

بسم الله الرحمن الرحيم





شبكة المعلومات الجامعية التوثيق الالكتروني والميكروفيلم



جامعة عين شمس

التوثيق الإلكتروني والميكروفيلم

قسم

نقسم بالله العظيم أن المادة التي تم توثيقها وتسجيلها
علي هذه الأقراص المدمجة قد أعدت دون أية تغيرات



يجب أن

تحفظ هذه الأقراص المدمجة بعيدا عن الغبار





بعض الوثائق الأصلية تالفة





بالرسالة صفحات
لم ترد بالأصل





Serum Interleukin 35 Level in Relation to T Regulatory and T helper 17 Cells Frequency in Chronic Viral Hepatitis C Patients

Thesis

*Submitted for partial fulfilment of M.D. degree in
Medical Microbiology and Immunology*

Presented by

Safaa Sobhy Mahmoud Abo Elnour
*Master degree of Medical Microbiology and Immunology
Faculty of Medicine - Ain Shams University*

Supervised by

Prof. Dr. Sherine Bendary Elsayed

*Professor of Medical Microbiology and Immunology
Faculty of Medicine - Ain Shams University*

Dr. Dina Mohammad Erfan

*Assistant Professor of Medical Microbiology and Immunology
Faculty of Medicine - Ain Shams University*

Dr. Amira Esmail Abdel Hamid

*Lecturer of Medical Microbiology and Immunology
Faculty of Medicine - Ain Shams University*

Dr. Heba Ismail Saad

*Lecturer of Tropical Medicine
Faculty of Medicine - Ain Shams University*

Faculty of Medicine
Ain Shams University

2020

بِسْمِ اللَّهِ الرَّحْمَنِ الرَّحِيمِ

قالوا

لسببائك لا علم لنا
إلا ما علمتنا إنك أنت
العليم العظيم

صدق الله العظيم

سورة البقرة الآية: ٣٢

Acknowledgment

*First and foremost, I feel always indebted to **ALLAH**, the Most Kind and Most Merciful.*

*I'd like to express my respectful thanks and profound gratitude to **Prof. Dr. Sherine Bendary Elsayed**, Professor of Medical Microbiology and Immunology - Faculty of Medicine- Ain Shams University for her keen guidance, kind supervision, valuable advice and continuous encouragement, which made possible the completion of this work.*

*I am also delighted to express my deepest gratitude and thanks to **Dr. Dina Mohammad Erfan**, Assistant Professor of Medical Microbiology and Immunology, Faculty of Medicine, Ain Shams University, for her kind care, continuous supervision, valuable instructions, constant help and great assistance throughout this work.*

*I am deeply thankful to **Dr. Amira Esmail Abdel Hamid**, Lecturer of Medical Microbiology and Immunology, Faculty of Medicine, Ain Shams University, for her great help, active participation and guidance.*

*I wish to introduce my deep respect and thanks to **Dr. Heba Esmail Saad**, Lecturer of Tropical Medicine, Faculty of Medicine, Ain Shams University, for her kindness, supervision and cooperation in this work.*

*I owe a deep sense of gratitude to **Prof. Dr. Ossama Ashraf Ahmed**, Professor Gastroenterology and hepatology department, Faculty of Medicine, Ain Shams University, for his great effort, remarkable suggestions and keen interest to see this work become to success.*

I would like to express my hearty thanks to all my family and friends for their support till this work was completed.

Last but not least my sincere thanks and appreciation to all patients participated in this study.

Safaa Sobhy Mahmoud Abo Elnour

Abstract

Interleukin-35 (IL-35), secreted mainly by T-regulatory cells (T-regs), has been considered to have immunosuppressive actions in many autoimmune diseases and tumors. However, information about its role in chronic hepatitis C (CHC) infection is still limited. We aimed to study the role of IL-35 within CHC infection and to assess its correlation with T-regs and T-helper 17 cells (Th-17). Therefore, we measured serum IL-35 concentrations using ELISA assay in 25 normal controls (NCs) and in 30 CHC patients before receiving direct antiviral agents (DAA) treatment and after 3 months of treatment end. T-regs and Th-17 cells frequencies were assessed via flow-cytometry in control group and patients' group before treatment. The results showed that serum IL-35 levels revealed a highly significant increase in CHC patients compared to NCs ($P < 0.001$). Moreover, IL-35 levels significantly decreased in patients 3 months after treatment end ($P = 0.02$). Both Th-17 and T-regs were significantly increased in patients more than in NCs and a positive correlation was observed between them. However, T-regs/Th-17 ratio did not show significant difference from the ratio in NCs. IL-35 levels were positively correlated with viral load and T-regs frequency, but not with Th-17 frequency. IL-35 levels did not correlate with liver enzymes or functions. These results suggested that IL-35 enhances the immunosuppressive functions of T-regs, protecting the liver from HCV induced damage and contributes to viral persistence. IL-35 may represent a possible immunotherapeutic strategy for chronic persistent infection if given with DAA, especially in relapsing or non-responding cases.

List of Contents

Title	Page No.
List of Tables	i
List of Figures	iii
List of Abbreviations.....	v
Introduction.....	1
Aim of the Work.....	5
Review of Literature	
☞ Hepatitis C Virus.....	6
☞ Immune Response to HCV	50
☞ Interleukin 35.....	76
Patients and Methods	83
Results.....	99
Discussion.....	116
Summary and Conclusion.....	137
Recommendations.....	143
References	144
Arabic Summary.....	١

List of Tables

Table No.	Title	Page No.
Table (1):	CTP score is obtained by adding the score for each parameter.....	25
Table (2):	Interpretation of HCV serological test results..	31
Table (3):	Recent surveys for HCV prevalence in Egypt ...	44
Table (4):	Dilution of standard solutions was diluted.....	95
Table (5):	Demographic data of patients (N=30):.....	99
Table (6):	Patients laboratory work up done before treatment and after 3 months of treatment end.....	100
Table (7):	Comparison between laboratory work up before treatment and 3 months after end of treatment among patients:.....	102
Table (8):	Correlation between viral load (quantitative RT-PCR) and liver enzymes among patients: .	103
Table (9):	Serum IL-35 level, T-reg _s and Th-17 percentage among patients:	104
Table (10):	Serum IL-35 level, T-reg _s and Th-17 percentage among controls	105
Table (11):	Comparison between patients and controls regarding Serum IL-35 level, T-reg _s , Th-17 percentage and Treg _s /Th-17 ratio.....	106
Table (12):	Correlation between serum IL-35 level, T-reg _s and Th-17 among patients:.....	110
Table (13):	Correlation between IL-35 and other laboratory work up	112
Table (14):	Correlation between T-reg _s and TH-17 frequency and other laboratory work up:.....	113
Table (1):	Relation between T reg _s and fibro-scan results	114

List of Tables

Table No.	Title	Page No.
Table (2):	Relation between Th17 and fibro-scan results.....	114
Table (3):	Correlation between IL-35 and fibro-scan results.....	115

List of Figures

Fig. No.	Title	Page No.
Figure (1):	A model of HCV lipoviral particle	8
Figure (2):	HCV Model structure and genome organization, NTR: Non Translated Region	10
Figure (3):	Organization of the HCV genome	11
Figure (4):	Distribution of HCV Genotypes in the World	14
Figure (5):	HCV life cycle	17
Figure (6):	Course of acute, resolving hepatitis C (A) and acute hepatitis C that evolves into chronic infection (B)	22
Figure (7):	Natural history following infection with hepatitis C virus.....	26
Figure (8):	Schematic representation of the cellular immune response during acute HCV infection	55
Figure (9):	Suppressive functions of T-regs by inhibitory cytokines.....	62
Figure (10):	Suppressive functions of T-regs by cytolysis	62
Figure (11):	Suppressive functions of T-regs by metabolic disruption	64
Figure (12):	Suppressive functions of T-regs by DC maturation or function	65
Figure (13):	CD4 T cell differentiation	69
Figure (14):	Transcriptional regulation of TH17-cell differentiation	70
Figure (15):	Biological Effects of Th17 cells	74
Figure (16):	IL-35 and IL-35 R structure	77
Figure (17):	IL35 dependant signalling pathway.	78
Figure (18):	Biologic functions of IL-35 on immune cells.....	80
Figure (19):	As regard IL35 functional roles in disease	81

List of Figures (cont...)

Fig. No.	Title	Page No.
Figure (20):	Hydrodynamic focusing produces a single stream of particles	88
Figure (21):	Electrostatic flow sorting	89
Figure (22):	Lymphocytes stained with anti-CD4 FITC, anti-CD25 PE and anti CD127 PC5:	92
Figure (23):	Lymphocytes stained with anti CD3 PE, CD4 PC5 and anti IL-17A FITC:.....	93
Figure (24):	Standard dilutions preparation.....	96
Figure (25):	Fibro-scan results in patients	101
Figure (26):	Comparison between patients and controls regarding IL-35 serum level (ng/ml).	107
Figure (27):	Comparison between patients and controls regarding Tregs frequency (%).	107
Figure (28):	Comparison between patients and controls regarding Th-17 frequency (%).	108
Figure (29):	Comparison between serum IL-35 level before treatment and 3 months after end of treatment among patients	109
Figure (30):	Scatter plot for correlation between T regs (%) and TH 17 (%).	111

List of Abbreviations

Abb.	Full term
<i>AASLD</i>	<i>American Association for the Study of Liver Diseases</i>
<i>AFP</i>	<i>Serum alpha fetoprotein</i>
<i>ALT</i>	<i>Alanine transferase</i>
<i>anti-HCV</i>	<i>Antibodies to hepatitis C</i>
<i>AST</i>	<i>Aspartate aminotransferase</i>
<i>bDNA</i>	<i>Branched deoxyribonucleic acid</i>
<i>C</i>	<i>Core</i>
<i>CDC</i>	<i>Control and Prevention</i>
<i>cDCs</i>	<i>Conventional DCs</i>
<i>CHC</i>	<i>Chronic hepatitis C</i>
<i>CTLs</i>	<i>Cytotoxic T cells</i>
<i>CTP</i>	<i>Child-Turcotte-Pugh</i>
<i>DAA</i>	<i>Direct antiviral agents</i>
<i>DCs</i>	<i>Dendritic cells</i>
<i>E</i>	<i>Envelope</i>
<i>EDHS</i>	<i>Egyptian Demographic Health Survey</i>
<i>EHIS</i>	<i>Egyptian Health Issues Survey</i>
<i>FDA</i>	<i>Food and Drug Administration</i>
<i>HBV</i>	<i>Hepatitis B virus</i>
<i>HCC</i>	<i>Hepatocellular carcinoma</i>
<i>HCV</i>	<i>Hepatitis C virus</i>
<i>IFN</i>	<i>Interferon</i>
<i>IL</i>	<i>Interleukin</i>
<i>IL-35</i>	<i>Interleukin 35</i>
<i>ITIM</i>	<i>Inhibition motif-containing</i>
<i>KIRs</i>	<i>Killer Inhibitory Receptors</i>
<i>LFT</i>	<i>Liver function tests</i>
<i>MAPK</i>	<i>Mitogen-activated protein kinase</i>