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Dendritic cells and $\gamma\delta\,\text{T}$ cells interaction during infections

-cell derived signals combined to innate stimuli promote the activation of dendritic cells (DC) and regulate the adaptive immune response.1 Understanding these signals is crucial to manipulate the immune system for new vaccination strategies and especially for infectious diseases. Both CD4⁺ and CD8⁺ T-cells have been involved in the activation of DCs² but the pool of antigen-specific $\alpha\beta$ T-cells available to provide such signals at the site of infections would likely be small. Thus, Natural Killer (NK) cells and/or $\gamma\delta$ T-cells seem to play a major role on DCs maturation in peripheral tissues.³ The cooperation between different immune compartments could represent a crucial factor in the requlation of consequent immune responses triggered by DCs. In this context, human $v\delta$ T-cells play an important role as a first line of defence against pathogens and particularly a subset carrying $V_{\gamma}9V\delta 2$ TCR. These have a unique reactivity to small nonpeptidic phosphorilated antigens derived from mycobacteria,4 certain bisphosphonates,⁵ alkylamines⁶ or abnormal metabolic routes7 in a MHC-unrestricted manner. Several studies showed that $\gamma \delta T$ cells may induce the maturation of DCs but whether and how the indirect signals derived from $\gamma\delta$ T cells are integrated with the direct recognition of bacterial products by DCs is still unclear. Co-culture of immature DCs with activated Vy9V δ 2 T cells, in the presence of bacterial products such lipopolysaccharide (LPS), led to a significant increase of the expression costimulatory (CD40, CD80, CD83, CD86) and MHC molecules (Figure 1). Furthermore, activated $\gamma\delta$ T cells up-regulate the expression of chemokine receptors (such as CCR7) on DCs more than DCs activated by LPS alone. Thus, γδ T cells may complement the migratory activity of DCs to lymphoid organs and the consequent T-cell antigen presentation. The functional interaction between DCs and $\gamma\delta$ T cells increases the functional maturation of DCs and their capacity to polarize naïve T cells augmenting Th1 immune response in cord blood CD4⁺CD45RA⁺ T cells (Figure 1). Moreover, this interaction results in a reciprocal activation that increases $\gamma\delta$ T cell activation and pro-inflammatory cytokine production independently on the DCs maturation state (Figure 2). Moreover, DCs induce the proliferation of $\gamma\delta$ T cells in the absence of IL-2 through the CD86 contact (Figure 2). The complex interplay between DC and $\gamma\delta$ T-cells at the site of bacterial infection represents a network of paracrine and cell-contact interactions which boost the local proinflammatory response and more rapidly trigger the adaptive immunity.^{9,10} In particular, $\gamma\delta$ T cells may play an important role in antimycobacterial immunity.11 Studies in human and animal models have demonstrated complex pattern of $\gamma\delta$ T cell immune responses during early phases of mycobacterial infections and chronic tuberculosis. Multiple host and microbial factors can regulate diverse immune responses of phosphoantigen-specific $\gamma\delta$ T cells during mycobacterial infection and their influence on dendritic cells system. Recently, Dieli F. et al. demonstrated in mice models the existence of the reciprocal activating interaction between $\gamma\delta$ T cells and dendritic cells mediated only by pro-inflammatory and Th1 cytokines produced by both cell types.12 In humans, this interplay needs further investigations.

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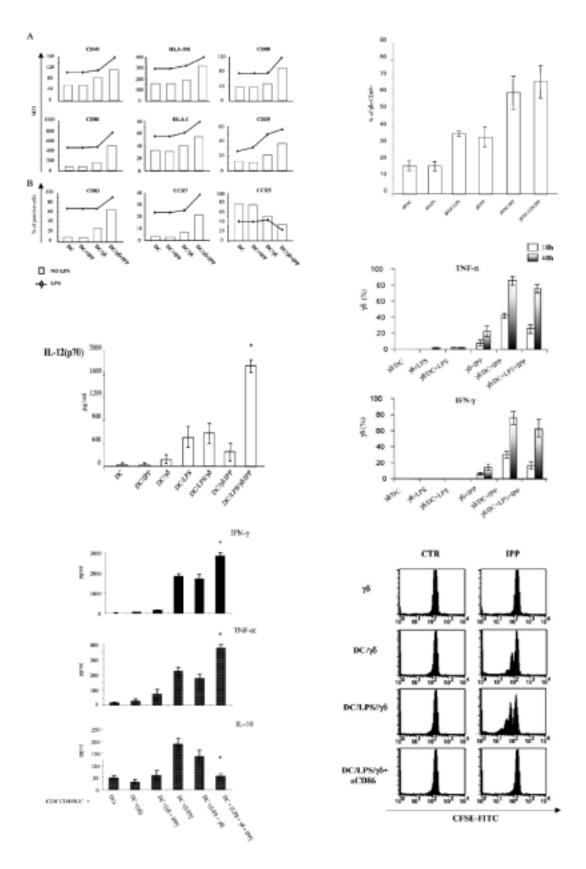


Figure 1. Influence of activated human $\gamma\delta$ T cells on DC Figure 2. Influence of imDCs and mDCs on $\gamma\delta$ T cell actimaturation, IL-12 production and Th1 polarizing capacity vaton, cytokine production and proliferation. in co-cultured naïve CD4 T cells.

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