



*Children first and always!*



# Infectious pathomechanisms: improving therapies of chronic diseases in children (and adults)

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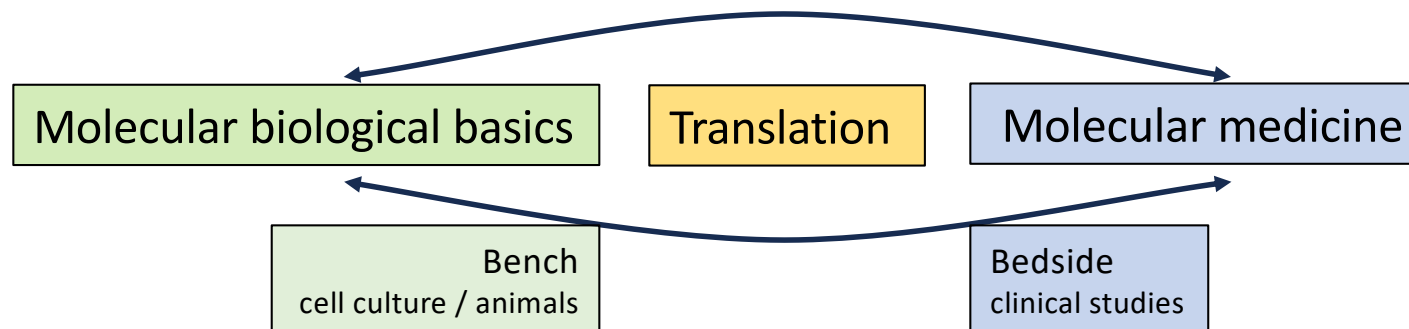
## *Pediatrics originated in the 19<sup>th</sup> century from poor and undernourished children with infections.*

*Infant mortality 1872: 25% → 2022: 0,3% [Nigeria 7,2%]*

### ▶ **Chronic Diseases: no cure but constant care** (≈ 4 M children in Germany)

**1.1 - 1.2: Infectious agents as tools to dissolve intracellular pathomechanisms**

**2.1 - 2.5: Intracellular pathomechanisms → Innovative therapeutic options**

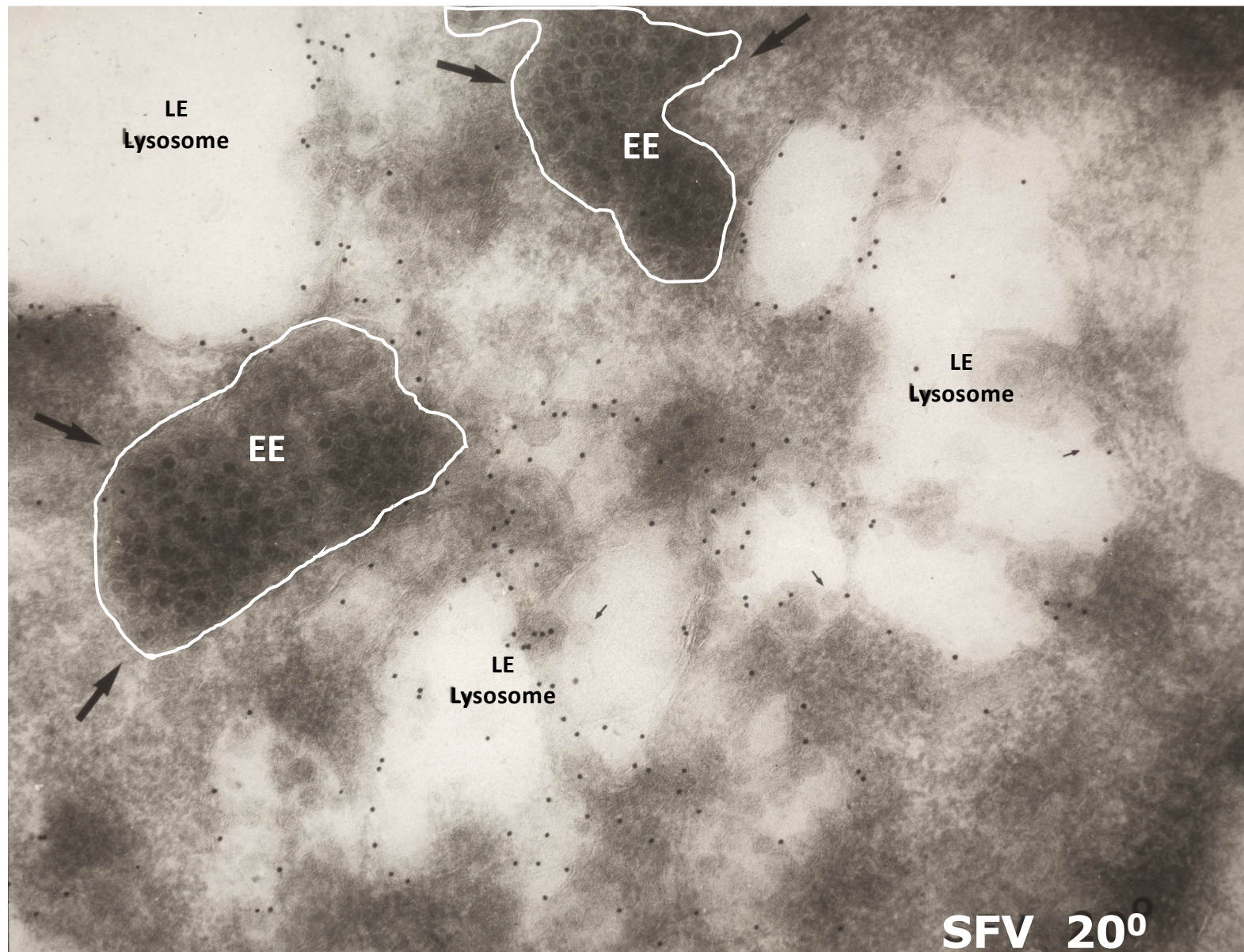


# 1.1

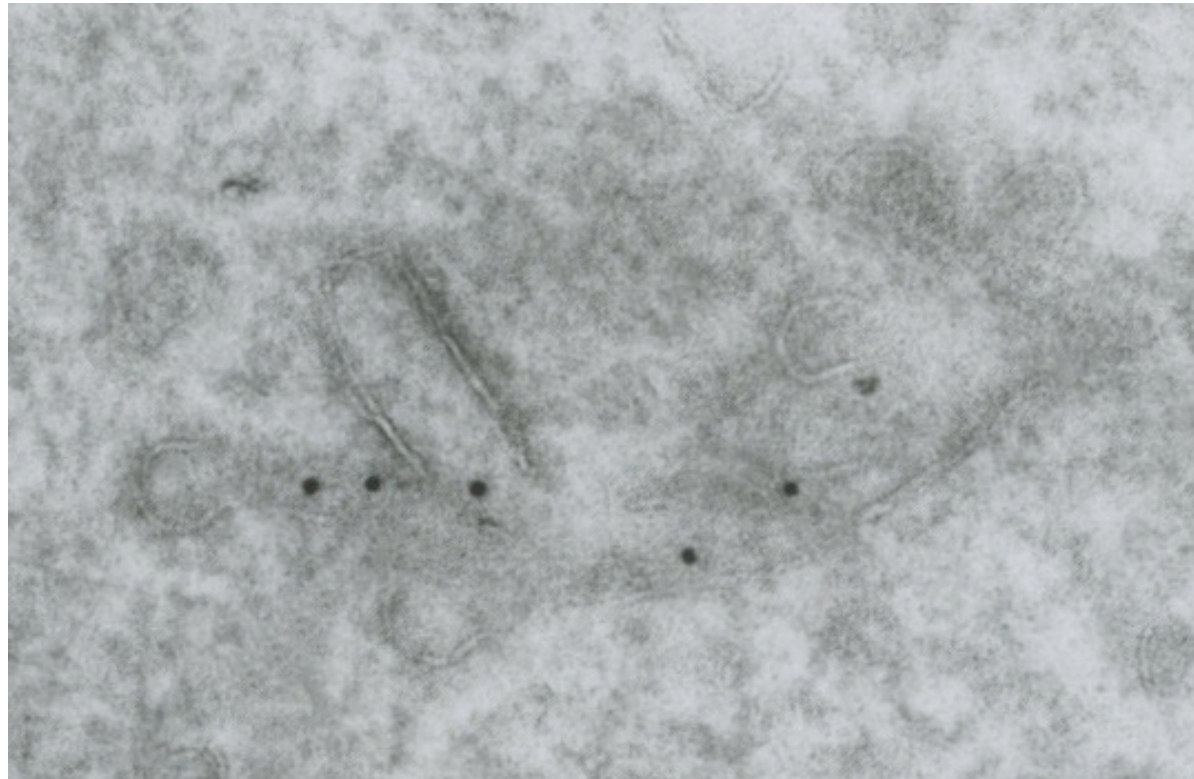
## Lysosomal Membrane Proteins: SFV as a tool to define early endosomes

(20°C temperature bloc)

J Cell Biol 105: 1227, 1987



A conformation-specific monoclonal antibody recognizes trimerized hemagglutinin within the rough endoplasmic reticulum of a cell infected with influenza virus.

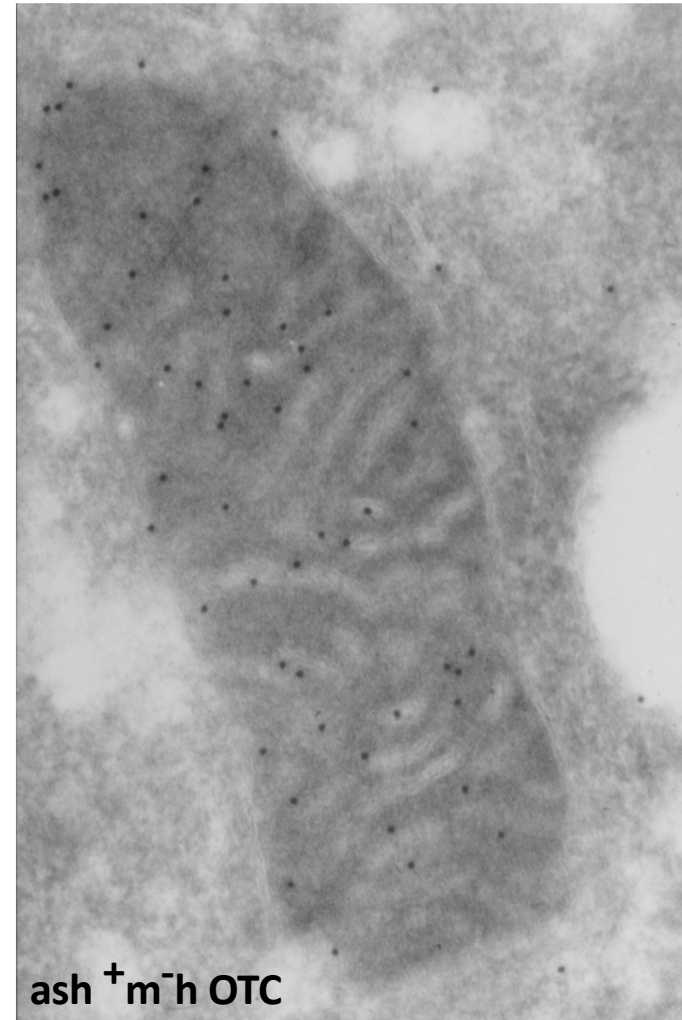
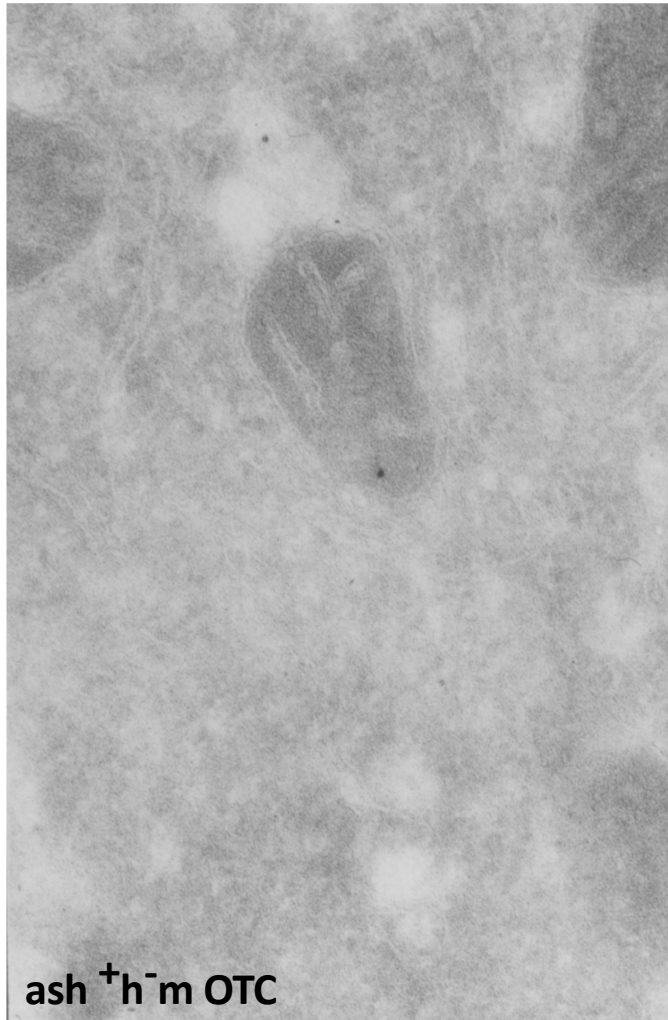


*Cell* 53: 197, 1988

## 2.1

CPS Deficiency: Lancet 346, 8989:1530, 1995 → x 30

### Gene therapy in OTC deficiency with an adenoviral vector: Importance of species-specific leader sequence for import and efficacy

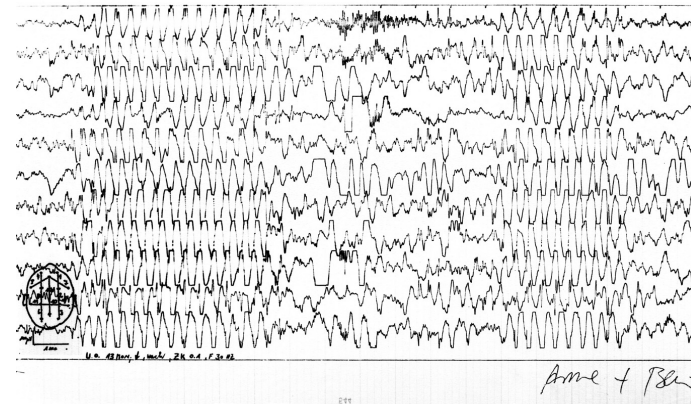


OTC = **O**rnithine **T**ranscarbamylase

*Human Gene Therapy 12: 1035, 2001*

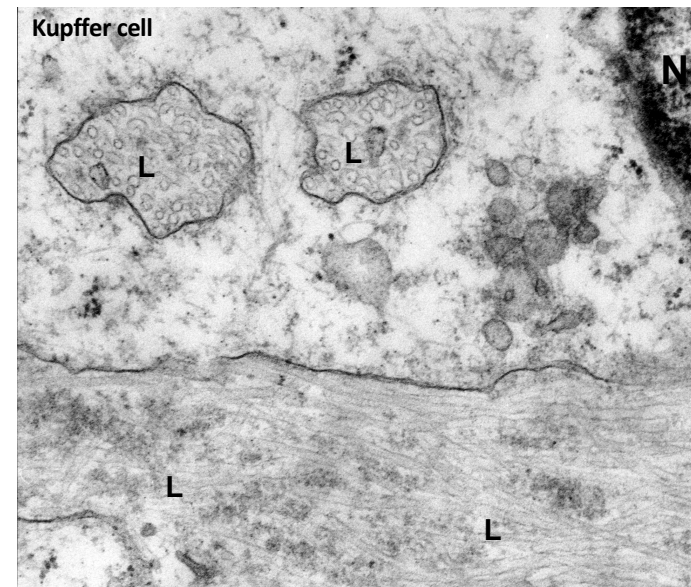
## Infant with Type 2 Gaucher Disease

→ G202R Mutation of Glucocerebrosidase



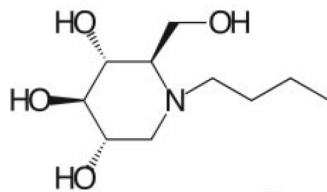
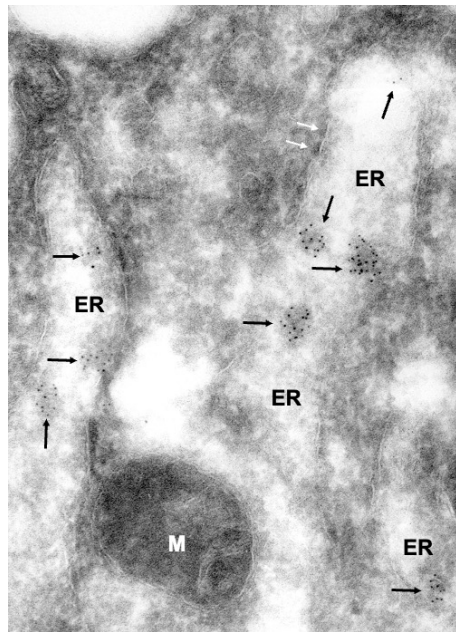
Consanguinity  
Failure to thrive  
Seizures resistant to therapy  
Hepatosplenomegaly  
Psychomotoric retardation  
Death after 14 months of life

**Glucocerebrosidase activity:** 22 (14) % in leukocytes  
25 (13) % in fibroblasts



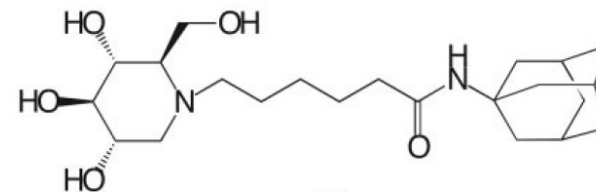
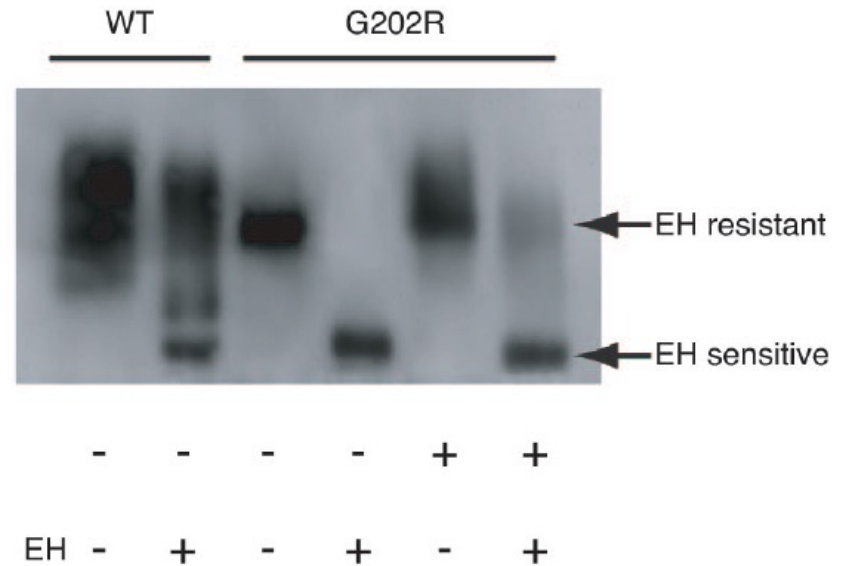
**CHAPERONE** = cell- and ER-permeable small molecules crossing the blood-brain barrier  
→ improve stability (folding), concentration and transport to lysosome

**Nojirimycin**: antibiotic (from *Streptomyces*), iminosugar, glycosidase inhibitor



### **N-butyl-deoxynojirimycin:**

- ⇒ Miglustat (ZAVESCA®)
- Gaucher Disease
- Niemann-Pick Disease Typ C



### **Chaperone 3:**

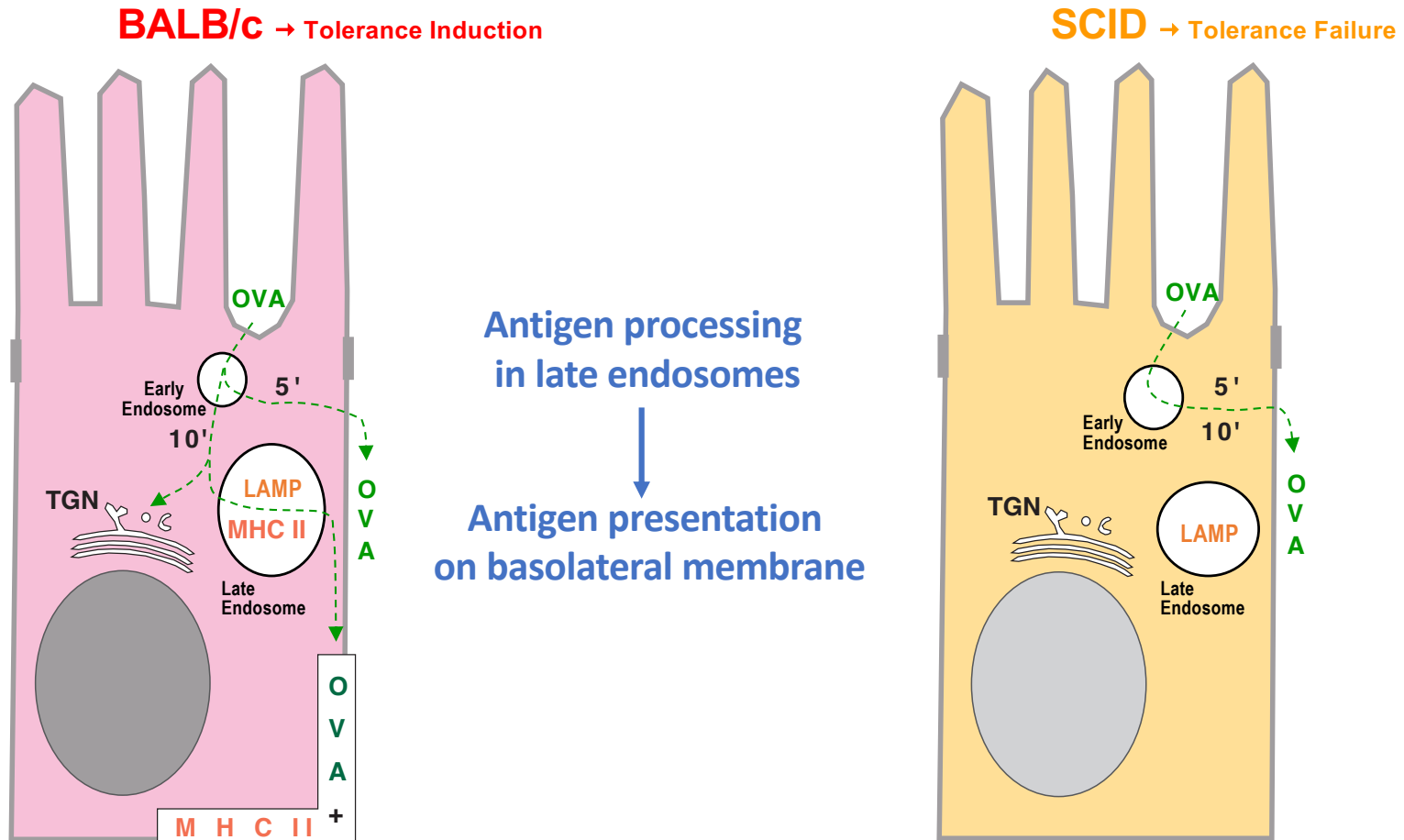
### **N-hexanoic acid adamantly amide deoxynojirimycin**

*J Pathol* 188 (4): 407, 1999

*Am Chem Society* 1(4): 235, 2006

## Tolerance Induction

Transport of OVA into MHC class II<sup>+</sup> late endosomes  
(in-vivo mouse model: "naive" enterocytes)

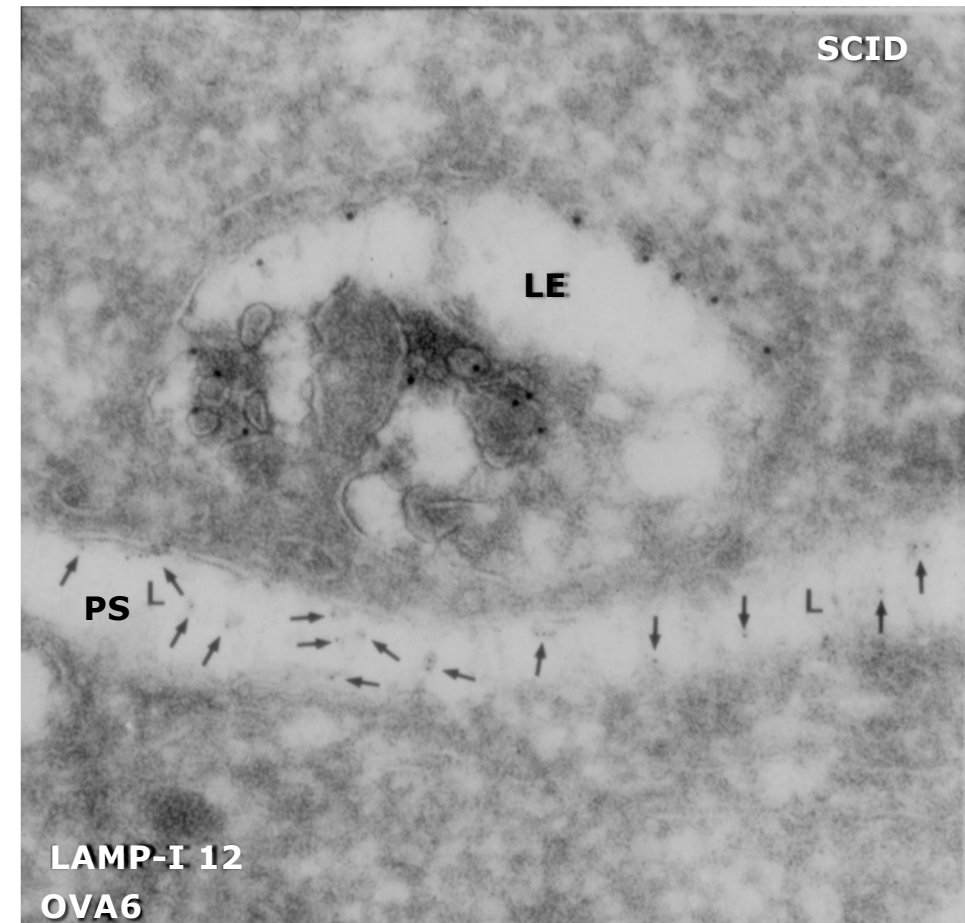
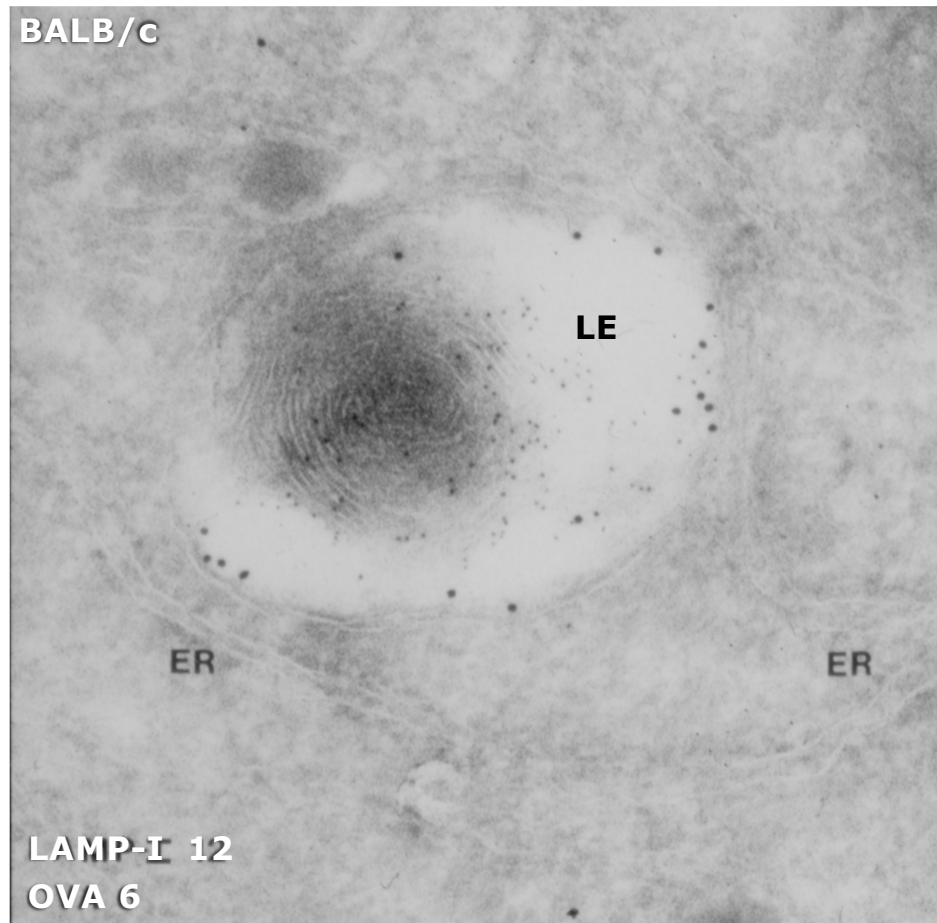


- Generation of oral tolerance in the infant's small bowel
- Bacterial colonization?

Gastroenterology 118: 128, 2000



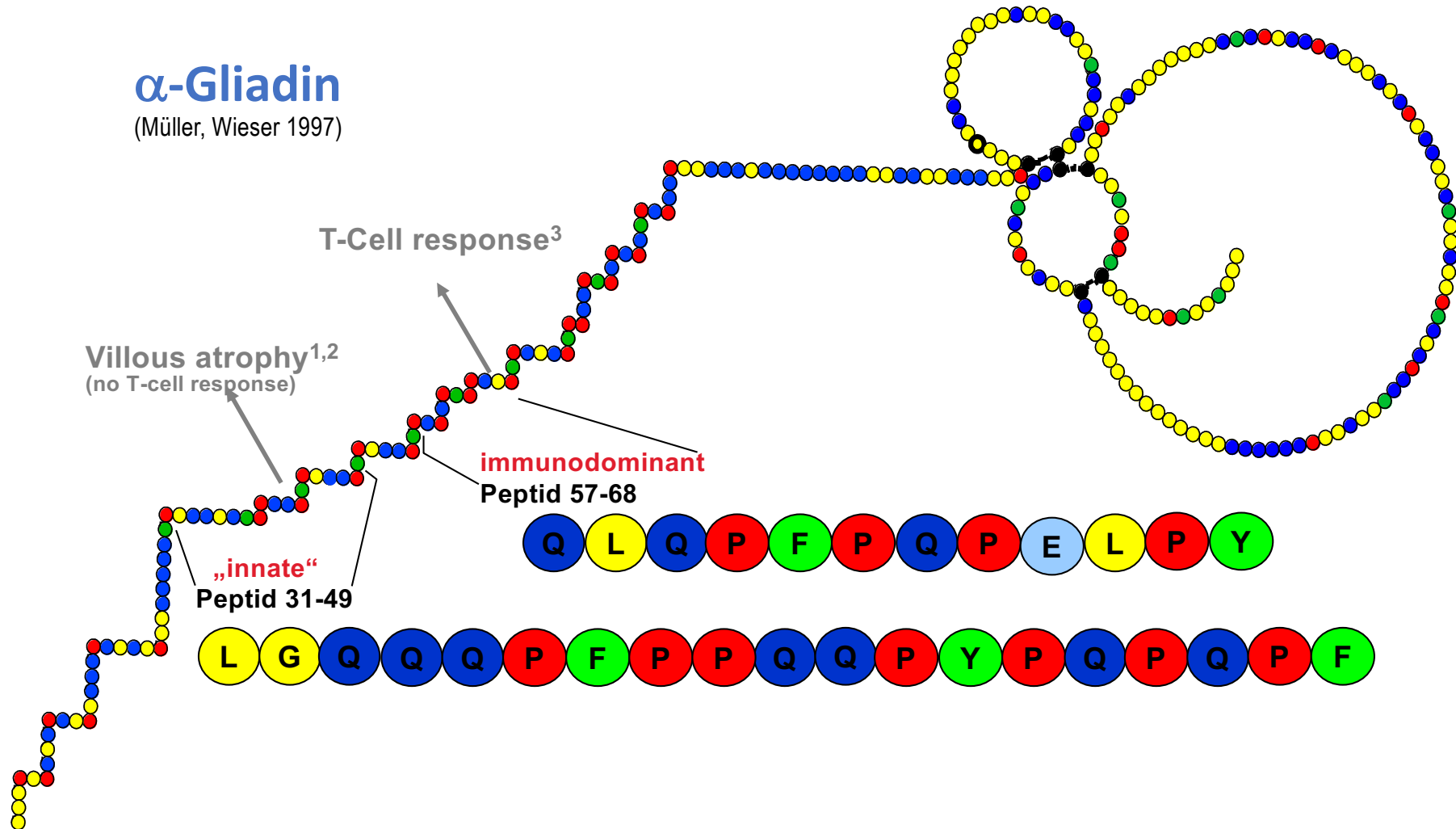
## Allergy: tolerance induction by targeting of allergens into LE of enterocytes



*Gastroenterology 118: 128, 2000*

## $\alpha$ -Gliadin

(Müller, Wieser 1997)



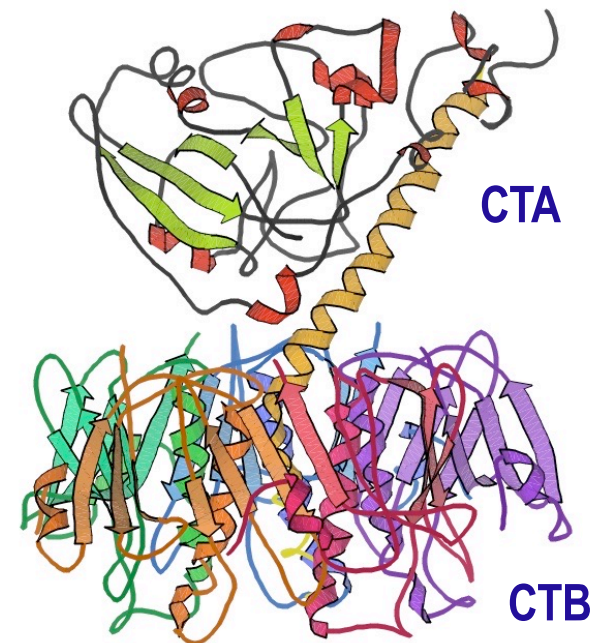
<sup>1</sup> Sturges et al., Lancet 343: 758, 1994

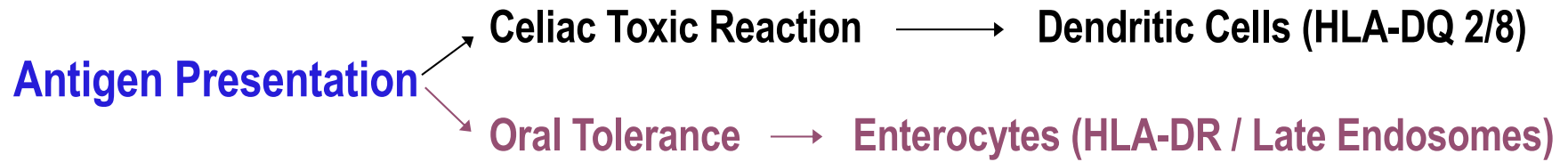
<sup>2</sup> Arentz-Hansen et al., Gastroenterology 123: 803, 2002

<sup>3</sup> Anderson et al., Nature Medicine 6: 337, 2000

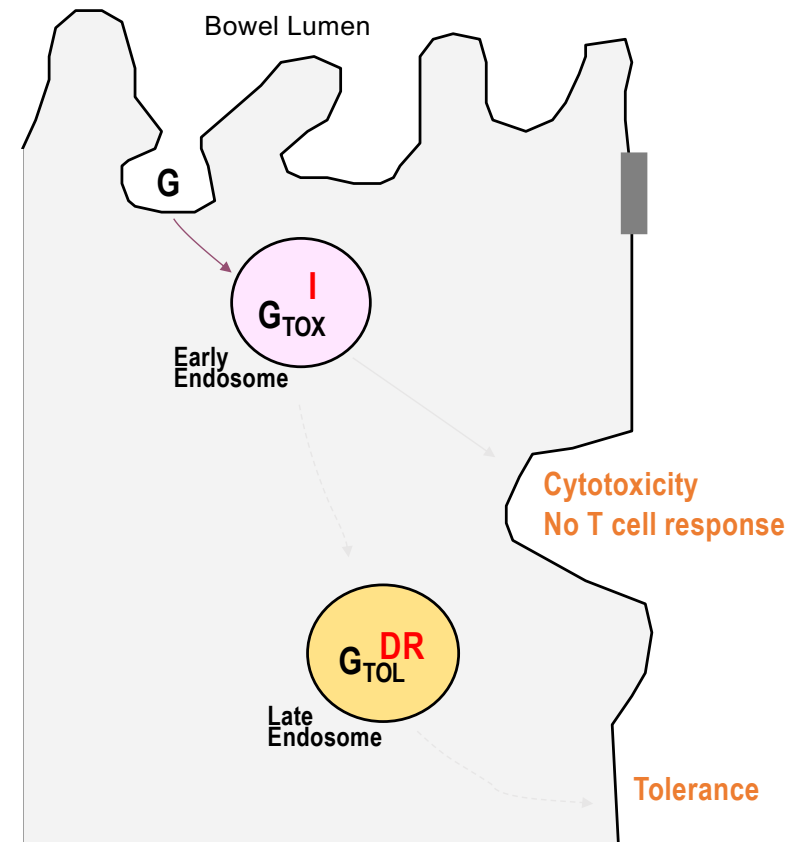
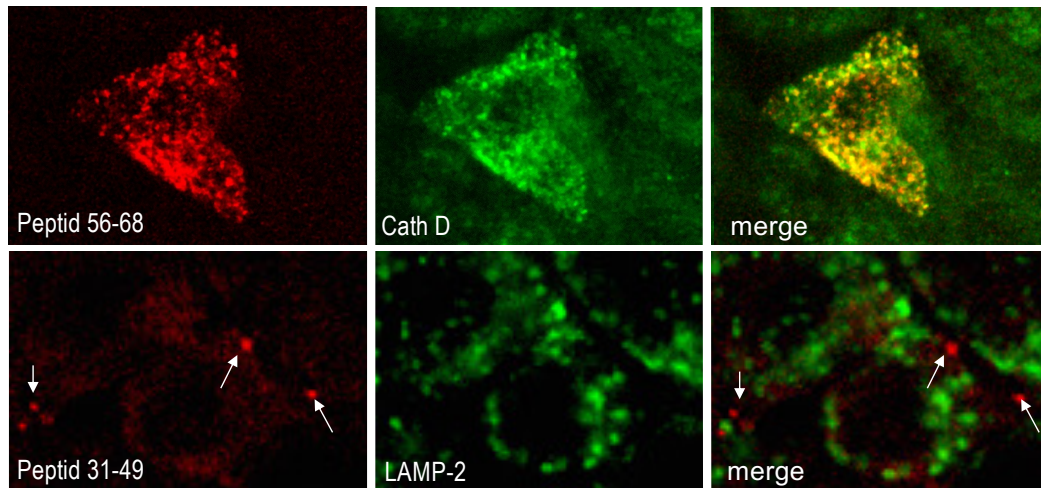
## Cholera Toxin, Subunit B

- Homopentamer  
Binding to GM1 ganglioside (→lysosome)  
**non-toxic**
- Mucosal adjuvant for oral tolerance and autoimmune diseases

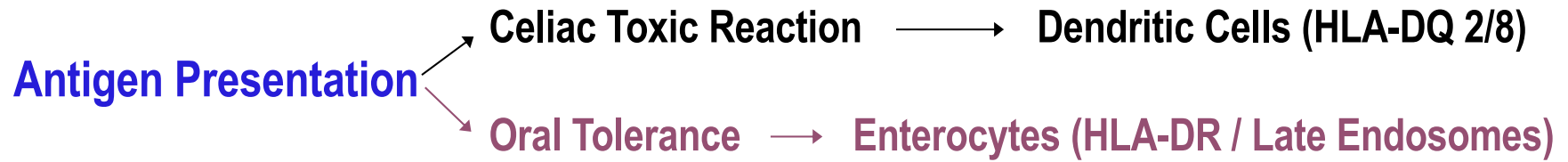




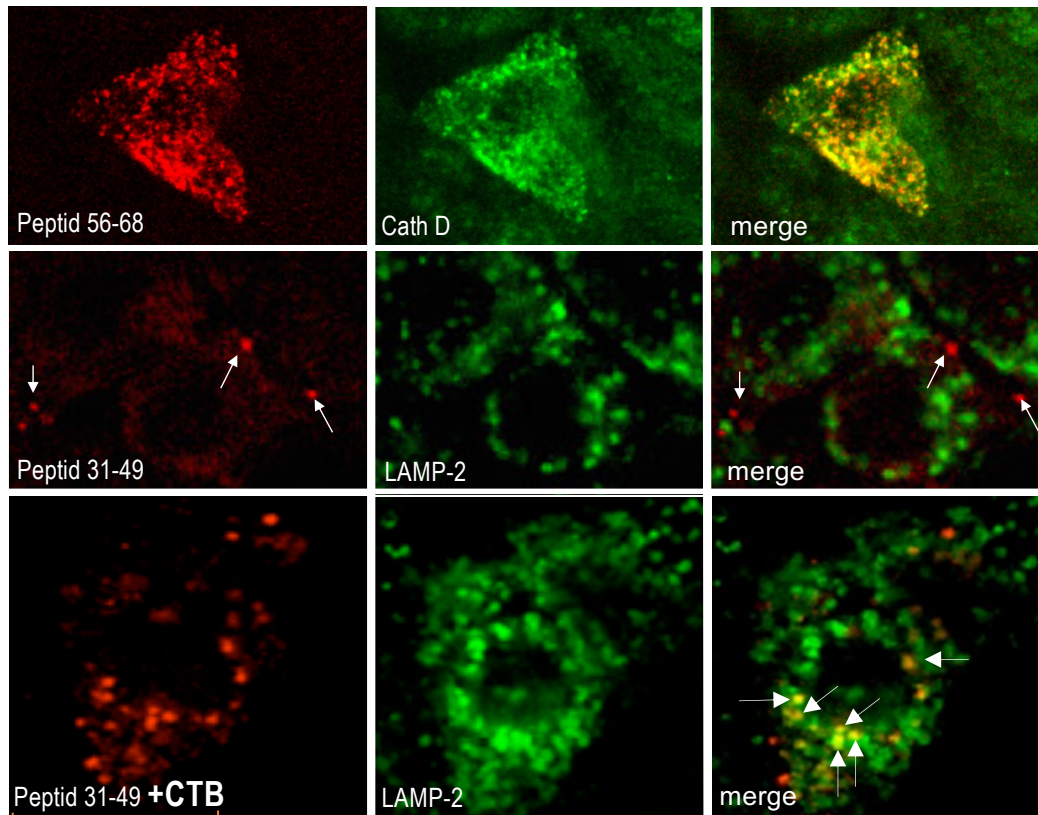
HT-29, intestinal epithelial cells



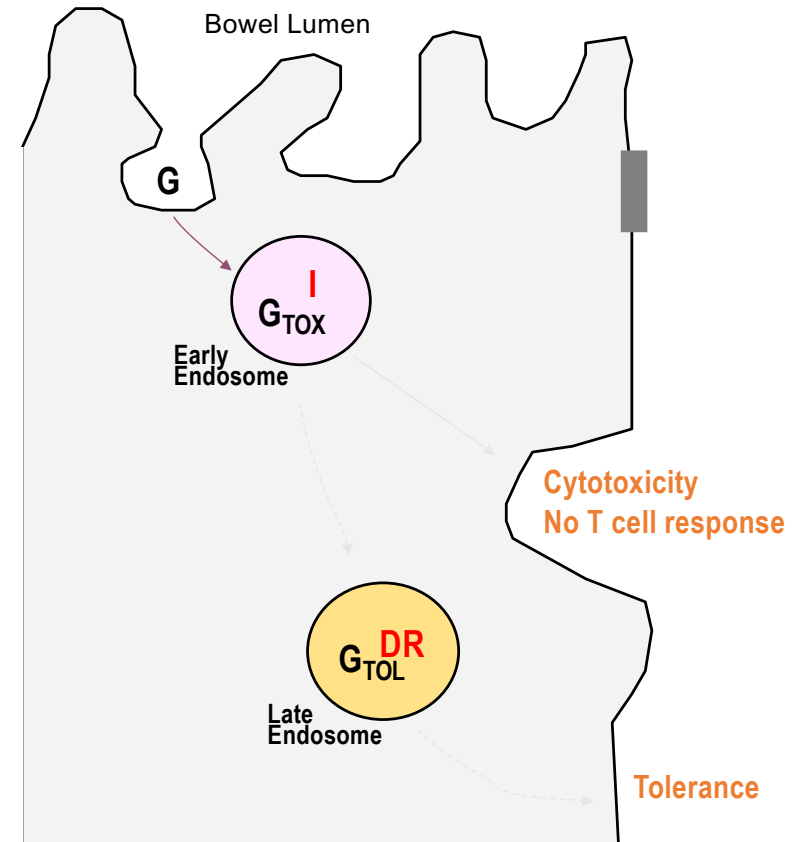
Gut 59: 300, 2010



HT-29, intestinal epithelial cells



ORAL VACCINE



Gut 59: 300, 2010

## Microvillus Inclusion Disease

- ▶ Infants lifelong dependent on parenteral nutrition

- ▶ Defect of the biosynthetic pathway

*Davidson et al. Gastroenterology 75, 783, 1978*

*Cutz et al. NEJM 320: 646, 1989*

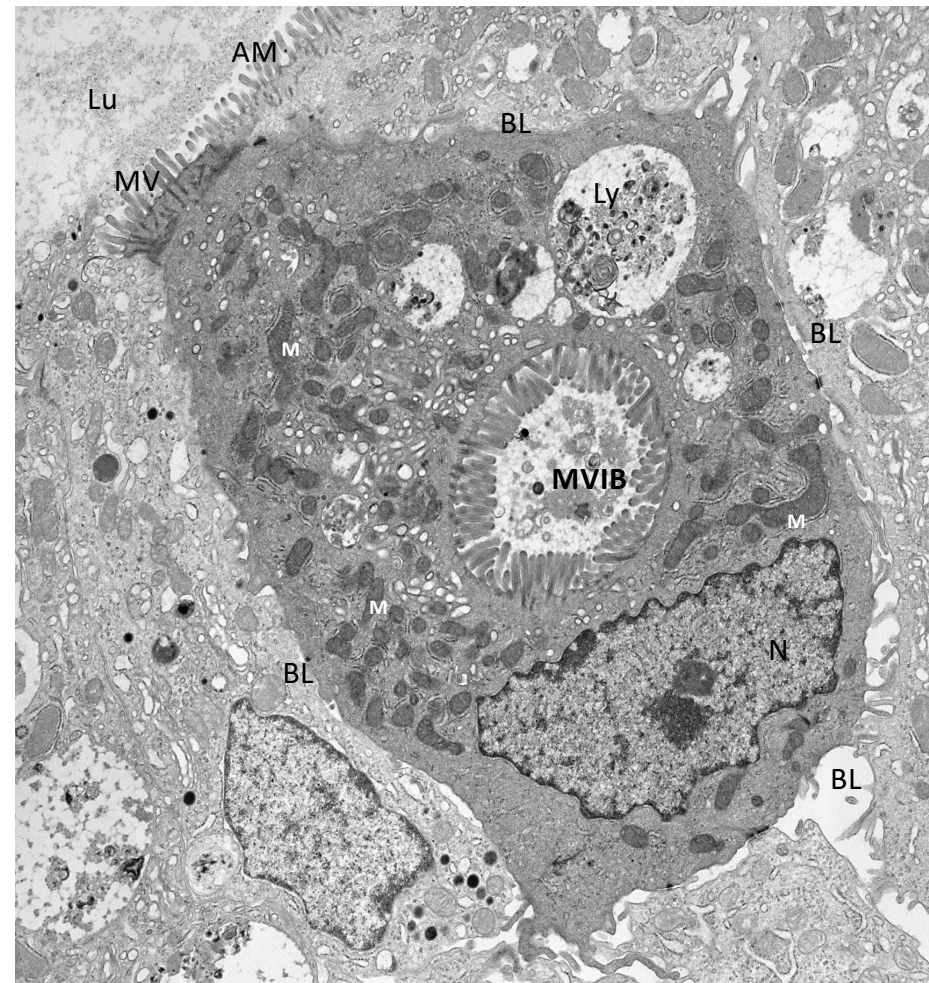
- ▶ Internalization of cationized ferritin and OVA into Microvillus Inclusion Bodies  
⇒ increased autophagocytosis

*Gut 51: 514, 2002*

- ▶ Mutations of myosin Vb and syntaxin 3

*Müller et al. Nat Genet 40: 1163, 2008*

*Wiegerinck et al. Gastroenterology 147: 65, 2014*



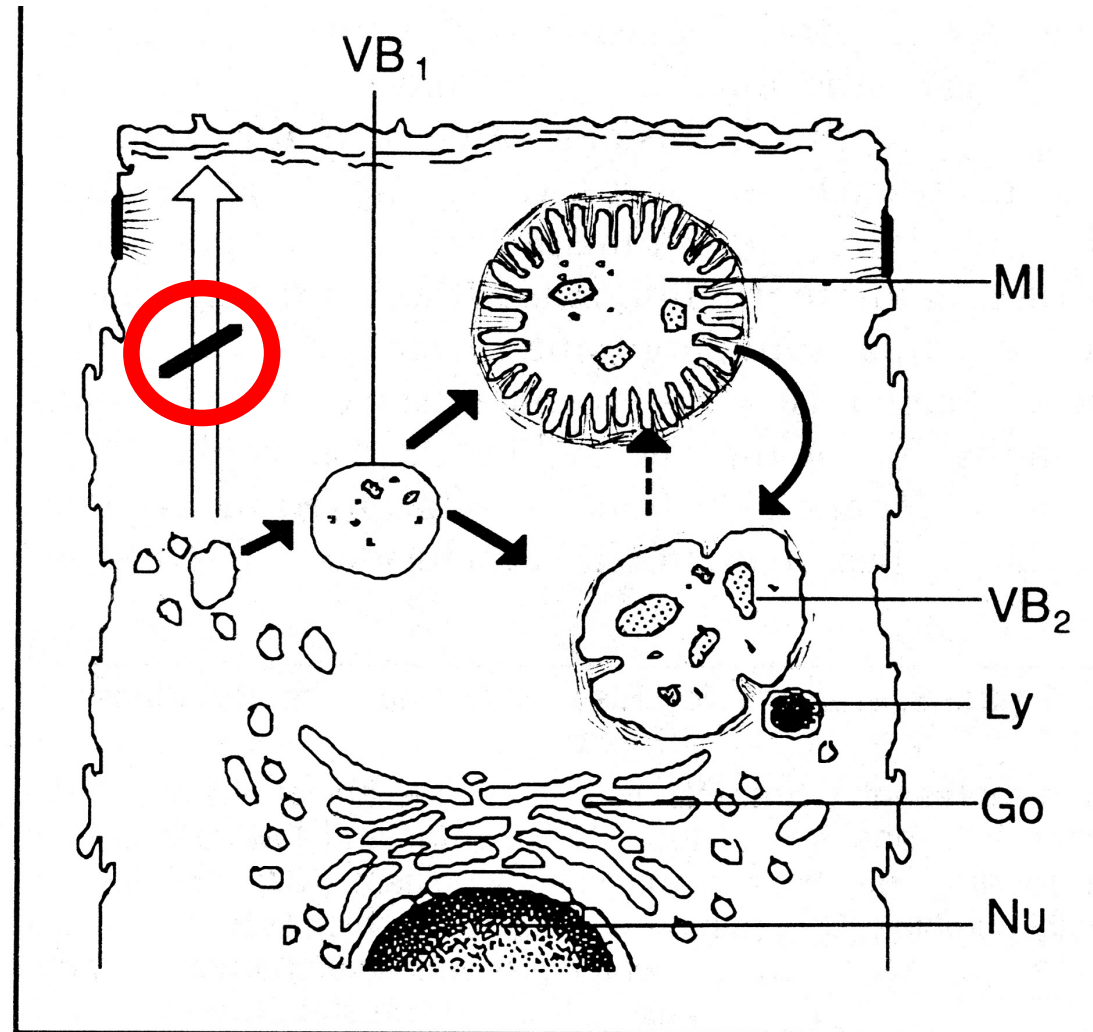
Lu, Lumen; MV, Microvilli; AM, Apical Membrane; BL, Basolateral Membrane; M, Mitochondrium; Ly, Lysosome; N, Nucleus; **MVIB, Microvillus Inclusion Body.**

## 2.4

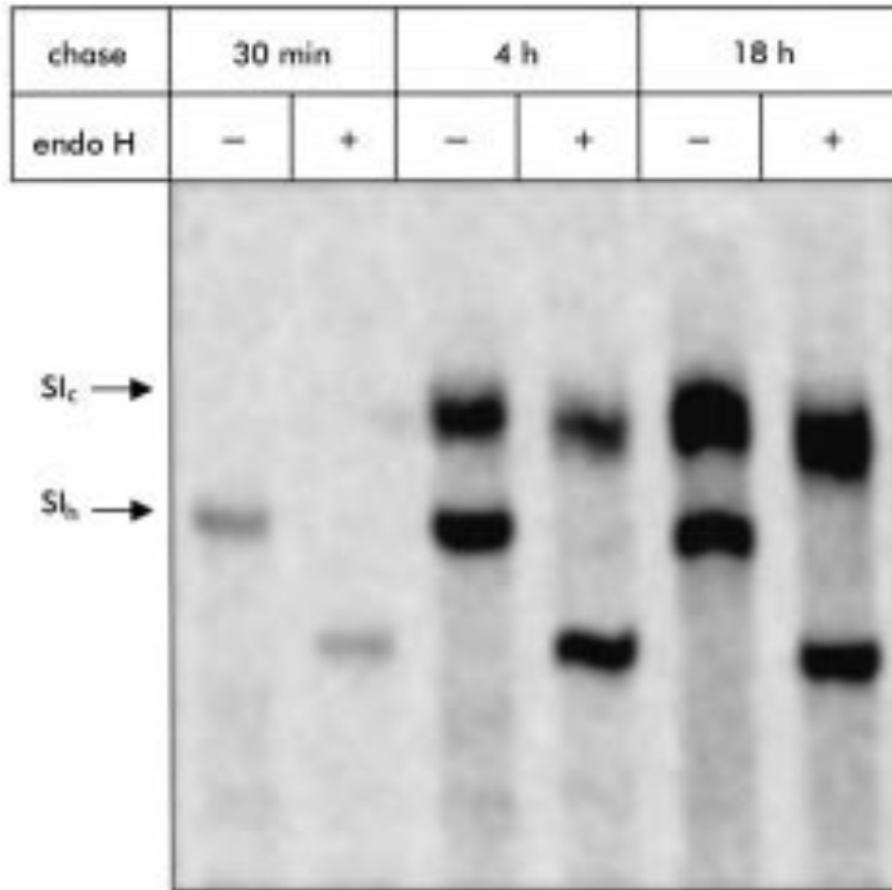
Cutz E, Rhoads M, Drumm B, Sherman PM, Durie PR, Forstner GG:

Microvillus inclusion disease: An inherited defect of brush-border assembly and differentiation.

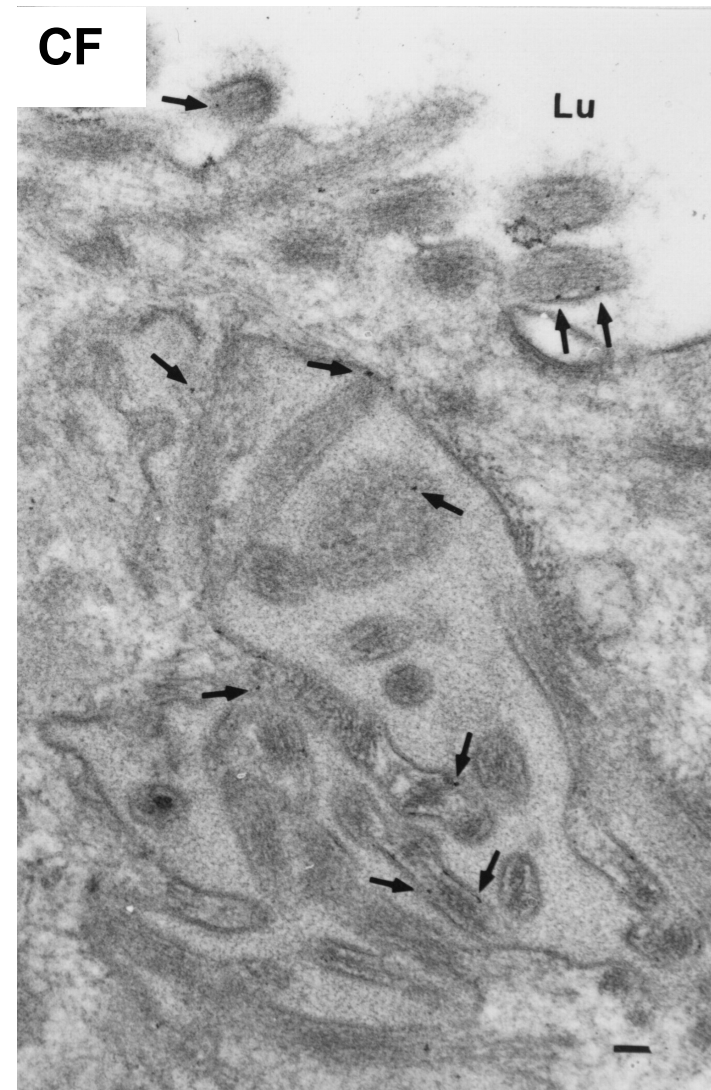
N Engl J Med 1989; 320: 646–51



“Acid phosphatase, a lysosomal marker, has not been localized in large vesicular bodies or microvillus inclusions.” Davidson, Cutz, Hamilton, Gall, *Gastroenterology* 75: 783, 1978



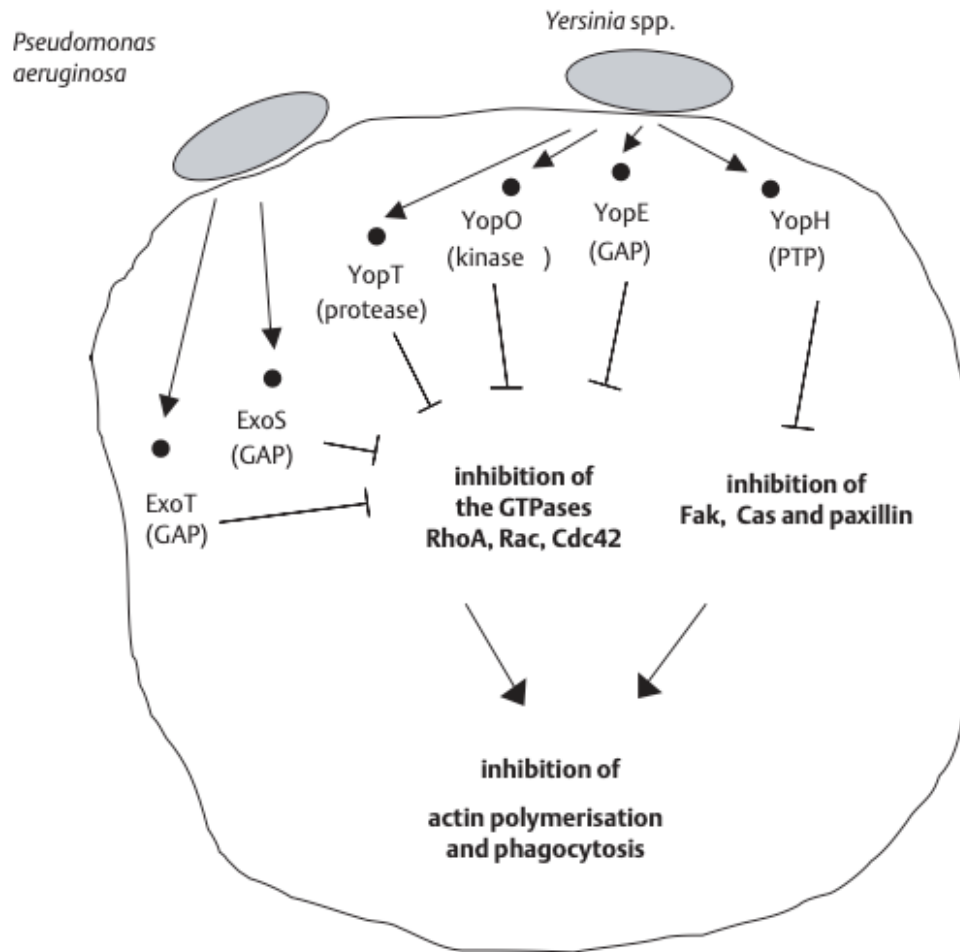
Normal conversion rates of the endo H sensitive mannose rich precursor forms of these proteins (SI<sub>h</sub>) to the endo H resistant complex glycosylated and mature species (SI<sub>c</sub>)



Internalization of cationized ferritin (CF) attached to the microvilli into MVIB within 5 min



## Inhibition of autophagocytosis: pharmacological therapy?



### Infectious/toxic proteins

- ⇒ latrunculine, cytochalasine (actin)
- ⇒ vinca alkaloids (microtubule)
- ⇒ filipin, methyl- $\beta$ -cyclodextrin, genistein (lipid rafts)
- ⇒ chlorpromazine (clathrin)
- ⇒ amiloride ( $\text{Na}^+/\text{H}^+$  exchange, macropinocytosis)

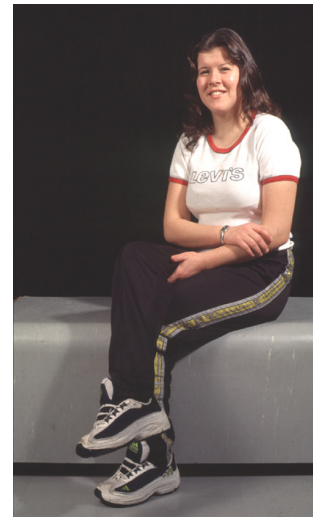
Bacterial pathogens of *Yersinia* or *Pseudomonas aeruginosa* are able to inject proteins into the cytosol of infected cells, thereby inhibiting actin poly-merization and subsequently phagocytosis.

*Z. Gastroenterol* 44: 667, 2006

# Short Bowel Syndrome (SBS)

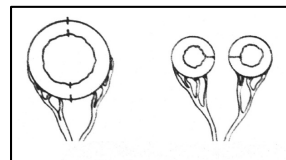


1982



2004

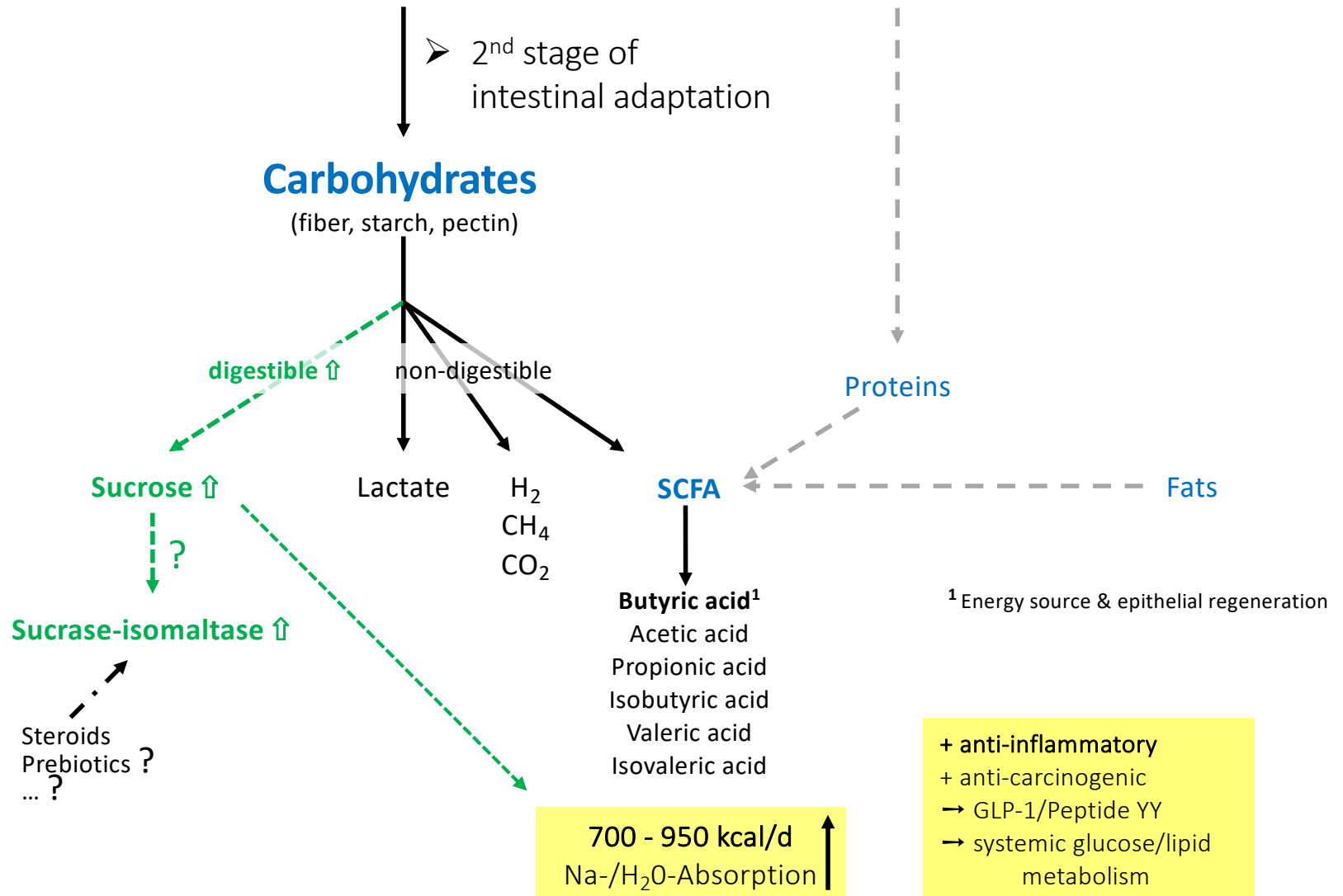
38cm Jejunum - No ICV, All colon

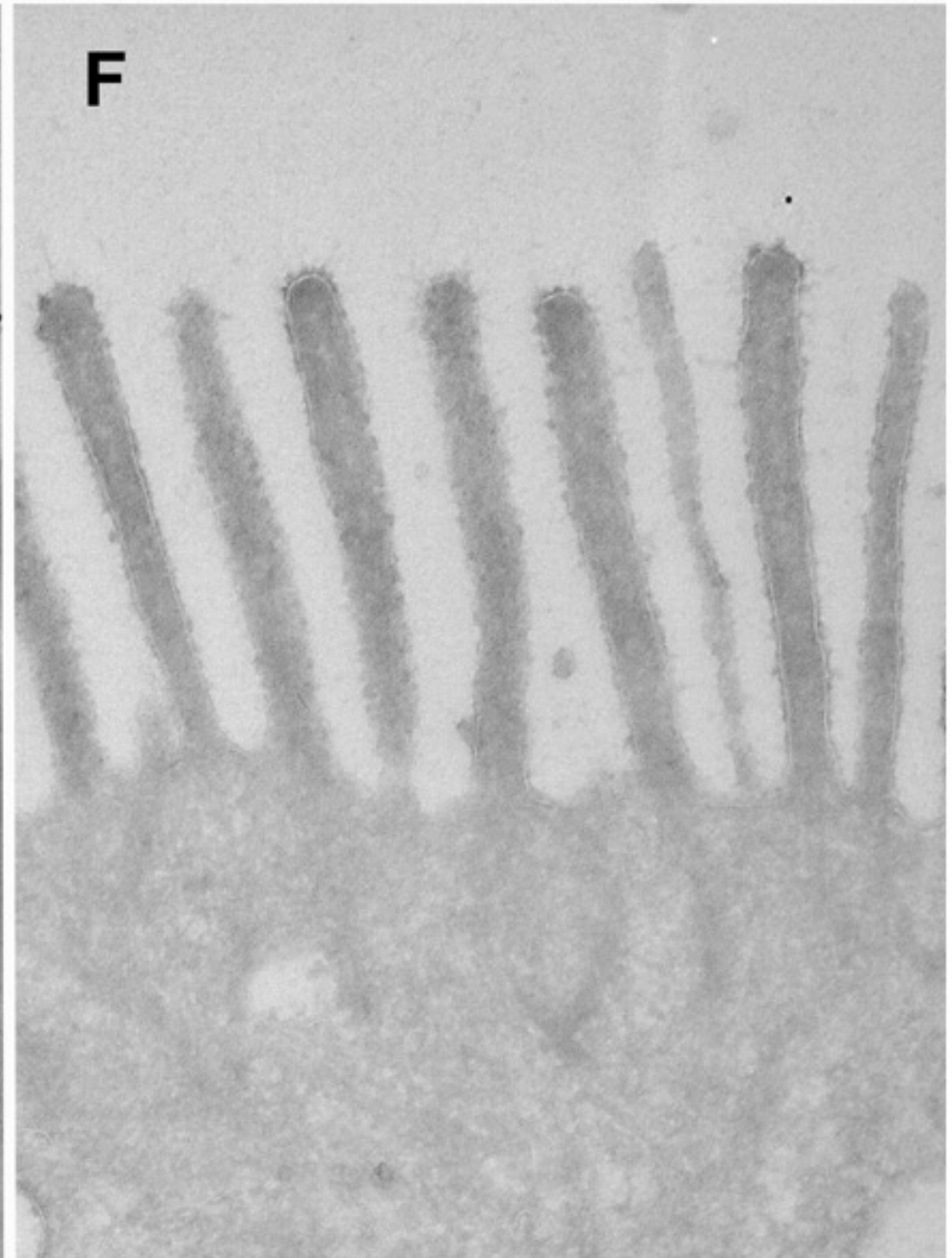
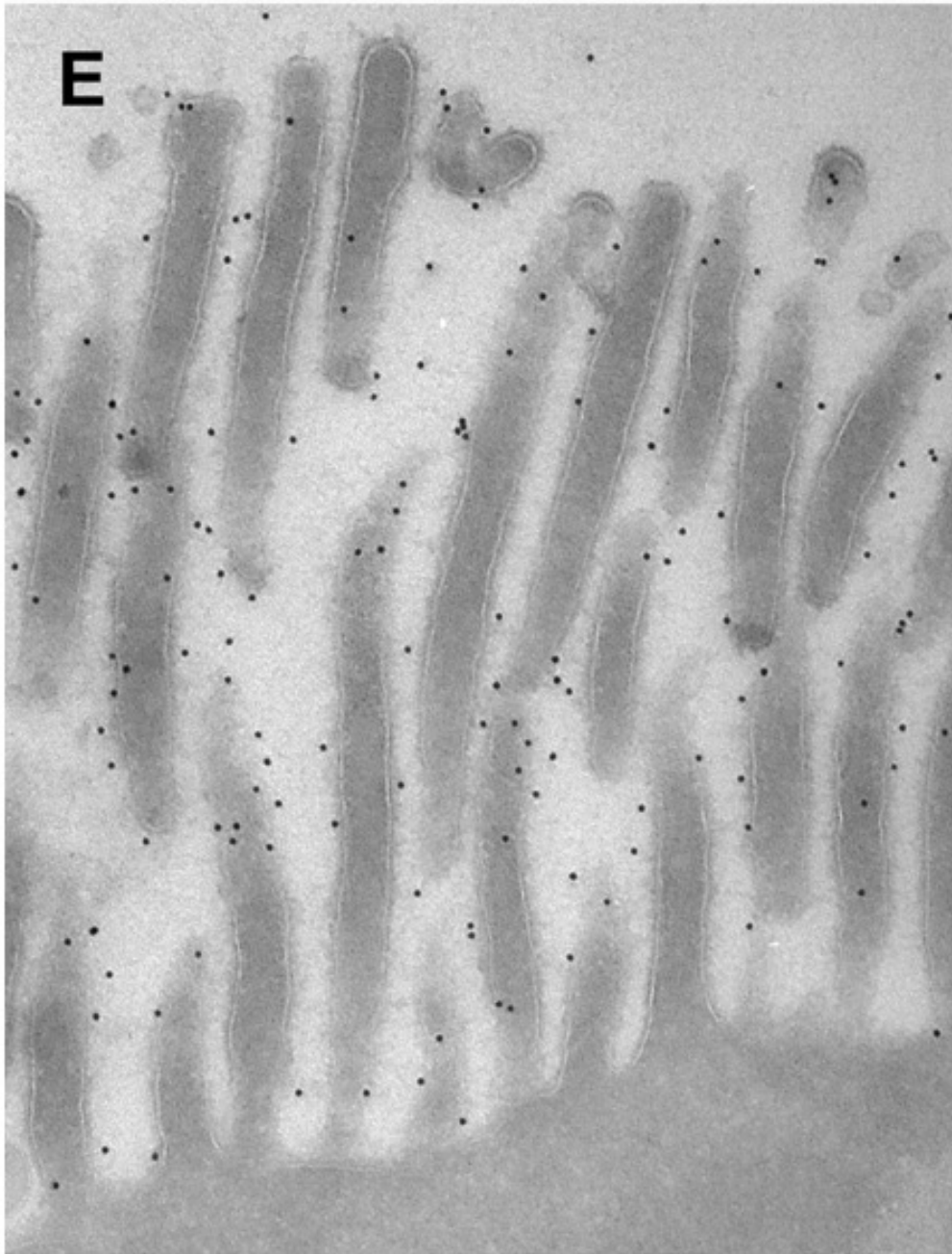


Bianchi Op

**A. Bianchi / Manchester**

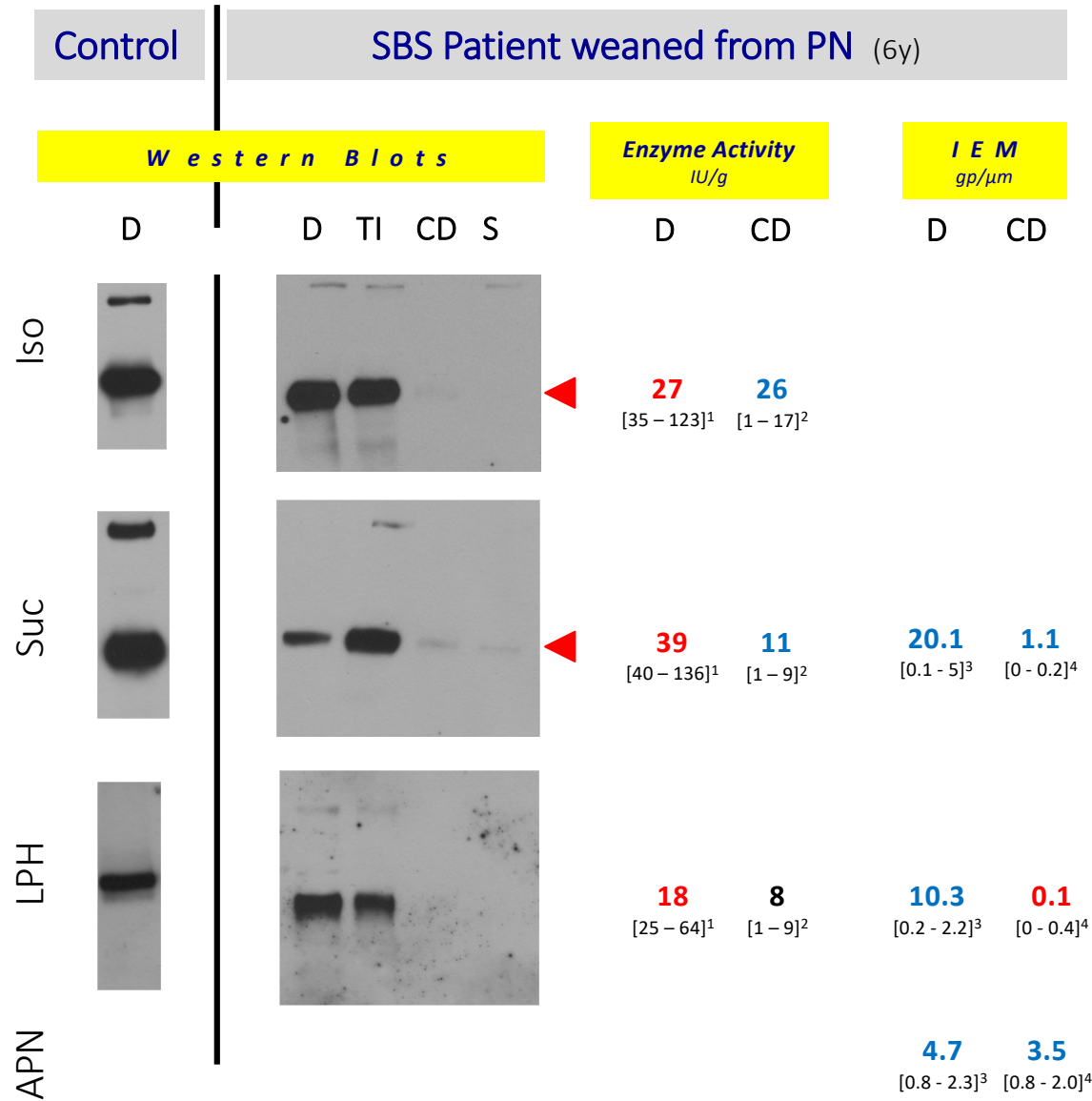
## Colon: Bacterial (anaerobic) Fermentation





**Colon (SBS)**

**Colon (healthy)**



- gastroschisis, ileal atresia
- small bowel: 54 → 105 cm (+ Bianchi at 1y)
- 60 cm distal colon

Iso = Isomaltase  
 Suc = Sucrase  
 Lac = Lactase  
 APN = Aminopeptidase  
 D = Duodenum  
 TI = Terminal Ileum  
 CD = Colon Descendens  
 S = Sigma  
 DS = Disaccharidases  
 IEM = Immunoelectron microscopy

<sup>1</sup> Normal Range Duodenum (healthy controls)

<sup>2</sup> Mean ± SD Colon (SBS patients)

<sup>3</sup> Mean ± SD Duodenum (healthy controls)

<sup>4</sup> Mean ± SD Colon (healthy controls)

## TAKE HOME MESSAGE:

Translational research can be very productive and innovative!

⇒ therapies to cure and even to prevent chronic diseases

*Thank you for your attention !*



*Children first and always!*