SFEFS Projekt 353

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IMMUNE SYSTEM ACTIVATION

Immune System Adaptive Immune System Formation of antibodies to recognize and neutralize pathogens - recognizes any non-self molecule Innate Immune System Built-in receptors to several common pathogens. Phagocytosis and elimination Inflammatory response Rubor (increases blood flow, redness) Rigor (swelling, stiffness) Dolor (pain) Caldor (heat)

IMMUNE SYSTEM ACTIVATION

Innate Immune System Several cell types Macrophages, neutrophils, ... Phagocytosis and elimination Several signalling molecules (pro- / anti-inflammatory) Tumor necrosis factor-a Interleukins and many more ... Local inflammation spills over to systemic response Signalling molecules in plasma Other organs involved

> With too much activation, defense turns into deterioration septic shock

IMMUNE SYSTEM ACTIVATION

Innate Immune System

With too much activation, defense turns into deterioration

Some major pathophysiological consequences of obesity are now thought to be caused by chronic stimulation of the innate immune system

> Atheriosclerosis Type 2 diabetes mellitus (T2DM) Fatty-liver disease (NASH)

OBESITY IS NOW RECOGNIZED AS AN INFLAMMATION-LIKE STATE



Slightly overweight

Obese

Small-medium size Fat cells

Very Large Fat cells

Weisberg et al., 2003

OBESITY IS NOW RECOGNIZED AS AN INFLAMMATION-LIKE STATE



Slightly overweight

Small-medium size

Fat cells

Obese

Very Large

Obese

And Fat cells... Macrophages !

Weisberg et al., 2003

OBESITY IS NOW RECOGNIZED AS AN INFLAMMATION-LIKE STATE



Immune Signaling Molecules Elevated in Obese Adults

Molecule (Abbreviation) **Function** Tumor necrosis factor-alpha (TNF- α) Proinflammatory Cytokine Proinflammatory Cytokine soluble TNF-a receptor (s TNF- α R) Interleukin 1-alpha (IL-1 α) Proinflammatory Cytokine Interleukin 1-beta (IL-1B) Proinflammatory Cytokine Proinflammatory Cytokine Interleukin 6 (IL-6) Interleukin 8 (IL-8) Proinflammaory Cytokine Anti-inflammaory Cytokine Interleukin 10 (IL-10) Interferon gamma (INF- γ) Proinflammatory Cytokine Interleukin-1 receptor antagonist (IL-1ra) Anti-inflammatory Cytokine Soluble CD 14 (sCD 14) Endotoxin receptor C-polysaccharide reactive protein (CRP) Bacterial recognition factor Complement protection Sialic acid Monocyte chemoattractrant protein-1 (MCP-1) Chemokine attractant Macrophage migration inhibitory factor (MIF) Chemokine attractant Adipsin Adipocyte hormone Adiponectin Adipocyte hormone, complement Adipocyte hormone Leptin Resistin Adipocyte hormone Plasminogen activator inhibitor-1 (PAI-1) Antifibrinolytic Retinal binding protein (RBP) Vitamin A transporter & pro-inflammatory



T2DM = Type 2 Diabetes Mellitus



NASH = Non-Alcoholic Fatty Liver Disease



Liver fat stained red in normal weight (left) and obese (right) subject

Fat livers do not function well, eventually cirrhose (deteriorate); no cure

DESIGN

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Cross-sectional design comparing plasma samples from 46 boys and 27 girls, aged 6-18 y, visiting Pediatric Endocrinology Unit, KISPI St Gallen

Groups A: healthy children with normal or moderate overweight;

- B: overweight or obese children who had no co-morbidities
- C: B plus metabolic co-morbidities (e.g., elevated blood glucose)
- D: C plus risk of NASH

Adiposity

Height (m) and weight (kg) were used to compute body mass index (BMI; m/kg^2); obesity rated with standard pediatric methods.

(Maturation

Pubertal status according to Tanner staging) (not shown)

NASH risk

Diagnosed with sonography or >1.2 fold elevation of <u>></u>one liver enzyme (ALAT / ASAT / gGT).

Plasma levels of immune signalling molecules were assayed with ELISA:

Immune Signaling Molecules Elevated in Obese Adults

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RESULTS (1)

No significant changes detected in:

Interleukin (IL)-1 IL-6 IL-8 Tumor-necrosis factor-a (TNF-a) TNF-a receptors I and II.

RESULTS (2)

BOYS		DAAT	1	000	TI 10.
Group	n	BWT	Leptin	KBP	IL-IRA
Α	9	24.8	22.3	48.2	476
В	11	28.4	39.5*	39.4	672
С	13	29.7	33.8*	55.2	998*
D	13	32.2	46.5*	61.1*+	1026*+
GIRLS					
Group	n	BMI	Leptin	RBP	IL-1Ra
Α	2	22.5	32.1	44.1	544
B	10	27.9	38.1	44.6	776
С	4	28.3	33.4	37.9	832
D	11	31.5	44.3*	45.2	1145*+

* P < 0.05 vs. Group A; + P < 0.05 vs. Group B

DISCUSSION

We discovered surprisingly few increases in systemic levels of immune signalling molecules that are thought to cause or exacerbate the pathophysiology of obesity-related diseases.

The subjects included many very obese children, and they displayed signs of metabolic disease and even incipients fatty liver disease. Similarly morbid adults typically elevations in most or all of the immune signalling molecules that we measured.

This suggests that children may be relatively protected from obesity-related innate immune activation.

DISCUSSION

This suggests that children may be relatively protected from obesity-related innate immune activation.

Why might this be the case?

Larger absolute amounts of adipose tissue may be required to produce systemic changes in immune signalling molecules.

Puberty may bring changes that are necessary for the full activation of the innate imune system (increased testosterone, progesterone, or estradiol).

Immune cells in the adipose tissue may be less sensitive in children because of the presumably relatively low lifetime immune activation in pediatric patients ("allostatic load").

DISCUSSION

These data have not yet been fully analyzed.

In progress:

*Inclusion of effects of pubertal development stage

*Multivariate regression to investigate relative influences of different independent variables on cytokine levels

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Thank you for your attention!

Danke für Ihre Aufmerksamkeit!