

Percorso di educazione alimentare rivolto a soggetti affetti da celiachia

Bologna, 05 dicembre 2011

ATTUALITÀ IN TEMA DI CELIACHIA

Marco Silano

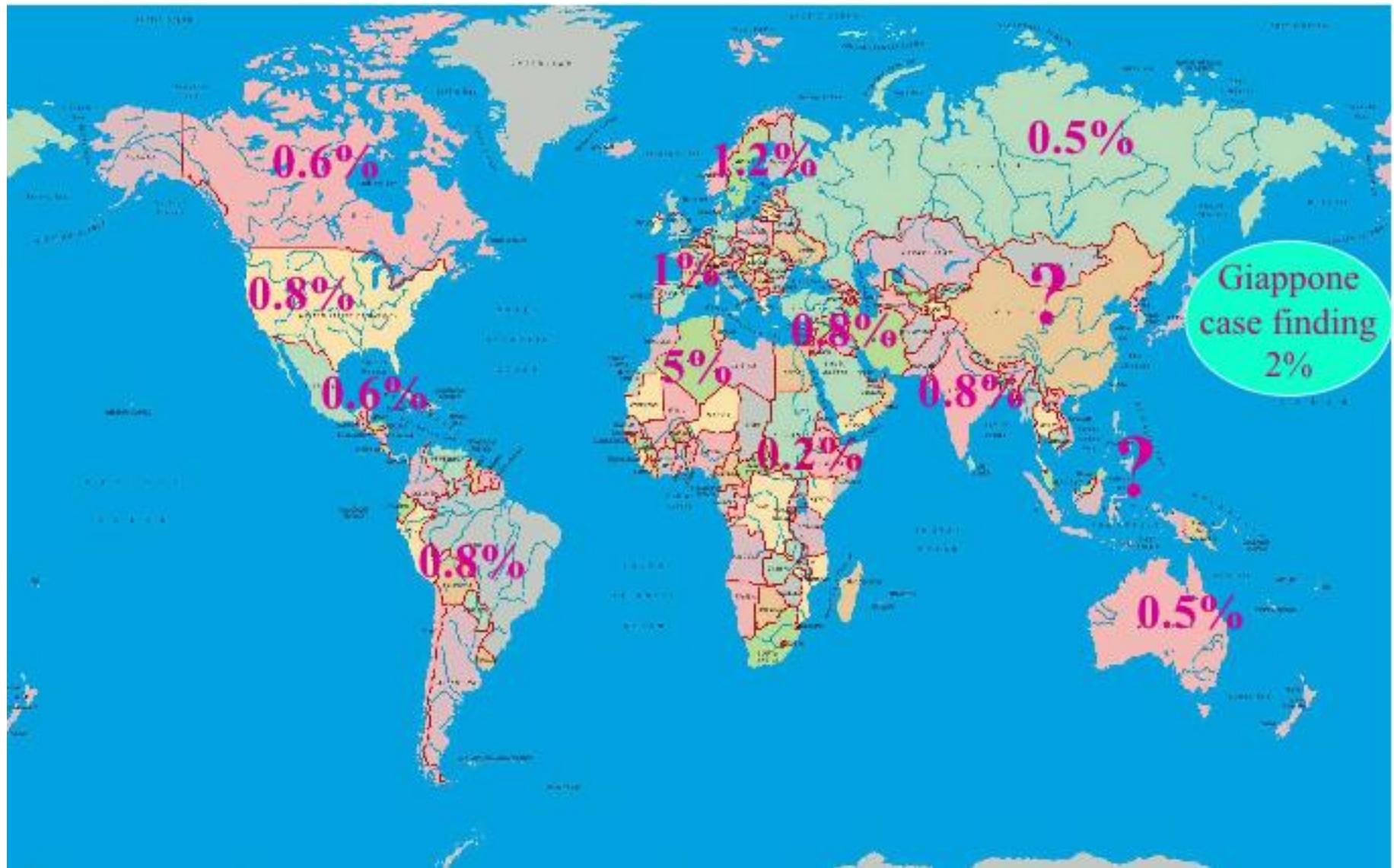
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Reparto di Alimentazione, Nutrizione e Salute*



MALATTIA CELIACA

Enteropatia permanente autoimmune scatenata dal glutine - gliadina del grano e alle analoghe proteine alcool-solubili di segale (secalina) ed orzo (ordeina) - in soggetti geneticamente predisposti, portatori degli alleli DQ2/8.

PREVALENZA MC NEL MONDO

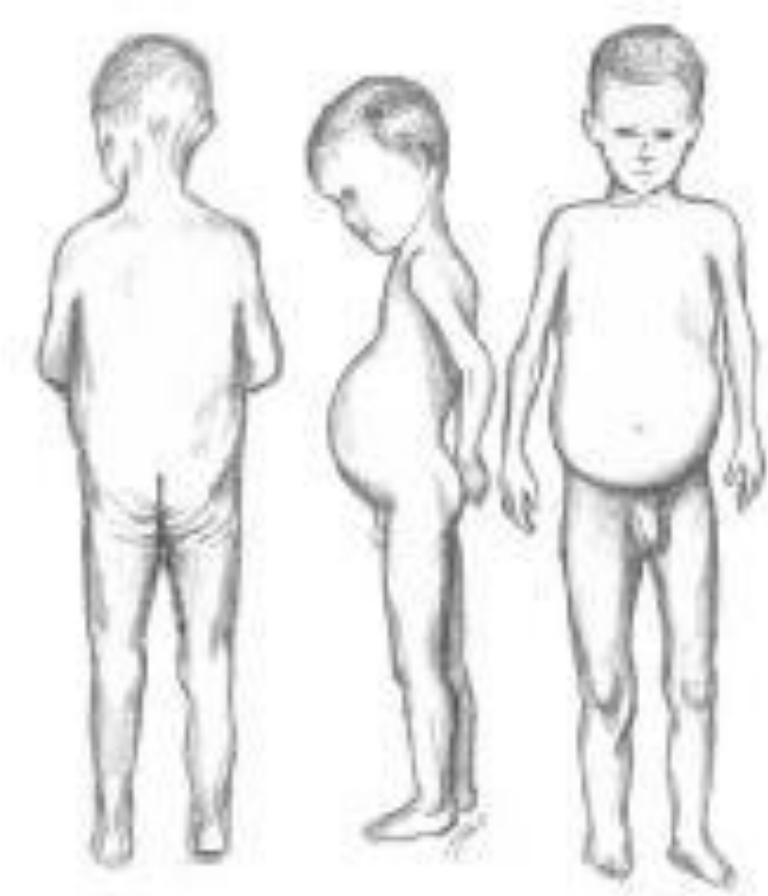


Courtesy of U. Volta

SINTOMATOLOGIA

Forma classica o tipica

- **Diarrea cronica**
- **Scarso
accrescimento**
- **Distensione
addominale**



SINTOMATOLOGIA

Forme atipiche

SINTOMI ATIPICI SECONDARI A MALASSORBIMENTO

- **Anemia sideropenica**
- **Steatosi epatica**
- **D.A.R.**
- **Coliche**

SINTOMI ATIPICI INDEPENDENTI DAL MALASSORBIMENTO

- **Dermatite erpetiforme**
- **Ipoplasia smalto dentale**
- **Alopecia - Psoriasis**
- **Cirrosi biliare primitiva**
- **Ipertransaminasemia**
- **Stomatite aftosa - Atassia**
- **Miastenia grave**
- **Pericardite - cardiomiopatie**
- **Polineuropatia**
- **Epilessia - Vasculite**
- **Ipo/Ipertiroidismo**

SINTOMATOLOGIA

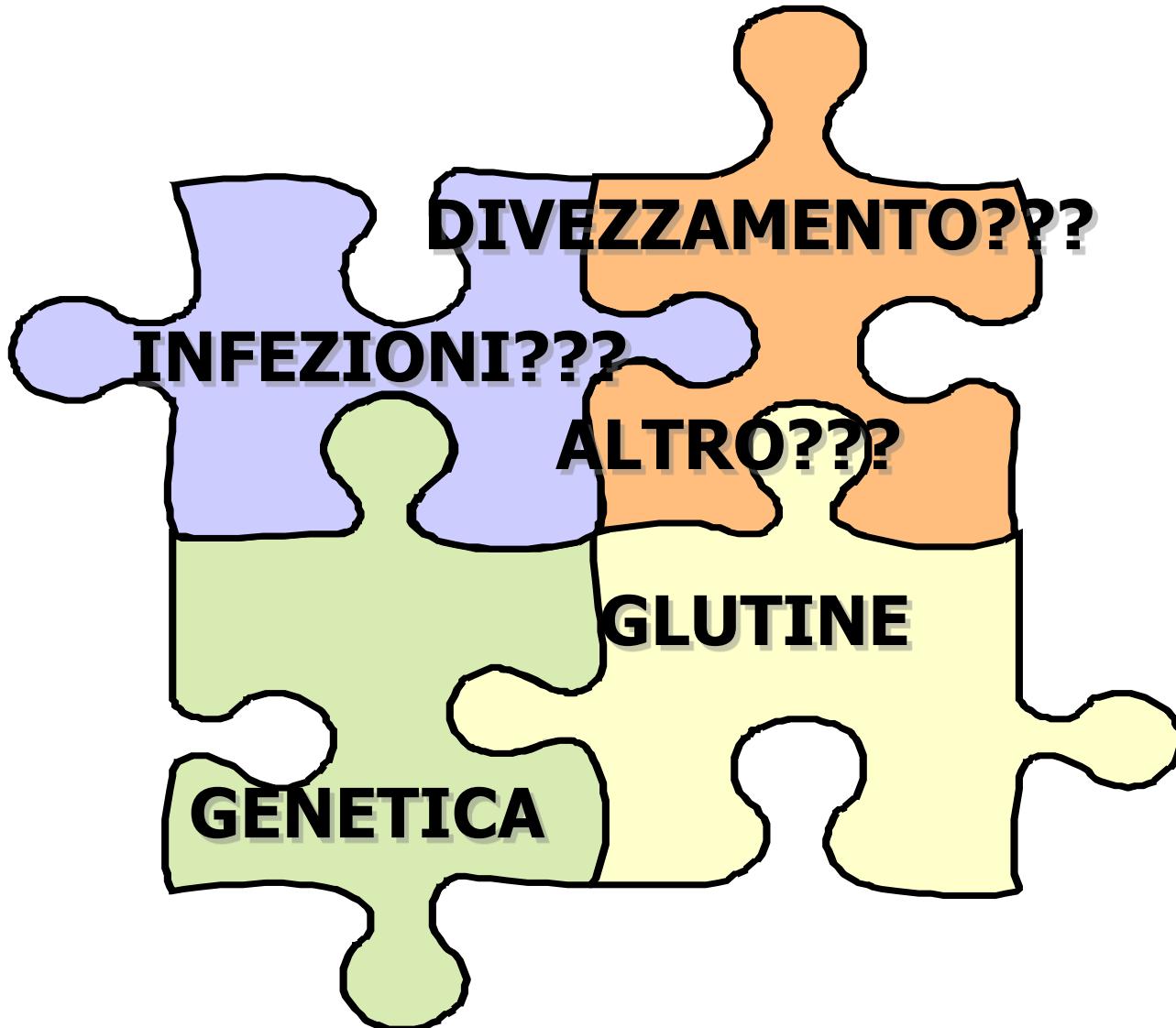
Condizioni associate

MALATTIE ASSOCiate PROBABILMENTE GLUTINE- DIPENDENTE

- **IDDM**
- **Tiroiditi autoimmune**
- **Epatiti autoimmuni**
- **Sindrome di Sjogren**
- **Morbo di Addison**
- **Gastrite atrofica
autoimmune**

MALATTIE ASSOCiate PROBABILMENTE GLUTINE- INDIPENDENTE

- **Sindrome di Down**
- **Sindrome di Turner**
- **Cardiopatie congenite**
- **Sindrome di Sjogren**
- **Deficit IgA**



MALATTIA CELIACA: MODELLO UNICO DI AUTOIMMUNITÀ

- L'unica malattia in cui uno specifico allele HLA è presente nella totalità dei pazienti
- L'autoantigene è noto (tTG)
- Il trigger ambientale è noto (glutine)
- L'eliminazione del trigger ambientale determina la remissione della malattia e la successiva riesposizione provoca la riaccensione della infiammazione

GLUTINE



Fig. 46. — Séparation du gluten de la farine des céréales
au moyen d'un courant d'eau.

ALBUMINE

idrosolubili

GLOBULINE

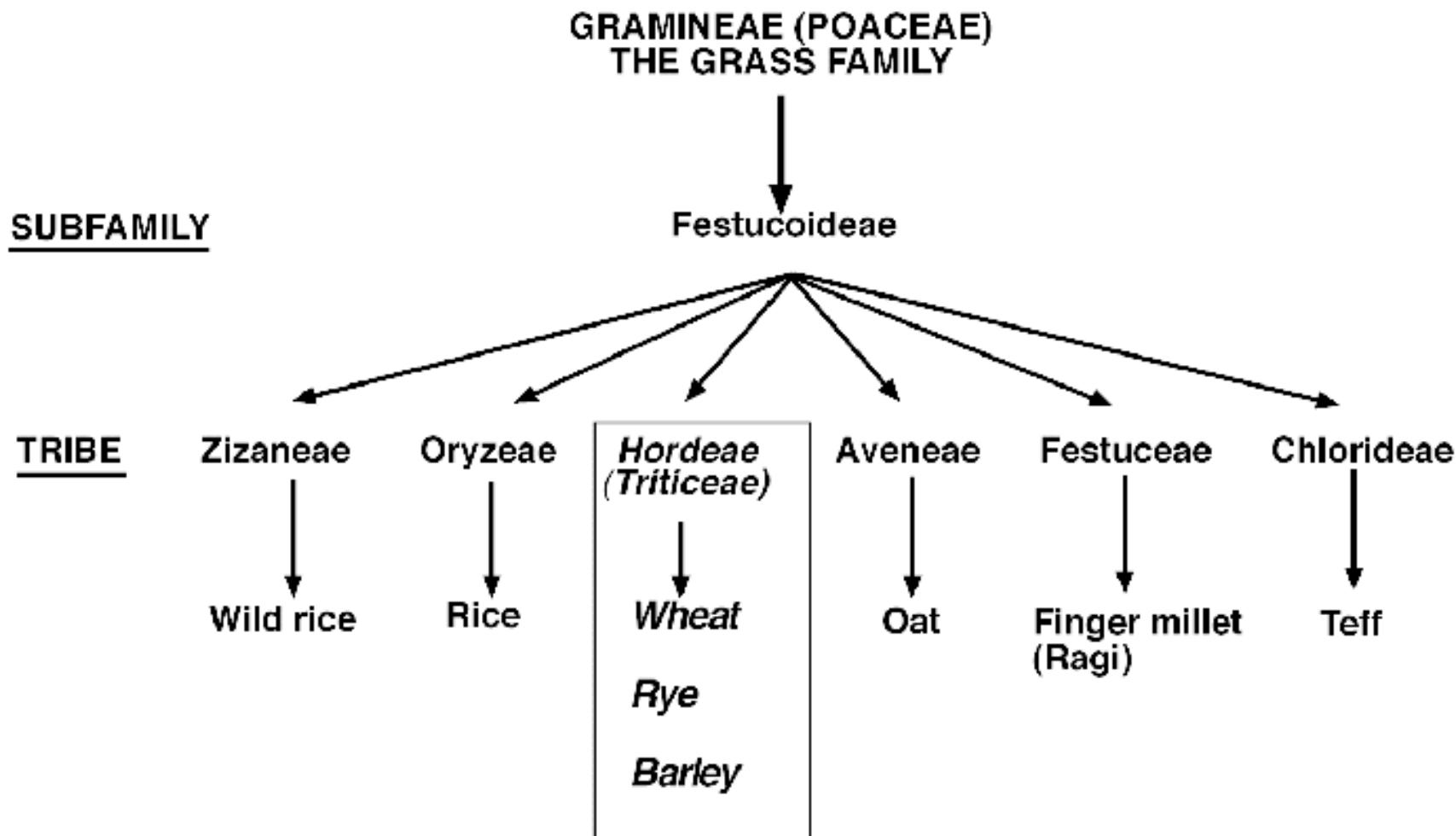
solubili in sol. salina

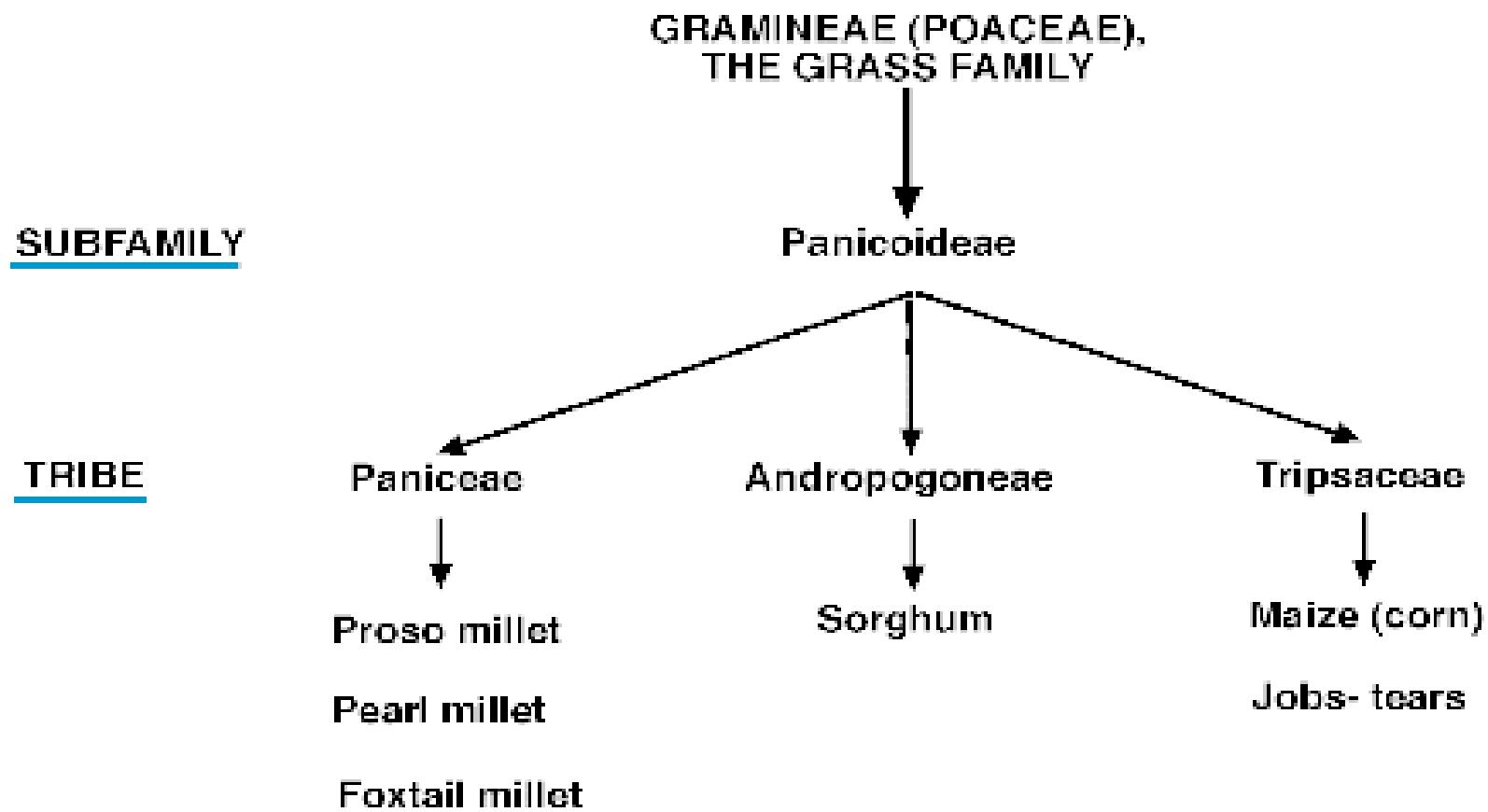
GLIADINA $\alpha \beta \gamma \omega$

solubili in etanolo

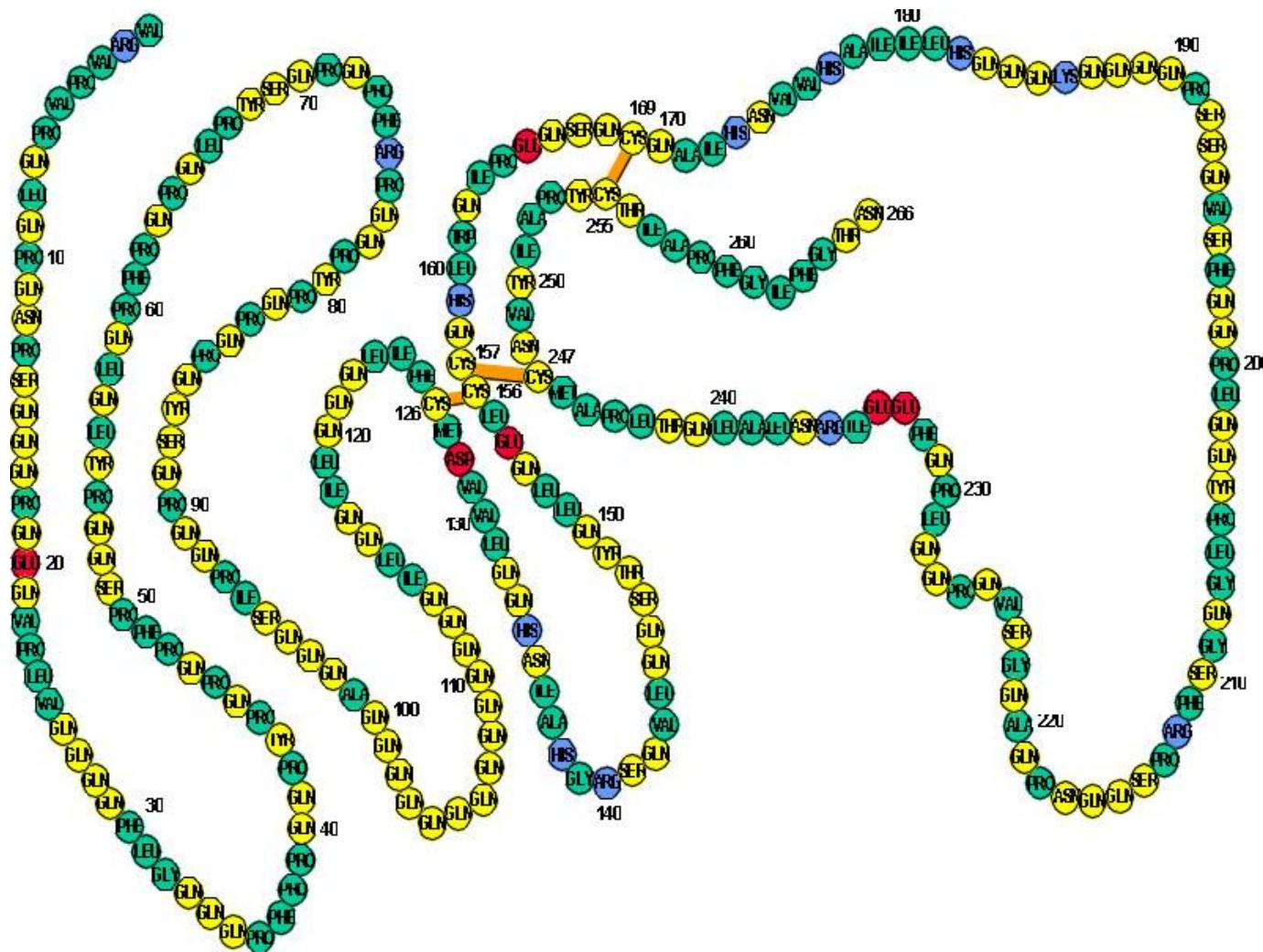
GLUTENINE

solubili in acido acetico





GLIADINA



Q = 36 %

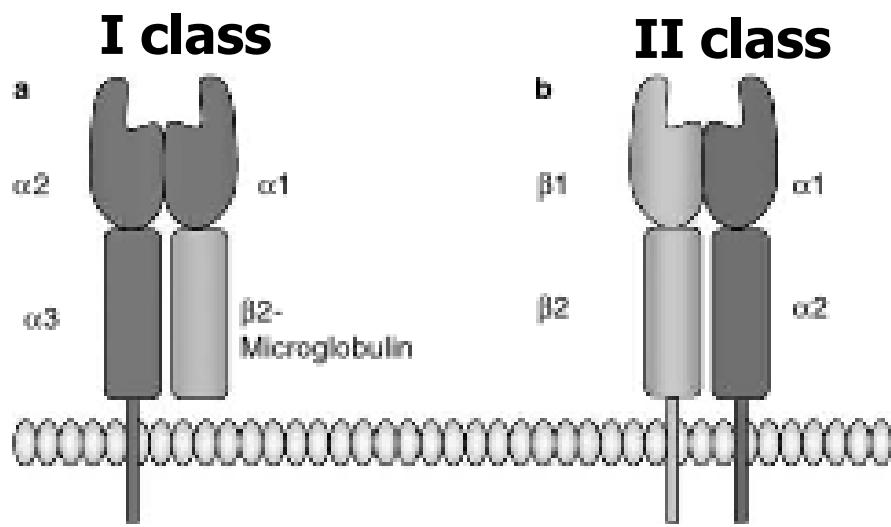
P = 16 %

Background genetico della MC

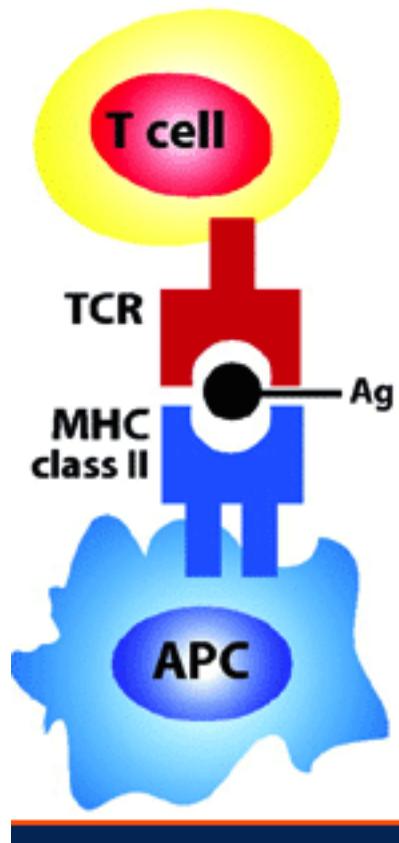
- **rischio familiare (5-15%)**
- **concordanza tra gemelli monozigoti (85%)**
- **associazione MC con sindromi genetiche (S. di Down, S. di Turner, S. di Williams)**

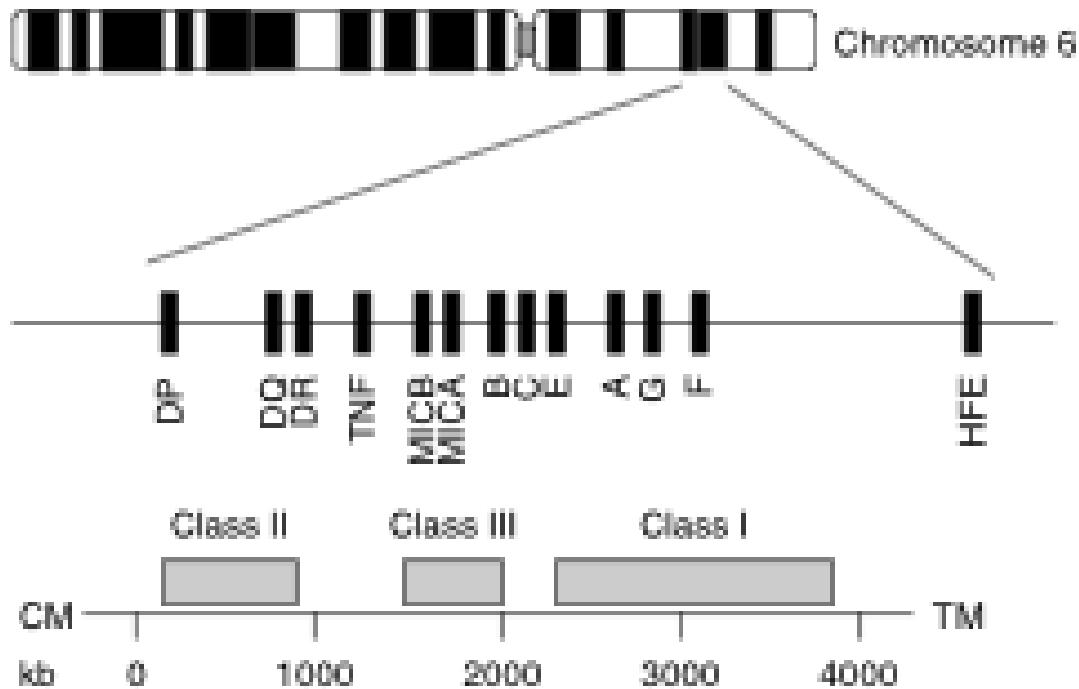
Background genetico della MC

- 90 % DQ2
-
- 8 % DQ8

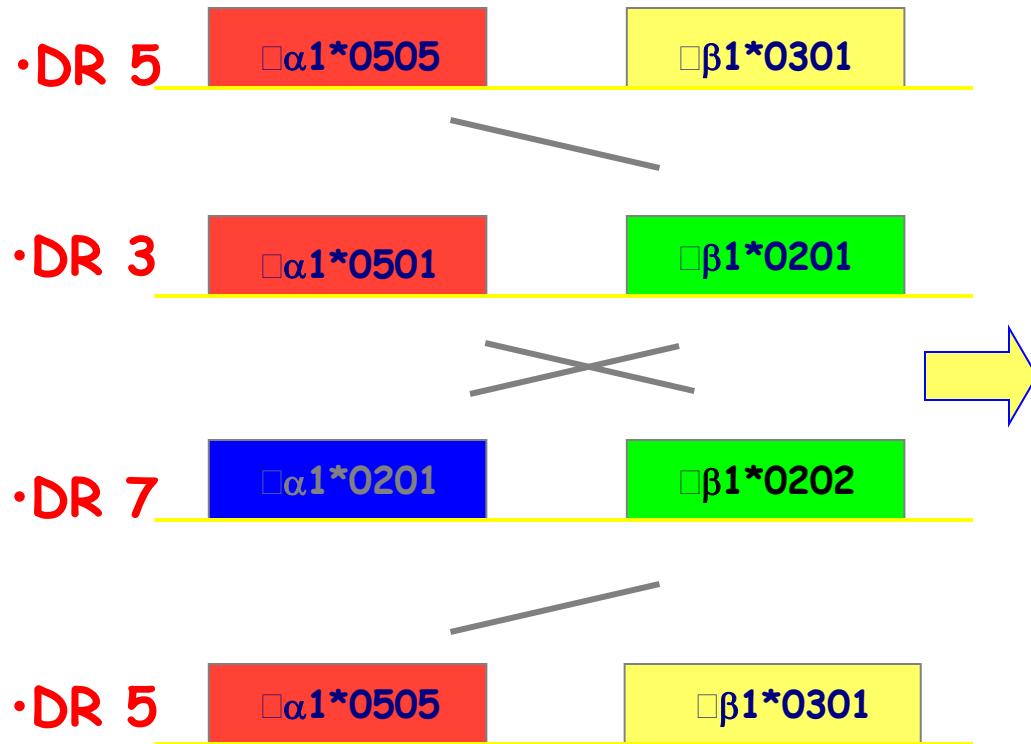


interazione DQ – TCR





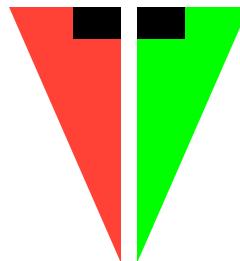
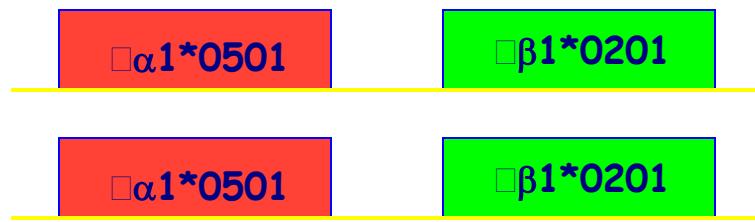
•HLA-DQ2



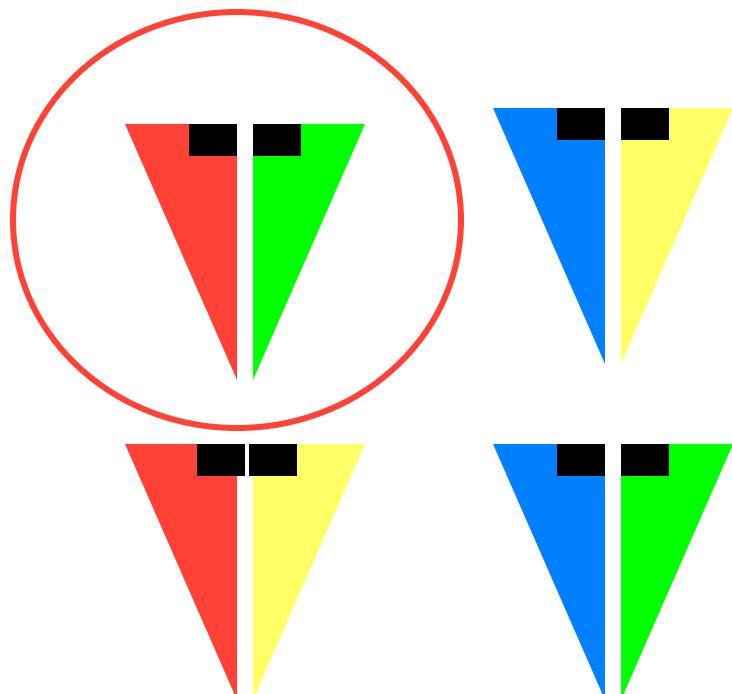
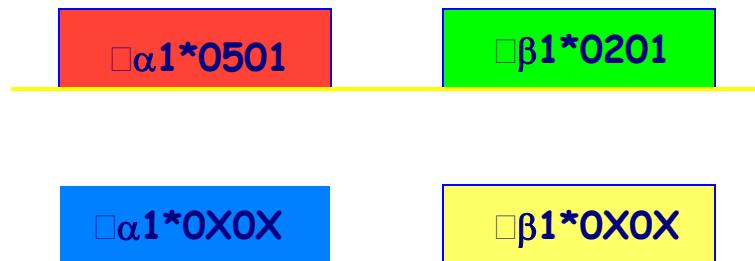
•HLA-DQ2 HETERODIMERS

- $\alpha^*0501 - \beta^*0201$
- $\alpha^*0501 - \beta^*0202$
- $\alpha^*0505 - \beta^*0201$
- $\alpha^*0505 - \beta^*0202$
- $\alpha^*0201 - \beta^*0202$

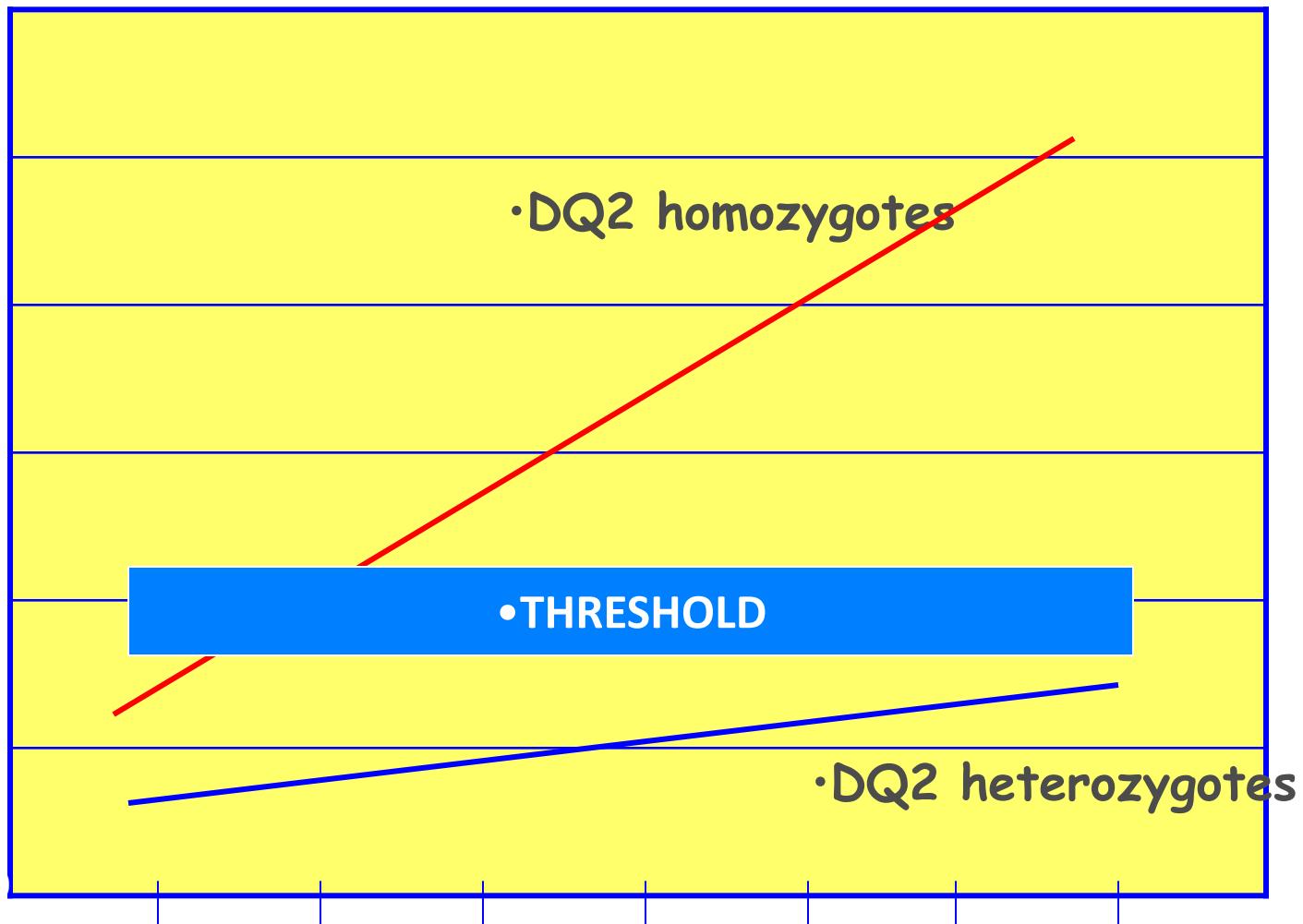
•HLA-DQ2



•HLA-DQ2/DQX



• # HLA-DQ2 peptide complexes



• # T cell stimulatory gluten peptides

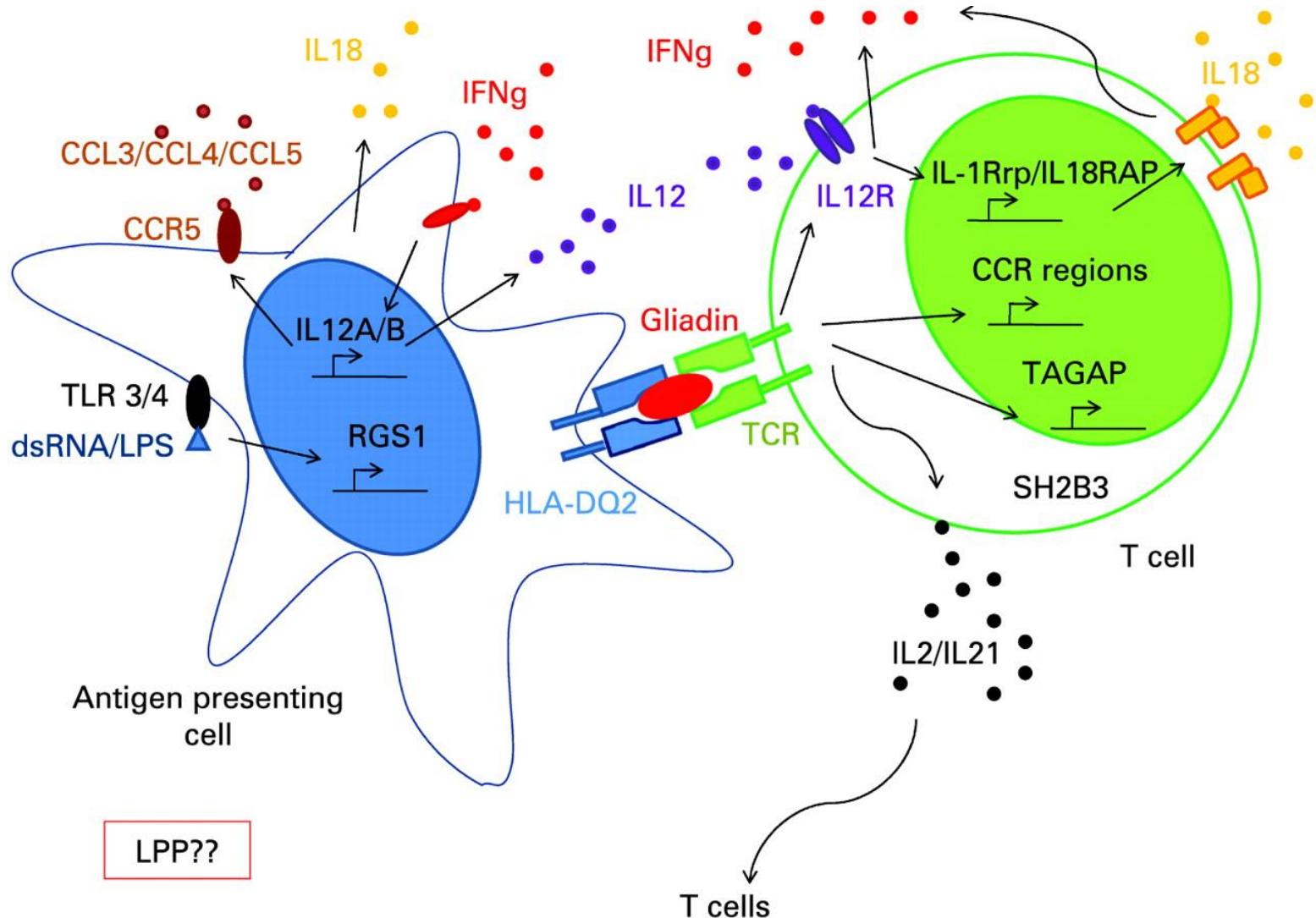
Geni non HLA associati alla MC

Table 1. Non-HLA Loci of Celiac Disease Susceptibility

Loci Identified	Type of study used for identification	Origin of the cohort(s)	Candidate genes (function)	Reference
CELIAC 2 5q31-q33	linkage analysis	Italy, Finland, Scandinavia, Europe (meta-analysis)	Unknown	36, 40, 43, 45
CELIAC 3 2q33	Candidate gene approach	France, The Netherlands, Sweden, Norway	CTLA4 (T cell response)	38, 41, 48
CELIAC 4 19p13.1	linkage analysis	Netherland	Myosin IXB (Rho family guanosine triphosphatase)	44
CELIAC 5 15q11-q13	linkage analysis (microsatellite)	Finland	Unknown	49
CELIAC 6 4q27	GWAS (SNPs)	United Kingdom, Netherland, Ireland, Italy, United States, Scandinavia	KIAA1109 TENR (ADAD1) IL2 IL21	31, 33, 35, 39, 47
CELIAC 7 1q31	GWAS (SNPs)	United Kingdom, Netherland, Ireland, Italy, United States	RG51 (B-cell activation)	31, 33, 39, 47
CELIAC 8 2q11-q12	GWAS (SNPs)	United Kingdom, Netherland, Ireland	IL18RAP IL18R1	31, 33, 42
CELIAC 9 3p21	GWAS (SNPs)	United Kingdom, Netherland, Ireland, Spain	CCR1 (chemokines) CCR2 CCR2L CCR3 CCR5 XCR1	31, 33, 37
CELIAC 10 3q25-q26	GWAS (SNPs)	United Kingdom, Netherland, Ireland, Italy, United States	IL12A	31, 33, 39, 47
CELIAC 11 3q28	GWAS (SNPs)	United Kingdom, Netherland, Ireland, Italy, United States	LPP (zinc binding protein)	31, 33, 39, 47
CELIAC 12 6q25.3	GWAS (SNPs)	United Kingdom, Netherland, Ireland, Italy	TAGAP (T cell activation)	31, 33, 47
CELIAC 13 12q24	GWAS (SNPs)	United Kingdom, Netherland, Ireland, Italy, United States	SH2B3 (TLR intracellular adaptor, T-cell activation)	31, 33, 39, 47

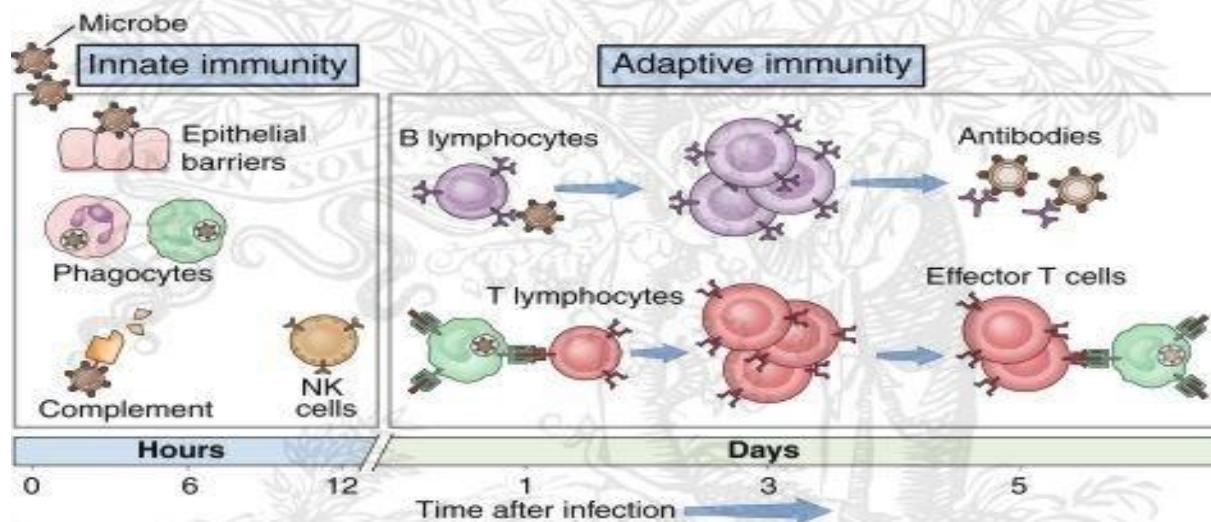
GWAS, genome-wide association study; SNP, single nucleotide polymorphism.

Geni non HLA associati alla MC



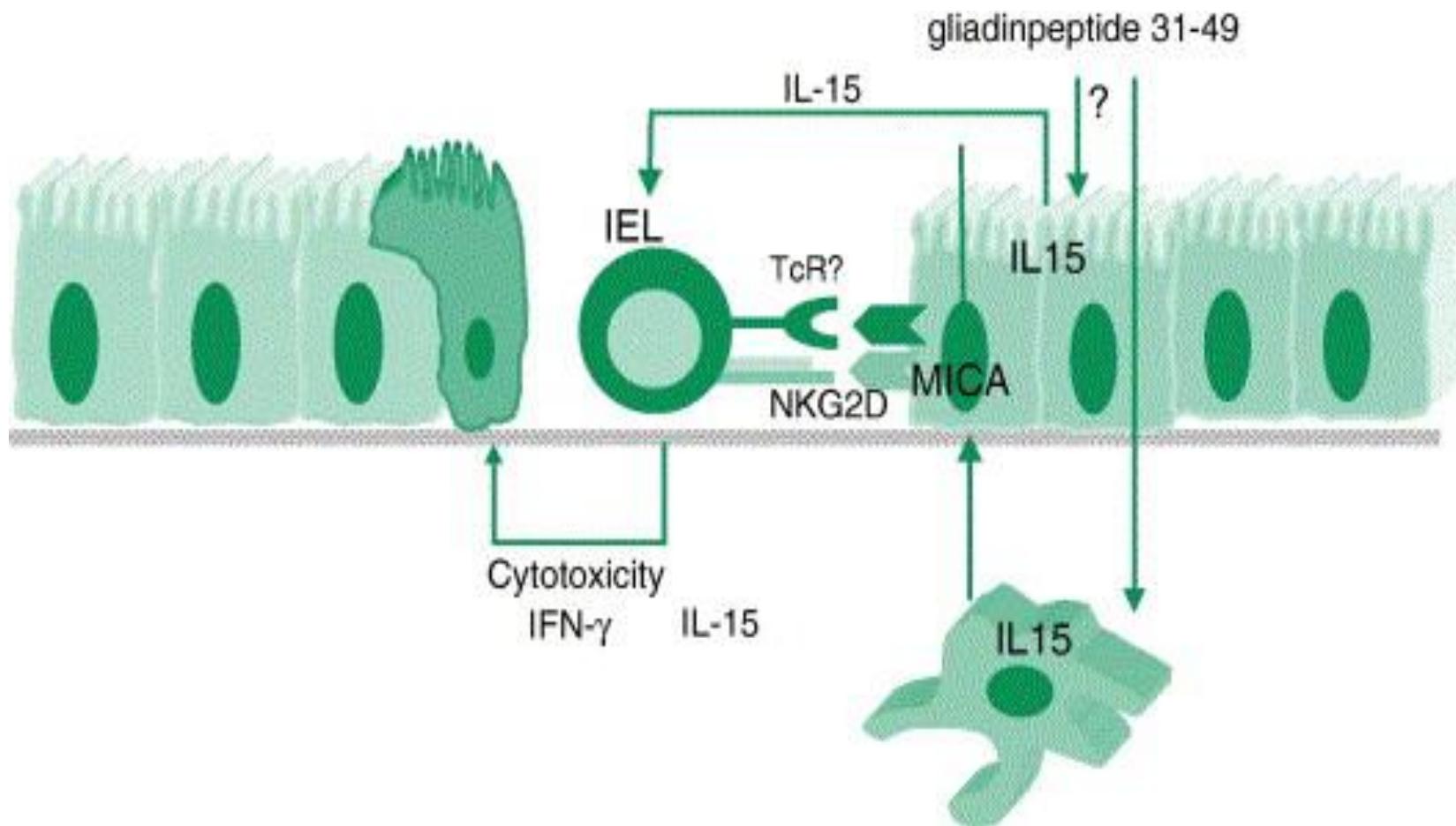
Hunt et al, GUT, 2008

IMMUNITÀ INNATA E ADATTATIVA



ELSEVIER

Immunità innata nella MC



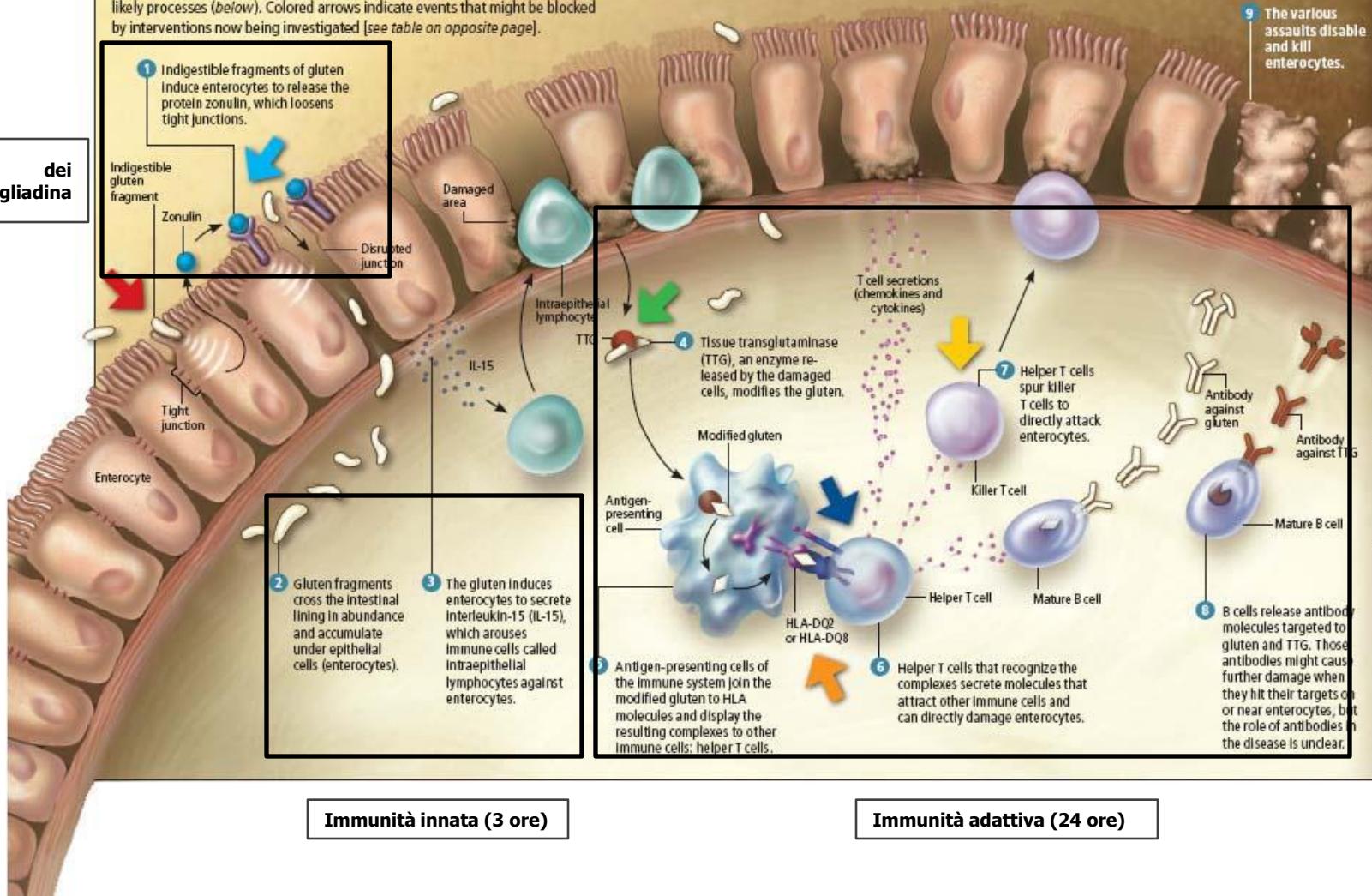
Patogenesi della MC

[MECHANISMS OF DISEASE]

THE INSIDE STORY

Investigators do not know every detail of how the immune system wreaks havoc with the intestinal lining of celiac patients, but they have identified a number of likely processes (below). Colored arrows indicate events that might be blocked by interventions now being investigated [see table on opposite page].

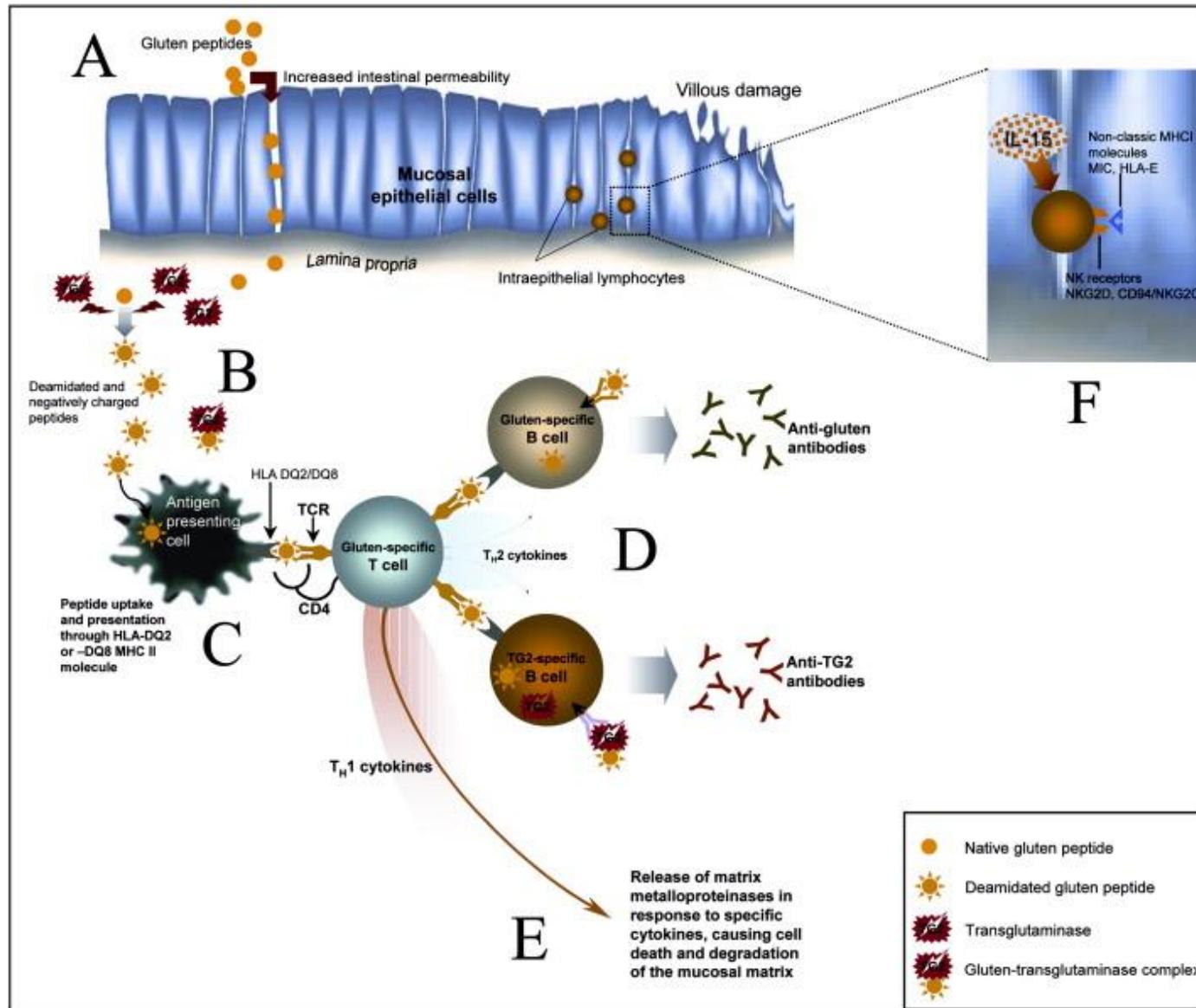
**Accumulo
intralisomiale
dei
peptidi della
gliadina
(minuti)**



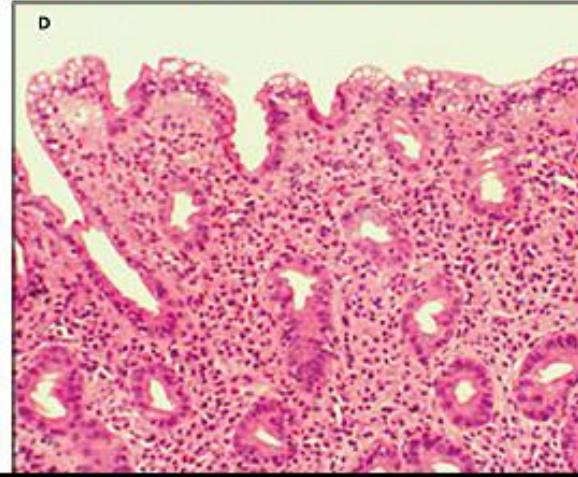
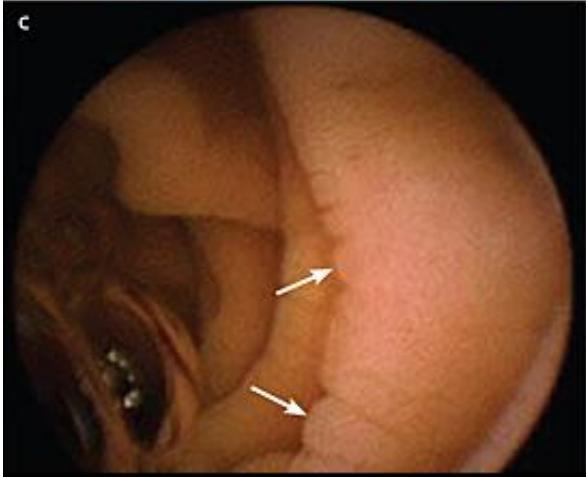
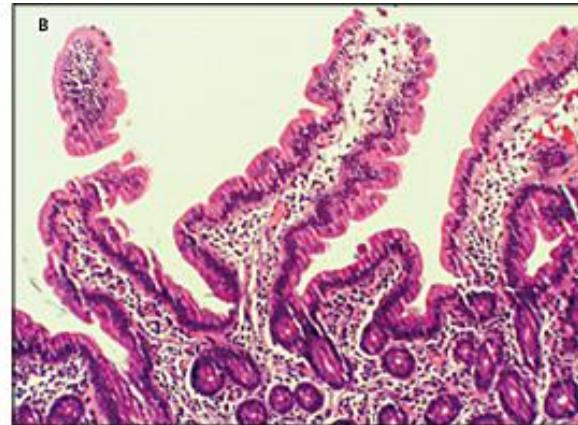
Immunità innata (3 ore)

Immunità adattiva (24 ore)

Pathogenesis of celiac disease



Patogenesi della MC



MC: un'enteropatia sistematica

Autoanticorpi nella MC

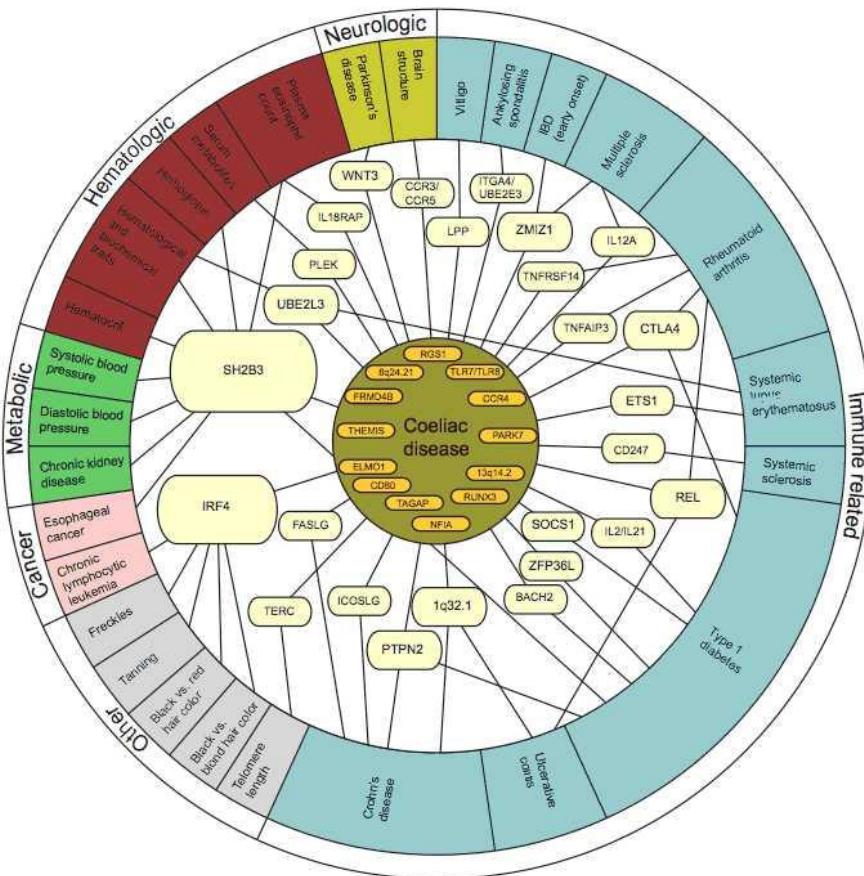
- **anticorpi anti gliadina AGA**
- **anticorpi anti endomisio EMA**
- **anticorpi anti transglutaminasi
tissutale**
- **anticorpi anti peptidi della gliadina
deamidati (anti DGP)**

Table 1. Summary of test characteristics of celiac serologies

Test	Sensitivity (reported range) (%)	Specificity (reported range) (%)	Positive predictive value(%), pretest probability of 5%	Negative predictive value (%), pretest probability of 5%
IgA AGA	85 (57–100)	90 (47–94)	18	99
IgG AGA	85 (42–100)	80 (50–94)	31	99
EMA	95 (86–100)	99 (97–100)	83	99
IgA anti-tTG ^a	98 (78–100)	98 (90–100)	72	99
IgG anti-tTG ^b	70 (45–95)	95 (94–100)	42	99
IgA anti-DGP	88 (74–100)	95 (90–99)	44	99
IgG anti-DGP	80 (63–95)	98 (90–99)	68	99
IgA/IgG anti-DGP	97 (75–99)	95 (87–100)	51	99

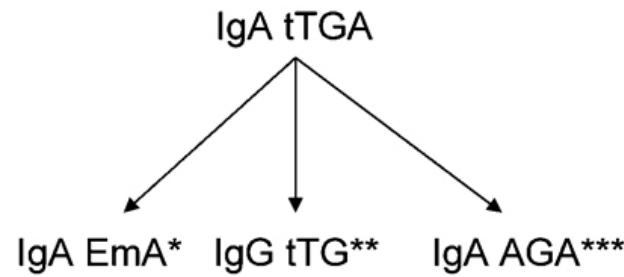
AGA, anti-gliadin antibody; DGP, deamidated gliadin peptide; EMA, endomysial antibody; tTG, tissue transglutaminase.
^aAnti-human-tTG-based assays only; older tests based on guinea pig antibodies have lower sensitivity and specificity. ^bSensitivity is significantly higher, about 90–95%, in IgA-deficient populations but lower in the overall celiac population.
Adapted from refs. 5–7, 18, 24, 26, 29, 31, 34, 36, and 37.

Condizioni extra intestinali associate alla MC



Dalla teoria alla pratica: workflow per la diagnosi di MC

Present antibody protocol
(evidence-based)

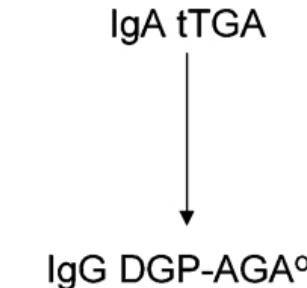


* to confirm tTGA specificity

** to identify CD in IgA deficiency

*** to identify CD under 2-year aged

Future antibody protocol
(work-hypothesis)

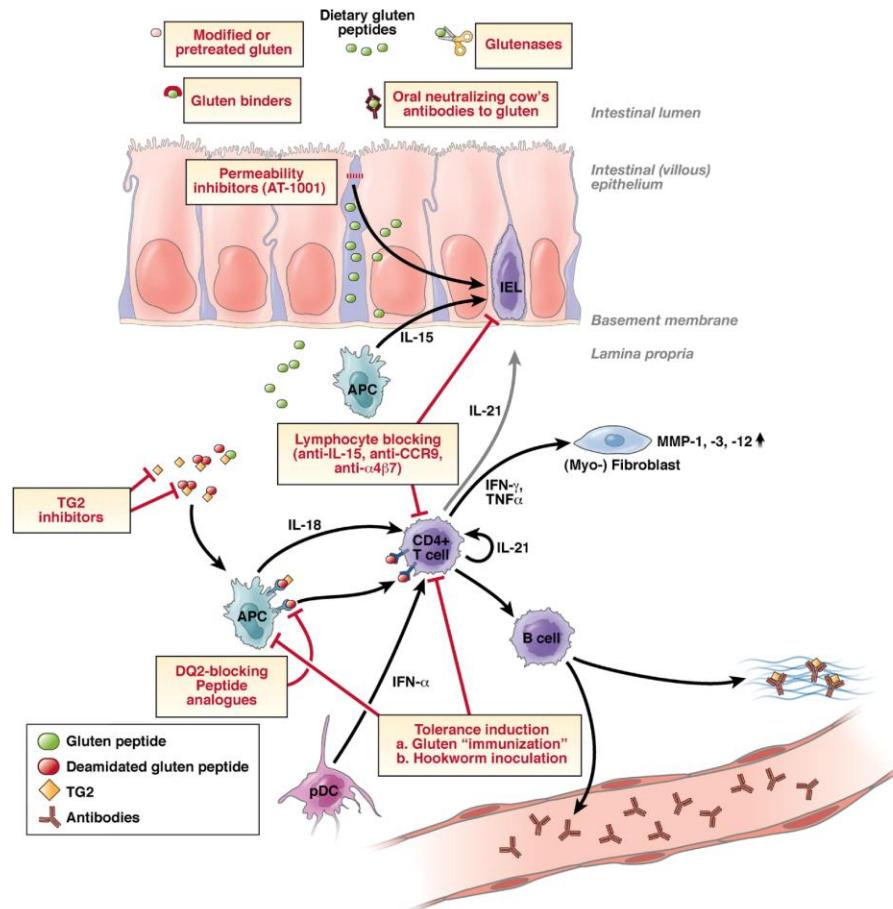


° to confirm tTGA specificity

° to identify CD in IgA deficiency

° to identify CD under 2-year aged

Prospettive terapeutiche alternative alla GFD



Prospettive terapeutiche alternative alla GFD

Table 2. Novel Therapies for Celiac Disease

Target	Drug/modification	State of development	Reference
Intraluminal therapies			
Wheat varieties	(Ancient) wheat variants with low immunogenicity Genetically modified wheat variants or deletion lines of common wheat with lower immunogenicity	Preclinical, tested biopsy specimens and gliadin-reactive T-cell lines	191, 193–197 198
Flour/dough	Pretreatment with lactobacilli Transamidation of gliadin	Clinical trial on 17 patients Preclinical, tested on gliadin-reactive T-cell lines	207 209
Ingested gliadin peptides	Prolyl endopeptidases from <i>Aspergillus niger</i> <i>Sphingomonas capsulata</i> in combination with (EP)-B2 from germinating barley Intraluminal gliadin binding by polymers Gluten neutralizing cow's milk antibodies	Phase 1 clinical trial (NCT00810654) Phase 1 clinical trial (NCT00626184)	219, 220 226, 227
Transepithelial uptake			
Epithelial tight junctions	ZOT receptor antagonist AT1001	Phase 2b clinical trial (NCT00889473)	171
Dampening of the adaptive immune response			
TG2	Transglutaminase inhibitors "Inhibitory" innate gluten peptides	Preclinical, tested ex vivo on biopsy specimens Preclinical, tested on biopsy specimens and gliadin-reactive T-cell lines	240, 241 242–249
HLA-DQ2	Blocking DQ2 analogues	Preclinical, tested on gliadin-reactive T-cell lines	251, 252, 256, 257
Immune modulators			
Small intestine homing T cells	Hookworm infection Gluten "vaccination" (Nexvax2)	Phase 2 clinical trial (NCT00671138) Phase 1–2 clinical trial (NCT00879749)	264–266 262
Biologicals (systemic T-cell or cytokine blockers)			
Gut homing T cells	CCR9 antagonists (Cox282-B, CCX025)	Phase 2 clinical trial planned (NCT00540657)	273
Clonal IELs	Anti-integrin α4β7 (LDP-02) Anti-IL-15 (AMG 714), Anti-Jak3 (CP-690-550)	Phase 2 clinical trial for Crohn's disease (NCT00655135) Phase 2 clinical trial for rheumatoid arthritis (NCT00433875) Phase 2 clinical trial for rheumatoid arthritis, transplant rejection (NCT00550448, NCT00658359)	277 278
Clonal intestinal T cells	Autologous bone marrow transplantation Mesenchymal stem cell transplantation (prochymal)	Clinical trial on patients with EATL Phase 2 clinical trial for Crohn's disease (NCT00294112)	132 280
Mucosal destruction in refractory celiac disease	Anti-tumor necrosis factor α, anti-IFN-γ (HuZAF) Anti-CD52 (Alemtuzumab)	Case reports in celiac disease Phase 2 clinical trial for Crohn's disease (NCT00072943) Case reports in celiac disease	285, 286 287

GRAZIE PER L'ATTENZIONE