

A microscopic image showing various cells. In the foreground, there are several large, spiky cells. One is a large, clear, somewhat spherical cell with a textured surface. To its right is a smaller, purple, spiky cell. Below these are two more spiky cells, one orange and one purple. The background is filled with many smaller, blue, spherical cells. The overall scene is brightly lit, with some light artifacts and a slightly grainy texture.

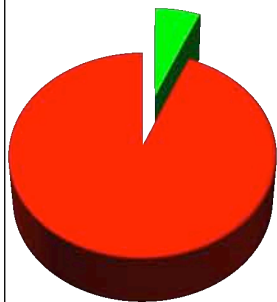
# DEVELOPMENT OF IN VITRO STRATEGIES FOR STUDYING T-CELL MEDIATED TO IMMUNOLOGICAL REACTIONS TO DRUGS

**Enrique Gomez**  
**Research Laboratory**  
**Fundacion IMABIS-Carlos Haya Hospital**  
**Málaga, Spain**

**Adverse Drug Reactions (ADR):** a response to a drug that is noxious and unintended and occurs at doses normally used in man for the prophylaxis, diagnosis or therapy of disease, or modification of physiological function. (*World Health Organization, 1972*).

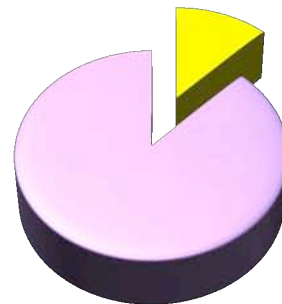
A percentage of all ADR are produced by an altered immunologic response to the drug and are named **Allergic drug reactions with an immunological basis or ADRIB** (*Gruchalla R., J Allergy Clin Immunol. Allergy 2003*).

### HOSPITAL ADMISSIONS



ADR  
6%

### HOSPITALIZED PATIENTS

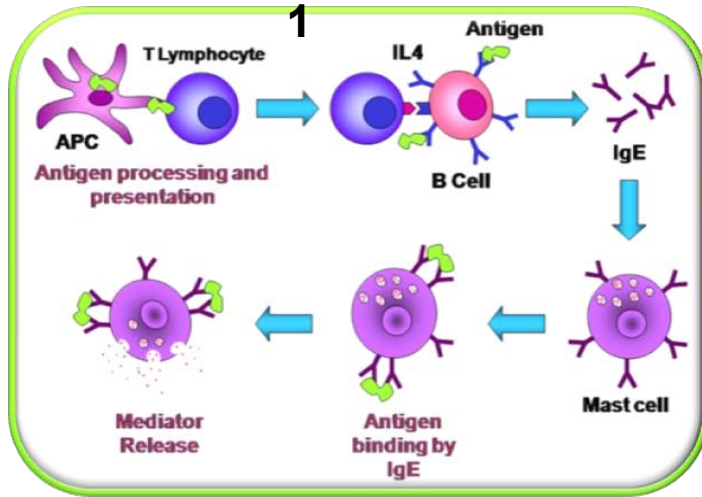


ALLERGIC REACTION  
10-15%

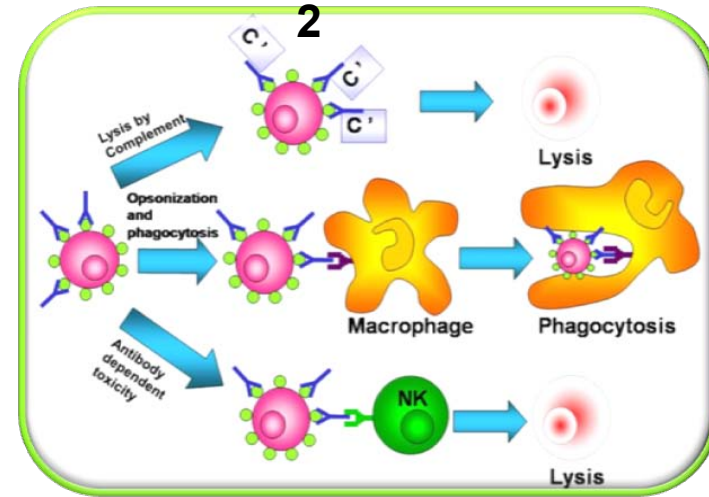
# ALLERGIC REACTIONS CLASSIFICATION

## MECHANISM

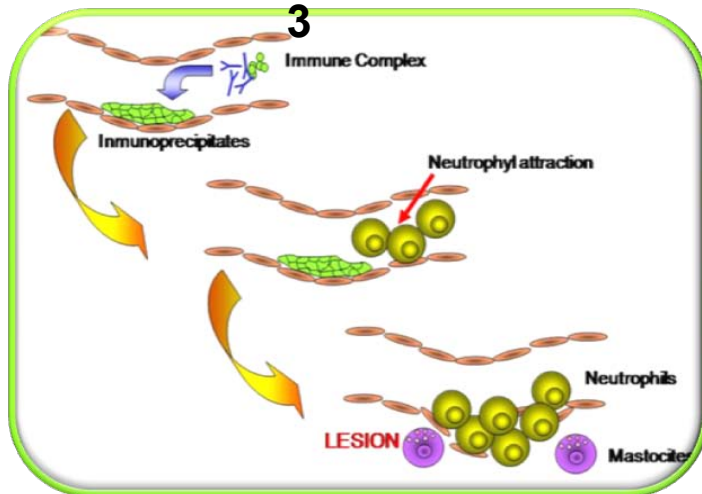
### Type 1 INVOLVED



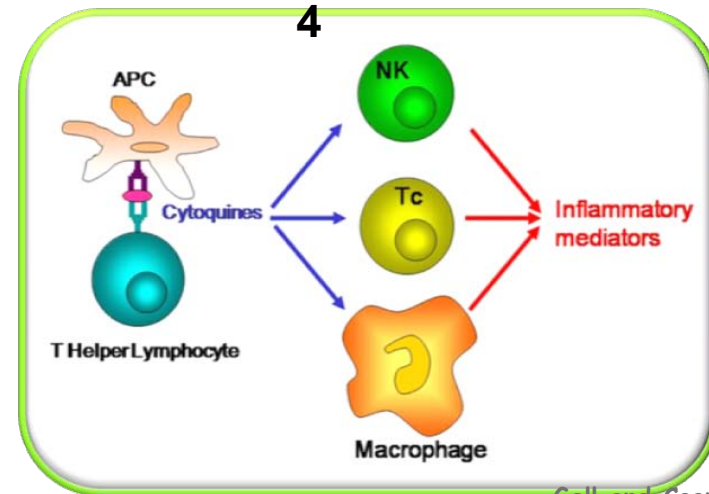
### Type 2



### Type 3



### Type 4



# CLASSIFICATION OF ALLERGIC REACTIONS

## TIME INTERVAL

### IMMEDIATE:

**IgE mediated**

**Th2 (IL4, IL5, IL10, IL13)**

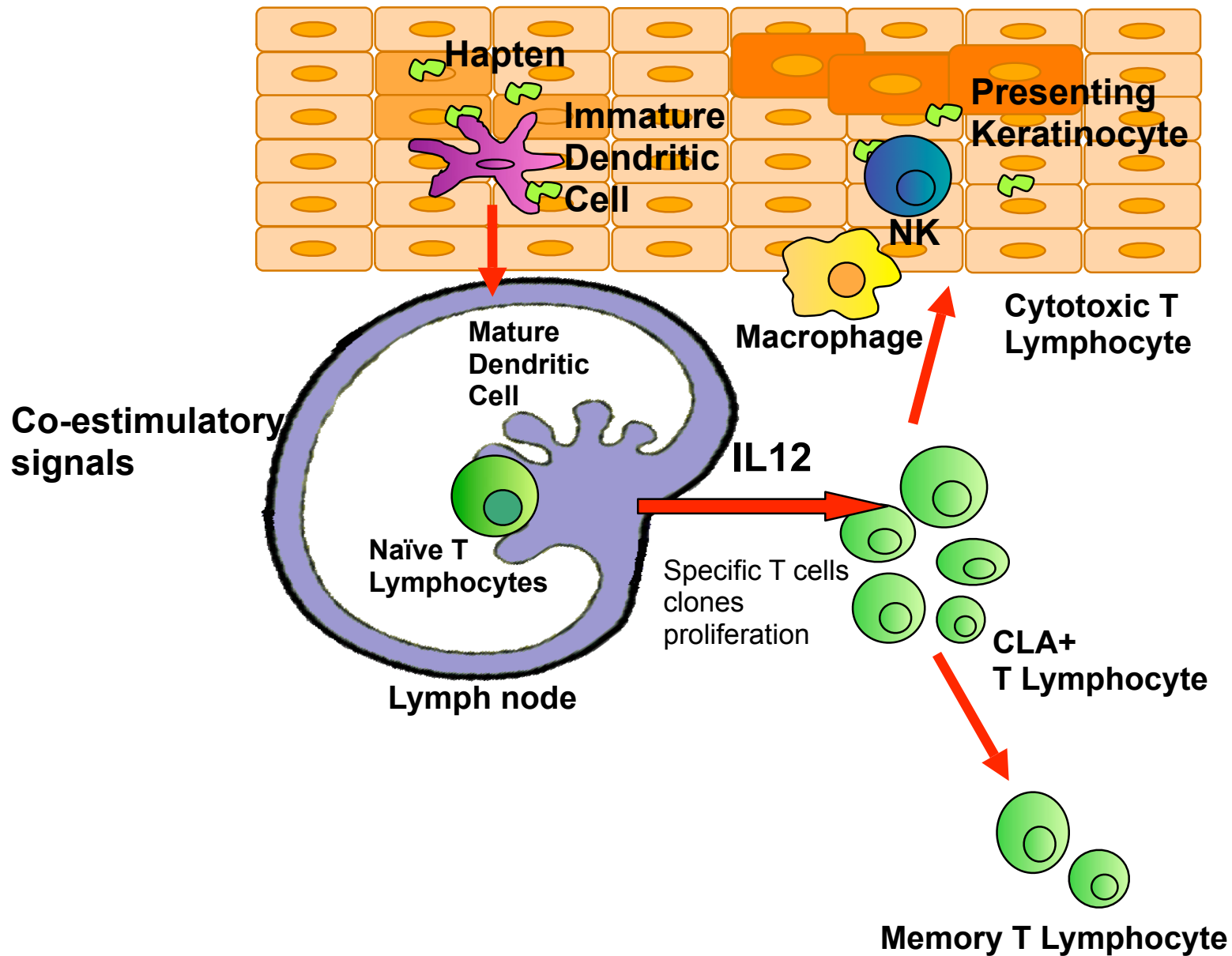
### NON-IMMEDIATE:

**T-cell mediated**

**Th1 (IFN $\gamma$ , TNF $\alpha$ ,  
IL12)**

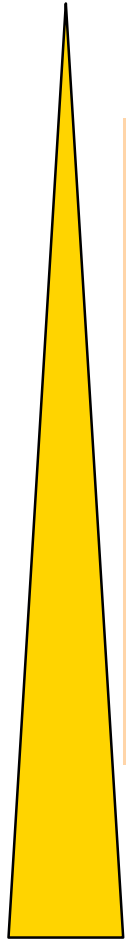
# T-CELL MEDIATED REACTIONS

# Cellular Response Th1



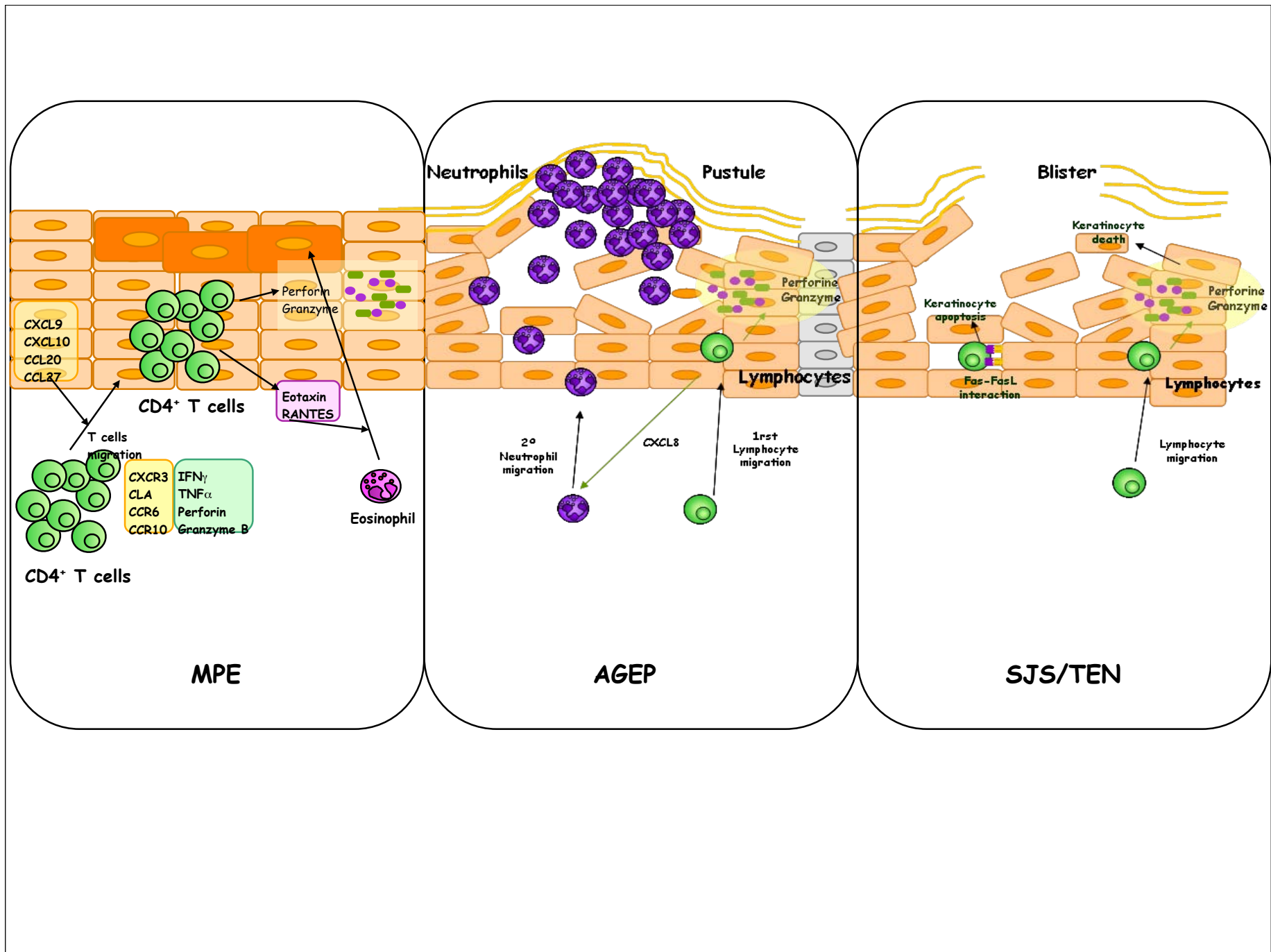
# Pathologies

Less Severe



More Severe

- Urticaria/angioedema
- Exanthema maculopapular
- Exanthema fixed
- Dermatitis
- Acute Generalised Exanthematic Pustulosis (AGEP)
- SJS
- Toxic Epidermal Necrolysis



# DIAGNOSTIC APPROACH

Clinical history

In vivo

Skin test




Drug provocation test



**In vitro tests**

# IN VITRO TESTS

## Advantages:

-  No risk.
-  Skin diseases or other treatments.
-  Less time consuming.

## Disadvantages:

-  Less sensitive.

## NON IMMEDIATE REACTIONS

- Monitorization of the acute response
- Resolution phase study

# EVALUATION OF NON-IMMEDIATE REACTIONS

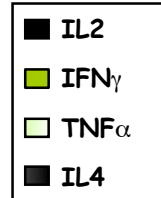
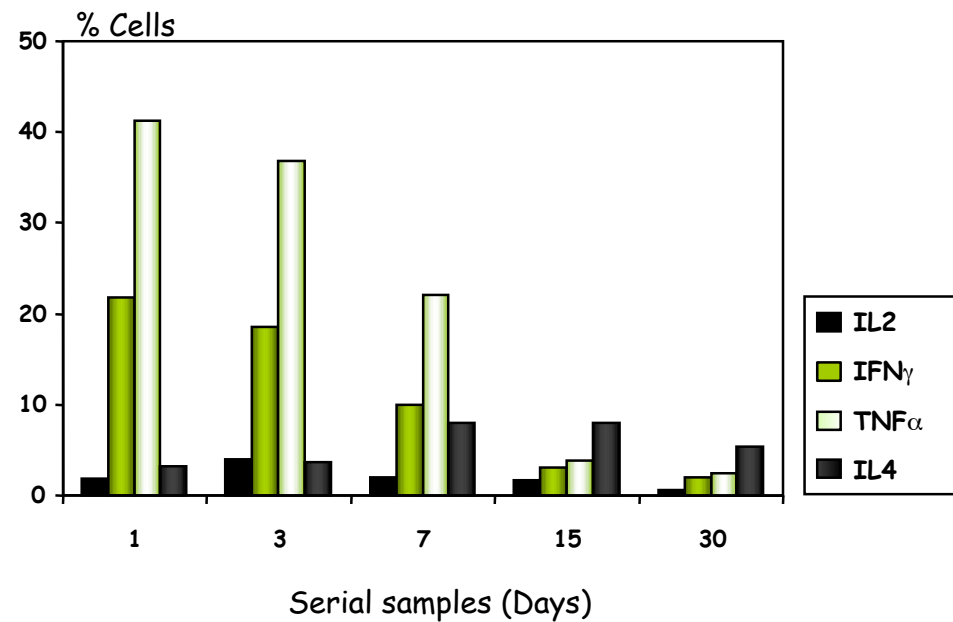
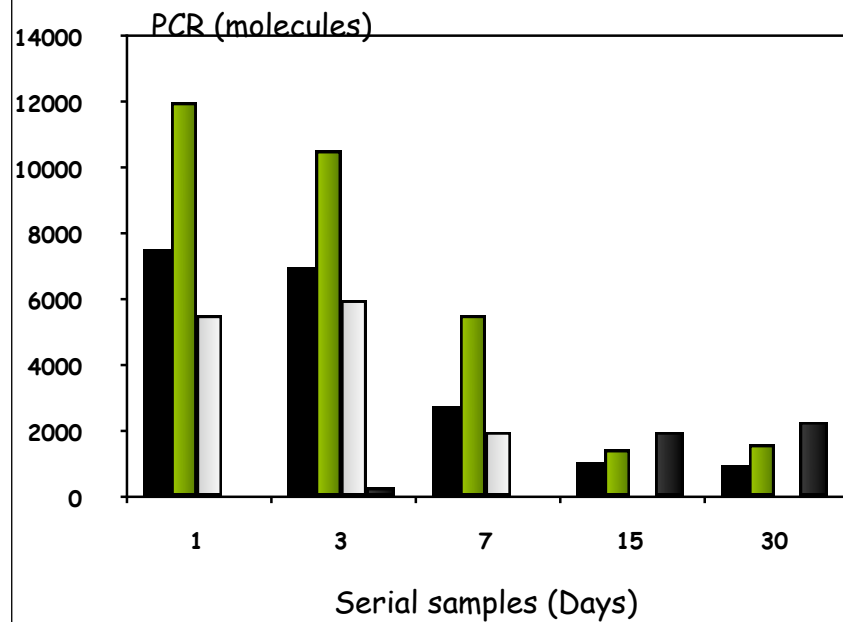
- IMMUNOHISTOCHEMISTRY
- REALTIME PCR
- FLOW CYTOMETRY
- CELL CULTURE

# Monitorization of the acute response

## Analysis with different methodology

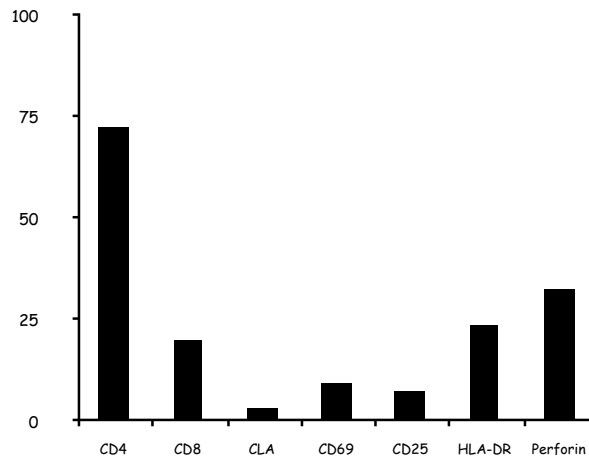
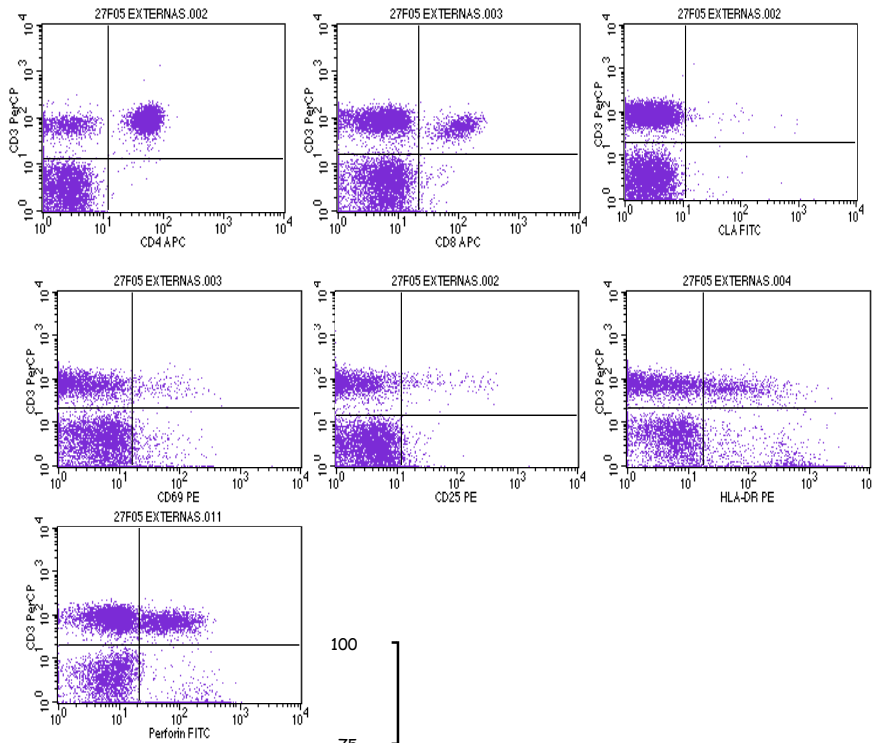
RT-PCR

Flow cytometry

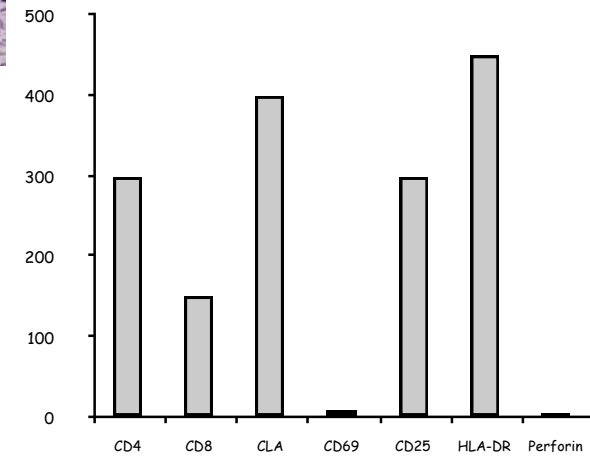
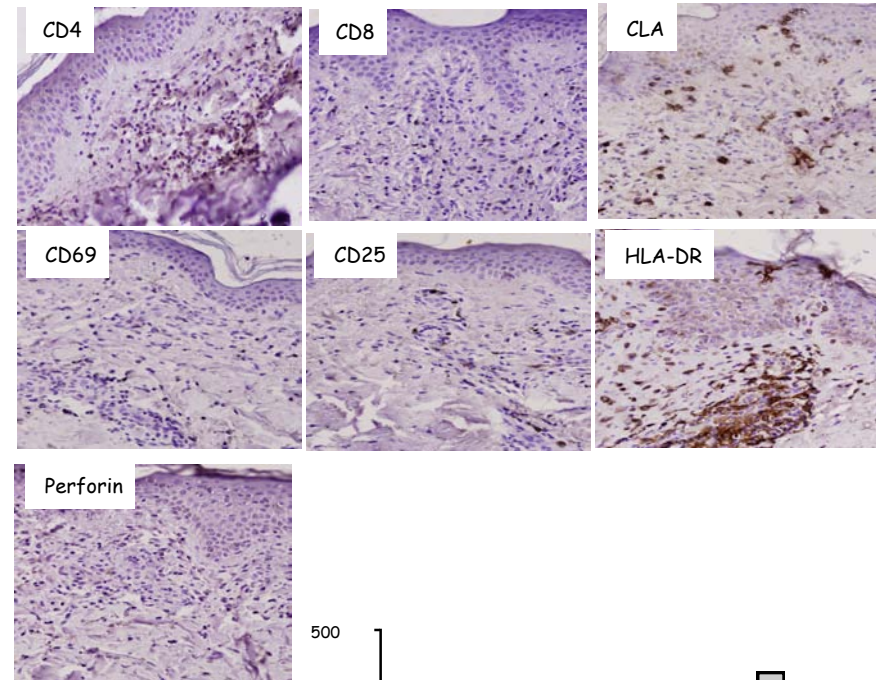


# Monitorization of the acute response

## Analysis in different compartments

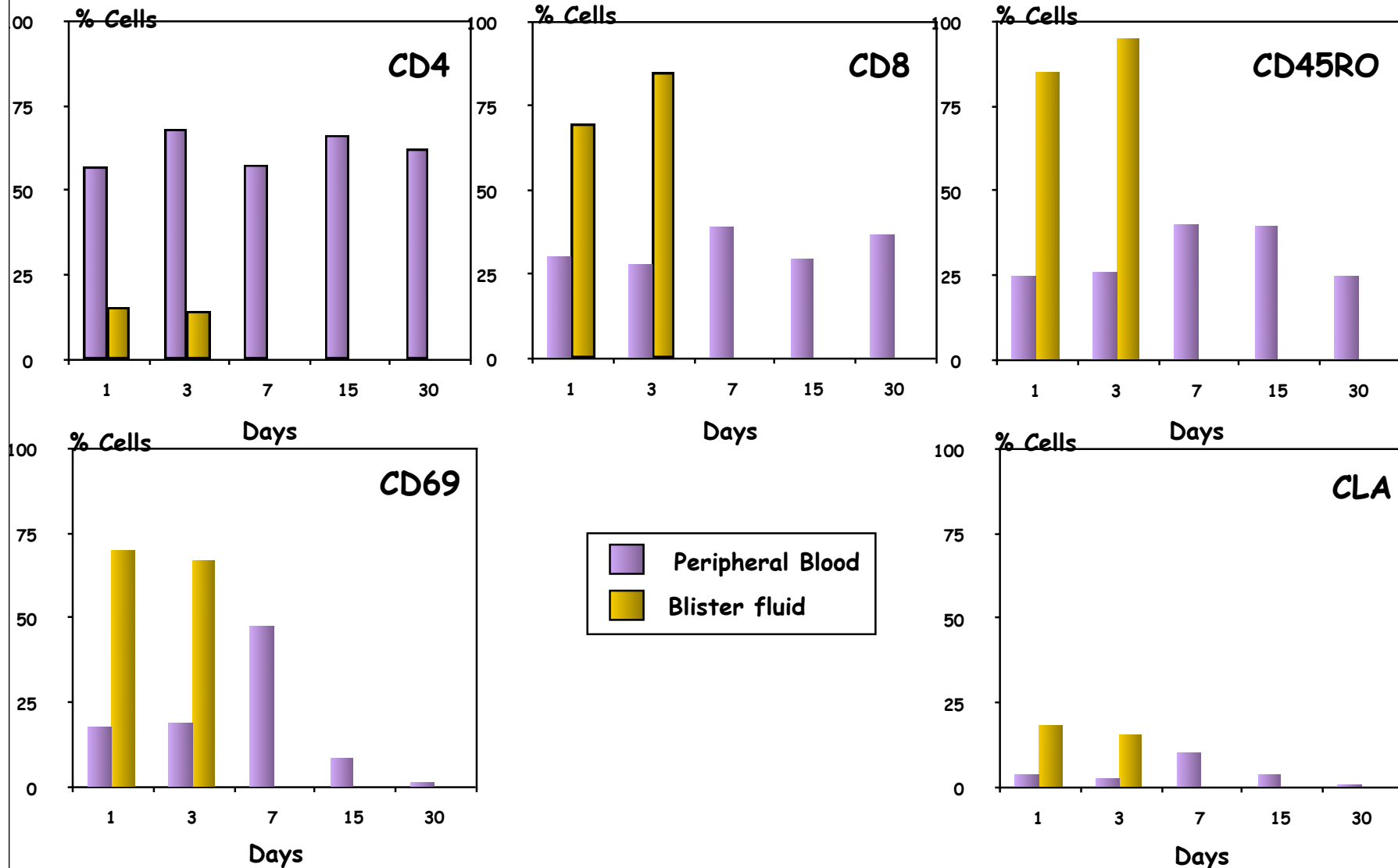


■ Peripheral Blood



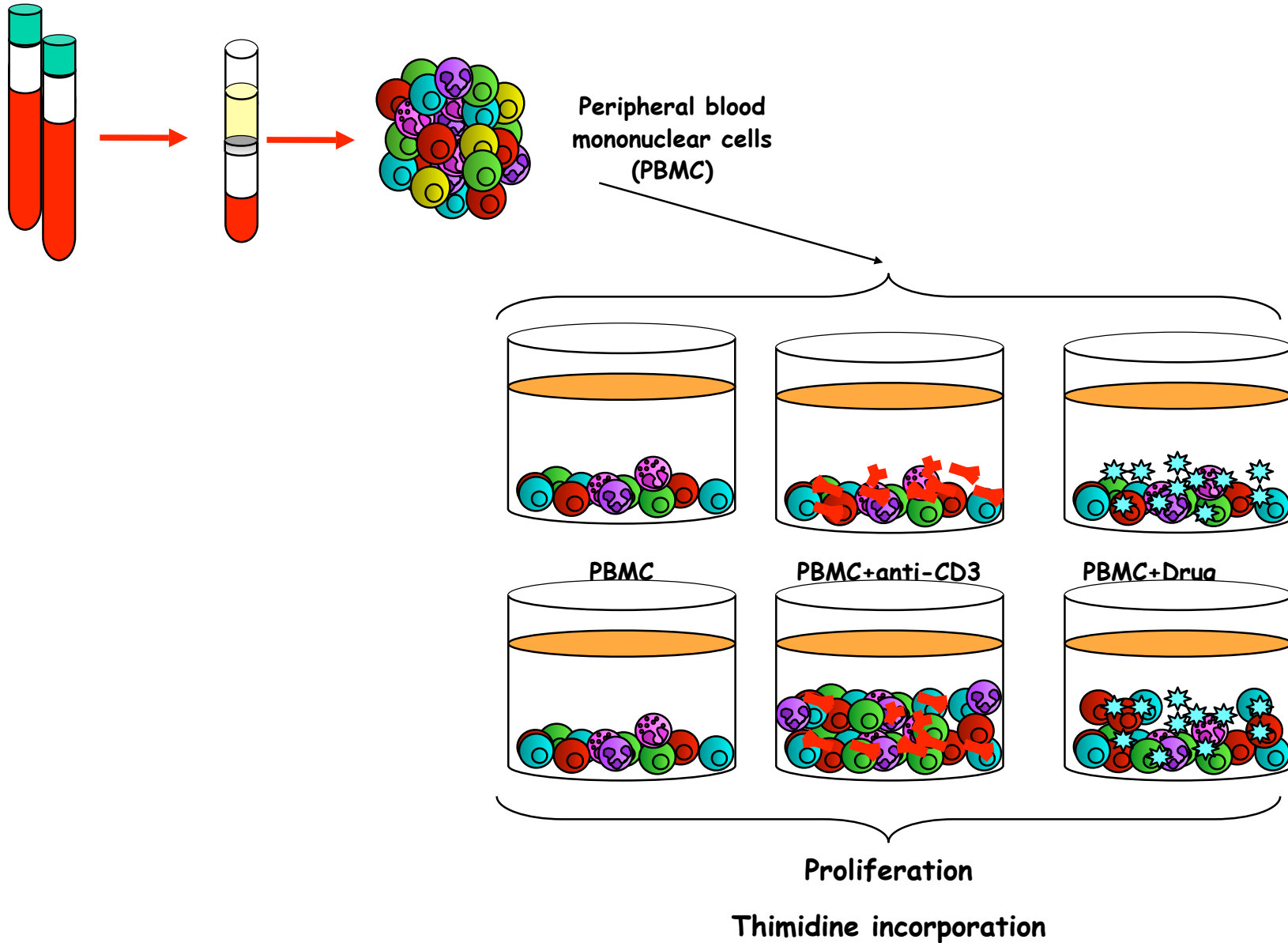
■ Skin Biopsies

# Monitorization of the acute response Analysis in different compartments



# LYMPHOCYTE TRANSFORMATION TEST (LTT)

# LYMPHOCYTE TRANSFORMATION TEST (LTT)



# LTT IN BETALACTAMS ALLERGY

<u>SENSITIVITY</u>	TOTAL	BP	AX	BP+AX
IMMEDIATE REACTIONS	64.5 %	19 %	26 %	19 %
NON IMMEDIATE REACTIONS	57.91%	5 %	26 %	26 %
TOTAL	62%			

<u>SPECIFICITY</u>	92.8 %
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# LTT IN DRUG HYPERSENSITIVITY

## SENSITIVITY

60-70%

## SPECIFICITY

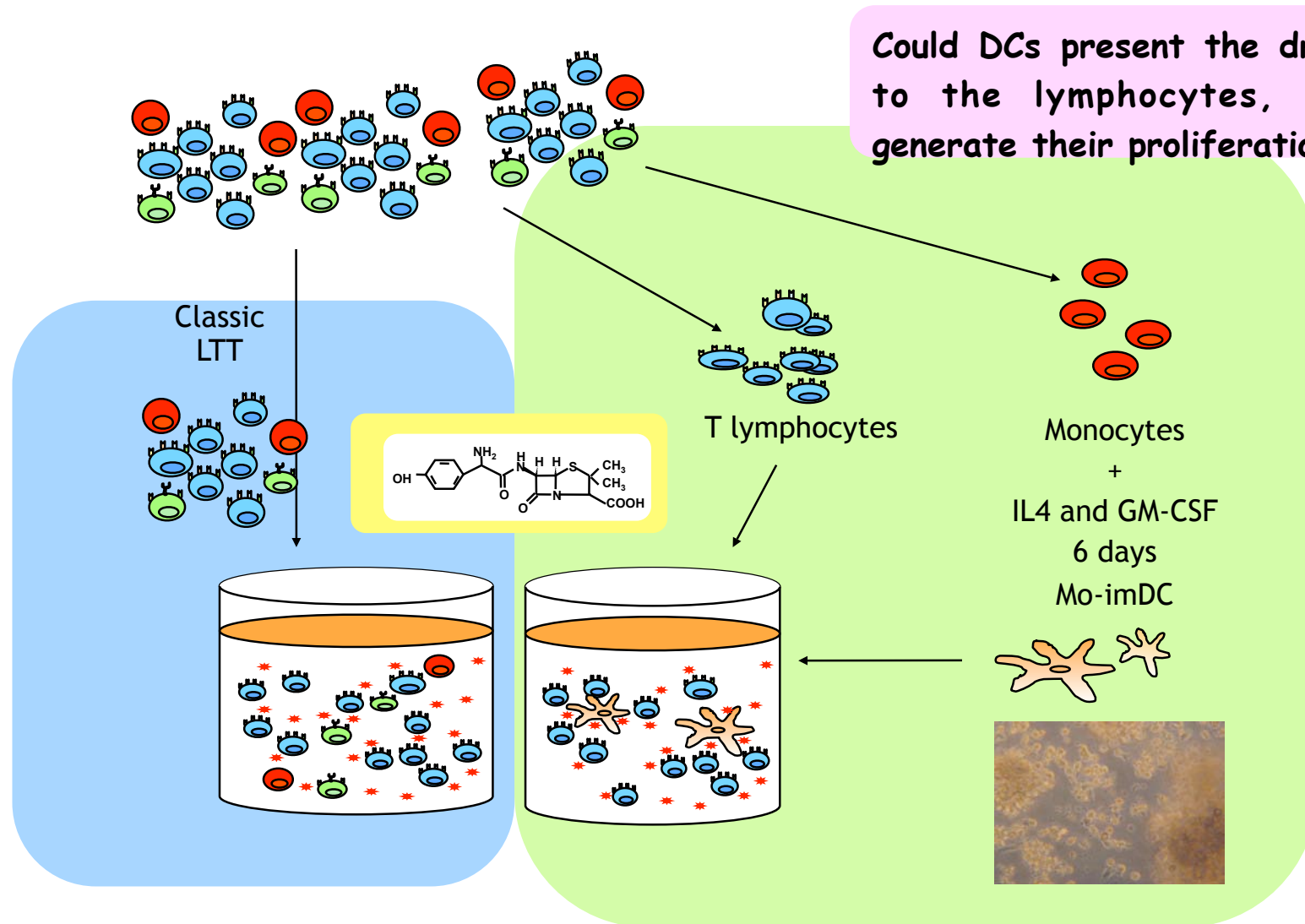
85%

- Sensitivity depends on the drug responsible
- High values in LTT are associated with high precursor frequency of drug specific T cells.
- Drug-specific cells persist for as long as 12 years in peripheral blood even after strict avoidance of the drug

Pichler WJ et al. Allergy 2004;59:809-820.

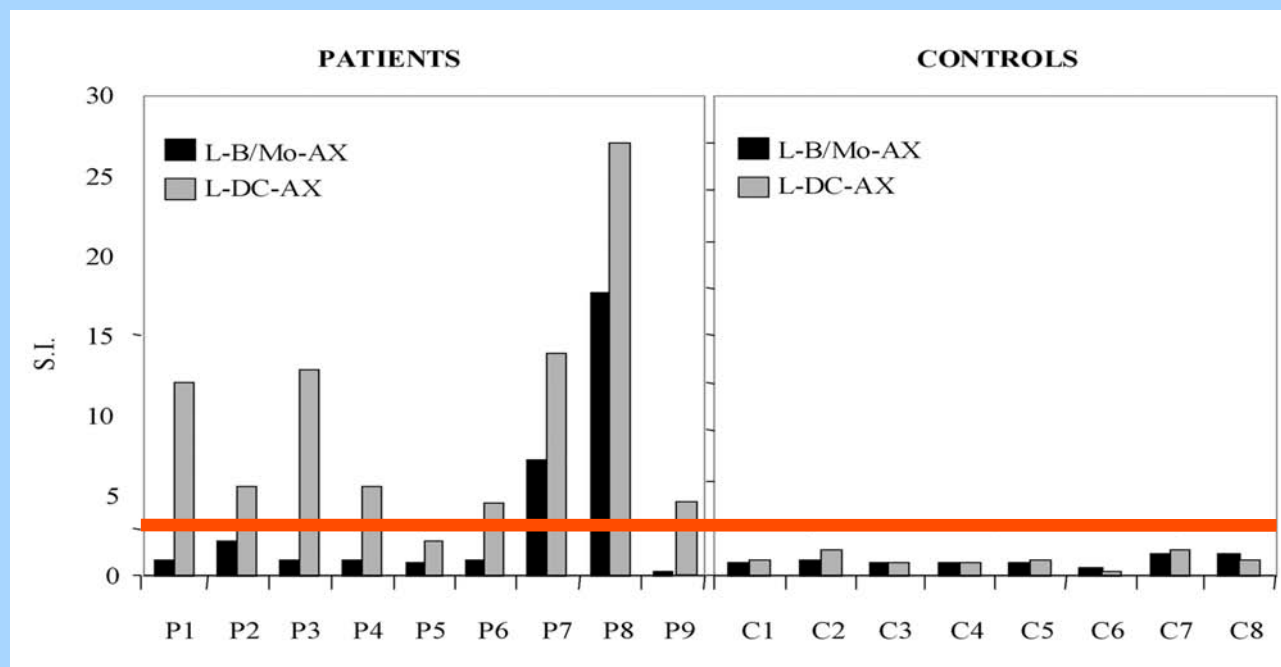
Beeler A et al. J Allergy Clin Immunol 2006;117:455-62.

# Monocytes+B cells vs DC as APC in the LTT



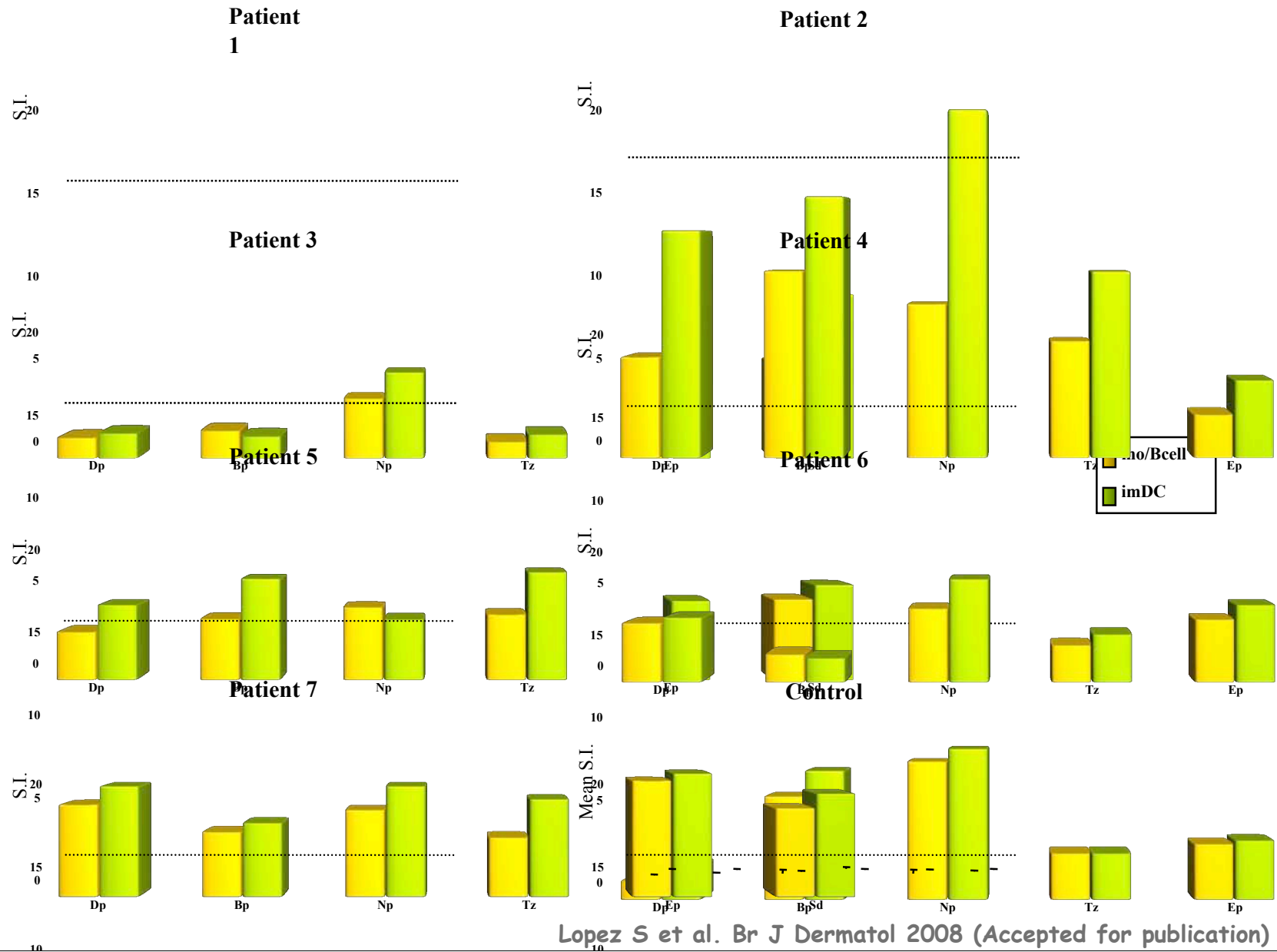
# LTT in NIR to AMOXICILLIN

SI>3 Positive



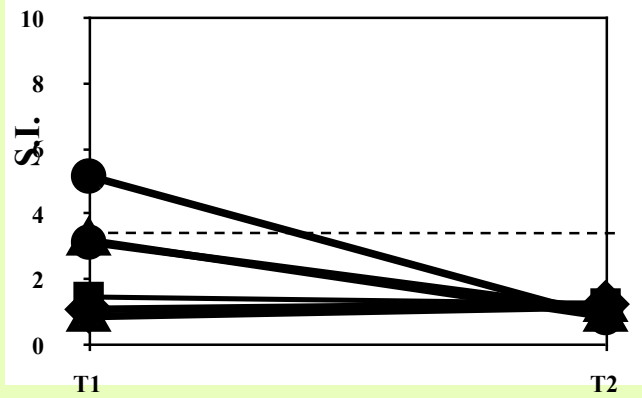
Monocytes+B cells versus DC as APC in the LTT

# LTT in NIR to HEPARINS

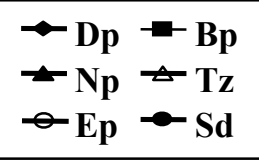
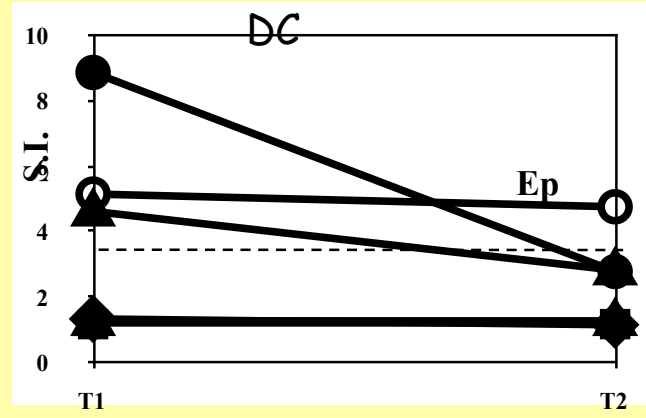


# LTT in NIR to HEPARINS

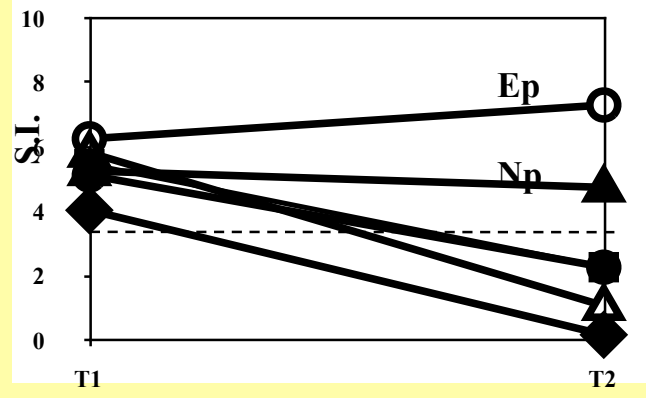
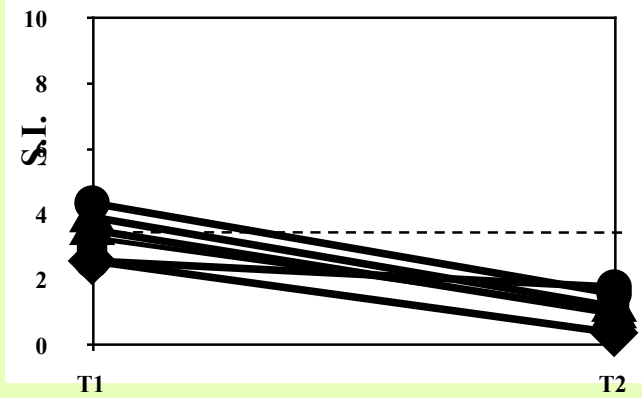
Mo/B cells



Patient 1



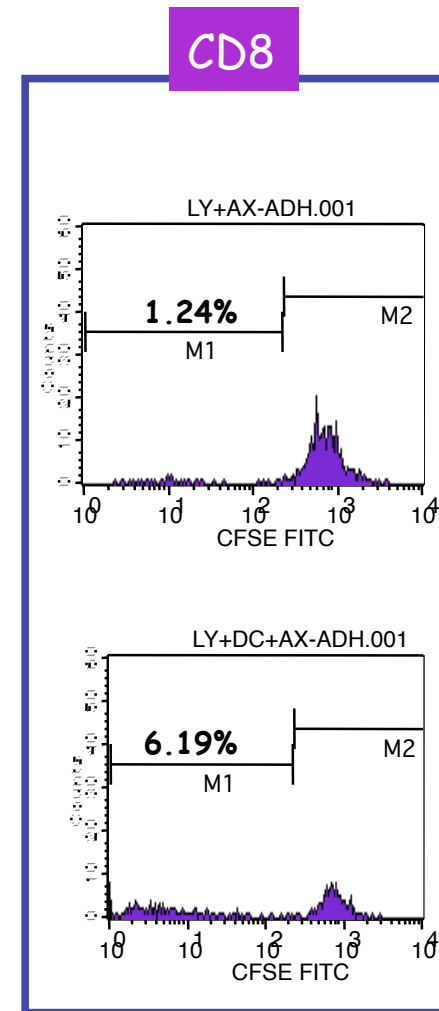
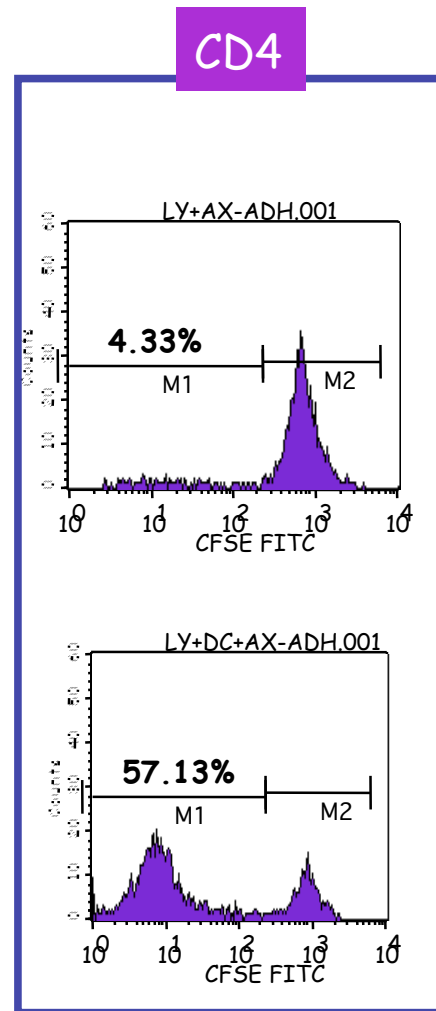
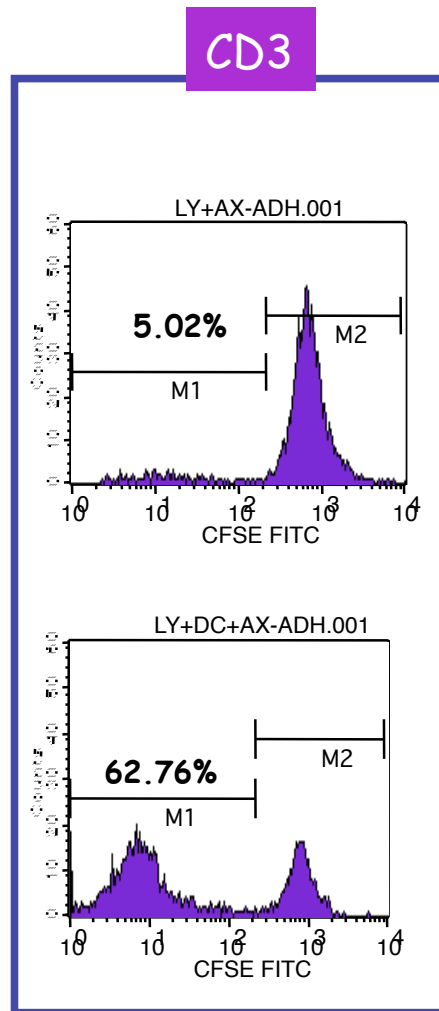
Patient 3



# LTT with CFSE

## NIR to AMOXICILLIN

without DCs



with DCs

# CONCLUSIONS

- ✓ The LTT has demonstrated to be useful in various diseases and with many different drugs.
- ✓ It can be improved with the use of dendritic cells as antigen presenting cells.
- ✓ The application of flow cytometric methods will help to identify the cell subpopulation involved in the drug recognition.
- ✓ More studies need to be carried out in different allergic drug reactions.



**THANK YOU!**

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