

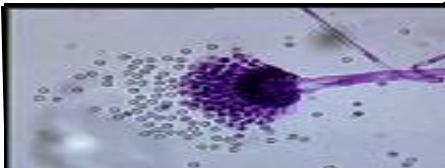
El huésped en la infección por *Aspergillus*

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Servicio de Enfermedades Infecciosas

Hospital Clínic

Barcelona



VI Reunión científica del GEMICOMED

17 Marzo 2017



- **Fisiopatogenia de la aspergilosis invasora**
- **Factores de riesgo de la aspergilosis invasora**

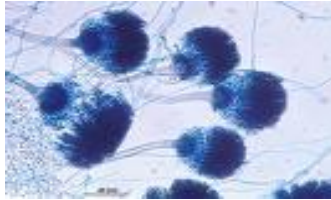
- **Fisiopatogenia de la aspergilosis invasora**

- Factores de riesgo de la aspergilosis invasora

Video



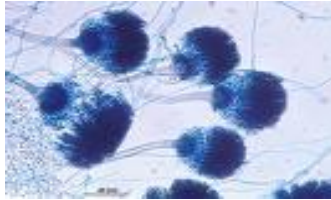
Defensa del huésped frente a la infección fúngica



ACTIVACIÓN SISTEMA INMUNE:

- Sistema inmune INNATO
- Sistema inmune ADAPTATIVO

Defensa del huésped frente a la infección fúngica



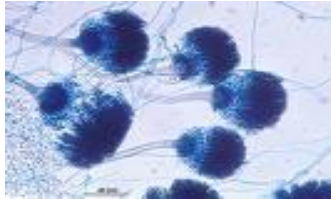
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INFLAMACIÓN

Defensa del huésped frente a la infección fúngica



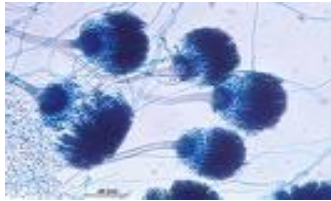
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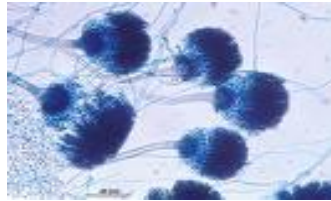
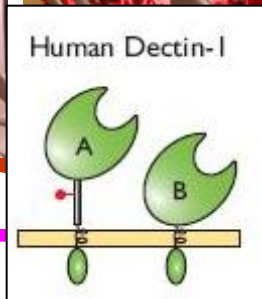
PROTECCIÓN

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Defensa del huésped frente a la infección fúngica

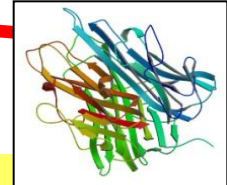
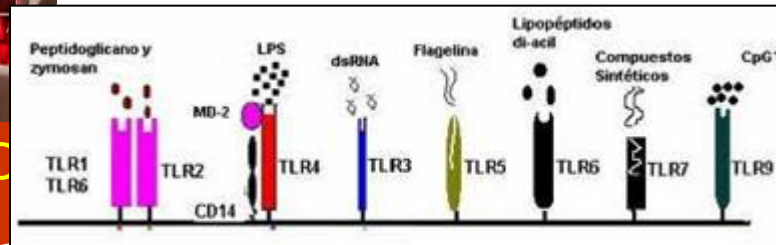


**Receptores
del sistema
inmune innato**



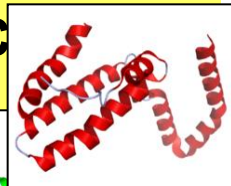
ACTIVACIÓN SISTEMA INMUNE:

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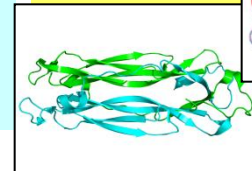


TNF-alpha

**Respuesta
citoc**



IL-10

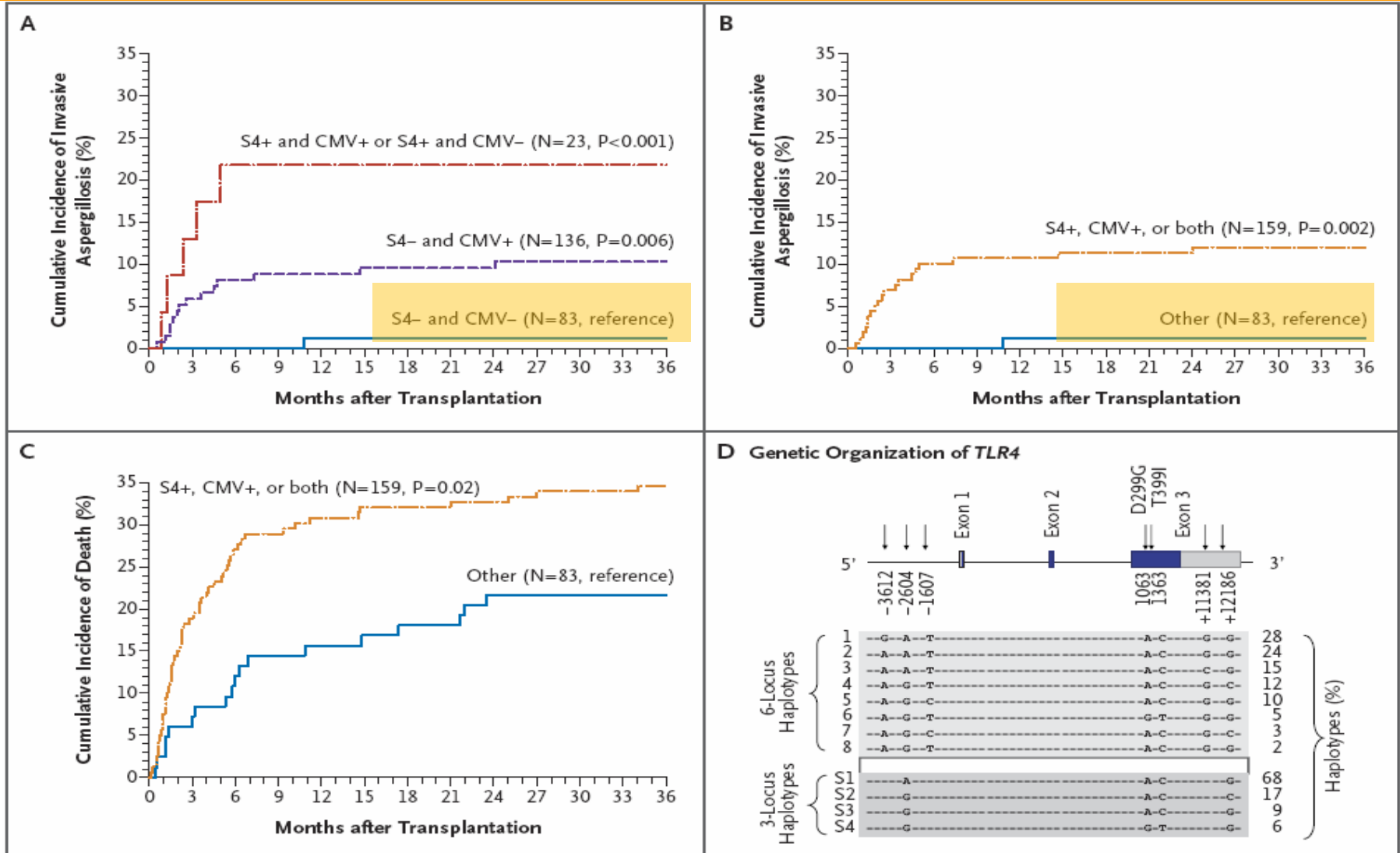


IL-17

INFLAMACIÓN

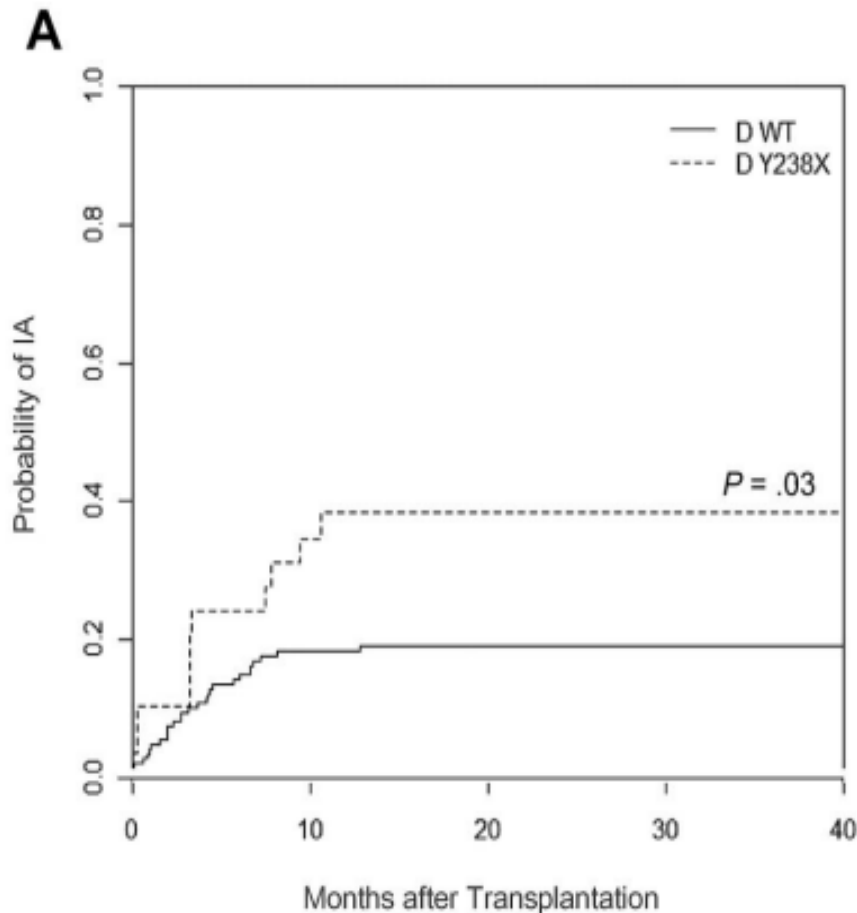
Boychud PY et al. Toll-like receptor 4 polymorphisms and aspergillosis in stem-cell transplantation

New england J Med 2008; 359: 1766-77

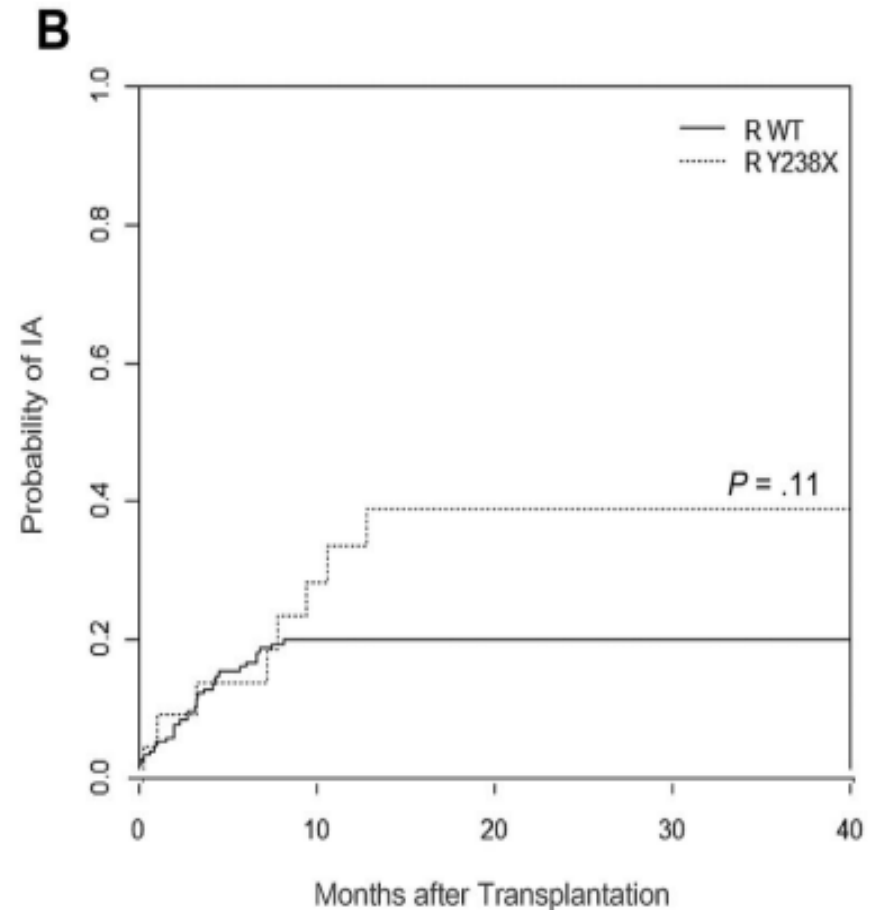


Cunha C et al. Dectin 1 Y238X polymorphism associates with susceptibility to invasive aspergillosis in hematopoietic transplantation through impairment of both recipient- and donor-dependent mechanisms of antifungal immunity

Blood 2010; 116: 5394-5402



Donor genotype



Recipient genotype

Cunha C et al. Genetic PTX3 Deficiency and Aspergillosis in Stem-Cell transplantation

New england J Med 2014; 370: 421-32

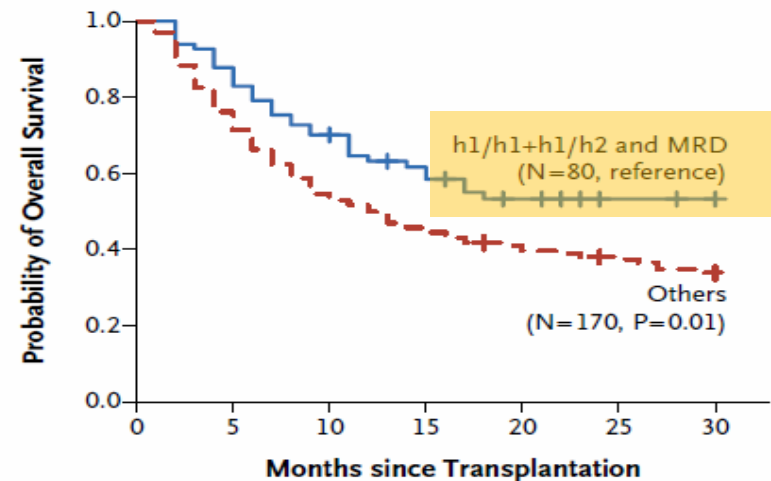
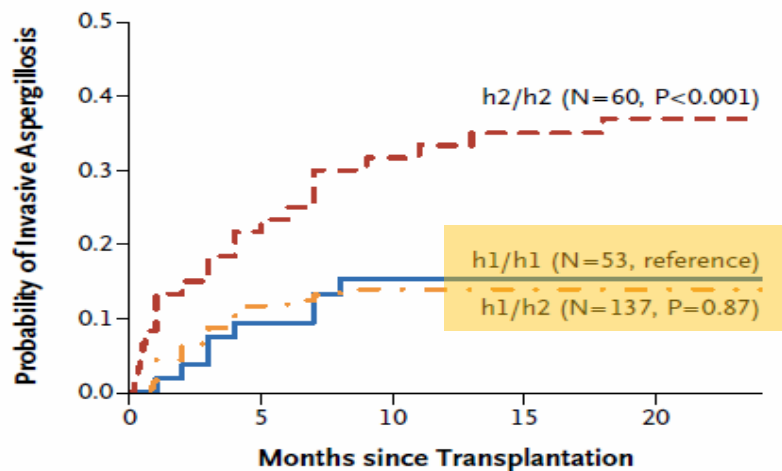


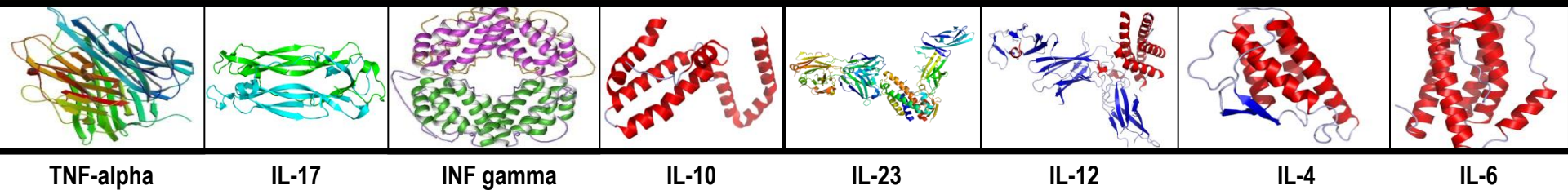
Table 2. Multivariate Analysis of the Association of Donor *PTX3* Variants with the Risk of Invasive Aspergillosis among Transplant Recipients in the Discovery and Confirmation Studies.*

Donor <i>PTX3</i> Variant	Discovery Study (N=268)		Confirmation Study (N=330)	
	Adjusted Hazard Ratio (95% CI)†	P Value	Adjusted Odds Ratio (95% CI)‡	P Value
+281A/G SNP, GG genotype	2.92 (1.69–5.05)	<0.001	2.14 (1.20–3.80)	0.01
+734A/C SNP, AA genotype	2.62 (1.52–4.54)	<0.001	1.92 (0.91–3.04)	0.07
Haplotype h2/h2	3.08 (1.47–6.44)	0.003	2.78 (1.22–8.93)	0.03

*HLA-matching, total body irradiation, GVHD, antifungal prophylaxis

Garcia-Vidal C et al. Host response to invasive aspergillosis in HSTC recipients and AL patients

Unpublished data

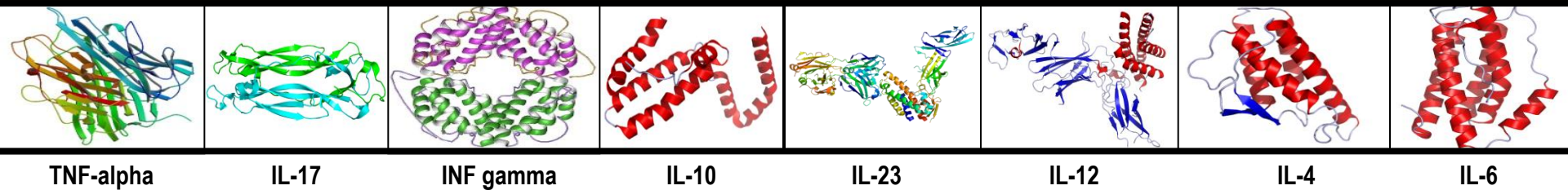


- Estudio prospectivo comparativo de 36 pacientes con LA y/o TPH diagnosticados de AI y 36 controles de igual edad, EF de base, tratamiento y día del tto

Características	
Edad	55.54 (12)
LA/TPH	63% / 37%
Neutropenia	55 (70.5%)
AI probadas/probables	15.5%/84.5%

Garcia-Vidal C et al. Host response to invasive aspergillosis in HSTC recipients and AL patients

Unpublished data



- Resultados complicados de interpretar

IL-17

- Relación con el diagnóstico y el pronóstico de la enfermedad

IL-10

- Relación con el diagnóstico y el pronóstico de la enfermedad

IL-6

Fisiopatología molecular de la infección fúngica invasora

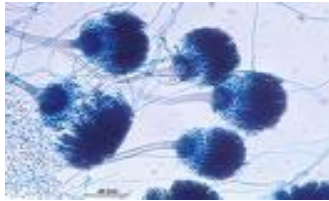
Citoquinas proinflamatorias

TNF-alpha, INF-gamma
IL-12, IL-15

Th 1/Th17



**PROTECCIÓN FRENTE A
LA INFECCIÓN FÚNGICA**



Sistema
Inmune
innato

Citoquinas antiinflamatorias

IL-10, IL-4

Th 2/Treg



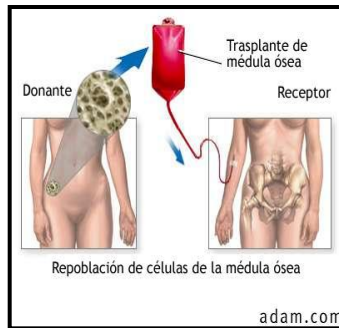
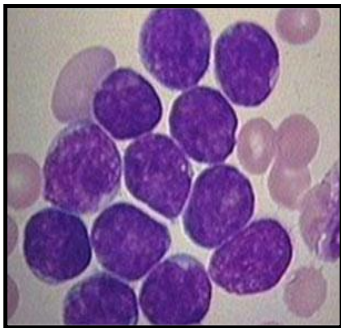
**PROGRESIÓN DE LA
INFECCIÓN FÚNGICA**

- Fisiopatogenia de la aspergilosis invasora
- **Factores de riesgo de la aspergilosis invasora**

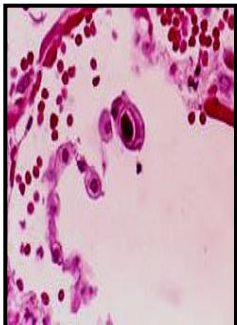
Garcia-Vidal C et al. Epidemiology of invasive mold infections in allogeneic SCT recipients: biological risk factors for infection according to time after transplantation

Clin Infect Dis 2008; 47 1041-50

INFECCIÓN PRECOZ



INFECCIÓN TARDÍA



> 40 años

Enfermedades de base

Características del trasplante

Citopenias

Virus respiratorios

Enfermedad por CMV

Enfermedad Injerto-huésped

Corticoesteroides

Nº de transfusiones sanguíneas

Garcia-Vidal C et al. Epidemiology of invasive mold infections in allogeneic SCT recipients: biological risk factors for infection according to time after transplantation

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> 40 años

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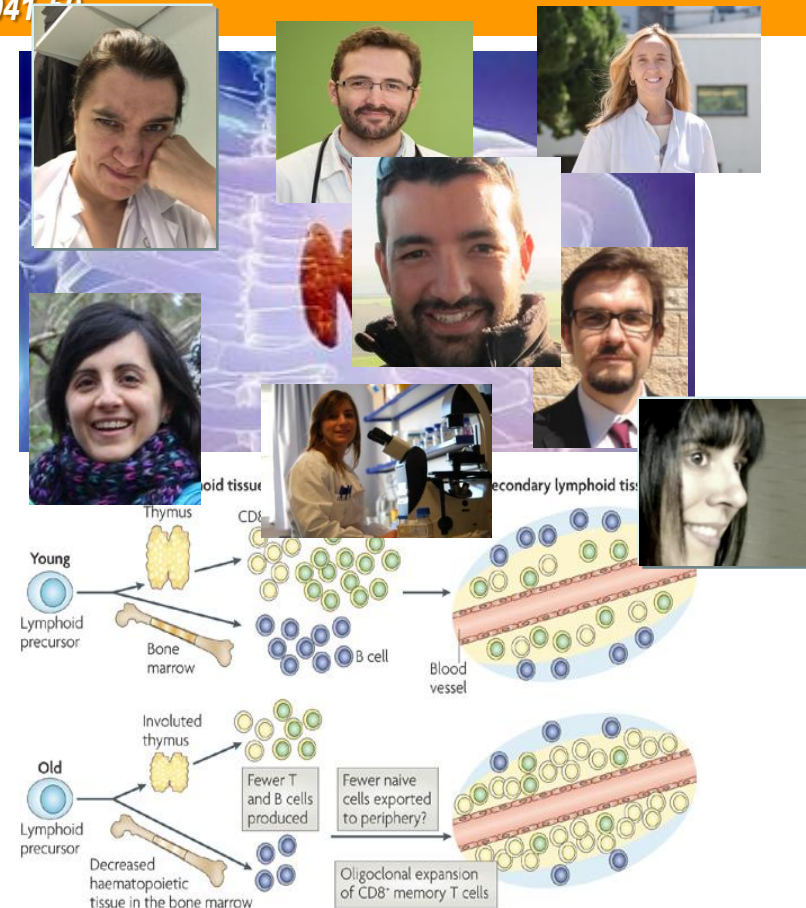
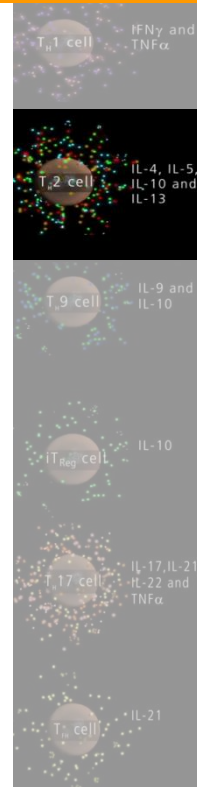
Virus respiratorios

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Nº de transfusiones sanguíneas



Nature Reviews | Immunology
declines [10]. These changes start early in life and are almost complete by the age of 40–50 years [11]. As a con-

Dorshkind K et al, Nature reviews immunology 2009

Garcia-Vidal C et al. Epidemiology of invasive mold infections in allogenic SCT recipients: biological risk factors for infection according to time after transplantation

Clin Infect Dis 2008; 47 1041-50

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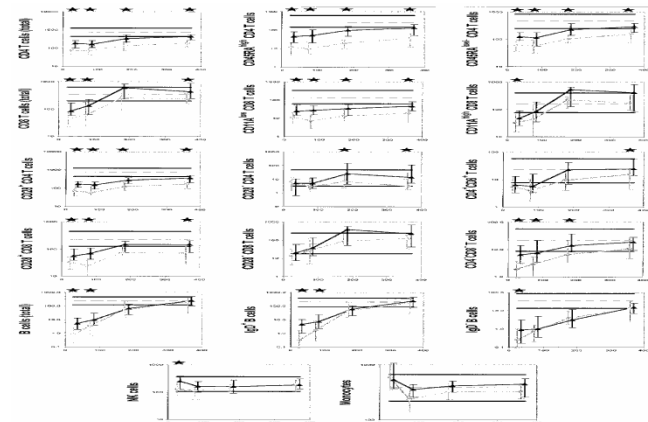
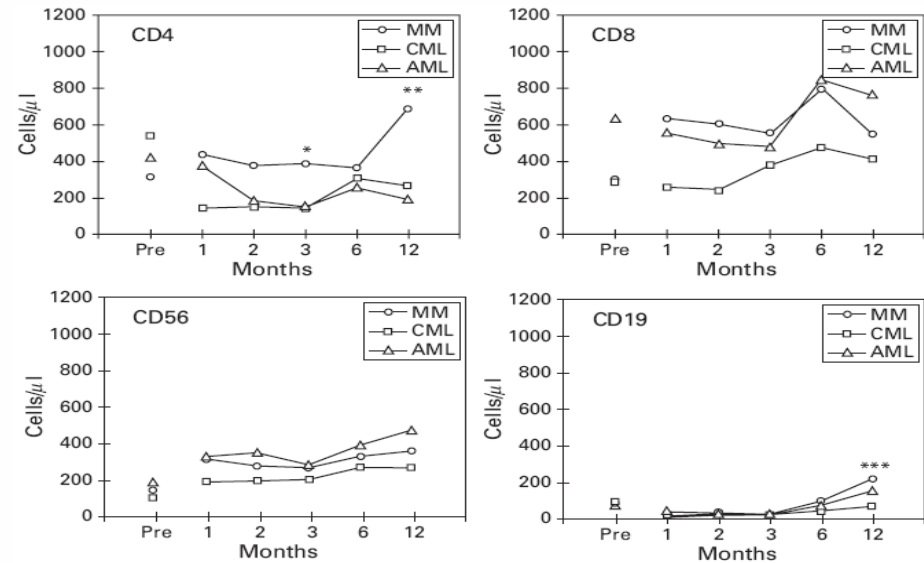
Virus respiratorios

Enfermedad por CMV

Enfermedad Injerto-huésped

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Rondelli R, Bone Marrow Transplantation 2000

Storek J, Blood 2001

Garcia-Vidal C et al. Epidemiology of invasive mold infections in allogeneic SCT recipients: biological risk factors for infection according to time after transplantation

Clin Infect Dis 2008; 47 1041-50

> 40 años

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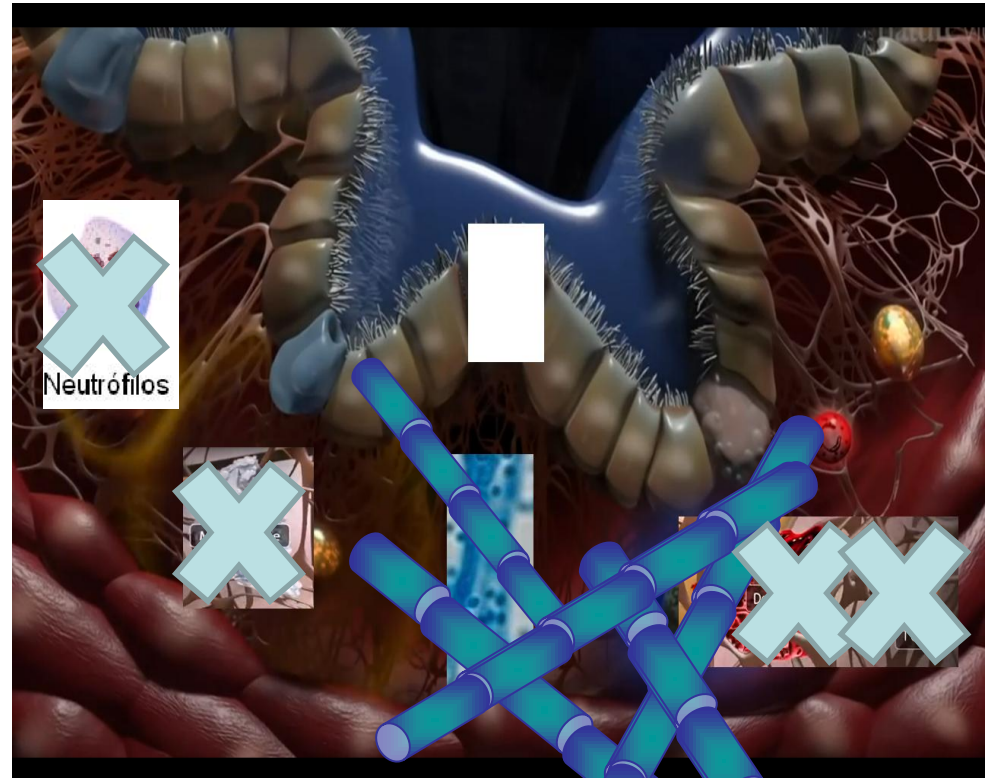
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diseminación ← **angioinvasión**

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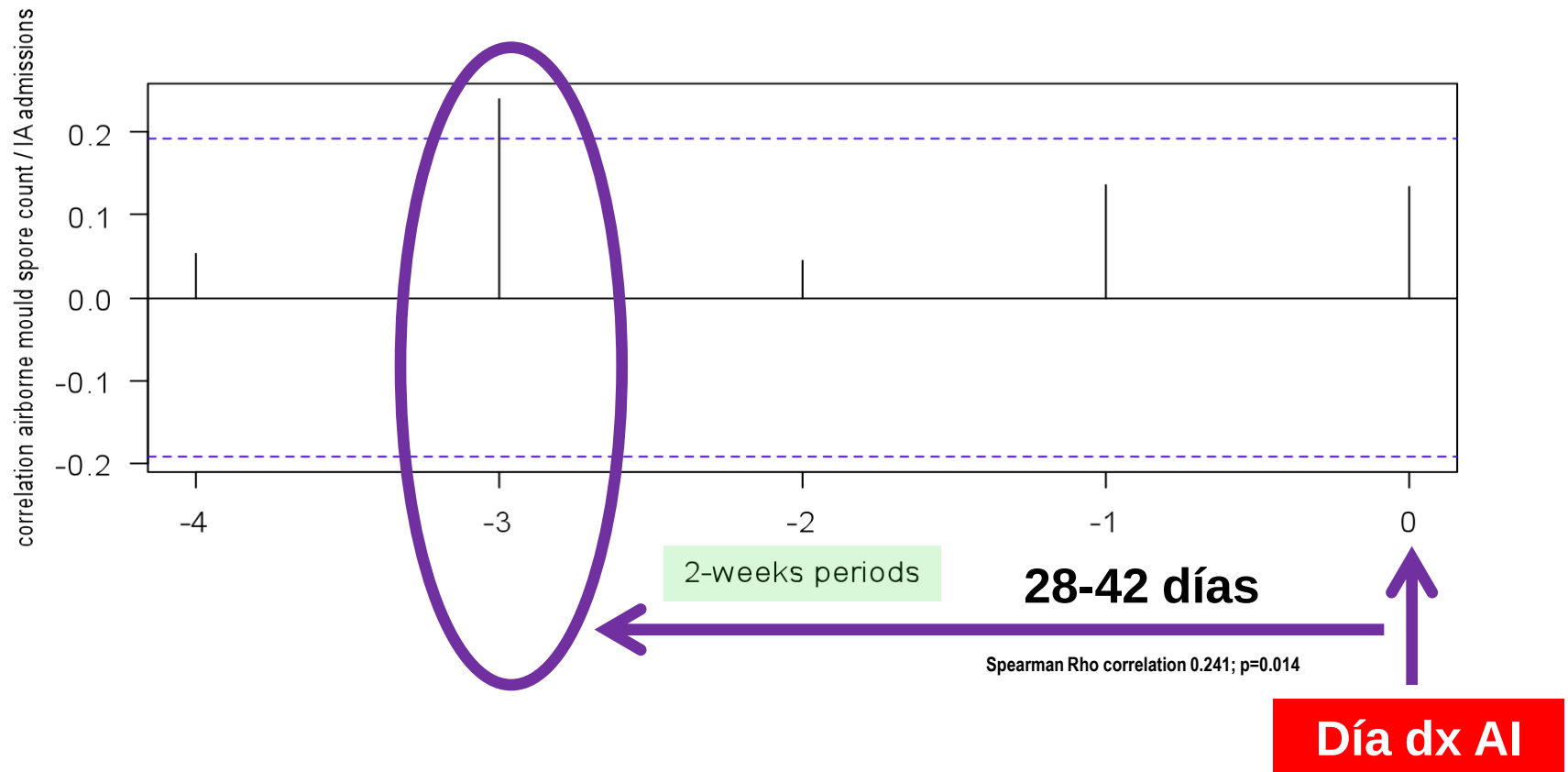
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Garcia-Vidal C, et al. Environmental variables associated with an increased risk of invasive aspergillosis

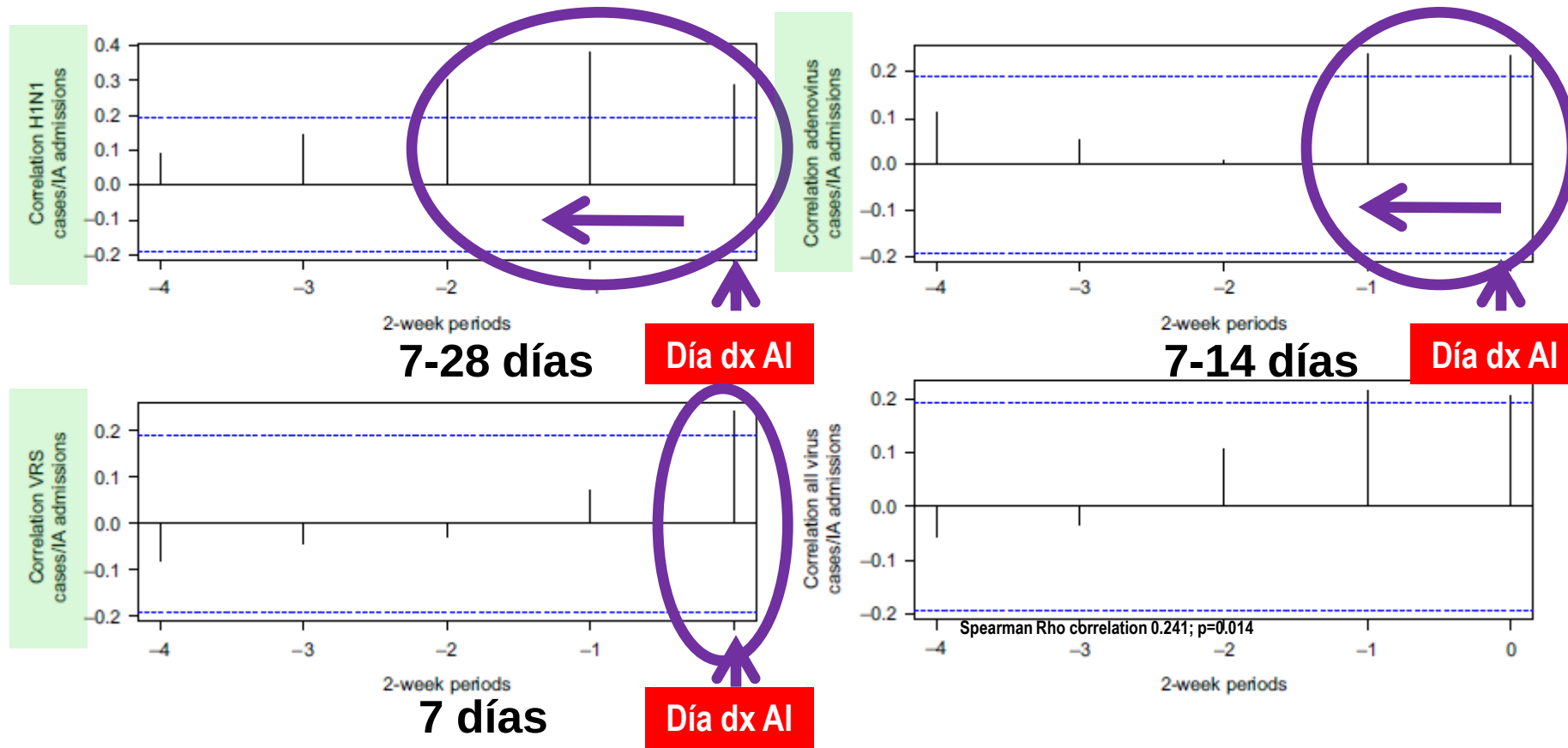
Clin Microbiol Infect 2014; 20:939-945



- En picos de esporas ambientales el diagnóstico de AI aumentaba 6 veces tras este período de tiempo

Garcia-Vidal C, et al. Environmental variables associated with an increased risk of invasive aspergillosis

Clin Microbiol Infect 2014; 20:939-945



- En picos de esporas ambientales el diagnóstico de AI aumentaba hasta 55 veces más tras este período de tiempo

García-Vidal C et al. Epidemiology of invasive mold infections in allogenic SCT recipients: biological risk factors for infection according to time after transplantation

Clin Infect Dis 2008; 47 1041-50

> 40 años

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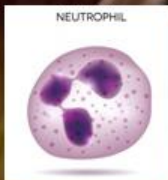
Corticoesteroides

Nº de transfusiones sanguíneas

Lionakis M, et al. Glucocorticoids and invasive fungal infections

The Lancet 2003 362: 1828–1838

Impaired phagocytosis, degranulation
and oxidative burst
Impaired formation of nitric oxide
Inhibition of apoptosis



Impaired phagocytosis and oxidative killing
Impaired maturation of macrophages
Inhibition of pro-inflammatory cytokine
productin



Lymphopenia

Decreased proliferation and migration of lymphocytes
Decreased cytokine production
Decreased Th1 and increased Th2 cytokine production



Decreased counts of alveolar dendritic cells
Impaired antigen-presenting capacity of dendritic cells
Decreased cell-killing capacity

Ng TT, et al. Hydrocortisone-enhanced growth of *Aspergillus* spp: implications for pathogenesis

Microbiology 1994 140: 2475–2479

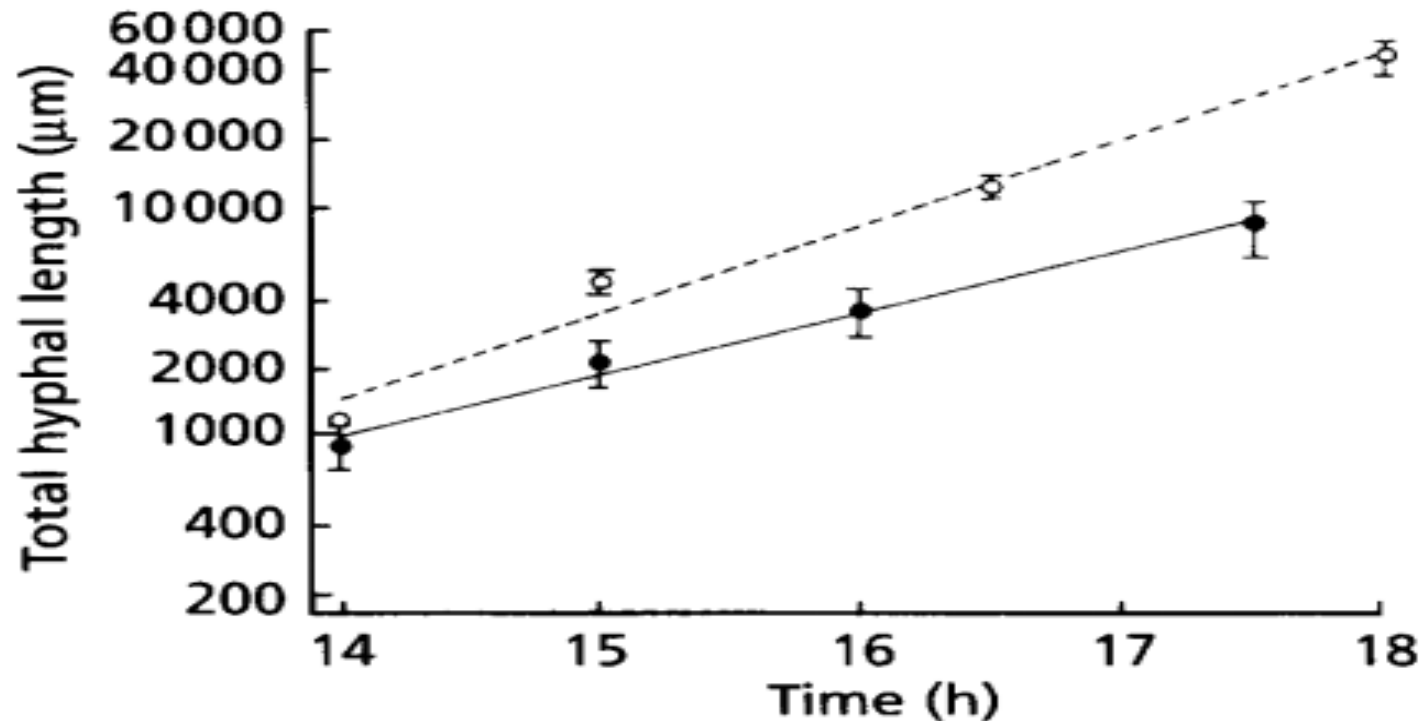


Fig. 1. Increase in total hyphal length (μm) with time (h) in germlings of isolate AF-6 grown at 37 °C with (○) or without (●) 10^{-6} M hydrocortisone. At each time point the mean $\pm$ SEM of five replicate germlings was plotted.

Garcia-Vidal C et al. Epidemiology of invasive mold infections in allogenic SCT recipients: biological risk factors for infection according to time after transplantation

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- Decreased Th1 and increased Th2 cytokine production in vitro
- Reduced responses in mixed lymphocyte culture
- Decreased proliferative response to mitogens or soluble antigens in vitro, thus causing impaired delayed-type hypersensitivity skin responses
- Increased CD8 T cells or suppressor function in vitro
- Decreased natural killer cells and activity in vitro
- Decreased CD4 helper T cells
- Decreased monocyte/macrophage function in vitro and in vivo
- Enhanced production of anti-idiotypic antibodies suppressive of mixed lymphocyte response in vitro
- Decreased cell-mediated cytotoxicity against target cells in vitro
- Humoral alloimmunization to cell-associated and soluble antigens
- Increased T-regulatory cells and function

Iron Overload

In addition to patients with hemoglobinopathies (eg, thalassemia, sickle cell disease), those with

Gracias por vuestra atención

Gracias al Dr. Marco Ripa por su ayuda



cgarcia@clinic.cat