



Università
A.I.Nu.C.
Popolare

Con il patrocinio di
UNICUSANO
Università degli Studi di Cassino e del Lazio Meridionale

**UPDATES ON
INTESTINO PERMEABILE:
LA BARRIERA ALTERATA**

**Le cause, gli effetti,
la diagnosi, le terapie**

Roma, 8 e 9 Novembre 2019

c/o Aula Magna Università Unicusano
Via Don Carlo Gnocchi 3

Presidente: Silvio Spinelli
Comitato Scientifico:
Nicola Canonico, Maurizio Lupardini,
Carmelo Rizzo, Gianluca Santoboni

EVENTO GRATUITO
(iscrizione obbligatoria)

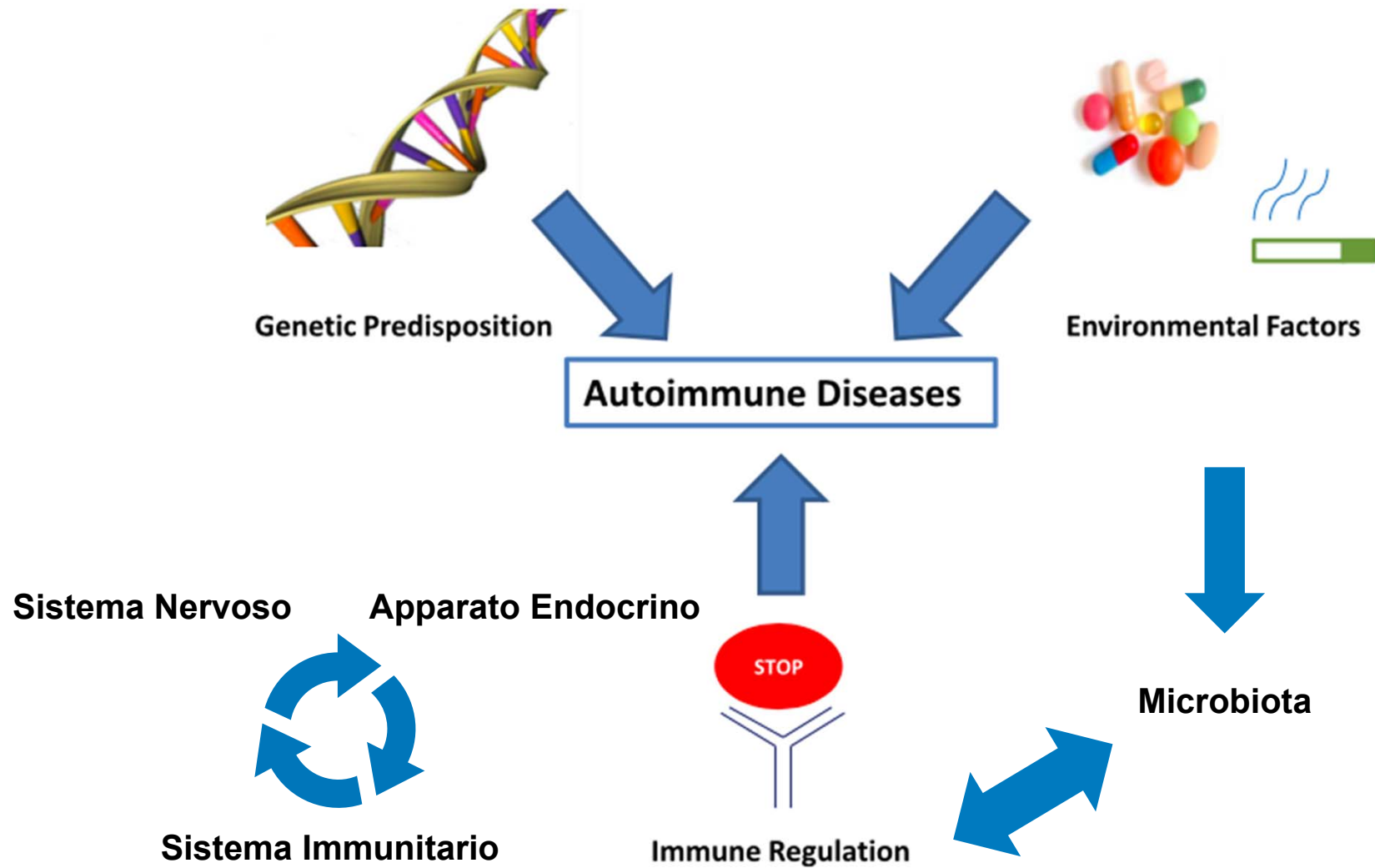
Evento accreditato per le professioni di:
Medico, Biologo, Farmacista,
Dietista, Psicologo, Odontolatra,
Fisioterapista, Infermiere

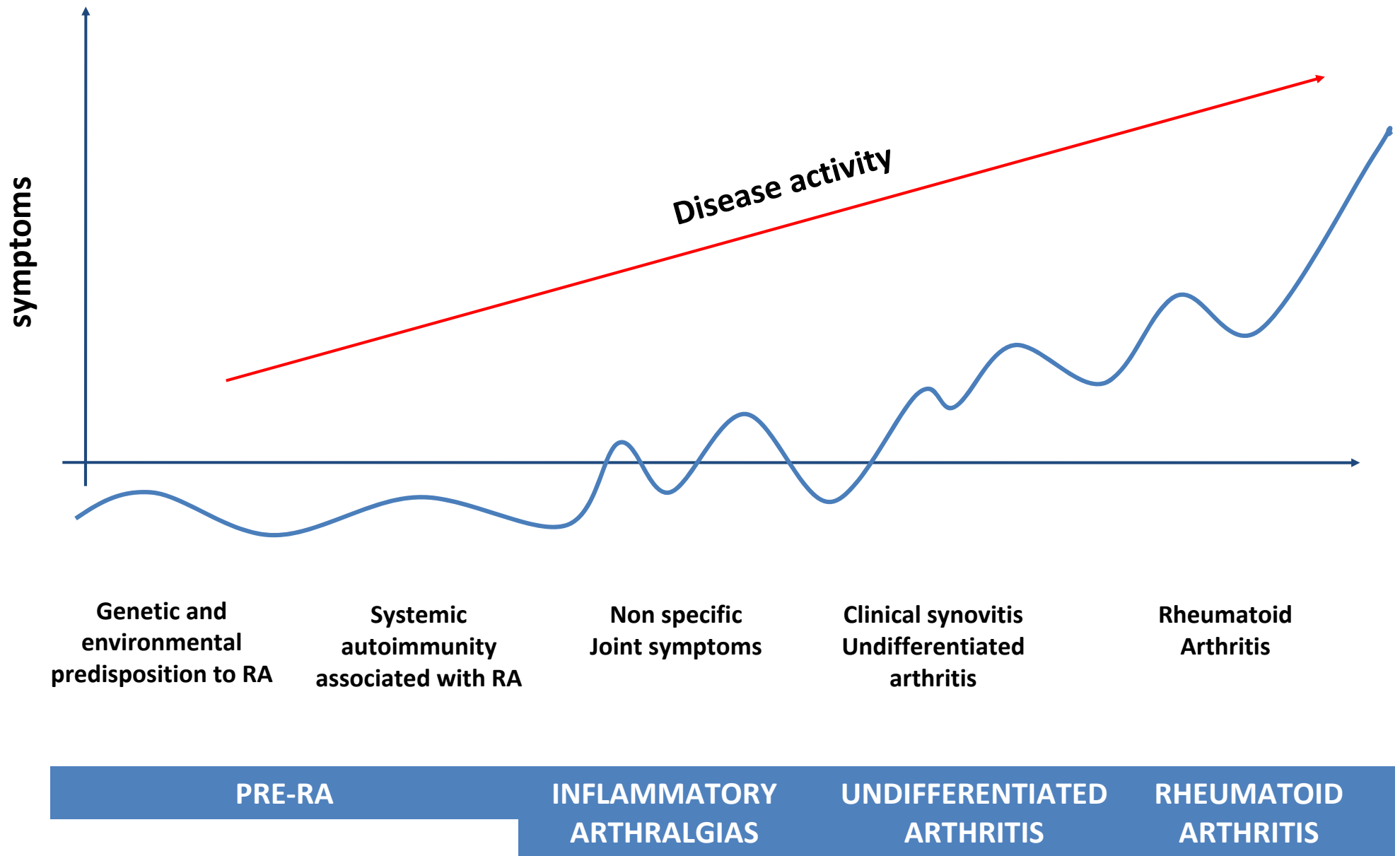
n. 12 crediti ECM

Permeabilità intestinale nelle malattie infiammatorie ed autoimmuni

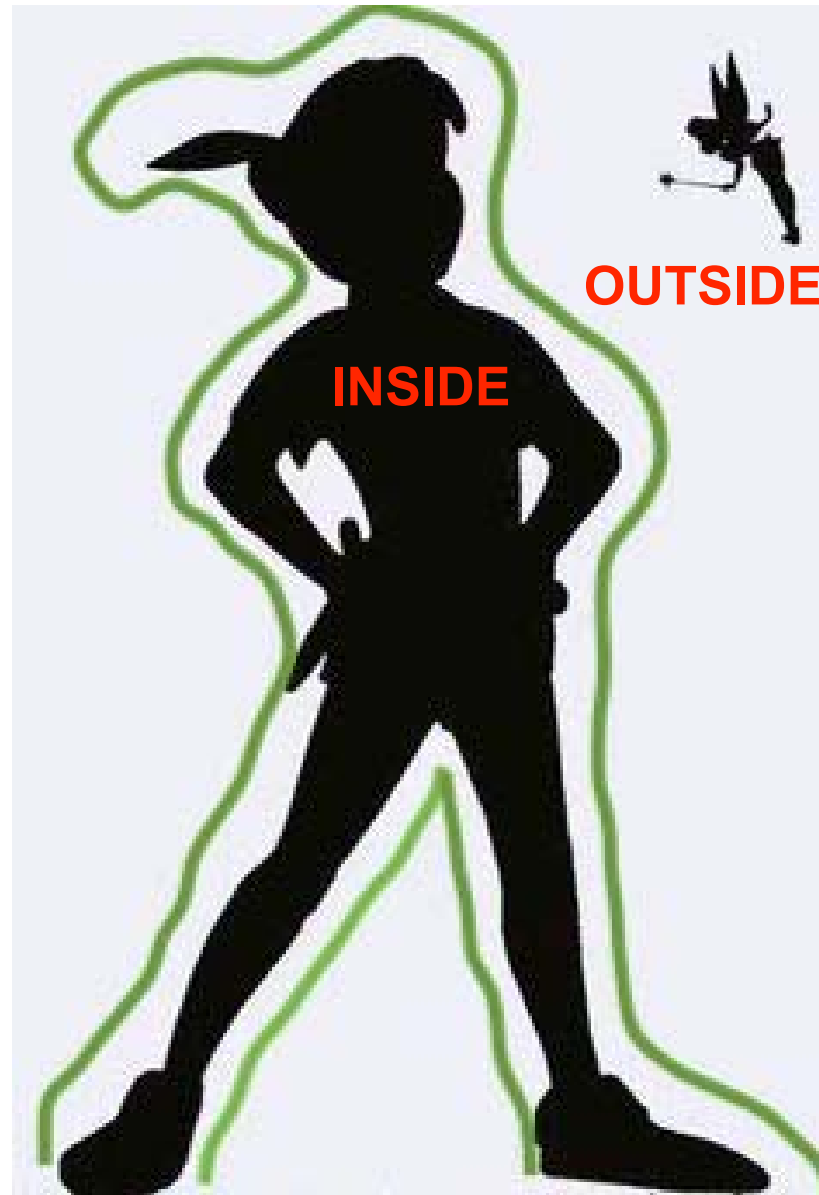
Dr Gianluca Santoboni
Specialista in Reumatologia

Dxwr p p xqW





*Scambio di
informazioni*

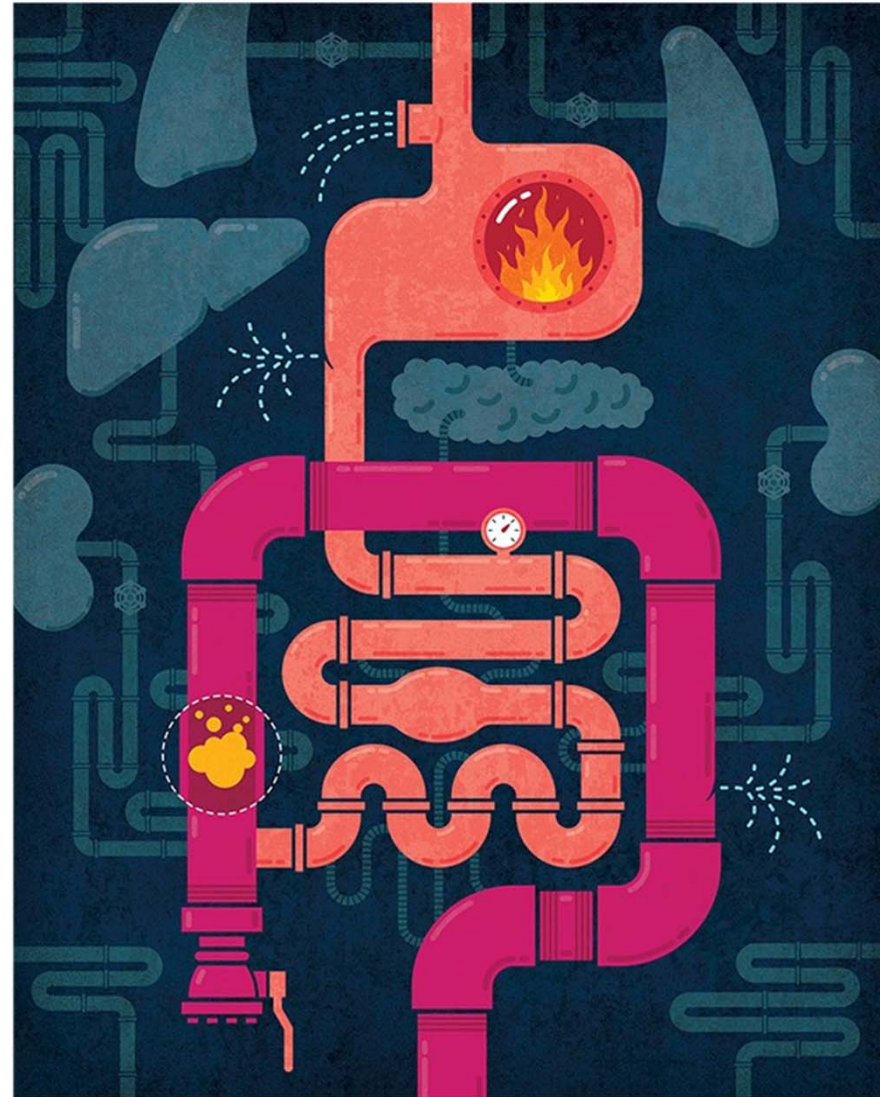


*Sviluppo
ed Evoluzione*

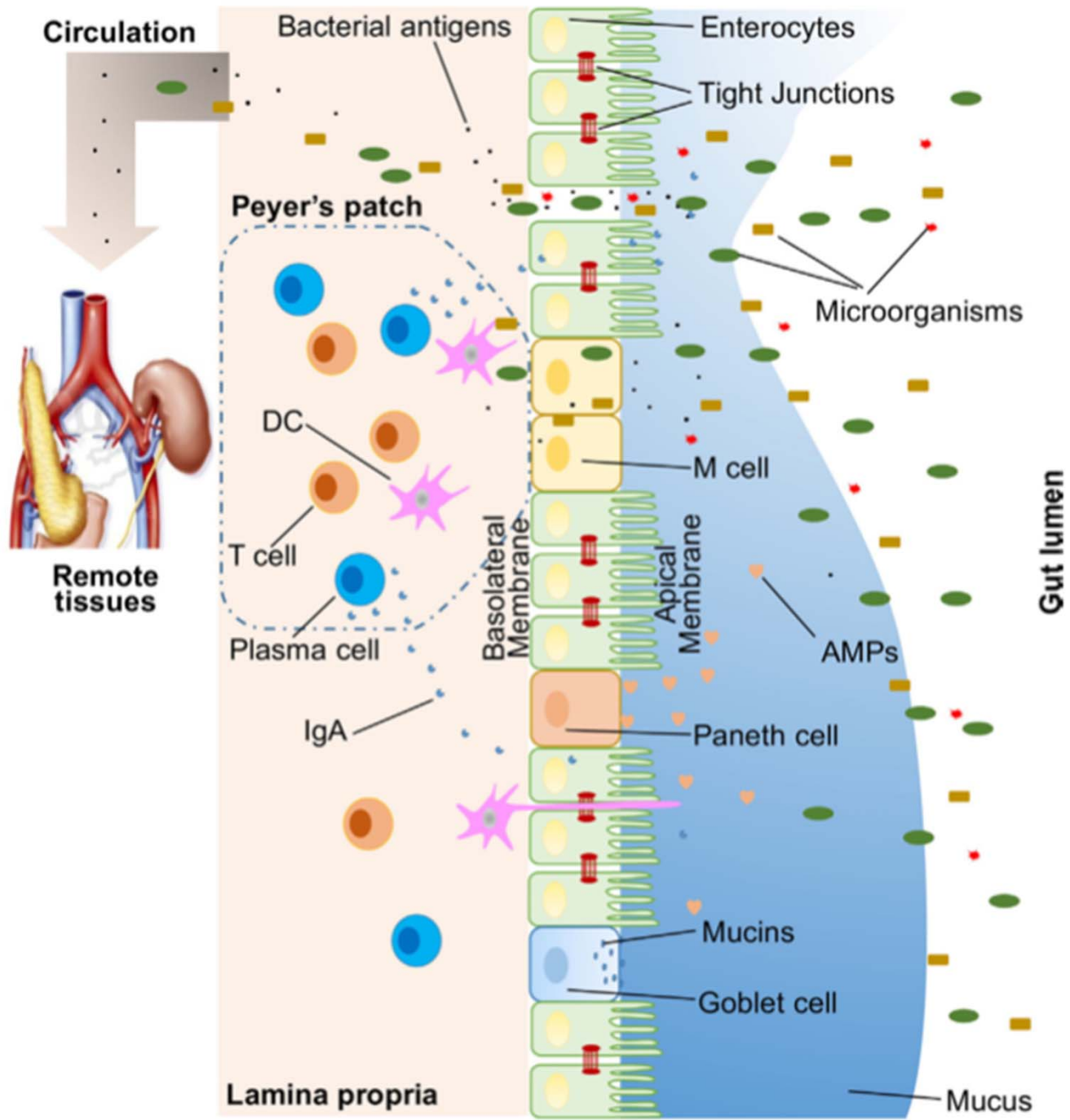
Barriera PSICO-FISICA

GALT 70% del sistema immunitario umano
Il più **grande e complesso** compartimento del **sistema immunitario**

Pericoloso
Harmful
(immunity)



Innocuo
Harmless
(tolerance)

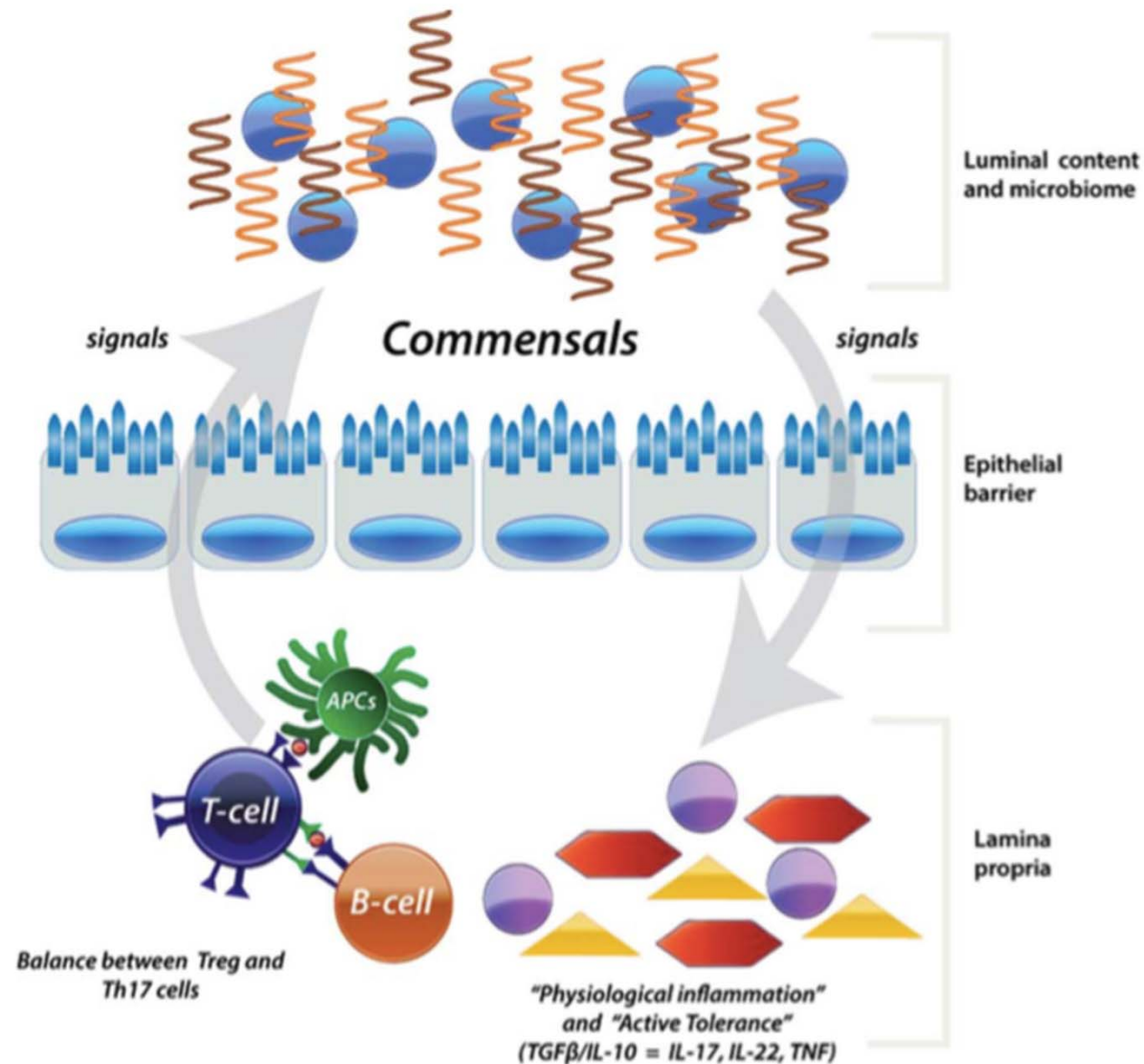


Barriera Fisica
Epitelio intestinale
Muco
Microbiota commensale

Barriera BioChimica
AMPs

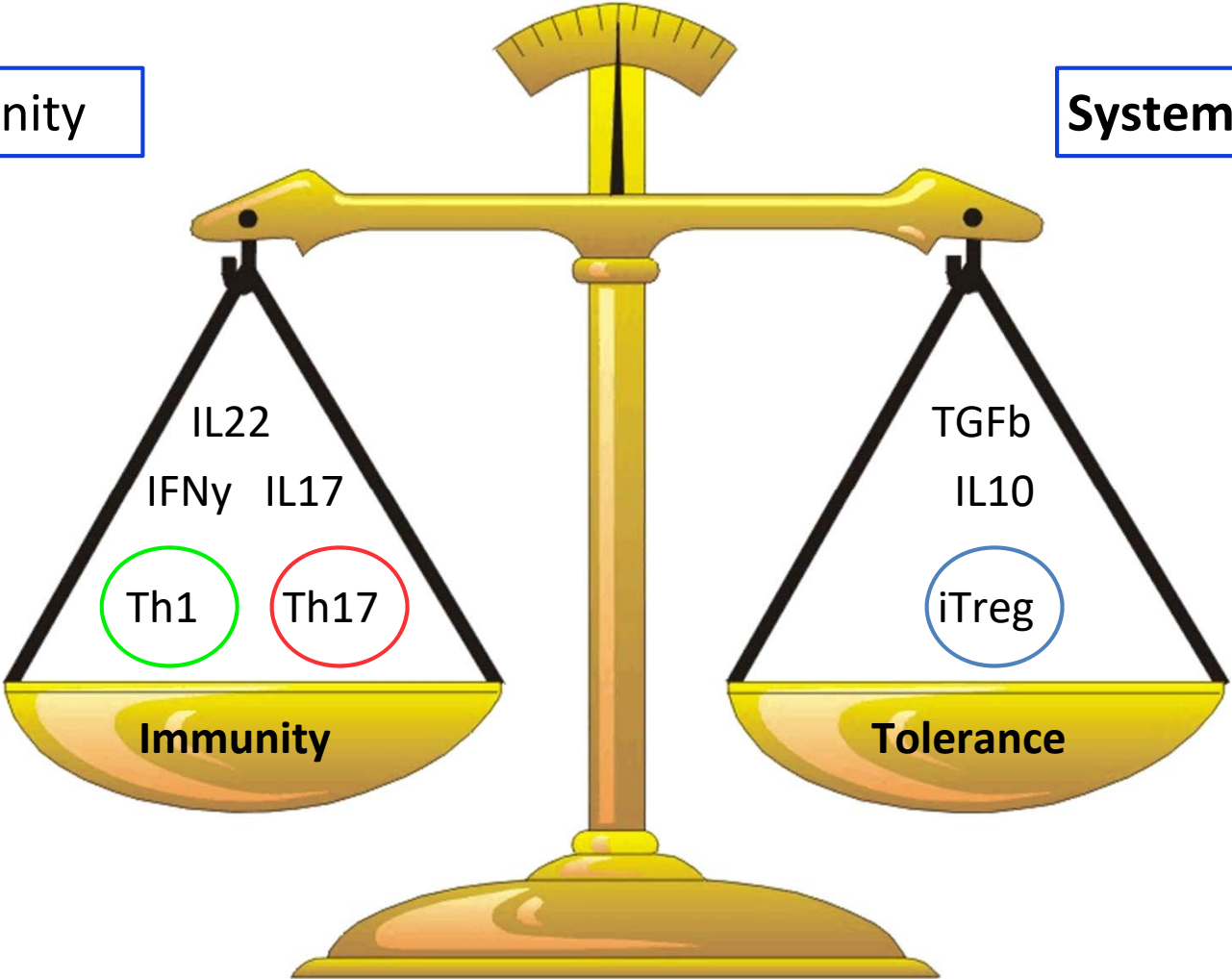
Barriera Immunologica

Regulatory role of Gut Microbiota



Local immunity

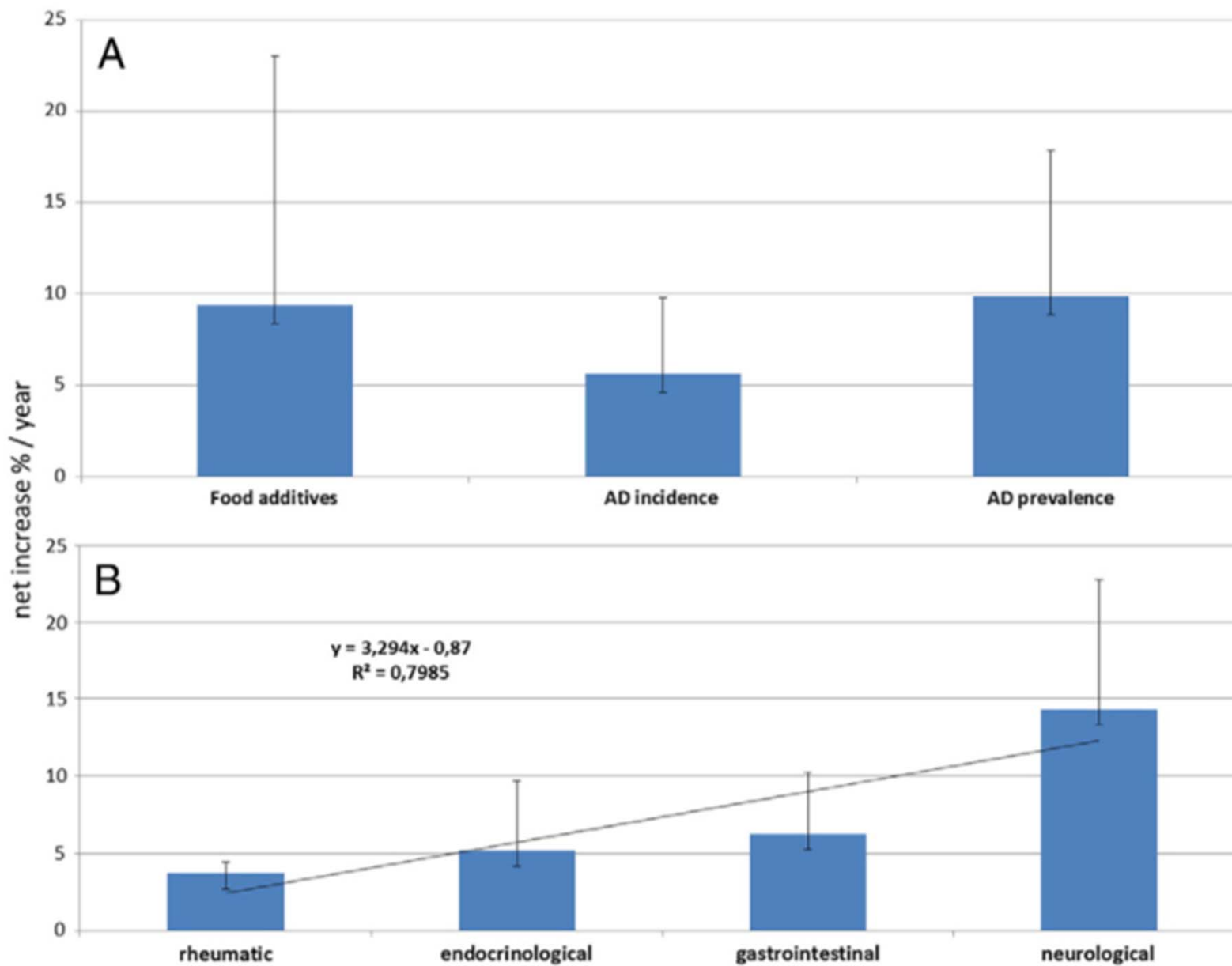
Systemic immunity



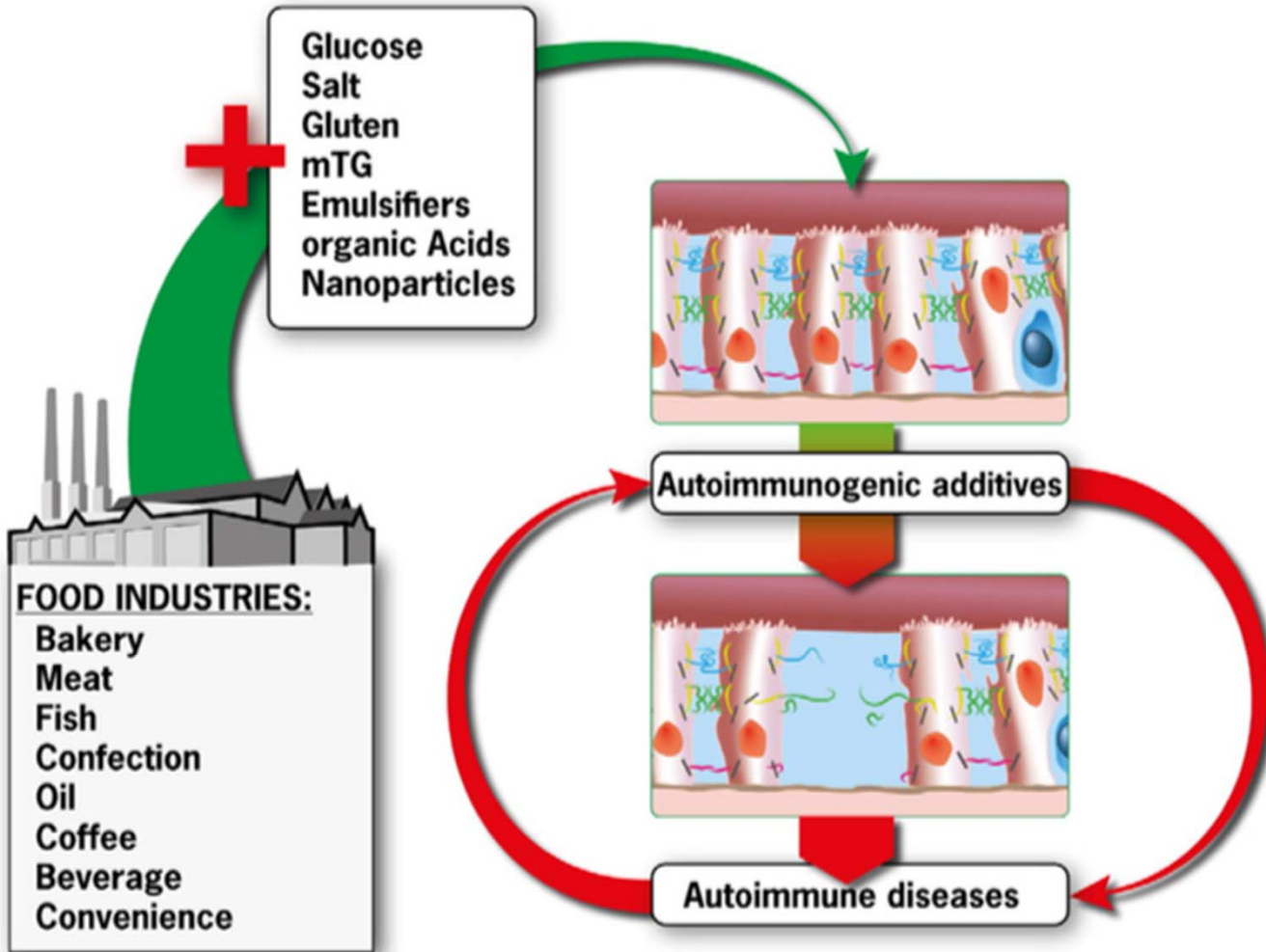
Gut Site

Microbiota composition

L'incidenza e la prevalenza delle malattie autoimmuni è in crescente aumento



Alterazione della permeabilità intestinale



Mimetismo molecolare

Immunogenicità dei nutrienti

Alterazioni del microbiota

Modificazione della

metilazione del DNA e degli

istoni (epigenetica)

Apteni

Healthy State



Psoriasis



Psoriatic Arthritis



Rheumatoid Arthritis



Ankylosing Spondylitis



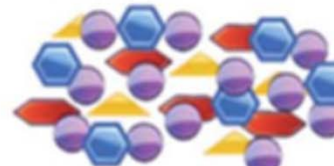
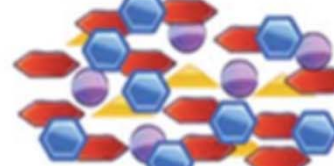
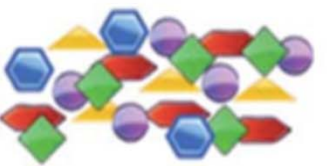
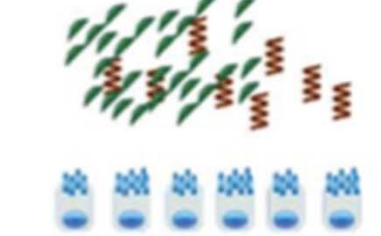
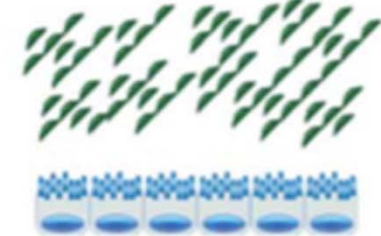
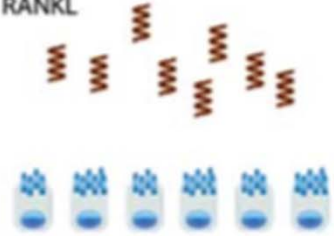
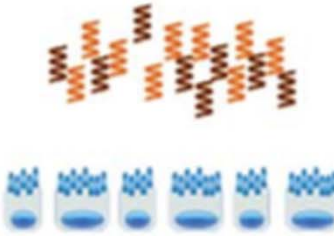
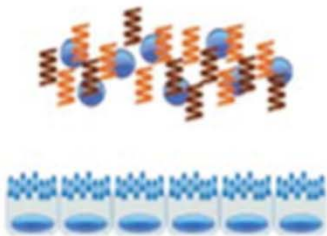
Homeostasis of gut microbiota

↓ Coprococcus/Coriobacteriaceae
↓ MCFAs (Hexanoate/Heptanoate)
~ sIgA
↑ RANKL

↓ Coprococcus/Coriobacteriaceae
↓ Ruminococcus/Akkermansia
↓ MCFAs (Hexanoate/Heptanoate)
↑ sIgA
↓ RANKL

↑ Prevotella copri
↓ Bacteroides

↑ Lachnospiraceae/Prevotellaceae
↓ Ruminococcaceae/Rikenellaceae



↑ IL-12/23 → TH17 cells → IL-17
↑ TNFα
↑ S100 (serum)

↑ IL-12/23 → TH17 cells → IL-17
↑ TNFα
↑ RANKL (serum)

↑ TNFα, IL-1, IL-6
↑ T-cells (Th1)
↑ B-cells → Plasma cells & ACPAs
↑ RANKL

↑ IL-23 → Th17 and other IL-17 producing cells. (NKs and IELs)
↑ IL-22
↑ TNFα

- IL-17
- TNFα
- IL-6
- IL-22
- IL-23

AD e permeabilità intestinale

- Celiachia
- Malattie infiammatorie intestinali
- Diabete Mellito tipo 1
- Sclerosi multipla
- Artrite Reumatoide
- Spondilite Anchilosante

Permeabilità intestinale nelle malattie reumatiche autoimmuni

Table 2 Demographic characteristics of the patients and the percentages of ⁵¹Cr- EDTA excreted

<i>Groups*</i>	<i>Sex and age (years (SD))</i>	<i>Excretion (% (SD))</i>
BS (n=34)	20M, 14F (37 (10))	4.6 (2.6)
AS (n=10)	8M, 2F (33 (13))	6 (2.4)
IBD (n=6)	2M, 4F (40 (18))	5.2 (1.9)
SLE (n=17)	9F (29 (11))	5.56 (1.78)
HC (n=15)	9M, 6F (35 (10))	2.3 (1)

Analysis of variance: $f=6.4$, $p=0.0002$. The significance disappears once the healthy group is removed.

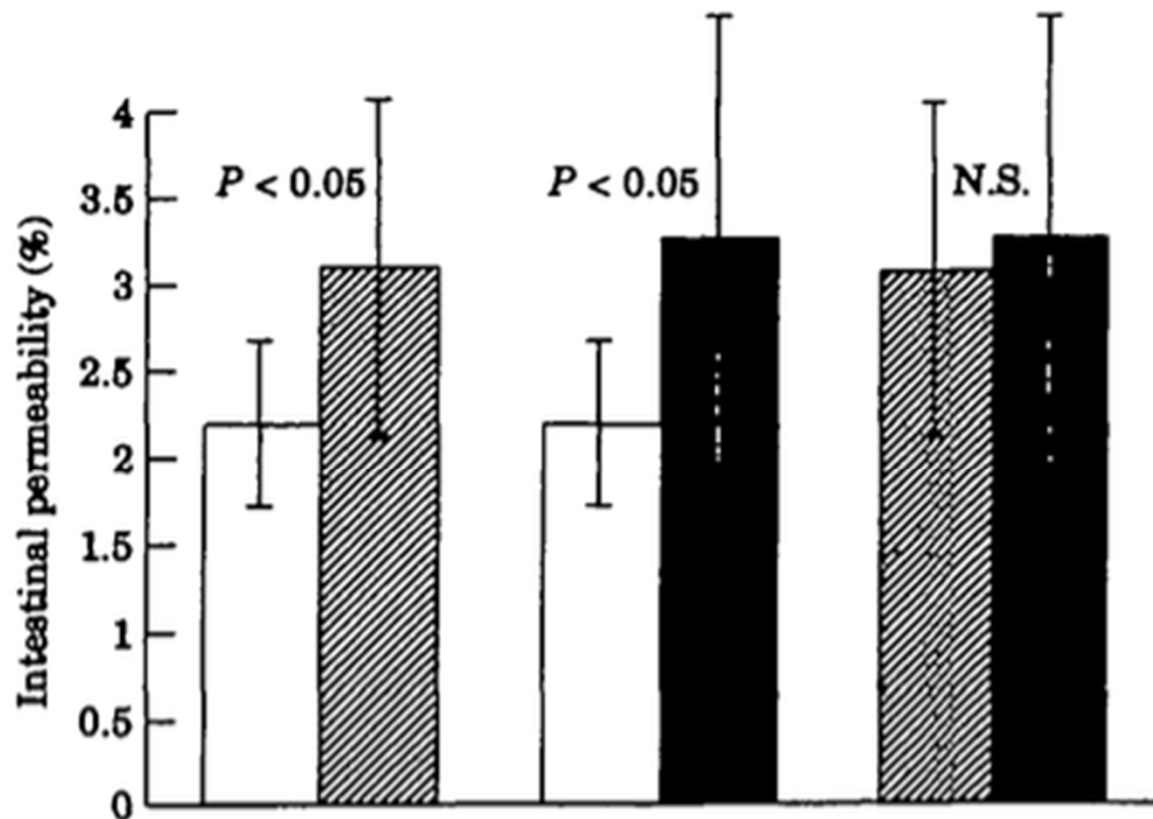
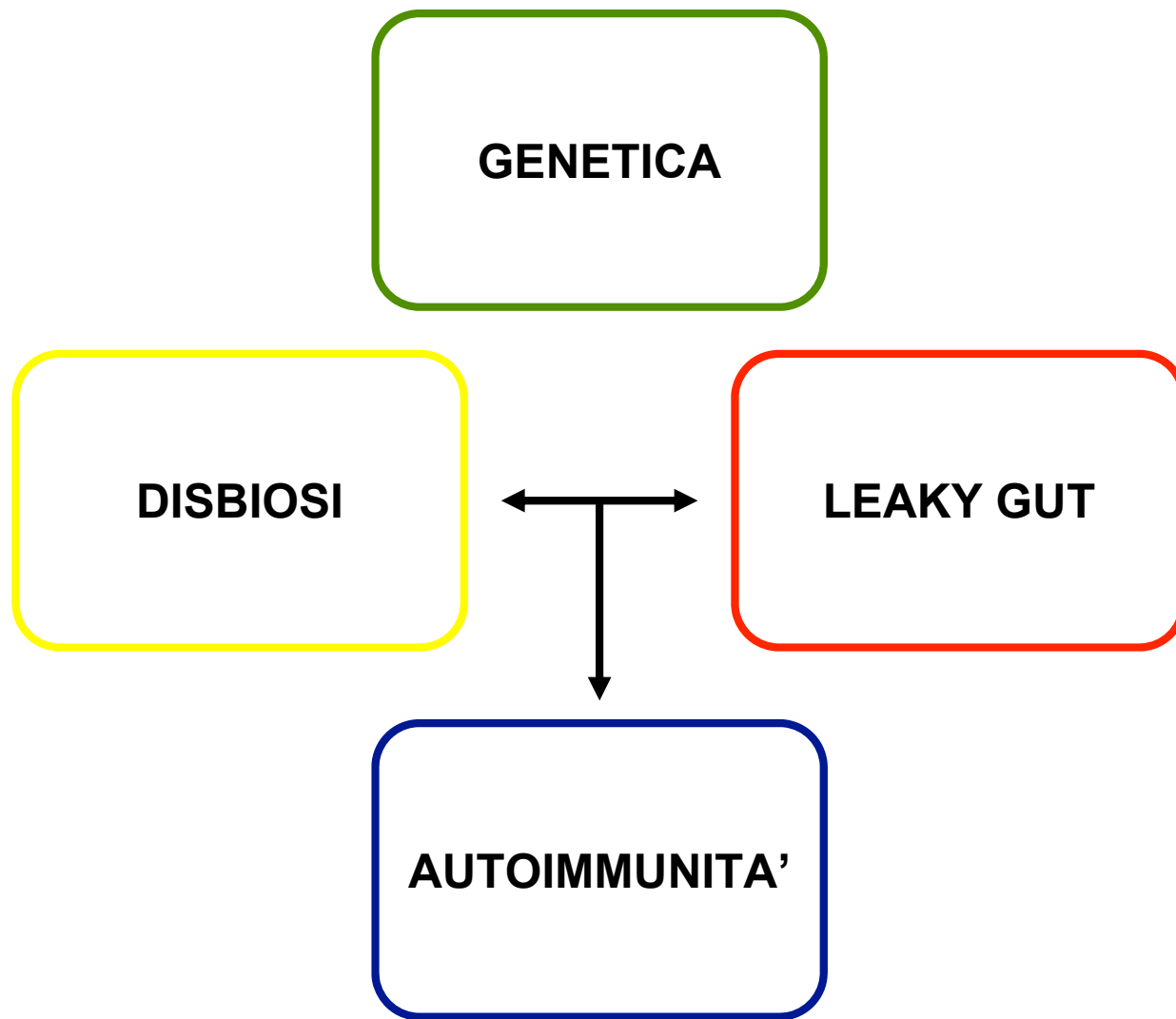
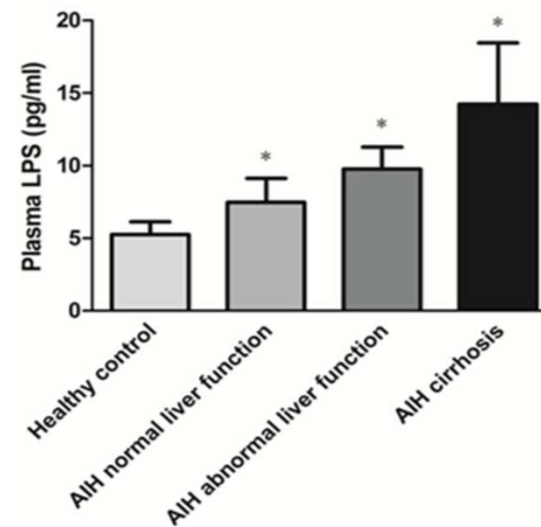
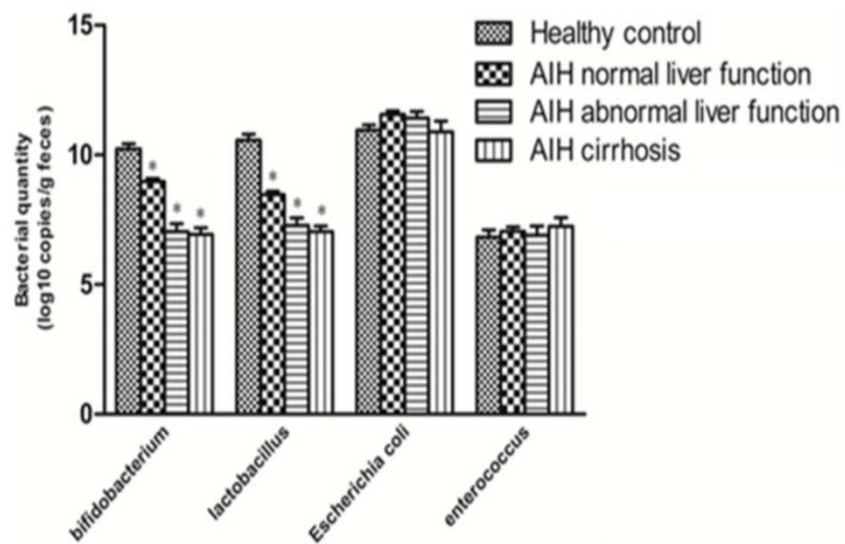
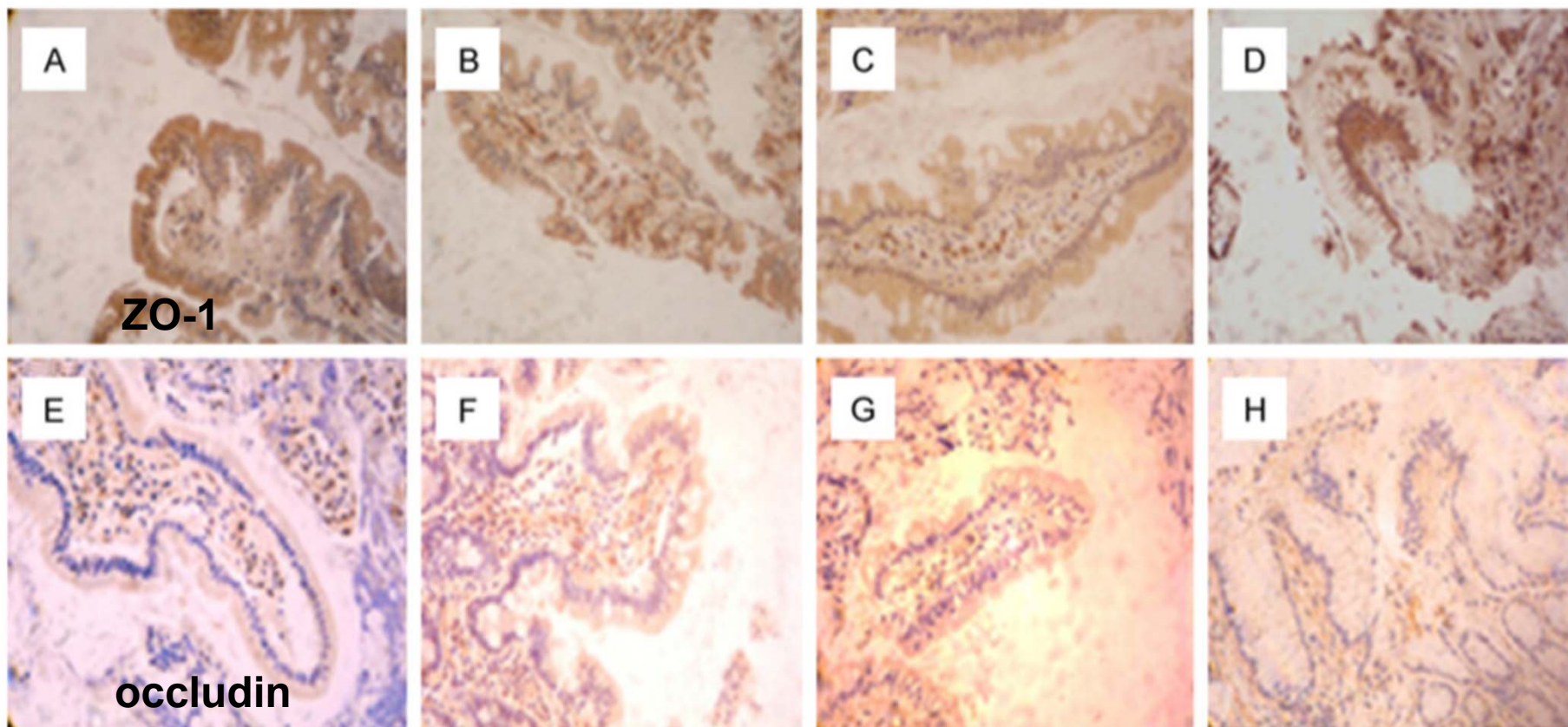


FIG. 1.—Comparison of intestinal permeability values (%) in patients with AS (▨), their relatives (■) and controls (□).

No difference in gut permeability was found between patients and relatives **regardless of** whether they had the **HLA B27 antigen or not**. The increased intestinal permeability in the patients had **no relation to the disease activity, to the presence of peripheral arthritis or to the intake of NSAIDs**. Gut permeability was shown to bear **no relation to IgA levels, ESR or CRP**



AIH

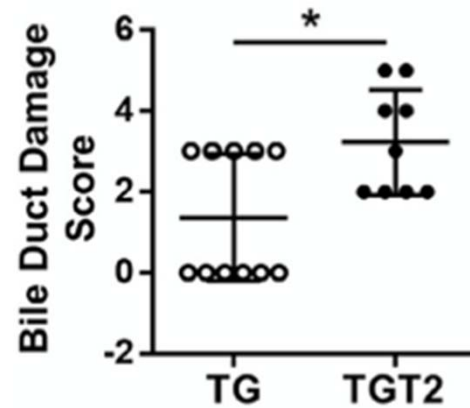
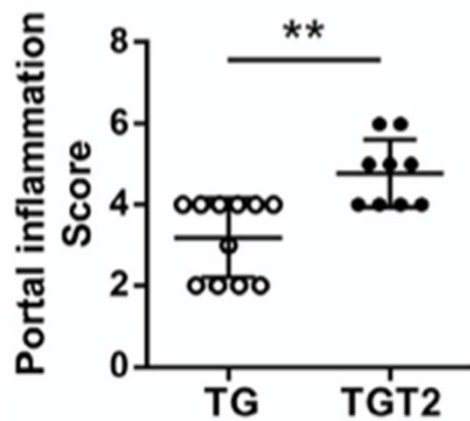
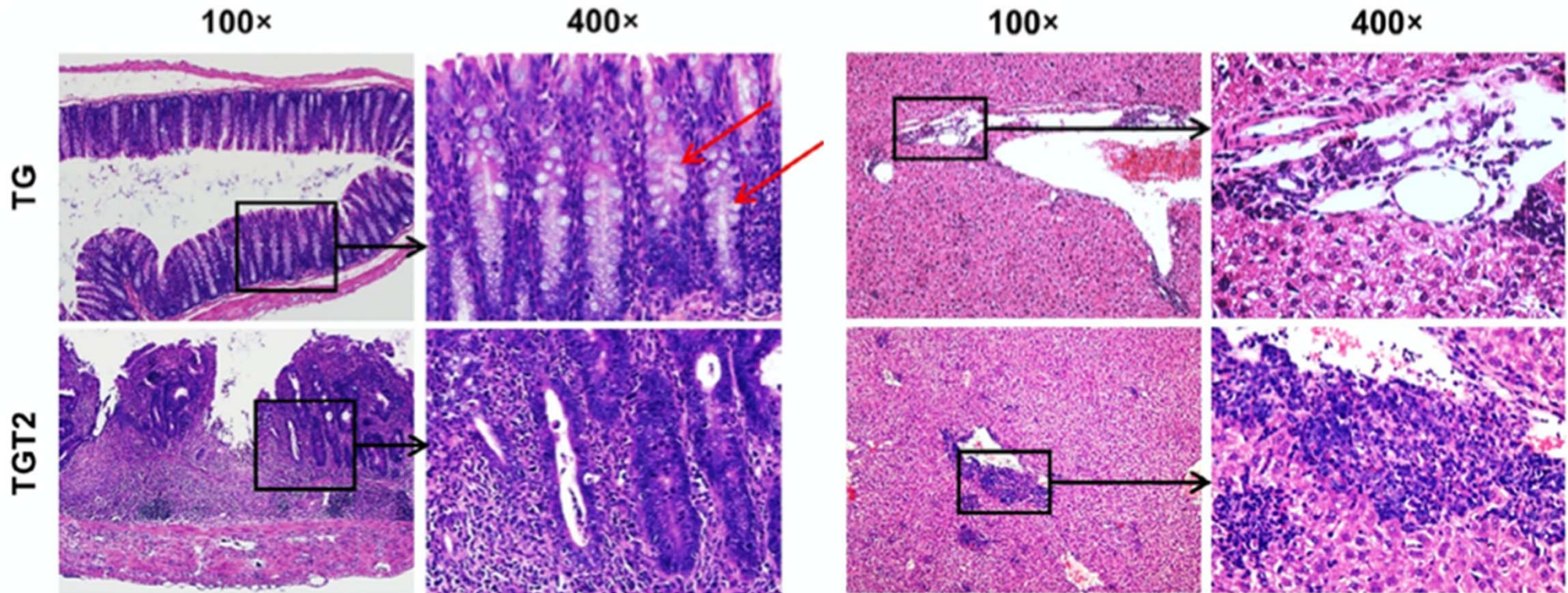


dnTGFbetaRII
(TG)



TLR2 deficient-dnTGFbetaRII
(TGT2)

PBC



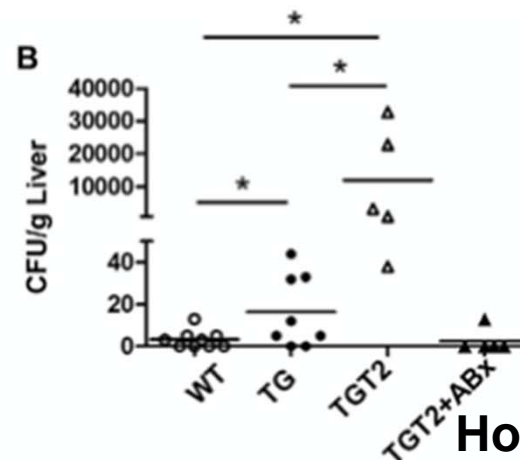
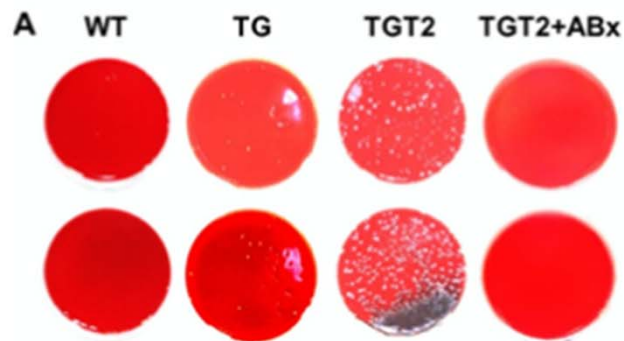
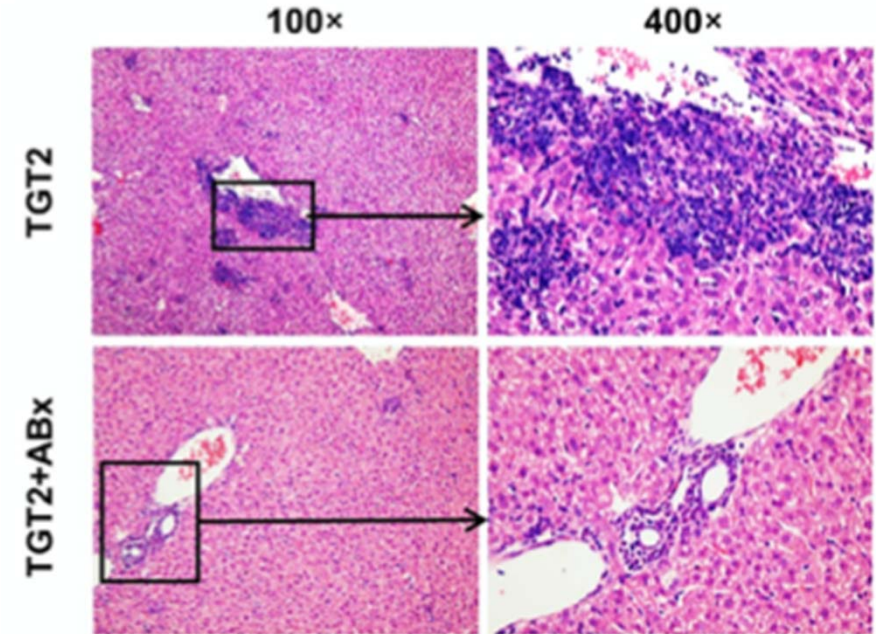
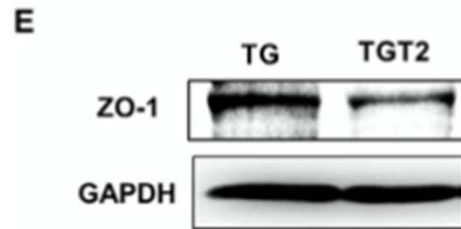
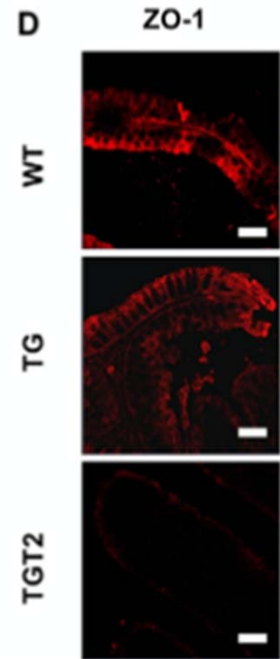
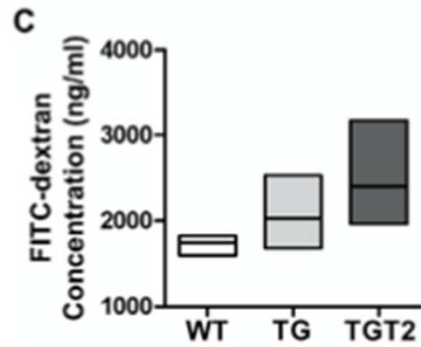
Hong-Di Ma et al, J Autoimmun 2018

dnTGFbetaRII
(TG)



TLR2 deficient-dnTGFbetaRII
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PBC

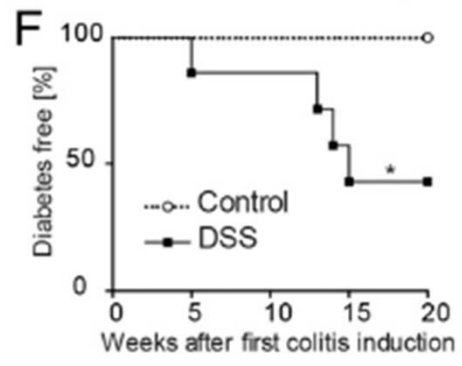
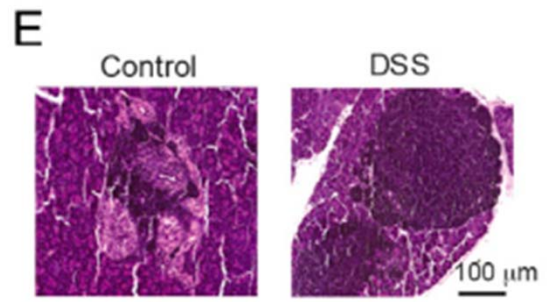
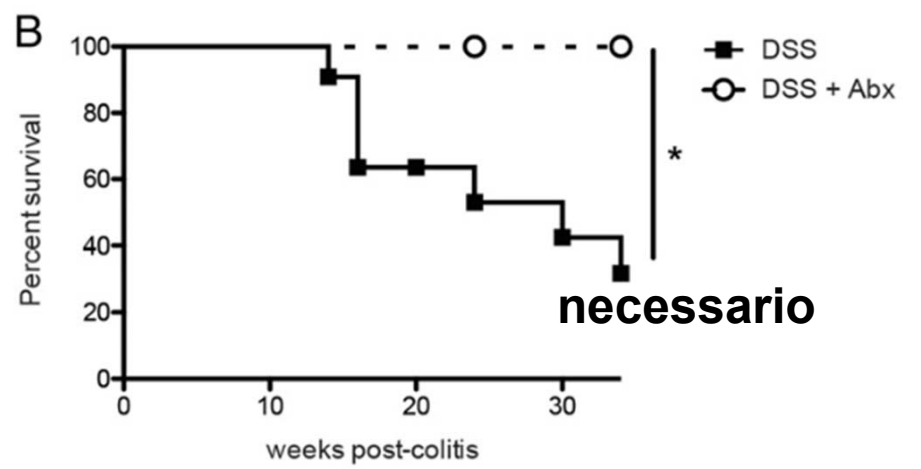
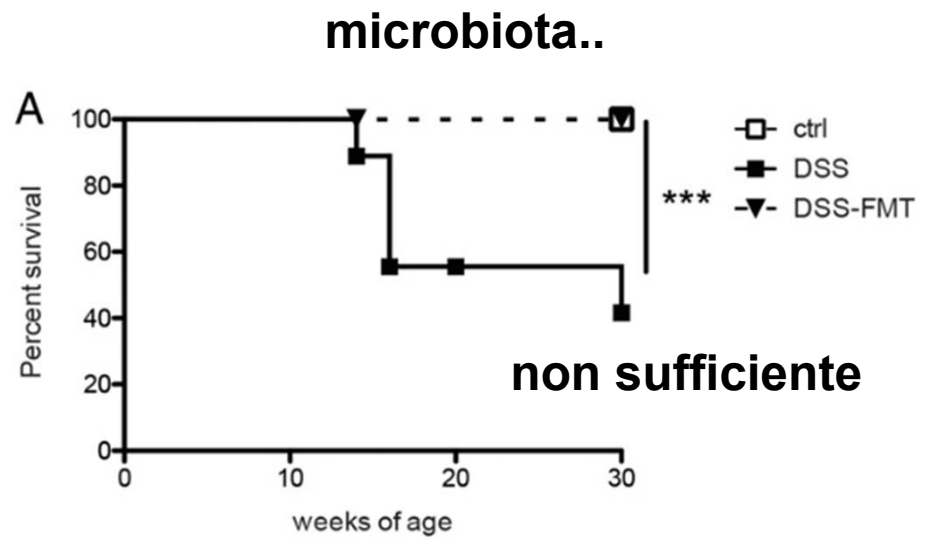
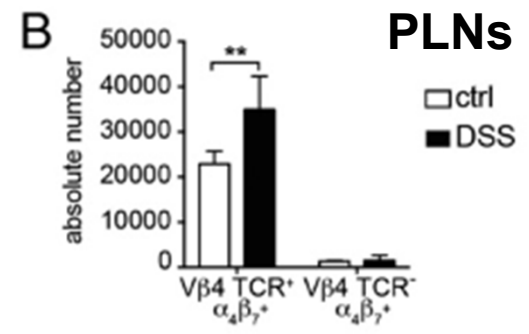
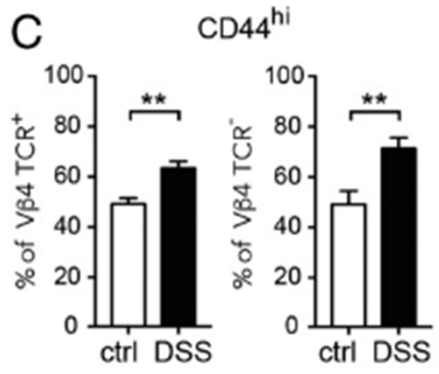
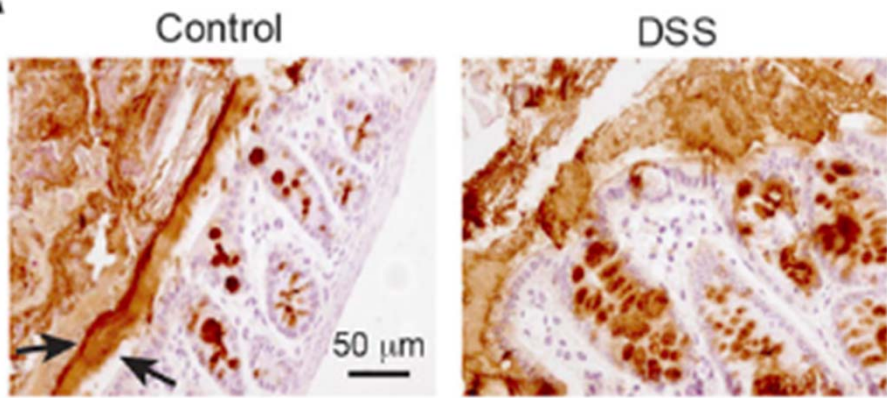


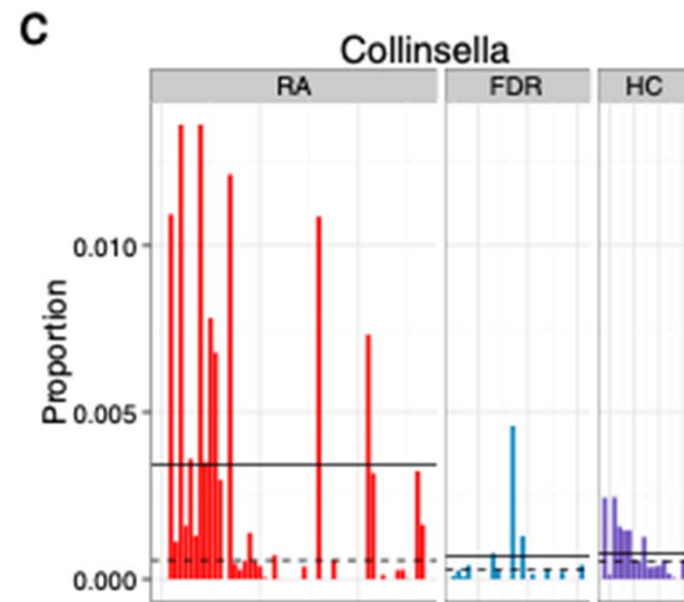
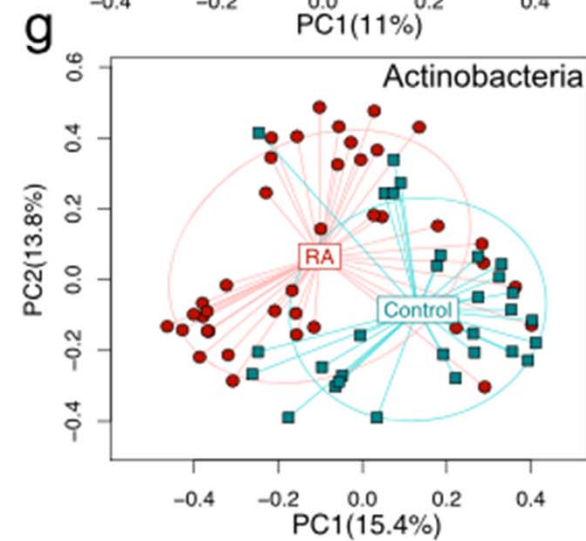
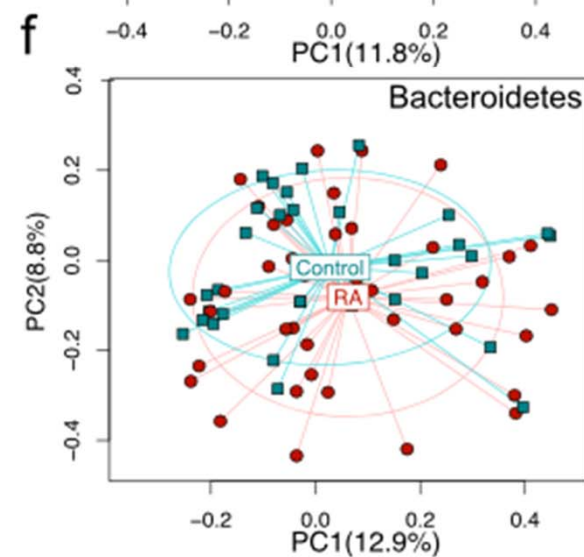
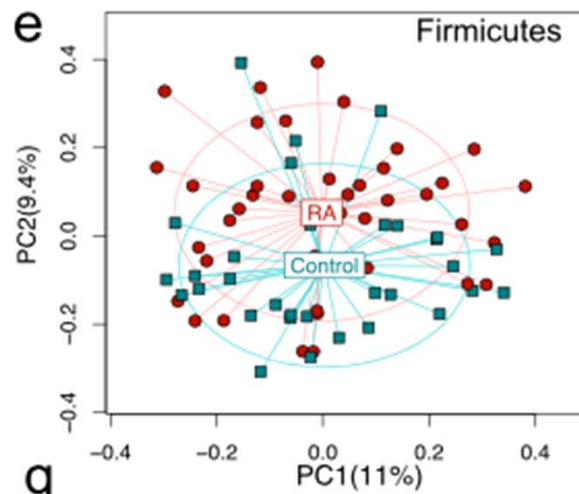
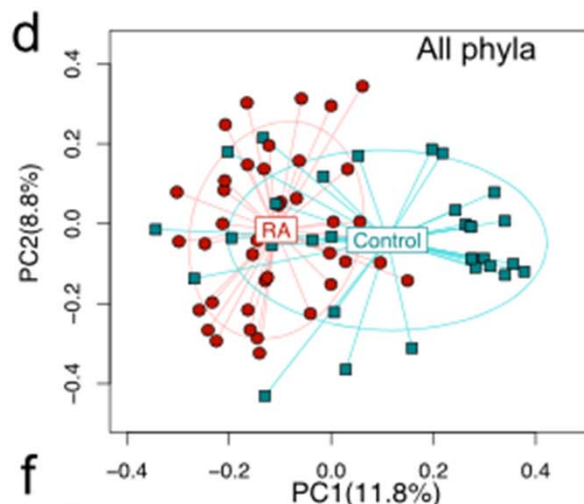
BDC2.5XNOD mice



dextrane sulfate sodium (DSS)

DM1

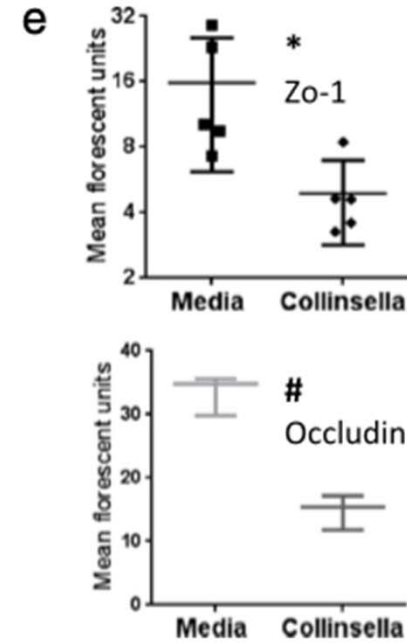
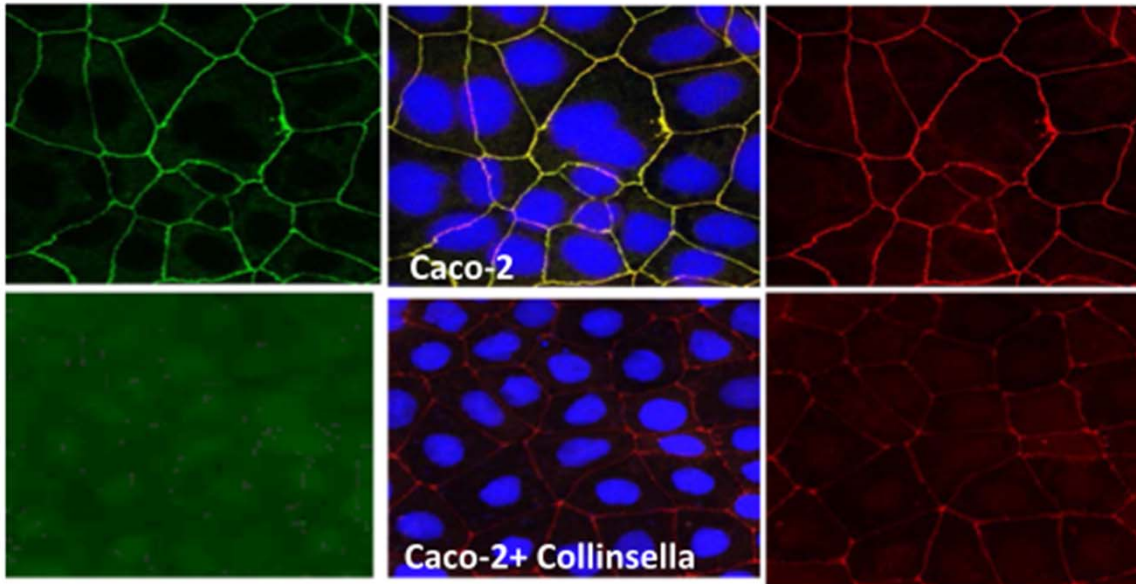
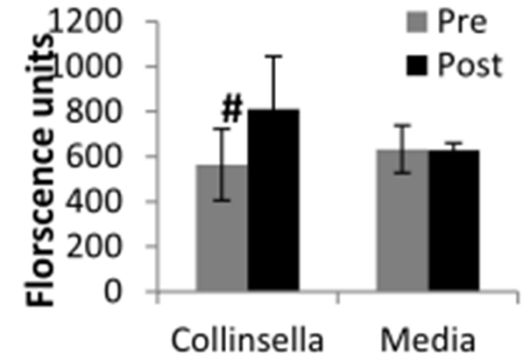
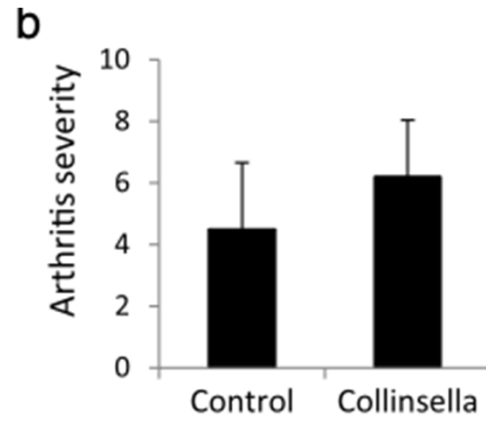
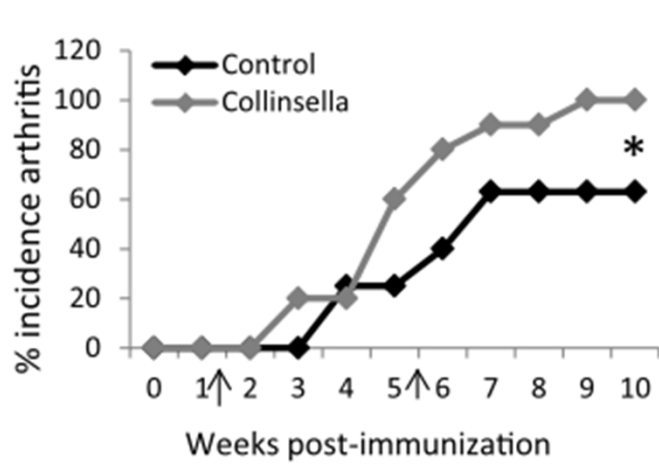






collagen induced arthritis susceptible DQ8 mice

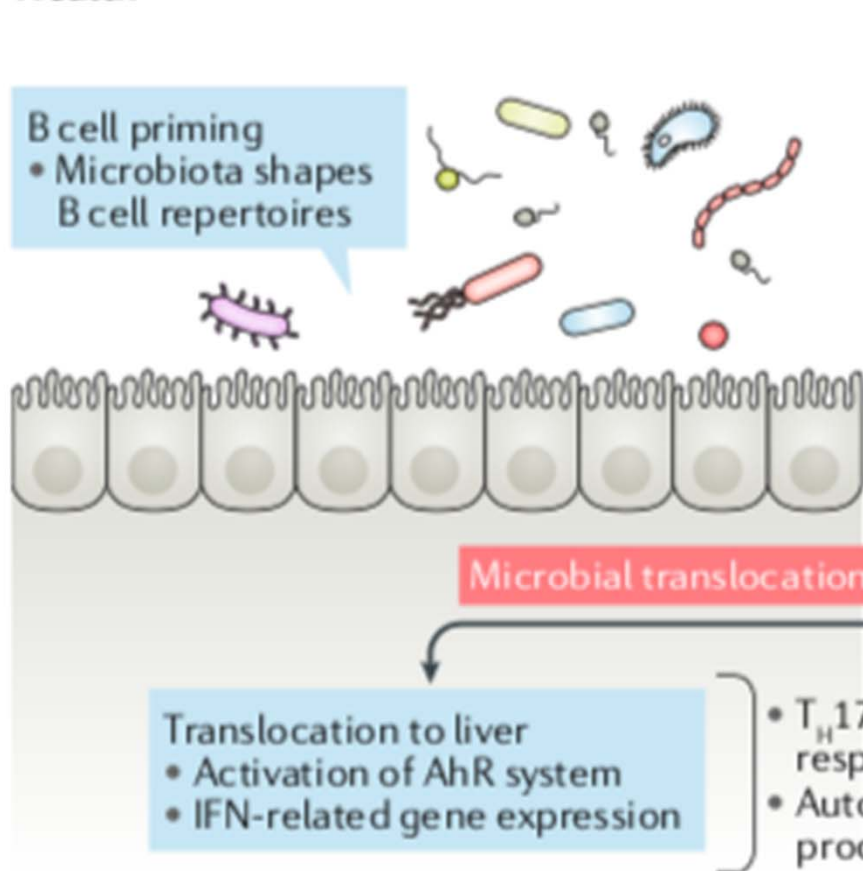
RA



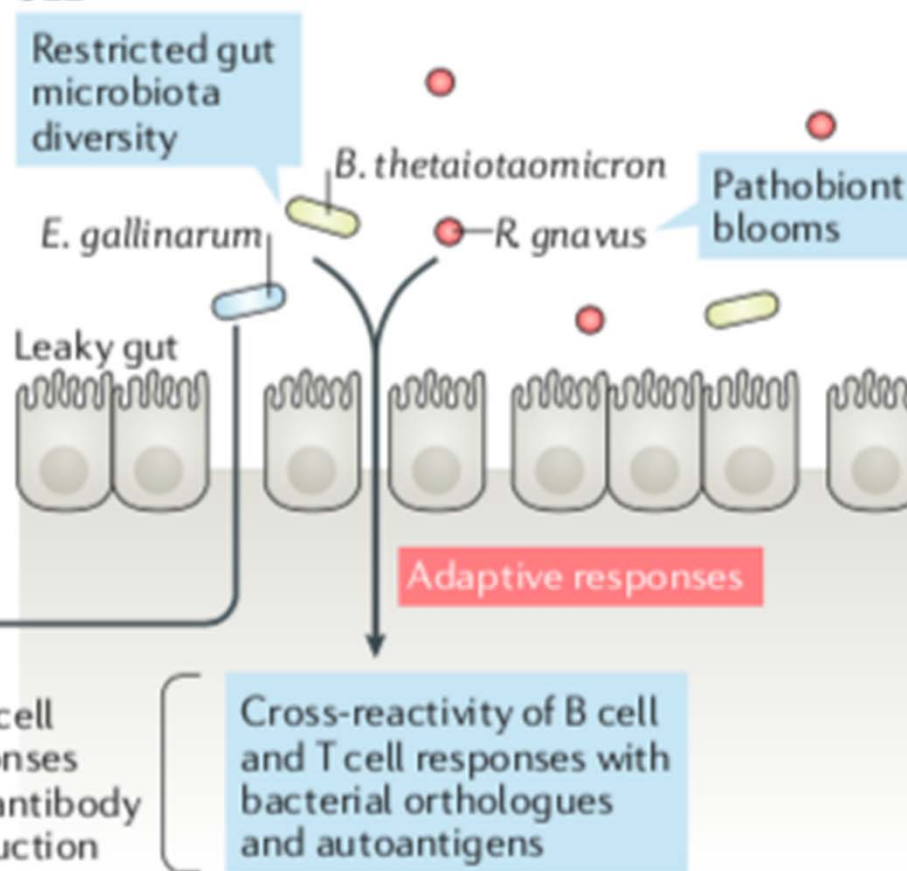


LES

Health



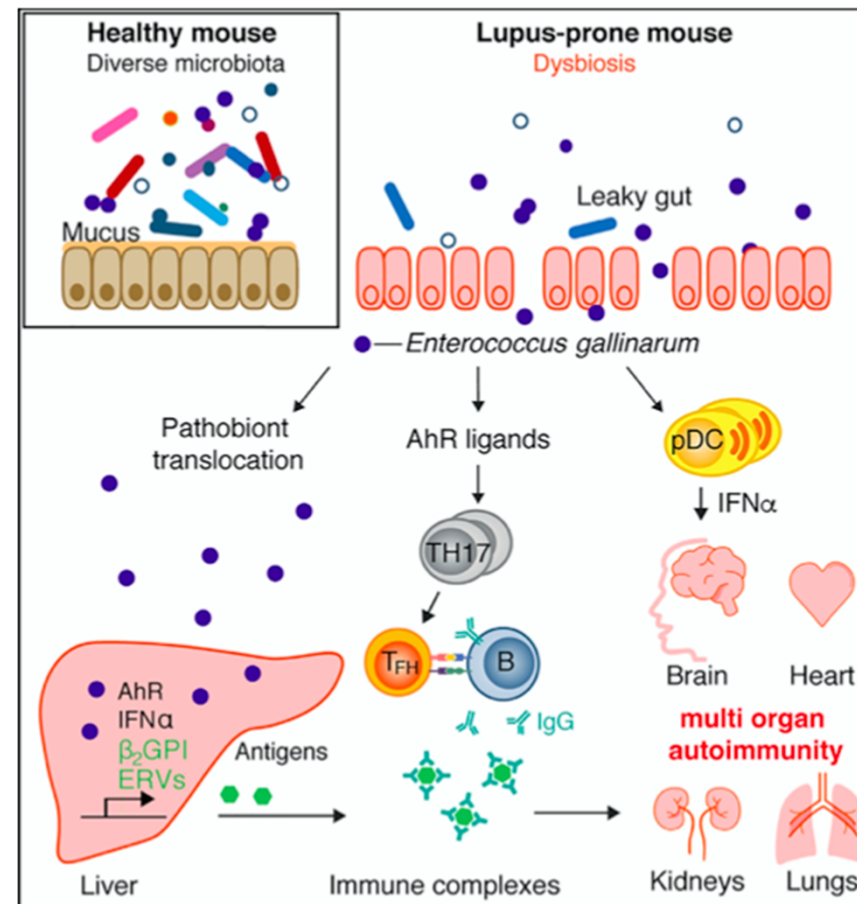
SLE





LES

- **Enterococcus Gallinarum** down-regola le molecole ileali correlate alla funzione di barriera (es. occludina, claudina), produzione di muco ed up-regola le molecole correlate ad uno stato pro-infiammatorio
- In un modello murino di autoimmunità - (NZW × BXSB)F₁ hybrid mice -
l' **Enterococcus Gallinarum**, patobionte intestinale, è in grado di traslocare nell'intestino e di indurre una risposta infiammatoria (IFN signature) ed auto-anticorpale (Ab anti ds DNA, Ab anti B2GP1) attraverso l'attivazione del sistema AhR con induzione di una risposta Th17
- Il trattamento con un antibiotico specifico (**vancomicina**) e con la **vaccinazione** sono in grado di ridurre la produzione auto-anticorpale e la mortalità nel modello murino



Manfredo Vieira S et al, Science 2018
Guerrini M, Cell Host 2018

Ro60



LES

1. Batteri commensali contenenti **Ro60-ortologi** sono comuni nel microbiota cutaneo, orale ed intestinale umano (*Corynebacterium*, *Propionibacterium*, *Bacteroides*)
2. Pazienti affetti da LES con Ab anti Ro60 presentano una risposta in vitro dei linfociti B e T contro Ro60-ortologi dei batteri commensali
3. Monocolonizzazione di topo germ-free con commensali contenenti hRo60-ortologi induce una risposta T e B cellulare anti-Ro60 in vivo



antibodies directed against Ro60 are known to precede the onset of disease



ABSTRACT NUMBER: 1786

Lupus Nephritis Is Linked to Immunity to an Intestinal Commensal Lachnospiraceae Species



LES

Gregg J. Silverman¹, Doua F. Azzouz², Hanane El Bannoudi², Aidana Omarbekova³, Brad H. Rovin⁴, Roberto Caricchio⁵, Alexander Alekseyenko⁶ and Jill P. Buyon², ¹Department of Medicine, New York University School of Medicine, New York, NY, ²Medicine, New York University School of Medicine, New York, NY, ³New York University School of Medicine, New York, NY, ⁴Ohio State University Medical Center, Columbus, OH, ⁵Medicine/Rheumatology, Temple University, Philadelphia, PA, ⁶Medical University of South Carolina, Charleston, SC

ABSTRACT NUMBER: 104

Identification of a Gut Pathobiont Immunostimulatory Lipoglycan Antigen Linked to Lupus Nephritis

Gregg Silverman¹, Nicolas Gisch², Aidana Omarbekova³ and Doua F. Azzouz⁴, ¹Department of Medicine, New York University School of Medicine, New York, NY, ²Research Center Borstel, Schleswig-Holstein, Germany, ³New York University School of Medicine, New York, NY, ⁴Medicine, New York University School of Medicine, New York, NY

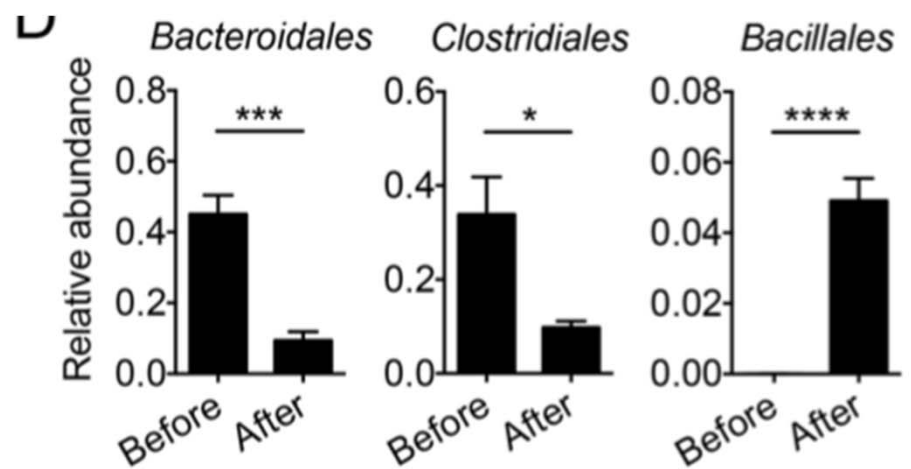
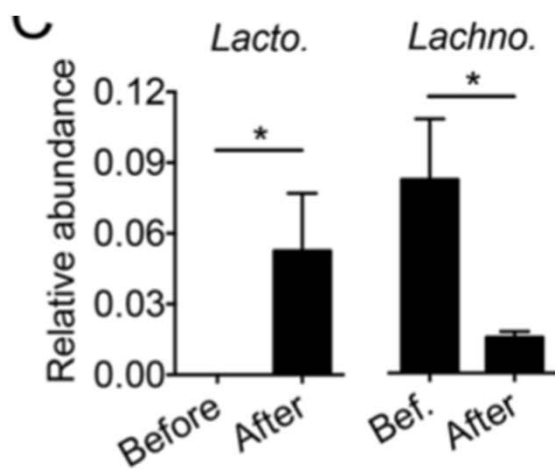
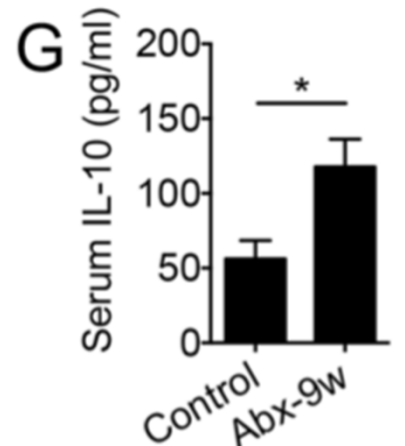
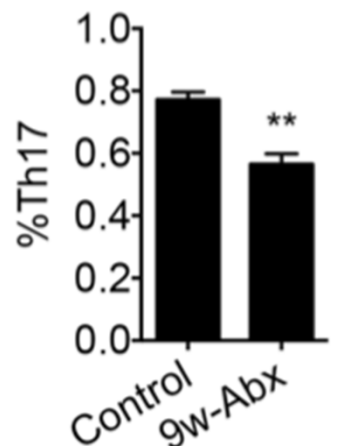
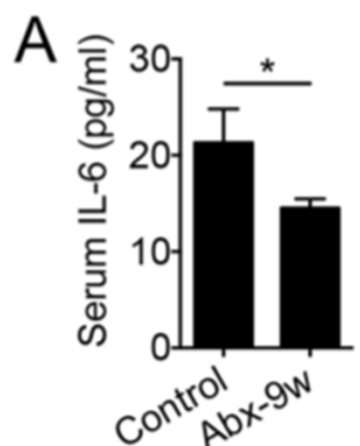
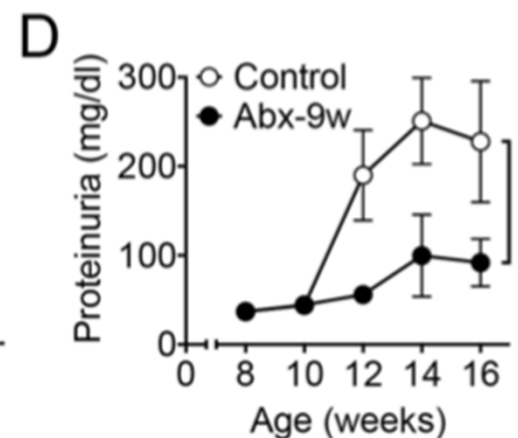
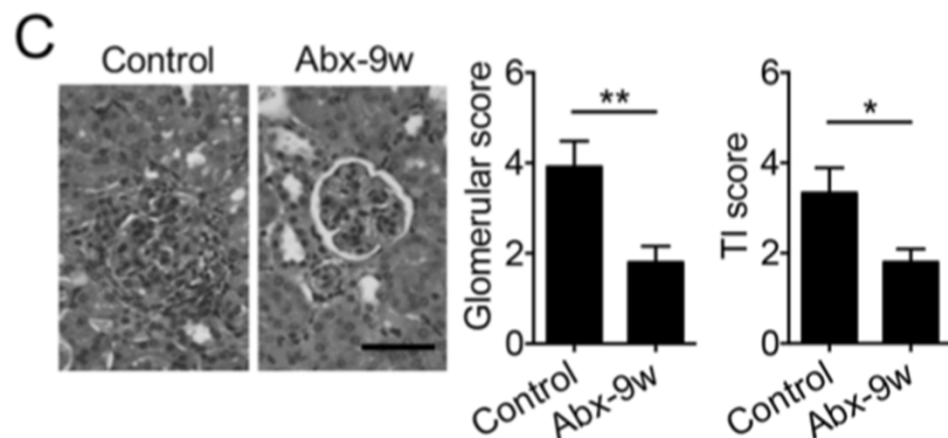
I pazienti con **LES attivo** presentano una **ridotta biodiversità del microbiota**.
Maggiore rappresentazione di una specie appartenente alla **famiglia Lachnospiraceae**
(RUMINOCOCCUS GNAVUS)
Correlazione con IgG anti ceppo, Ab anti dsDNA, SLEDAI, attività renale.
Ruminococcus Gnavus cell-wall lipoglycan immunodominant antigen

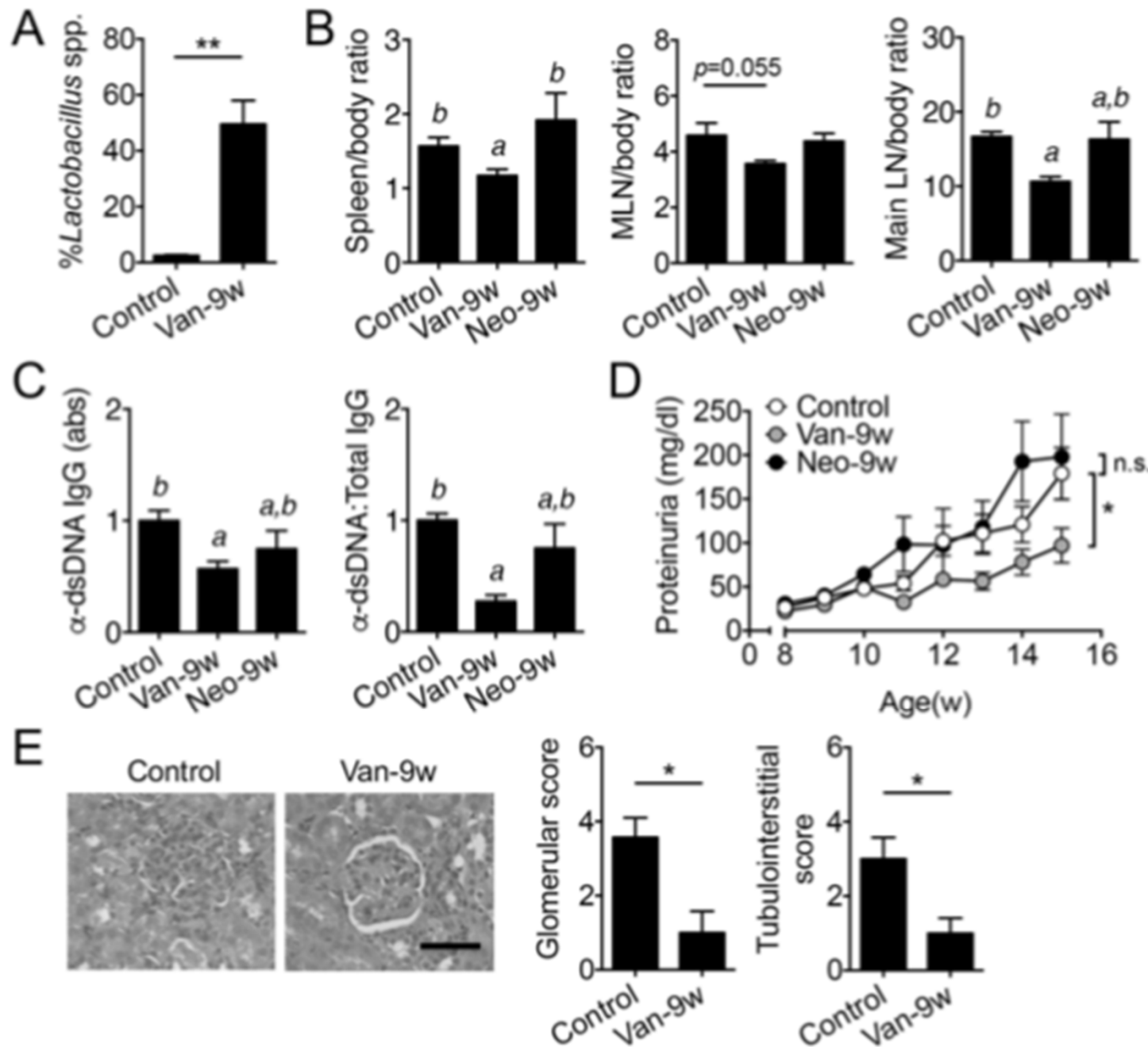


LES

MRL/lpr mice

Amp+Neo+Met+Vanc



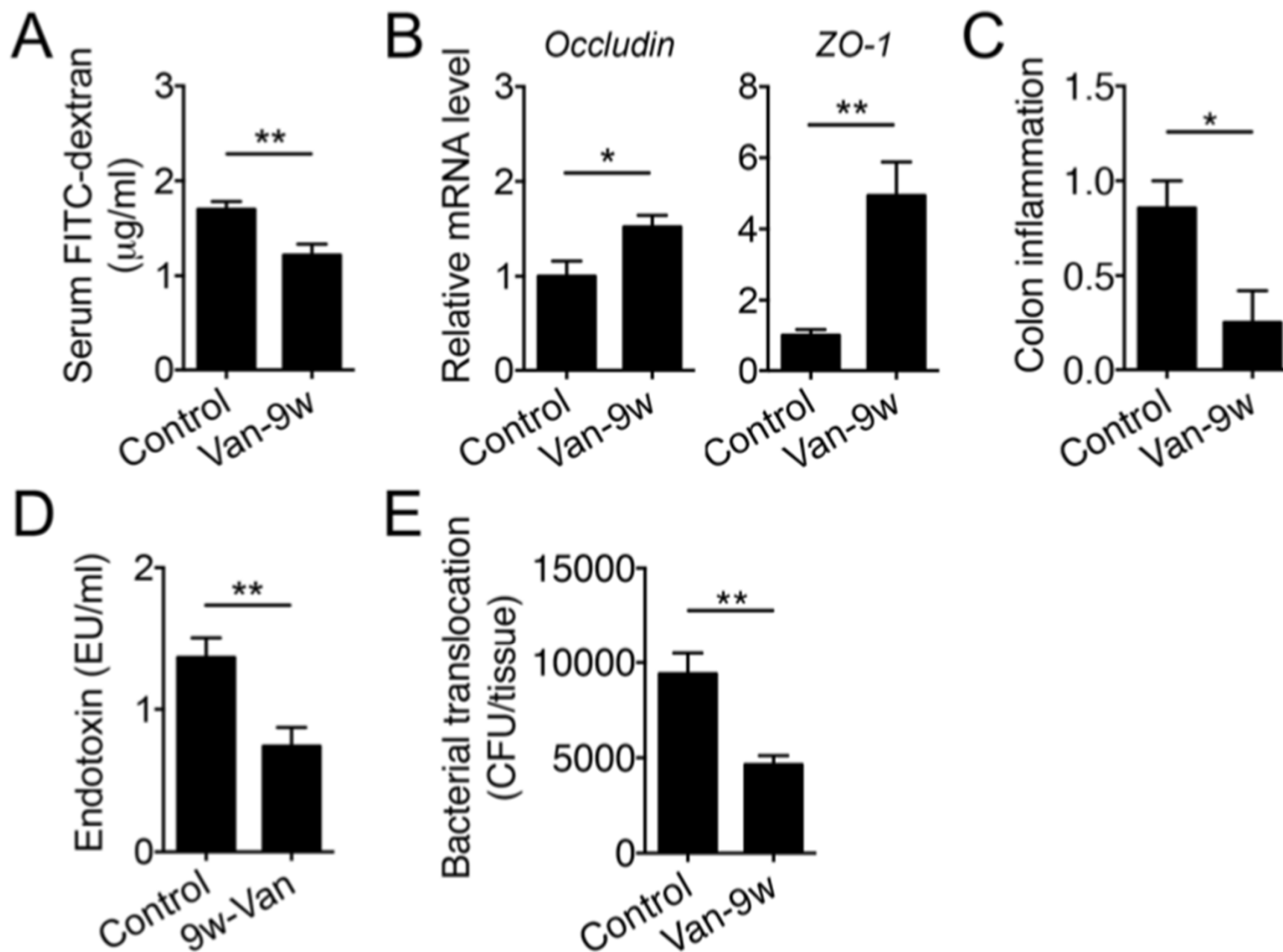


MRL/lpr mice



Vancomicina

La Vancomicina riduce la permeabilità intestinale



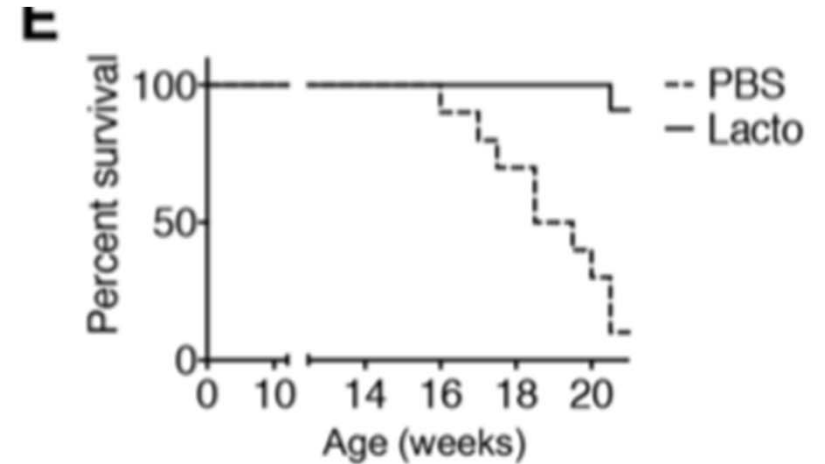
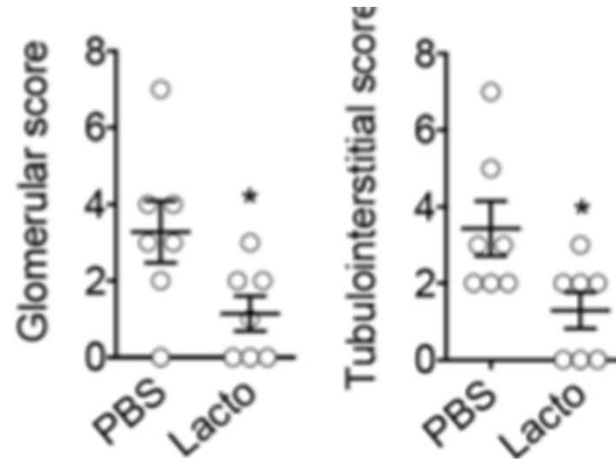
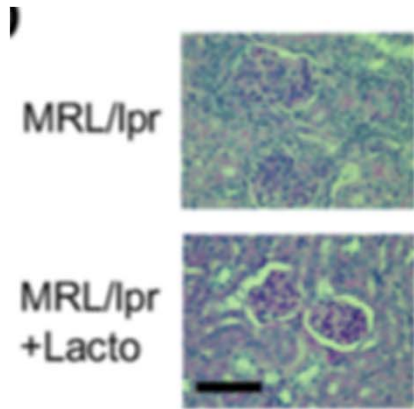
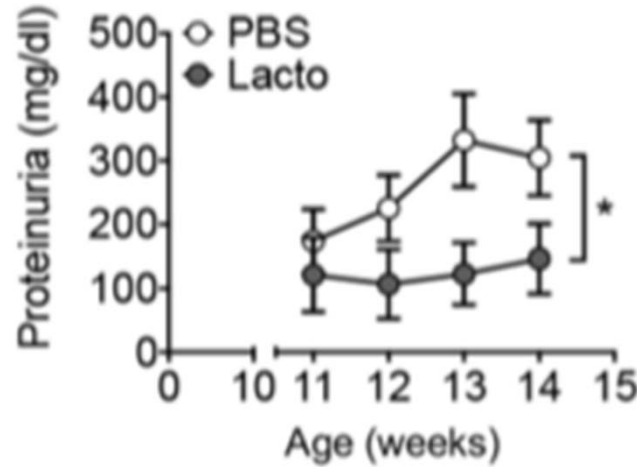
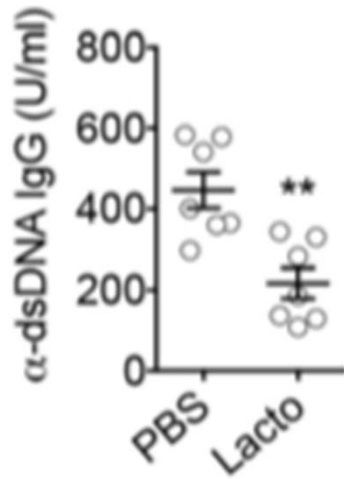


LES

MRL/lpr mice

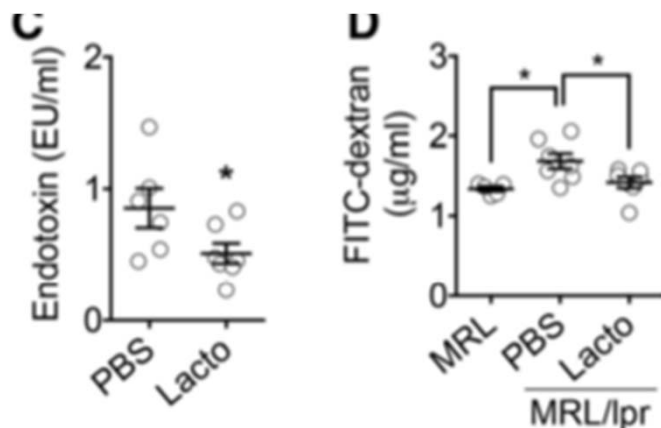


L. oris-reuteri-rhamnosus,
johnsonii, *gasseri*
(prima dell'esordio
della malattia)

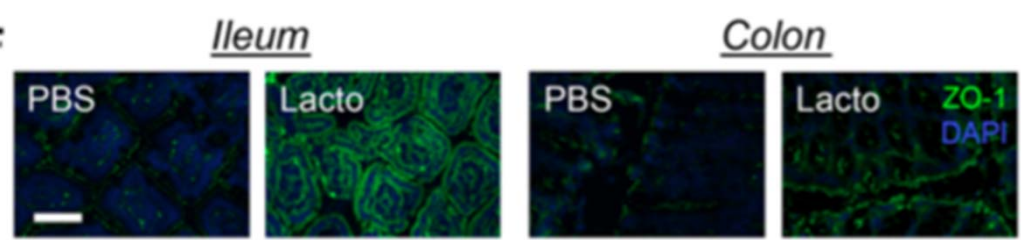
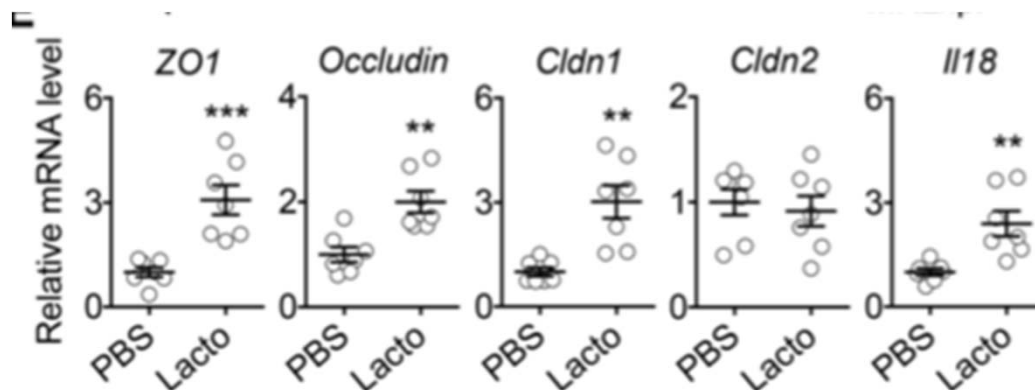




LES



L'inoculazione di Lattobacilli
riduce
la permeabilità intestinale ed i
livelli di endotossina
sistemica

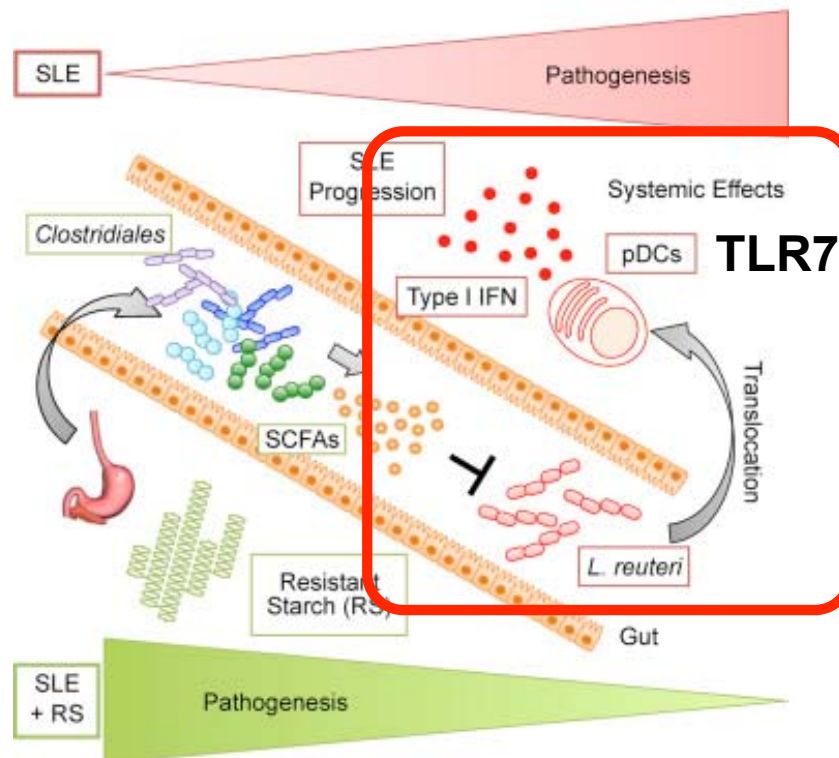




LES



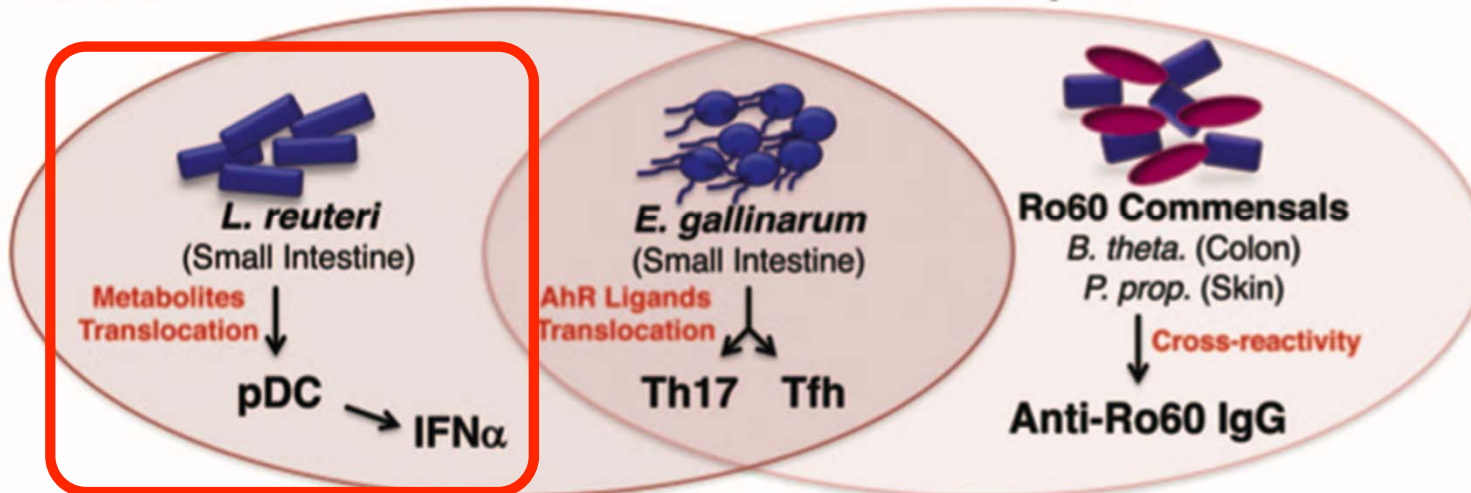
lupus prone TLR 7.1 transgenic mice



(b) **SLE**

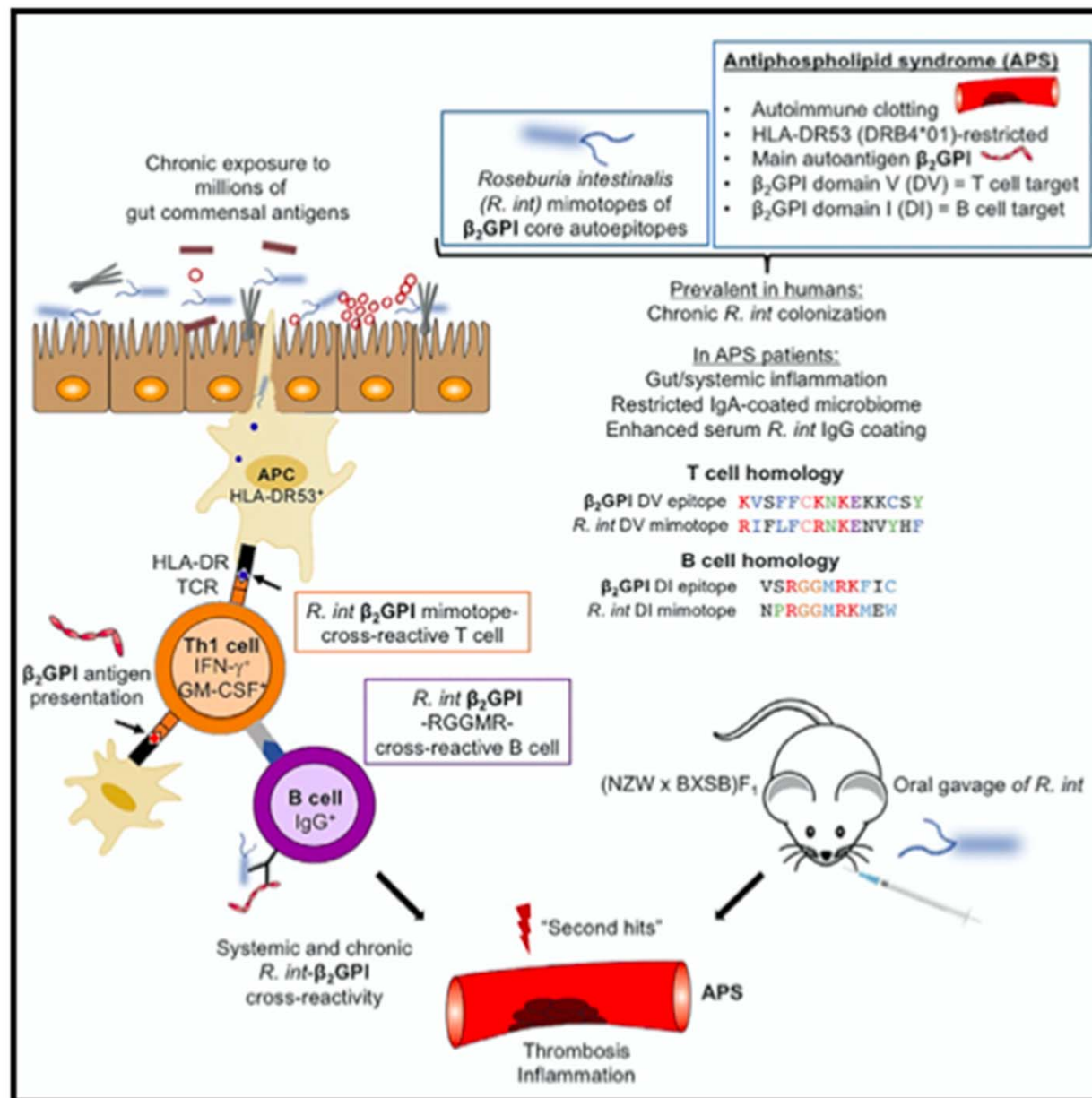
Innate

Adaptive



Dehner C et al, Curr Op Rheum 2019
Zegarra Ruiz DF et al, Cell Host 2019

- In APS pts:
- calprotectin and plasma lipocalin-2 elevated
 - contracted gut mucosal IgA targets
 - gut microbiota no different



Dieta Stress Infezioni



MALATTIA AUTOIMMUNE

Disbiosi



Disfunzione di barriera



Leakage

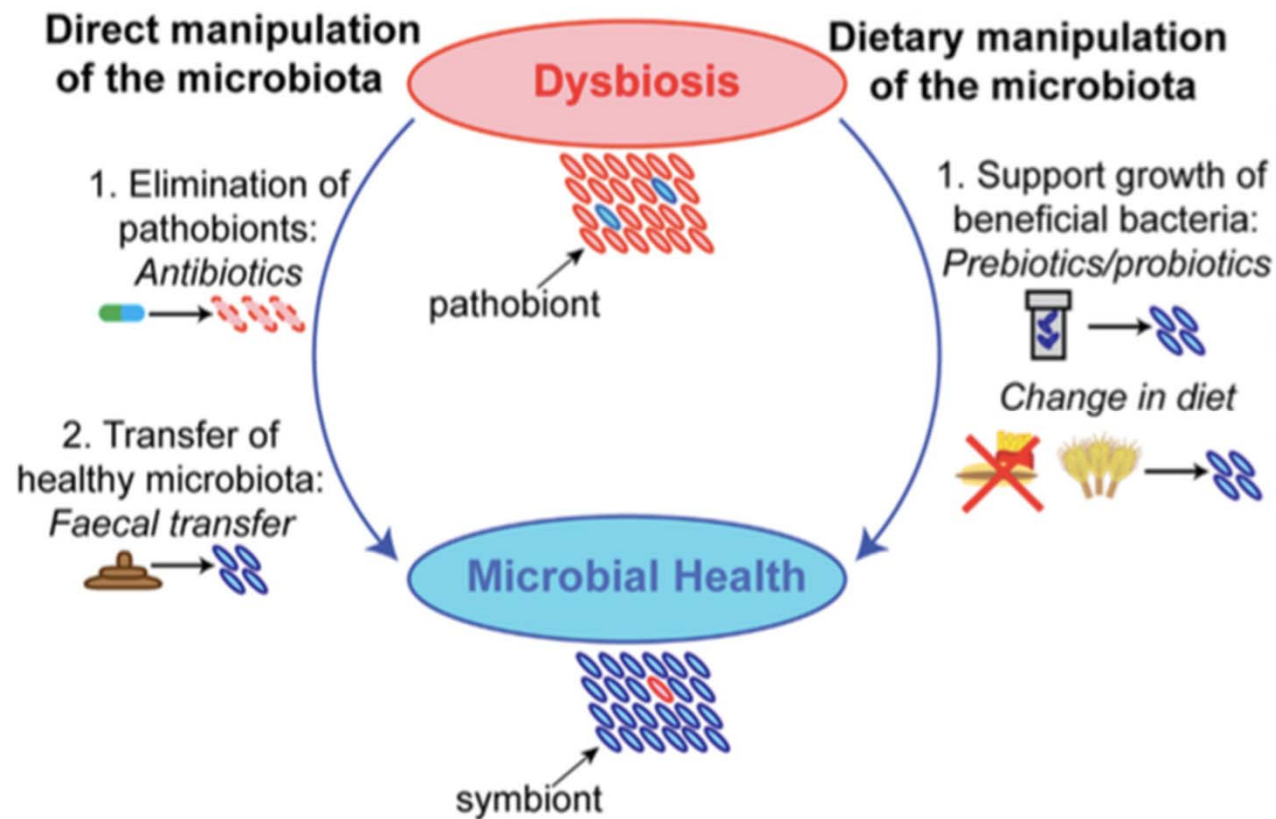
Risposta immunitaria adattativa
Autoanticorpi



Genetica

Attivazione del sistema immunitario sottomucoso
Produzione di citochine proinfiammatorie (TNF, IFN gamma)
Contatto antigene-APC (modifiche post-traslazionali di autoantigeni, componenti ortologhi del commensale ad autoantigeni)
Traslocazione di commensali intestinali in siti distanti

Il microbiota e l'intestino possono essere un bersaglio terapeutico nelle malattie reumatiche?



Conclusioni

- L'incidenza e la prevalenza delle malattie autoimmuni sono in progressiva crescita
- Ruolo dei fattori ambientali (**nutrizione**)
- Crescenti evidenze dimostrano un **ruolo patogenetico della disbiosi e dell'alterazione della permeabilità intestinale** nello sviluppo delle **malattie autoimmuni**
- **Nutrizione e probiotici** possono rappresentare una strategia per **prevenzione e terapia integrata** delle malattie autoimmuni (necessari investimenti in ulteriori studi clinici)
- Nel futuro **genetica e studio del microbiota** per un impiego personalizzato e mirato della nutrizione e dei probiotici nel trattamento di pazienti affetti da malattie autoimmuni (**terapia biologica personalizzata**)



Grazie!