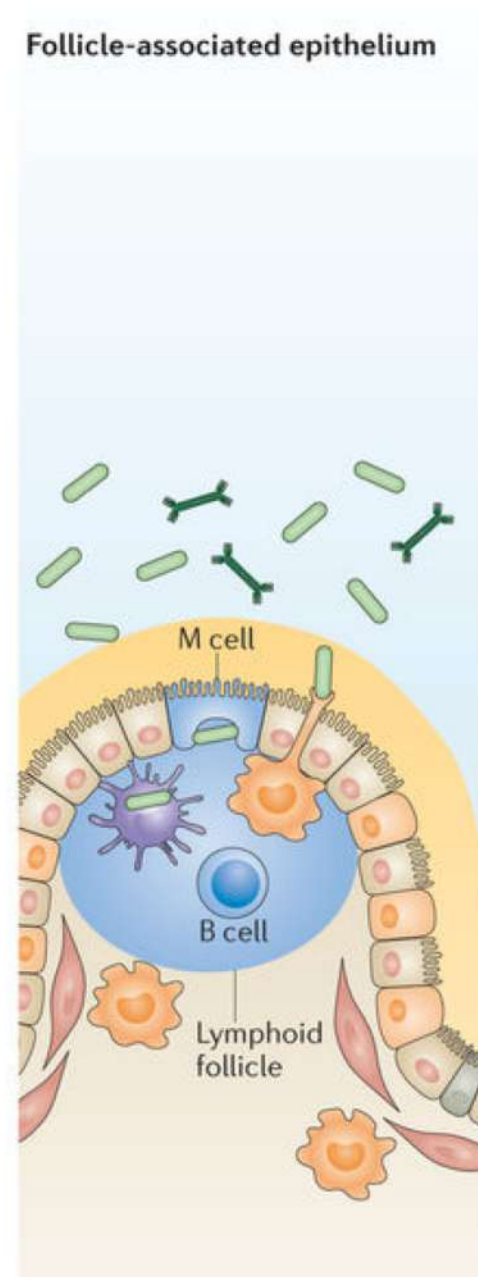
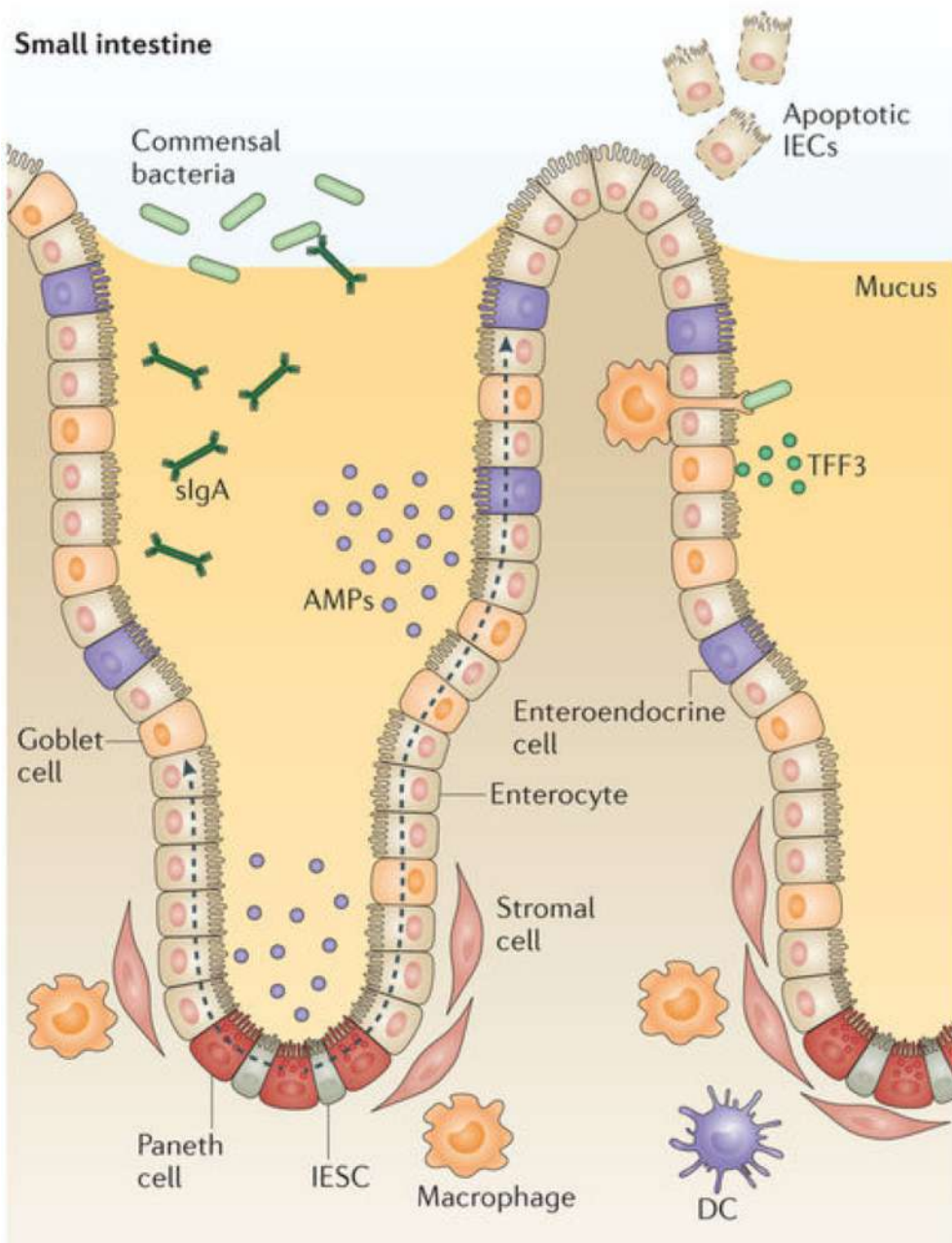
# Muco



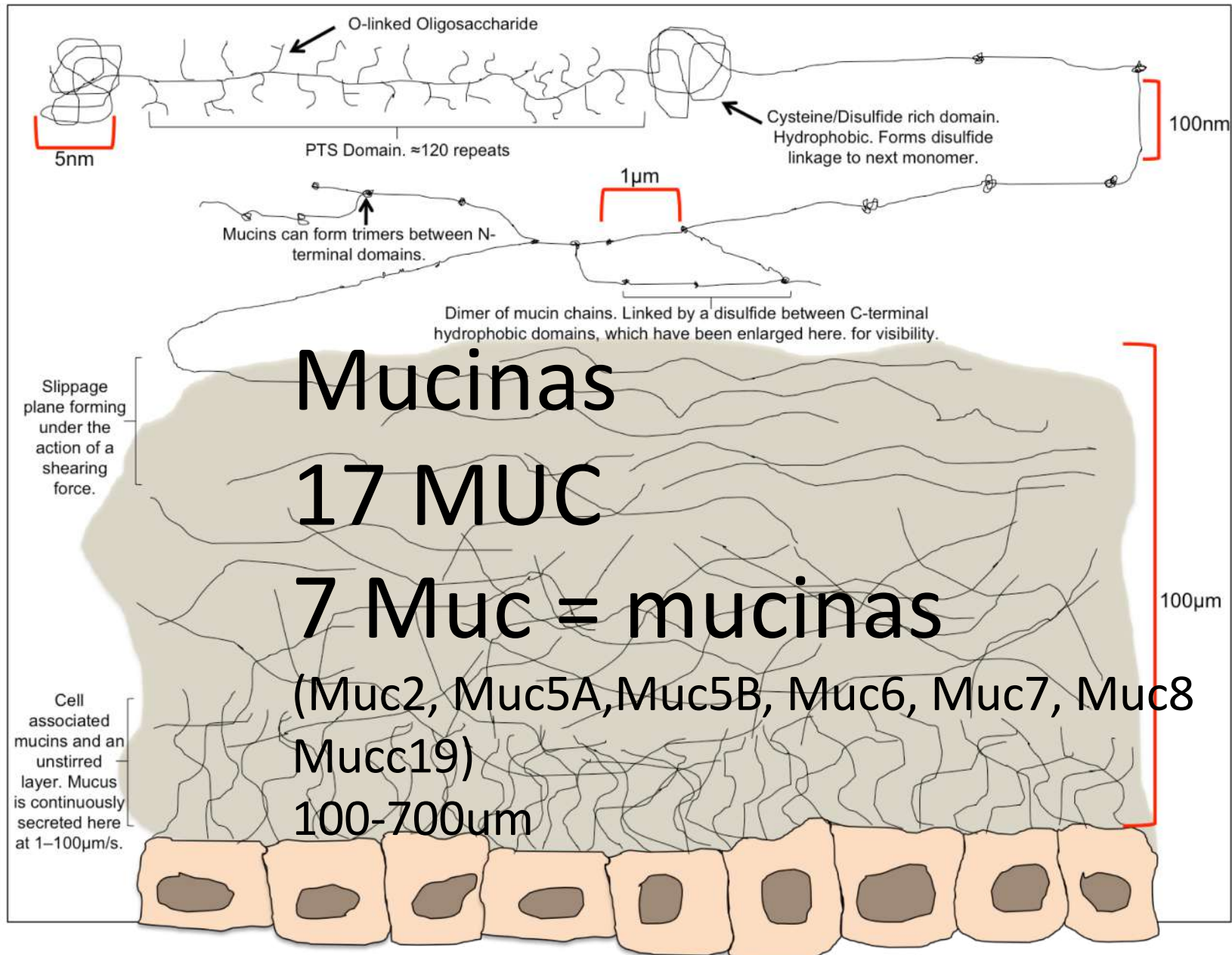
# Muco

- ✓ Induzido por células de padrão 2:  
**Th2 e ILC2**
- ✓ IL-1, IL-4, IL-6, IL-9, IL-13, TNF, e IFN  
tipo I, elastase e proteínas  
microbianas
- ✓ Glicosilação





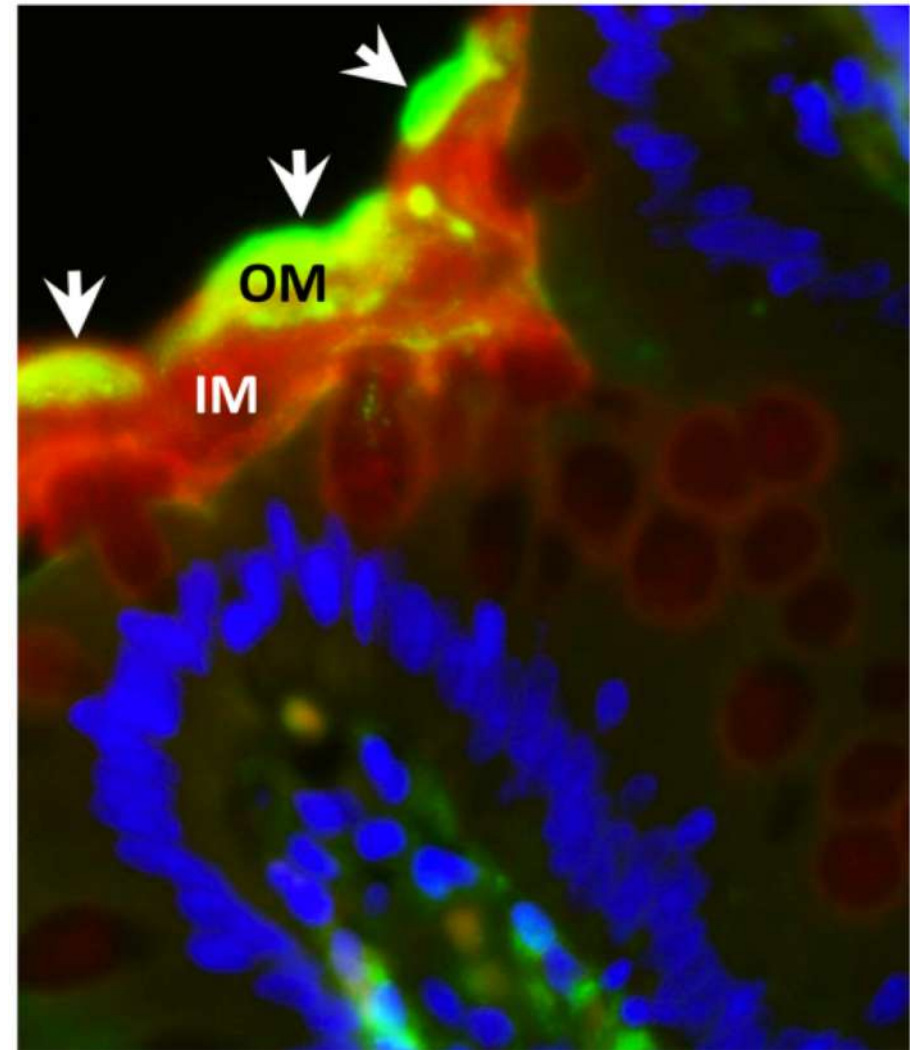
# Muco



# Muco

Muc2 IgA DNA

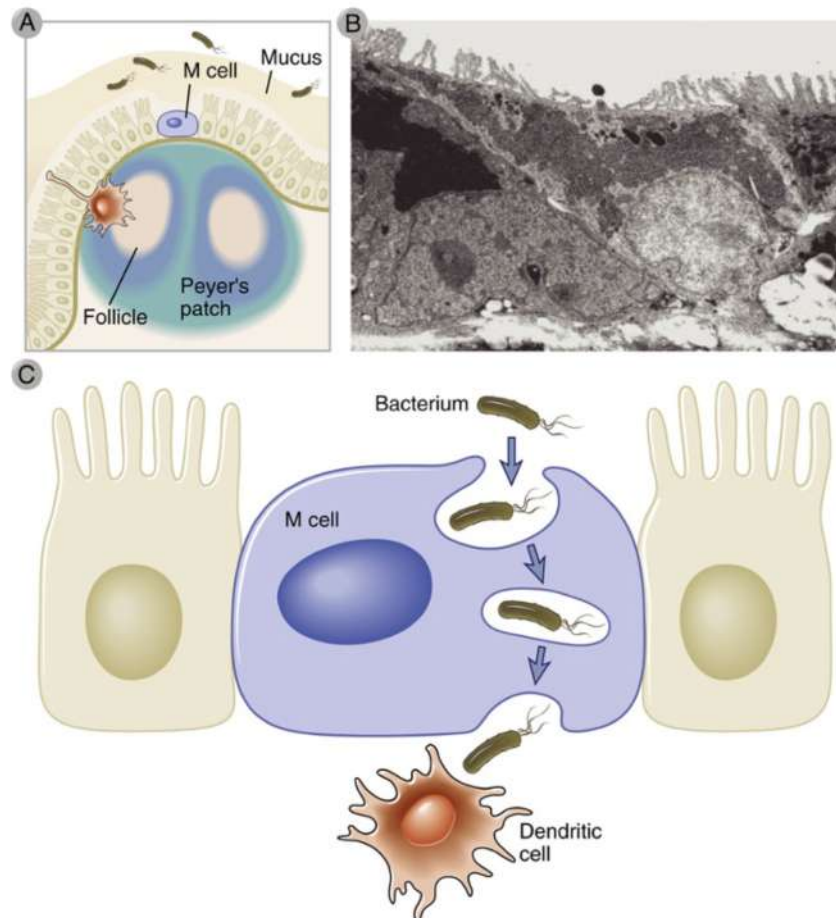
- ✓ Além de peptídeos anti-microbianos, a IgA secretada para o lúmen do intestino fica localizada na cama de muco.

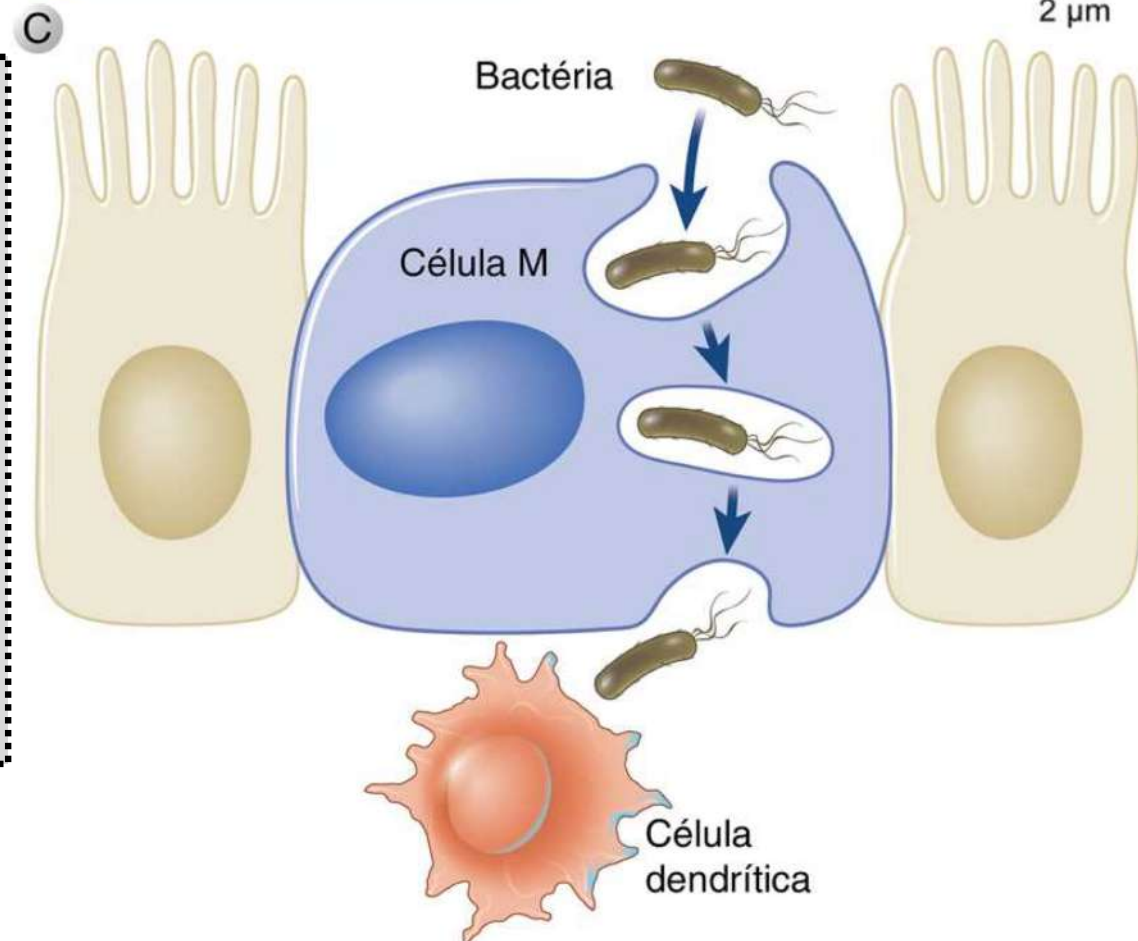
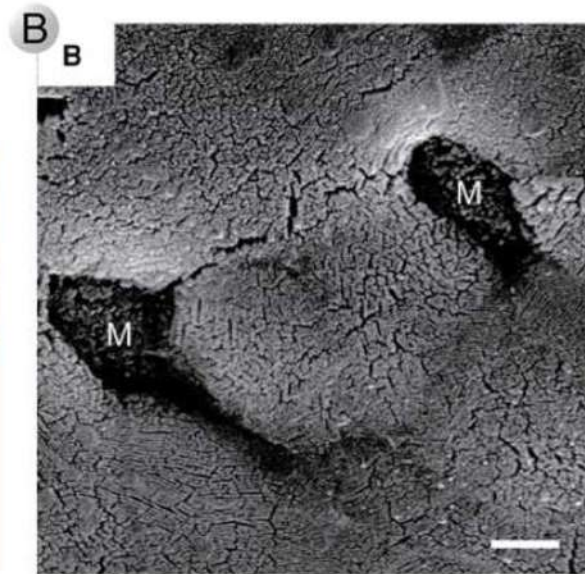
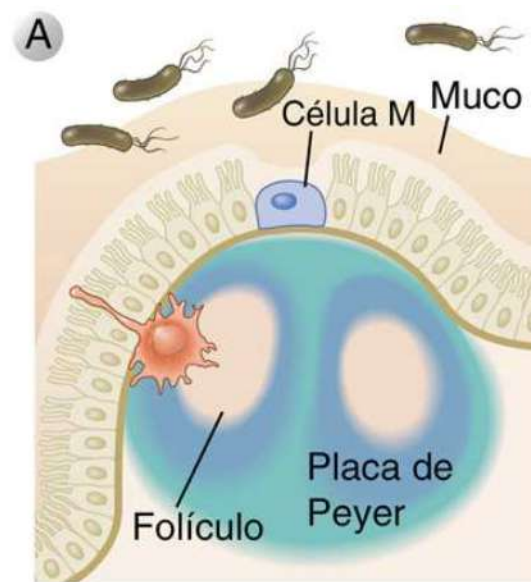


# Epitélio: Células M (Microfenestradas)



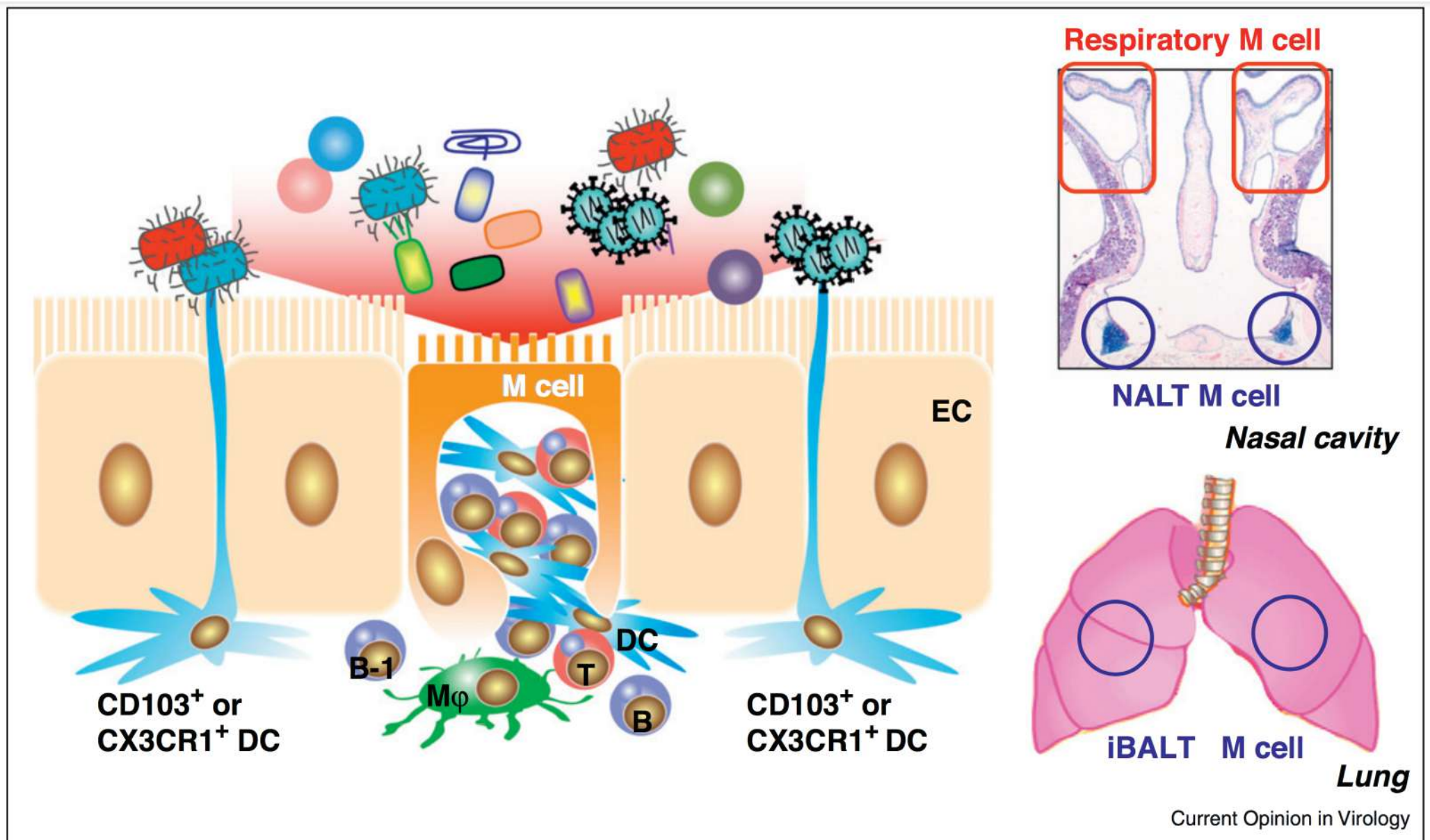
- ✓ Células M são células especializadas no transporte de antígenos, partículas e microorganismos do lúmen para o parênquima tecidual
- ✓ São encontradas no epitélio pulmonar e intestinal.
- ✓ No intestino, ficam localizadas nas Placas de Peyer



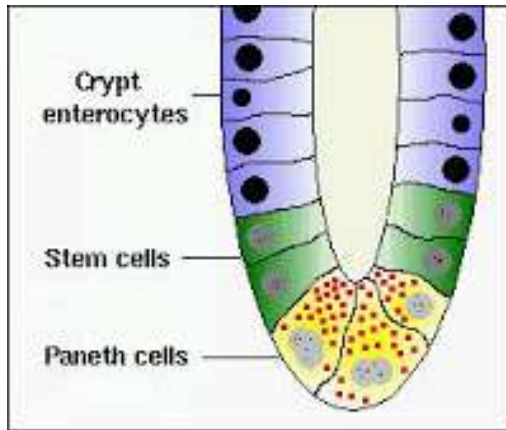
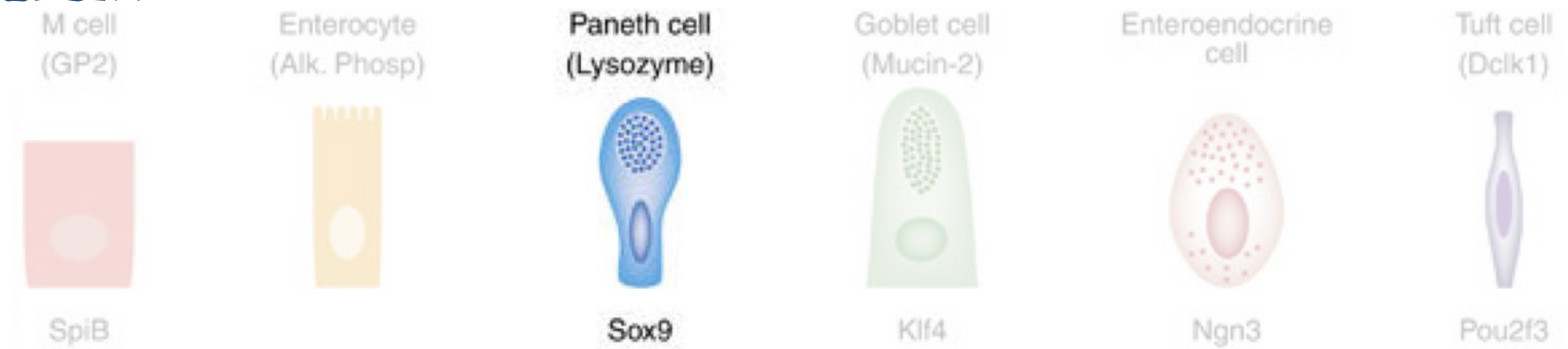


- ✓ Placas de Peyer: São aglomerados de linfócitos que se organizam em folículos de linfócitos B e zonas de linfócitos T ao longo do intestino delgado: Local importante para produção de anticorpos (IgA)
- ✓ Placa cecal: presente no intestino grosso

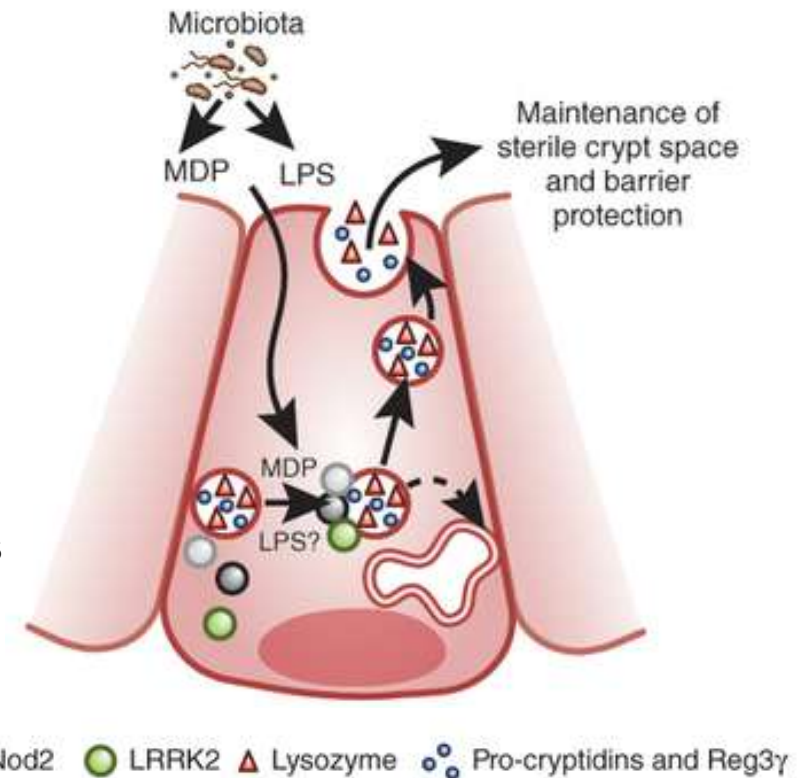
# Células M (Microfold/Microfrenestrada)



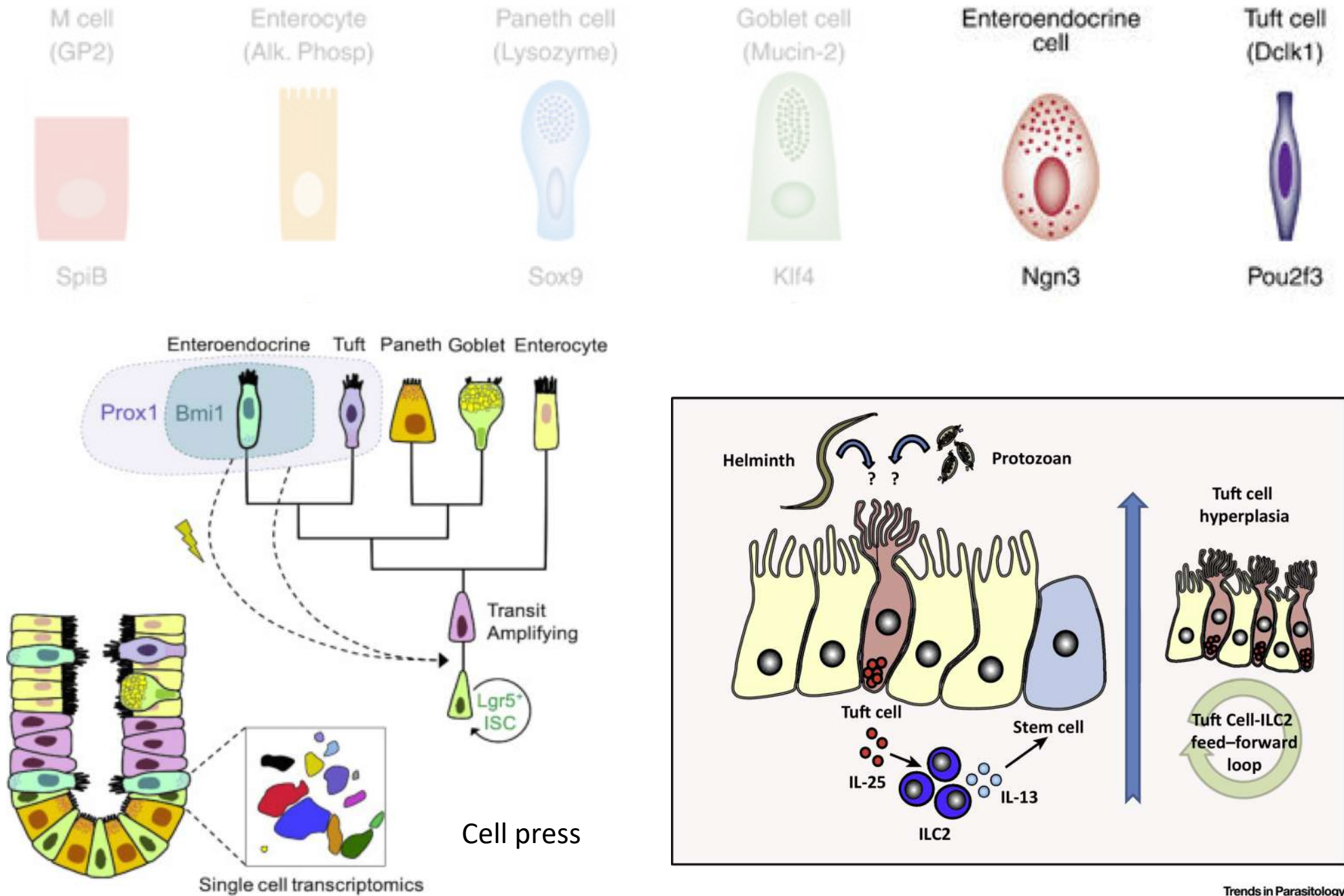
# Epitélio: células de Paneth



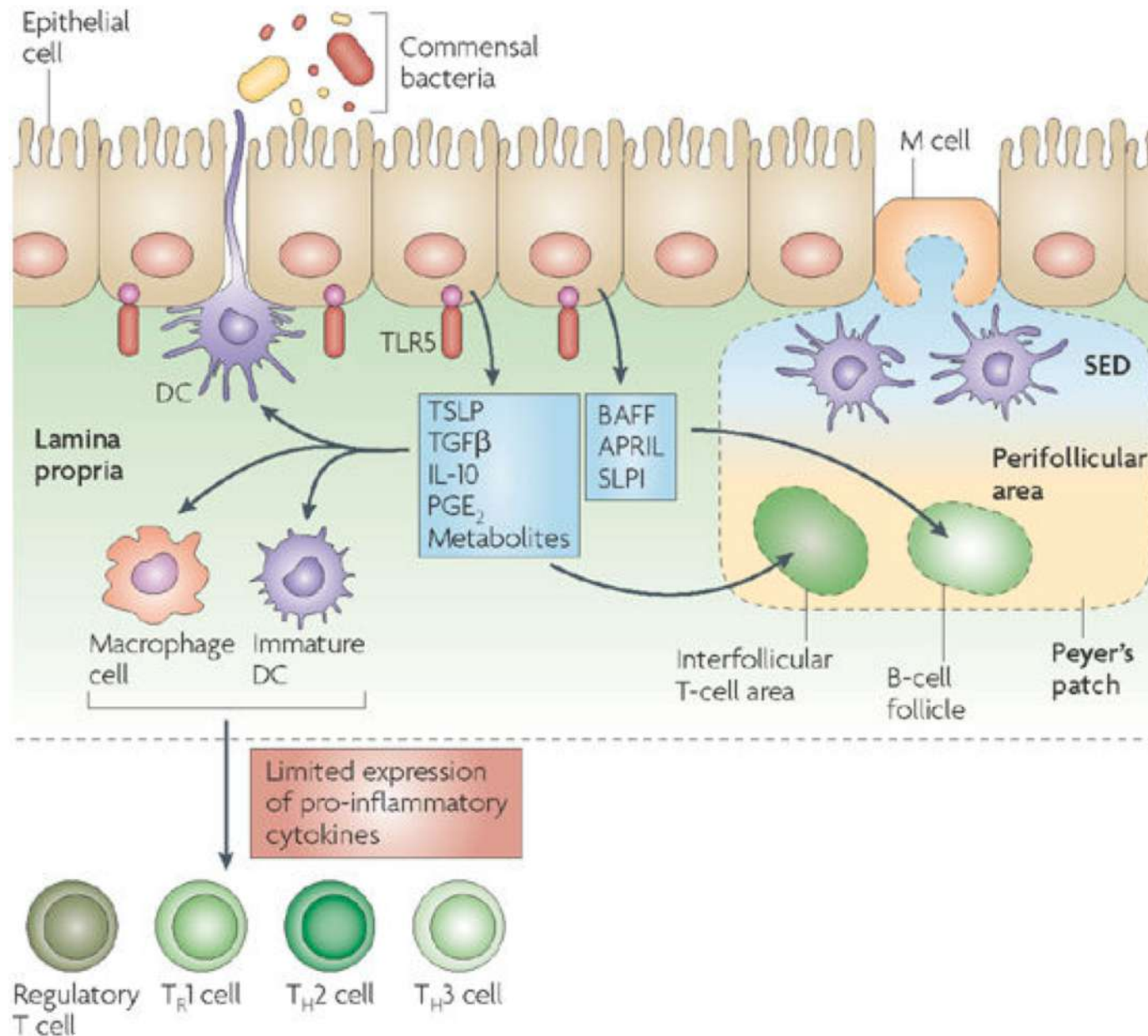
Células presentes no epitélio intestinal, principalmente na base das criptas, especializadas na produção de peptídeos antimicrobianos (defensinas, catalecidinas, ...)



# Epitélio: células de Tuft



# A função das células epiteliais define o padrão da imunidade adaptativa na mucosa



# Tópicos da aula

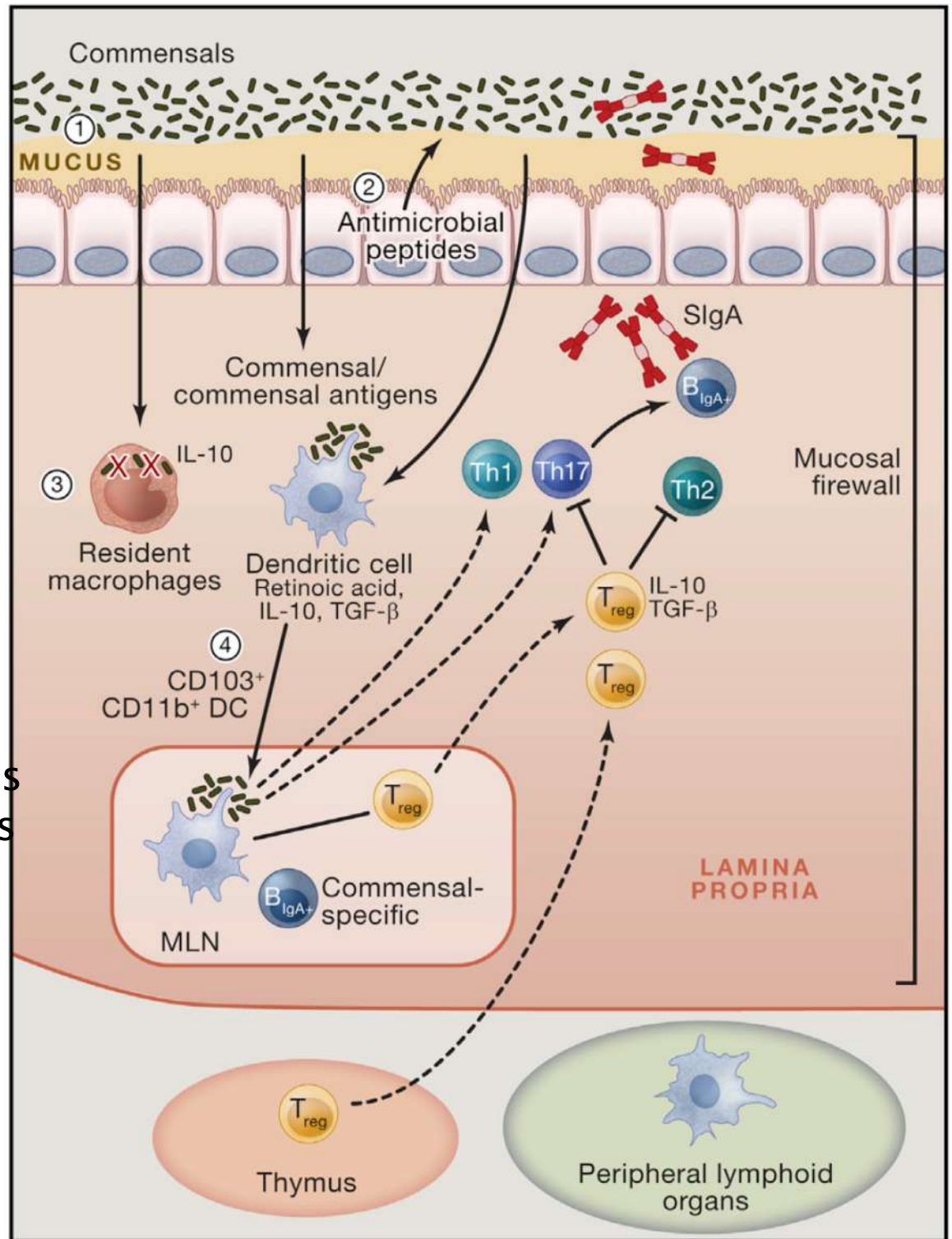
---

- Conceitos e Componentes: barreira física
- Componentes: barreira ativa
- Respostas canônicas: Tolerância Oral, Imunidade a vacinas, Th17/22, IgA, Linfócitos Inatos
- Particularidades de tecidos de barreira
- Interação com microbiota e doença

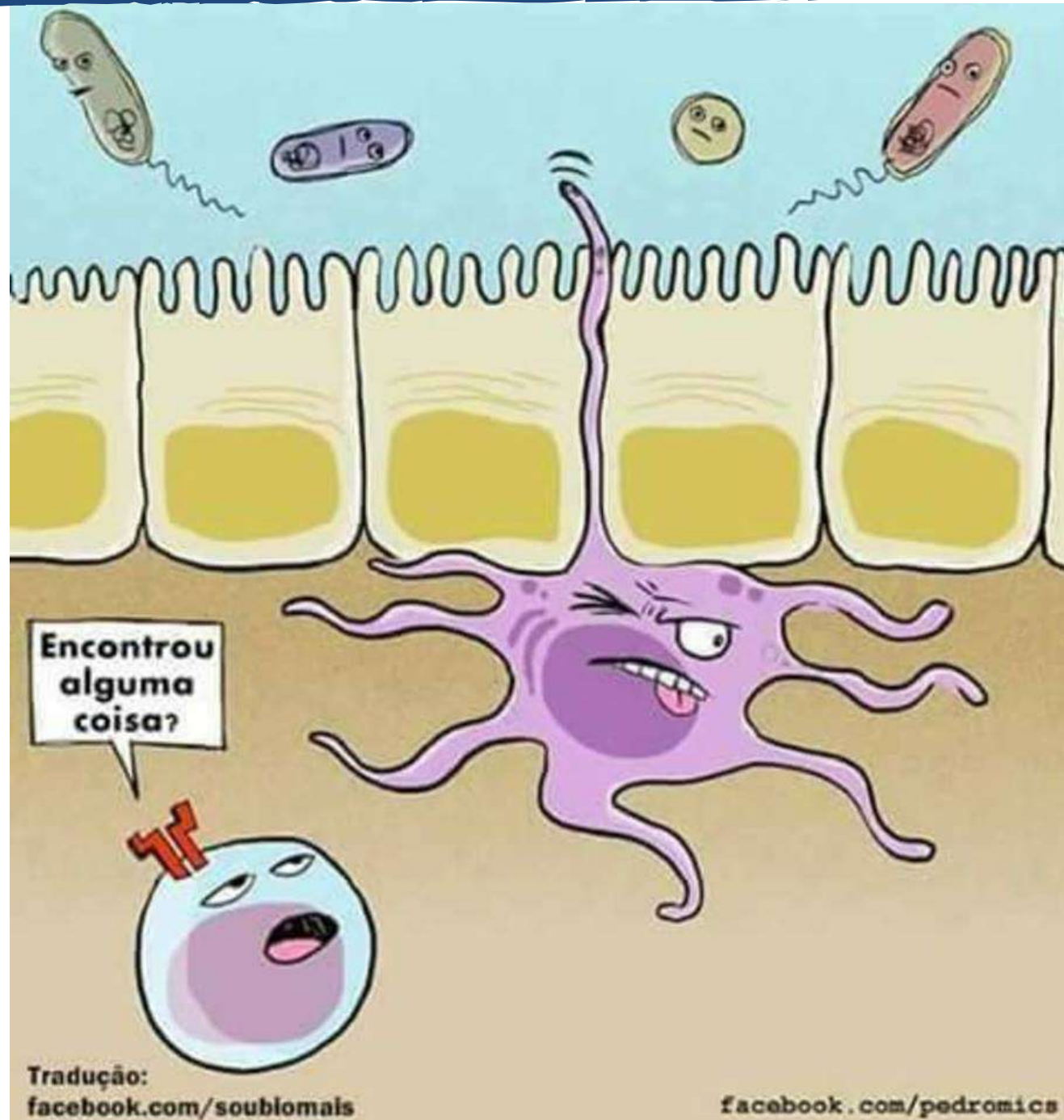
\_\_\_\_\_

- Epitélio/ Junções celulares
- Muco
- Peptídeos antimicrobianos
- \*Epitélio Ciliado
- \*pH

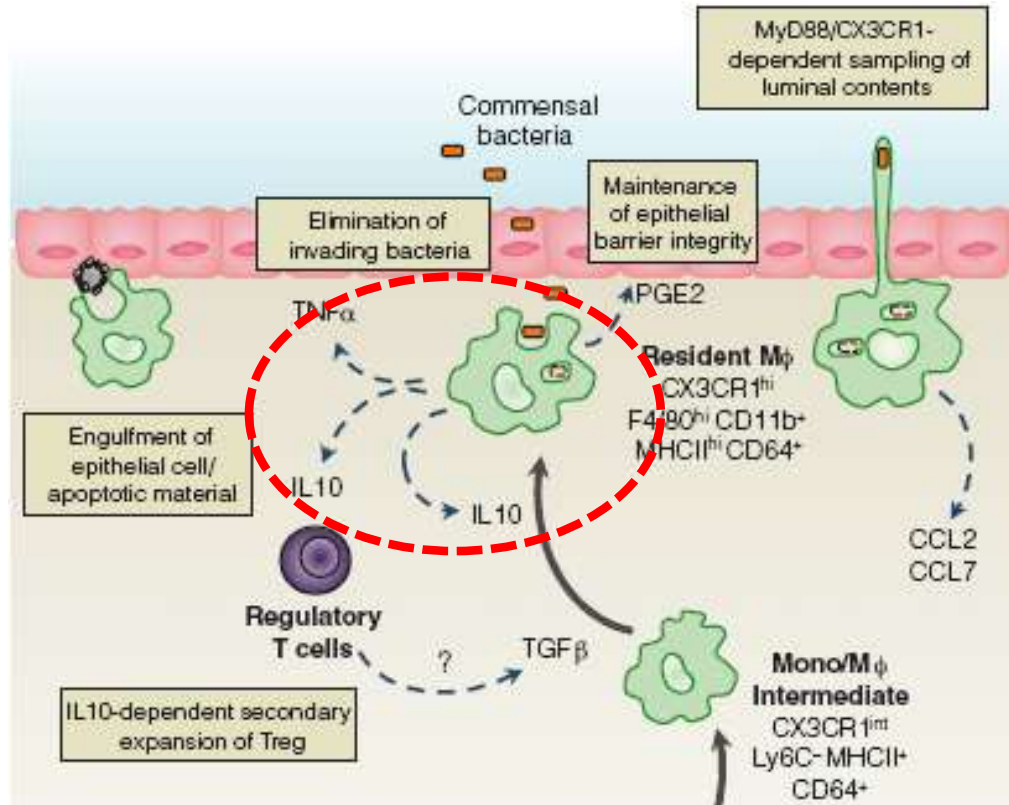
- Células dendríticas especializadas
- Células T efetoras especializadas (Th17 e Treg)
- IgA
- Células Inatas (macrófagos e ILCs)
- Microbiota



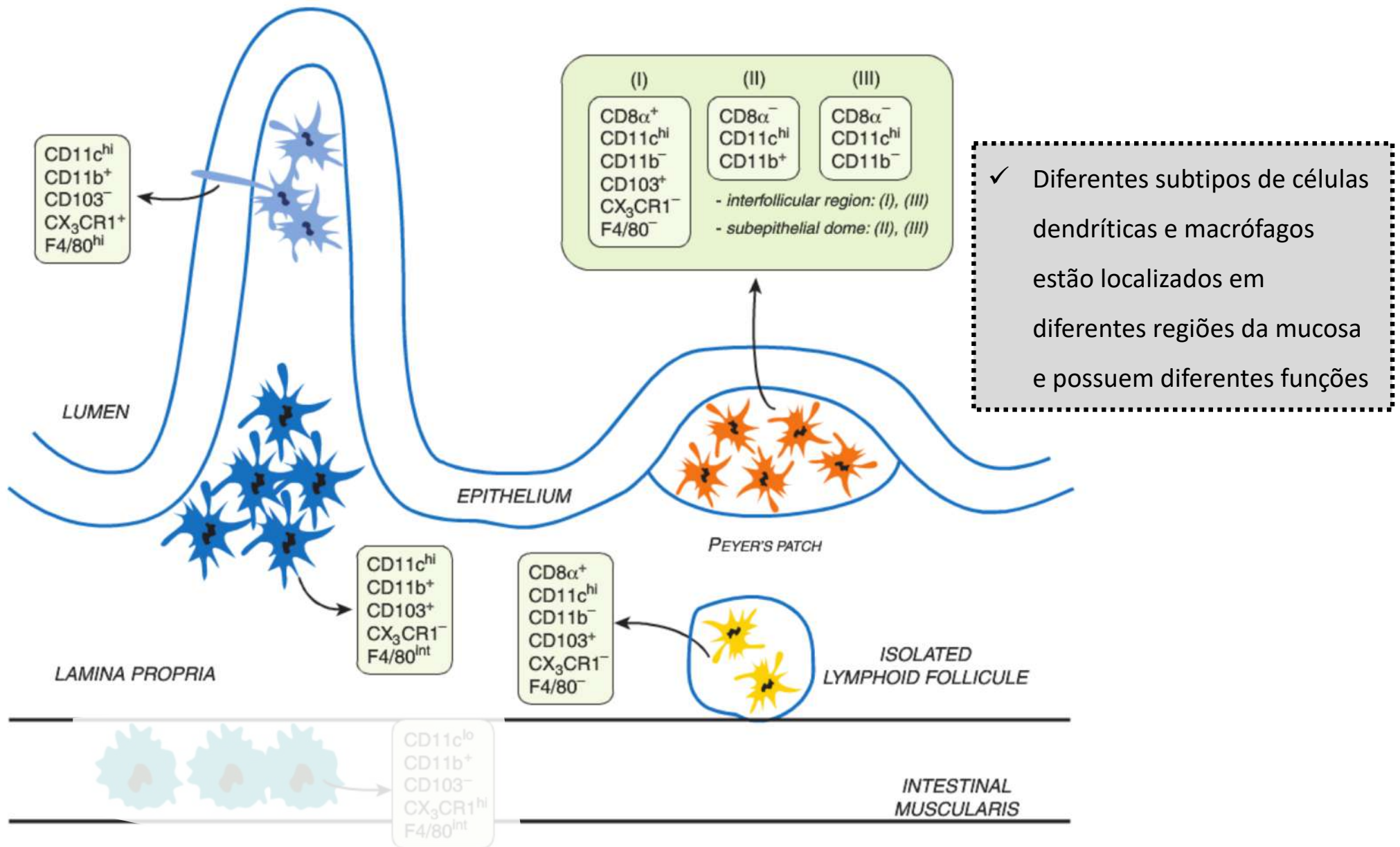
# Sistema Fagocítico Mononuclear



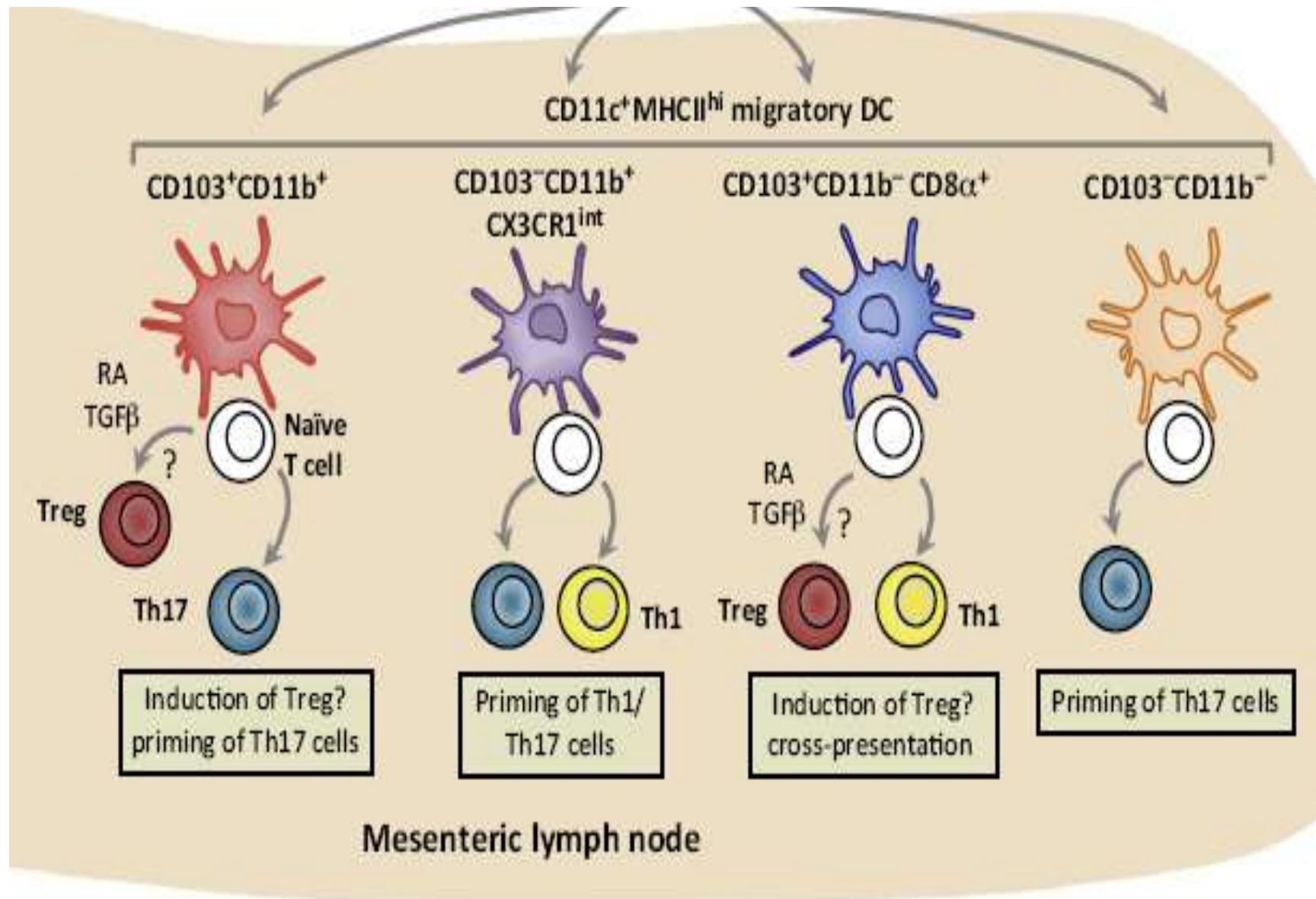
# Sistema Fagocítico Mononuclear



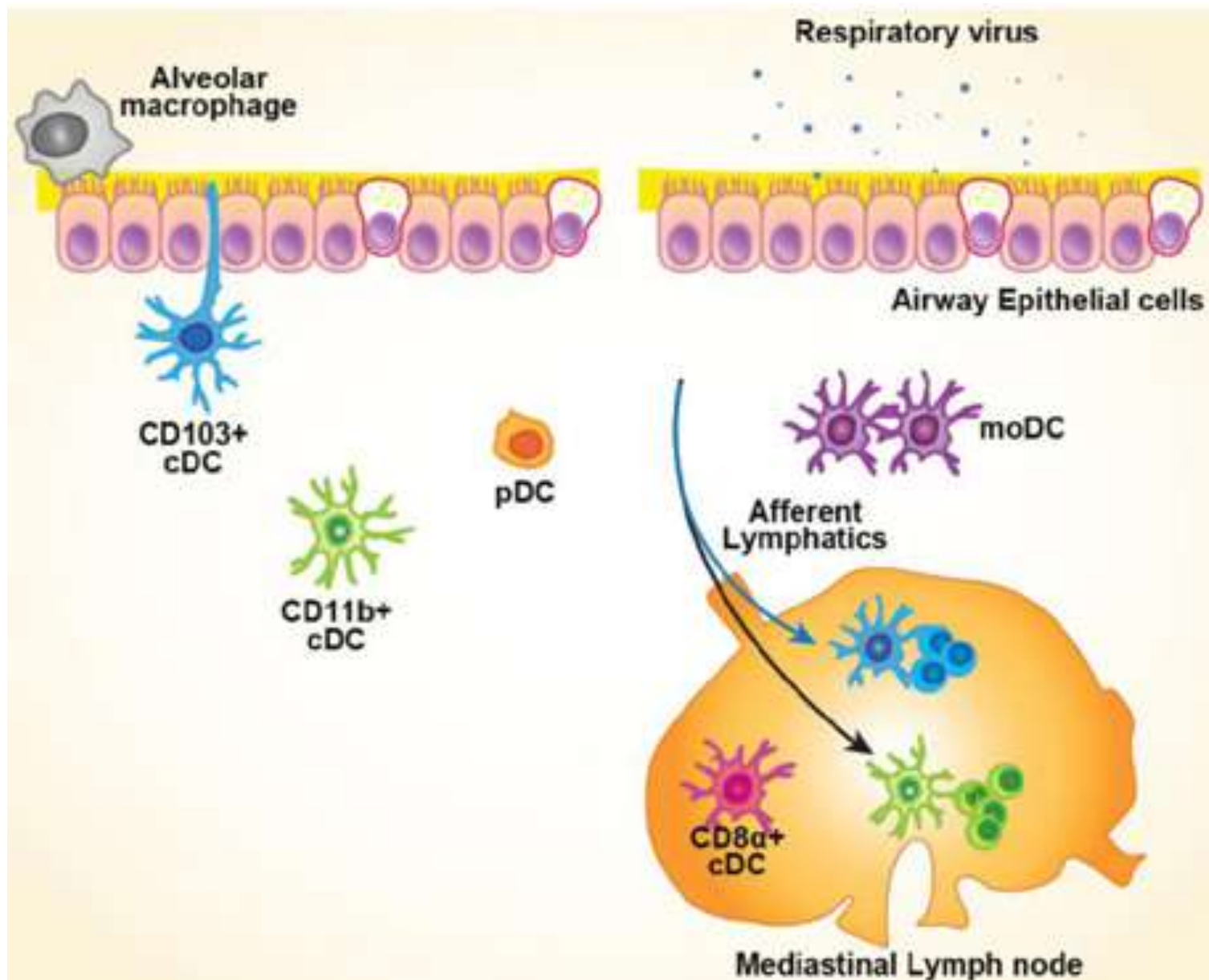
# Sistema Fagocítico Mononuclear



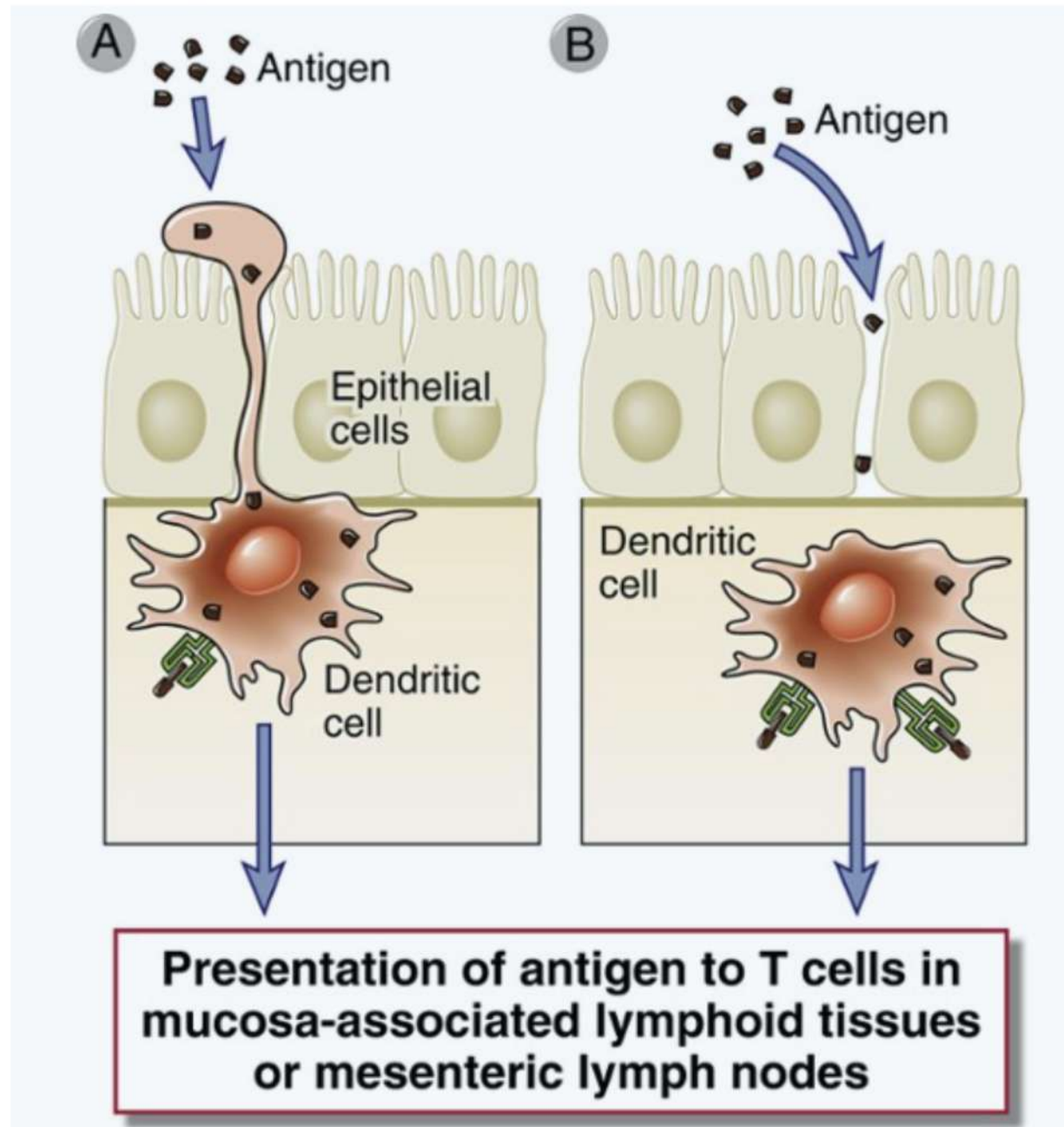
# Subtipos de Células Dendríticas

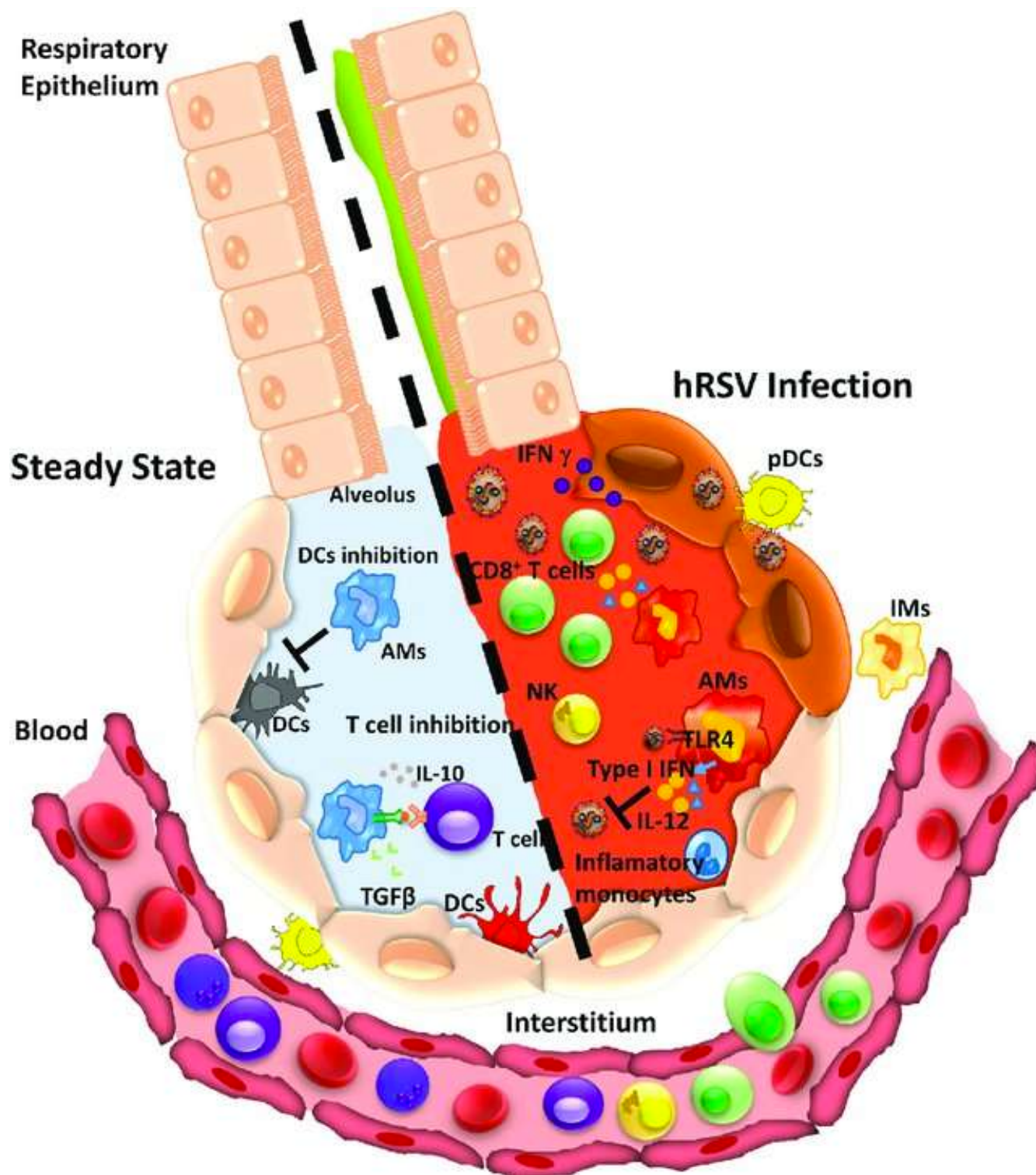


# Fagócitos mononucleares no pulmão

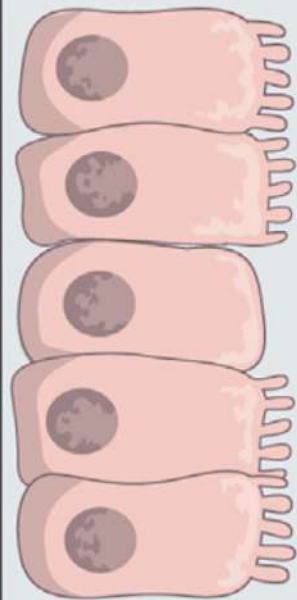


# Antigen uptake





## HOMEOSTASIS

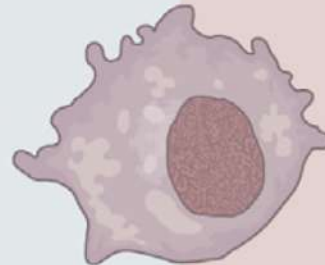


**Negative  
regulatory  
signals**

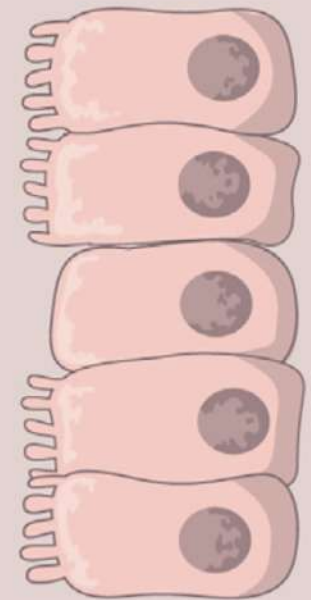


CD200/R  
TGF $\beta$ /R  
IL-10/R

Macrophage



## INFLAMMATION



**Triggering  
signals**



TLRs  
Interferons  
Antimicrobial  
peptides

## Environmental influences

Balanced diet (high fibre)  
Minimal infection  
Limited antibiotic usage  
Complex/diverse microbiota

Poor nutrition (low fibre/  
high sugar/fat)  
Multiple viral infections  
Serial antibiotic usage  
Smoking/pollution  
Limited microbiota

# Função das células do sistema mononuclear fagocítico da mucosa

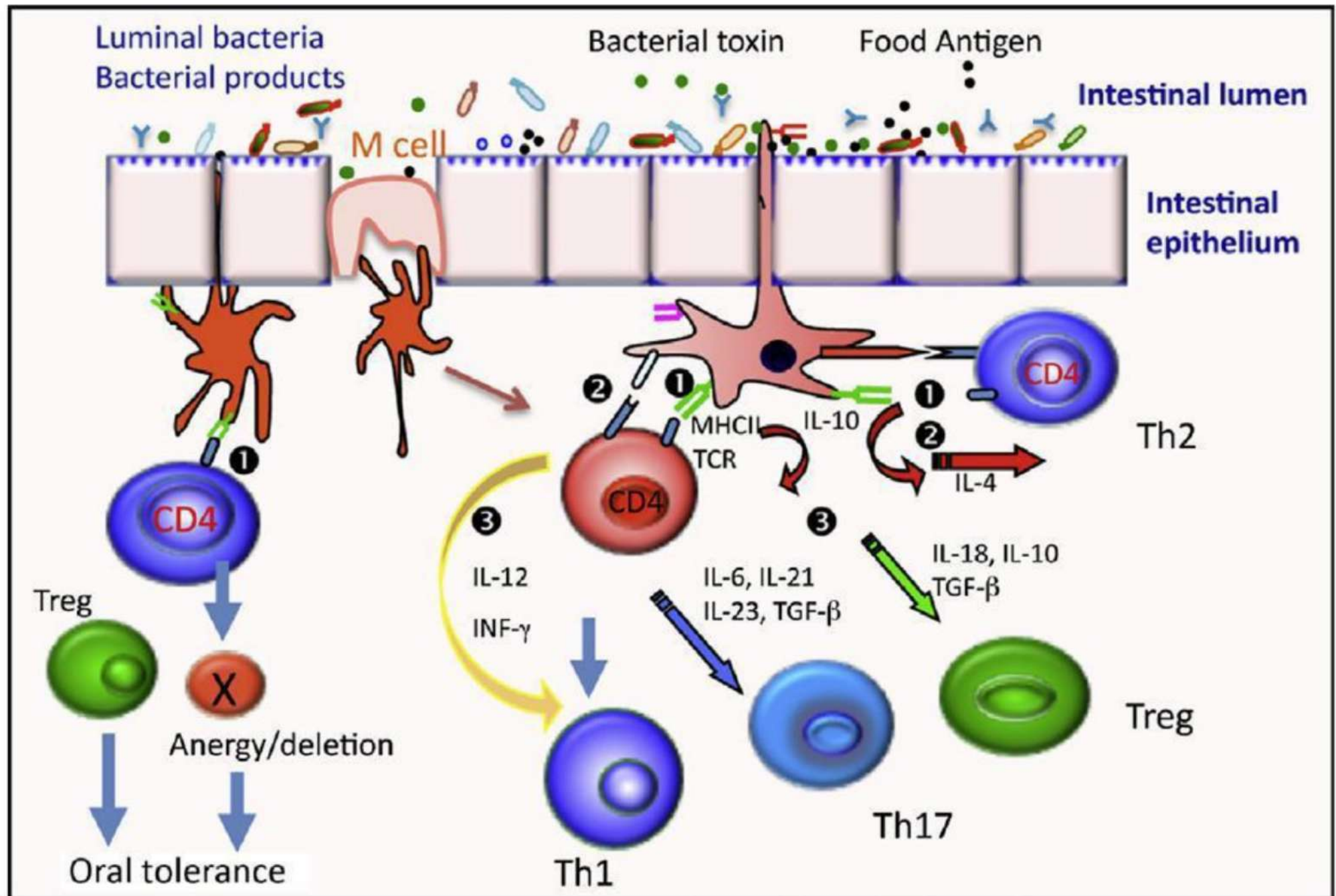
- Reparo tecidual
- Vigilância do tecido de barreira
- Ativação de linfócitos especializados com capacidade de migração para a mucosa
- Ontogenia: saco vitelínico, precursores de medula óssea, monócitos

# Tópicos da aula

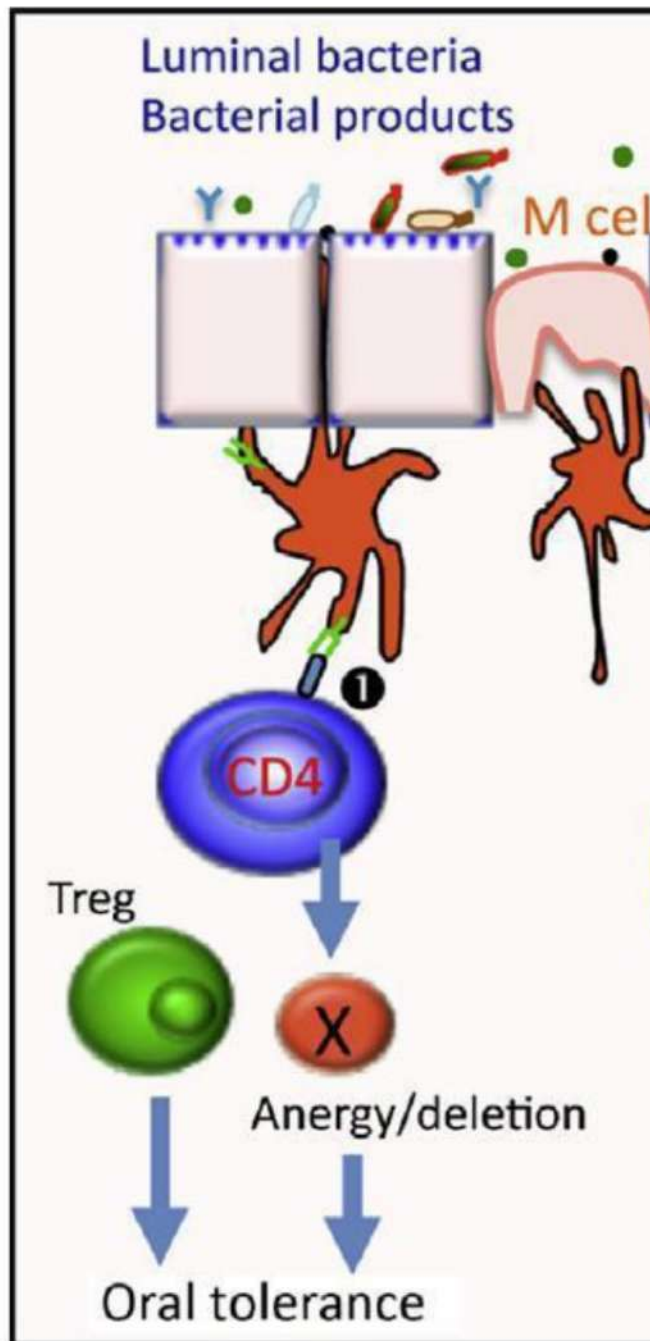
---

- Conceitos e Componentes: barreira física
- Componentes: barreira ativa
- **Respostas canônicas: Tolerância Oral, Imunidade a vacinas, Th17/22, IgA, Linfócitos Inatos**
- Particularidades de tecidos de barreira
- Interação com microbiota e doença

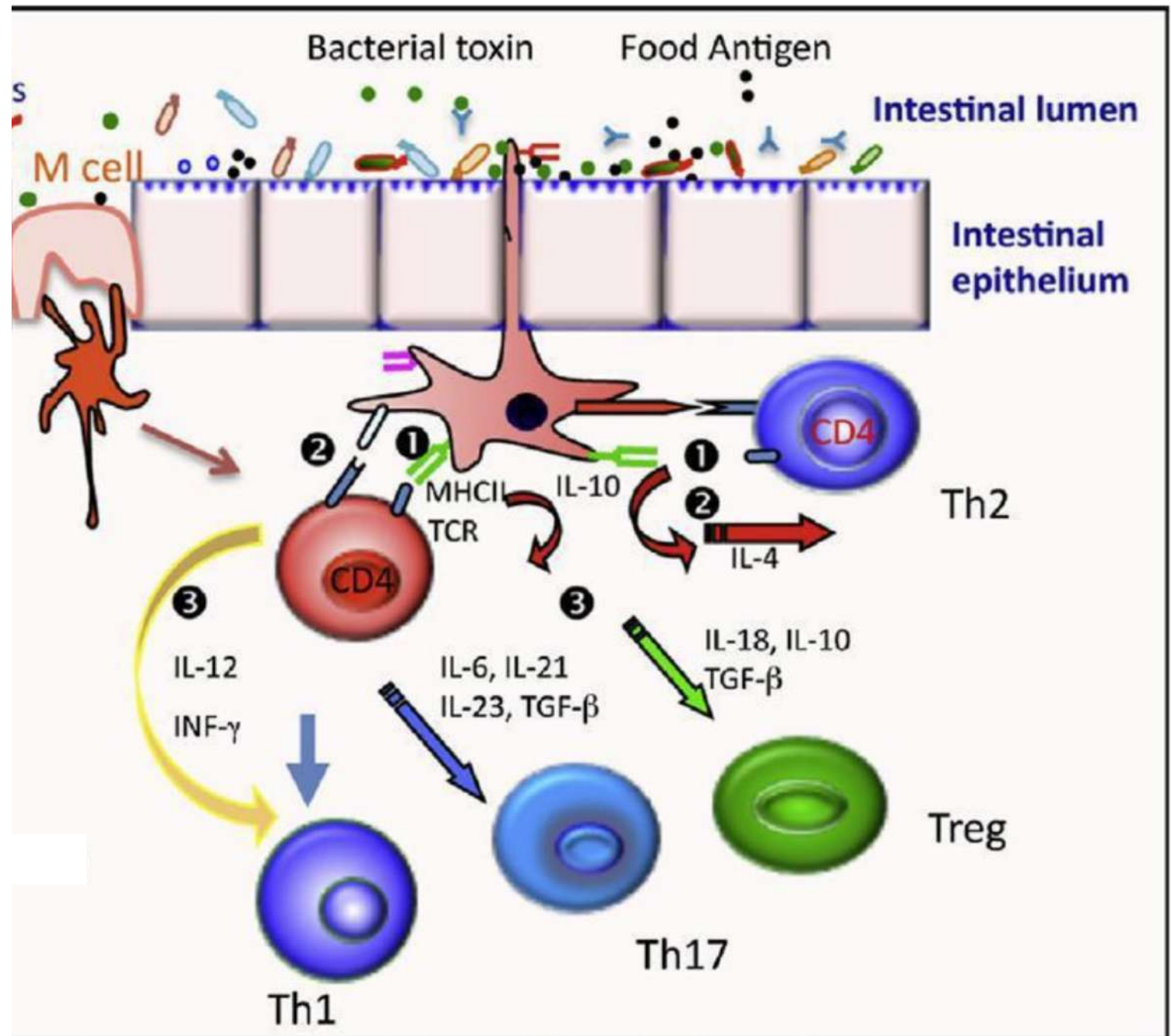
# Dinâmica da resposta imune intestinal



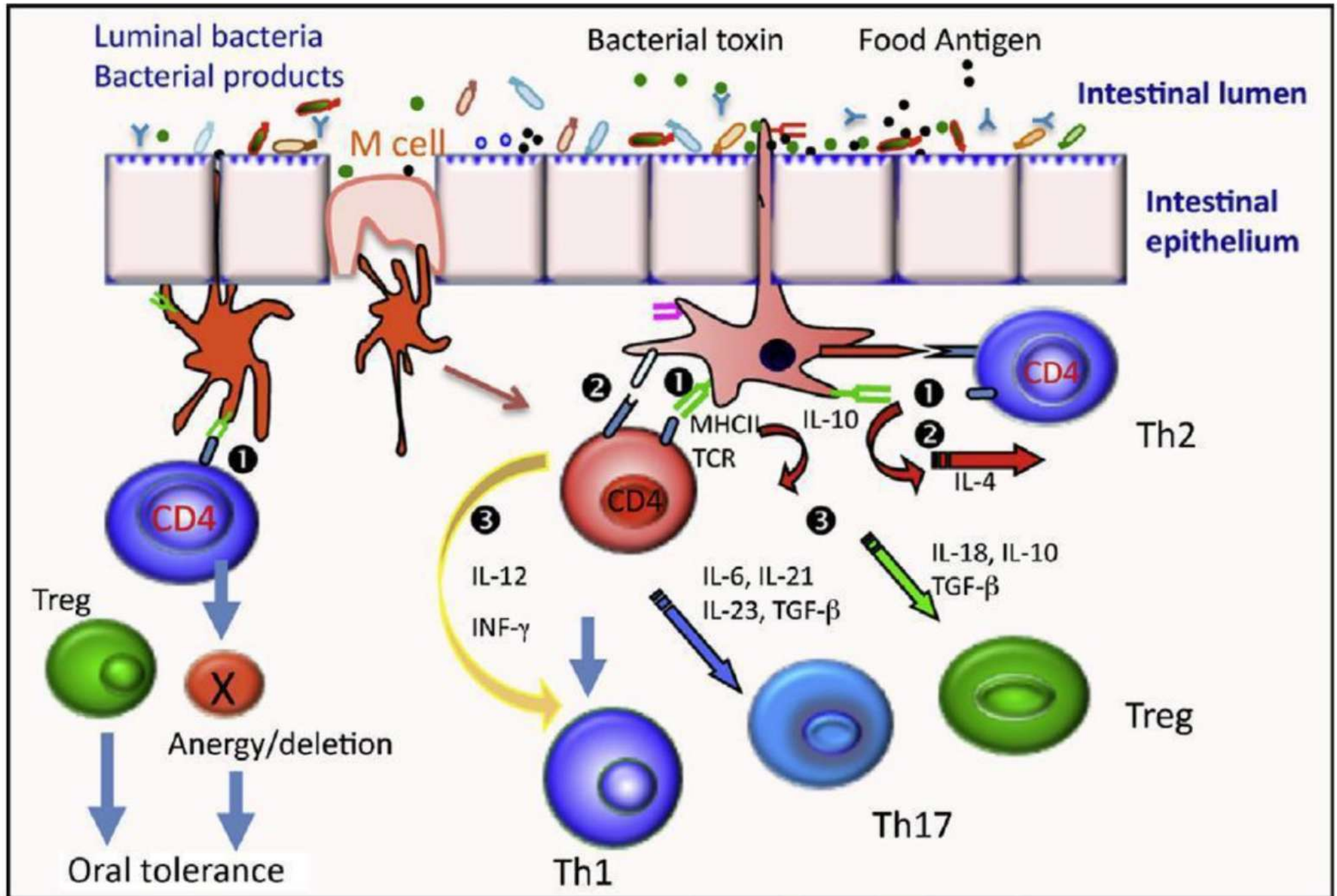
# Dinâmica da resposta imune intestinal



# Dinâmica da resposta imune intestinal



# Dinâmica da resposta imune intestinal



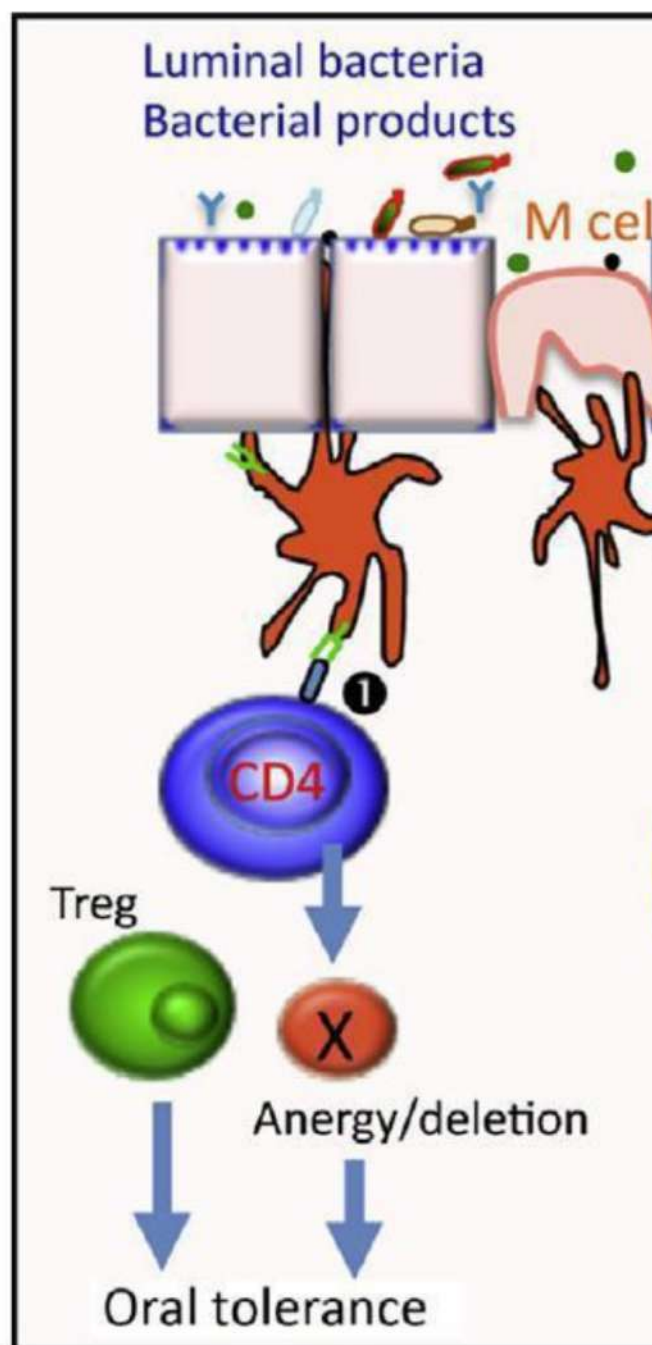
# O que define qual padrão de resposta será induzido?

- Localização do Antígeno
- Subtipo de Célula Dendrítica
- Quantidade de Antígeno
- Presença de PAMPs e **DAMPs**
- Tropismo para tecidos de mucosa

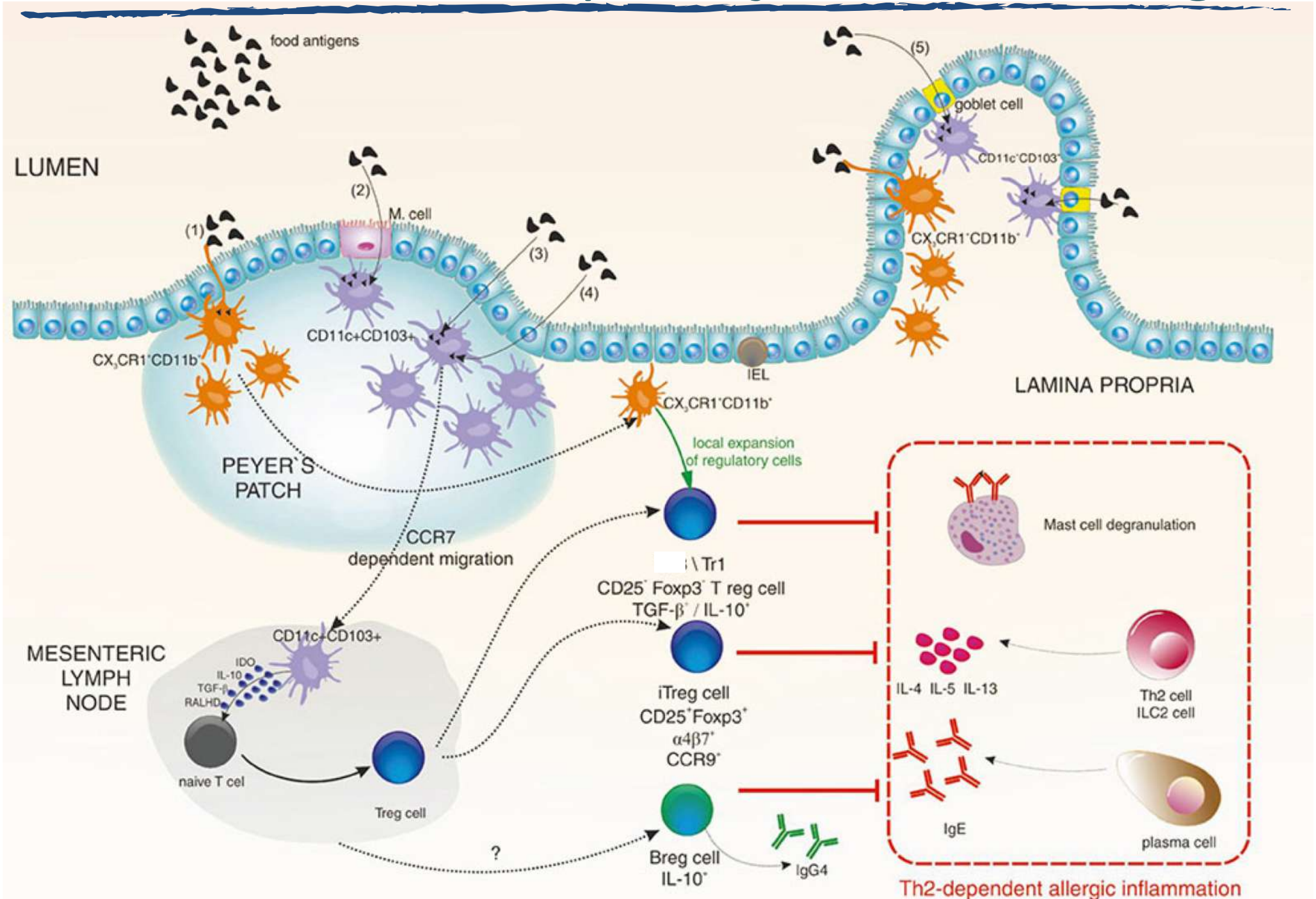
# Tolerância Oral

---

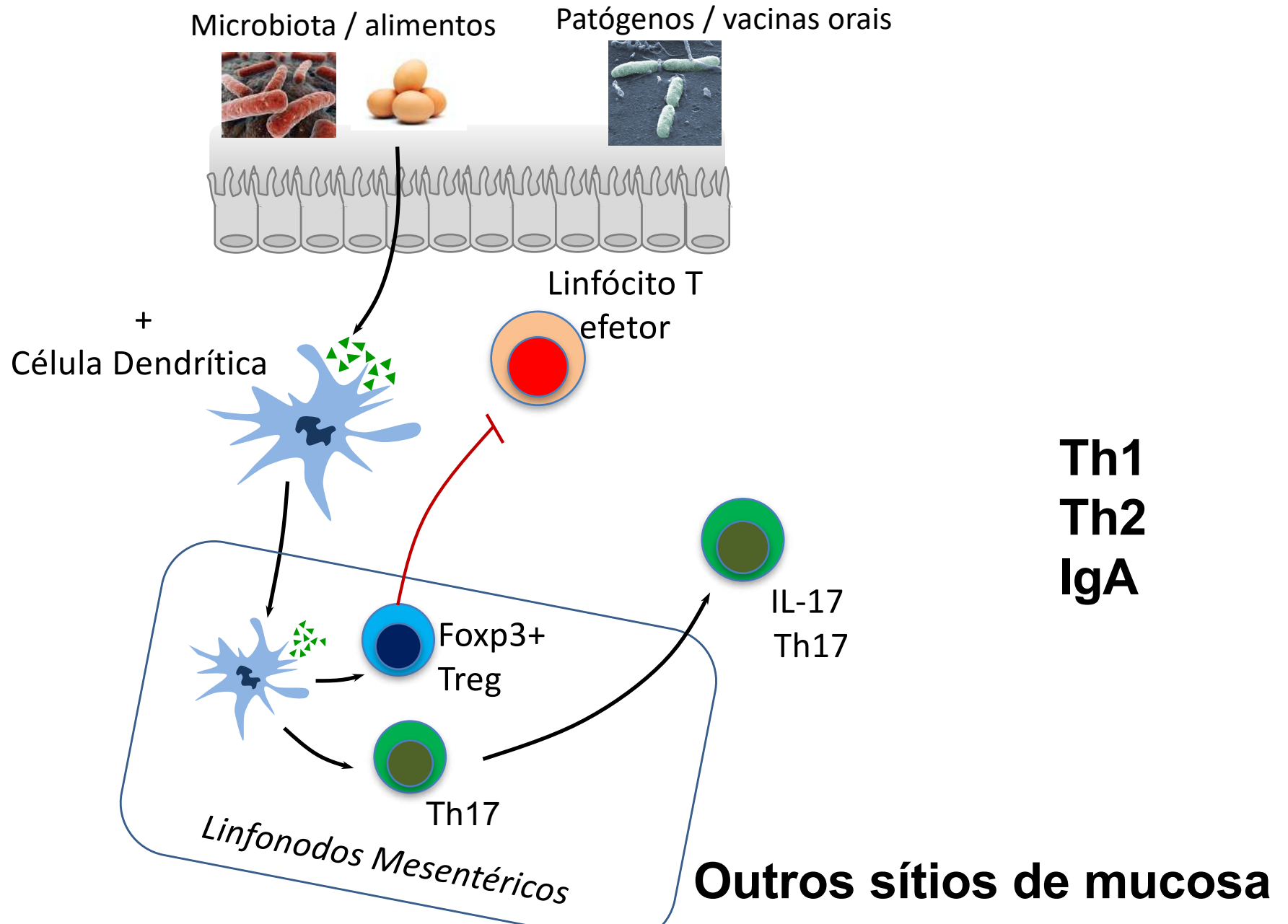
- ✓ Processo por meio do qual ocorre a indução de células T reguladoras em resposta à administração de antígenos pela via mucosa.
- ✓ Ocorre principalmente no intestino em resposta a antígenos alimentares
- ✓ Pode ser utilizado para a dessensibilização alérgica



# Tolerância Oral na proteção contra alergias



# Ativação de linfócitos especializados



# Vacinas Orais/nasais

---



**Table 1 Selected List of Bacterial and Food Antigens Used in Mucosal Immunization Studies in Humans and Animals**

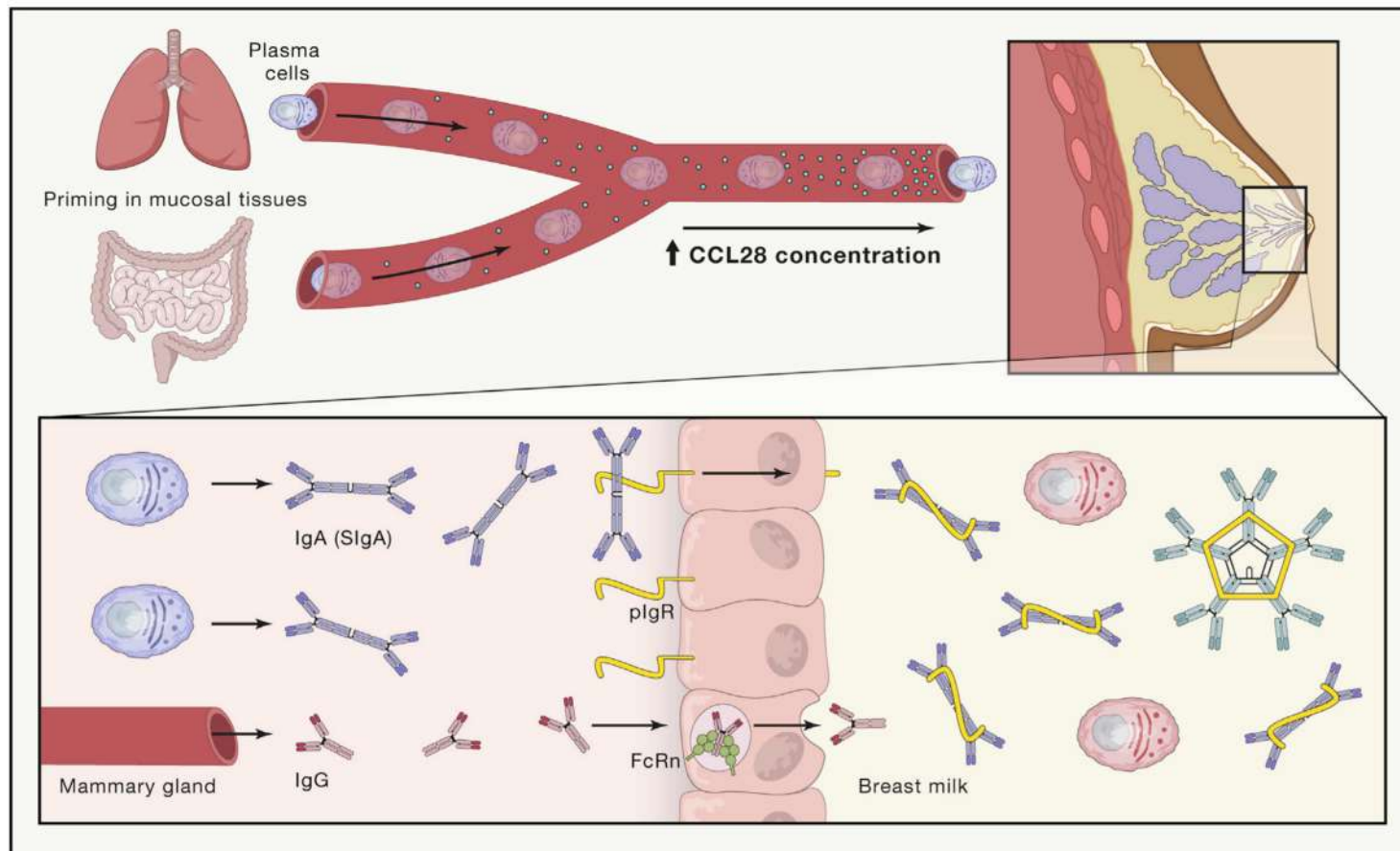
| Antigen                                     | Results and Comments                                                                                                                                                     | Author                                                                            |
|---------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------|
| <i>Yersinia multocida</i> (chicken cholera) | Oral immunization; protection induced                                                                                                                                    | Pasteur (1880)                                                                    |
| <i>Vibrio cholerae</i>                      | Oral immunization, moderate protection                                                                                                                                   | Klemperer (1892) and Metchnikoff (1903) <sup>a</sup>                              |
| <i>Mycobacterium tuberculosis</i>           | Serum antibodies induced by oral immunization                                                                                                                            | Calmette and Guérin (1906–1923) <sup>a</sup>                                      |
| <i>Yersinia pestis</i>                      |                                                                                                                                                                          |                                                                                   |
| <i>Corynebacterium diphtheria</i>           |                                                                                                                                                                          | Dserzgowdsky (1910) and Enlows (1925)                                             |
| <i>Shigella dysenteriae</i>                 | Limited protection                                                                                                                                                       | Besredka (1919, 1927)                                                             |
| <i>Salmonella typhi</i>                     | Oral immunization preferable to systemic                                                                                                                                 | Vaillant (1922) <sup>a</sup> , Besredka (1919, 1927) and Combiesco et al., (1923) |
| <i>Streptococcus pneumoniae</i>             | Protection achieved by nasal immunization                                                                                                                                | Bull and McKee, 1929                                                              |
| <i>Staphylococcus pyogenes</i>              | Protection achieved by oral immunization                                                                                                                                 | Ross (1930)                                                                       |
| Abrin, ricin, robin                         | Partial protection Oral immunization results in systemic and mucosal protection                                                                                          | Combiesco and Calab (1924) and Ehrlich (1891a, 1891b)                             |
| Cow's milk and whey                         | Prevention of anaphylaxis by feeding                                                                                                                                     | Besredka (1909)                                                                   |
| Cow's milk, ox blood, egg white, zein, oats | Decrease in systemic reactivity after prolonged but not short ingestion of these antigens                                                                                | Wells and Osborne (1911)                                                          |
| Dinitrochlorobenzene                        | Inhibition of systemic (skin) reactivity after hapten feeding; inability to suppress skin sensitivity by oral immunization in previously sensitized animals <sup>b</sup> | Chase (1946)                                                                      |
| Poison ivy                                  | Oral ingestion results in decreased skin reactivity in a few studies; discouraged for lack of efficacy                                                                   | Stevens (1945)                                                                    |
| Horse serum and meat                        | Sensitization for anaphylaxis                                                                                                                                            | Rosenau and Anderson (1907) <sup>a</sup>                                          |
| Proteins from rice, corn, and oat flour     | Precipitins in serum                                                                                                                                                     | Magnus, 1906 <sup>a</sup>                                                         |

<sup>a</sup>Data from Bull and McKee (1929), Chase (1946), Gay (1924), Stevens (1945), Klingman (1958), Wells and Osborne (1911), and Calmette (1923).

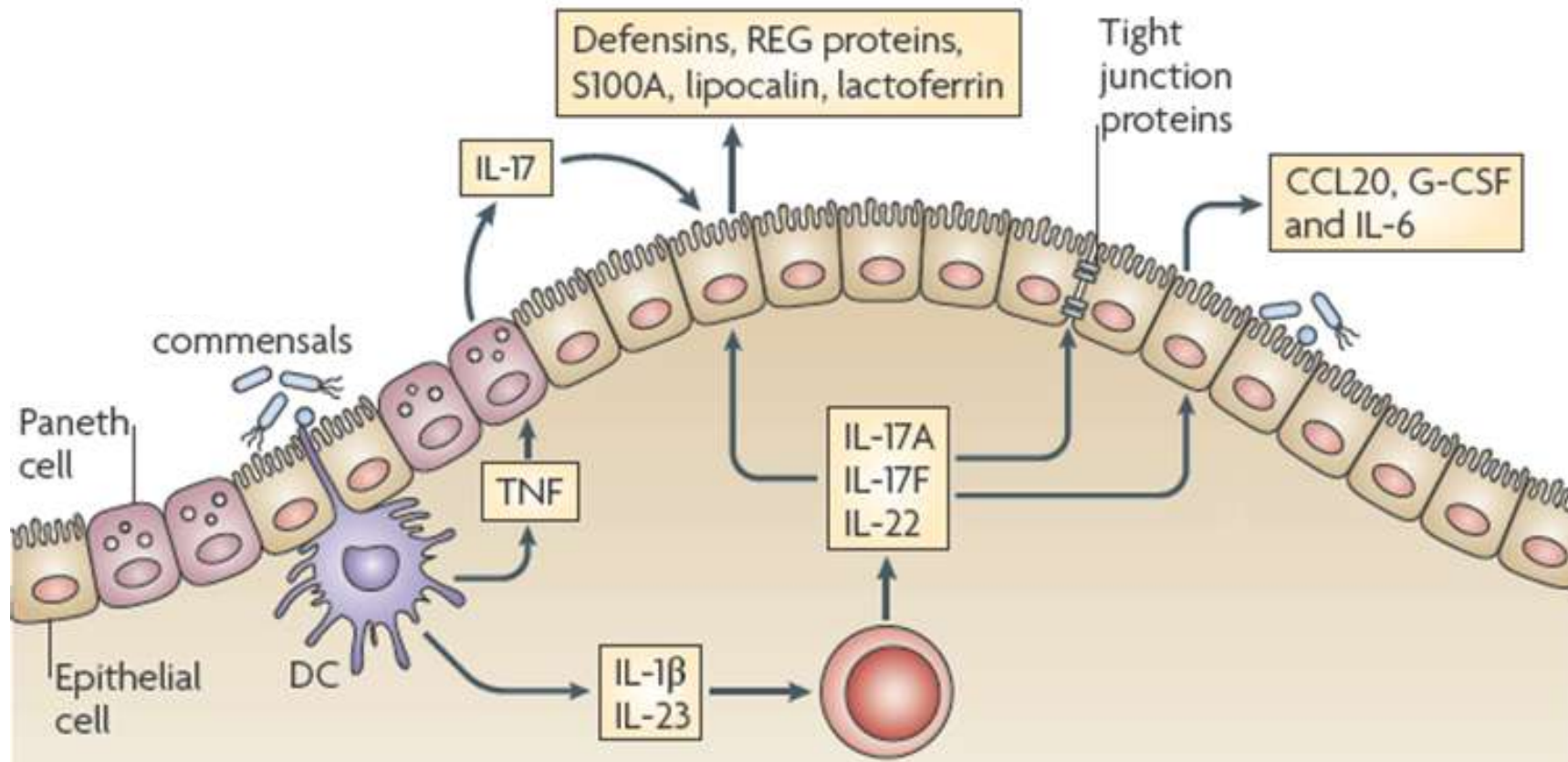
<sup>b</sup>See Table 3.

# Circulação de linfócitos especializados entre as diferentes mucosas

- ✓ Imunização por via oral ou nasal pode ser empregada para indução de imunidade em outros tecidos de mucosa, como por exemplo no trato urogenital.

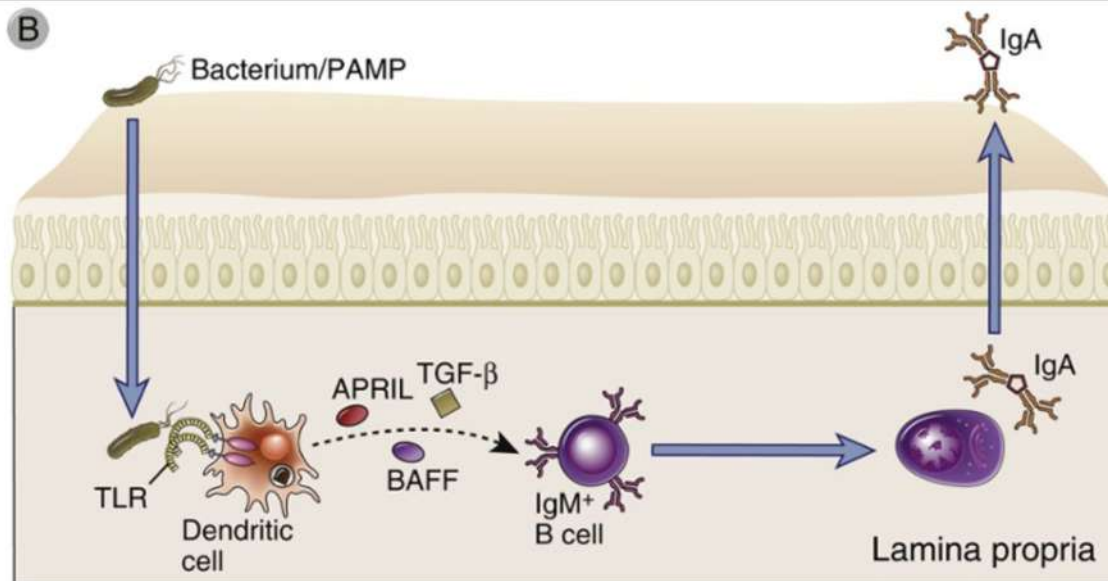
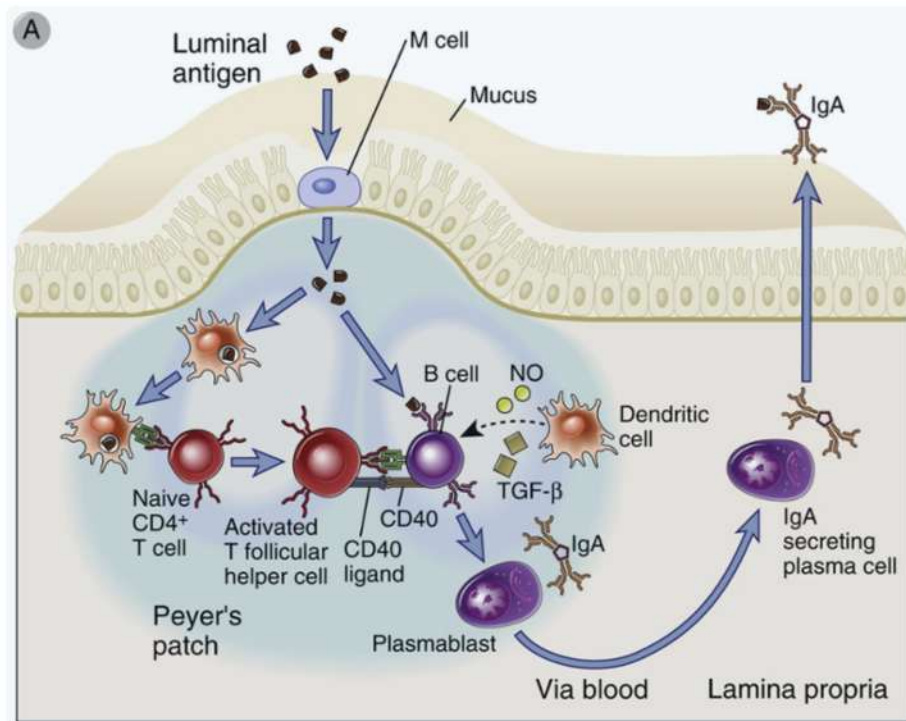


# Th17/22



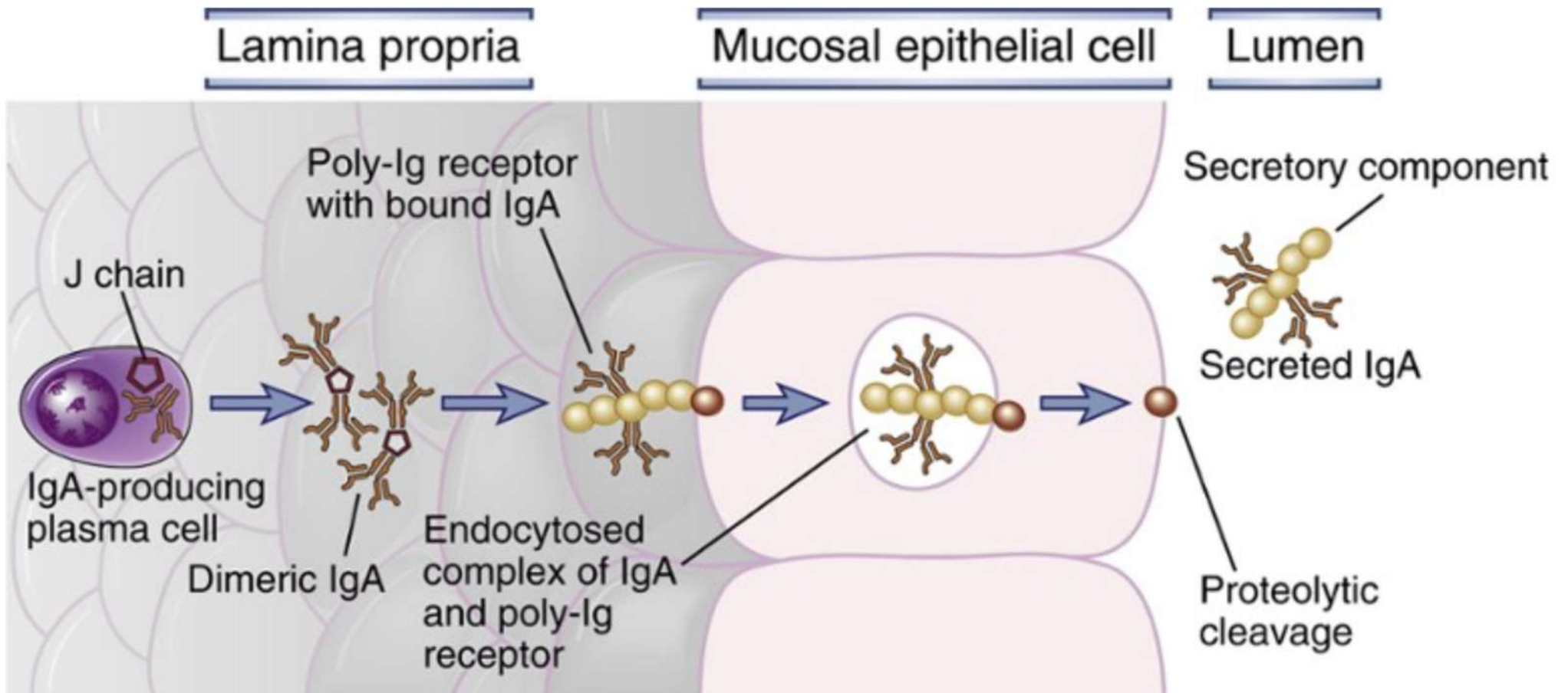
Patógenos extracelulares  
Vacinas

# Produção de IgA



- Pulmão, troca de classe acontece nas tonsilas
- Trato urogenital: IgG

# Secreção de IgA

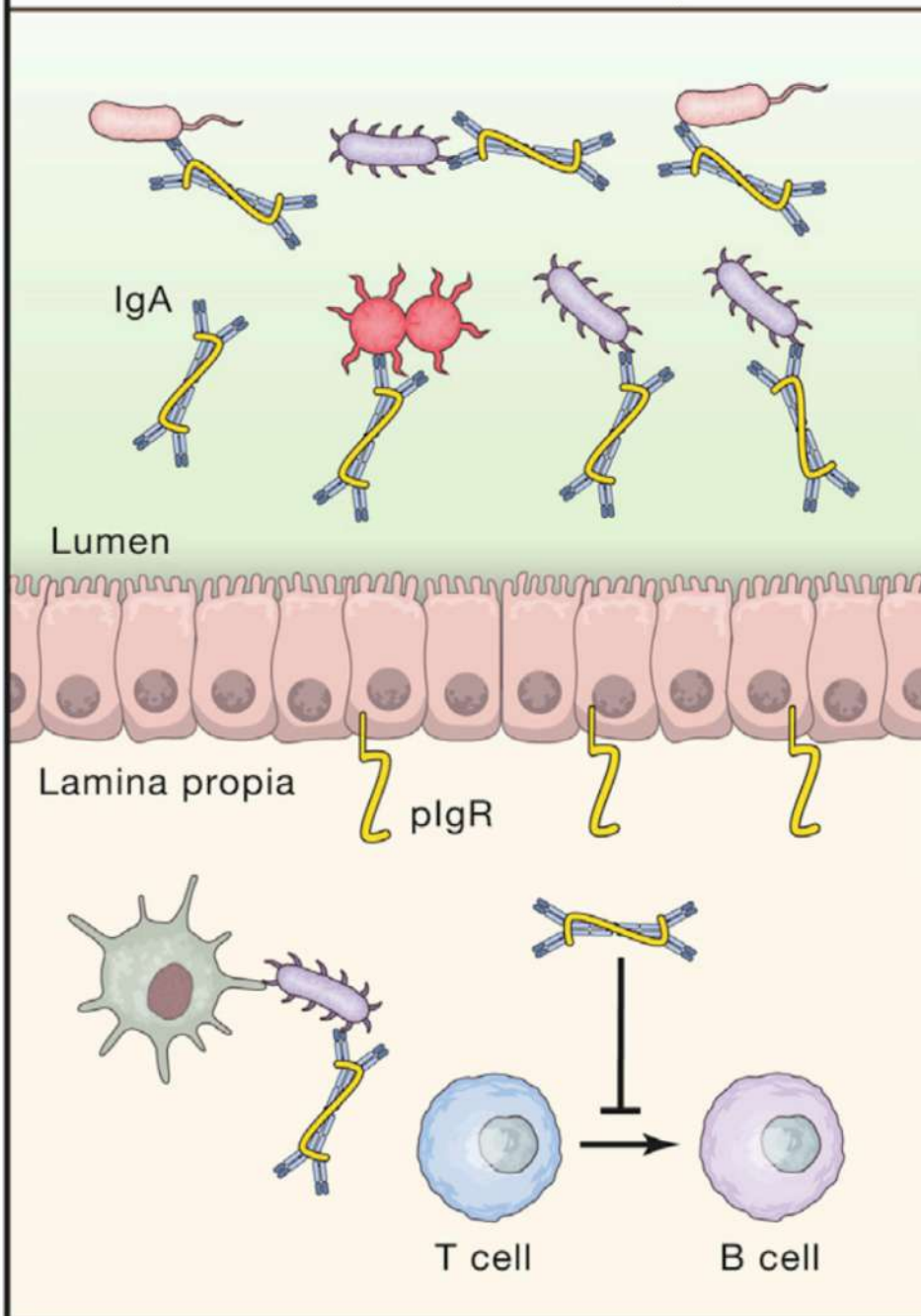


\*Leite Materno

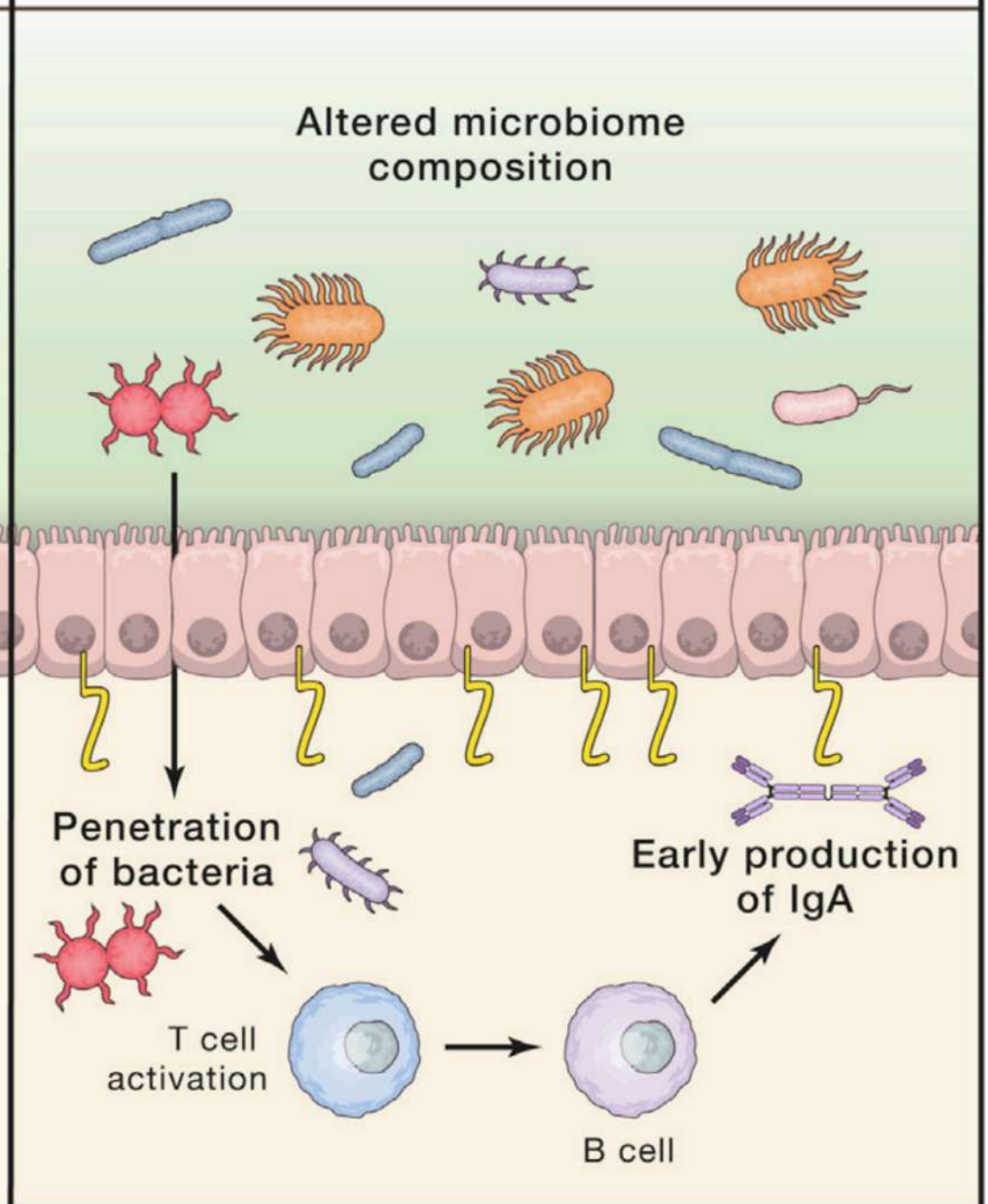
\* Pele???

\* Grande parte da microbiota associada às mucosas está recoberta por IgA

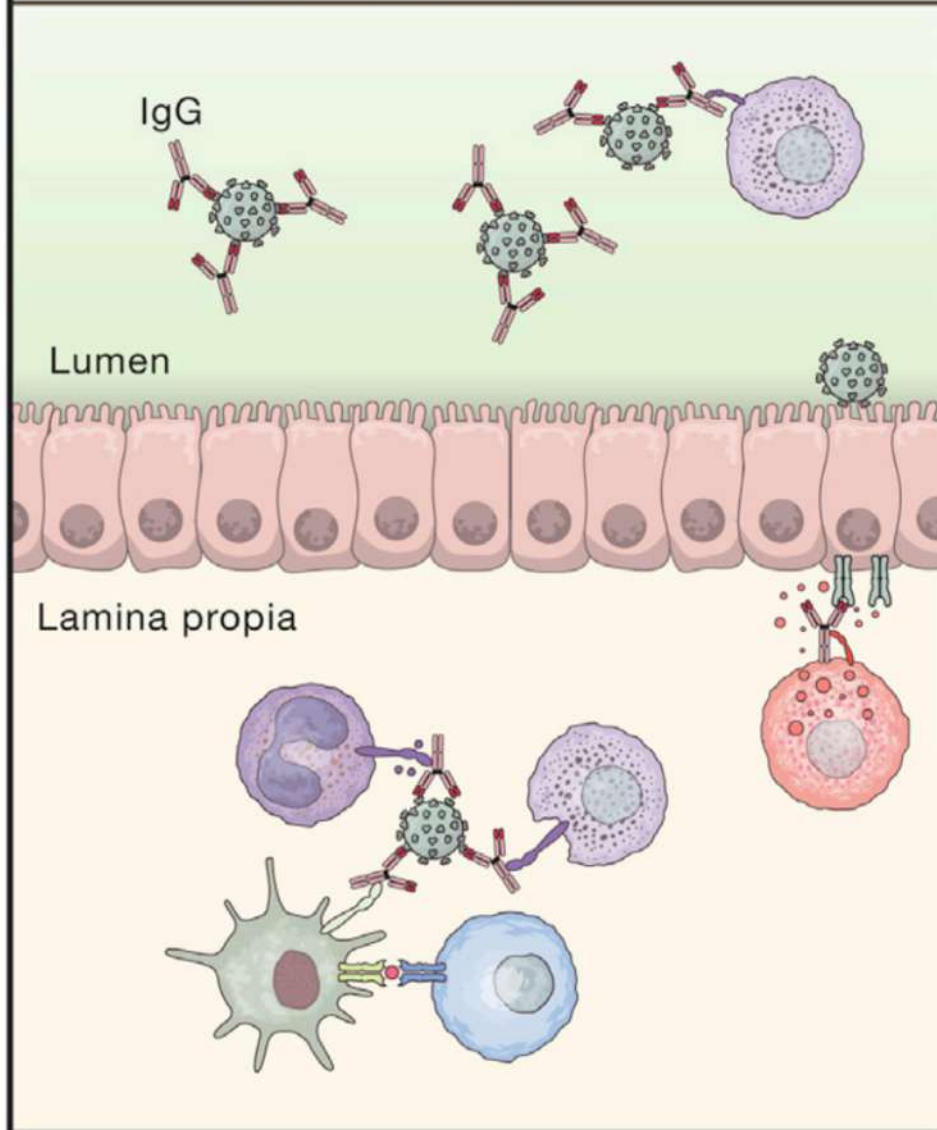
## Breast milk antibodies present



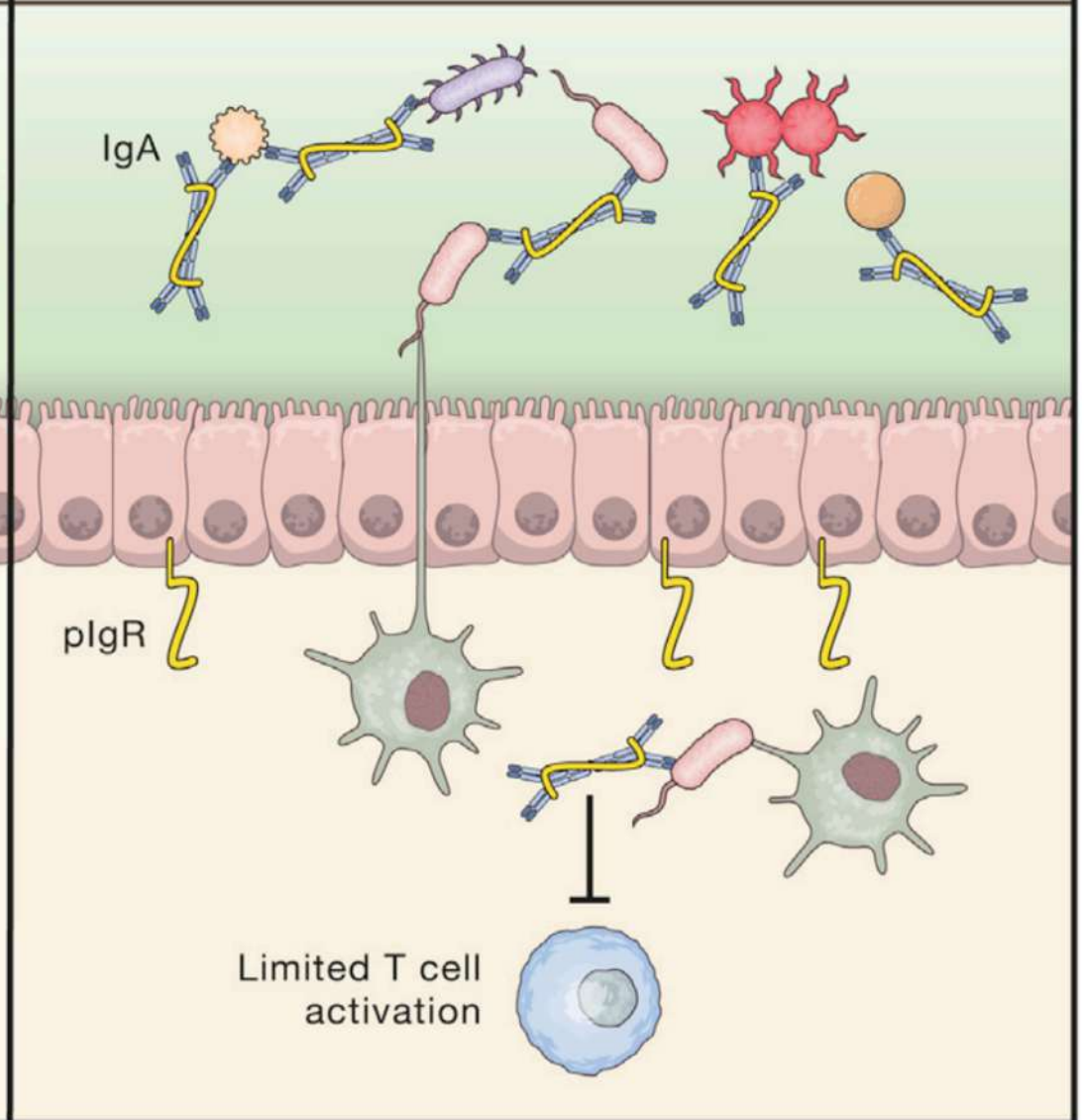
## Breast milk antibodies absent



## IgG-mediated protection against infections



## IgA-mediated tolerization



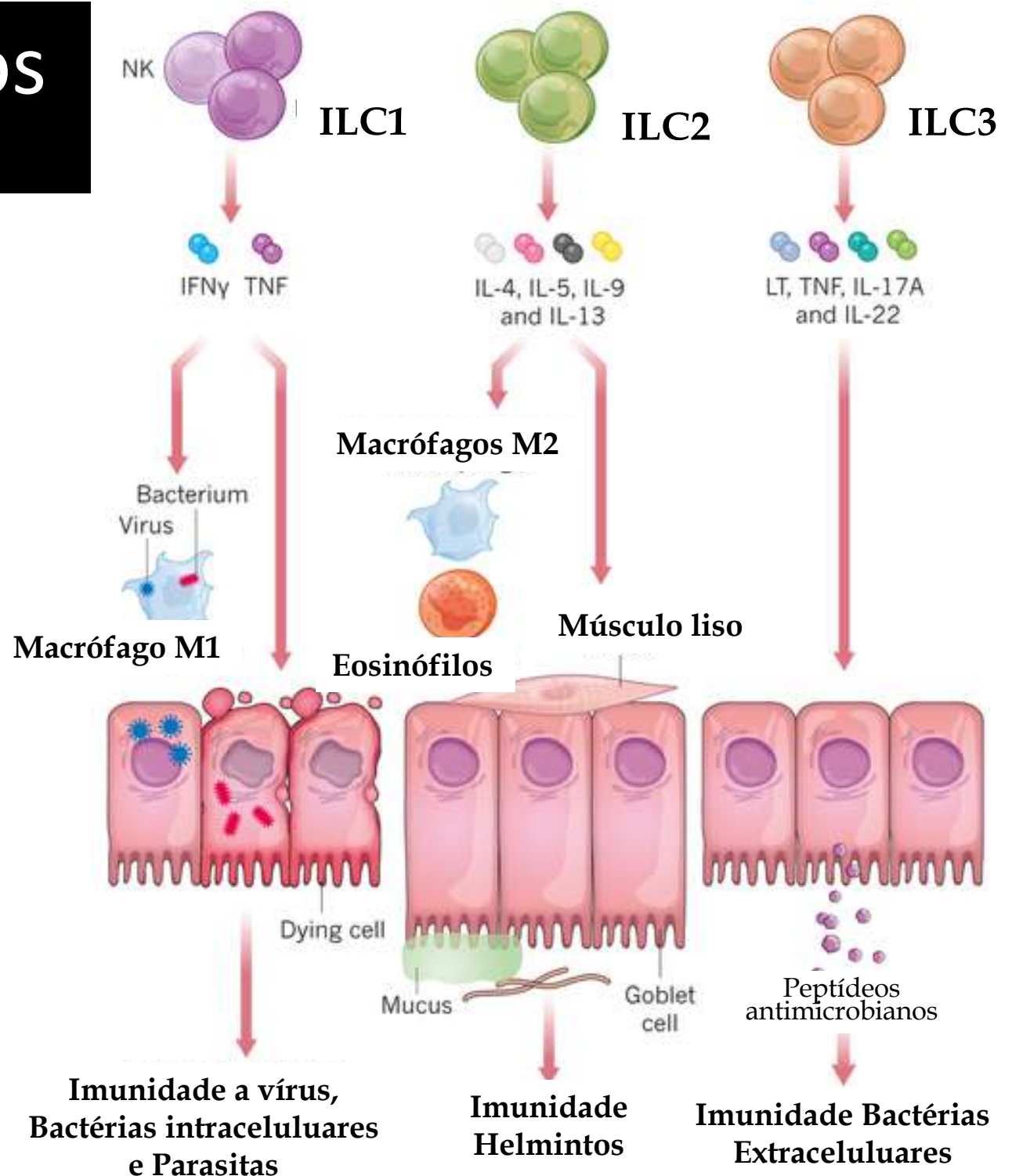
# Linfócitos Inatos

## ILCs

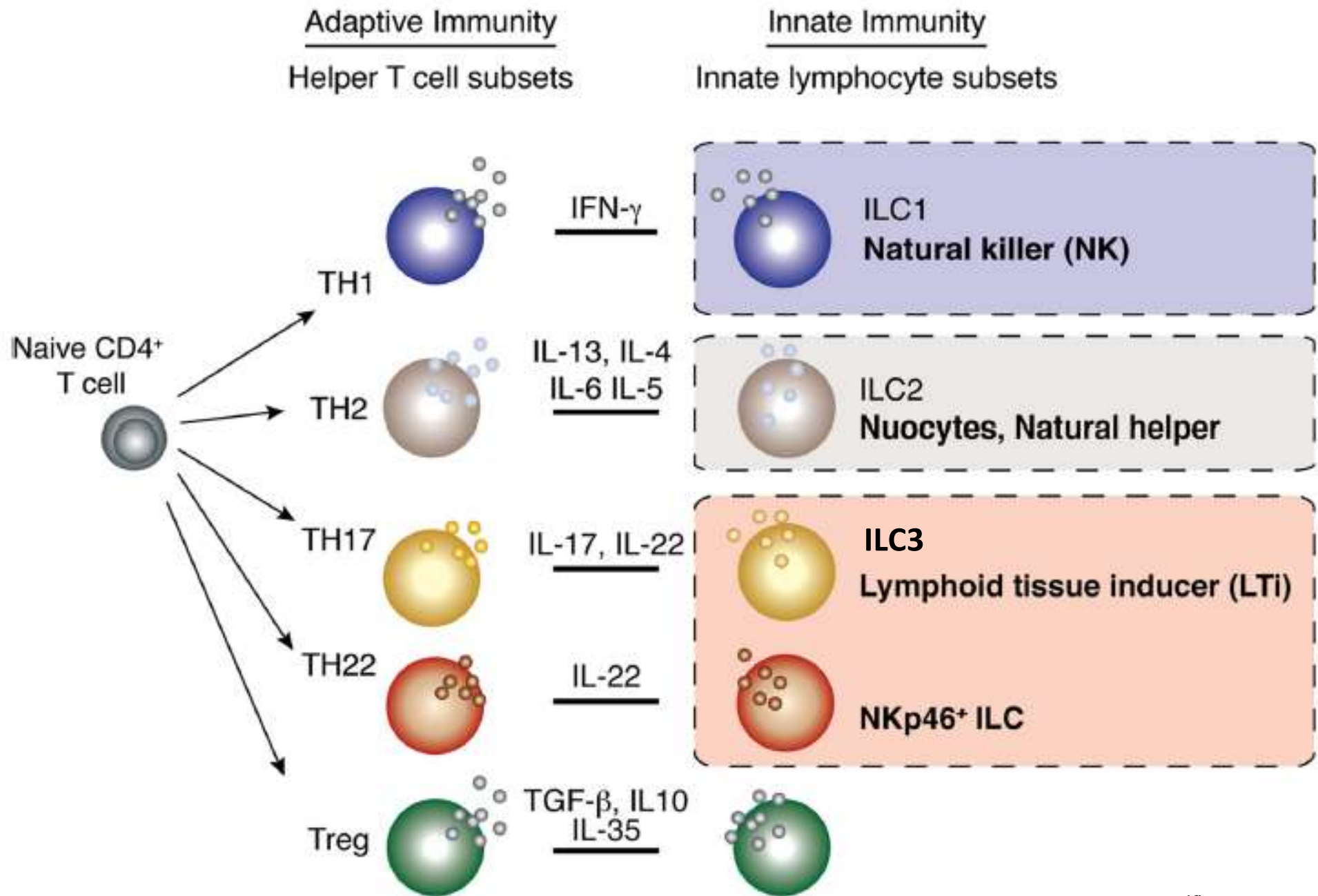
Células Linfóides Inatas

(Inate lymphoid cells - ILCs)

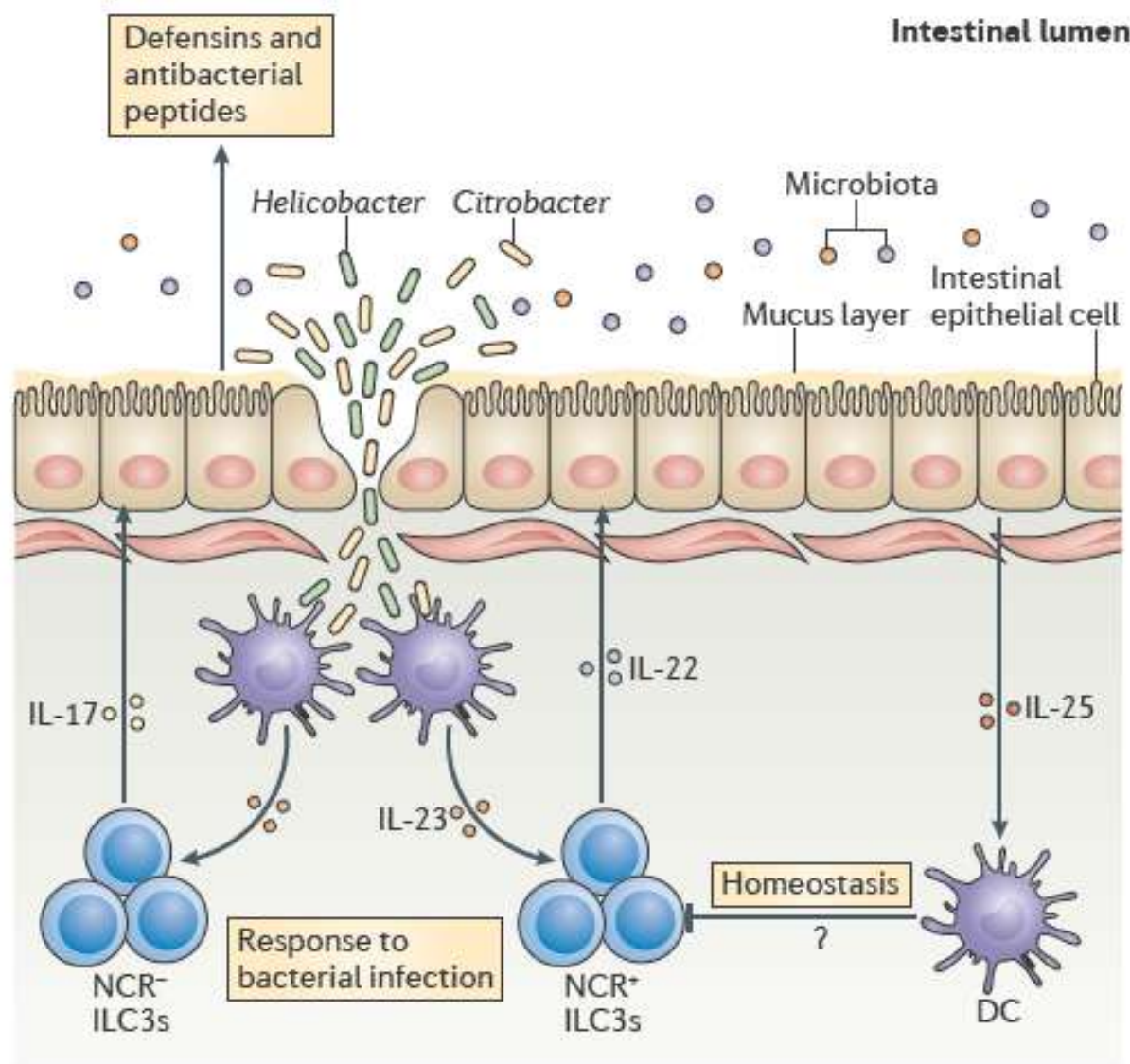
- ✓ **Não** expressam marcadores de **Linhagem** ou **Receptores** de antígeno
- ✓ Ativados por **citocinas** e metabólitos
- ✓ Expressam fatores de transcrição correspondentes ao expressos por subtipos de linfócitos T
- ✓ "**Versão inata**" dos subtipos de linfócitos T



# Innate Lymphoid Cells (ILCs)



# ILCs – Função no intestino e pulmão

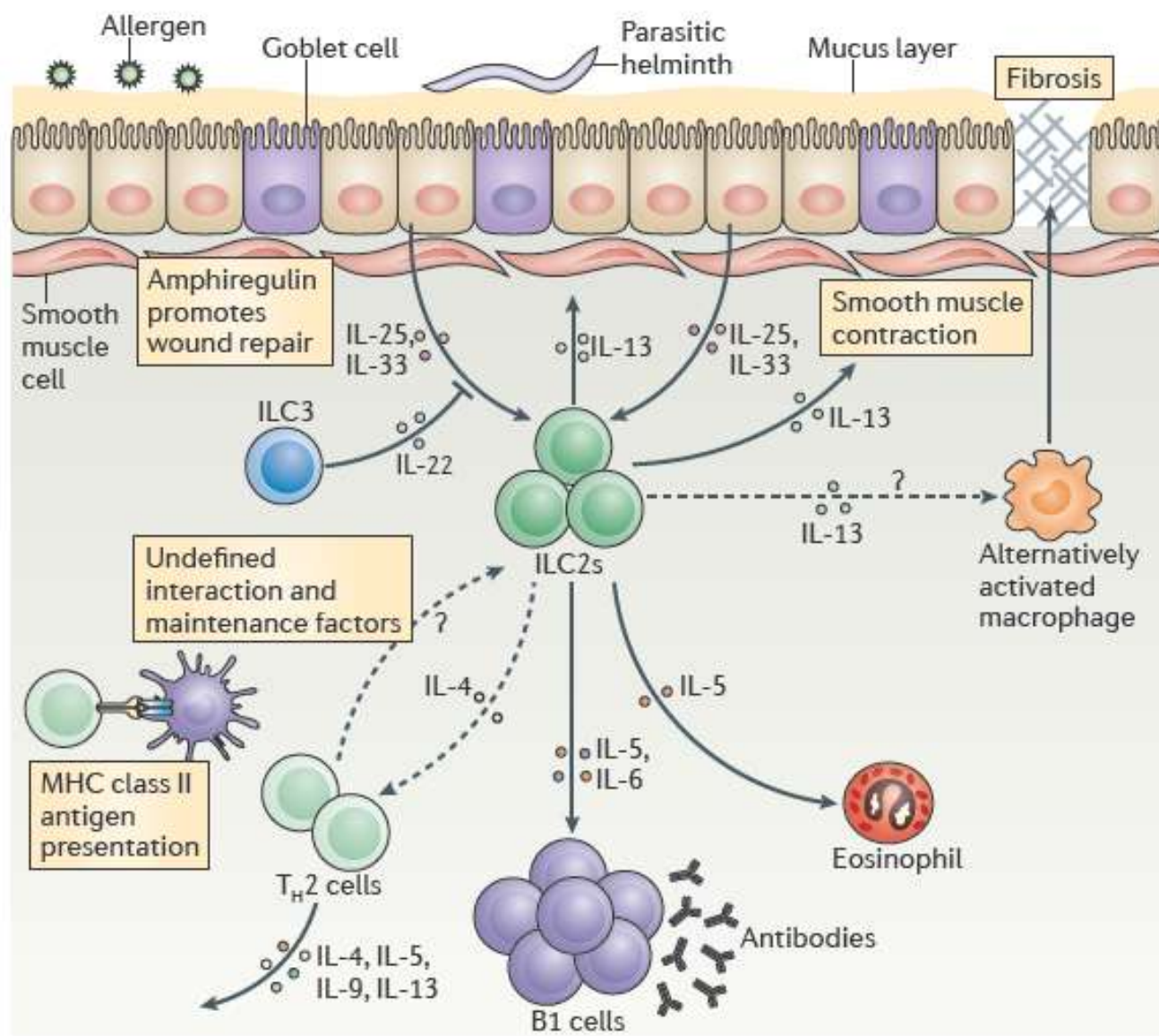


ILC1: imunidade contra bactérias intracelulares

ILC2: indução da produção de muco, recrutamento de eosinófilos

ILC3: Produção de peptídeos antimicrobianos, Reforço da barreira

# ILCs – Função no intestino e pulmão

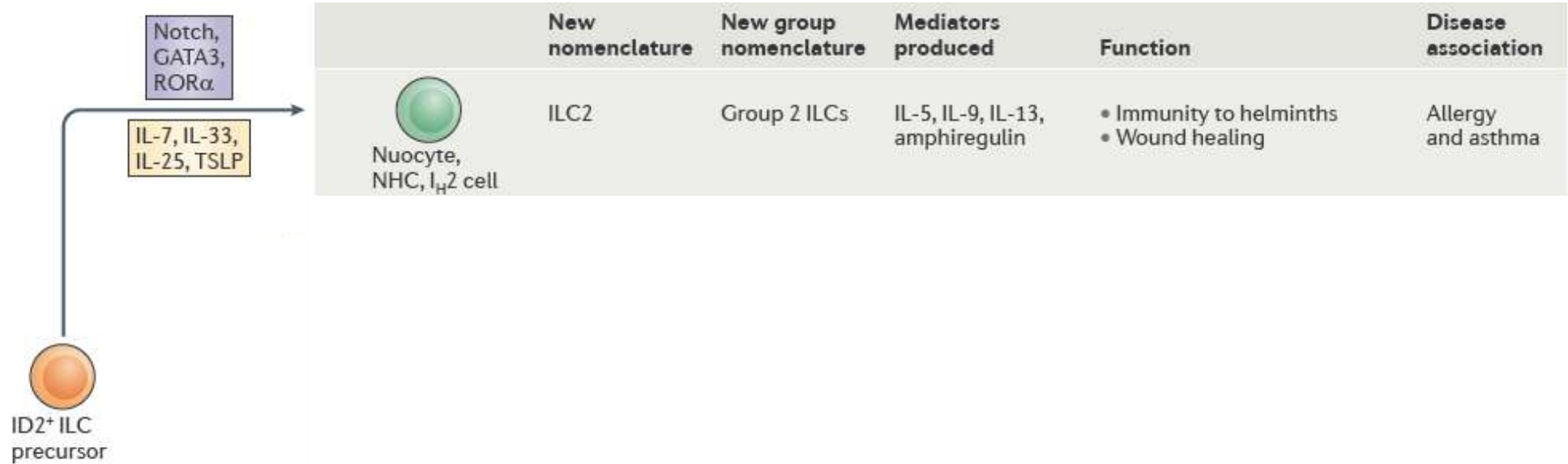


## ILC1: imunidade contra bactérias intracelulares

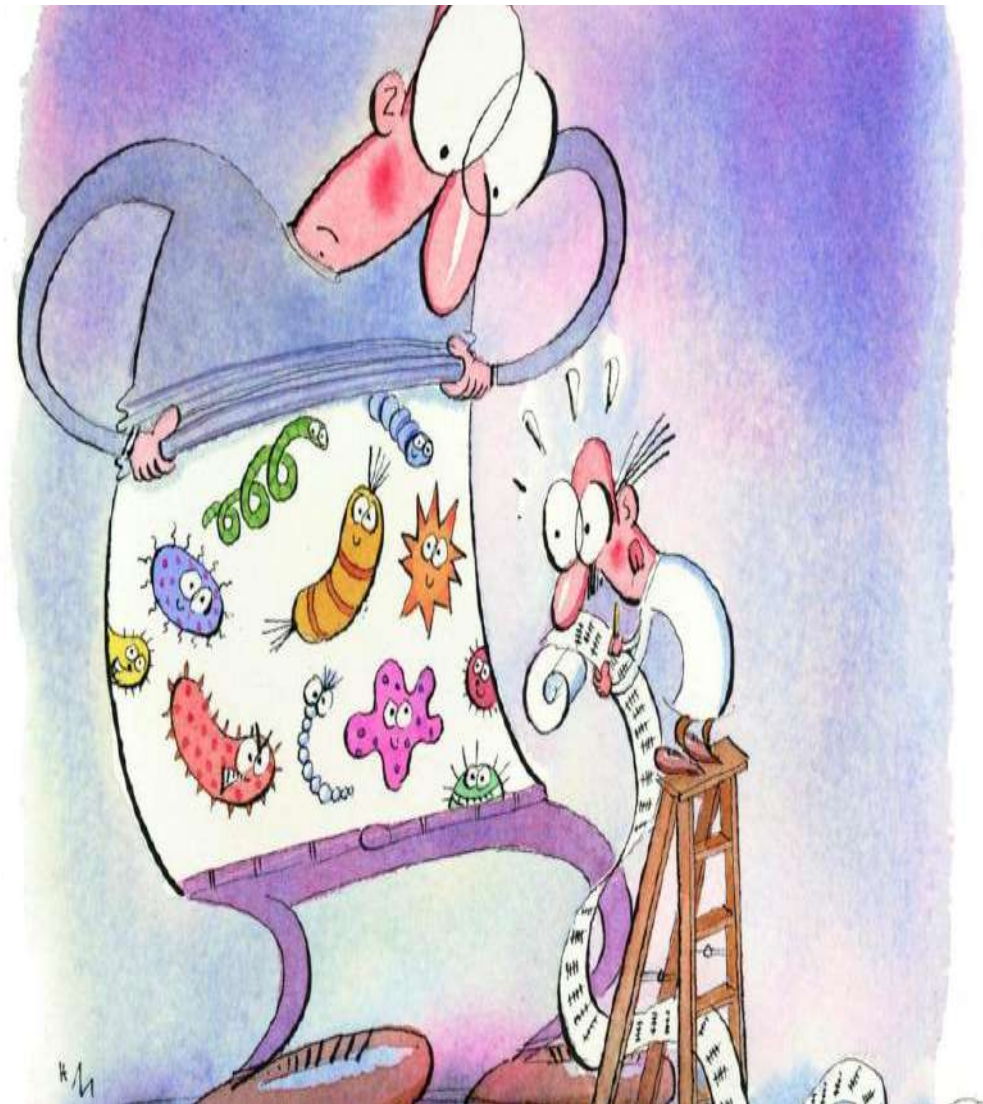
ILC2: indução da produção de muco, recrutamento de eosinófilos

ILC3: Produção de  
peptídeos  
antimicrobianos,  
Reforço da barreira

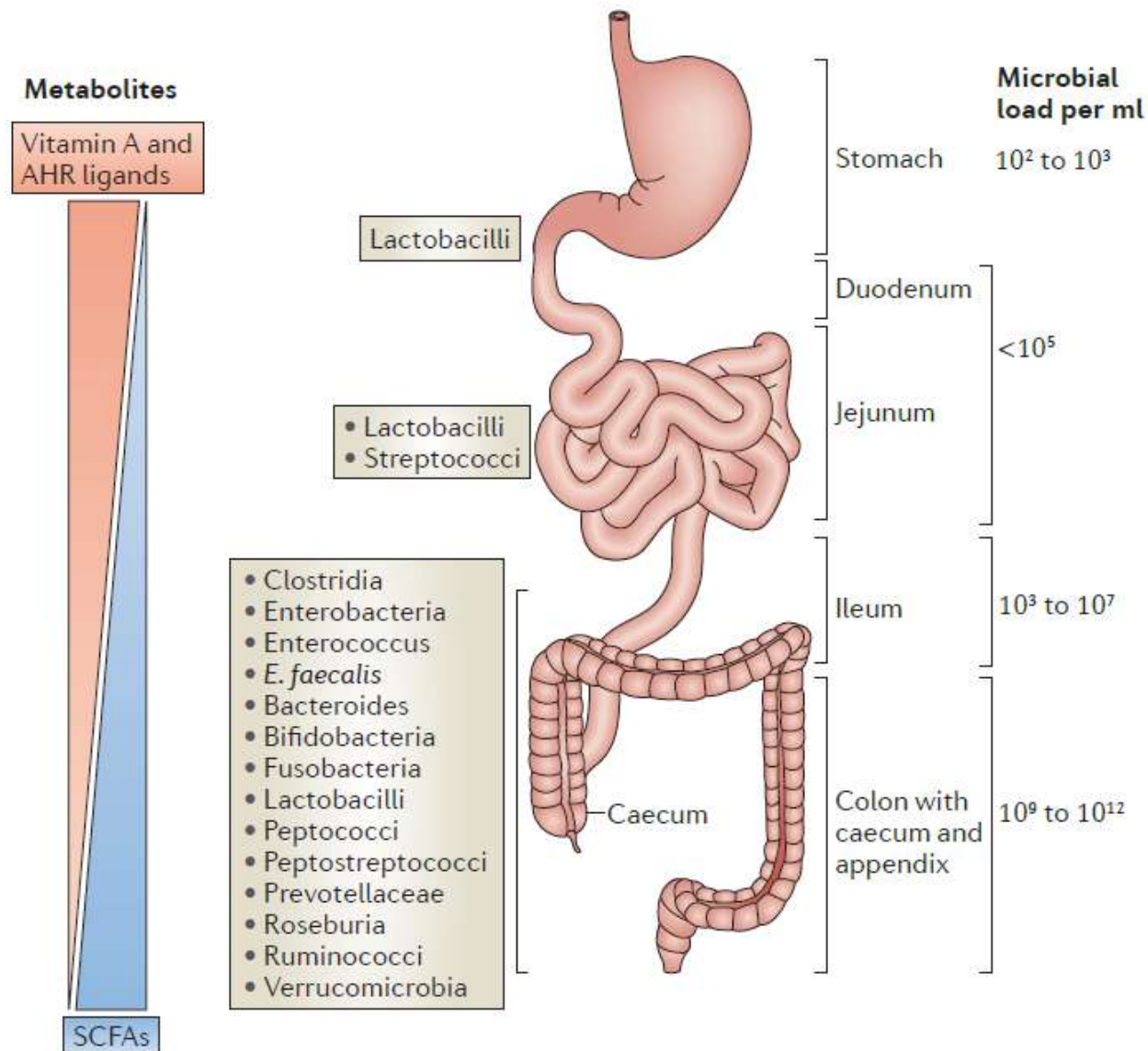
# Função de linfócitos inatos e adaptativos e associação com doença



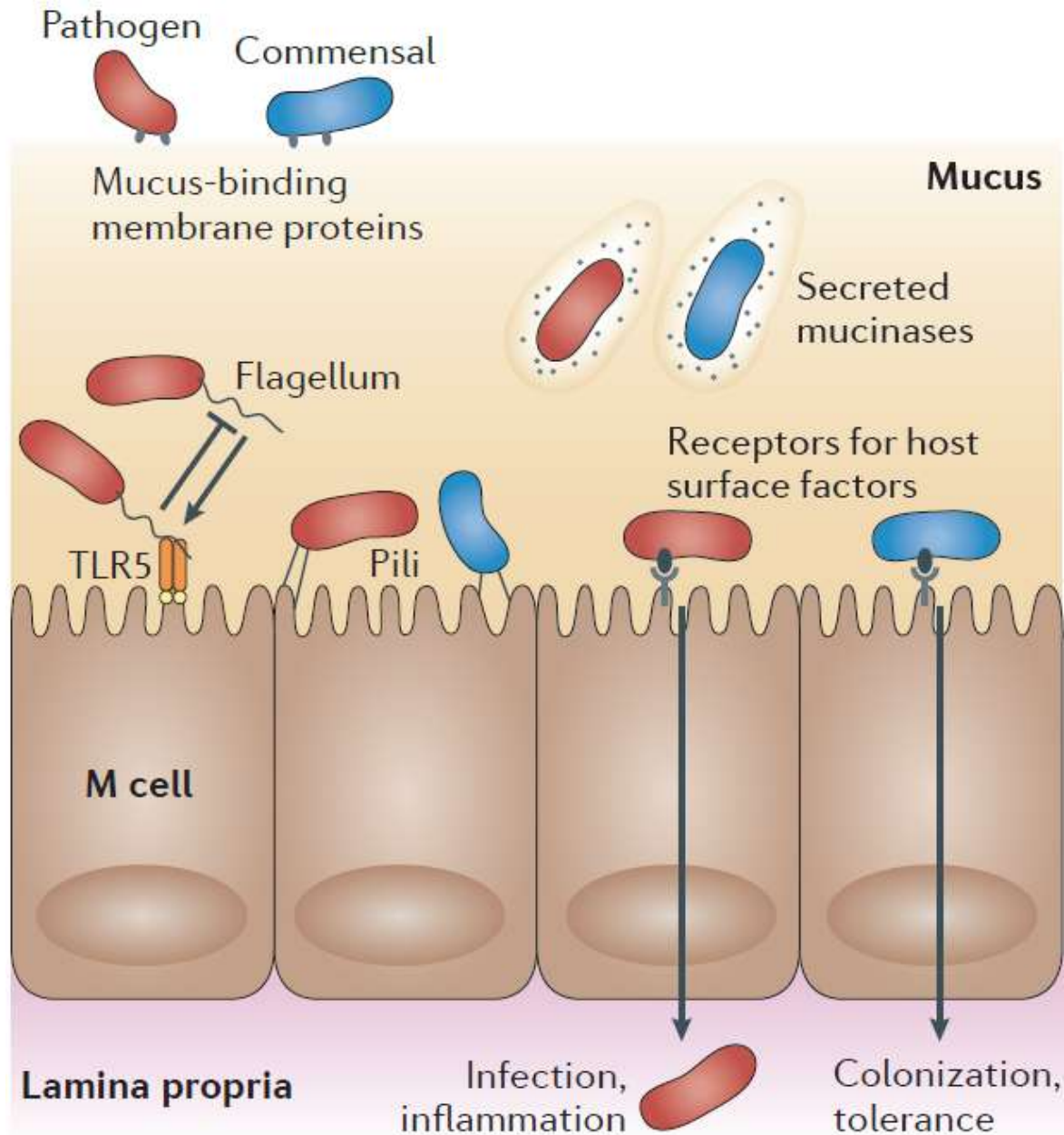
# Microbiota e imunidade de mucosa



# Distribuição das comunidades microbianas ao longo do intestino



# Microbiota

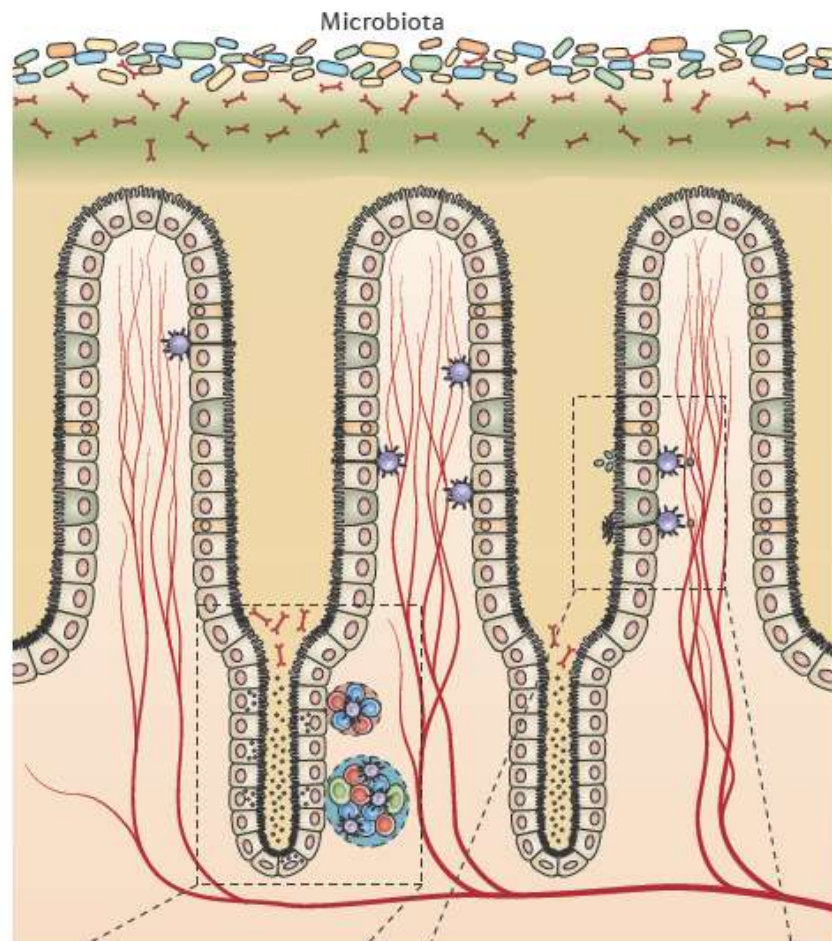


- ✓ Competem com patógenos
- ✓ Metabólitos utilizáveis pelo hospedeiro
- ✓ Degradação de produtos tóxicos
- ✓ Modulação do sistema imune
- ✓ Síntese de vitaminas (B12, K)

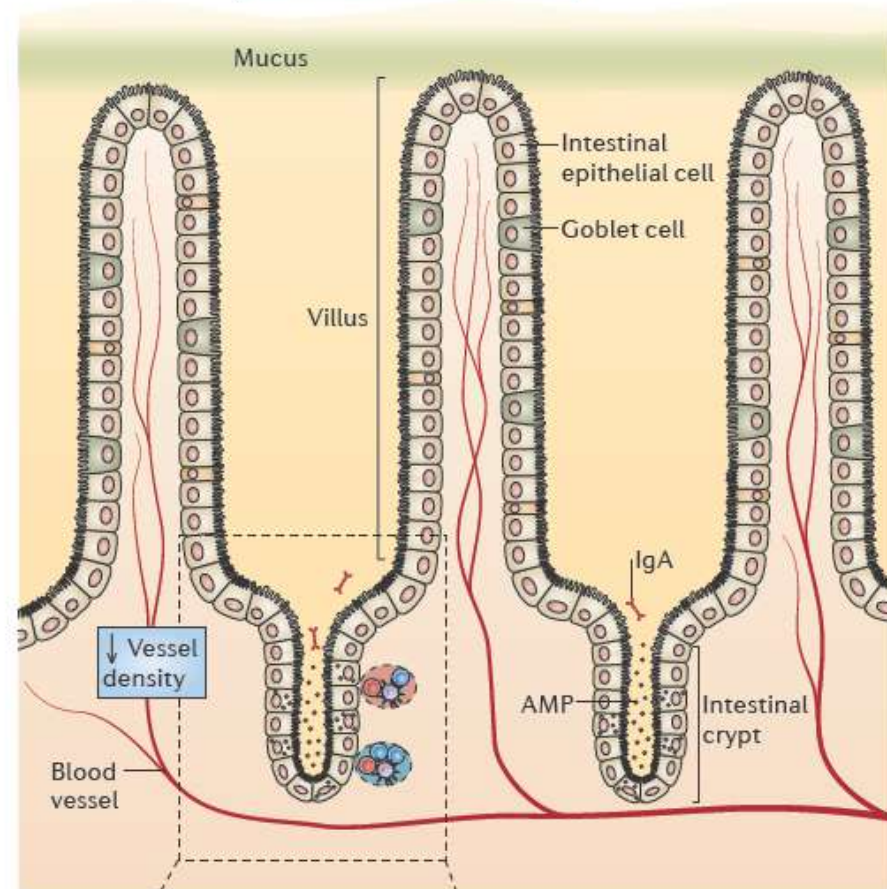
# Microbiota



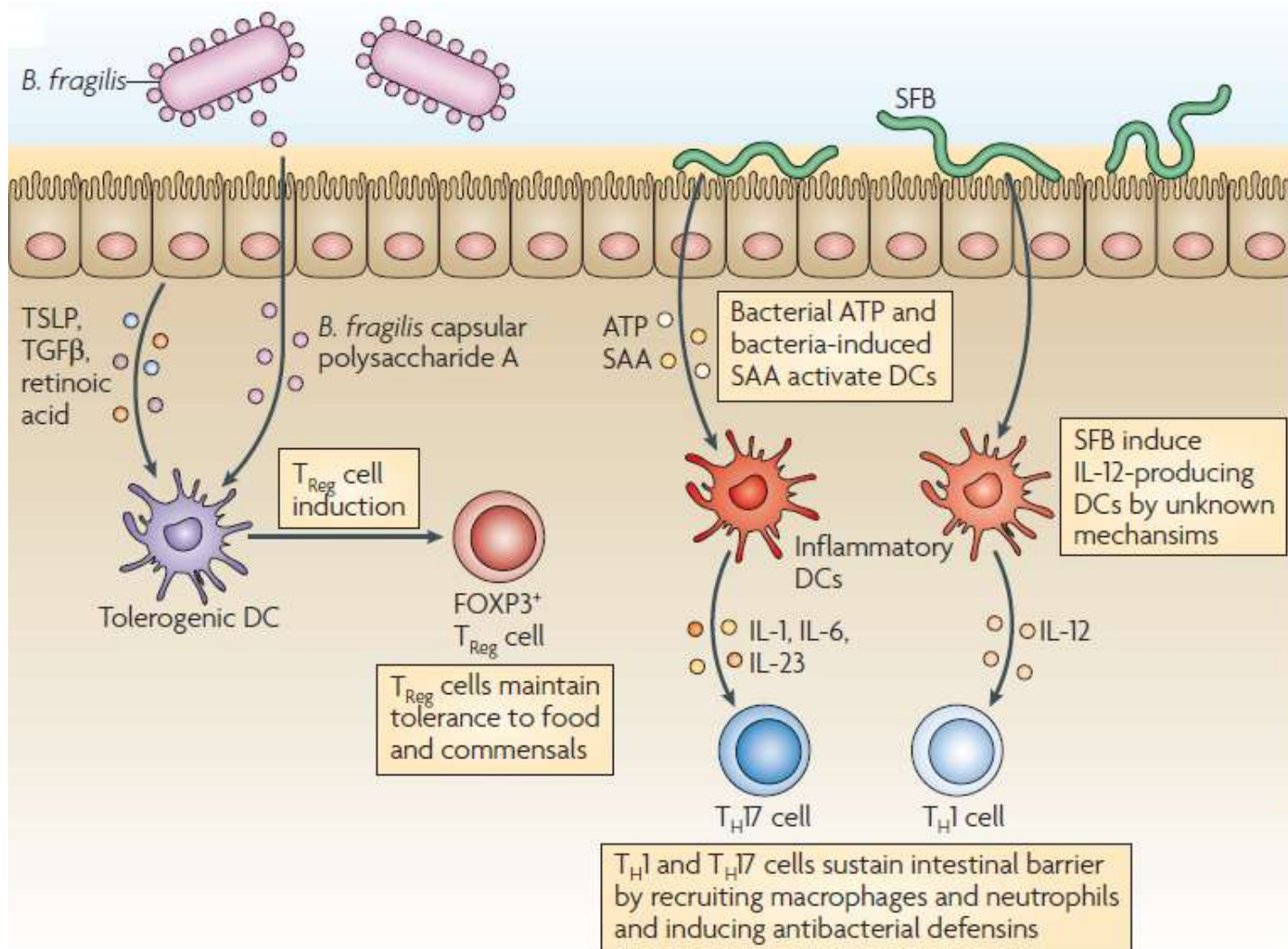
Conventionally raised mice



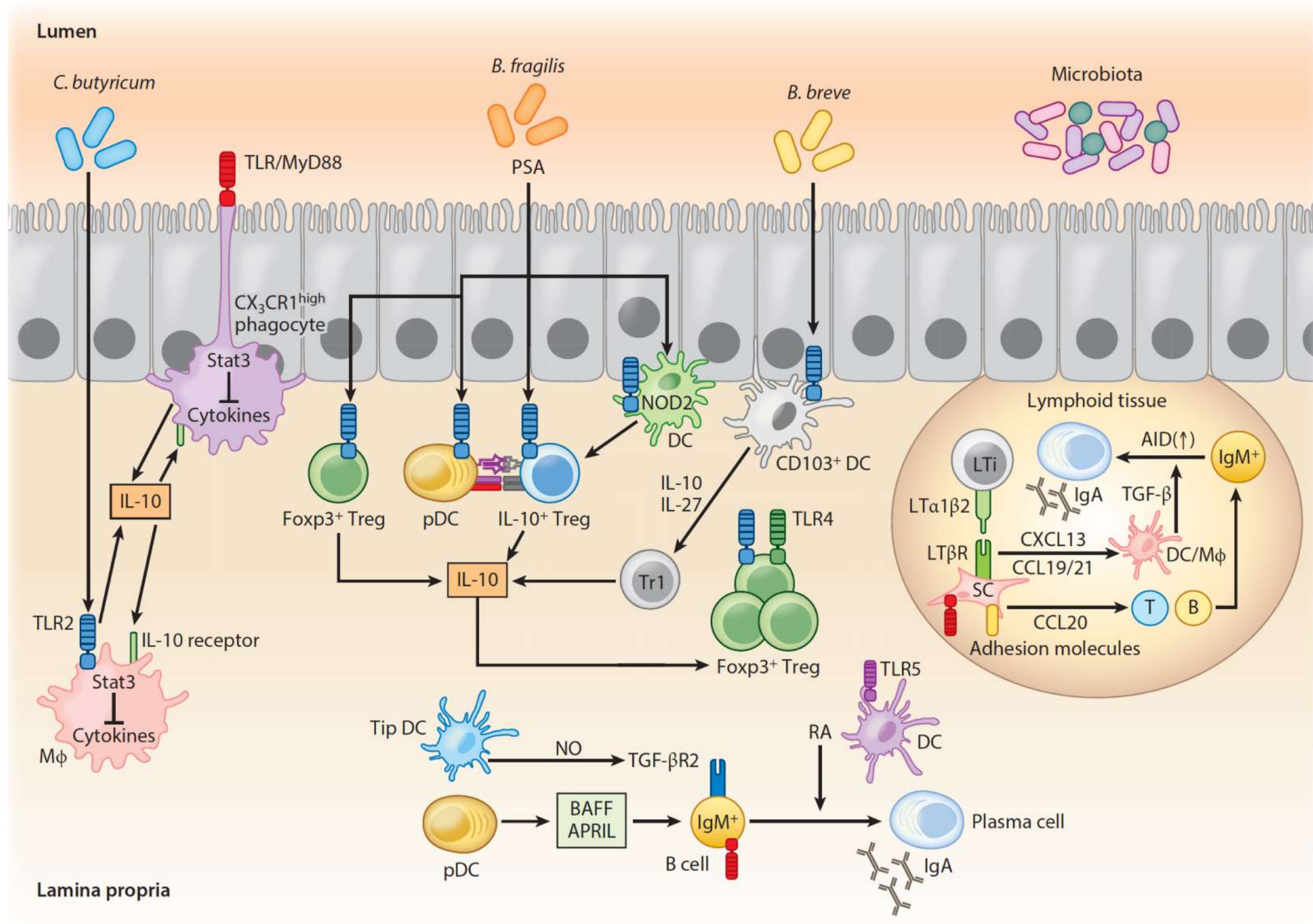
↓ Mucus thickness  
Altered mucus properties



# Microbiota na saúde

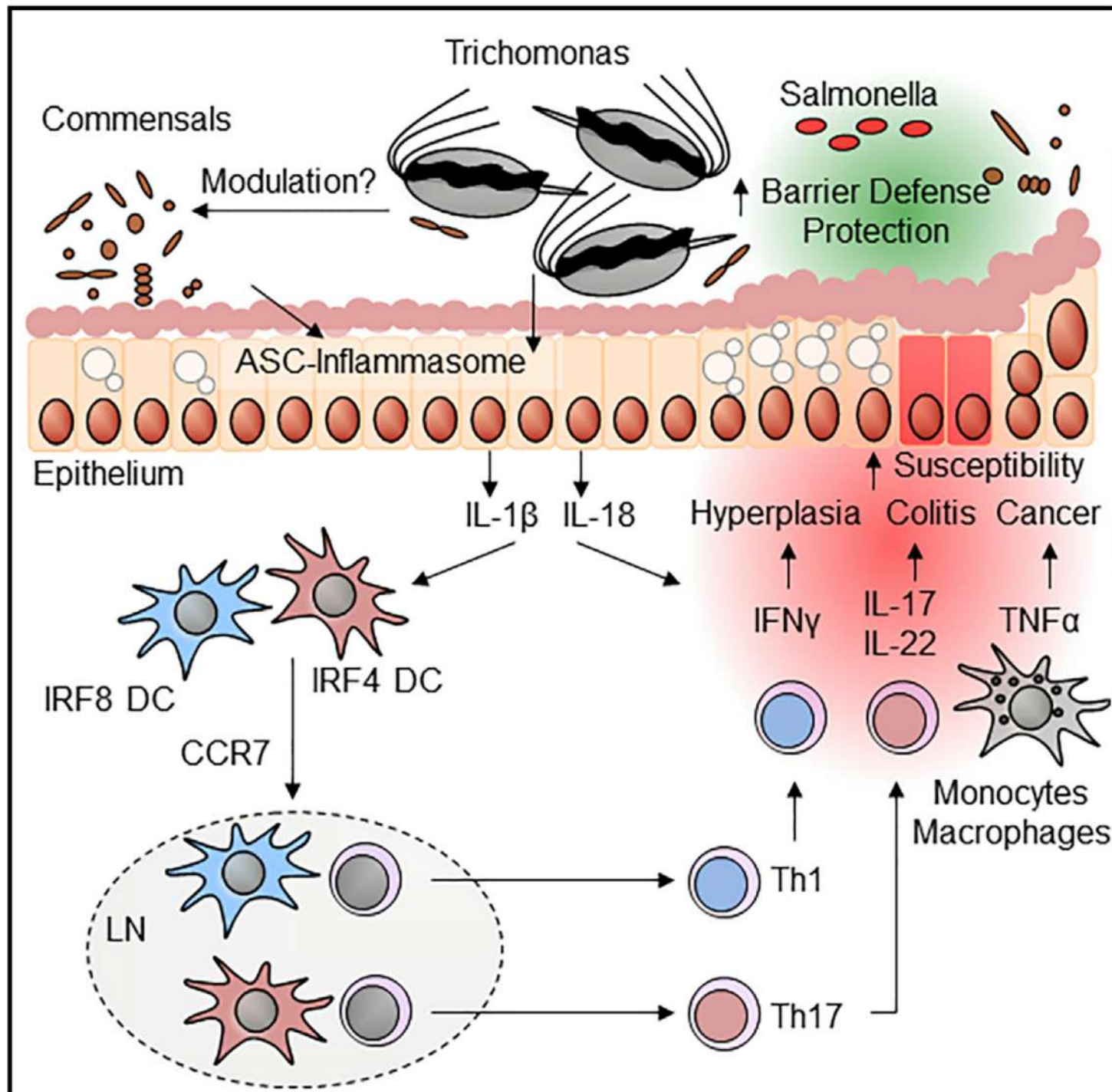


- **Indução de Treg**
- **Vacina oral**
- **Th17**
- **Troca de isotipo**
- IgA**





# Microbiota na doença



## Intestino:

- *Crohn's Disease*
- *Colite Ulcerativa*
- *Câncer*

## Estômago

- *Úlcera, câncer colorretal*

## Trato Urogenital

- *Câncer*

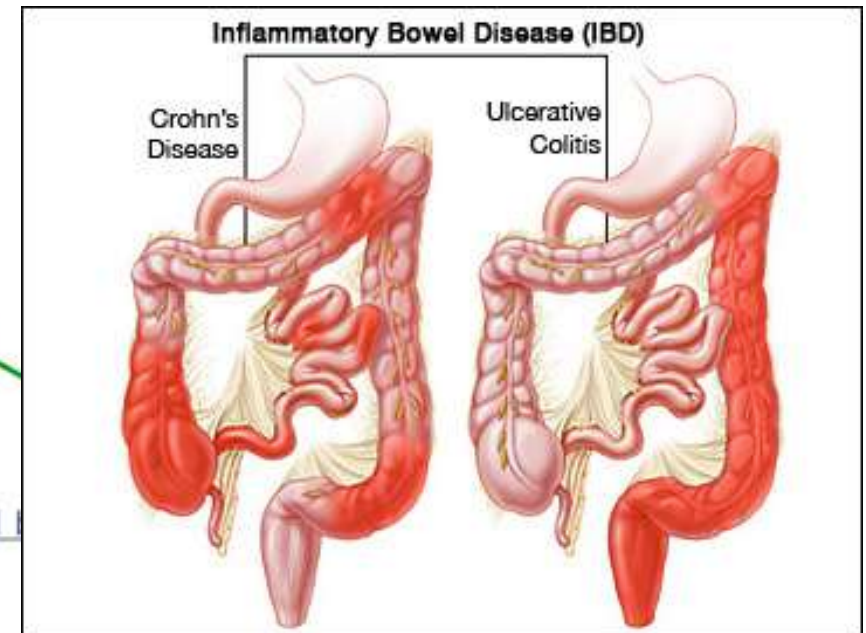
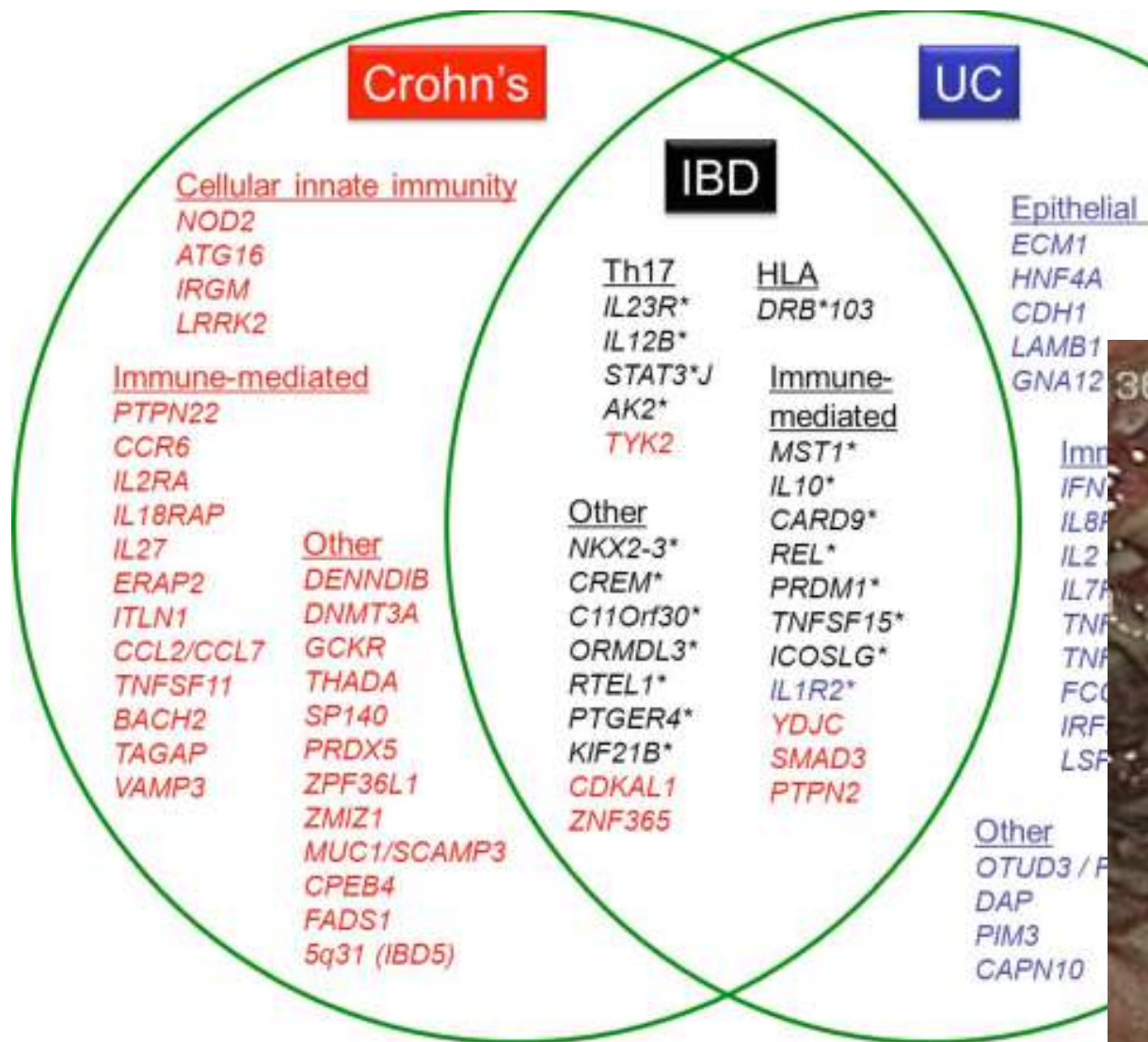
## Pulmão

- *Fibrose cística*

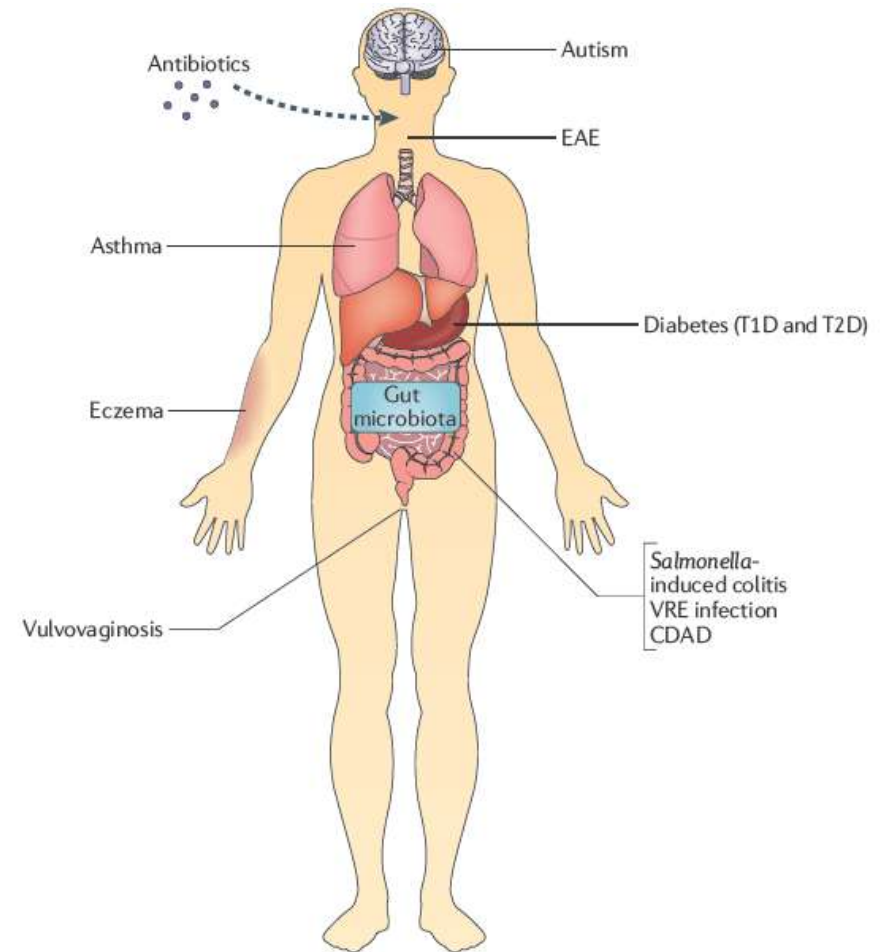
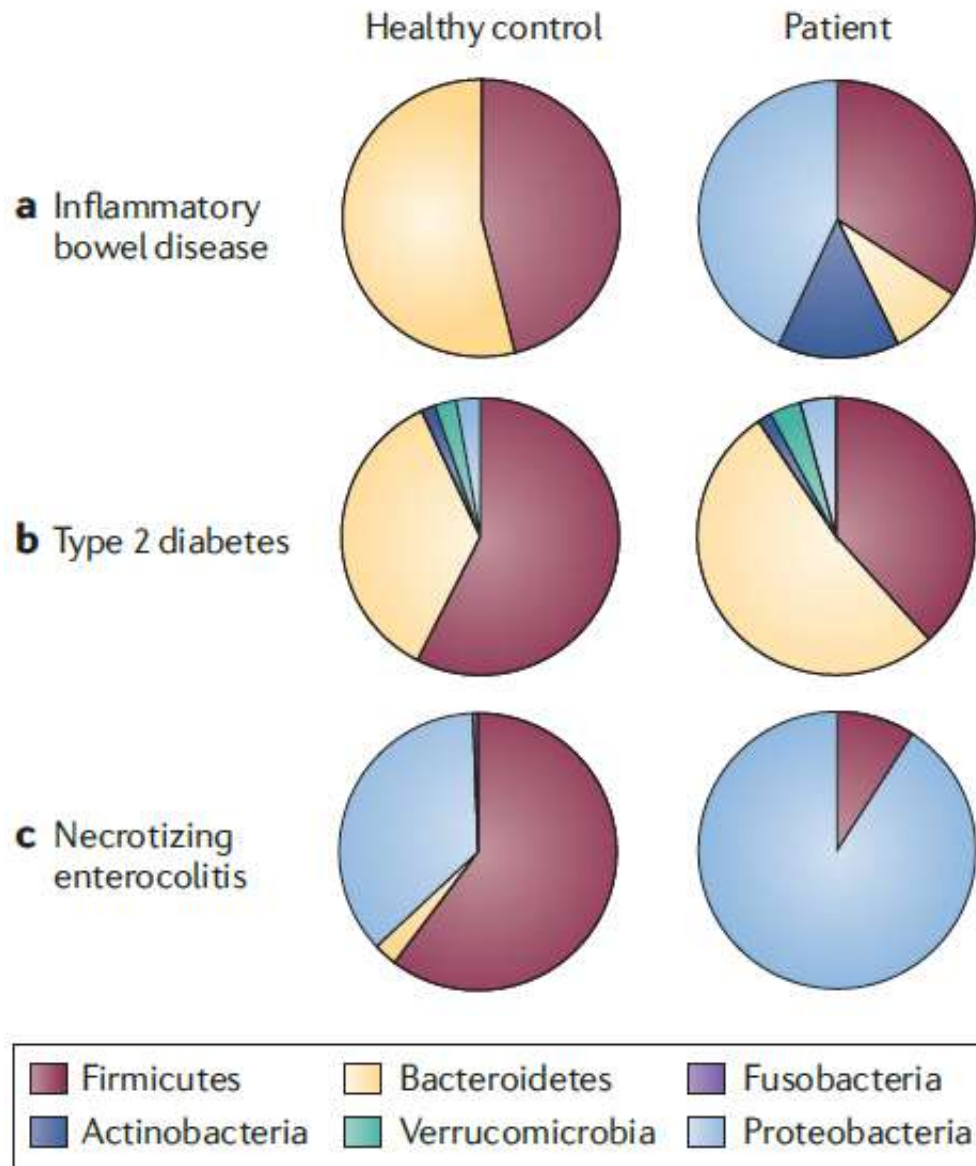
## Pele:

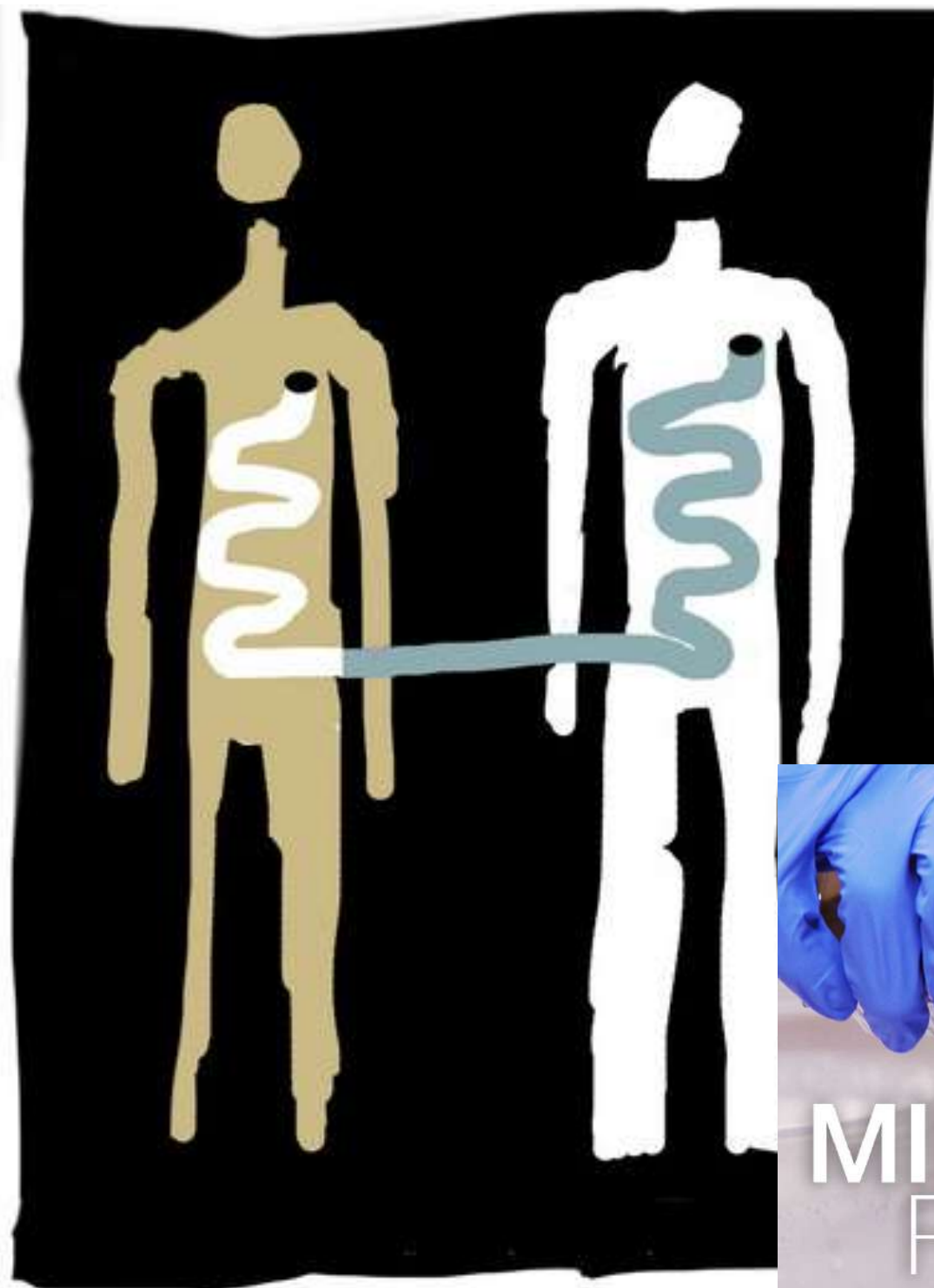
- *Psoríase*

# Doenças inflamatórias intestinais

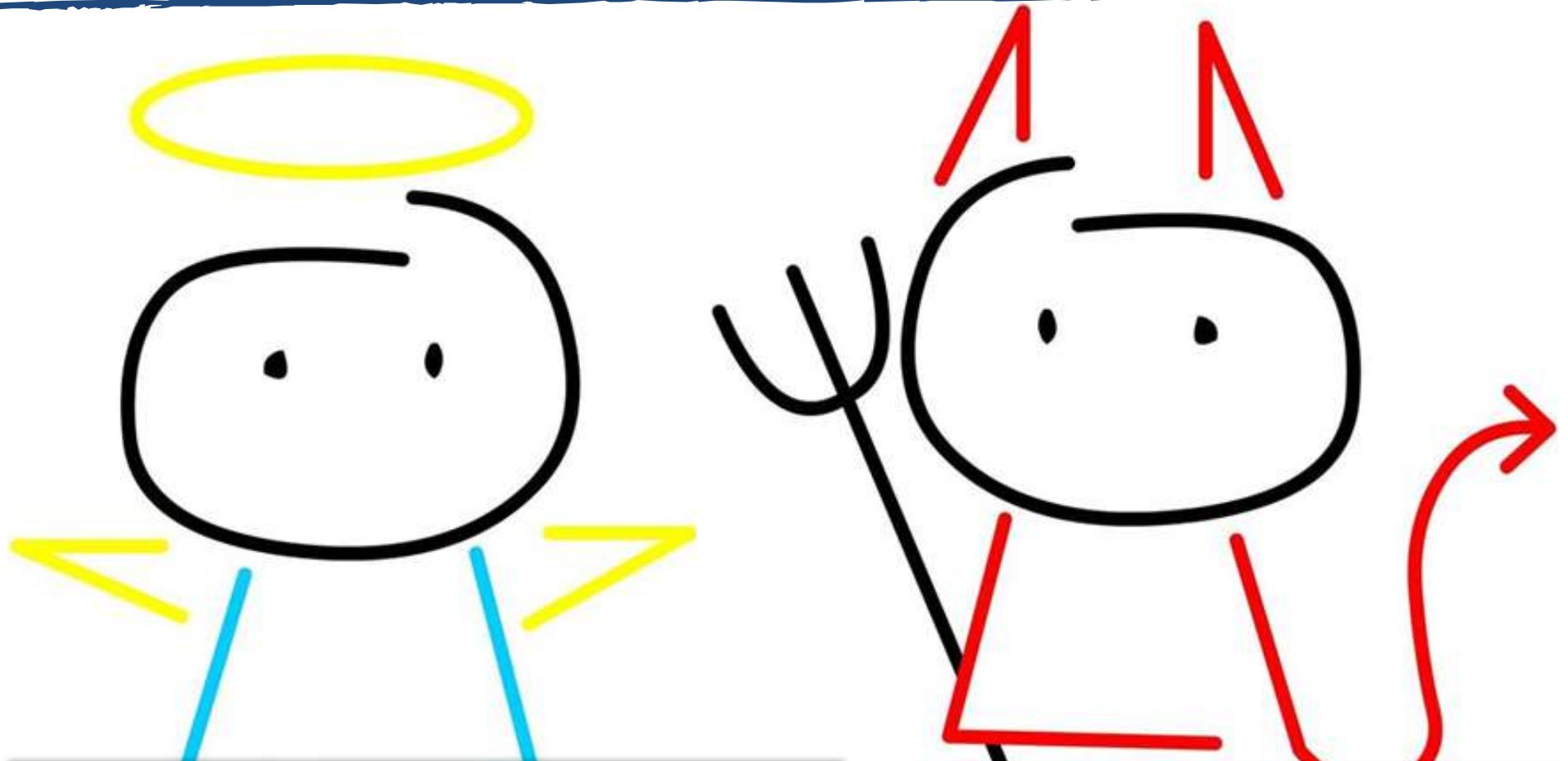


# Disbiose x Doença





# Microbiota



- ✓ Competem com patógenos
- ✓ Metabólitos utilizáveis pelo hospedeiro
- ✓ Degradação de produtos tóxicos
- ✓ Modulação do sistema imune
- ✓ Síntese de vitaminas (B12, K)

- ✓ Doença inflamatórias crônicas
- ✓ Doenças cardiovasculares
- ✓ Câncer
- ✓ Obesidade
- ✓ Doenças neurológicas

# Resumindo...

