



Papel de las células T reguladoras en Inflamación intestinal por endo- antígenos bacterianos en un modelo experimental de daño hepático



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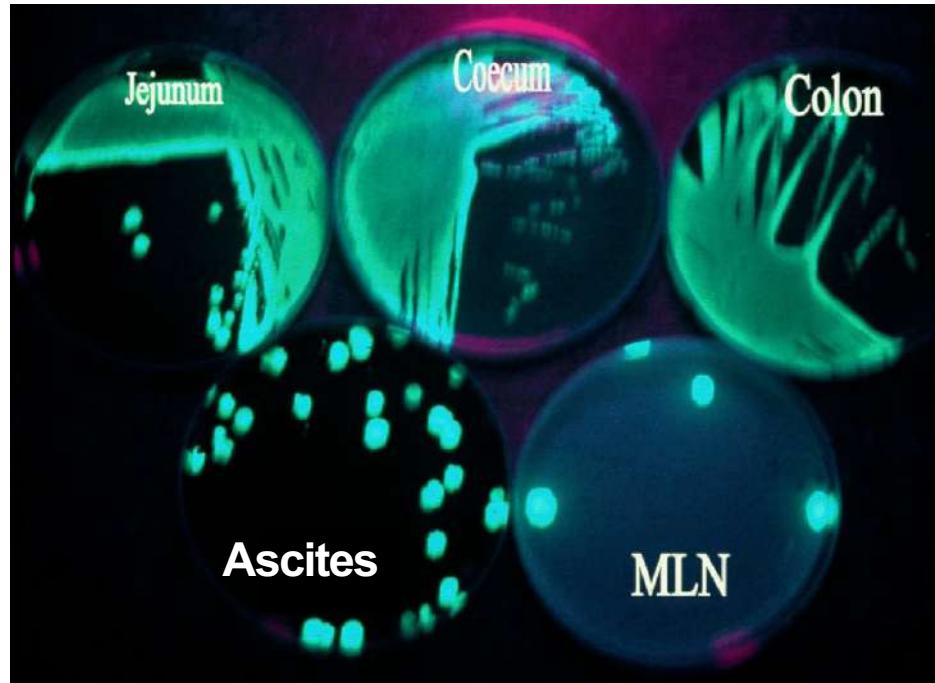
Dpto. Medicina Clínica – Universidad Miguel Hernández



Traslocación bacteriana

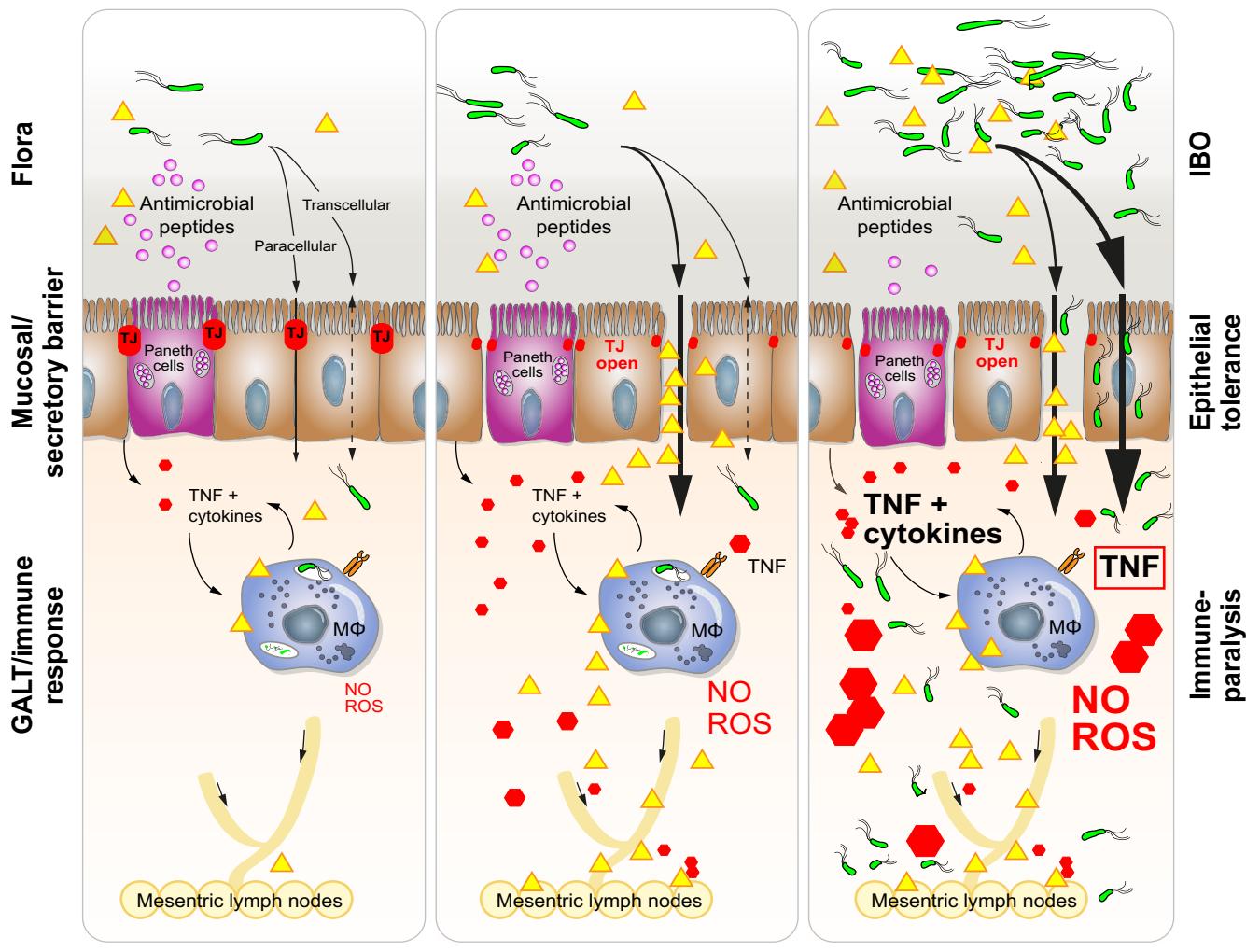
- Paso de bacterias desde la luz intestinal a los ganglios linfáticos mesentéricos y la sangre, alcanzando otros territorios. (Berg RD, Infect Immun 1979)
- Paso de bacterias o sus productos desde la luz intestinal a los GLMs y la sangre, alcanzando otros territorios. (Wiest R, Hepatology 2005)

Traslocación bacteriana



Green fluorescent protein (GFP)-marked *E. coli* in different compartments after oral gavage in an ascitic rat with cirrhosis.

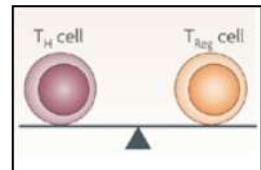
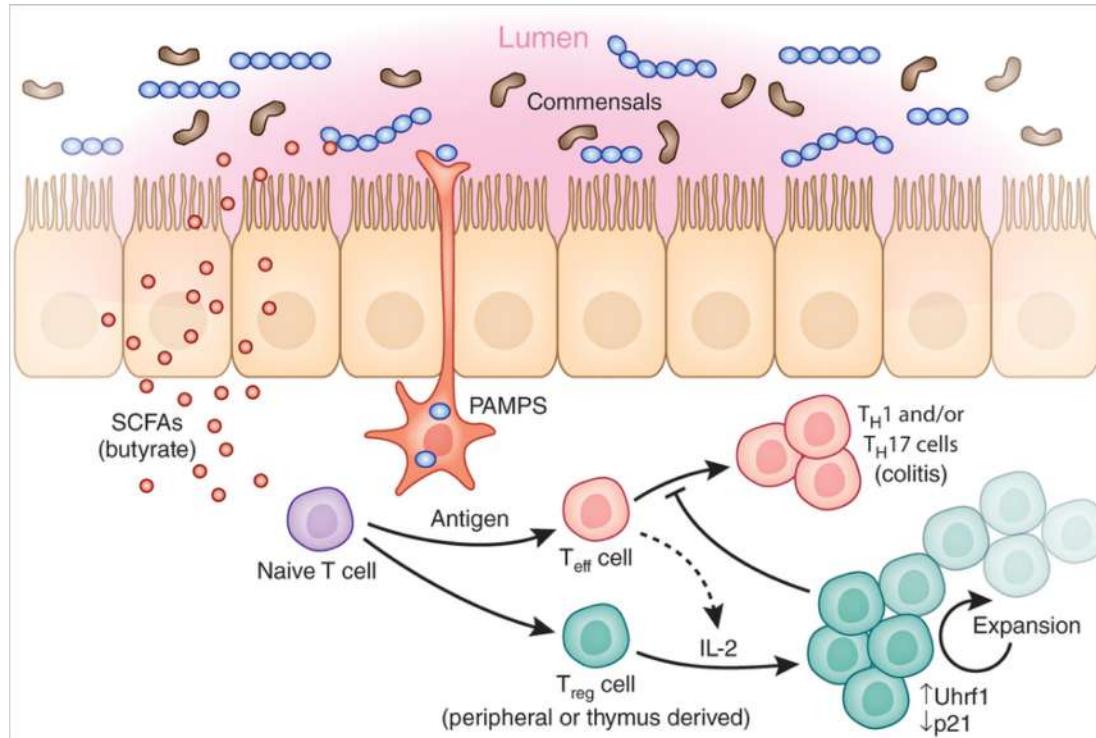
(Teltschik et al. Hepatology 2012)



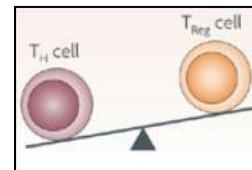
(Wiest R, J Hepatol 2014)

- Antimicrobial peptides
- ─ Vital bacteria
- ▲ Microbial products
- ◆ TNF

Las células T reguladoras favorecen la homeostasis intestinal

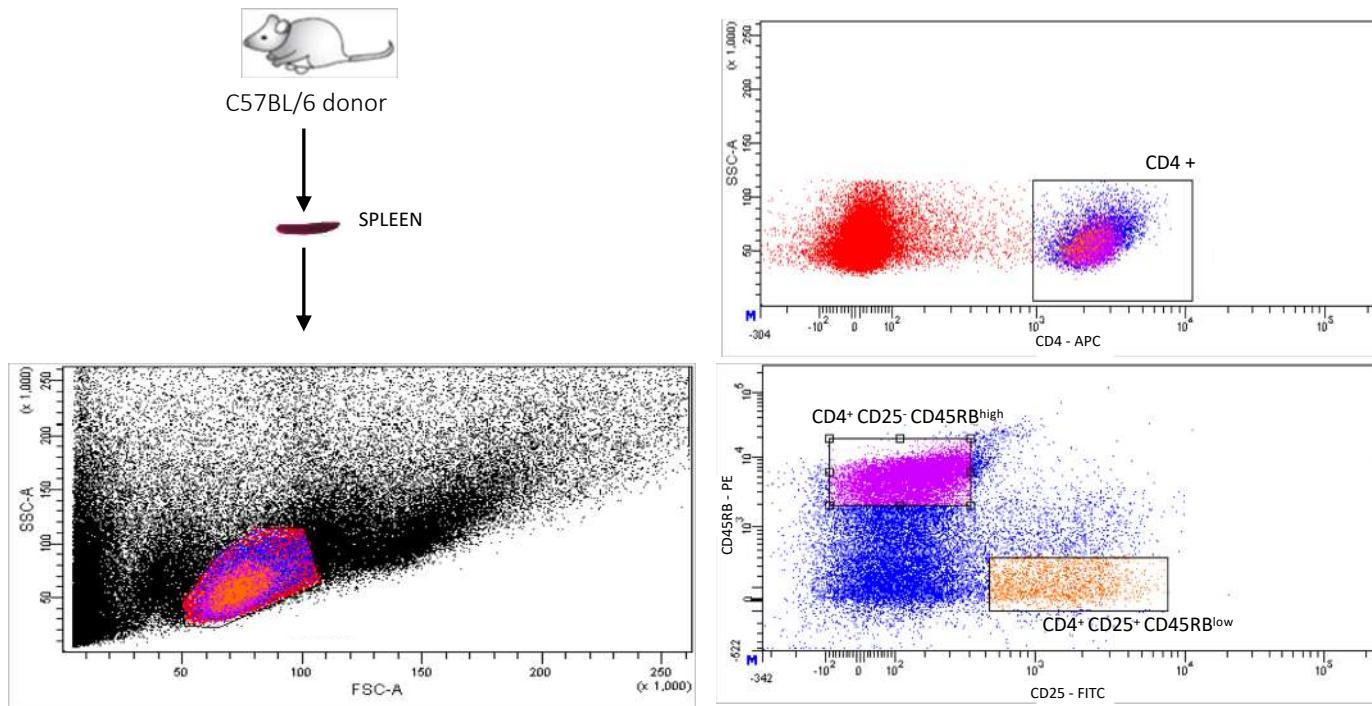


Eubiosis



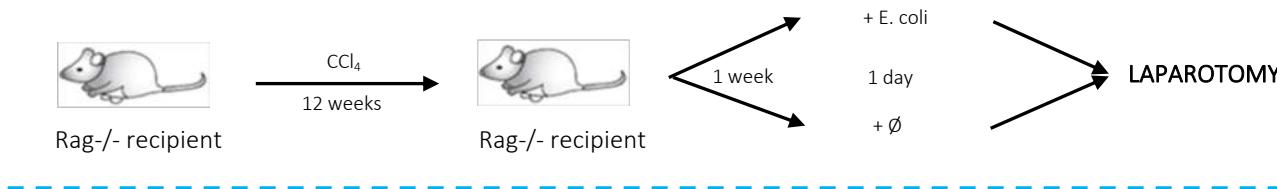
Disbiosis

Trasferencia de Tregs en ratones Rag-1^{-/-} con cirrosis inducida por CCl₄

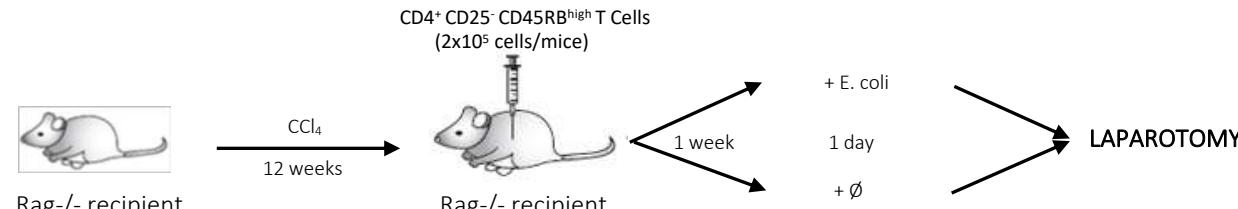


Trasferencia de Tregs en ratones Rag-1^{-/-} con cirrosis inducida por CCl₄

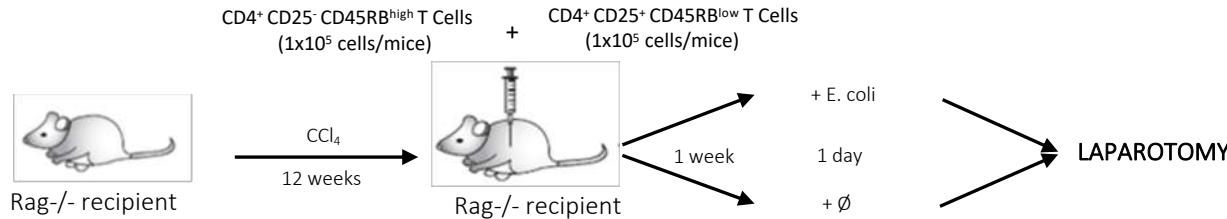
No Transfer



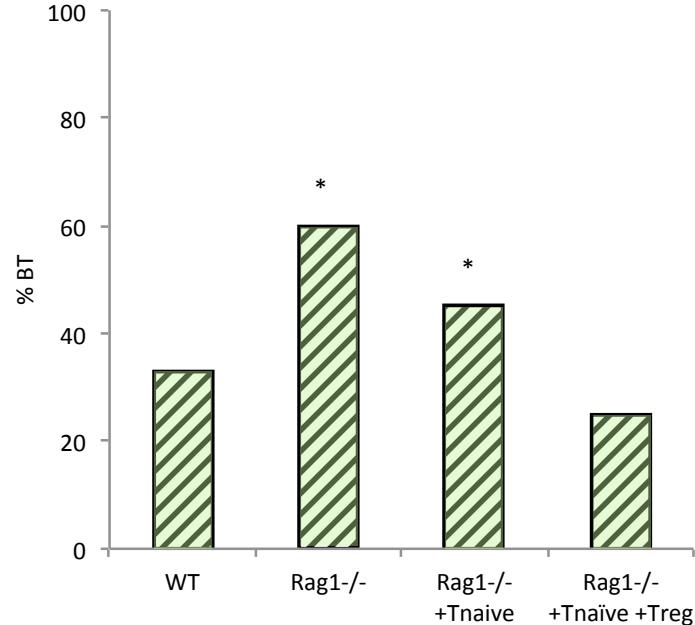
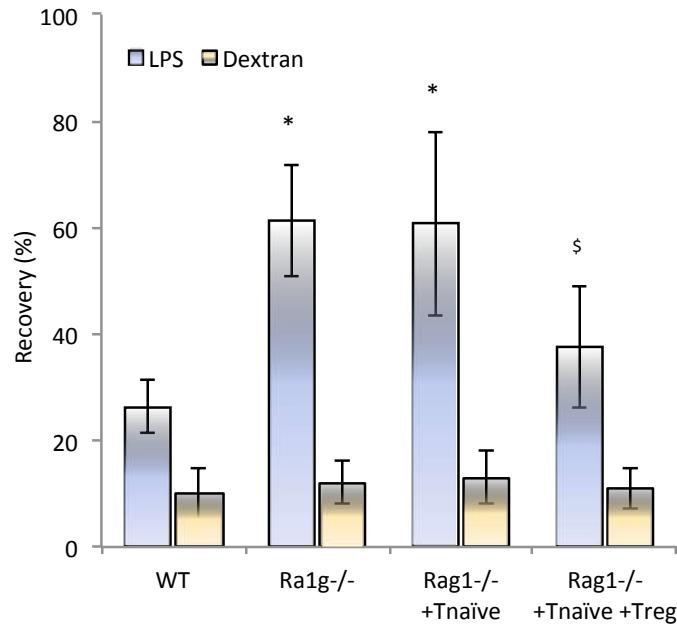
Transfer



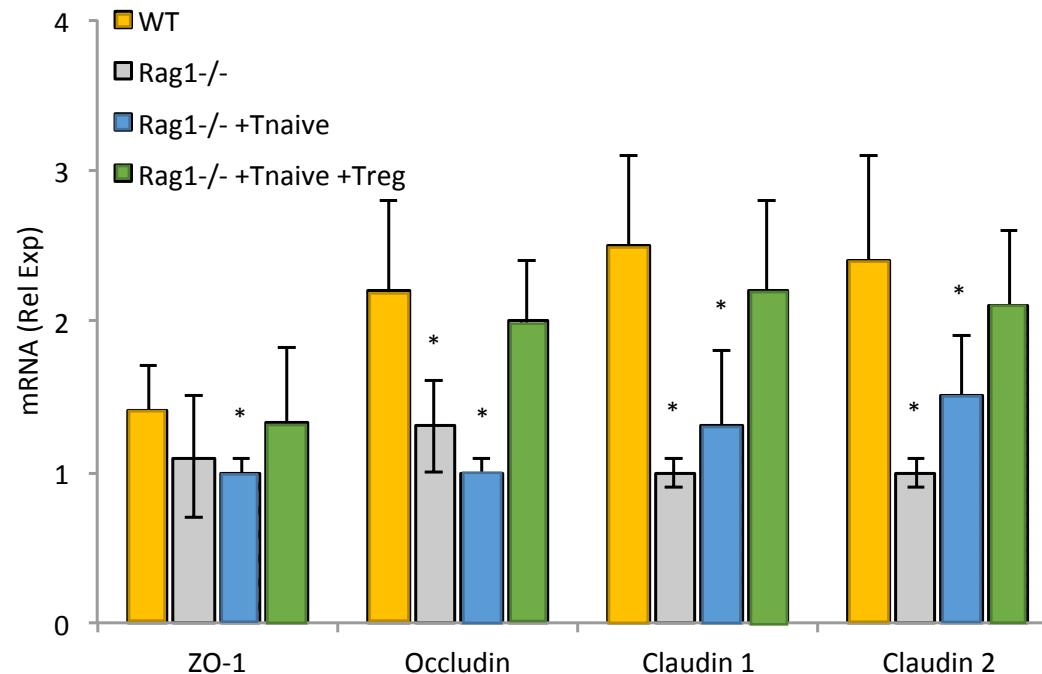
Co-Transfer



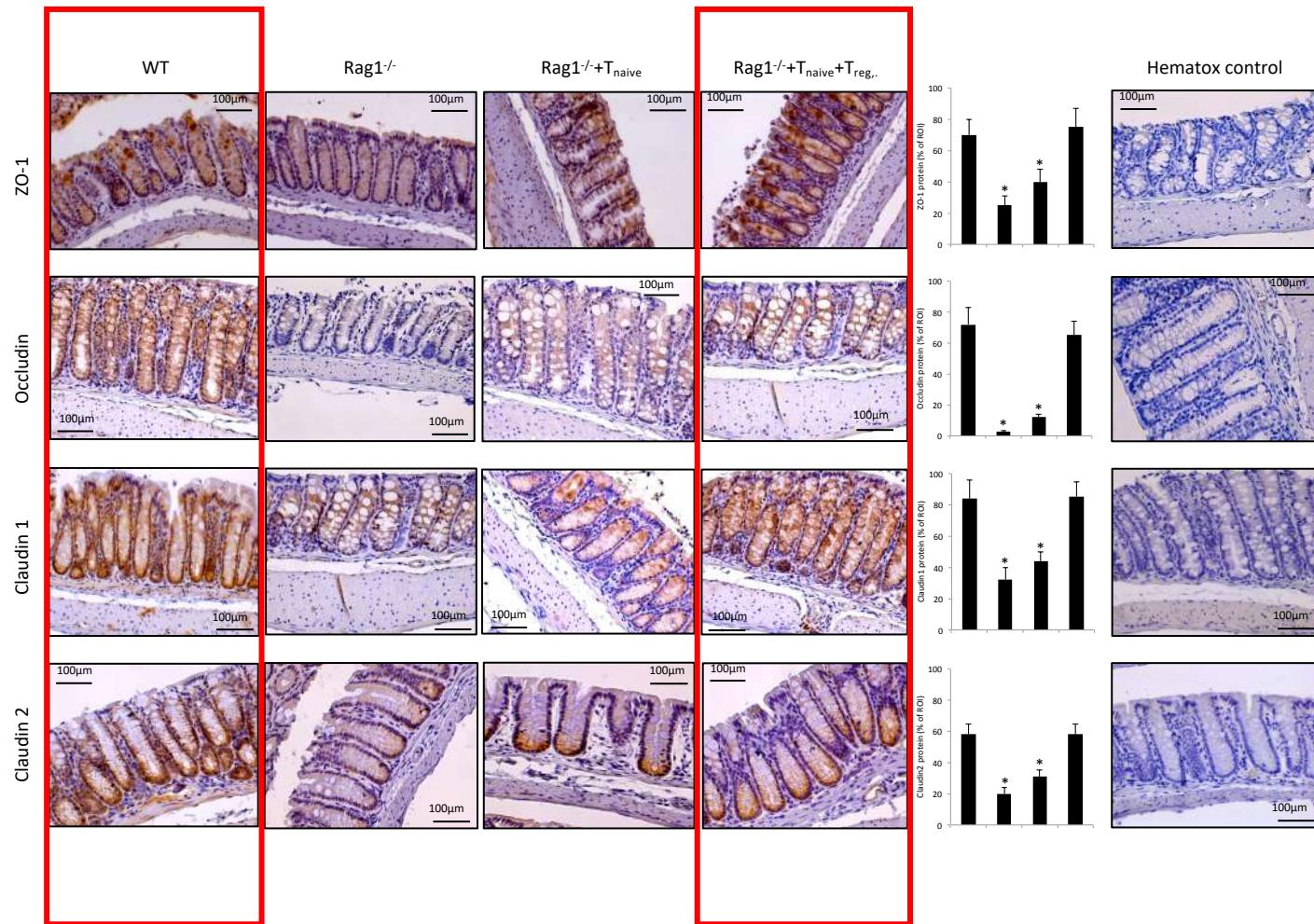
Permeabilidad intestinal frente a endotoxina bacteriana



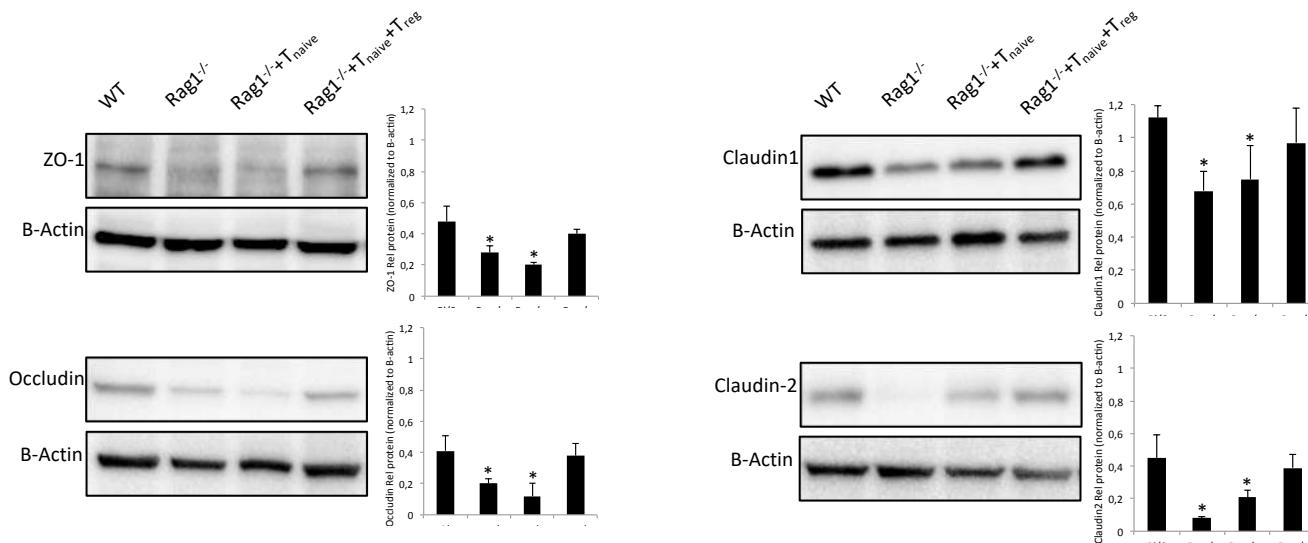
Expresión de genes implicados en la integridad de la barrera



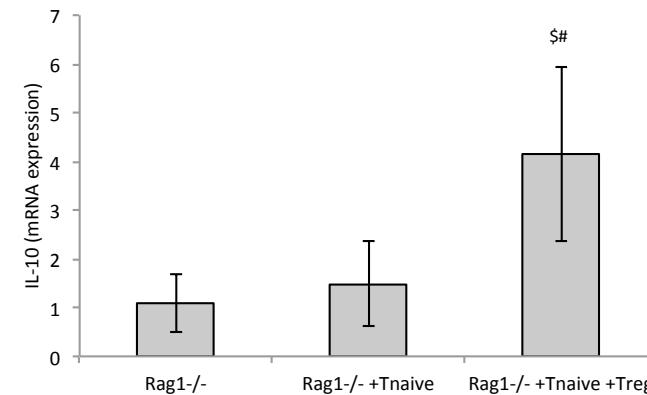
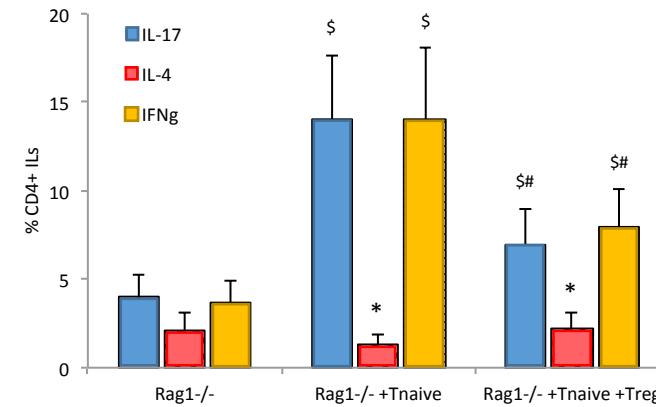
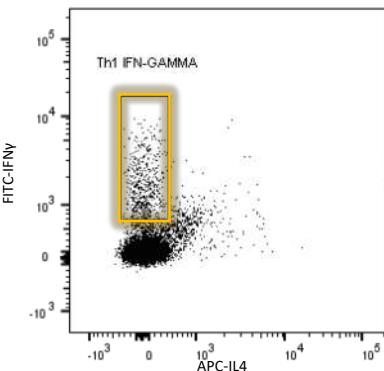
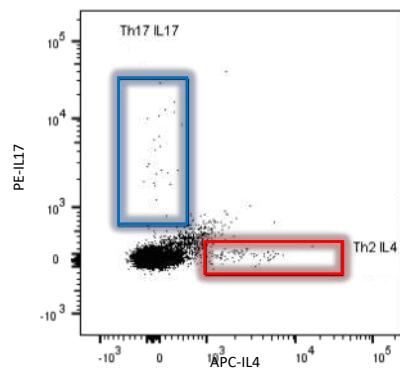
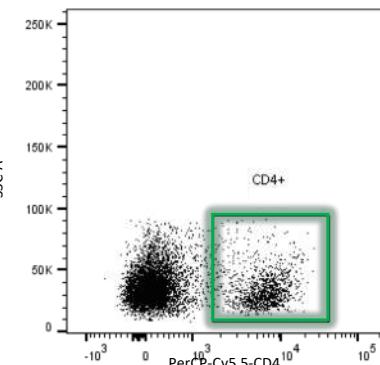
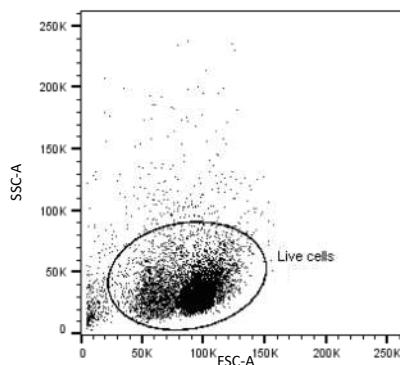
Distribución de proteínas implicadas en la integridad de la barrera



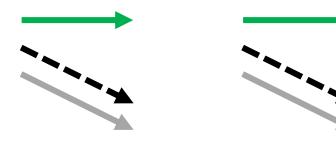
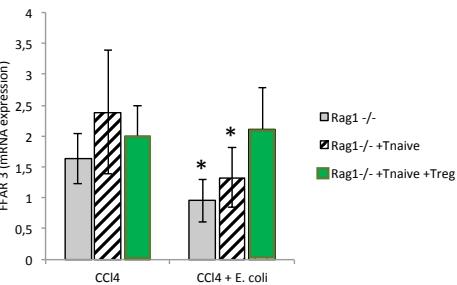
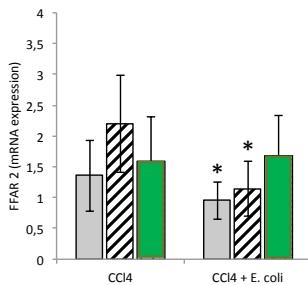
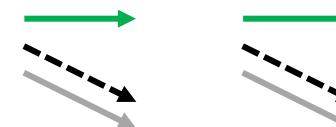
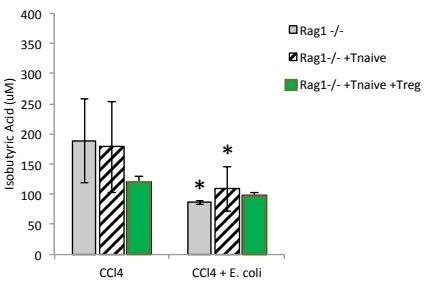
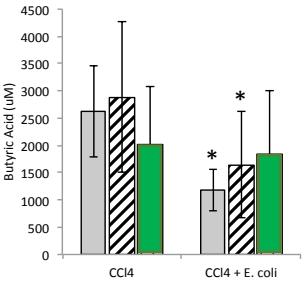
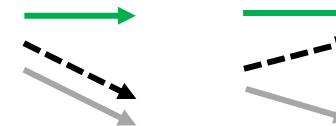
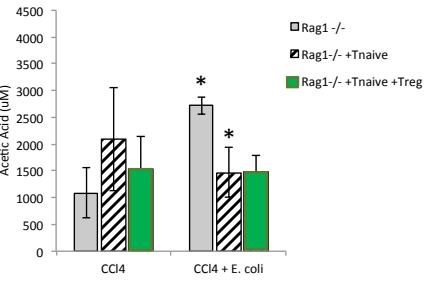
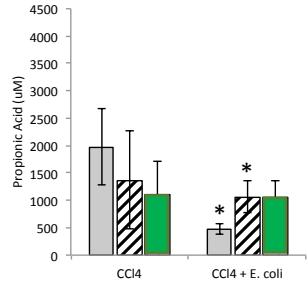
Expresión de proteínas implicadas en la integridad de la barrera



Diferenciación de la respuesta T y expresión de citocinas



Niveles de SCFAs y receptores en pared intestinal

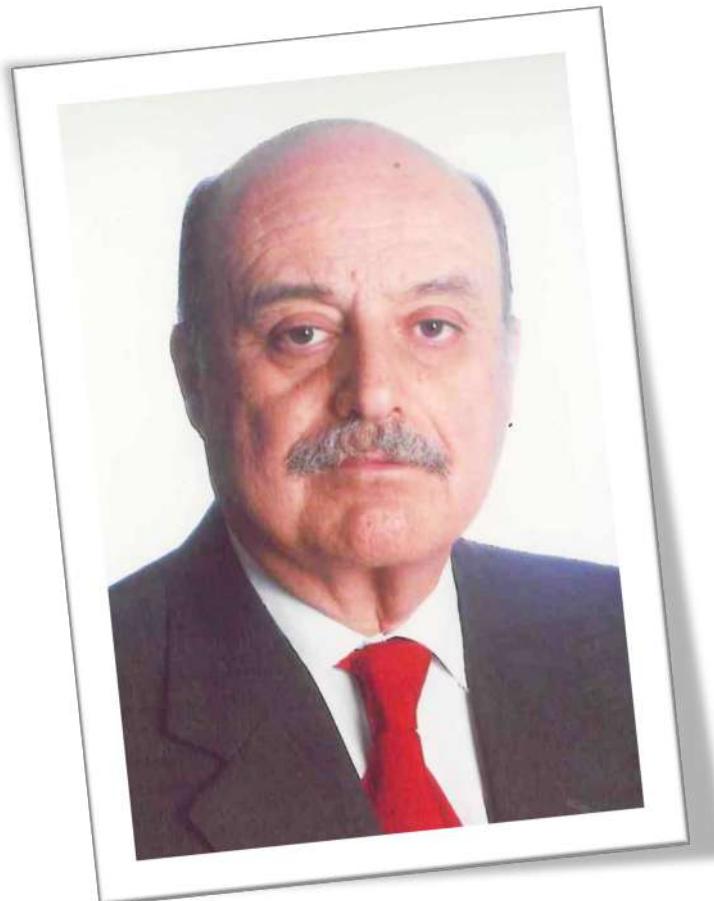


Conclusiones

- Las células T reguladoras contribuyen a:
 - reducir la permeabilidad intestinal
 - mejorar la integridad de la barrera
 - limitar los episodios de TB
 - restringir la pérdida de SCFAs y sus receptores
- La estimulación de las Treg permite controlar la progression inflamatoria en la cirrosis

MIGUEL PÉREZ-MATEO

Miguel Pérez-Mateo



- Apoyo desde el comienzo
- Presidente del Tribunal de Tesis
- IP de múltiples proyectos
- Evaluador de Agencias Nacionales de Investigación
- Profesor de Universidad

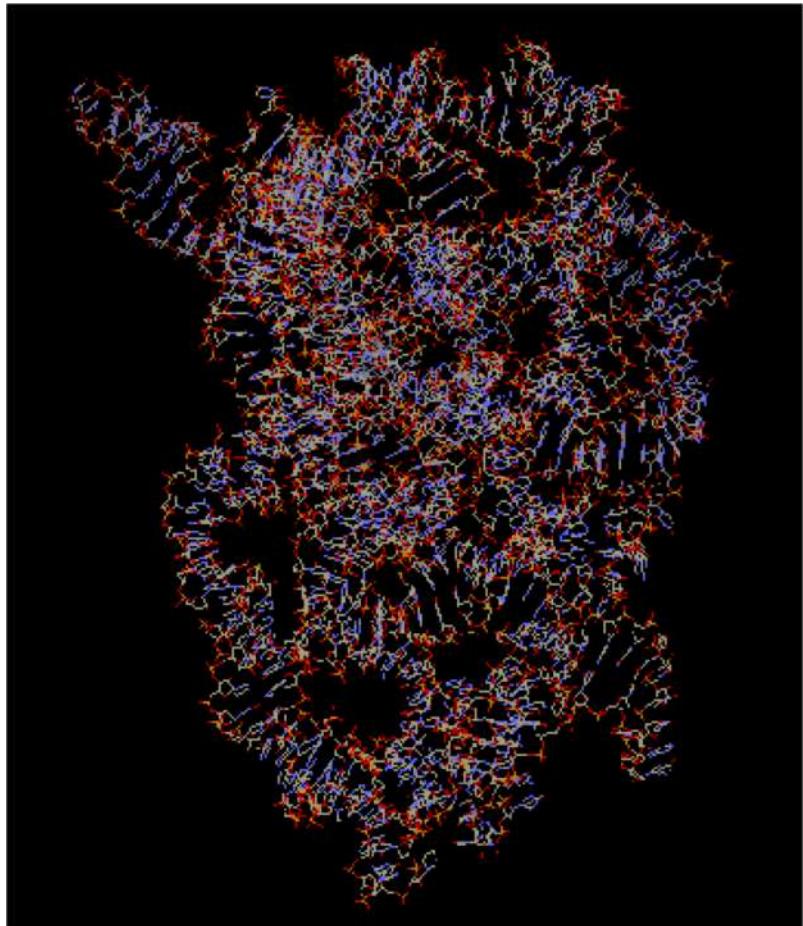
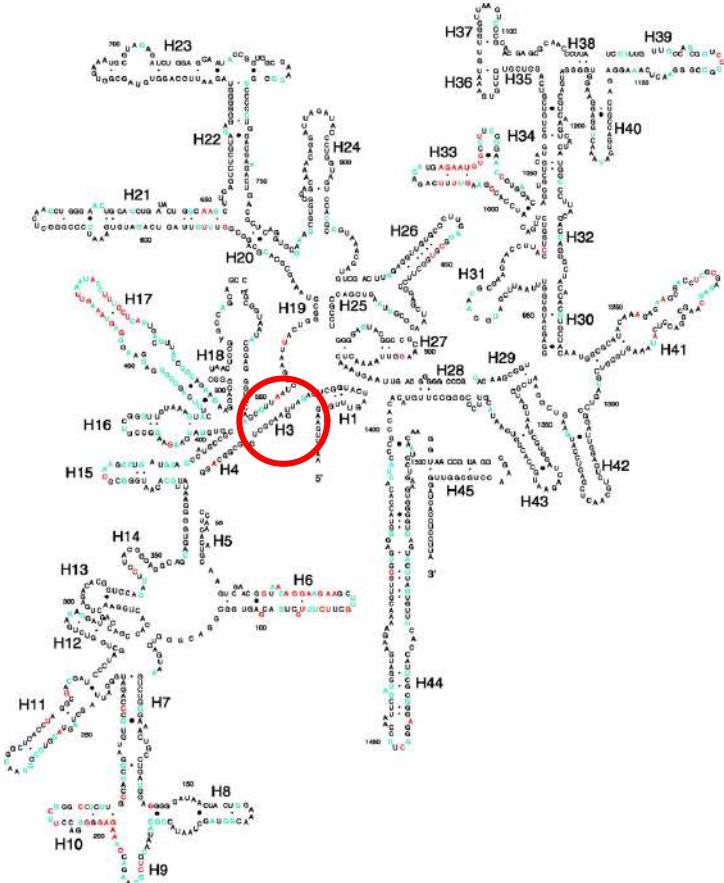
Miguel Pérez-Mateo

- Apoyo desde el comienzo
(protección)
- Apoyo en la etapa Rubén 2.0
(amistad)
- 1×10^6 consejos
- Tiempo juntos fuera del
Hospital



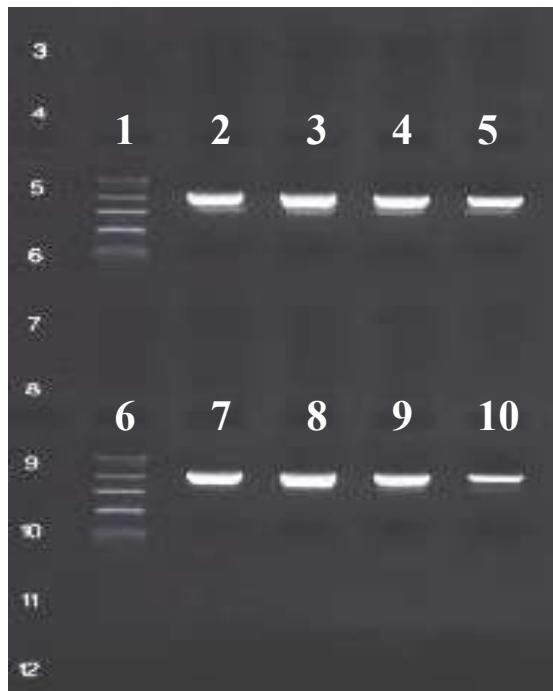
Detección de DNA bacteriano

Gen 16S rRNA de procariotas



Muchas pruebas... y a cruzar los dedos !!

1. Control MW
2. *E.coli*
3. *S. agalactiae*
4. *S. epidermidis*
5. *K. pneumoniae*
6. Control MW
7. *P. aureuginosa*
8. *P. mirabilis*
9. *Salmonella*
10. *C. difficile*



1. Control MW
2. Suero paciente 1
3. LA paciente 1
4. Suero paciente 2
5. LA paciente 2
6. *E.coli*
7. Control MW
8. Suero paciente 3
9. LA paciente 3
10. Control negativo
11. Control negativo
12. Reactivos









ADN bacteriano en LA estéril

Calle 1. *Contra la cirrosis*

Calle 2. *Contra la ascitis*

Calle 3. *Contra la transplante*

Calle 4. *Contra la cirrosis*

Calle 5. *Contra la cirrosis*

Calle 6. *Contra la cirrosis*

Detection and Identification of bacterial DNA in Patients With Cirrhosis and Culture-Negative, Nonneutrocytic Ascites

José Such¹, Rubén Francés², Carlos Muñoz², Pedro Zapater³, Juan A. Casellas¹, Francisco Rodríguez-Vázquez¹, Sonia Pascual¹, Javier Solá-Vera¹, Fernando Carrasco¹, José M. Palau¹, and Miguel Pérez-Mateo¹

The current pathogenic theory of spontaneous bacterial peritonitis (SBP) in cirrhosis and ascites suggests that repeated episodes of bacteria in intestinal lumen or mesenteric lymph nodes followed by systemic circulation remain undetected. Therefore, SBP from a culture-negative ascitic fluid is usually underdiagnosed. We have performed a consecutive study of patients with cirrhotic ascites (culture-negative) admitted to our hospital with similar symptoms to those described in the literature. Bacterial DNA was detected using a polymerase chain reaction (PCR). The corresponding bacteria were identified using PCR sequencing. Bacterial DNA was detected in 31% of ascites (n = 21). In all cases, the culture of ascitic fluid indicated the presence of *Child-Pugh* class A patients. In addition, different pathogens were detected. The analysis of the first sample was identical to the second. In conclusion, we have detected bacterial DNA in ascitic fluid in a subgroup of patients (*E. coli* is the most frequently identified).

A Sequential Study of Serum With Advanced Cirrhosis

Rubén Francés¹, Susana Benítez¹, Pedro Zapater¹, José M. Palau¹, Francisco Uceda¹, José A. Casellas¹, Francisco Uceda¹, José M. Palau¹, and Miguel Pérez-Mateo¹

Bacterial translocation is currently considered as a causative factor in spontaneous bacterial peritonitis in patients with cirrhosis. The goals of this study were to evaluate the presence of bacterial DNA in serum and ascitic fluid in patients with advanced cirrhosis and to determine its relationship with the clinical course of the disease.

The current pathogenic theory of spontaneous bacterial peritonitis (SBP) in cirrhosis and ascites suggests that repeated episodes of bacteria in intestinal lumen or mesenteric lymph nodes followed by systemic circulation remain undetected. Therefore, SBP from a culture-negative ascitic fluid is usually underdiagnosed. We have performed a consecutive study of patients with cirrhotic ascites (culture-negative) admitted to our hospital with similar symptoms to those described in the literature. Bacterial DNA was detected using a polymerase chain reaction (PCR). The corresponding bacteria were identified using PCR sequencing. Bacterial DNA was detected in 31% of ascites (n = 21). In all cases, the culture of ascitic fluid indicated the presence of *Child-Pugh* class A patients. In addition, different pathogens were detected. The analysis of the first sample was identical to the second. In conclusion, we have detected bacterial DNA in ascitic fluid in a subgroup of patients (*E. coli* is the most frequently identified).

Bacterial DNA activates cell mediated immune response and nitric oxide overproduction in peritoneal macrophages from patients with cirrhosis and ascites

R. Francés, C. Muñoz, P. Zapater, F. Uceda, I. Gascón, S. Pascual, M. Pérez-Mateo, J. Such

Background and aims: Translocation of intestinal bacteria to ascitic fluid is probably the first step to development of spontaneous bacterial peritonitis (SBP). We consider that molecular evidence of bacterial DNA in blood and ascitic fluid from patients with cirrhosis. We hypothesize that the presence of bacterial DNA in ascitic fluid could activate the type I immune responses in vitro. In particular, we hypothesize that the presence of bacterial DNA in ascitic fluid could induce the production of cytokines and nitric oxide (NO) in peritoneal macrophages. Methods: Peritoneal macrophages obtained from patients with cirrhosis and ascites and culture media were collected and characterized for flow cytometry, individual NO production and NO release measured by chemiluminescence. Results: Peritoneal macrophages obtained from patients with cirrhosis and ascites produced increased levels of cytokines (IL-6, IL-8, IL-12, tumor necrosis factor- α , and granulocyte-macrophage colony-stimulating factor) and NO production compared with those obtained from patients with liver cirrhosis and ascites. The presence of bacterial DNA in ascitic fluid induced NO release and cytokine production. Conclusion: The ability of bacterial DNA to stimulate the production of cytokines and NO in peritoneal macrophages from patients with cirrhosis and ascites is dose-dependent.

Independent Prognostic Factor in Noninfected Patients with Cirrhosis

Pedro Zapater¹, Rubén Francés², José M. González-Viejo³, María A. de la Hoz², Raquel Moreno², Sonia Pascual¹, Daniel Gómez-González¹, José M. Palau¹, Fermín García-Bonilla¹, Miguel Pérez-Mateo¹, Sergio Gómez-Aznar¹, Alfonso Solà-Vera¹, Ignacio Llorente¹, Francisco Uceda¹, José A. Casellas¹, Francisco Uceda¹, José M. Palau¹, and Miguel Pérez-Mateo¹

We assessed the hypothesis that the presence of bacterial DNA in ascitic fluid is an independent prognostic factor in noninfected patients with cirrhosis. We analyzed the clinical outcome of 154 patients with cirrhosis with ascitic fluid and ascites. We used a Cox proportional hazard regression model to assess the prognostic value of bacterial DNA in ascitic fluid. We also evaluated the prognostic value of bacterial DNA in serum. We found that bacterial DNA in ascitic fluid was associated with a higher risk of death (hazard ratio [HR] 1.5; 95% confidence interval [CI], 1.1–2.0; $P = .003$) and that bacterial DNA in serum was associated with a lower risk of death (HR 0.6; 95% CI, 0.4–0.8; $P = .001$). The presence of bacterial DNA in ascitic fluid was associated with a higher risk of death (HR 1.5; 95% CI, 1.1–2.0; $P = .003$) and that bacterial DNA in serum was associated with a lower risk of death (HR 0.6; 95% CI, 0.4–0.8; $P = .001$). The presence of bacterial DNA in ascitic fluid was associated with a higher risk of death (HR 1.5; 95% CI, 1.1–2.0; $P = .003$) and that bacterial DNA in serum was associated with a lower risk of death (HR 0.6; 95% CI, 0.4–0.8; $P = .001$).

AGRADECIMIENTOS

Grupo Vithas



Real Academia



Dr. Caturla



Dr. Lluís



Servicio de Medicina Digestiva



Grupo CIBERehd - HGUA - UMH



Família Francés Gutiérrez



Gracias Miguel

