

JNI – 11 Journées Nationales d'Infectiologie

Du mercredi 9 au vendredi 11 juin 2010 – Le Corum, Montpellier

Vers une théorie génétique des mycobactéries humaines

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Necker-Enfants Malades Medical School, Paris, France



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Déclaration de conflits d'intérêts:

Jacinta Bustamante MD, PhD

Absence de conflits d'intérêt

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The genus *Mycobacterium*

‘Virulent’

M. tuberculosis complex

M. leprae

Human transmission
transmission

(airborne)

M. ulcerans (Buruli ulcer)

Aquatic bug transmission?

‘Weakly virulent’

> 80 species (e.g. *M. avium*,

M. marinum, *M. fortuitum*...)

Environmental

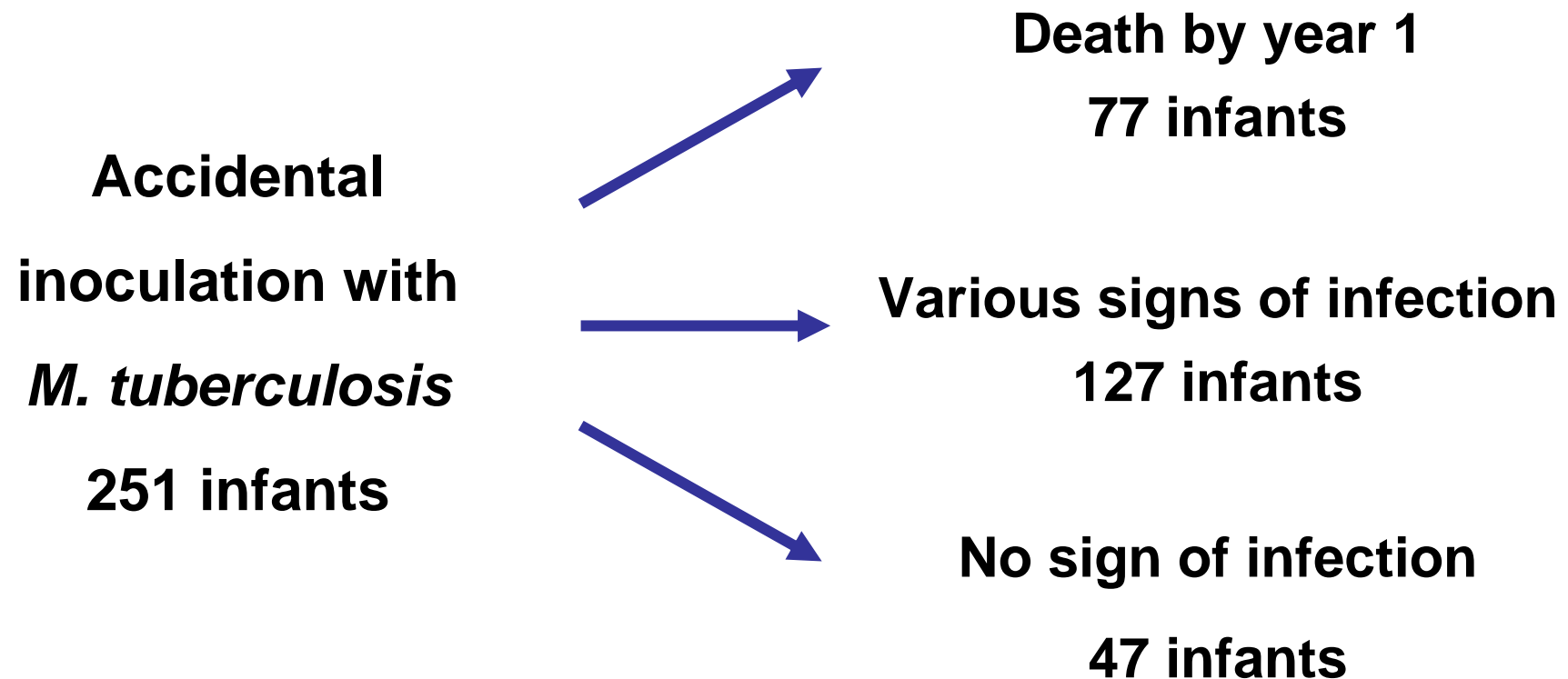
(water, soil, air...)

BCG vaccine

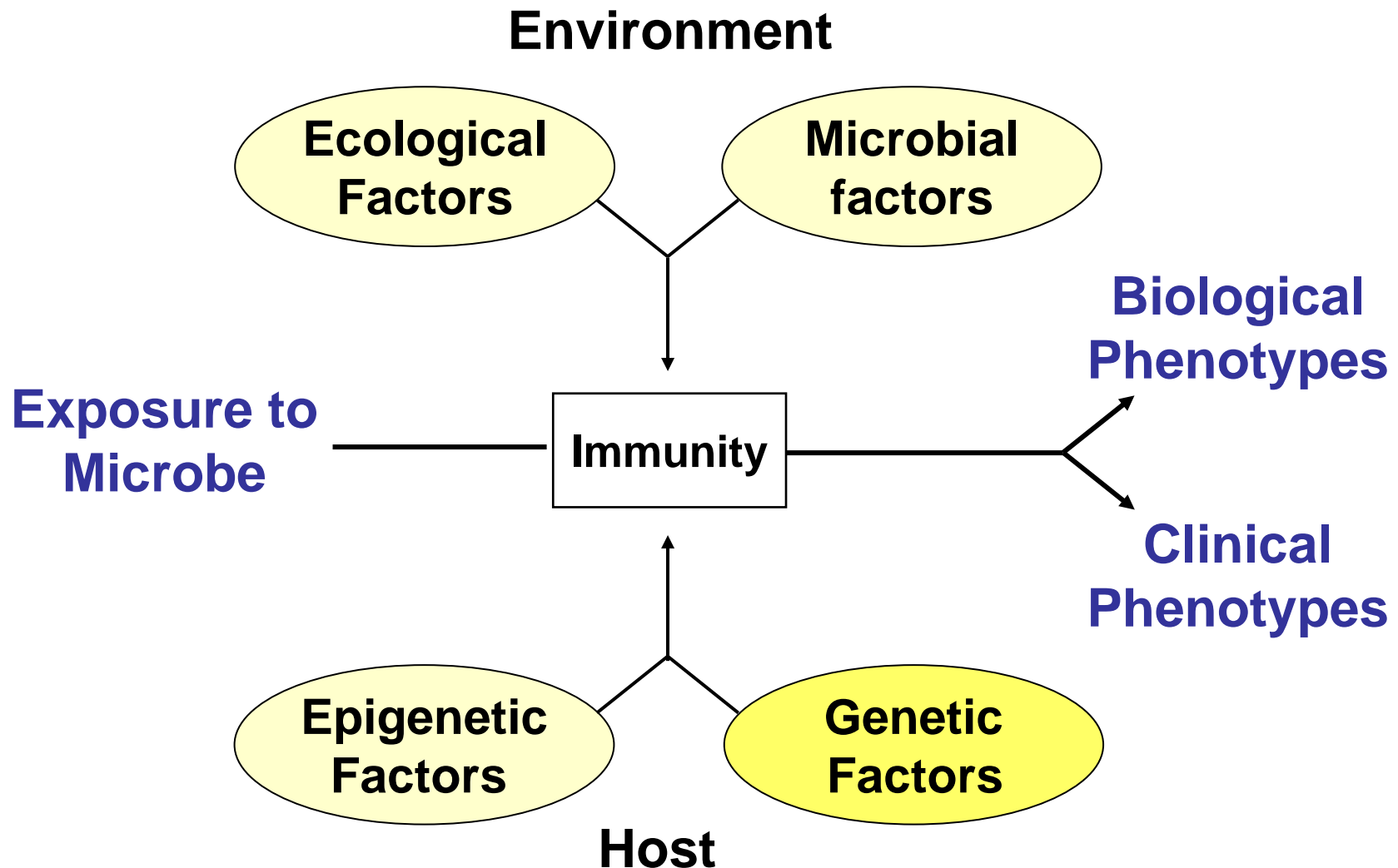
Injection transmission

Inter-individual variability in tuberculosis: the key question

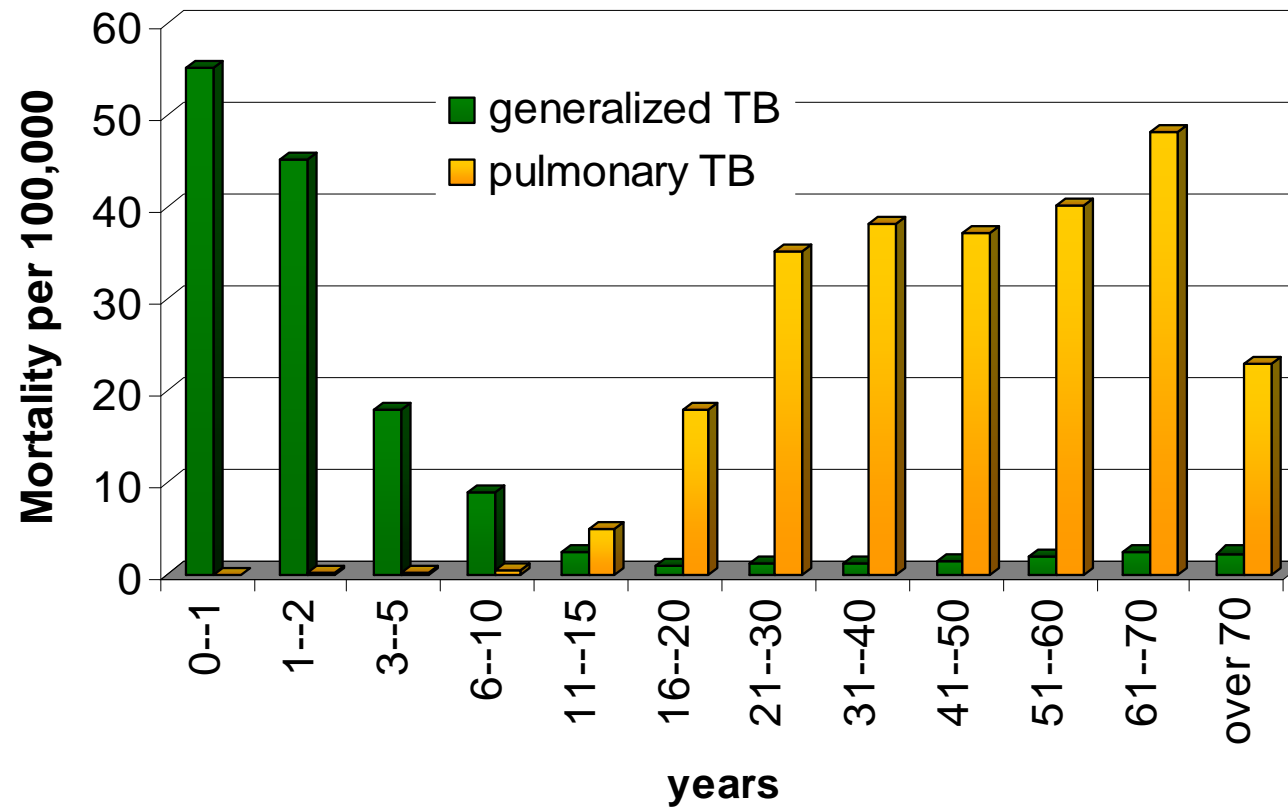
- The Lübeck disaster before world war II



Four theories of infectious diseases

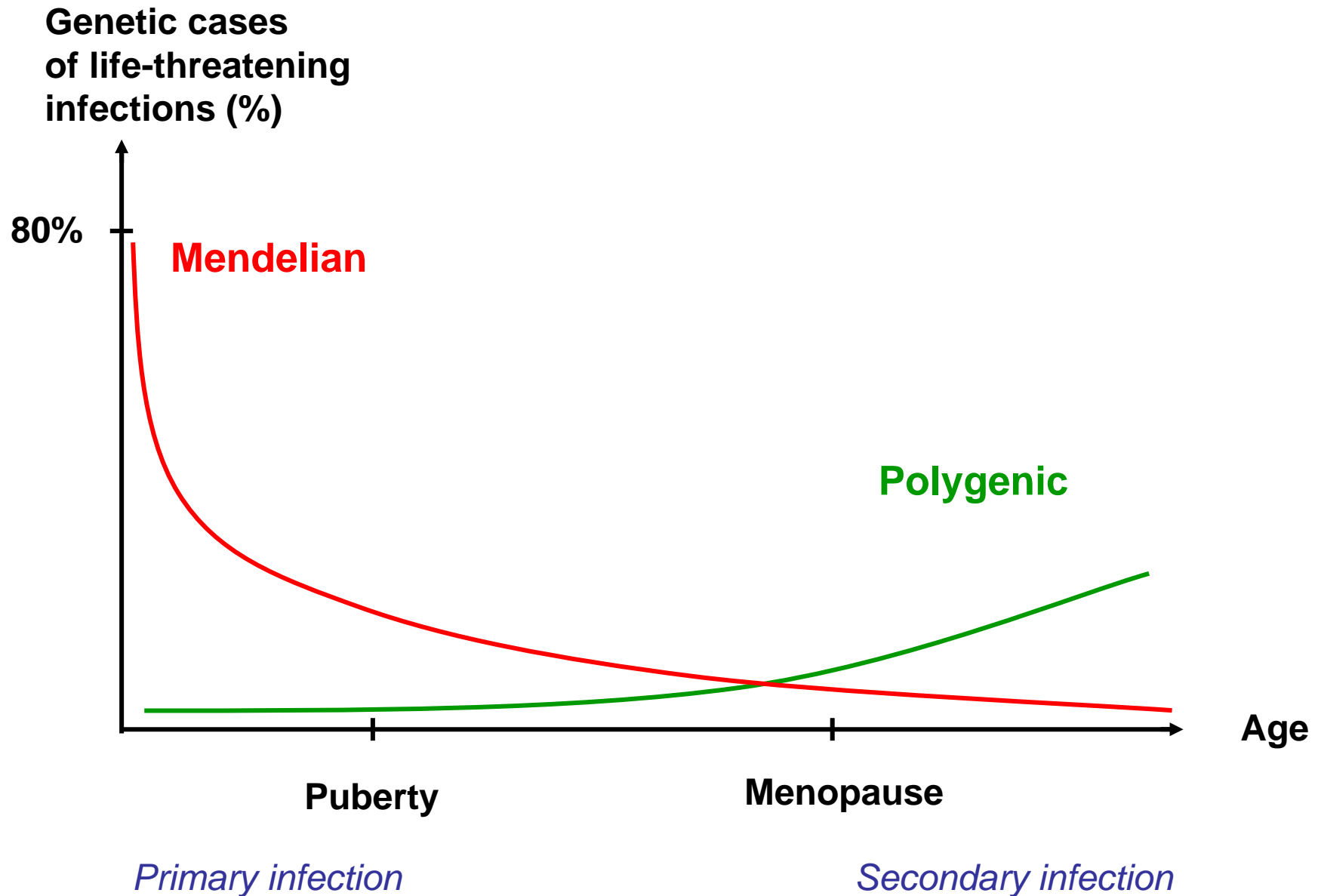


Tuberculosis in children and adults




Ranke, K. 1910. Diagnose und Epidemiologie der Lungentuberculose des Kindes. *Archiv für Kinderheilkunde* 54:279-306.


A genetic architecture of tuberculosis



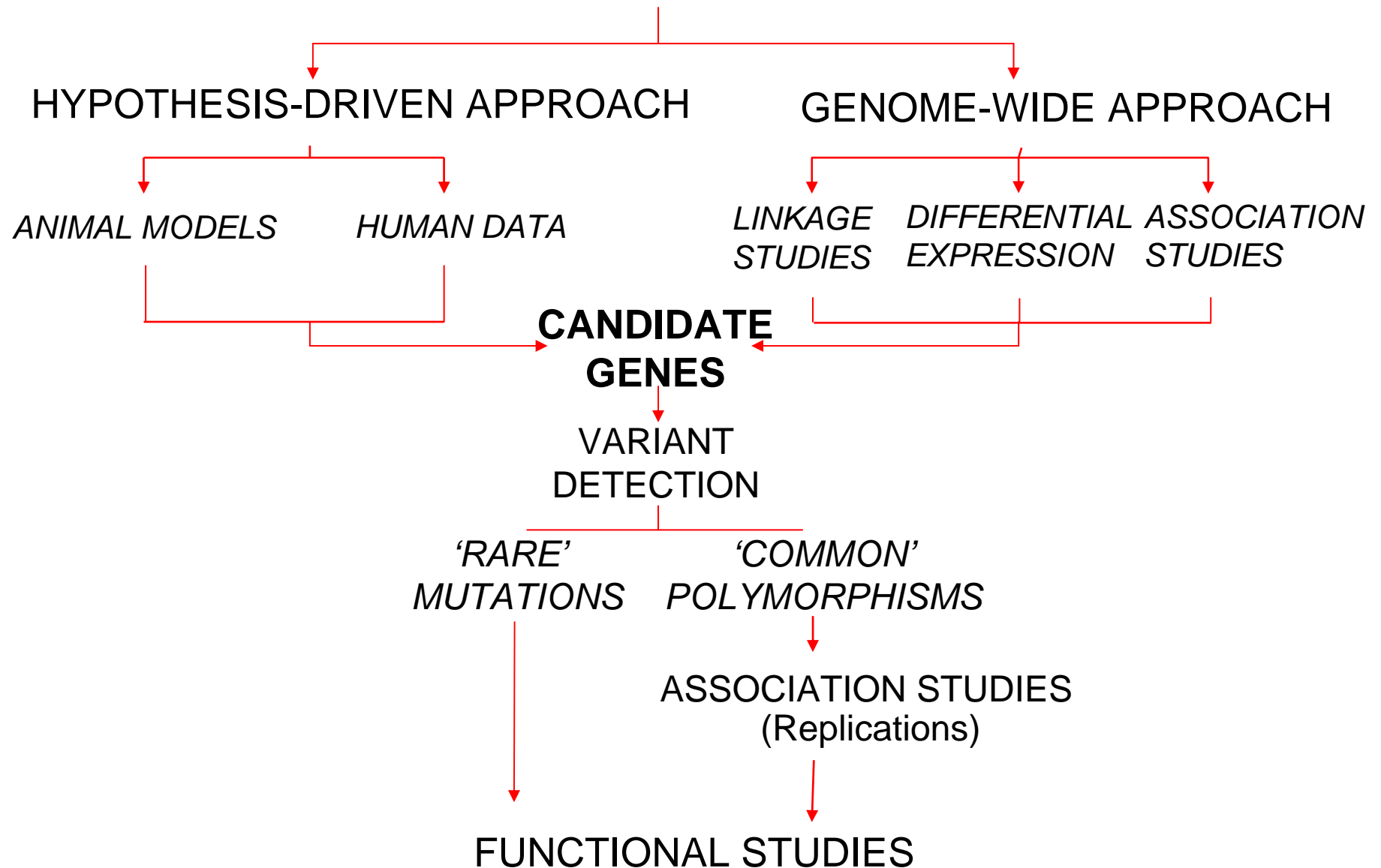
Methods of investigation in humans

Phenotype	Rare (disseminated infection)	Common (TB, leprosy)
Tools	Mendelian Genetics	Genetic Epidemiology
Sample	Small	Large


Rare mutation

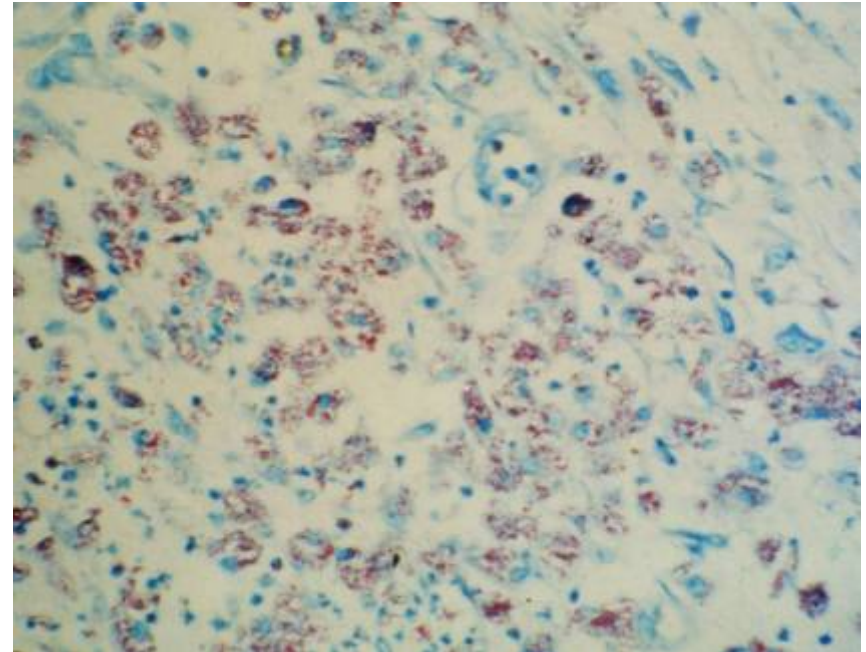

Common polymorphism

MENDELIAN and COMPLEX INHERITANCE



Mendelian susceptibility to mycobacterial diseases (MSMD)

- * Infections by BCG and environmental Mycobacteria
- * Otherwise healthy individuals
- * Very rare (10^{-5} – 10^{-6}) but often familial (consanguinity)



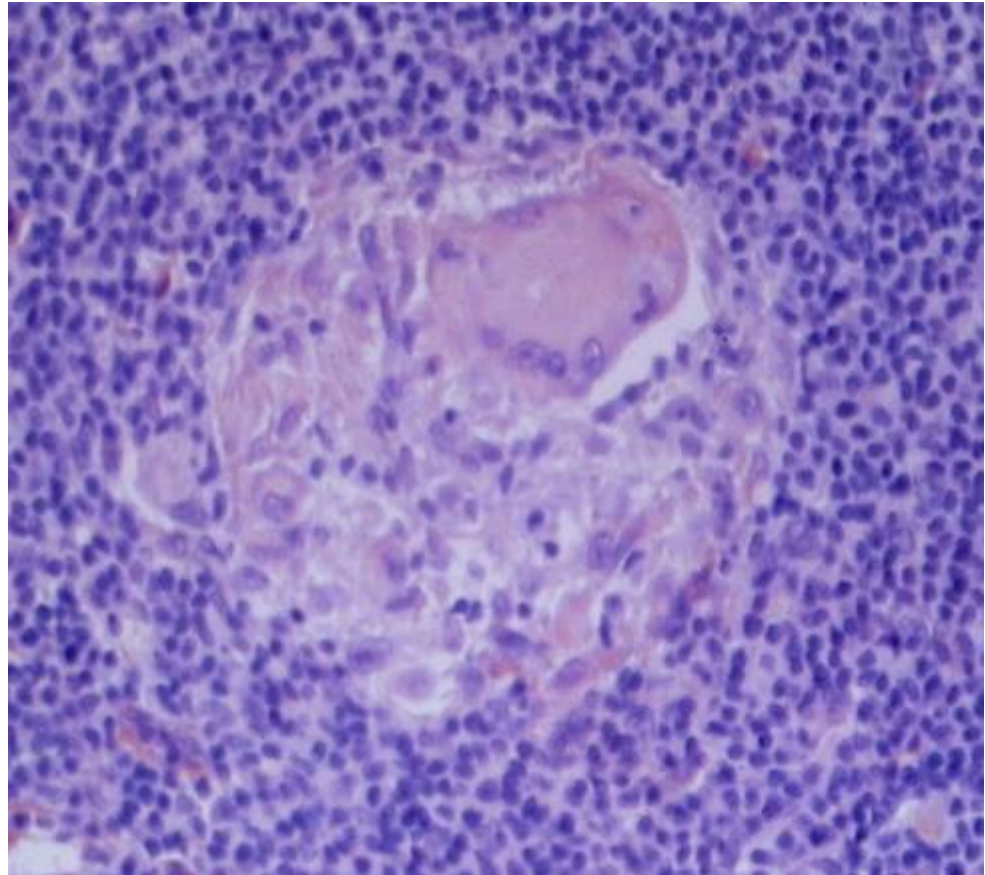
Mendelian Susceptibility to Mycobacterial disease

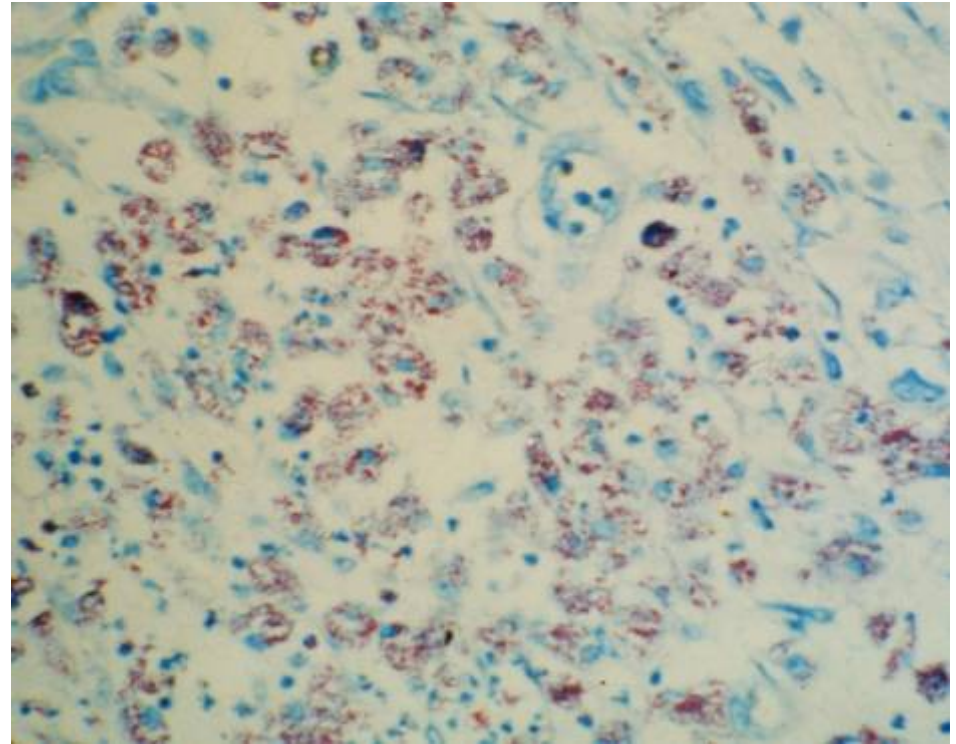
HETEROGENEOUS

Genetic basis: autosomal or X-linked inheritance

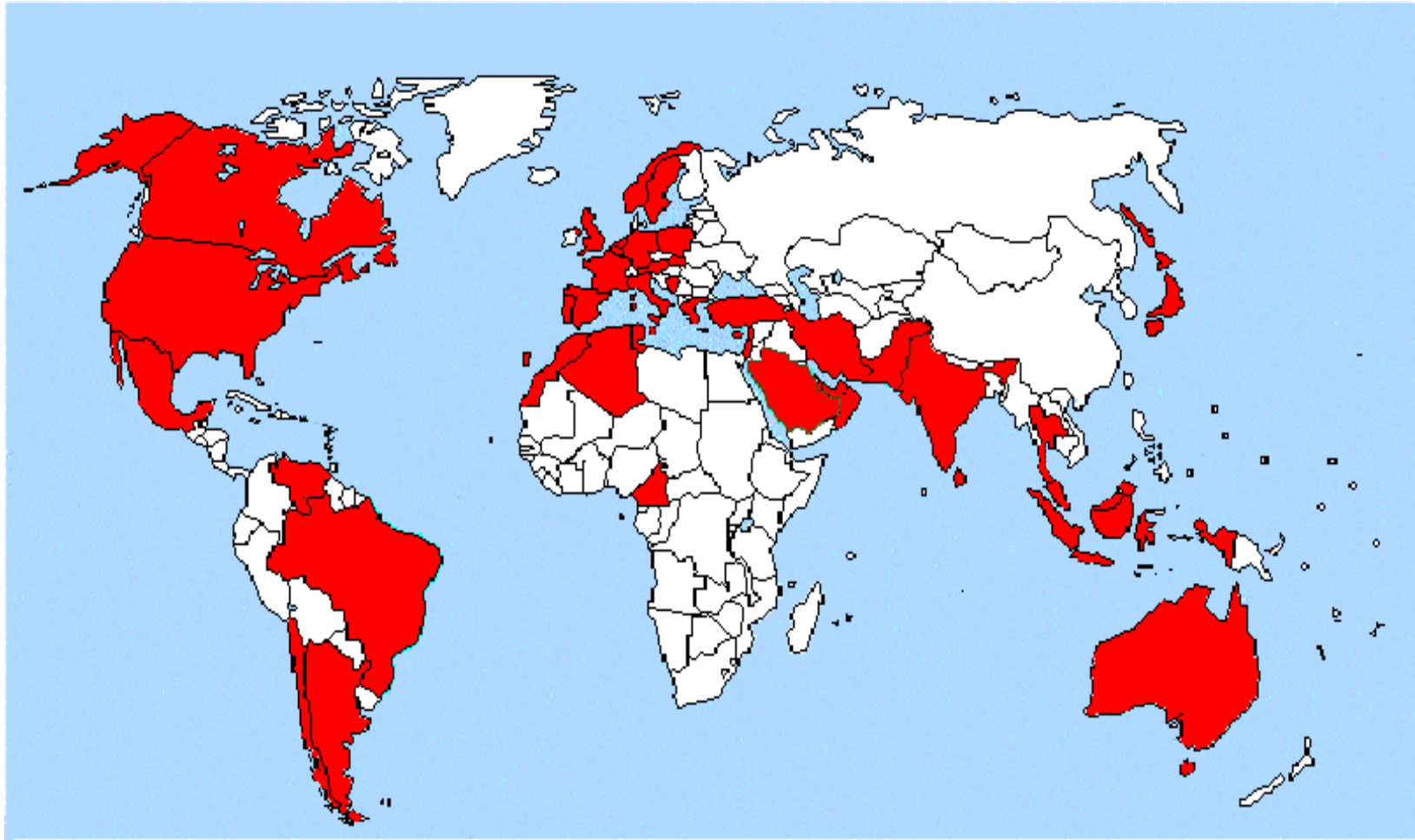
Clinical outcome: recurrent, disseminated or local

Granulomatous lesion: lepromatous type
tuberculoid type

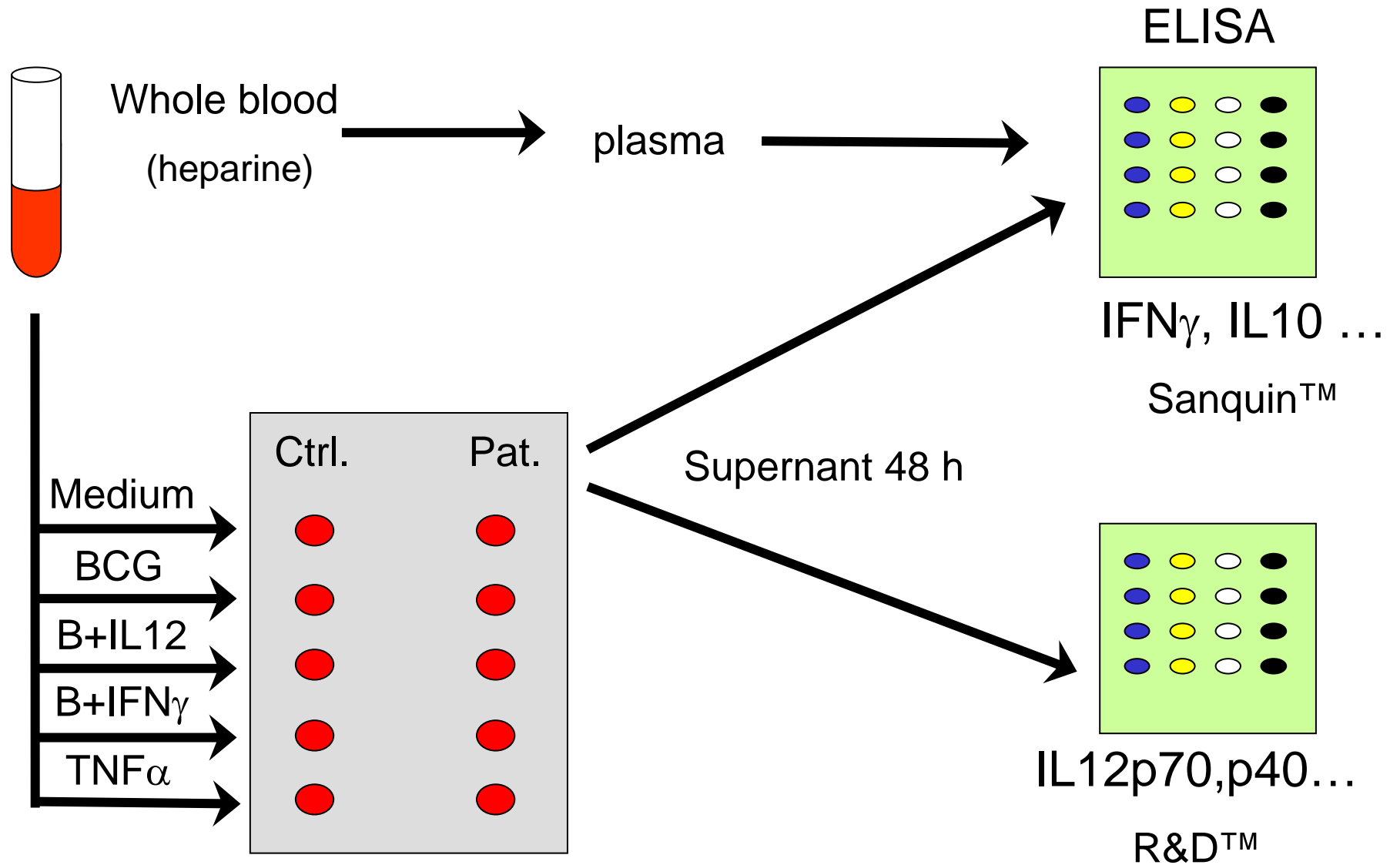




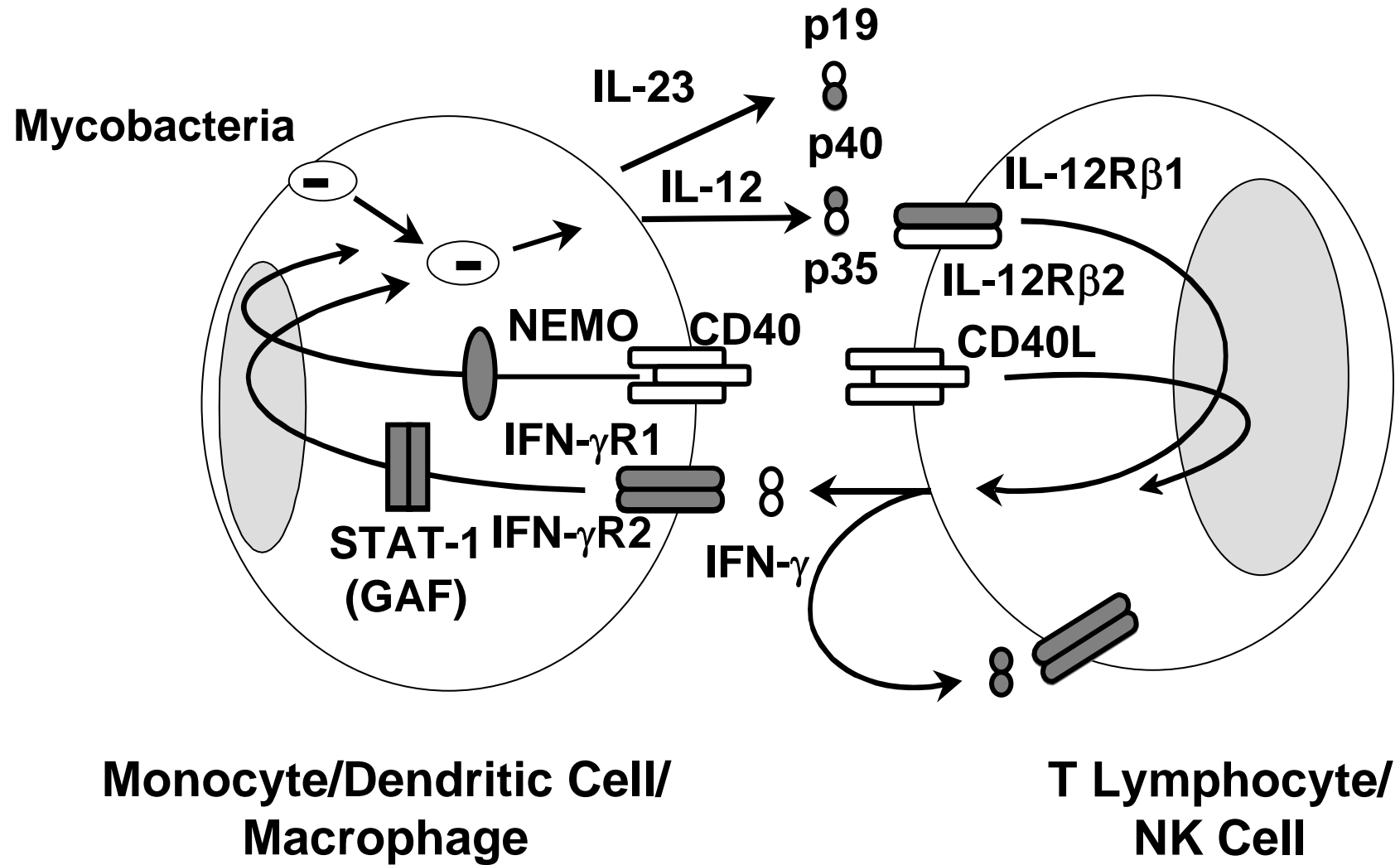
Over 300 patients in 45 countries



Functional screening *in vitro*



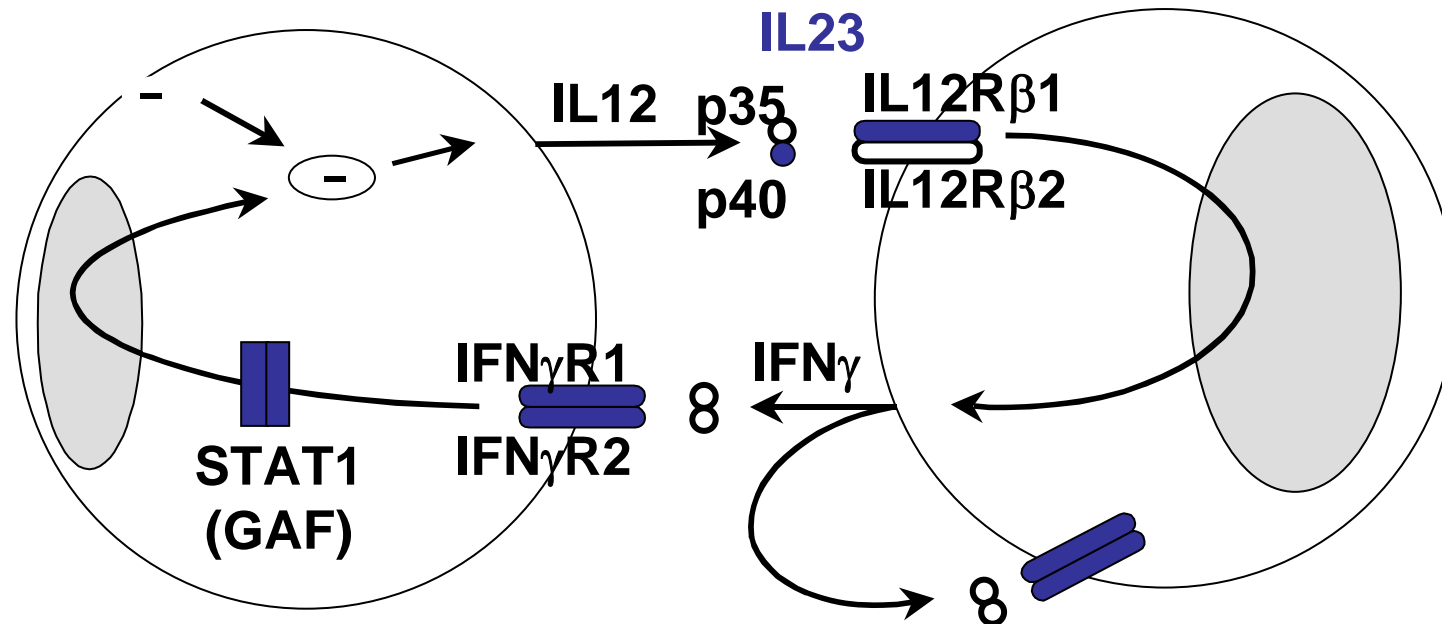
MSMD: IFN- γ /IL-12/IL-23 pathway



Mendelian Tuberculosis

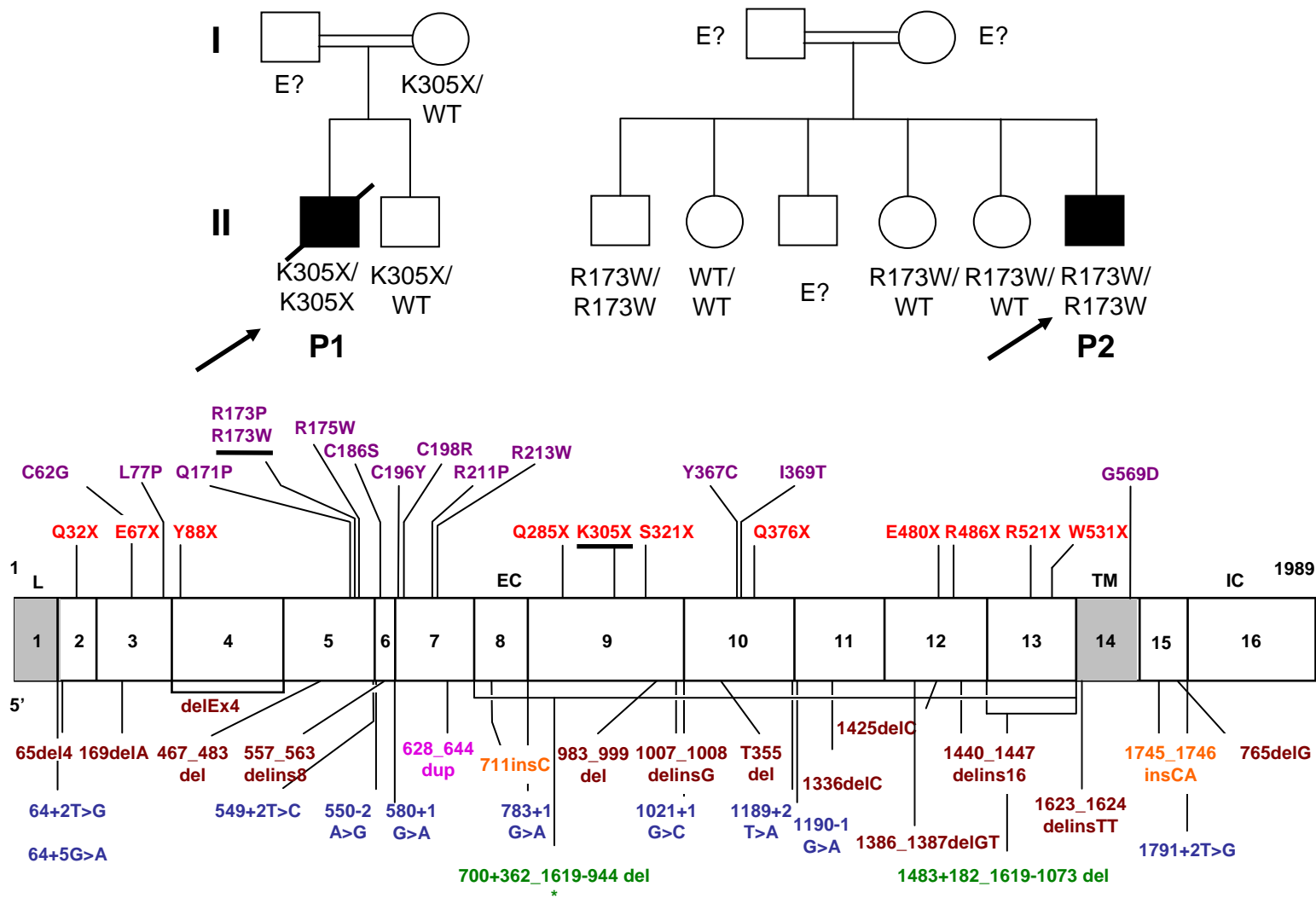
- Mendelian disorders of the IL12-IFN γ axis are genetic etiologies for severe forms of tuberculosis:
- What is the proportion of 'Mendelian' tuberculosis? (in children) ...

Proof of principle: Mendelian tuberculosis



IL12-R β 1 deficiency and tuberculosis

Patients with extra-pulmonary TB from Iran and Morocco



MSMD and severe childhood tuberculosis Strategy

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graph TD; A[MSMD and severe childhood tuberculosis Strategy] --> B[Functional screening of the pathway]; A --> C[Positional cloning];
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Functional screening of
the pathway

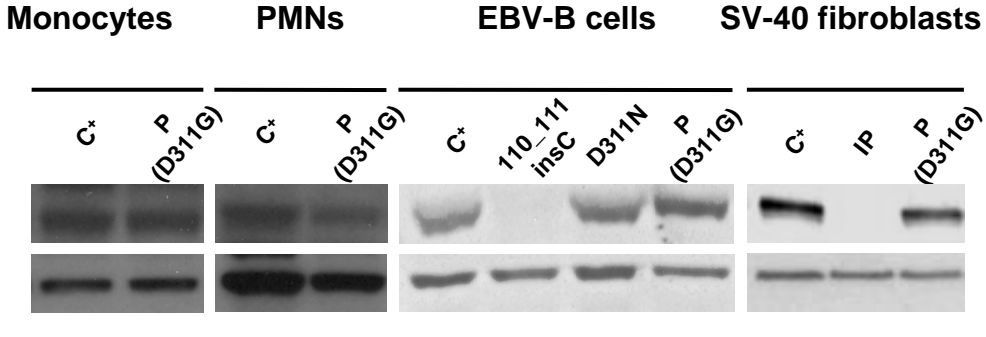
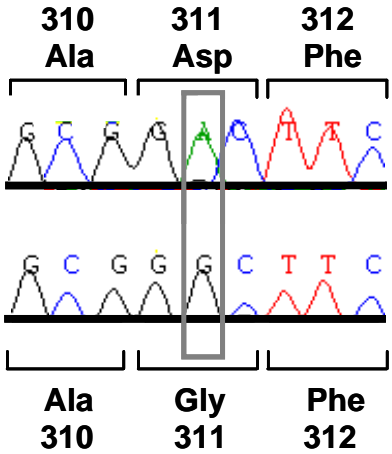
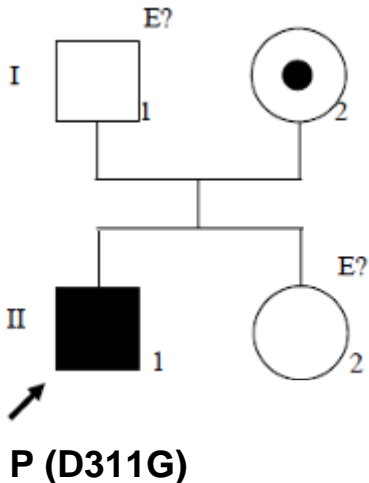
- I. IFN- γ Production
- II. IFN- γ Response
- III. IL-12 Production
- IV. Genetic Screening

Positional cloning

30 consanguineous families
2 X-linked families

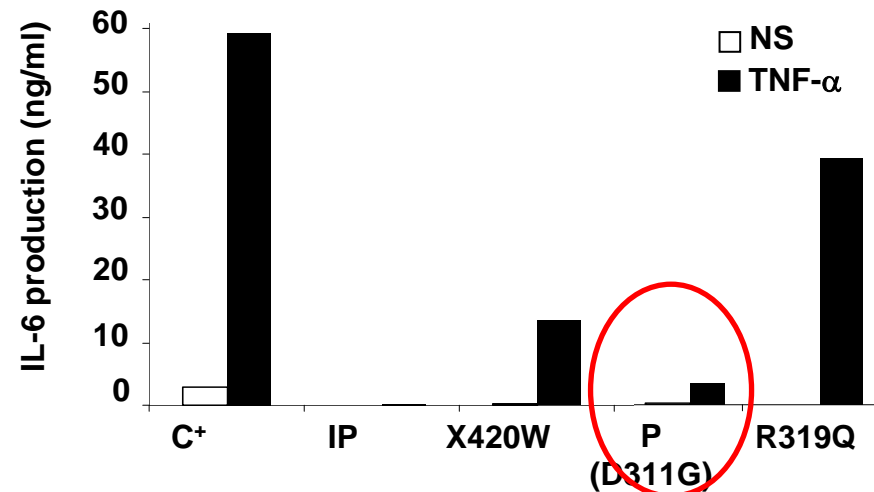
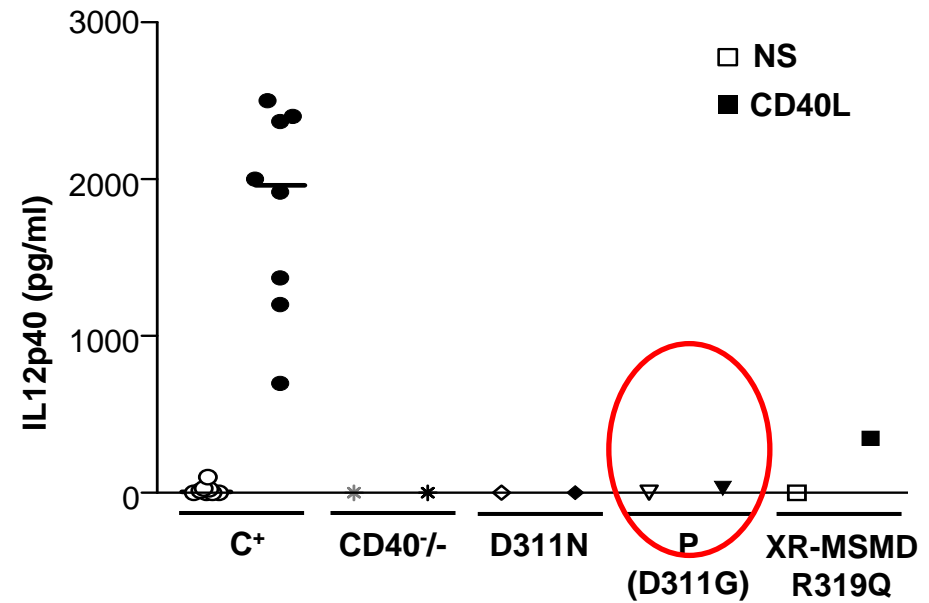
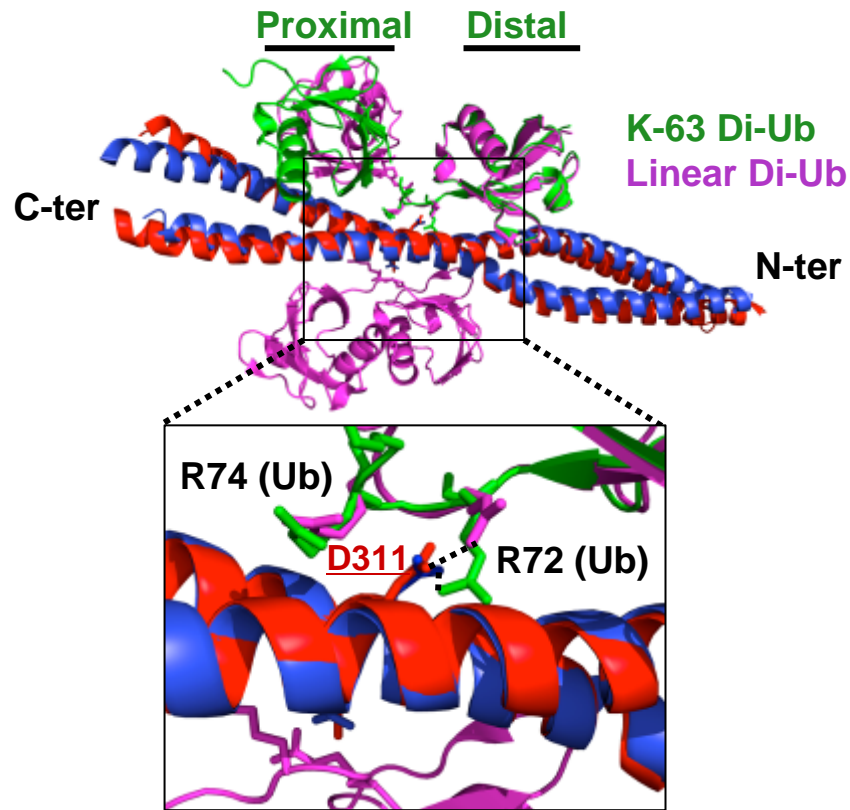
- I. Genome Scan
- II. Fine Mapping
- III. Exome sequencing
- IV. Candidate Gene

Novel mutation in *NEMO*

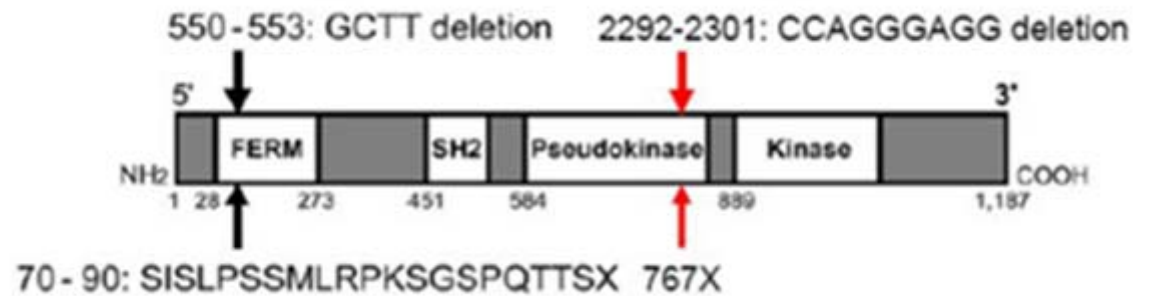
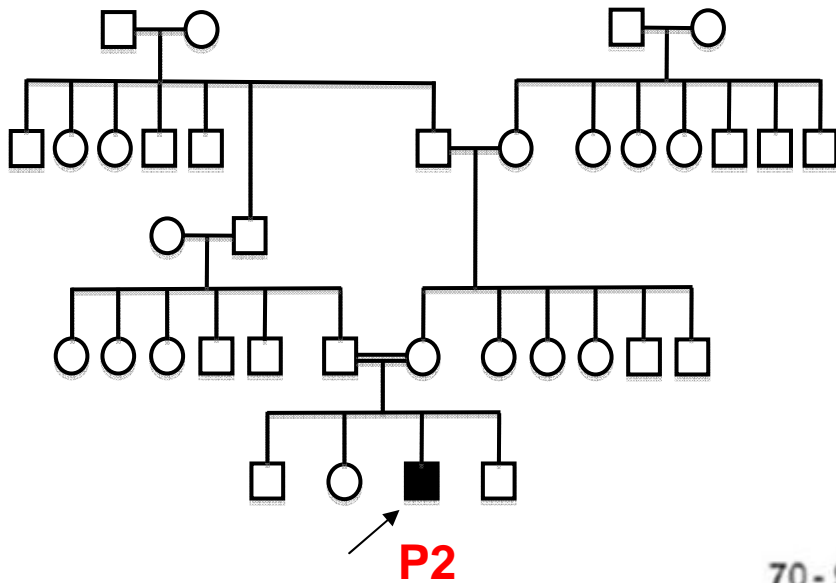
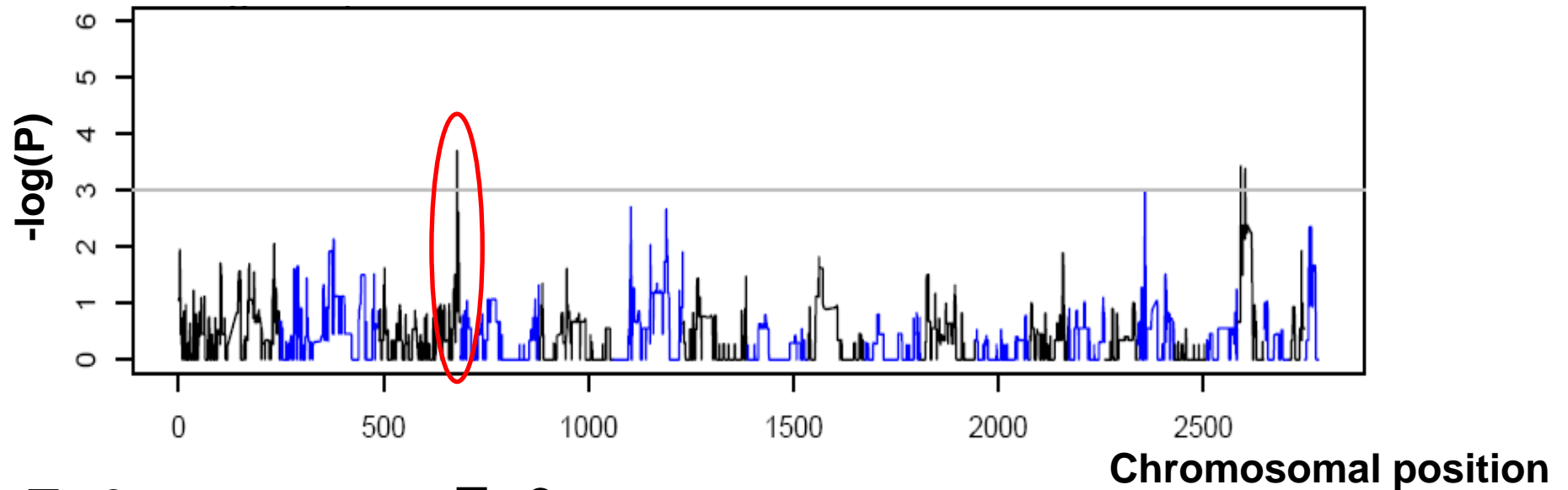


NEMO
43kDa
GAPDH
35kDa

Impairment of ubiquitin binding of NEMO



Positional Cloning: autosomal recessive



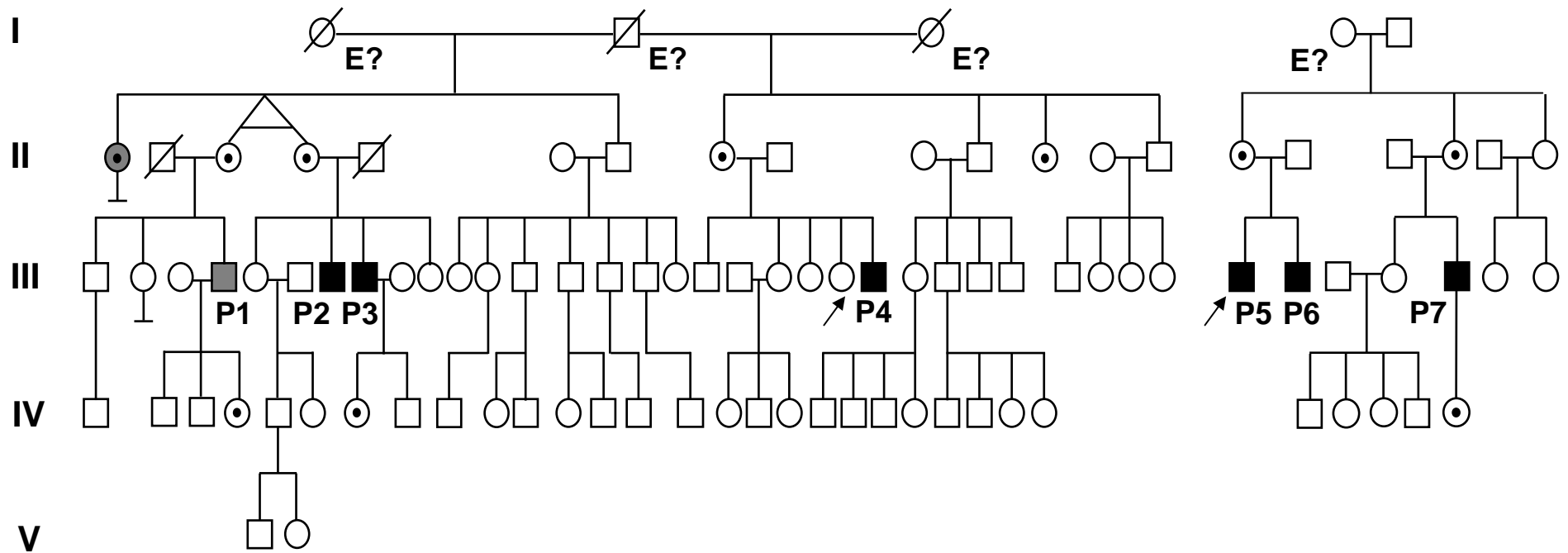
P1

P2

A novel form of XR-MSMD

Kindred A

Kindred B



Case reports – Kindred A

P1

Born 1953

No BCG vaccination

10 yo: pulmonary TB

34 yo: disseminated TB

Now 57 yo and well

off all treatment

P2

Born 1950

BCG inoculation at birth

3 mo: BCG-itis

12 yo: BCG-itis

29 yo: BCG cervical adenitis

Now 60 yo and well

off all treatment

P3

Born 1955

BCG inoculation at birth

3 mo: BCG-itis

Now 55 yo and well

off all treatment

P4

Born 1974 (index case, 1998)

BCG inoculation at 2 years

3 mo: BCG-itis

21 yo: BCG abdominal adenitis

24 yo: BCG cervical adenitis

27 yo: BCG cervical adenitis

Now 36 yo and well

off all treatment

Case reports – Kindred B

P5

Born 1974
BCG inoculation at birth
3 mo: BCG-itis
Now 36 yo and well
off all treatment

P6

Born 1969
BCG inoculation at birth
6 mo: BCG-itis
4 yo: BCG-itis
39 yo: BCG-osis
Now 41 yo well off all
treatment

P7

Born 1974
BCG inoculation at birth
3 mo: BCG-itis
11 yo: BCG-osis
17 yo: BCG-itis
Now 36 yo and well
off all treatment

Cellular phenotype

Known MSMD etiologies:

AD and AR: *IL12B*, *IL12RB1*, *IFNGR1*, *IFNGR2*, *STAT1*

XR: *NEMO* (gene structure and function)

IL-12 and IFN- γ loops

...

Known XR primary immunodeficiencies:

XR WAS (platelets, skin, Ig)

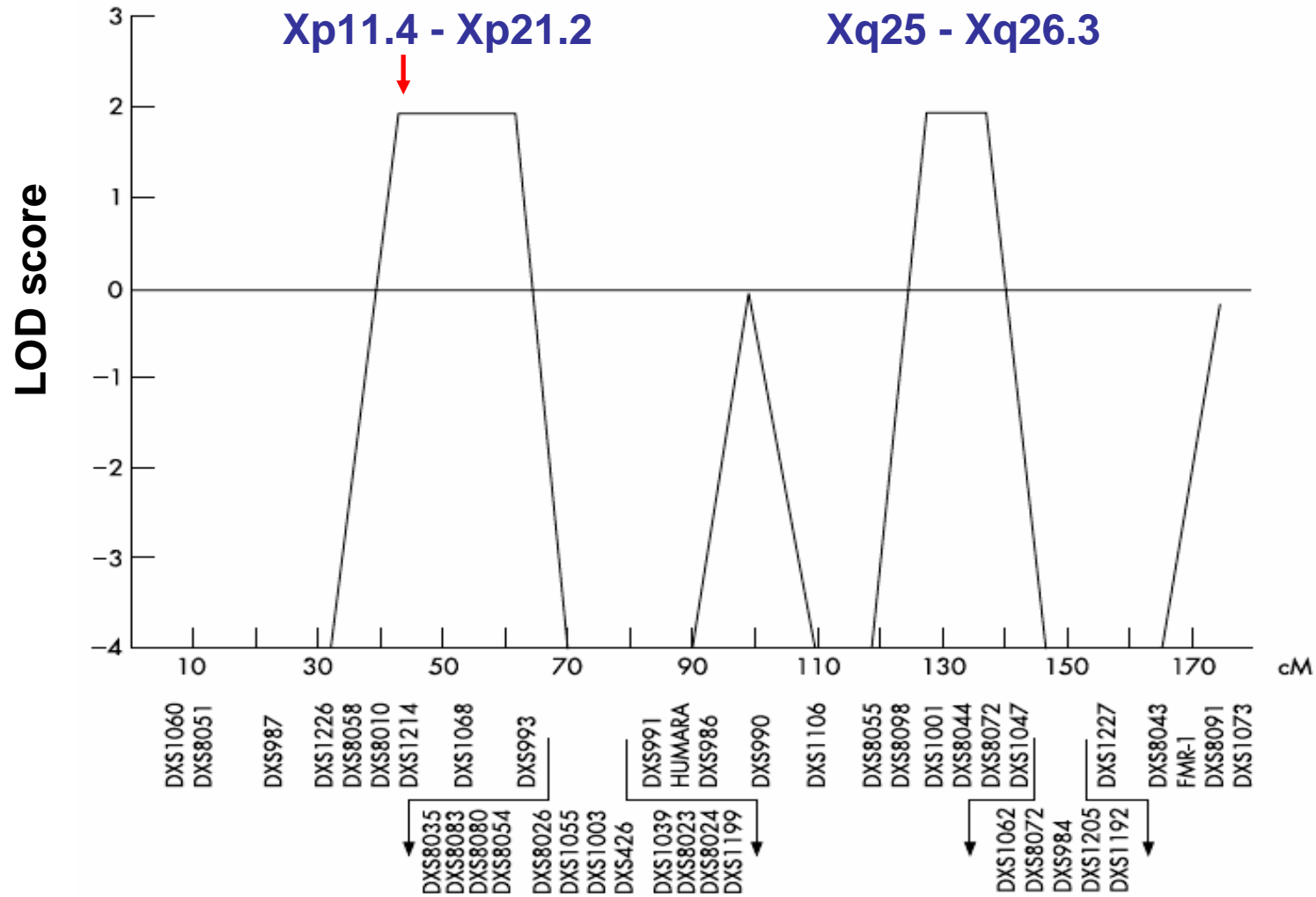
XR (S)CID (T cell number and function)

XR CGD (NBT, chemiluminescence)

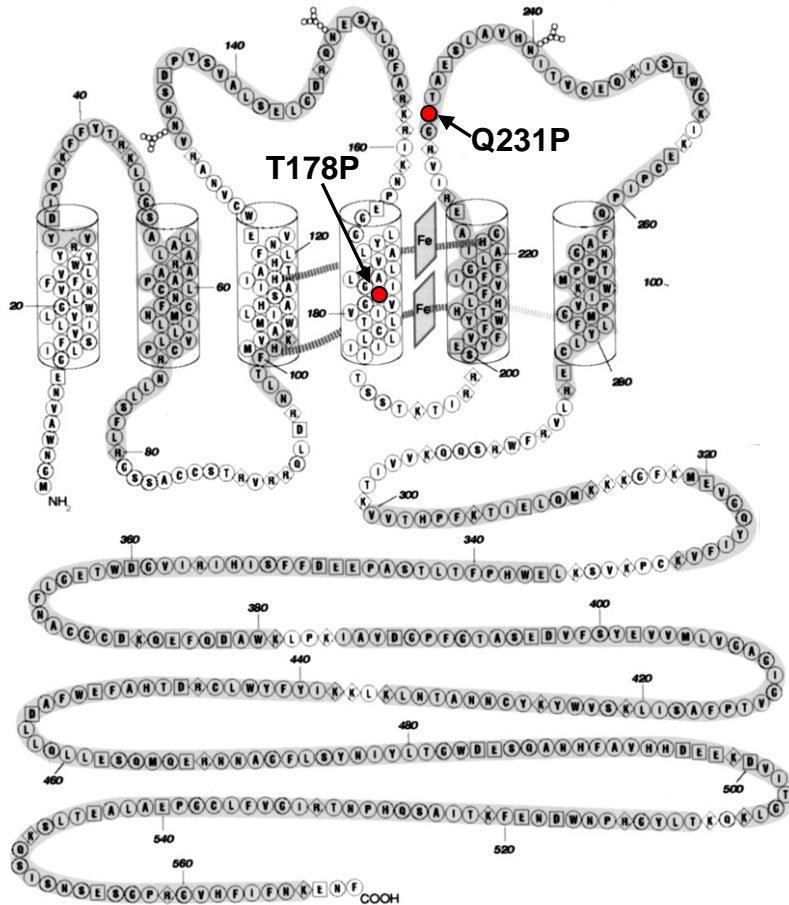
CD40L (expression)

...

Positional cloning: X-linked



Strict co-segregation of the *CYBB* (gp91^{phox}, NOX2) mutation



Homo sapiens
Mus musculus
Rattus norvegicus
Bos Taurus
Sus scrofa
Oryctolagus cuniculus
Xenopus tropicalis
Danio rerio
Takifugu rubripe

RIVRGQTAE^QSLAVHNI^TVCEQKISEWG-KIKECP^IP
RIVRGQTAE^QSLEEHNLDICADKIEEWG-KIKECP^VP
RIVRGQ^TSDSLKEHNLDV^CCADKIKEWG-KIKECP^VP
RIVRGQTAE^QSLK^HQPRNCYQNI^SQWG-KIENC^PIP
RIVRRQ^TPKSL^LVHDPKACAQNI^SQWG-KIKDC^PIP
RIVRGQ^TEE^SLK^KHDPVMCEQHI^SDWG-KIKDC^PV
KIVRGQ^TDK^SLEKHN^STECEDK^FTEWG-NITSC^PIP
RIVRGQ^TDADLQVHDPTICH^SKFEK^WGQNV^TDCP^VP
---R^GQ^TPASL^KSNDPTVCADQ^FEDWGR^NGSNCA^VP

CYBB (226-260)

Homo sapiens
Mus musculus
Rattus norvegicus
Bos Taurus
Sus scrofa
Oryctolagus cuniculus
Xenopus tropicalis
Danio rerio
Gallus gallus
Canis lupus familiaris

EGGLYLAV^TLLAGI^TGVVITLCLILII
EGGLYVAV^TRLAGI^TGIVITLCLILII
EGGLYVAV^TRLAGI^TGIVITLCLILII
EGGLYVAV^TRLAGI^TGVVITLCLILII
EGGLYVAV^TRLAGI^TGVVITLCLILII
EGGLLVAV^TRLAGV^TGIIITLCLILII
IGGINVAV^TFLAGL^TGVVITLALILII
TNPTIVM^FTTVAGL^TGVVITLALILII
VGGLYVAV^TTYLAGL^TGVIITLALILII
EGGLYVAV^TLLAGI^TGIVITLCLILII

CYBB (164-190)

These missense mutations are **not** SNPs,
with 1,300 X chromosomes sequenced

They are **not** known CGD mutations

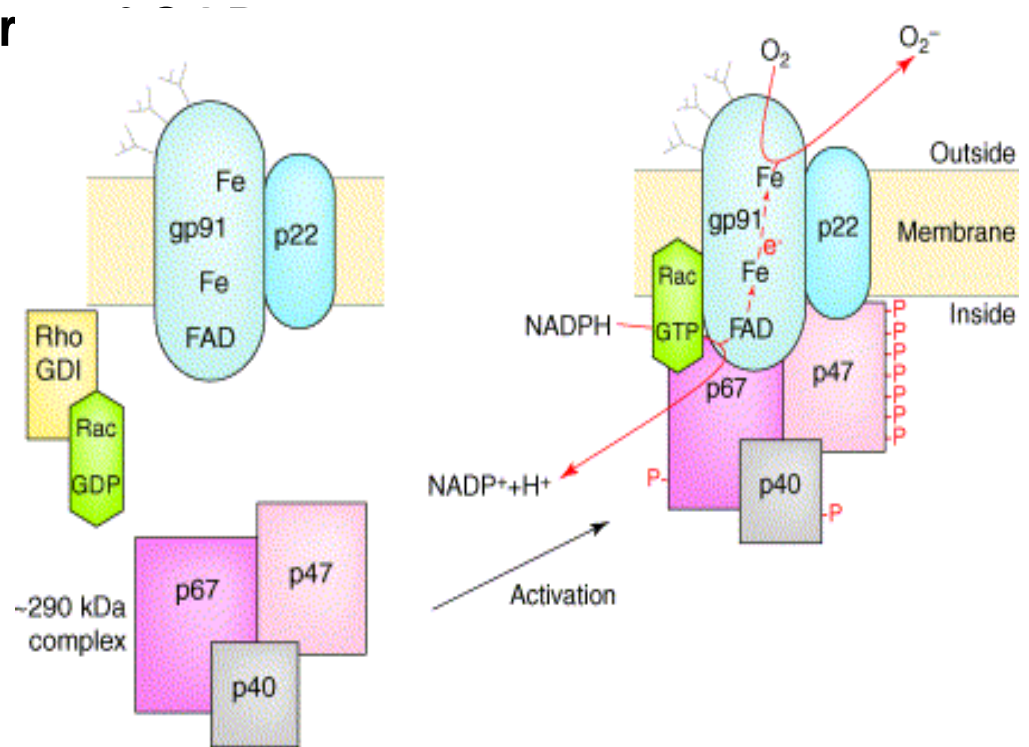
CGD and the phagocyte NADPH oxidase

CYBB/gp91phox most frequent for

Early-onset, severe, recurrent,
& multiple bacterial
& fungal infections

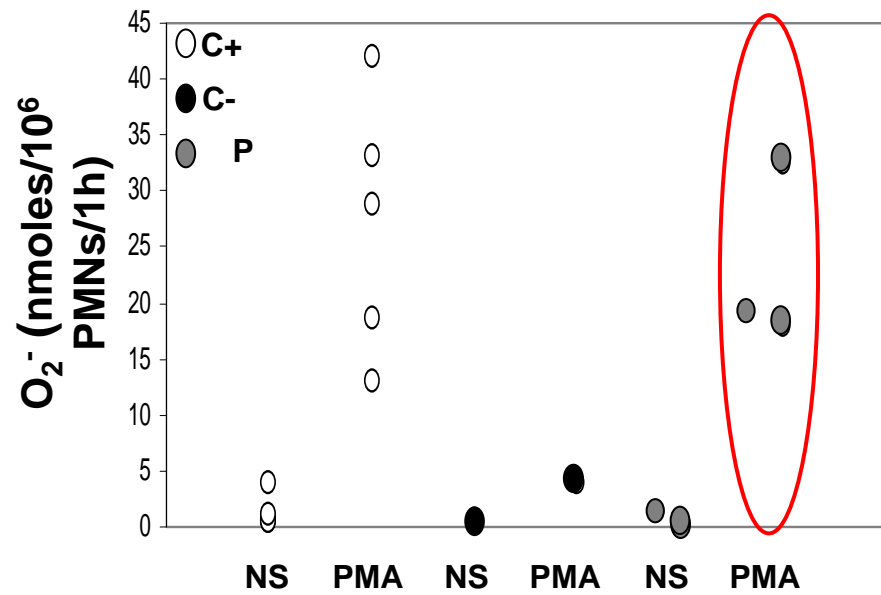
Also vulnerable to BCG & TB
in endemic regions

Defect of respiratory burst activity
in all phagocytic cells
(granulocytes, monocytes &
macrophages)

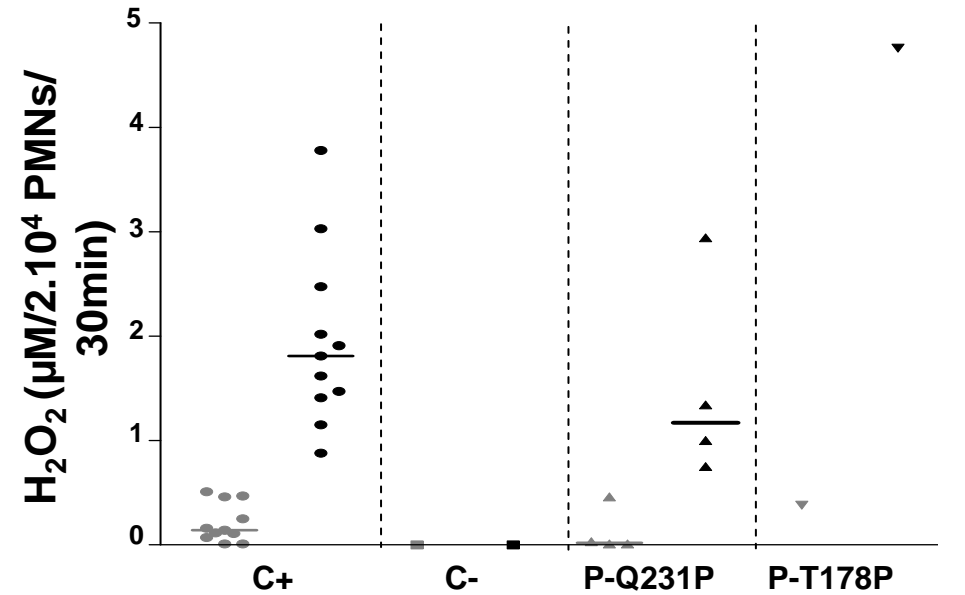


**Our patients: seven otherwise healthy adults with a pure
MSMD phenotype**

The patients' PMNs produce O_2^- and H_2O_2

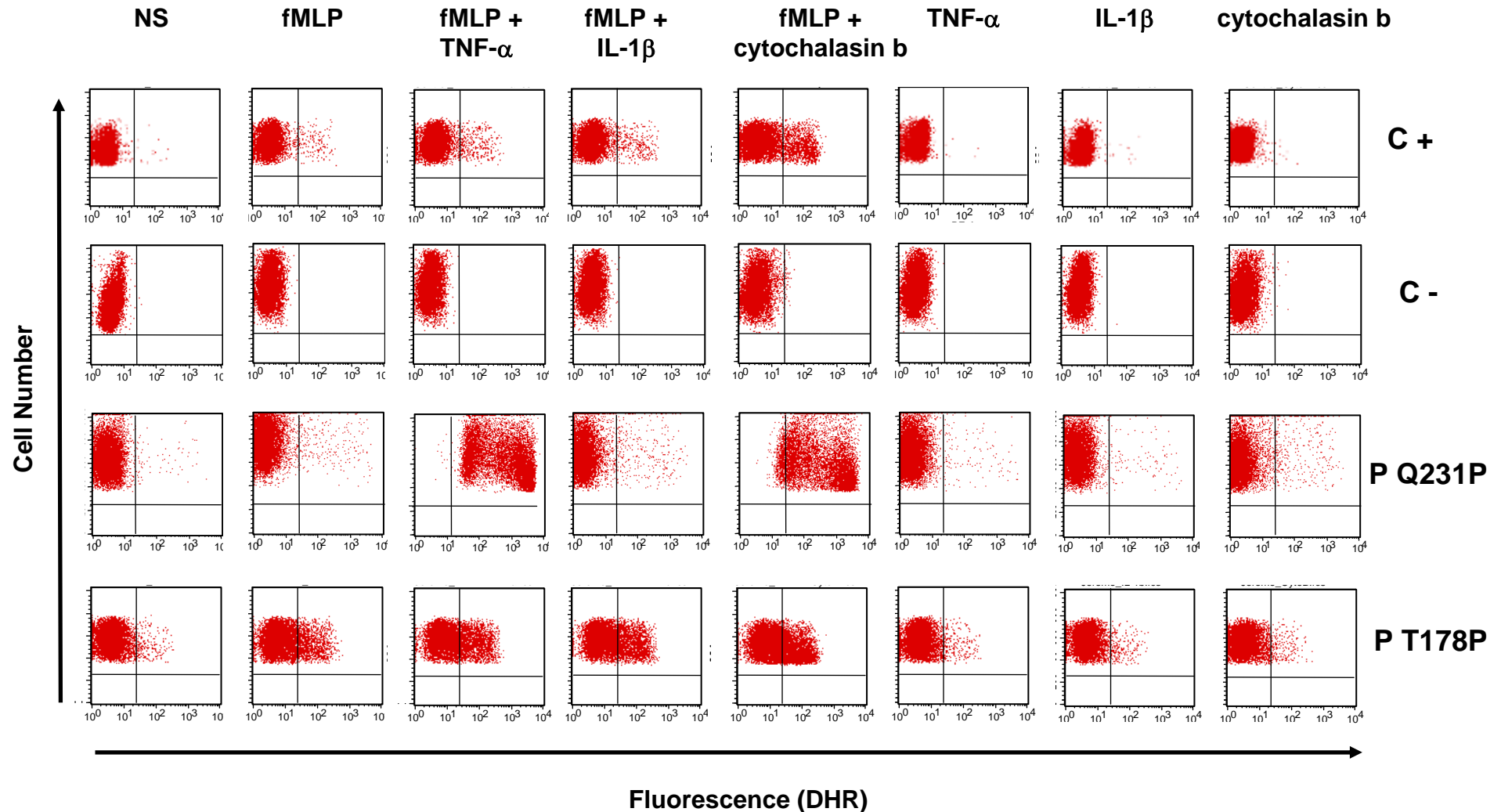


Cytochrome-c

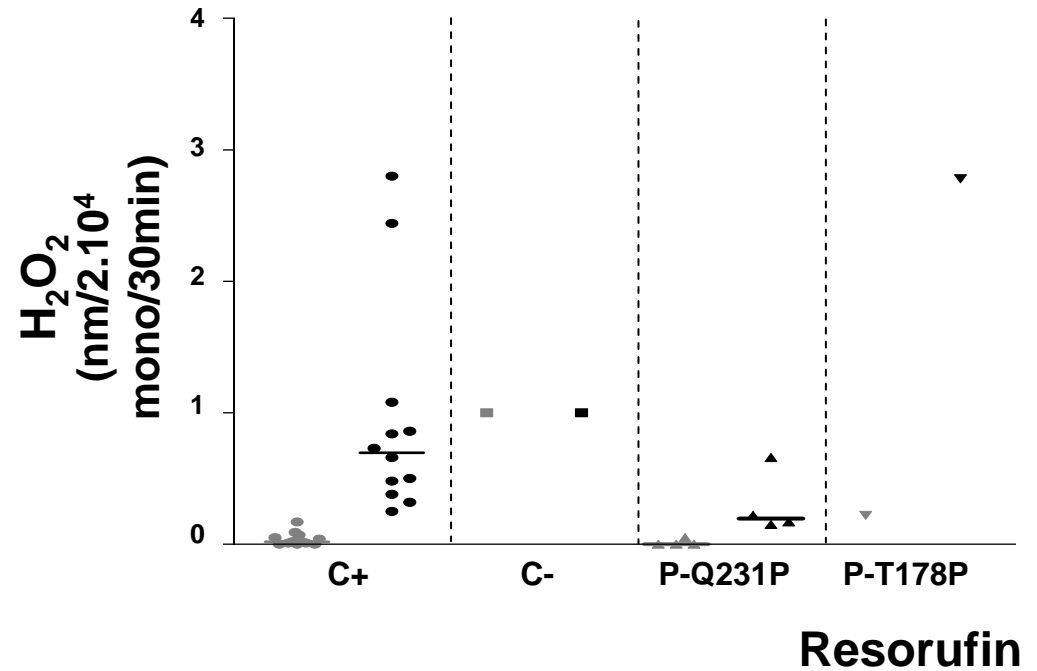
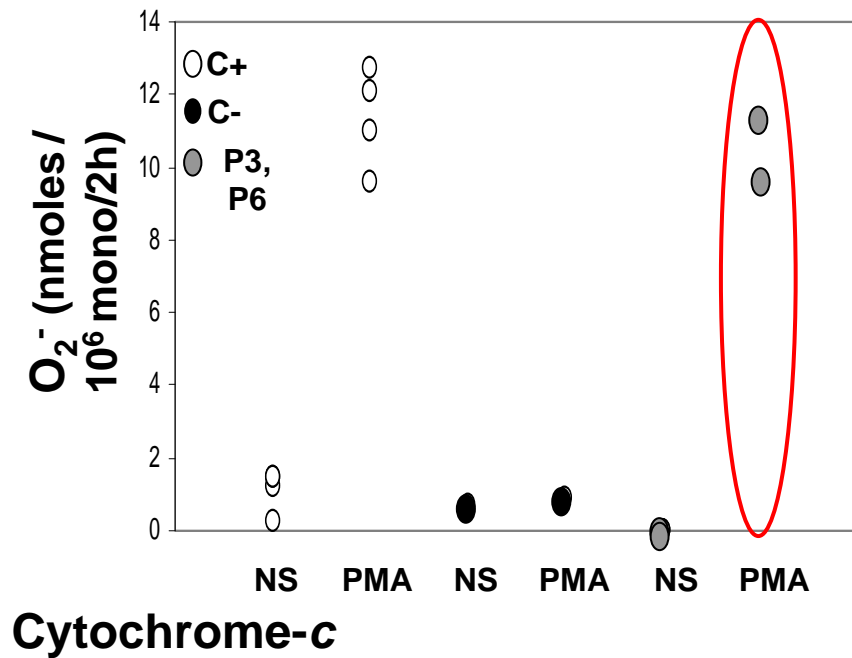


Resorufin

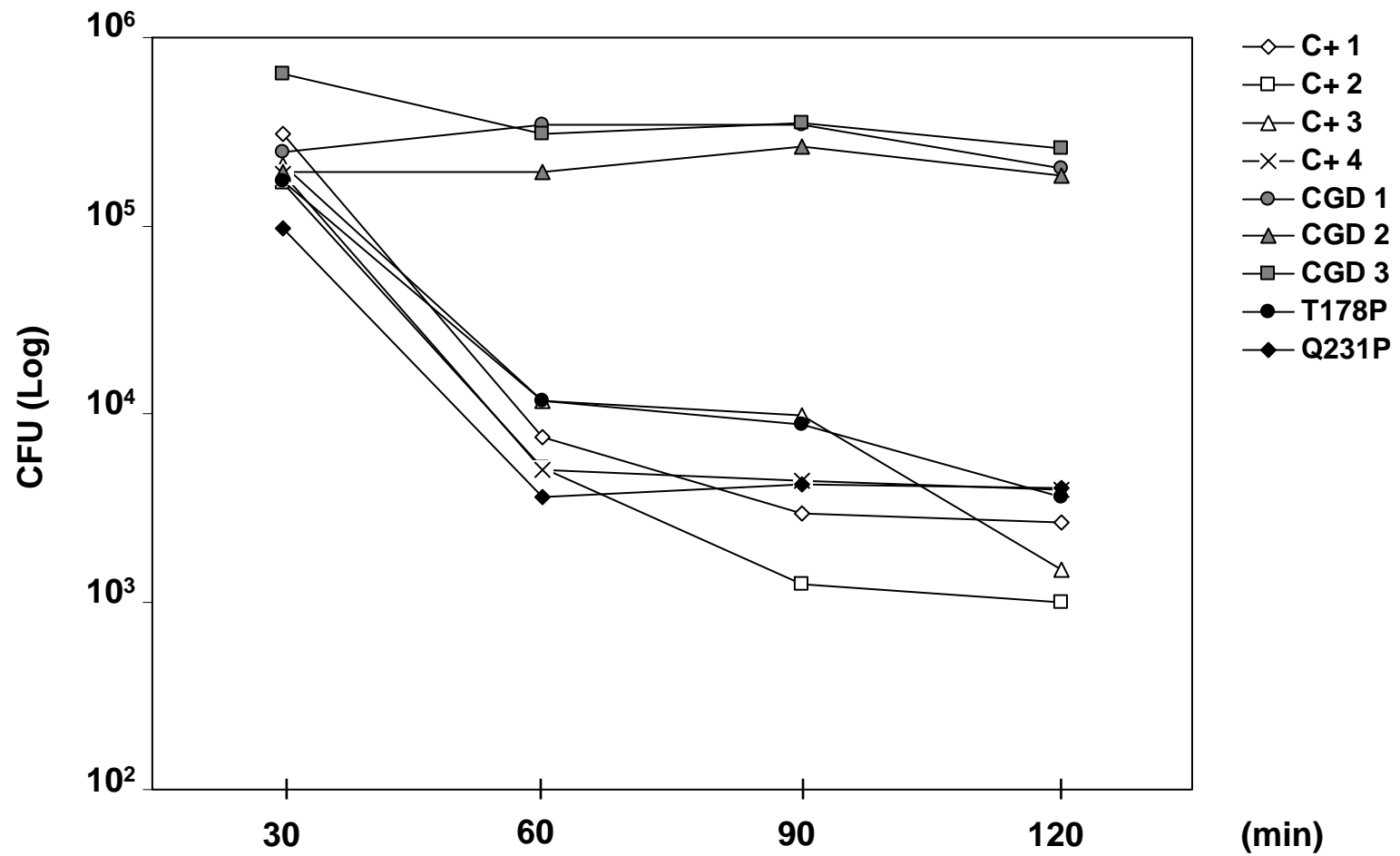
The PMNs respond to physiological stimuli



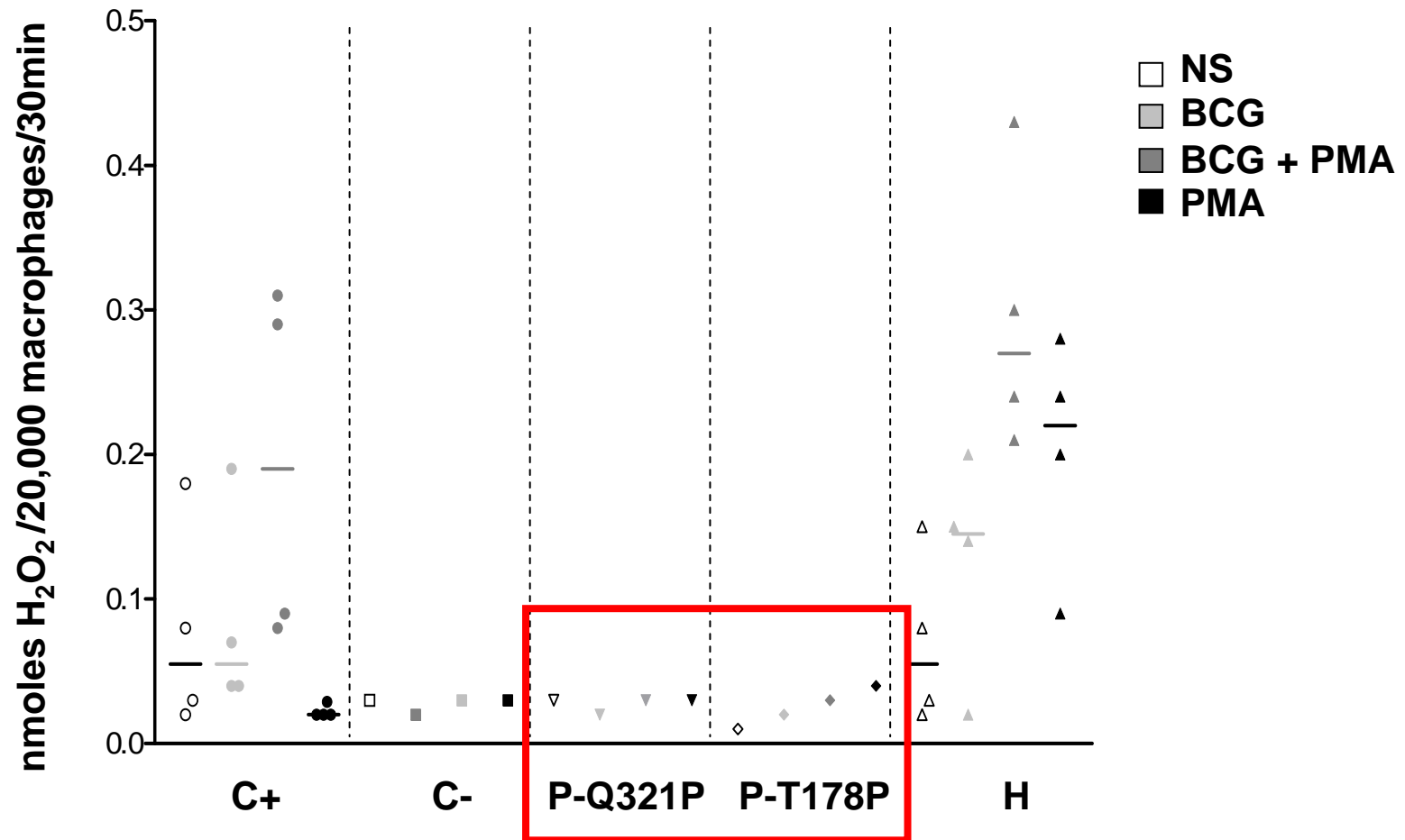
The patients' monocytes produce O_2^- and H_2O_2



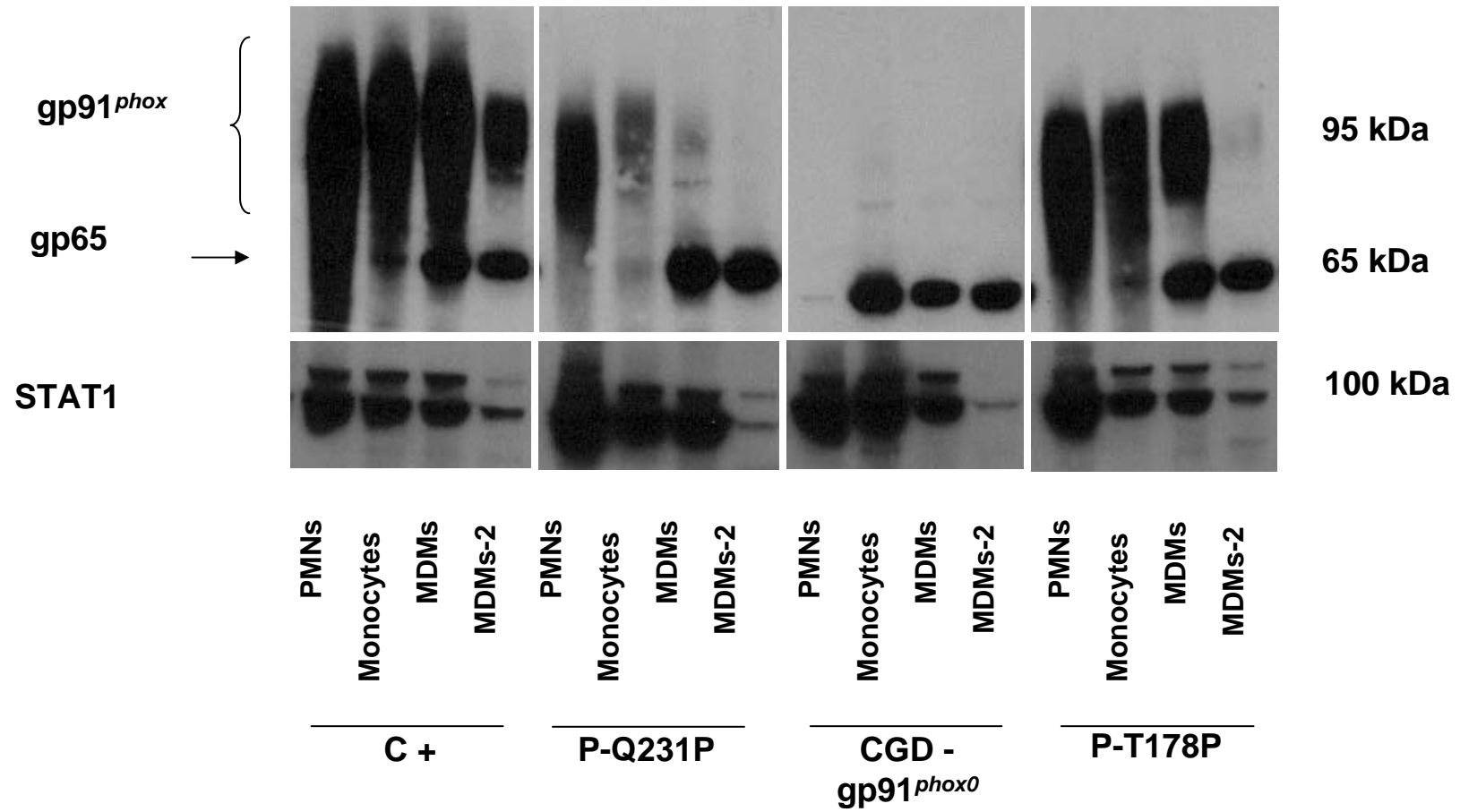
Normal killing of *S. aureus* by neutrophils



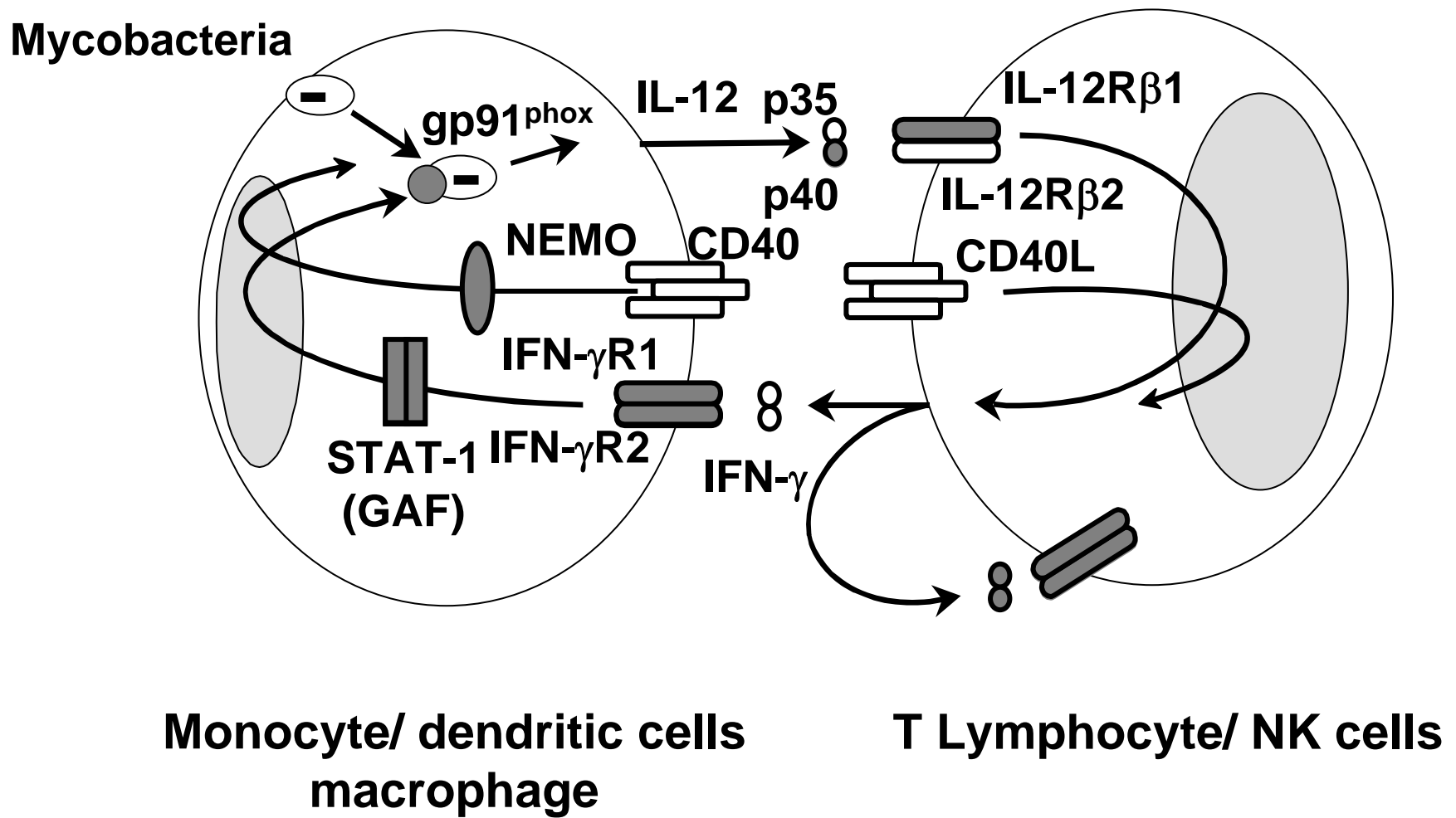
The patients' macrophages do not produce H_2O_2



Impaired expression of gp91^{phox}



Connexion between CYBB and IL-12-IFN- γ ?



Laboratory of Human Genetics of Infectious Diseases

Laurent Abel Jean-Laurent Casanova



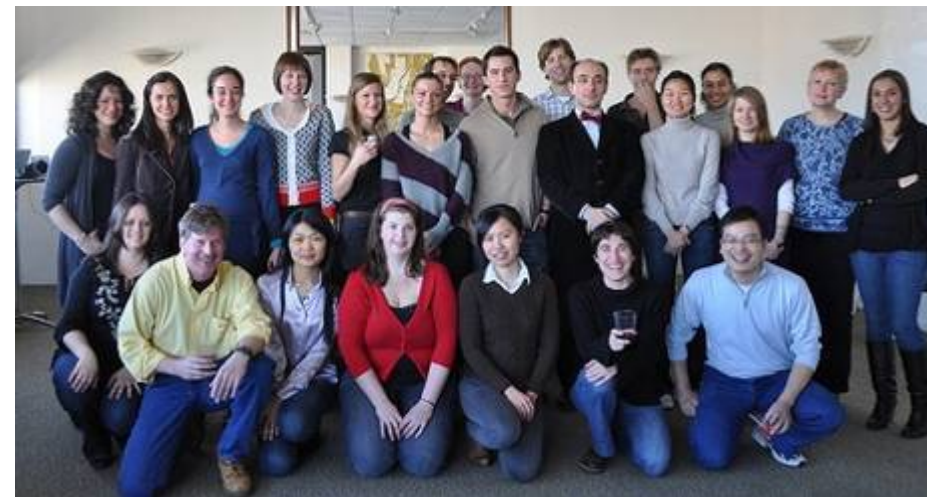
Inserm

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Science for the benefit of humanity



Collaborators, children and their families