



POSTER PRESENTATION

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Dissociation of T lymphocyte subpopulations in patients with juvenile idiopathic arthritis

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Introduction

Introduction and objective: it is well known fact that the key point in the development of an autoimmune response in rheumatoid inflammation is the dissociation between subpopulations of T lymphocytes.

Objectives

The aim of our study was to analyze the quantitative changes in the spectrum of T-lymphocytes and the activity of the pathological process in children with juvenile idiopathic arthritis (JIA).

Methods

Materials and Methods: the main subpopulations of T - lymphocytes in peripheral blood were determined by laser flow cytometer - FacsCalibur using the program Cell-Quest. The study was conducted in patients with different stages of JIA. A following panel of antibodies: CD45/CD14, IgG1/IgG2,; CD3/CD19, CD4/CD8, CD3/HLA-DR, CD16/56, CD71 , CD95/CD54 , CD38 was used to identify lymphocyte populations.

Results

Results of our study revealed the elevated levels of lymphocytes expressing CD3 + CD19 markers - $27,3 \pm 3,4\%$ (compared with the reference parameters - $9.5 \pm 1.1\%$). Besides, decreasing of CD3+19-T-lymphocytes ($51,6 \pm 2,4\%$ compared to healthy $76,2 \pm 1,5\%$), was in direct correlation with the high activity of the process ($P < 0.05$). Moreover, it was necessary to define two groups of results:

1 - a significant increase in T-helper cells (CD4 + CD8-) to $44,9 \pm 4,2\%$ (control group - $34.7 \pm 2.1\%$) while the number of CD8 + Tcytotoxic cells was within normal

parameters . These results indicate the predominant contribution of 2 and 3 types hypersensitivity, which are characterized with the production of autoantibodies during the pathology process.

2 - preservation of T -helper population within the reference values while the content of T CD8 + effectors was increased that indicates the cell type of hypersensitivity. Growth of CD8 + T cells correlated with the activity of the process, while remaining normal in oligoarthritis with low laboratory activity (ESR, CRP). Deterioration of articular changes followed by increased levels of CD95+T-lymphocytes ($12,8 \pm 1,9\%$ when a rate of healthy is $3,2 \pm 0,6\%$). In our opinion, direct correlation between the CD95+T lymphocytes and CD8+Tcytotoxic cells indicated the dependence between proliferation, cytotoxicity and apoptosis . The level of activated CD3 + HLA-DR+ T cells was significantly increased in JIA up to $9,7 \pm 1,5\%$ (compared with healthy children - $4 , 1 \pm 0,5\%$). In one patient with systemic JIA (stage of severe rheumatoid inflammation) the level of activated CD3 + HLA-DR + T lymphocytes increased dramatically up to 38.7 %. It is necessary to point that our results did not reveal the growth of the serum immunoglobulins.

Conclusion

Conclusion: dissociation of T-lymphocyte subpopulations in children with JIA correlated with clinical activity of the disease. Screening of T lymphocytes populations is promising for a personalized therapy selection in patients with JIA.

Disclosure of interest

None declared.

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