

CNS Barriers and Immune Responses in Mouse CNS TB

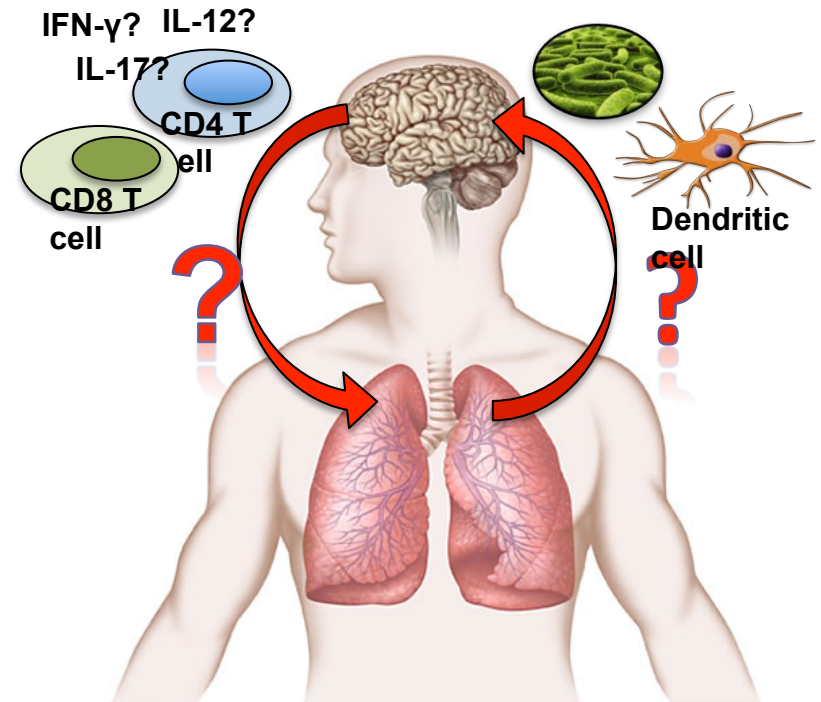
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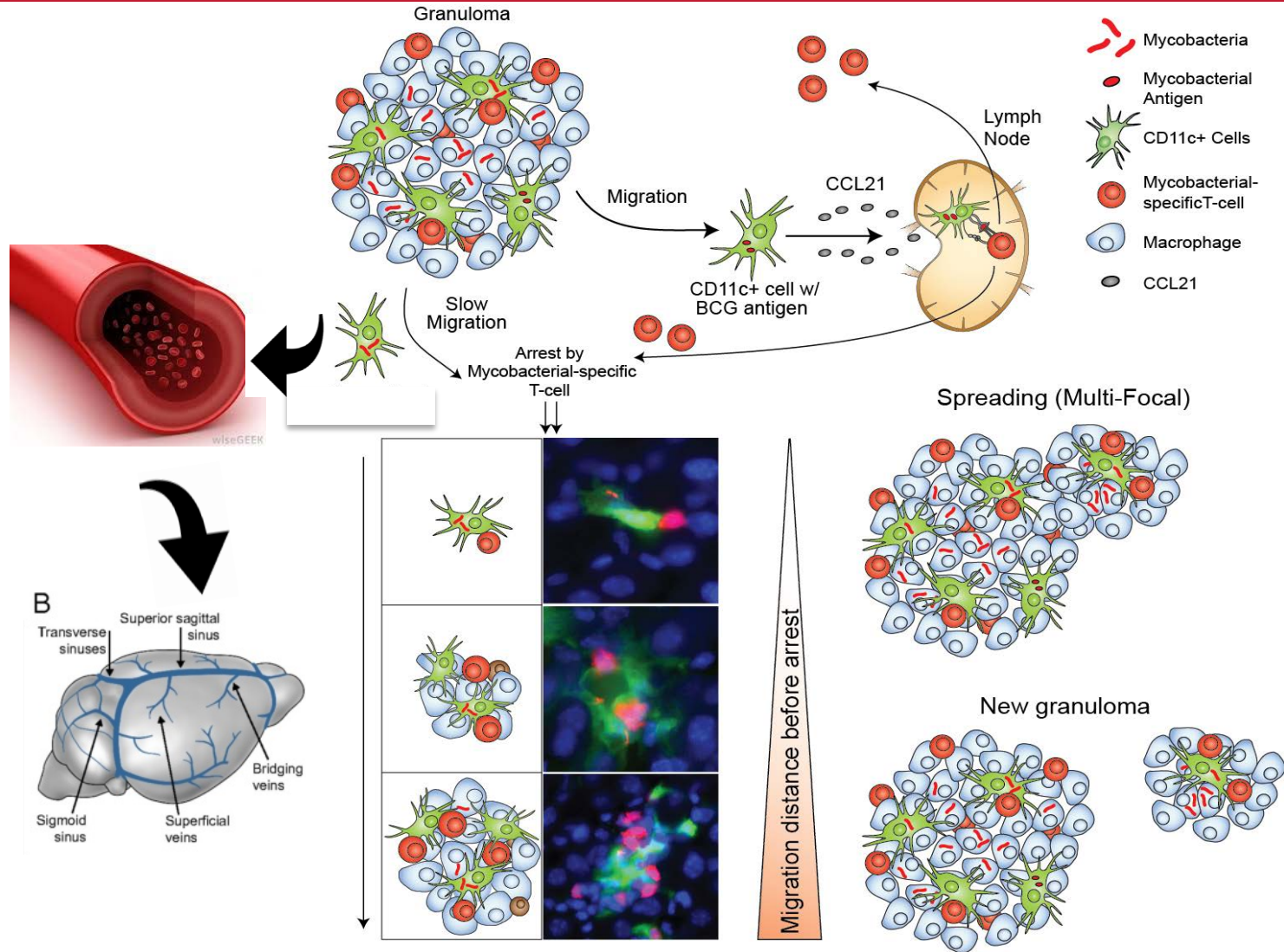
School of Medicine
and Public Health
UNIVERSITY OF WISCONSIN-MADISON

Basic Question: What are the mechanisms that govern CNS TB?

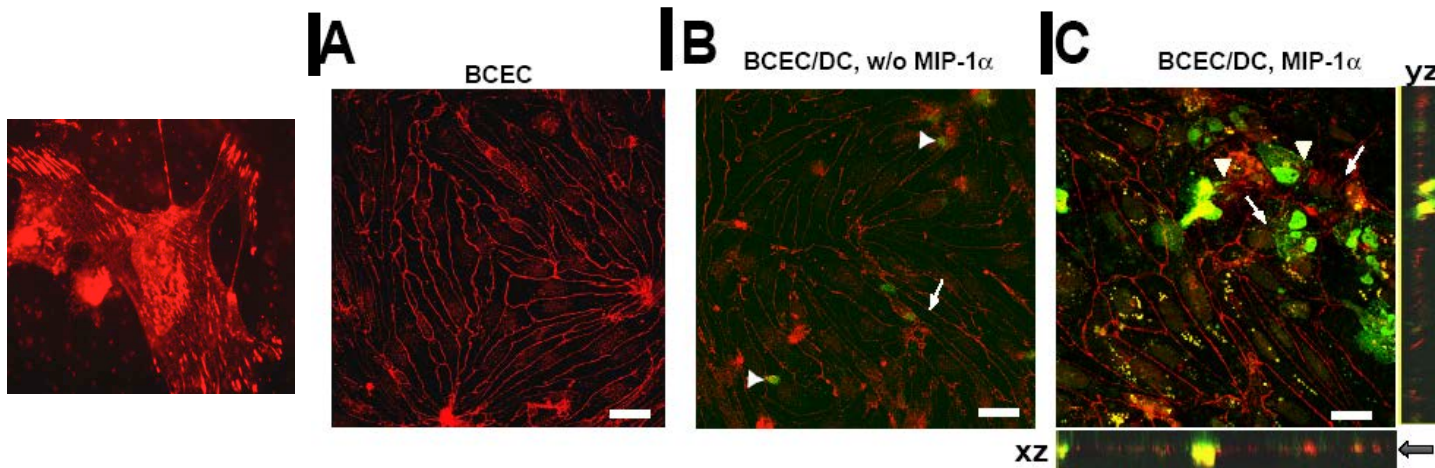
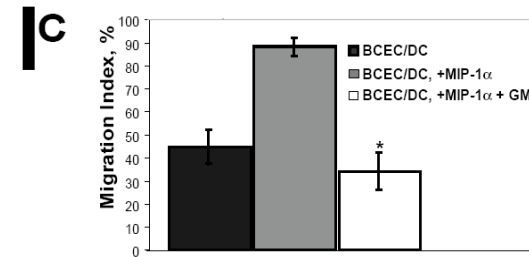
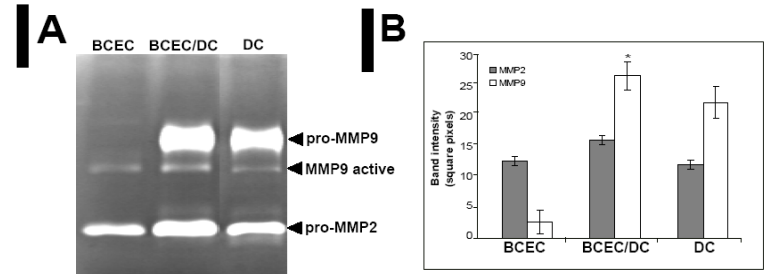
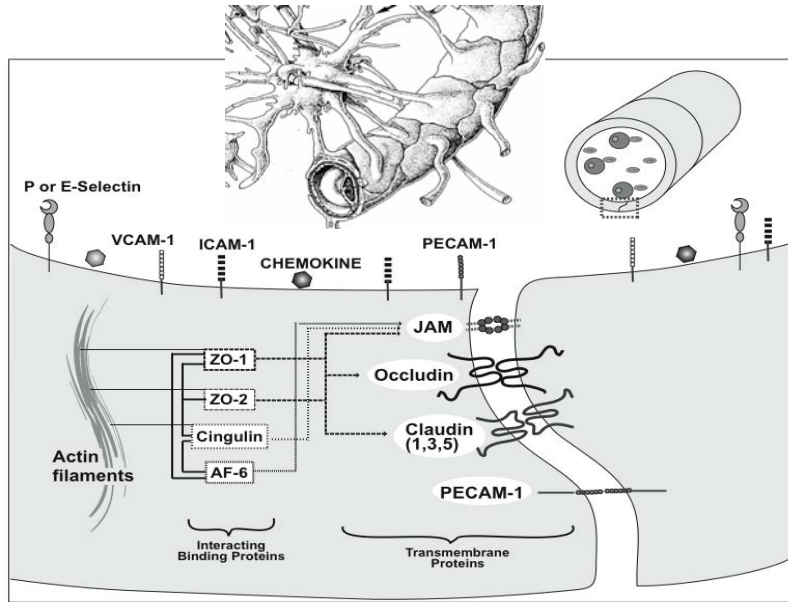
- Question 1: What is the mechanism of *Mtb* dissemination into the CNS?
- Question 2: What are the CNS and systemic host responses to CNS TB?



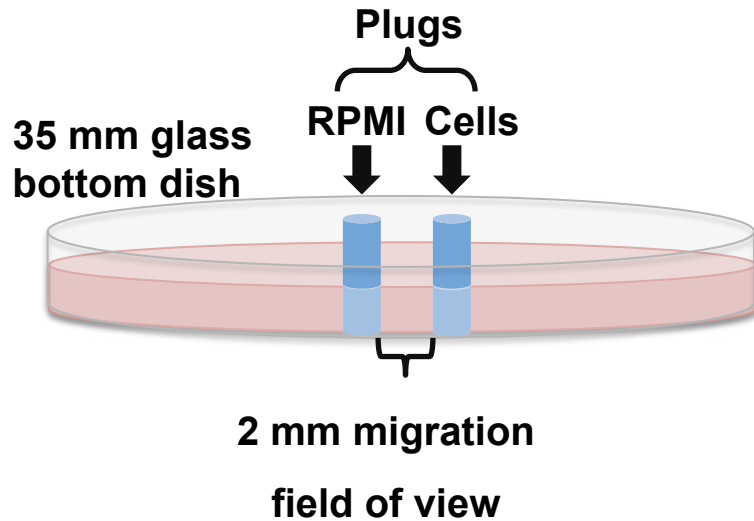
Hypothesis: Infected CD11c^{high} cells traffic from granulomas and might contribute to dissemination to the CNS



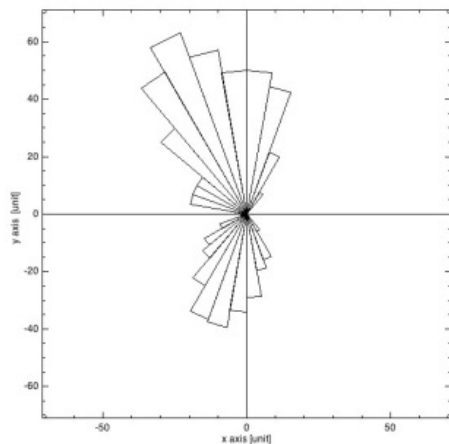
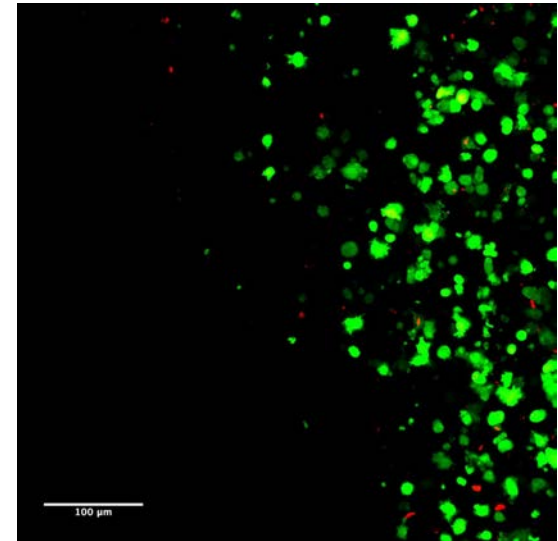
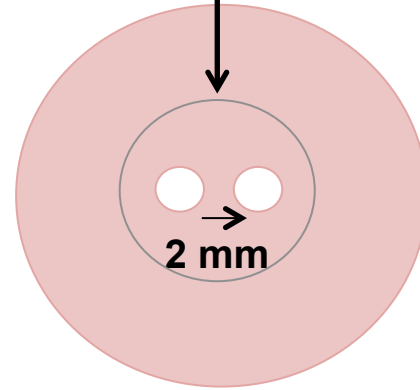
DCs produce MMP2 and 9 and DC transmigration through BBB is inhibited by MMP inhibitors (TJ proteins are substrate for MMPs)



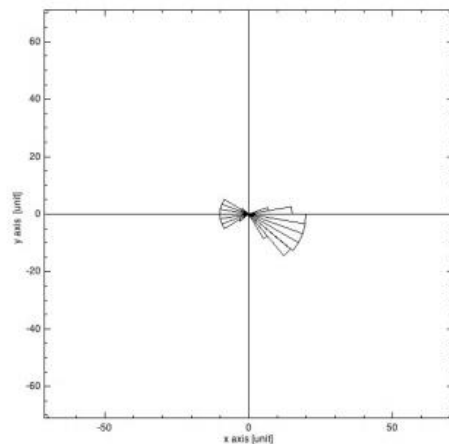
Mtb infection of CD11c^{high} cells leads to their decreased mobility (and chemokine receptor expression)



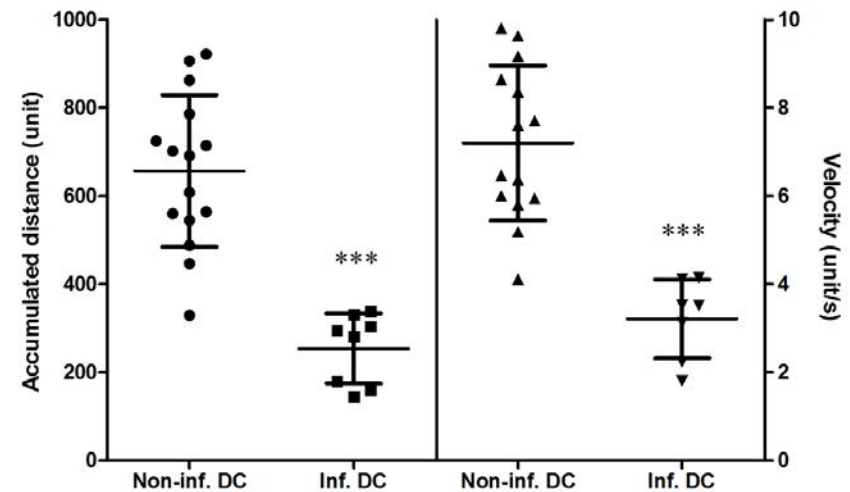
20mm coverglass, No. 1.5
(0.16-0.19mm thickness)



Non-inf. DC

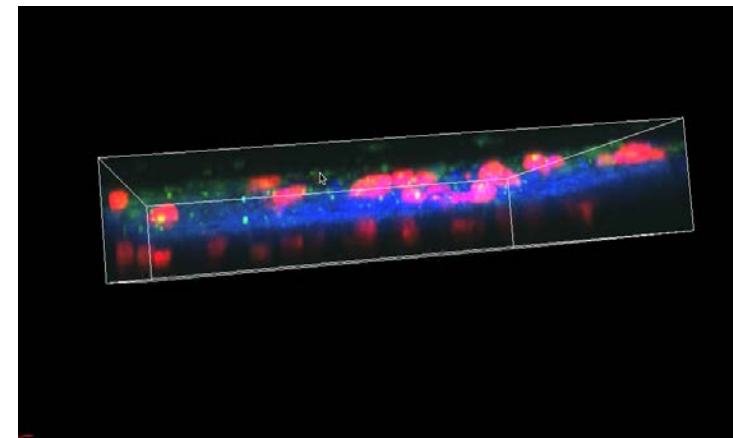
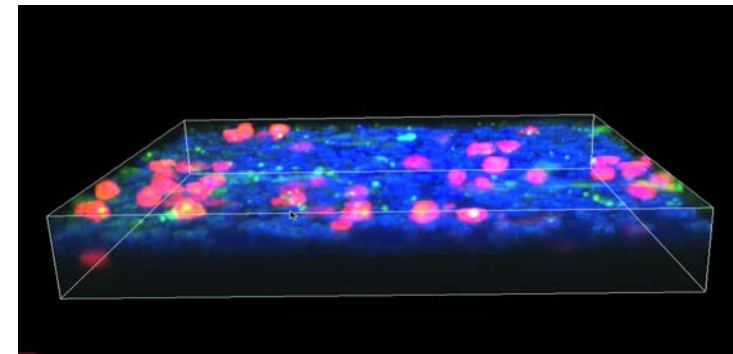
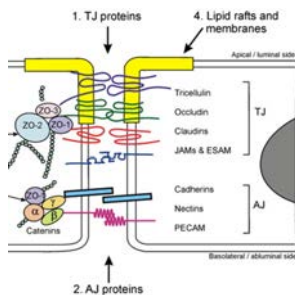
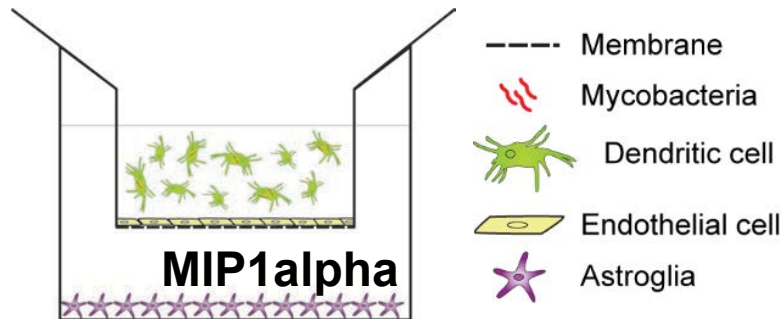


Inf. DC



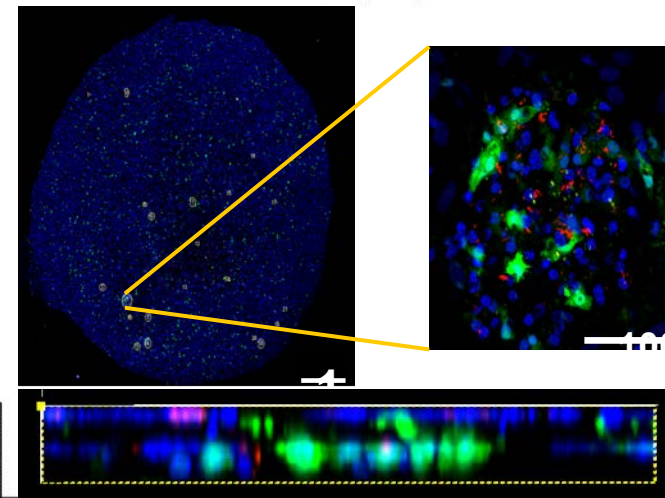
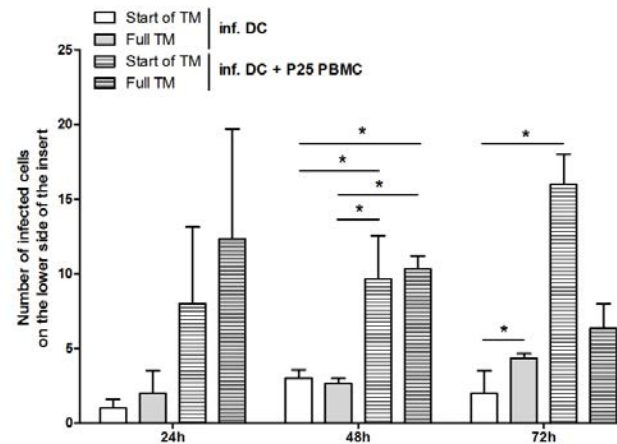
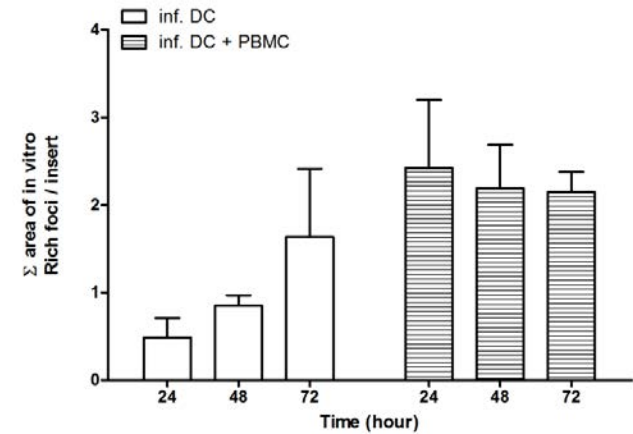
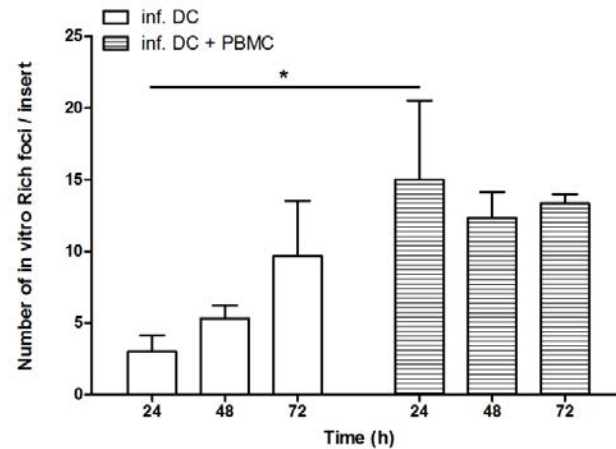
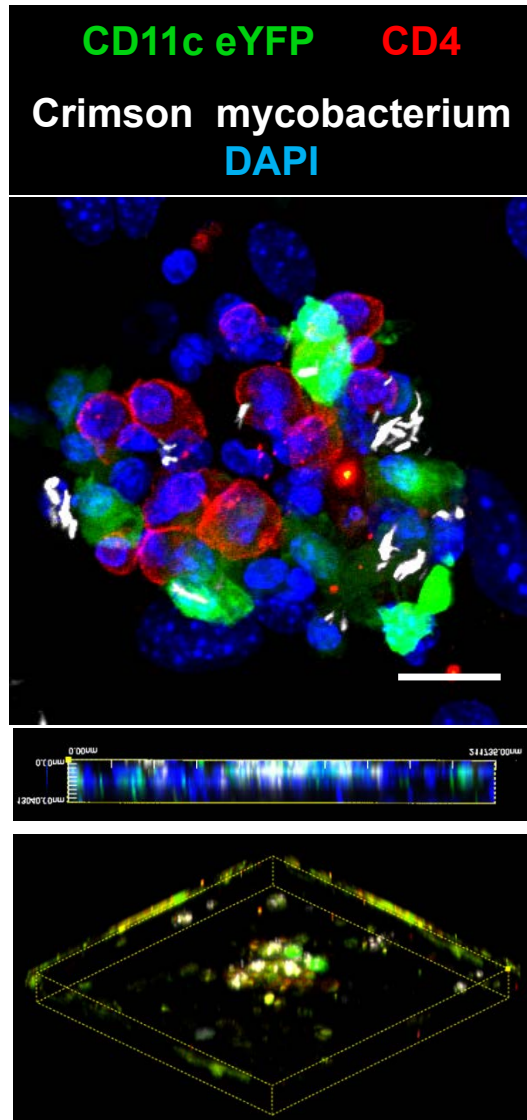
BMDC transmigrate through brain microvessel endothelium by a MIP1a and MMP dependent manner . DC produced MMP 2 and 9 reorganize occludin and decrease electrical resistance. MMP blockers decrease DC migration (Zozulya A et al 2007 JI)

In an in vitro blood brain barrier model infected BMDC has limited capacity to migrate through

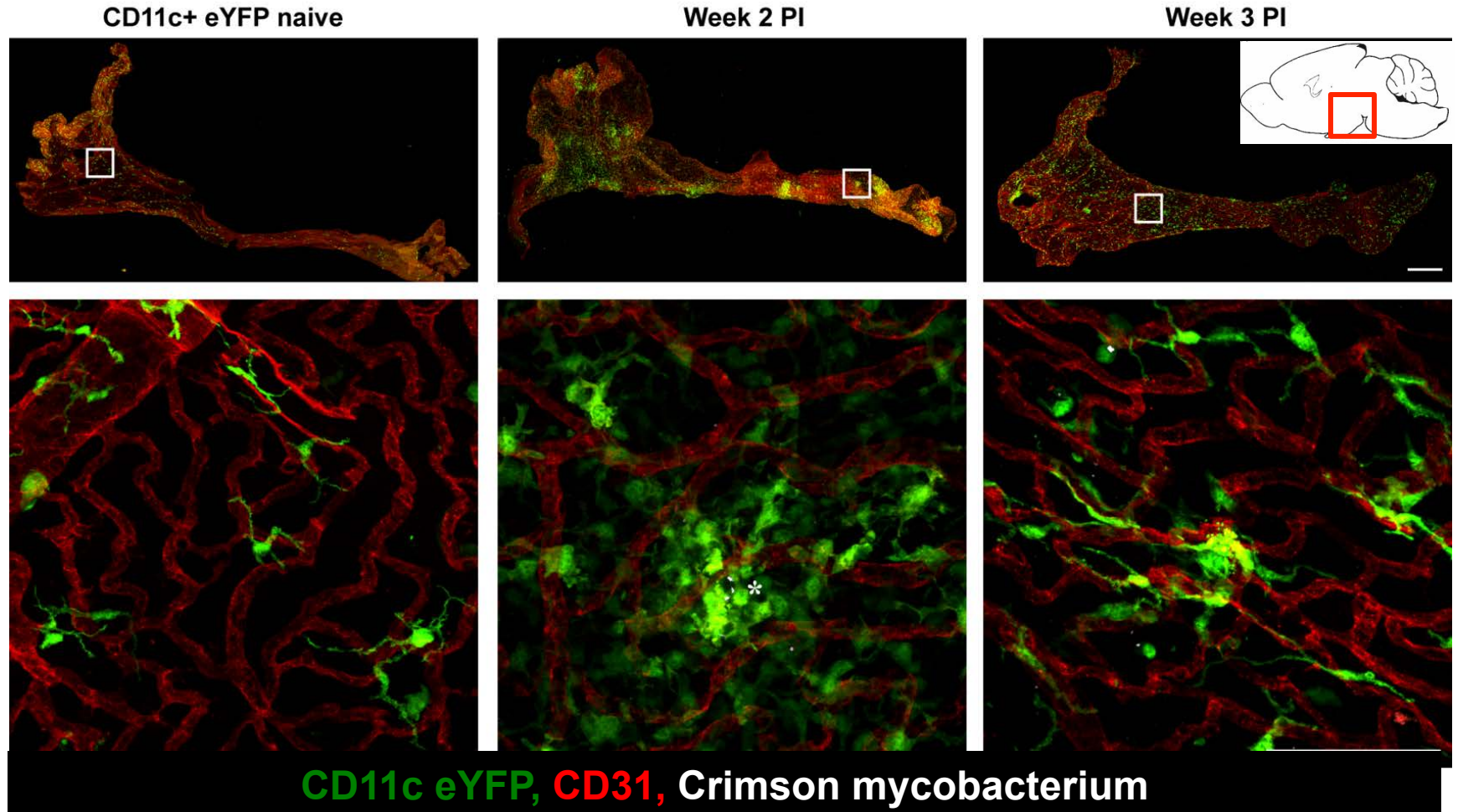


Joe Bednarek

Infected CD11c^{high} cells cross the Blood Brain Barrier (BBB) at sites of cellular aggregates formed with P25 PBMCs



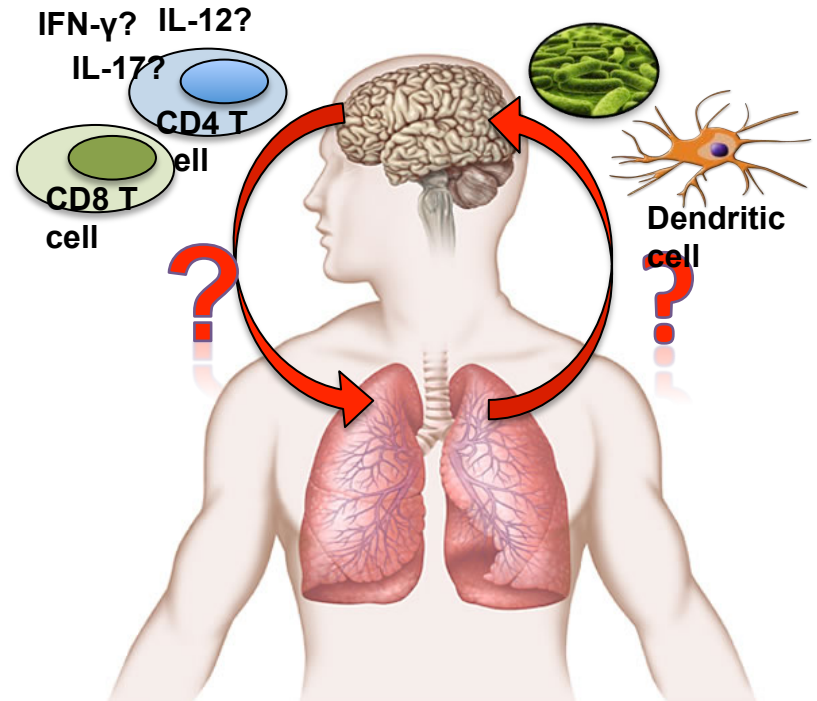
CD11c^{high} cell invasion and foci formation in the choroid plexus



Bar: top row: 0.5 mm, bottom row: 100 μ m.

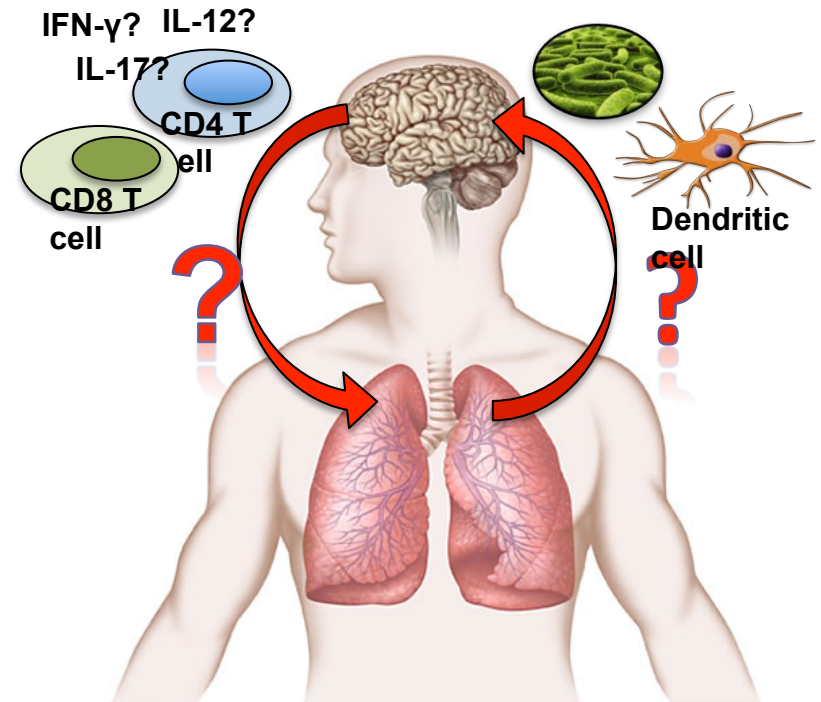
Basic Question: What are the mechanisms that govern CNS TB?

- **Question 1: What is the mechanism of *Mtb* dissemination into the CNS?**
- CD11c expressing dendritic cells might contribute to *Mtb* entry into the CNS
- Infected DCs induce inflammatory foci formation that correlates with dissemination
- Meninges and choroid plexus are potential portals

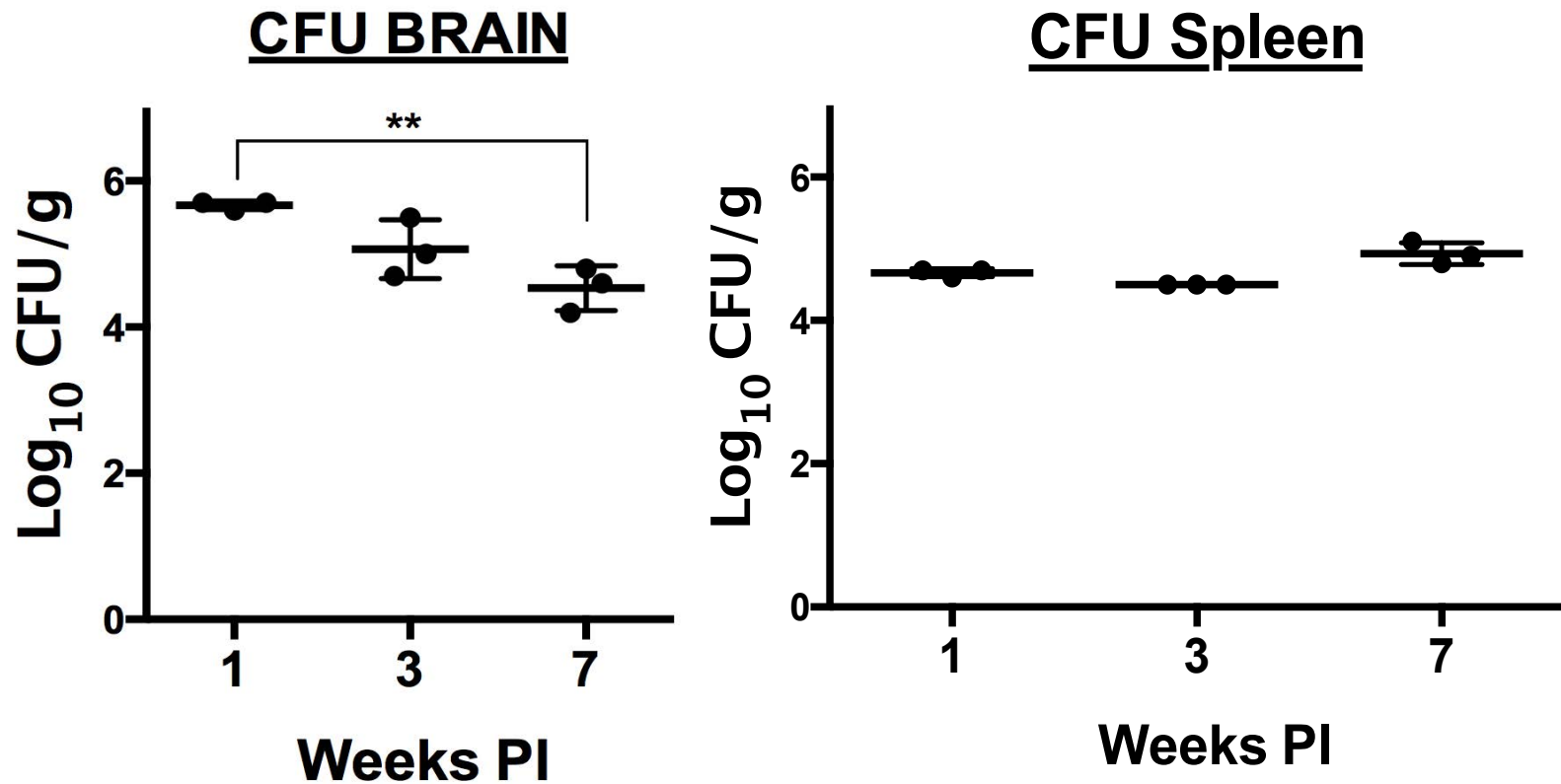


Basic Question: What are the mechanisms that govern CNS TB?

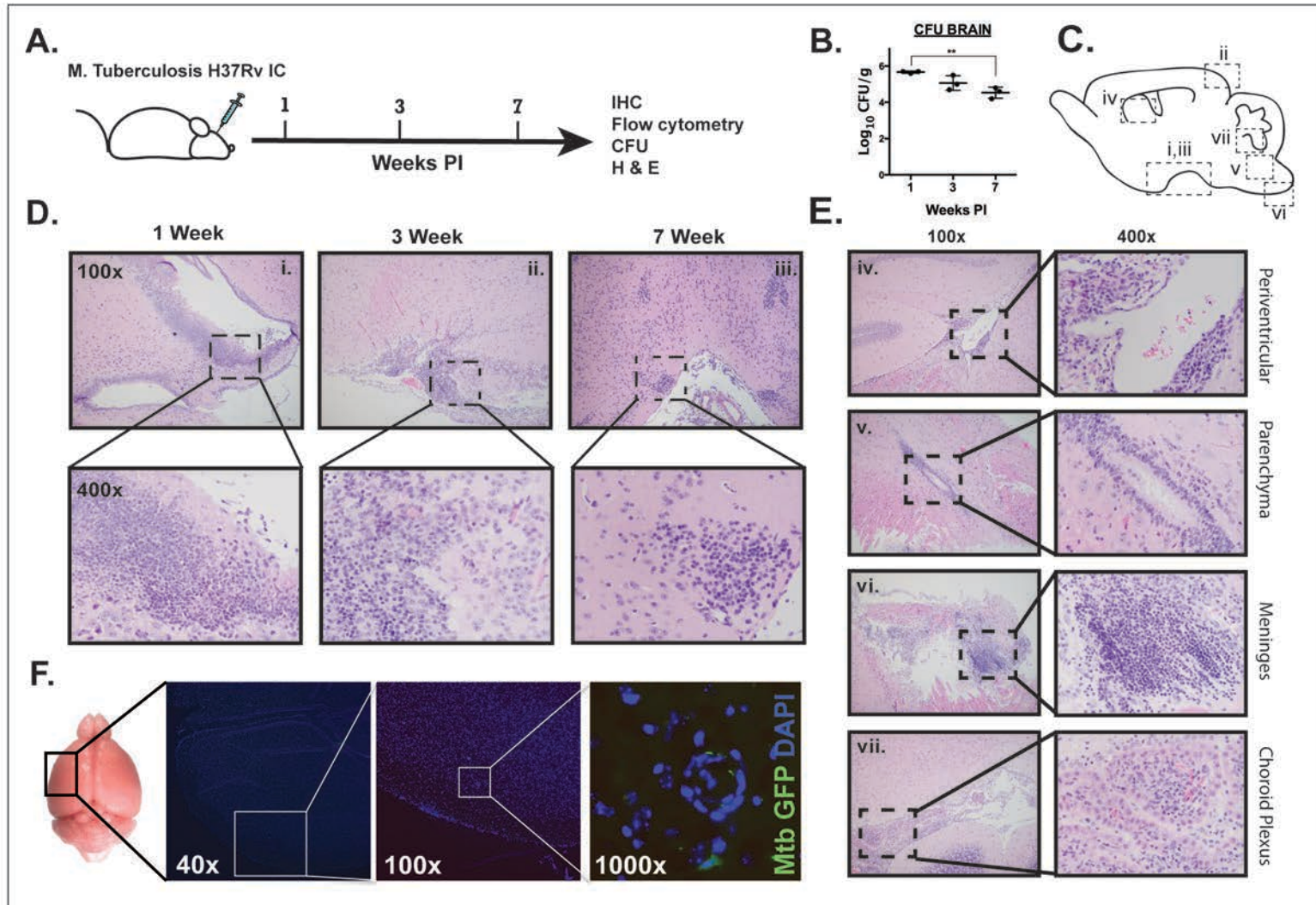
- Question 2: What are the CNS and systemic host responses to CNS TB?



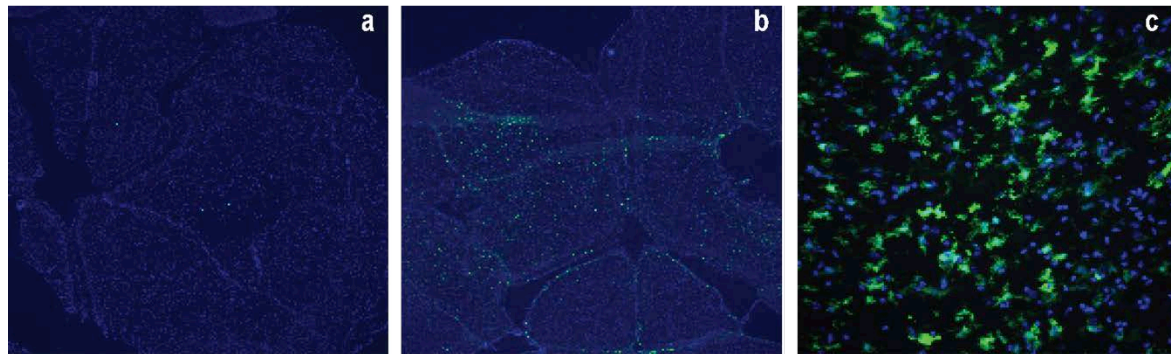
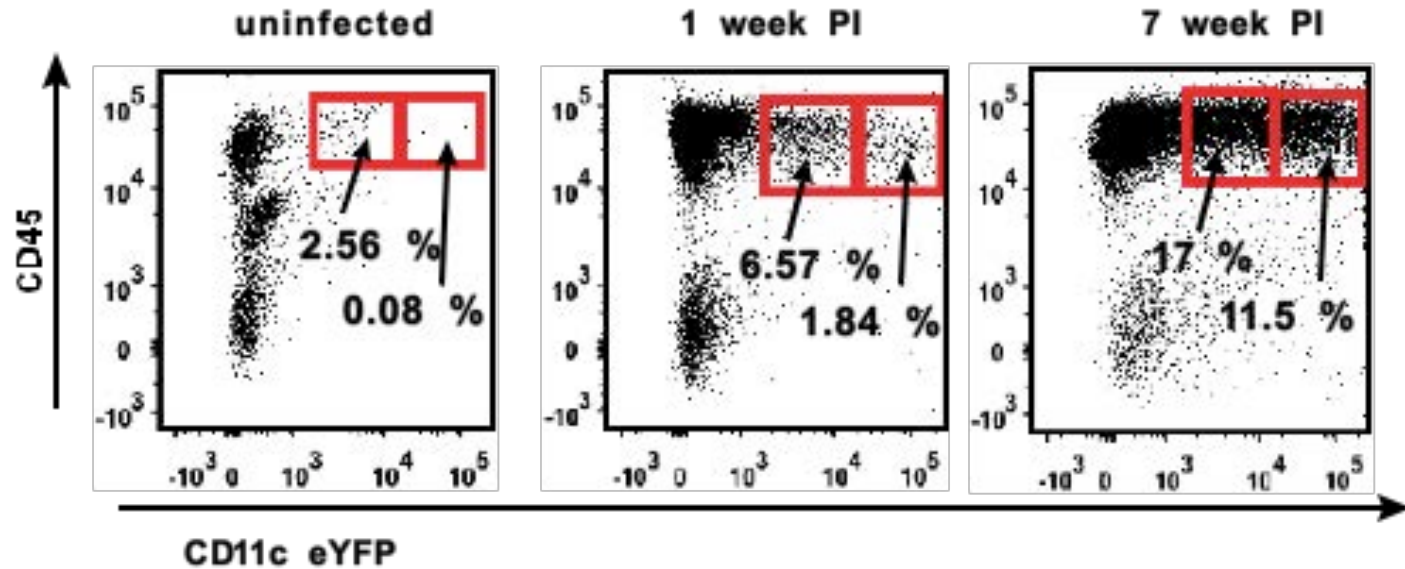
Mtb Infection is Controlled in the CNS



Granuloma formation in the brain following IC *Mtb* inoculation



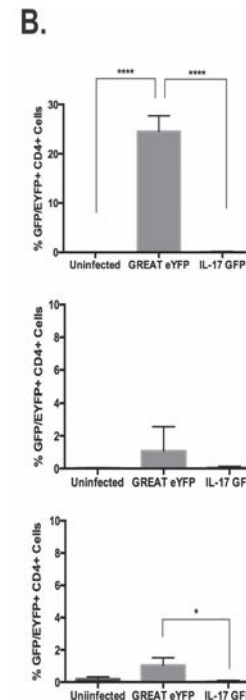
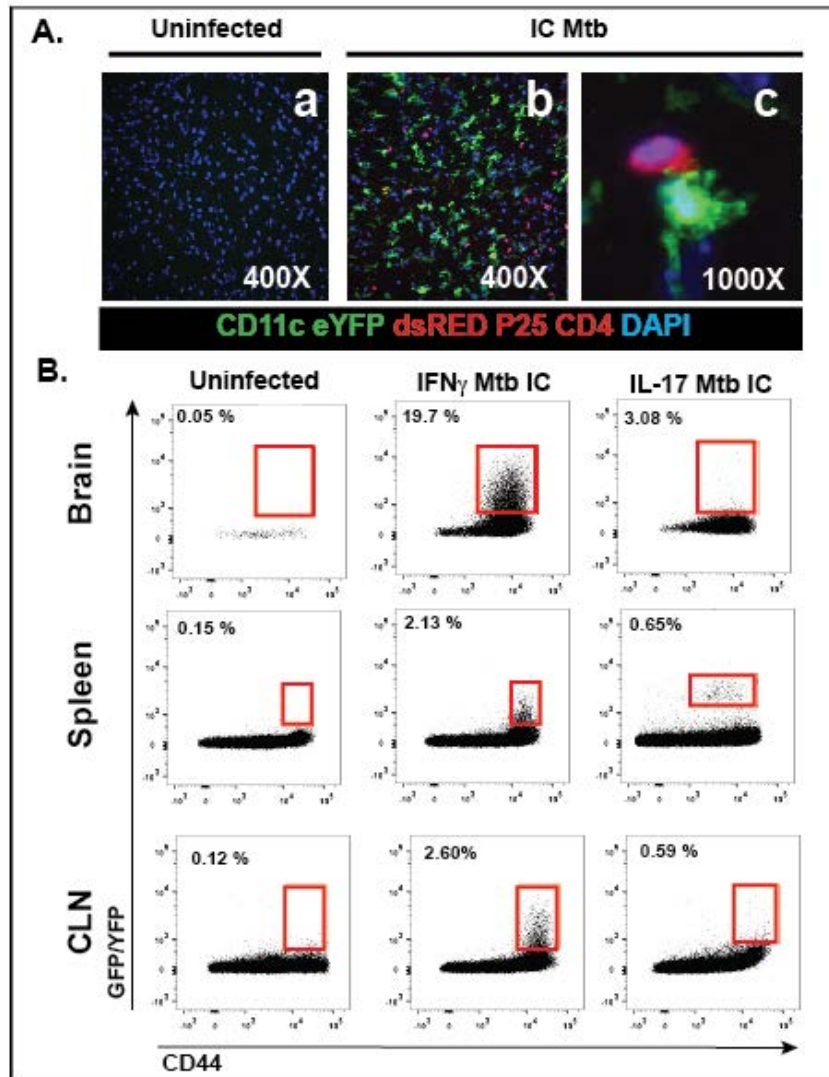
CD11c^{high} Dendritic Cells Infiltrate into the CNS Following IC *Mtb* Infection



Uninfected

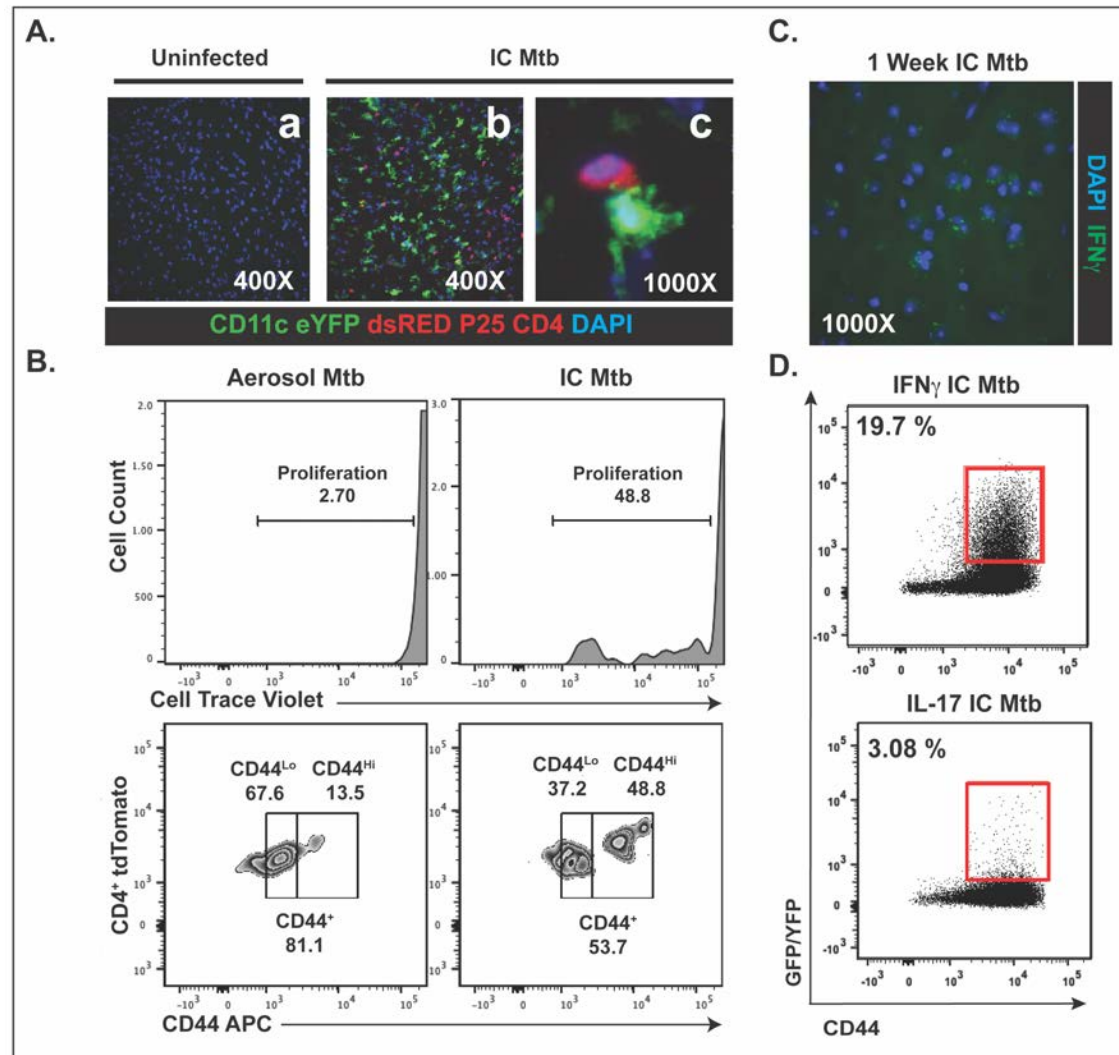
1 Week Post Infection

IC *Mtb* leads to robust infiltration of IFN γ -producing T lymphocytes

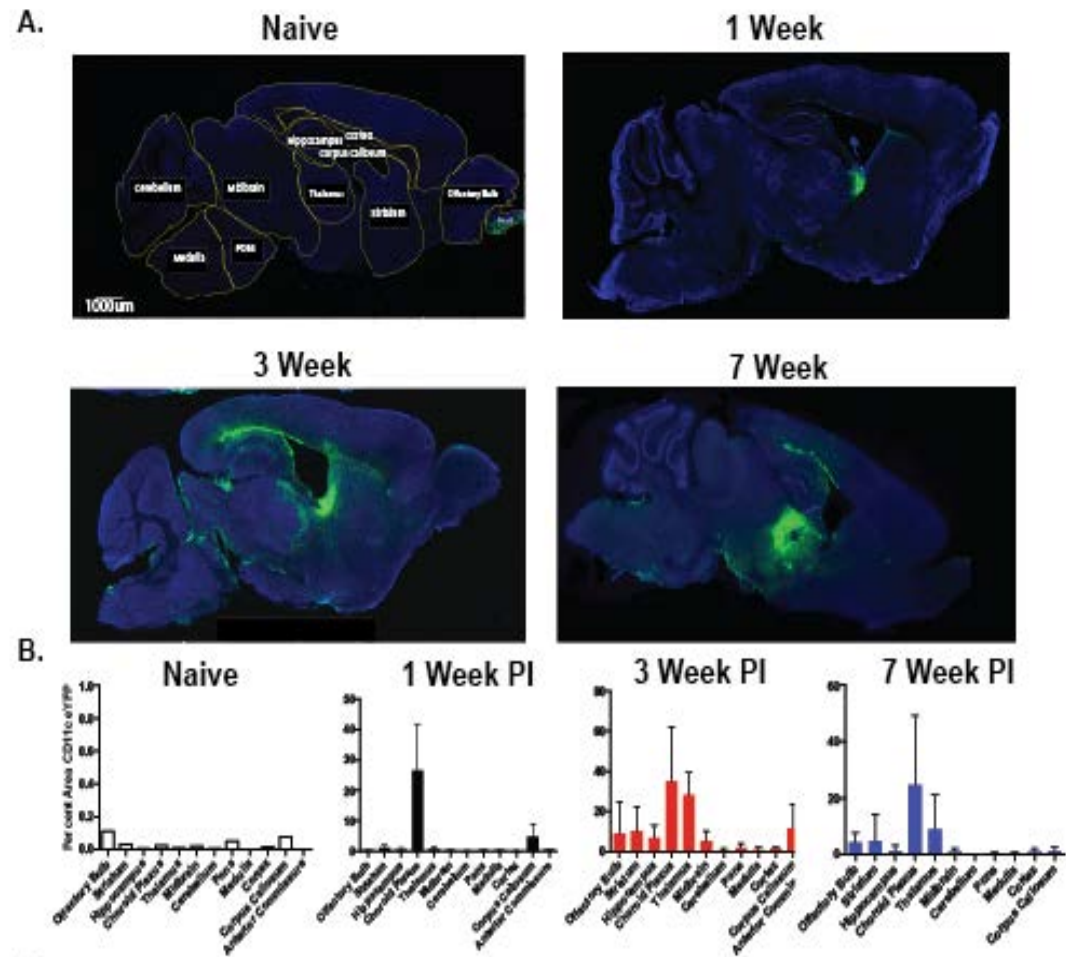
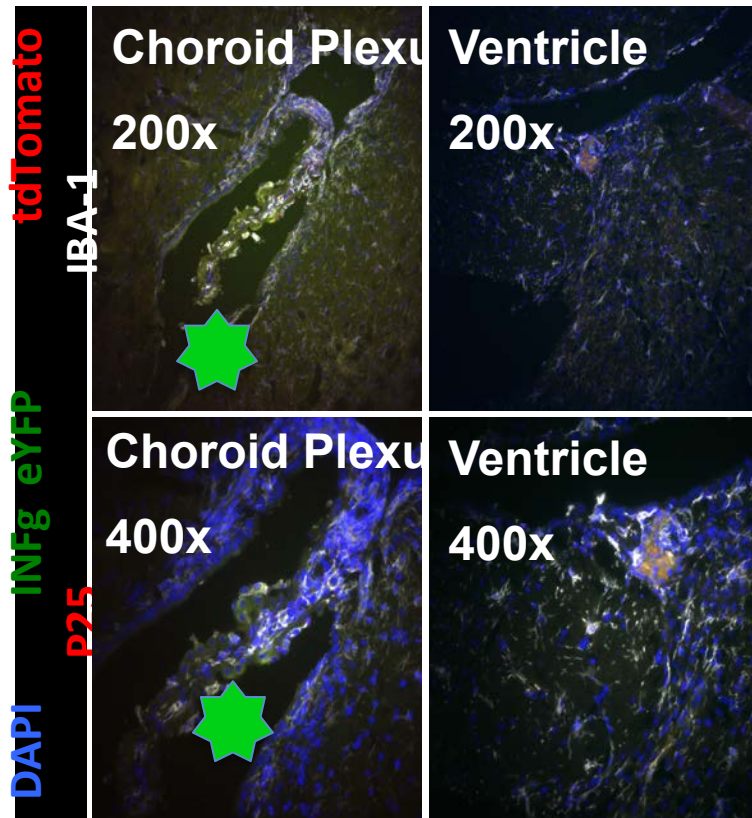


- Post IC infection there is an IFN γ dominant T cell response in the CNS
- Most are in granulomatous lesions
- P25 transgenic T cells are seen directly interacting with eYFP+ cells in the CNS

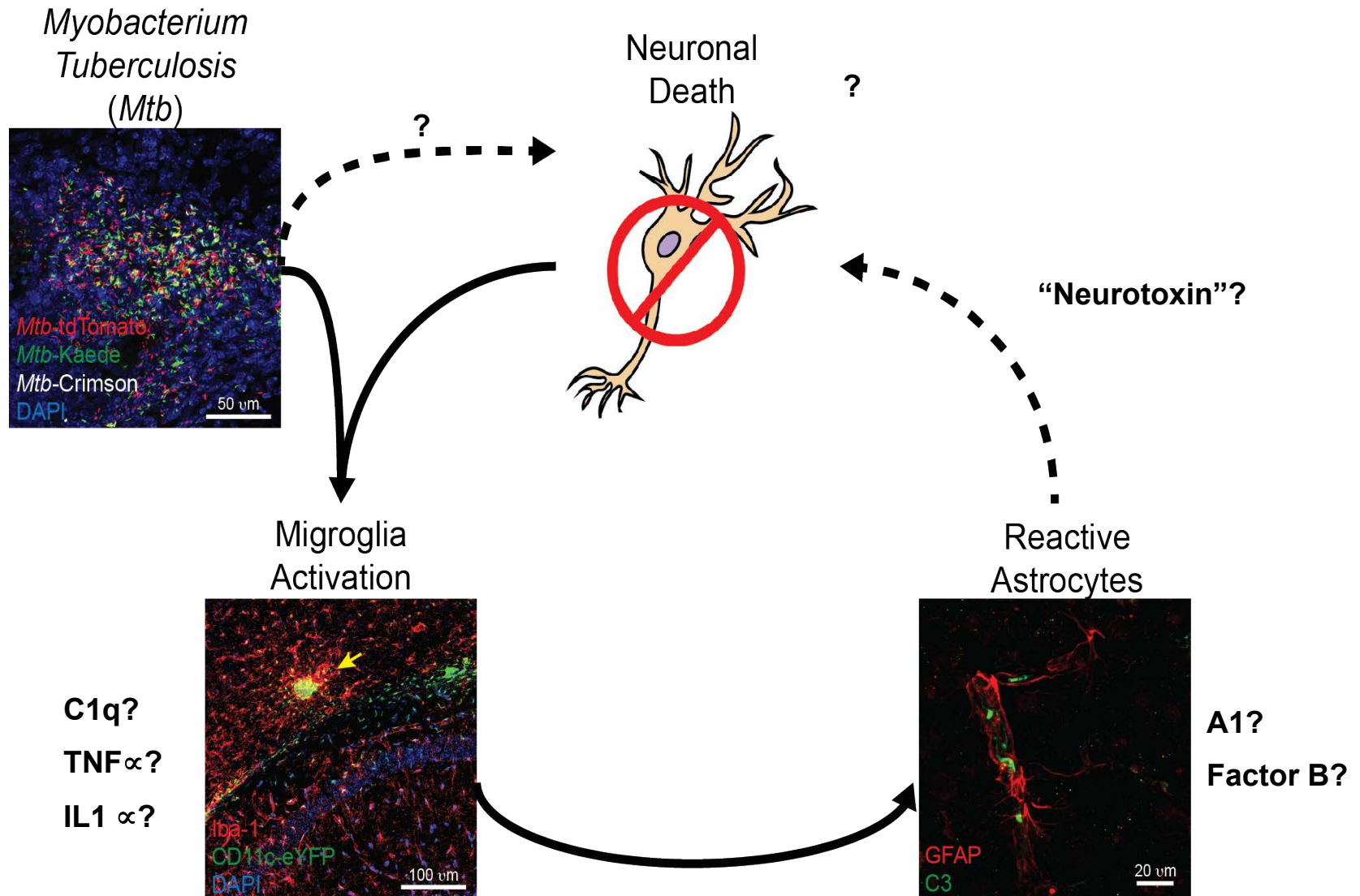
Specific anti-bacterial T cell expansion is induced earlier by IC *Mtb* compared to lung infection



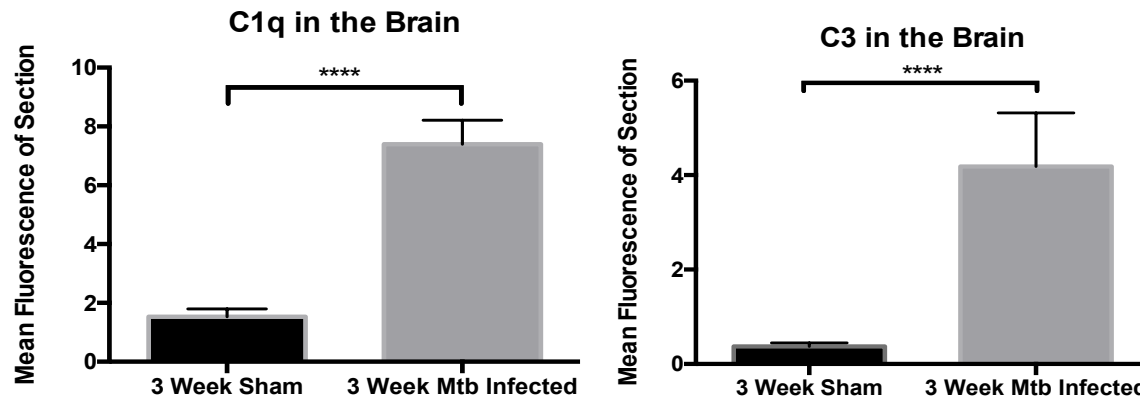
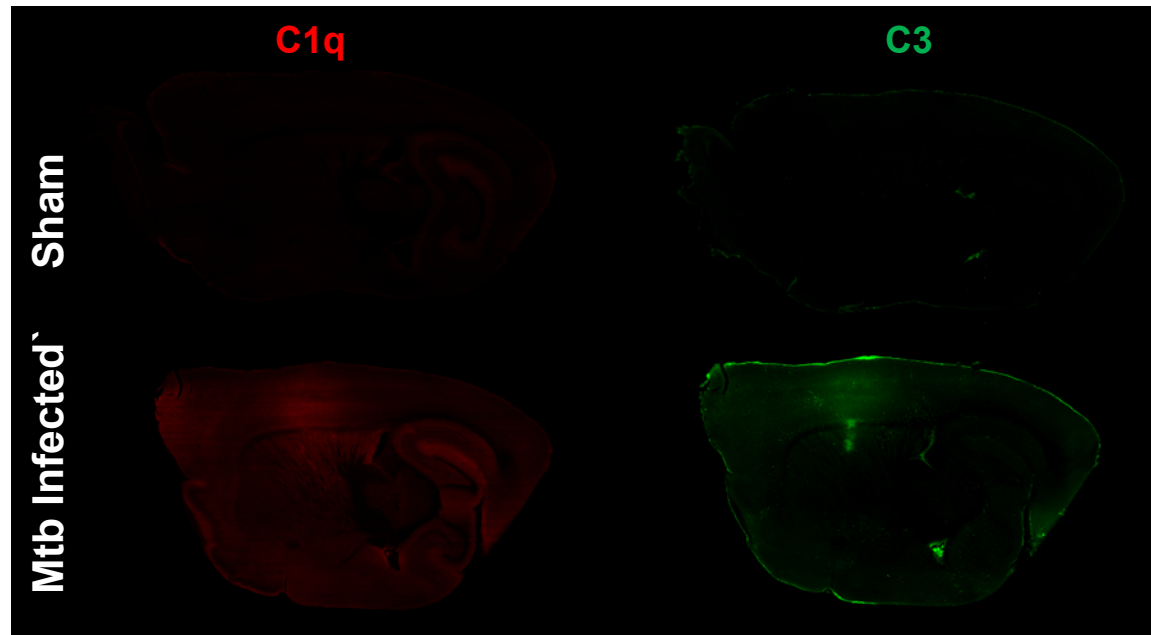
IFN γ -producing T lymphocytes and CD11c cells most likely access the CNS via the choroid plexus



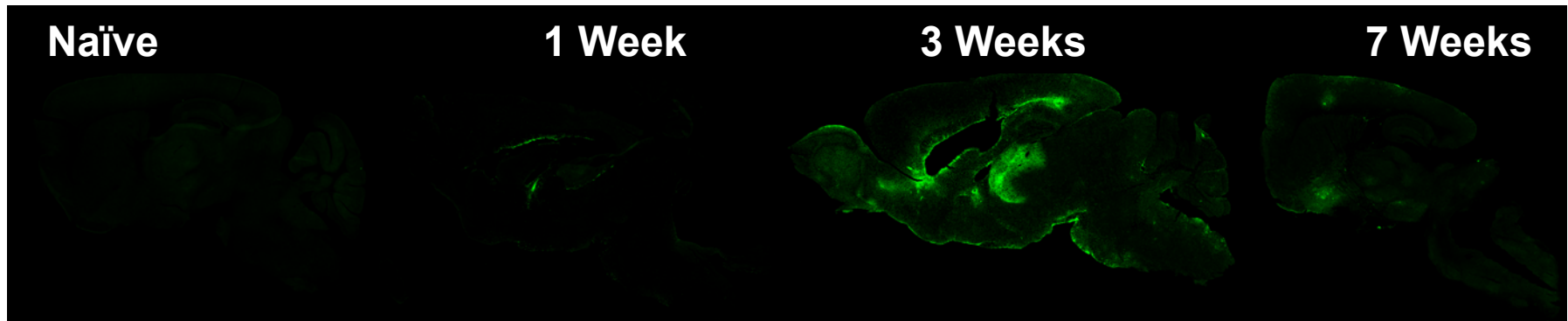
CNS *Mtb* infection induces microglia and astrocyte activation in the brain



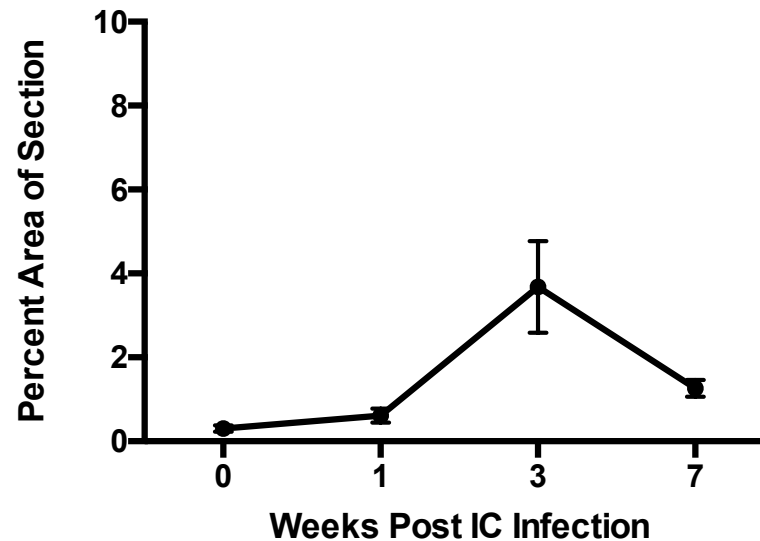
CNS *Mtb* infection induces complement production in the brain



CNS *Mtb* infection increases Blood Brain Barrier (BBB) “leakage” in the brain

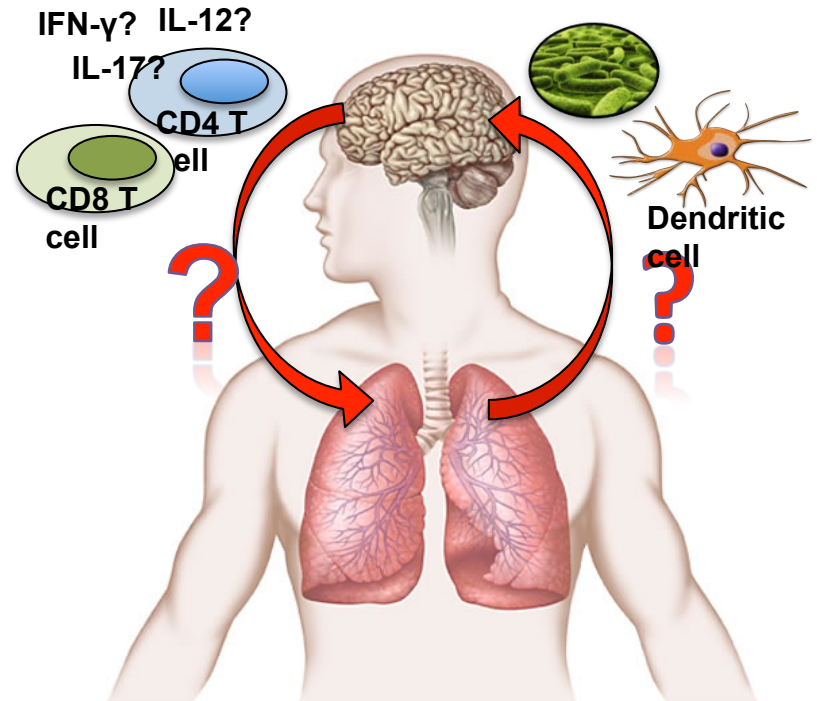


IgG in *Mtb* Infected Brains



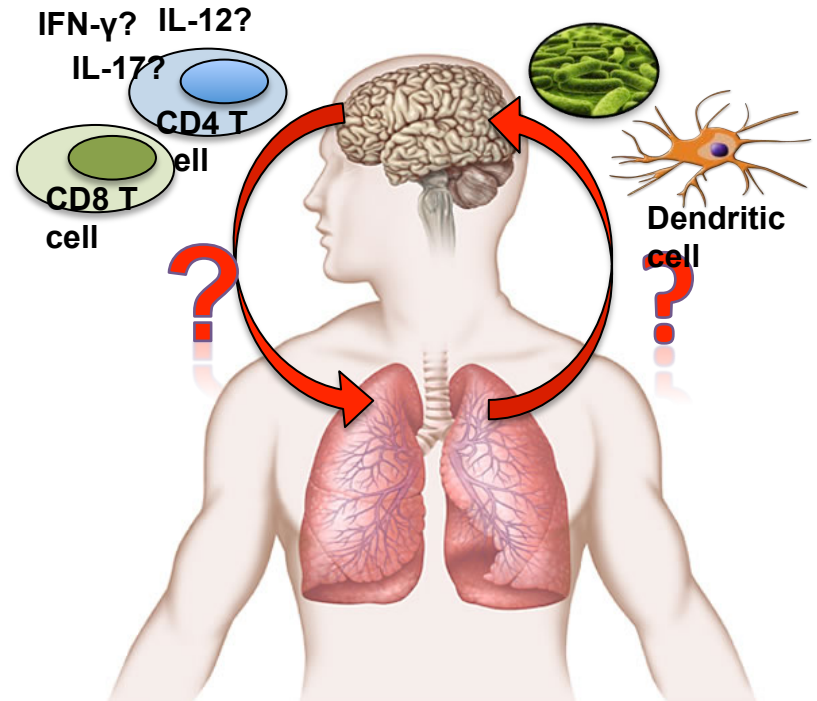
Basic Question: What are the mechanisms that govern CNS TB?

- Question 2: What are the CNS and peripheral host responses to CNS TB?
 - Gliosis (astrocytes and microglia)
 - Complement activation
 - Vascular leakage (IgG staining)
 - Robust T cell priming and infiltration via choroid plexus (mostly)
 - Inflammatory myeloid cell accumulation
 - Strong and early protection



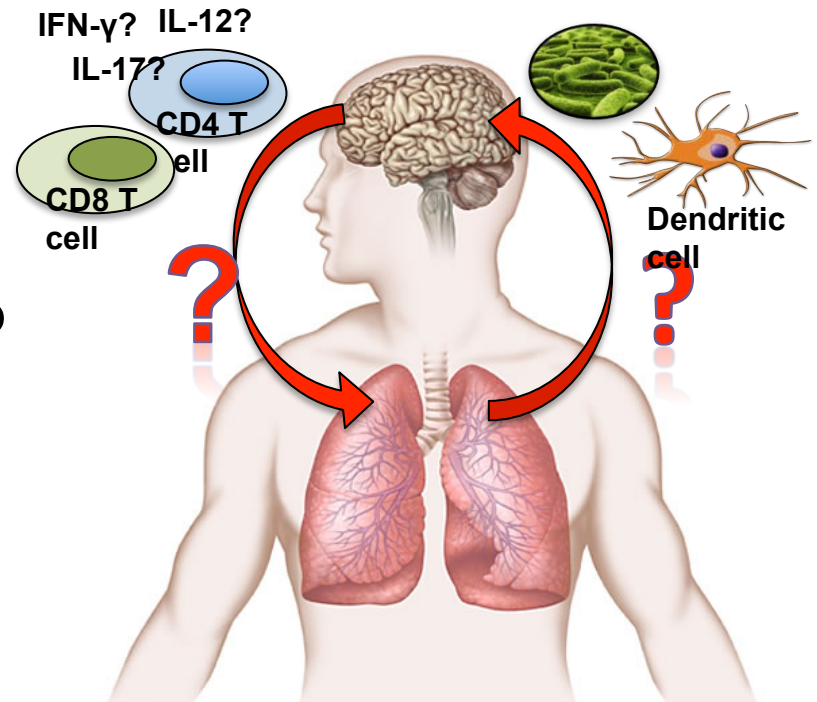
Conclusions: What are the mechanisms that govern CNS TB?

- Infected dendritic cell-induced cellular aggregation promotes bacterial dissemination into the brain.
- Protective immunity against CNS TB is dominated by IFN γ producing Th1 cells – entry through choroid plexus.
- Bacteria-specific T cell responses are earlier compared to the lung.



What can we learn from murine CNS TB models that could contribute to clinical CNS TB treatment?

- Inhibition of infected DC migration across the BBB might contribute to therapies: MMP blockers? Others pathways for interrupting migration?



Acknowledgments

Matyas Sandor

Jeff S. Harding

Heidi A Schreiber

Melinda Herbath

Sarah Marcus

Aditya Rayasam

Martin Hsu

Anna Ritter

Fruzsina Walter

Trey Gilpin

Gianna Hernandez

Aisha Mergaert

Khen Macvilay

Laura Schmitt-Brunold

Joseph Bednarek

Christian Gerhart

Funding

NIH/NIGMS grants T32 GM007507 and
T32 GM081061, NIH/NIAID/NINDS
grants RO1-NS37570, R01 NS076946,
NMSS RG 3113A1, AHA
15PRE25500022

