SHORT COMMUNICATION

O-10. TOLL-LIKE RECEPTOR 9 DRIVES THE MATURATION OF B LYMPHOCYTES IN THE SALIVARY GLANDS OF PATIENTS WITH SJÖGREN'S SYNDROME

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Introduction

Epithelial structures of inflamed tissues in Sjögren's syndrome (SS) patients are sheathed with lymphocytes, among which autoreactive B cells (1). A minority of B lymphocytes are organized as follicular germinal centers (GC) in salivary glands (SG) of patients, whilst a majority is aggregated with characteristics of transitional and marginal zone (MZ) B cells (2). All these B lymphocytes need tonic signaling to stay alive. Given that Toll-like receptor 9 (TLR9) that recognizes microbial but also self DNA leads to the survival of the cells (3), our objective was to evaluate the consequence of TLR9 stimulation on Bcell differentiation and the possible influence on specific B-cell organization within the SG of SS patients.

Materials and Methods

Tonsils were collected from children undergoing routine tonsillectomy, and SG biopsies obtained from 40 patients meeting the American-European consensus criteria for the diagnosis of primary SS. Eleven SG and three tonsil specimens were selected on the basis of their B-cell infiltrates. Tissue sections were examined by confocal microscopy for the expression of CD20, CD10, CD21, CD24, CD38, IgD and TLR9. B-cell infiltrates were also laser-microdissected to perform quantitative RT-PCR for the transcription factors (TFs) Blimp-1, Pax-5 and Bcl-6, for Notch2, for the GC-specific activation-induced cytidine deaminase (AID) and for TLR9.

Transitional and mature B cells from healthy donors were FACS-sorted and stimulated on TLR9 using CpG-ODN. Proliferation using

CSFE staining and activation studying Notch2, CD21, CD23, IgM and IgD expressions were evaluated by flow cytometry. Terminal differentiation of stimulated B cells was determined by ELISA measuring the concentration of produced IgM and IgG.

Results

Some B-cell aggregates proved to constitute real GCs according to their membrane markers and TFs synthesized. They were CD20+IgD-CD38+CD21+CD24- and expressed Pax-5, BcI-6 and AID. Whereas others were identified as transitional type II B-cell clusters. These cells were CD20+IgD+CD38-CD21+CD24+ and contained mRNAs for Notch-2 and Blimp-1, but not for Pax-5, BcI-6 and AID. Unexpectedly, TLR9 mRNA and protein were found in these clusters of MZ B cells at high level, but at very low level in the real GCs.

In vitro TLR9 stimulation induced proliferation of transitional as well as mature B cells but associated with differential phenotypic modifications. Transitional B cells displayed MZ characteristics (Notch2high, CD21high, IgMhigh, IgDlow, CD23low), whilst mature B cells exhibited follicular specificities (Notch2low, CD-21low, IgMlow, IgDhigh, CD23low). Finally, IgM and IgG were secreted by each population.

Discussion

Elevated expression of TLR9 on transitional B cells suggests that they might be highly sensitive to stimulation with DNA in SG triggering differentiation into antibody-secreting cells. Not only do TLR9 deliver sufficiency of tonic

signaling to keep B cells alive, but they also likely confer autoreactive B cells as previously suggested (4) with a specific MZ B cell-like phenotype.

Conclusion

TLR9-induced maturation occurs through the MZ pathway and favour emergence of autoreactive B cells. Thus, TLR9 activation appears important for the destiny of transitional B cells and the appearance of autoreactivity in SG of SS patients and as such might be a target for forthcoming biotherapy in primary SS.

References

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