

Immunity in pregnancy,
ontogenesis of immunity

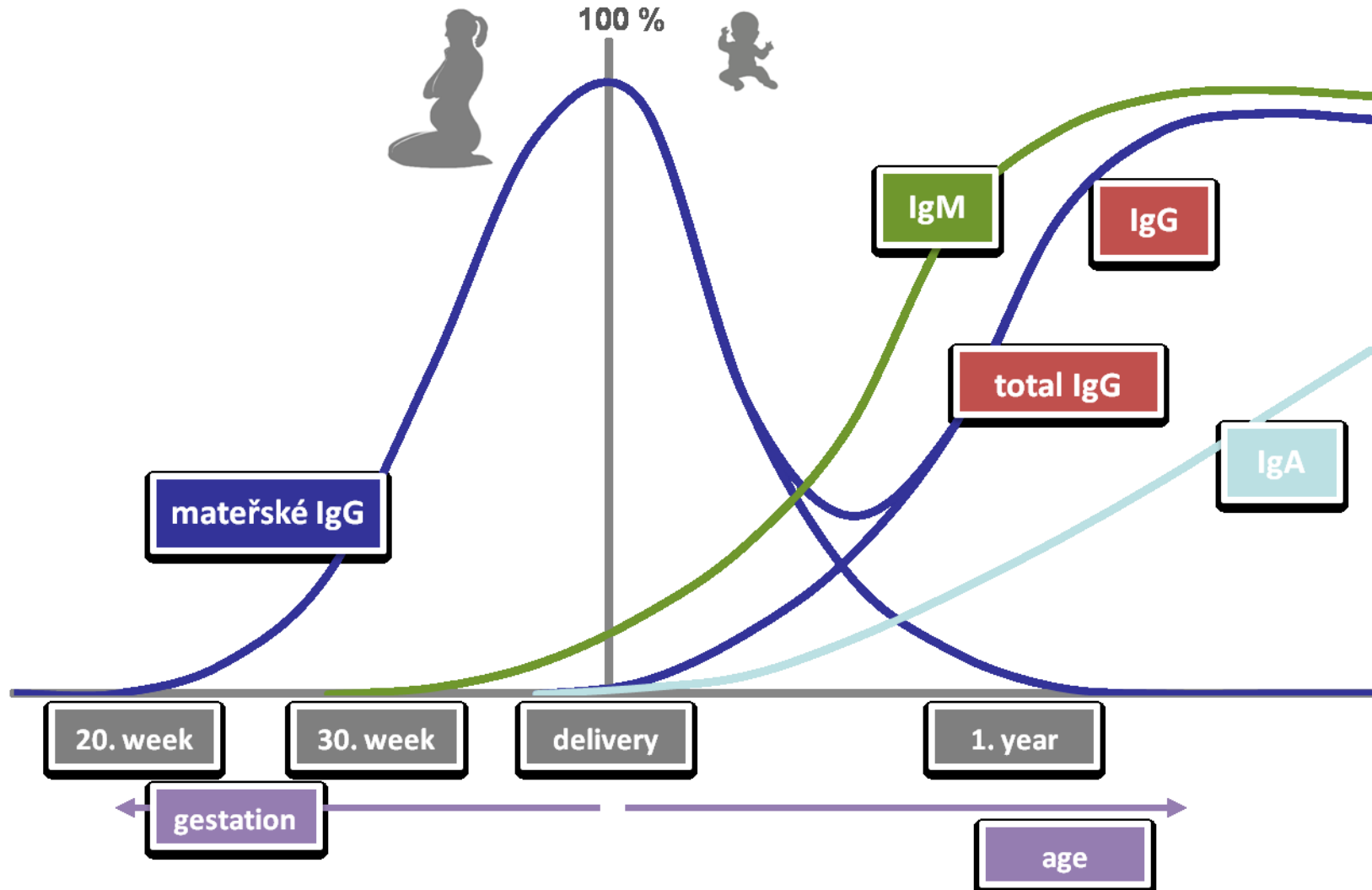
Uterine mechanisms of fetus protection against mother's immune system

- Majority of cells does not cross placental barrier.
- No classical HLA- antigens are expressed on trophoblast.
- Non classical HLA-G antigens protect trophoblast cells from NK cells. Their presentation of antigens probably leads to suppression of specific immune response.
- CD46 on the surface of trophoblast cleaves C3b.

Maternal mechanisms protection fetus from the immune system attack

- Mother is in Th2 predominance
- Possible immunosuppressive effects of HCG, high serum levels of progesterone, alfa-feto protein
- Partial block of lymph nodes draining the uterus

Serum immunoglobulin levels in pre- and postnatal period



Immune system in infancy and childhood

- Increased susceptibility to infections diseases.
- Clinical course of infections is usually mild.
- Exception – severe course of infections caused by encapsulated bacteria during first two years.
- Atopic diseases usually begin in early childhood.
- Autoimmune diseases are relatively rare.

Immune system in adulthood

- Infectious diseases are infrequent, but may be severe in course.
- Autoimmune diseases typically begin in early adulthood.
- High prevalence of allergic diseases continues from childhood

Immunity in seniors

- Weak primary immune response, secondary immune response is usually normal.
- Decrease in lymphocytes, mainly CD4+
- Serum immunoglobulin levels are usually increased.
- Immune response is generally decreased, clinical symptoms of infection are milder than in young persons.
- Disturbed regulation of the immune system leads to frequent occurrence of autoantibodies and paraproteins, but this does not lead to clinical diseases.