

# Basic Immunology

Immune components of the oral cavity.  
Molecular and cellular elements of the oral immune system.

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# Oral cavity

**Inductive site** and **effector organ** of immunity

**Systemic** and **local** immunity (sublingual vaccines!)

Part of the mucosa-associated lymphoid tissues, with **specialized components**

Stratified squamous epithelium + “hard” tissues (*teeth*)

Chewing: causes ongoing damage

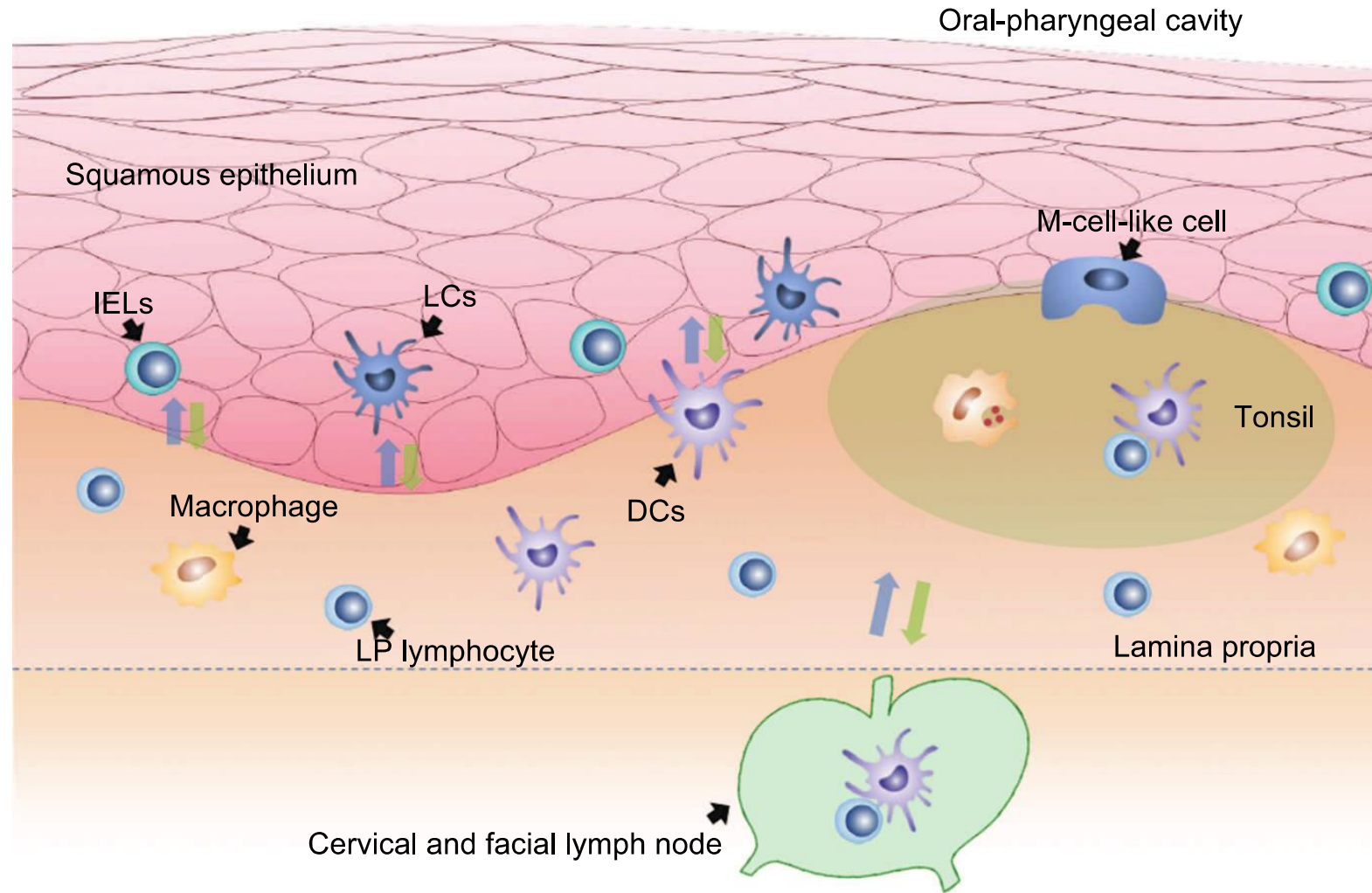
Thick and and dense physical barrier

Permeable: periodontal epithelium

Constant **antigen exposure**: ~100 million bacteria/ml of saliva (~700 species)  
~500kg of food annually

**Innate** and **adaptive** components

# Immunity of the oral cavity



DC: dendritic cell

LC: Langerhans cell

LP: lamina propria

IEL: intraepithelial lymphocyte

# Cellular components

## Epithelial cells

First line (physical + chemical) barrier

Express PRRs (TLRs, NLRs)

Can produce inflammatory cytokines (IL-1 $\beta$ , IL-6, GM-CSF)

Different types and thickness (influences permeability!)

keratinized, thick (>50 layers, dorsal tongue)

non-keratinized, thick (~30 layers, buccal mucosa)

non-keratinized, thin (~10 layers), rich in Langerhans cells (mouth floor)

junctional epithelium

## NK cells

**Langerhans cells, dendritic cells, macrophages:** antigen presenting cells

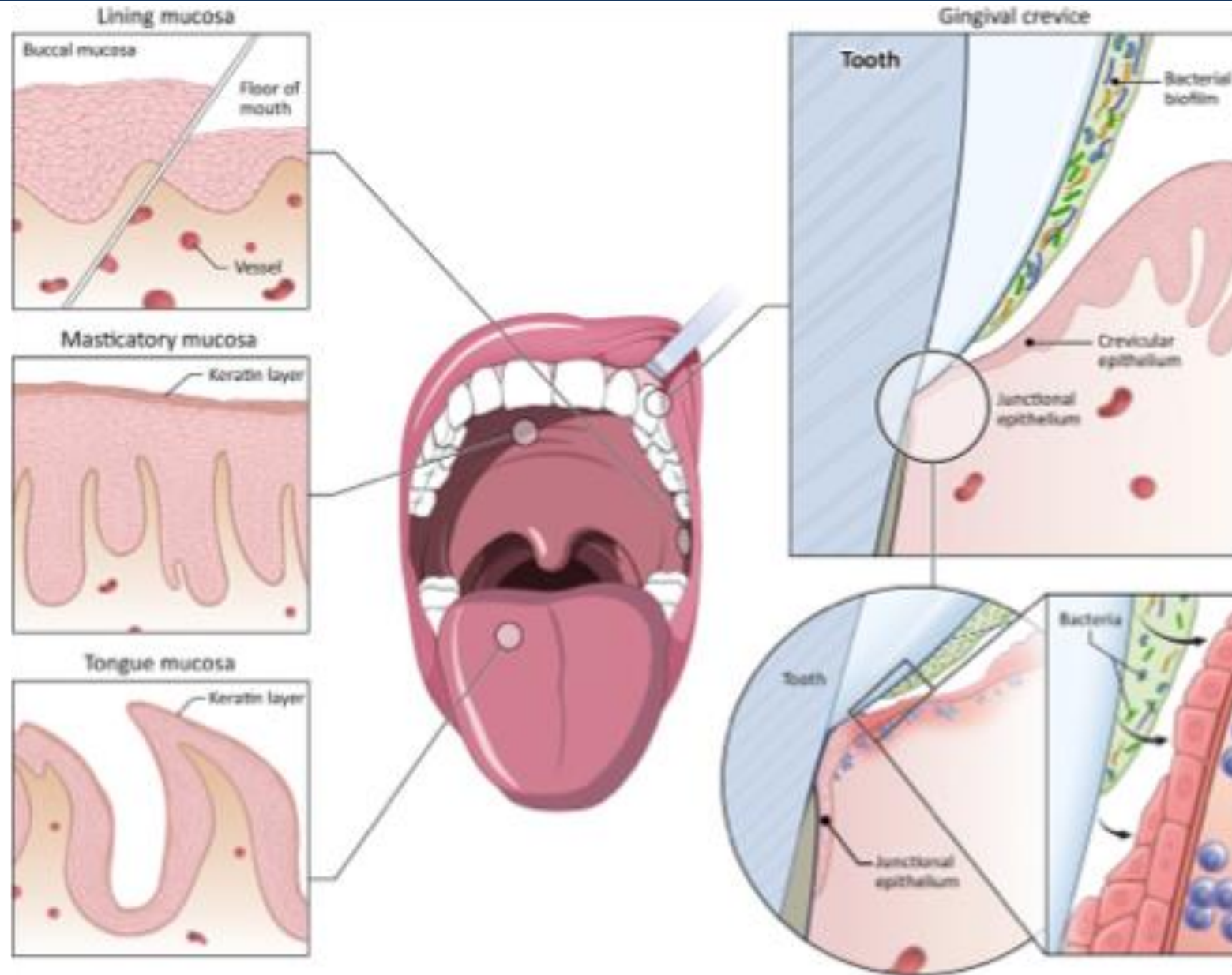
## Mast cells

## CD8 $\alpha\alpha$ + intraepithelial lymphocytes

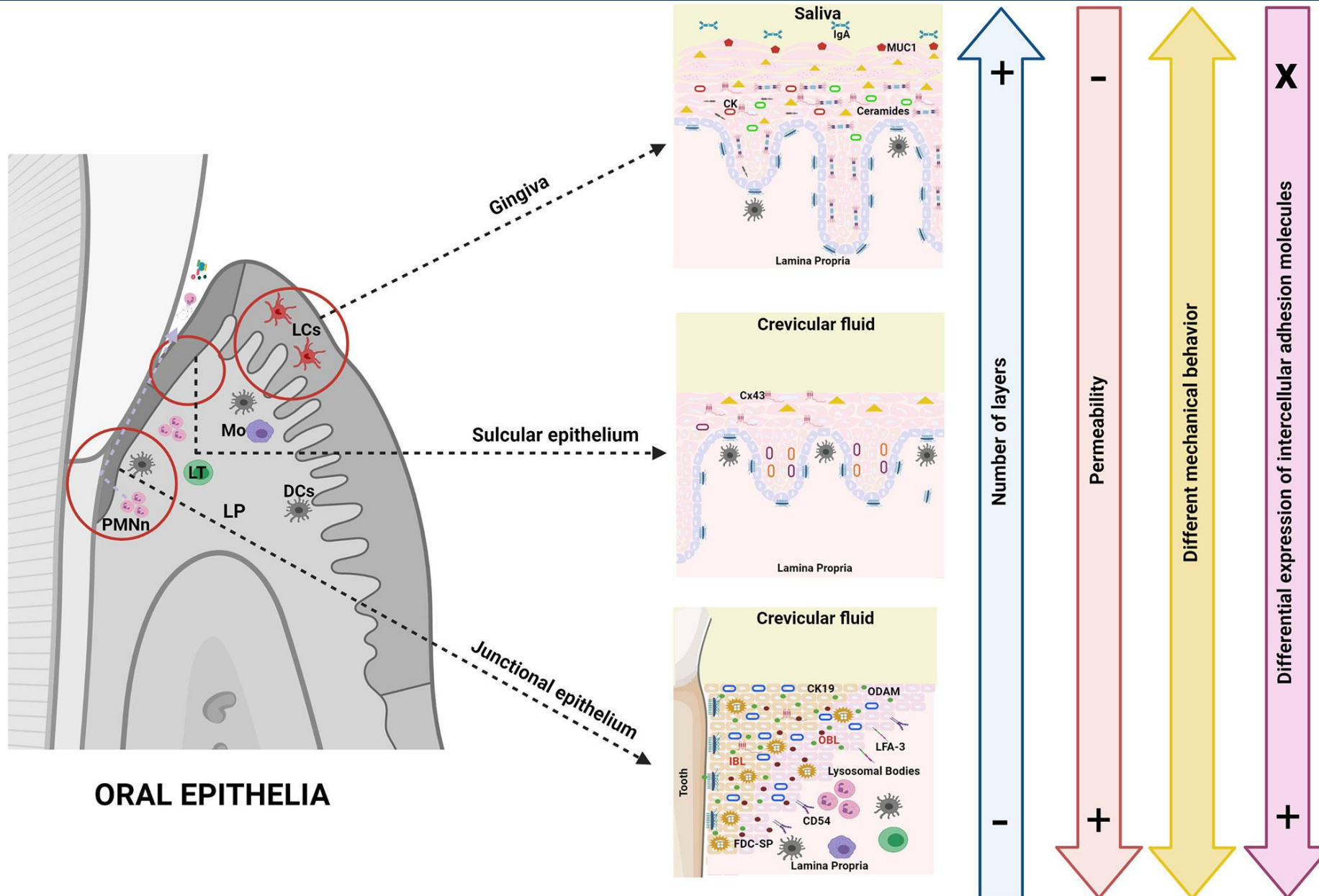
**T cells:** rare in healthy mucosa, T<sub>H</sub>17s important in pathology (eg *Candida albicans*)

**B cells:** mainly IgA<sup>+</sup>, few IgG<sup>+</sup>

# Oral epithelial barriers



# Oral epithelial barriers



# Saliva

750-1000 ml/day

3 pairs of major glands (parotid, submandibular, sublingual) + several minor glands

Important in:

- physico-chemical protection of teeth

- immunity of oral mucosa

- mucosal healing

Contains lots of proteins with innate and adaptive immunologic features

Low concentrations of the various factors, but synergistic effect

Xerostomia: Increased susceptibility to oral candidiasis, worse dental caries



# Salivary antibodies

## Types

- IgA: usually dimer (from the salivary gland),
- IgG: lower amounts (from serum or local plasma cells)
- IgM and IgE: very low amounts

## IgA<sup>+</sup> B cells

Activated in NALT (nasopharynx-associated lymphoid tissue, tonsillae + adenoids, *Waldeyer's ring*)

Migrate to salivary gland stroma (and mucosa)

## IgA

Transported across epithelial cells via polymeric Ig receptor + secretory component

Constitutively secreted into saliva



# Salivary IgA function

Neutralization

Agglutination

Surface immune exclusion

Opsonization (Fc $\alpha$ RI) – antigen presentation, degranulation, cytokine production

Catalyze oxygen burst

# Salivary antimicrobial proteins

## **Defensins**

Disrupt pathogen membranes; antibacterial, antifungal, antiviral activity

## **Lactoferrin**

Iron-binding protein; neutralizes bacteria and viruses, disrupts bacterial membrane

## **Cathelicidins**

Destruct bacterial membranes; bind LPS

## **Lysozyme**

Hydrolyzes peptidoglycan, effective mainly against Gram+ bacteria

## **$\alpha$ -Amylase**

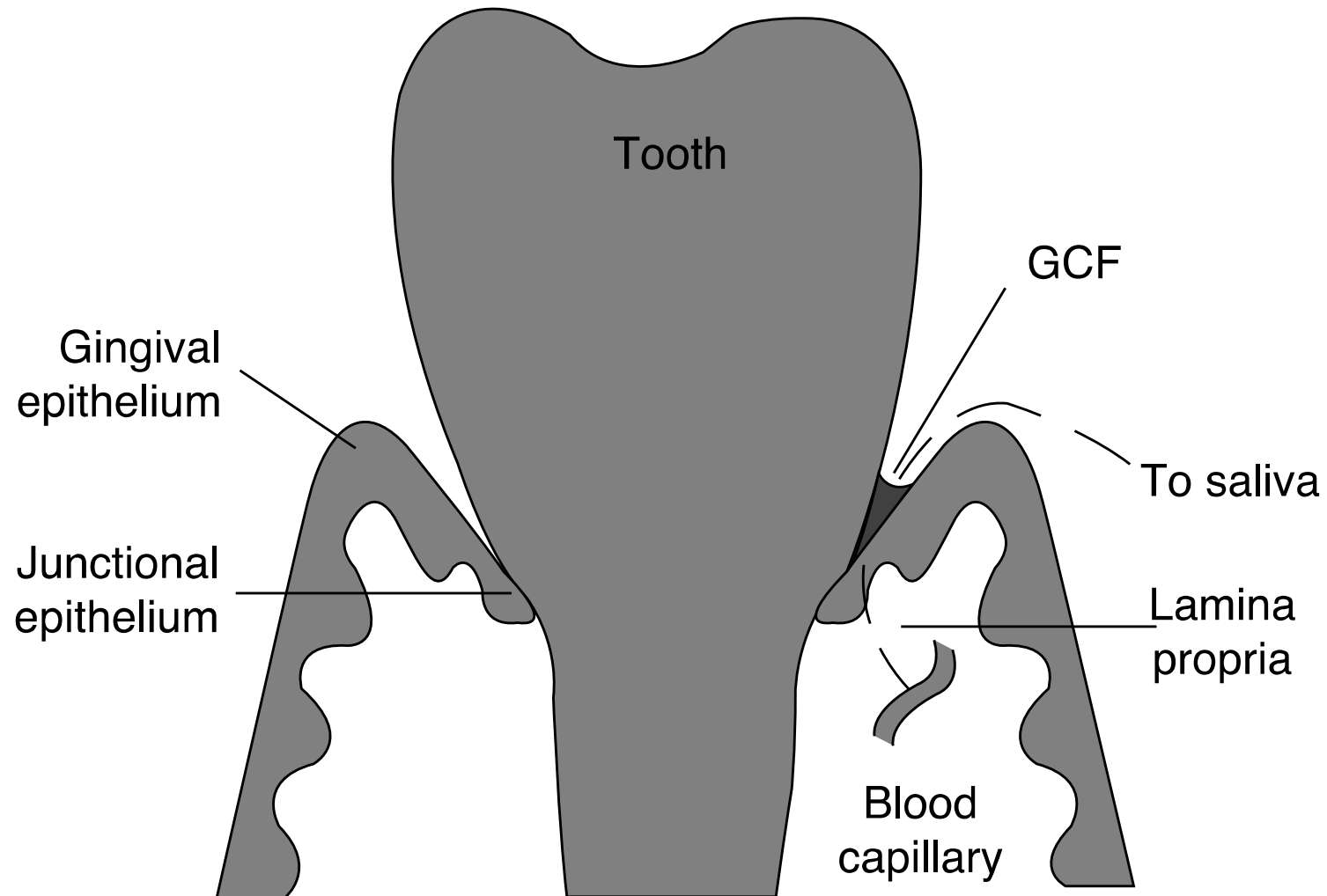
Cleaves the  $\alpha$ -1,4-glycosydic bond; can bind LPS, influences bacterial adhesion

## **Mucins**

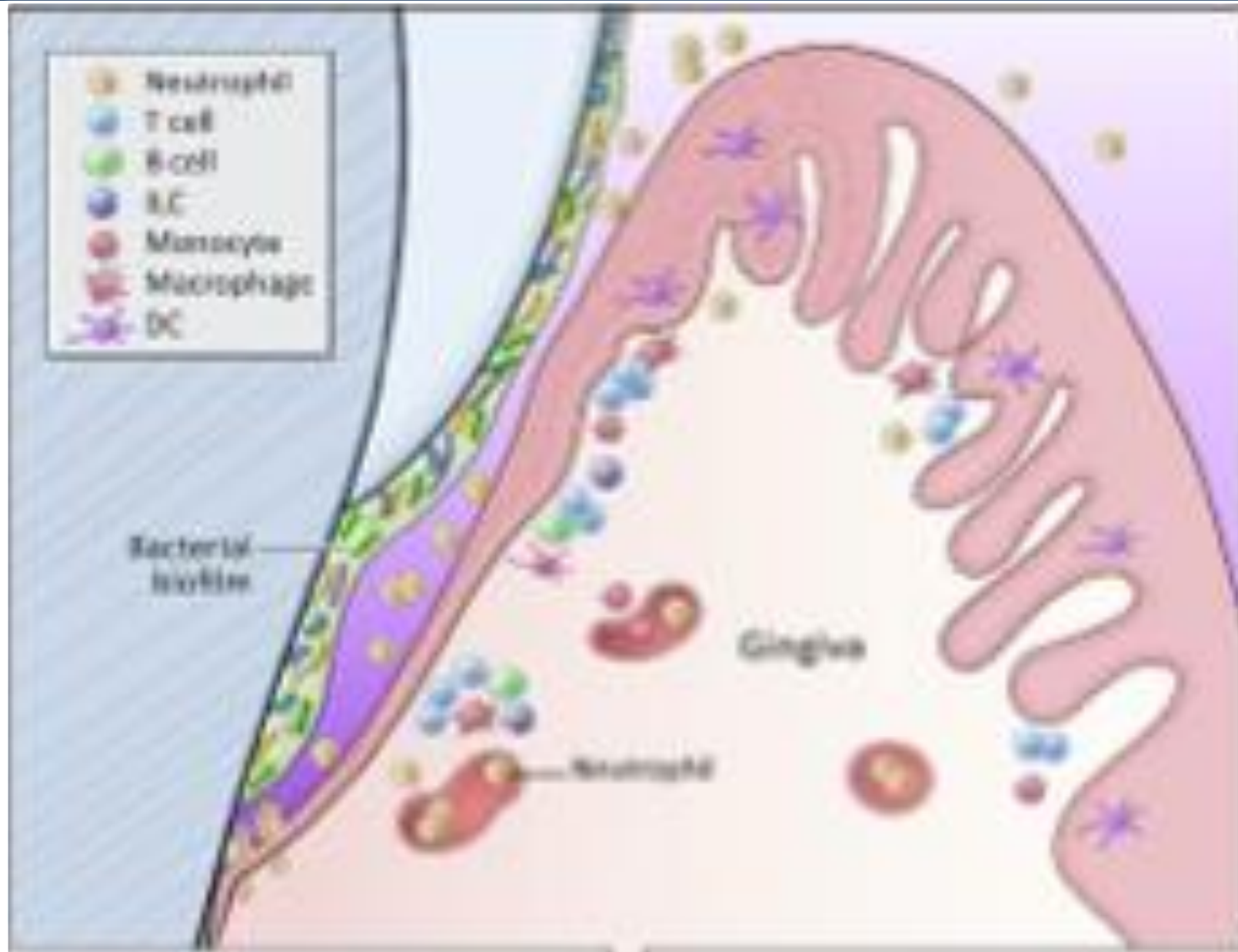
Secretory and membrane-bound form, entrap and agglutinate pathogens

# Gingival crevicular fluid (GCF)

Origin and flow of crevicular fluid



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# Gingival crevicular fluid (GCF)

Transudate from gingival capillaries

Accumulates around the necks of the teeth

Normally ~1ml/day, significantly increases in periodontitis and gingivitis

Content:

humoral components: antibodies (IgG), cytokines, digestive enzymes, antimicrobial proteins

cellular components: leukocytes, lymphocytes

Function: cleans the crevice between the tooth and the gingival epithelium

# Gingival crevicular fluid (GCF)

## Collection of GCF

