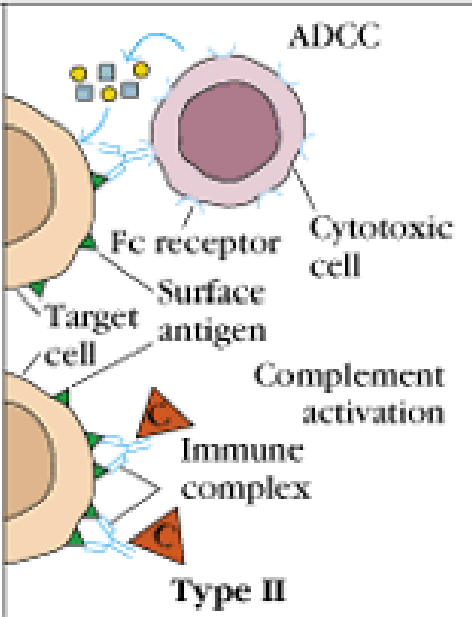
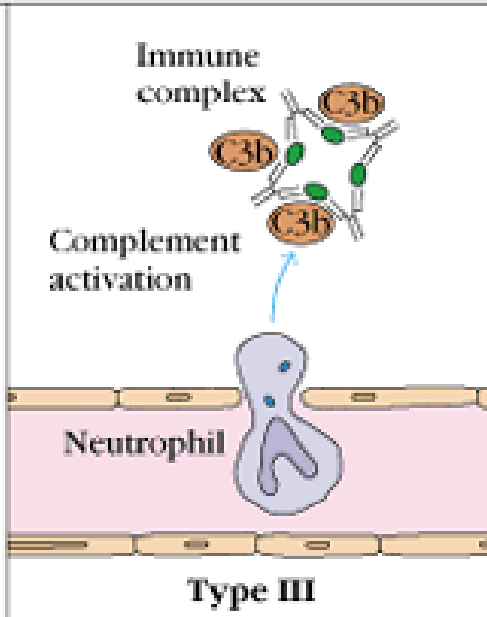
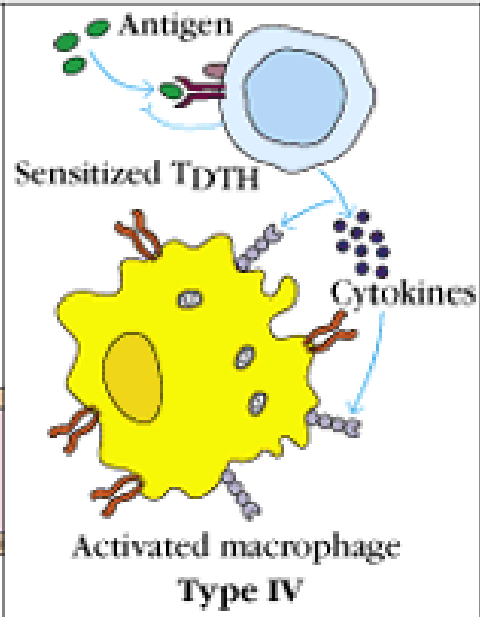
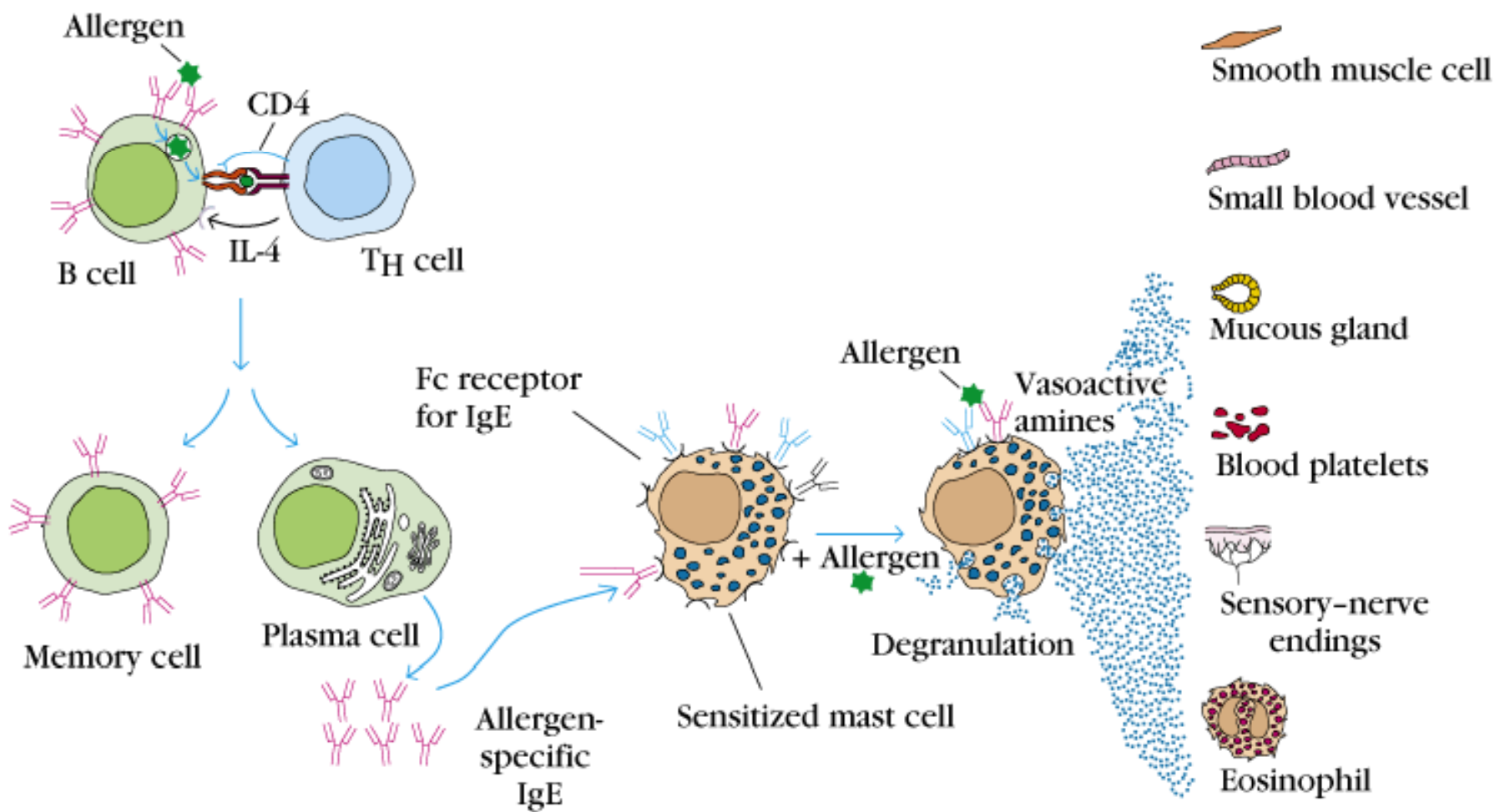
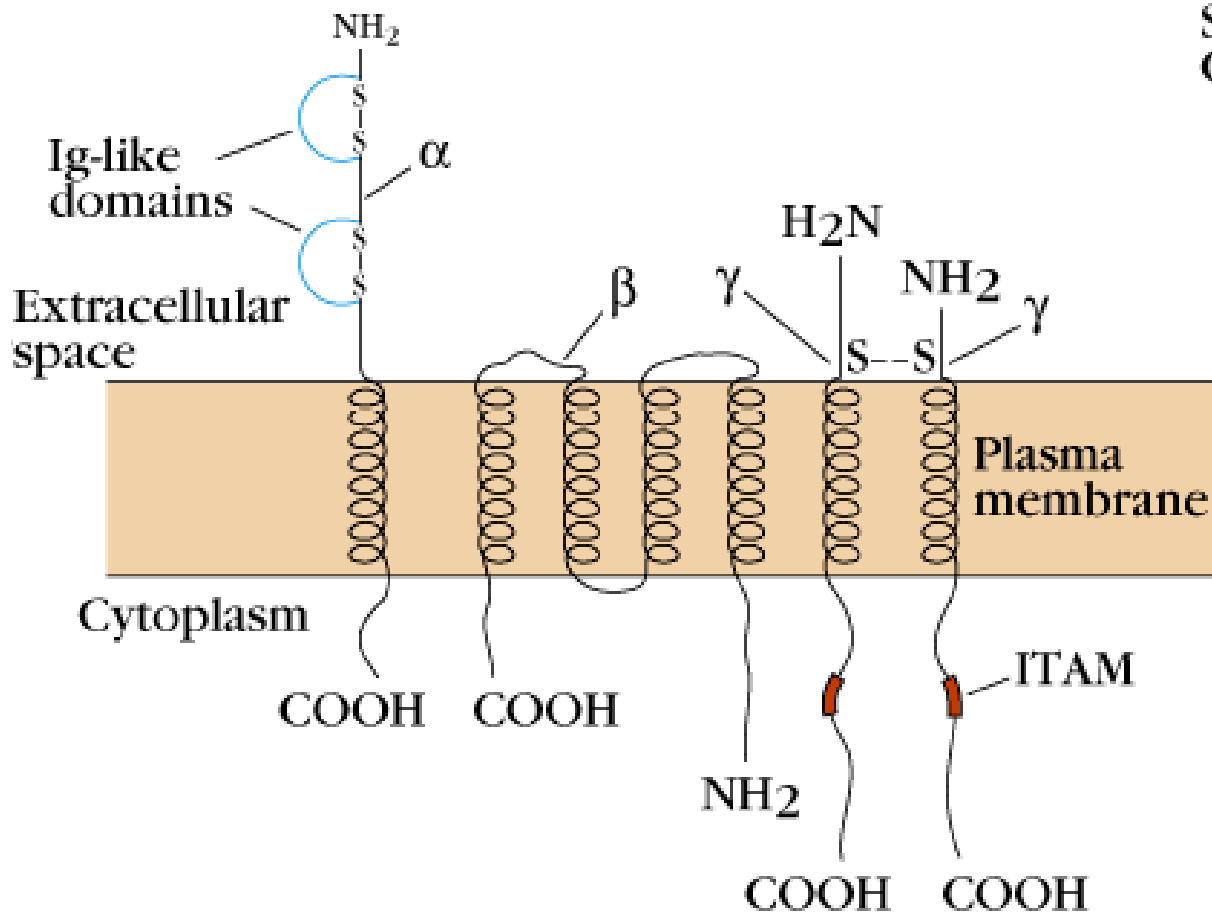
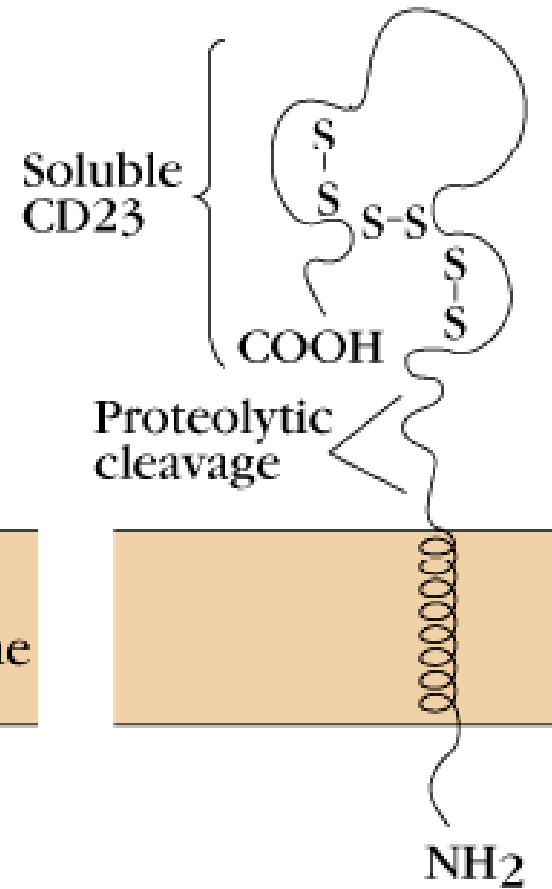
 <p>Allergen Fc receptor for IgE Allergen-specific IgE Degranulation Type I</p>	 <p>ADCC Cytotoxic cell Fc receptor Target cell Surface antigen Complement activation Immune complex Type II</p>	 <p>Immune complex Complement activation C3b C3b C3b Neutrophil Type III</p>	 <p>Antigen Sensitized T_{DTH} Cytokines Activated macrophage Type IV</p>
<p>IgE-Mediated Hypersensitivity</p>	<p>IgG-Mediated Cytotoxic Hypersensitivity</p>	<p>Immune Complex-Mediated Hypersensitivity</p>	<p>Cell-Mediated Hypersensitivity</p>
<p>Ag induces crosslinking of IgE bound to mast cells and basophils with release of vasoactive mediators</p>	<p>Ab directed against cell surface antigens mediates cell destruction via complement activation or ADCC</p>	<p>Ag-Ab complexes deposited in various tissues induce complement activation and an ensuing inflammatory response mediated by massive infiltration of neutrophils</p>	<p>Sensitized T_{DTH} cells release cytokines that activate macrophages or T_C cells which mediate direct cellular damage</p>
<p>Typical manifestations include systemic anaphylaxis and localized anaphylaxis such as hay fever, asthma, hives, food allergies, and eczema</p>	<p>Typical manifestations include blood transfusion reactions, erythroblastosis fetalis, and autoimmune hemolytic anemia</p>	<p>Typical manifestations include localized Arthus reaction and generalized reactions such as serum sickness, necrotizing vasculitis, glomerulonephritis, rheumatoid arthritis, and systemic lupus erythematosus</p>	<p>Typical manifestations include contact dermatitis, tubercular lesions and graft rejection</p>

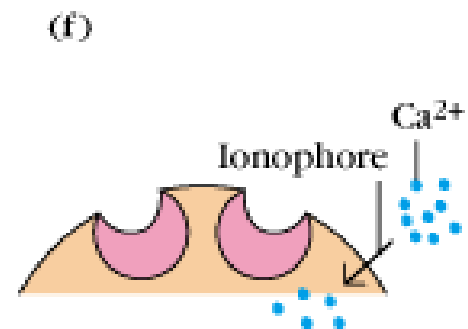
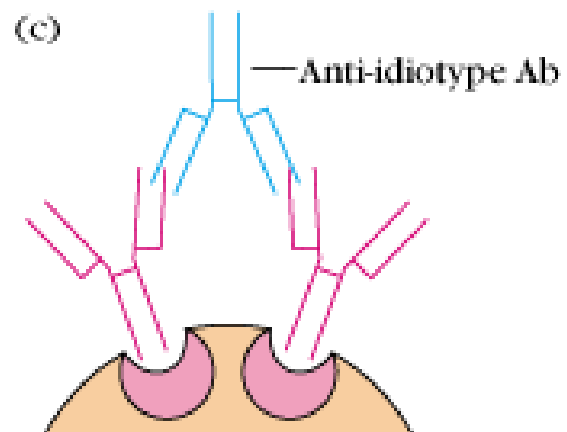
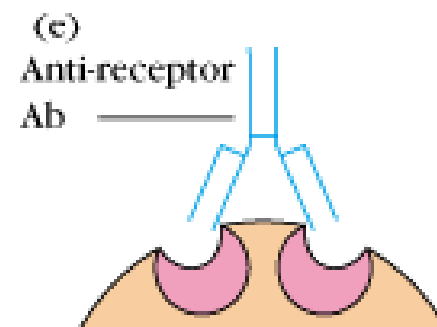
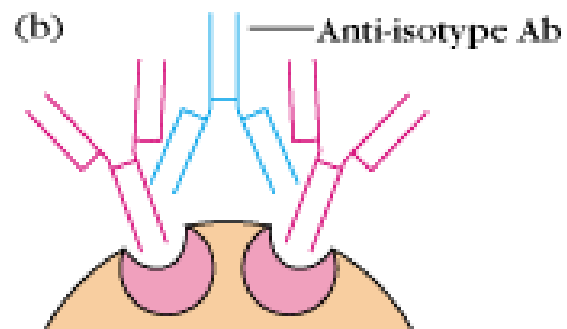
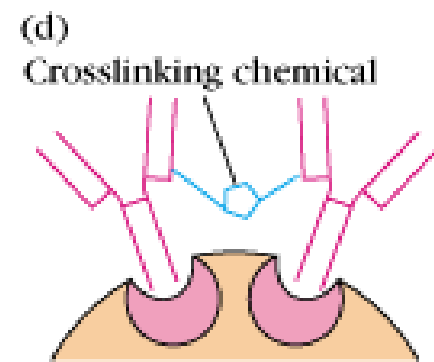
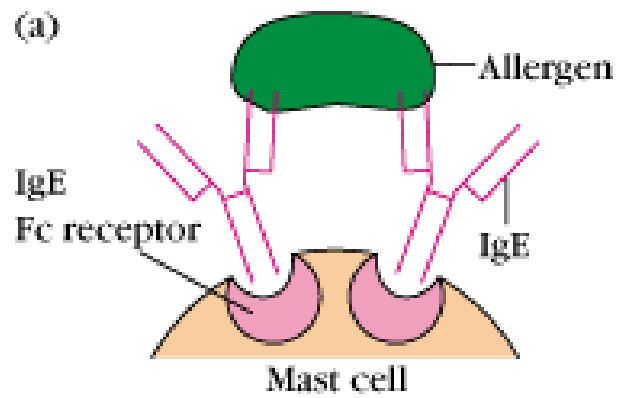


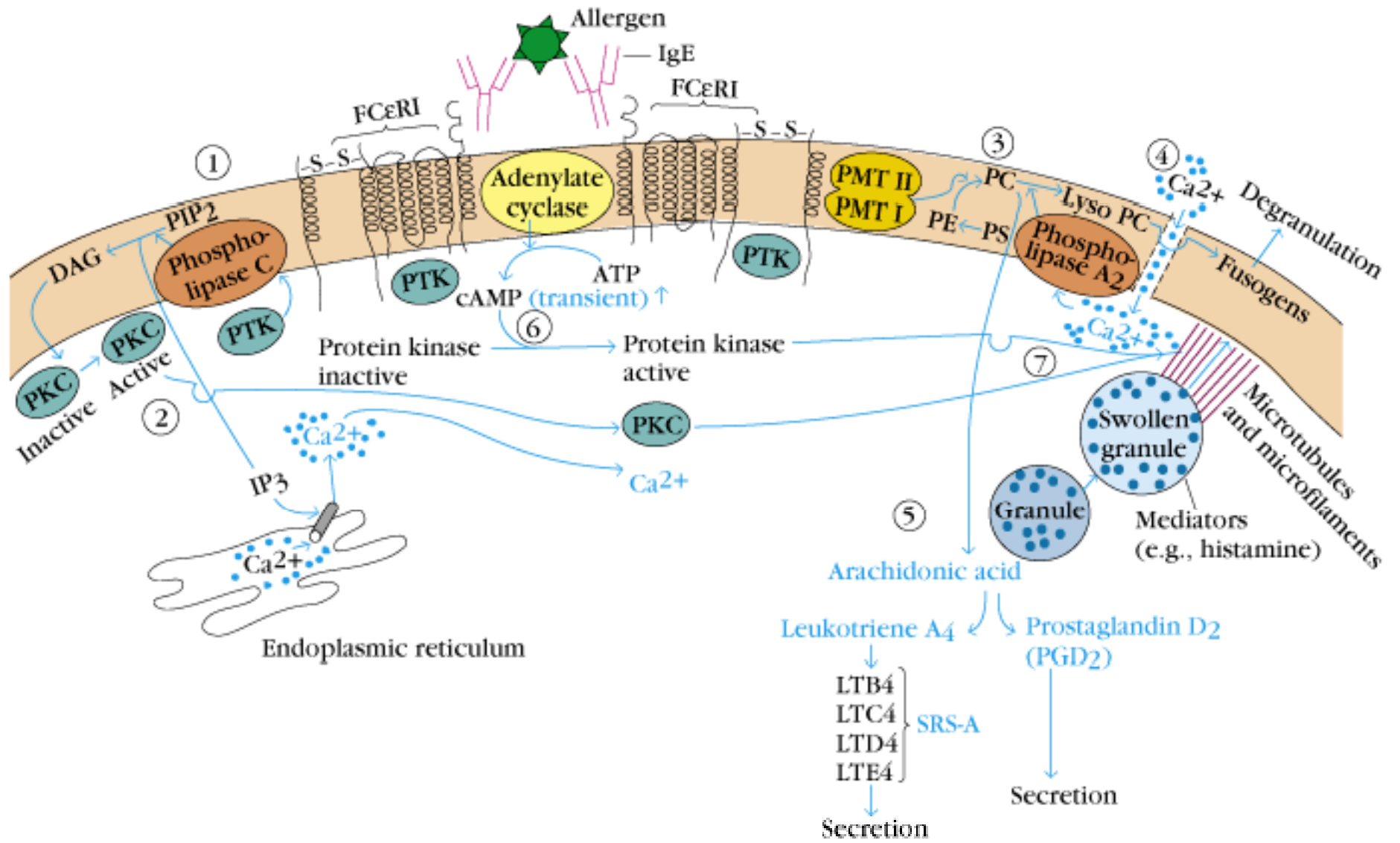
(a) FcεRI:
High-affinity IgE receptor



(b) FcεRII (CD23):
Low-affinity IgE receptor

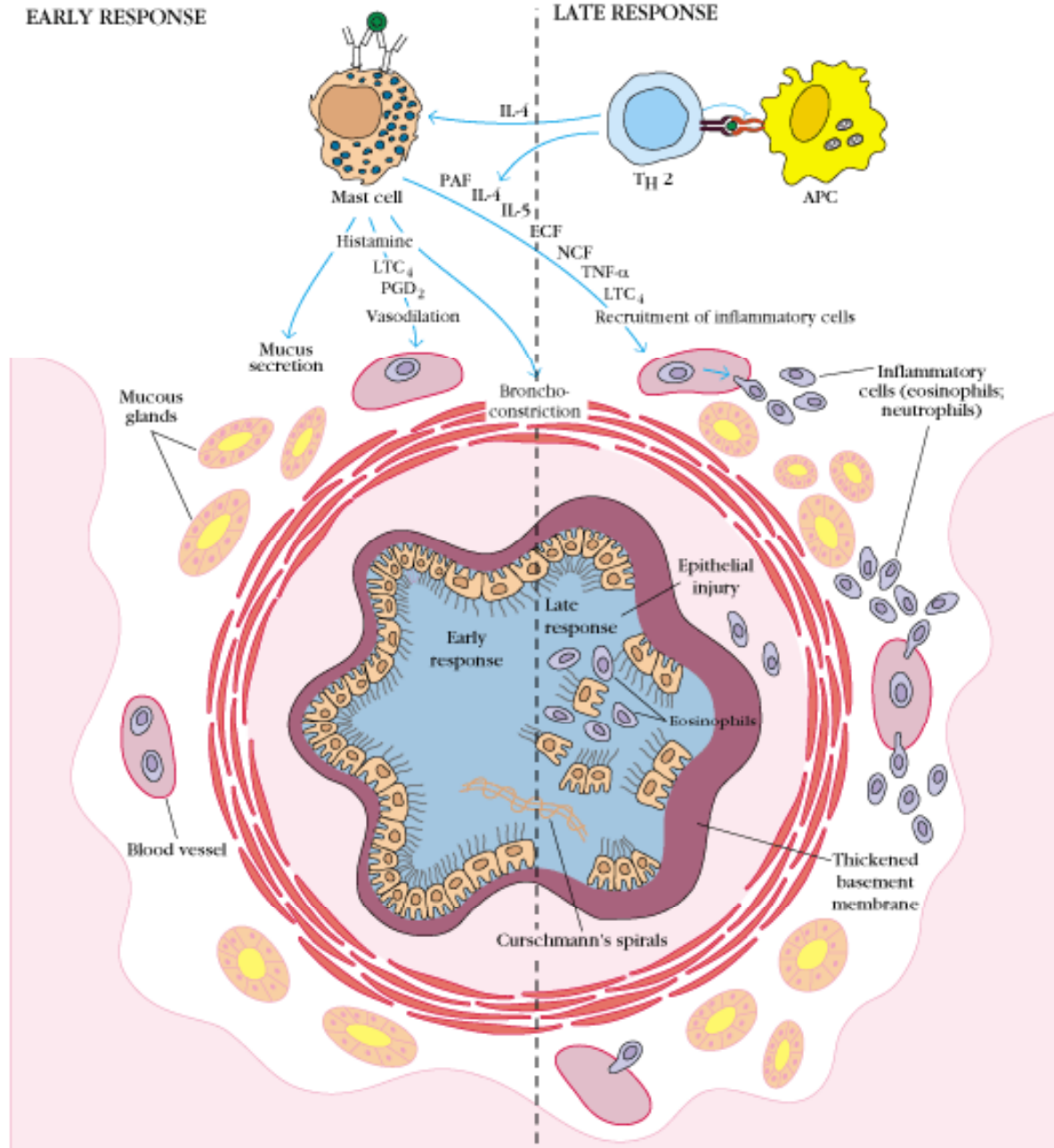






EARLY RESPONSE

LATE RESPONSE



EARLY RESPONSE (minutes)

LATE RESPONSE (hours)

Histamine
PGD₂
LTC₄

Vasodilation
Bronchoconstriction
Mucus secretion

IL-4, TNF-α, LTC₄
PAF, IL-5, ECF
IL-4, IL-5

Increased endothelial cell adhesion
Leukocyte migration
Leukocyte activation

CONT.)

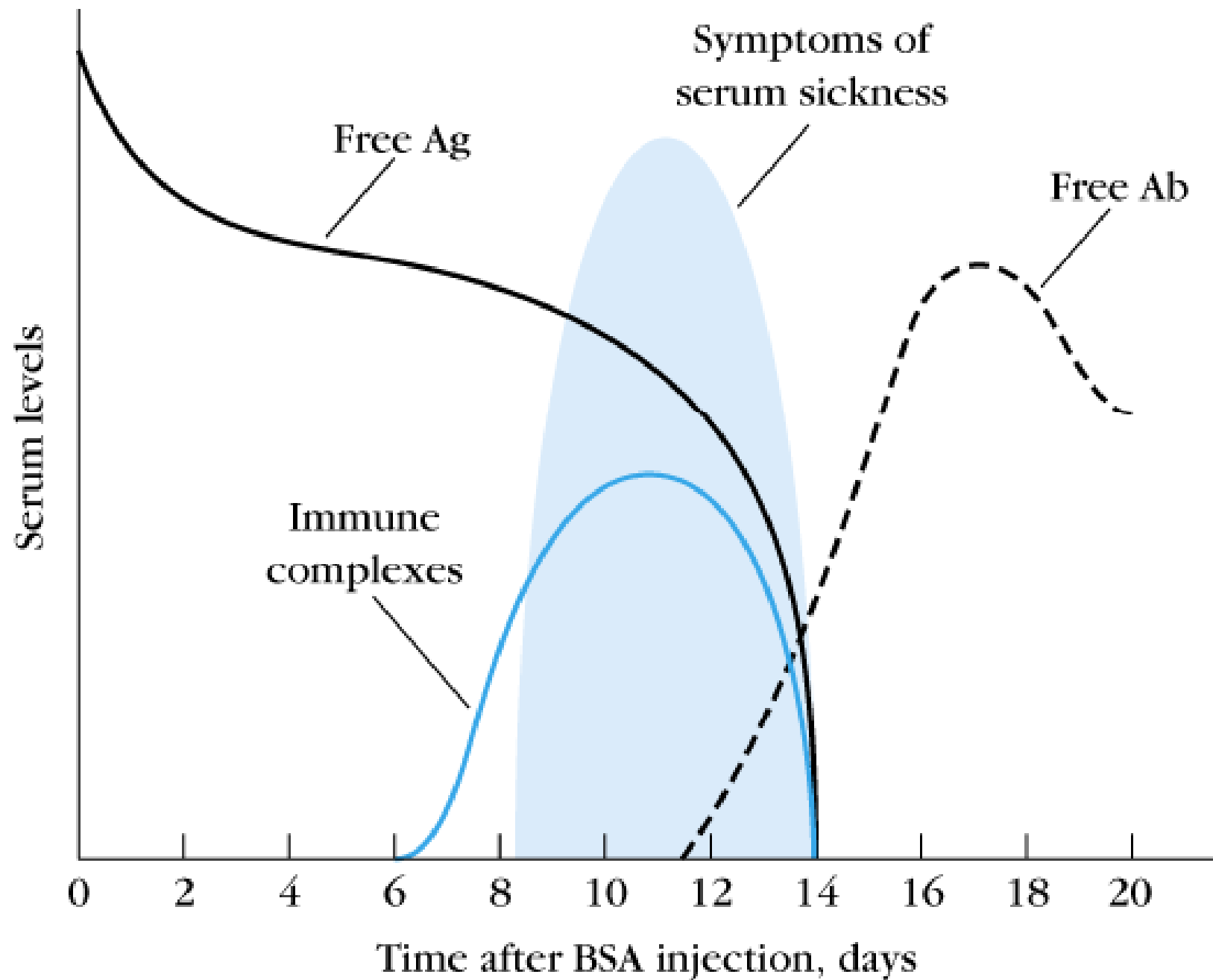
H. DUST)

MITE)

GRASS)

SHRUB)

TREE)



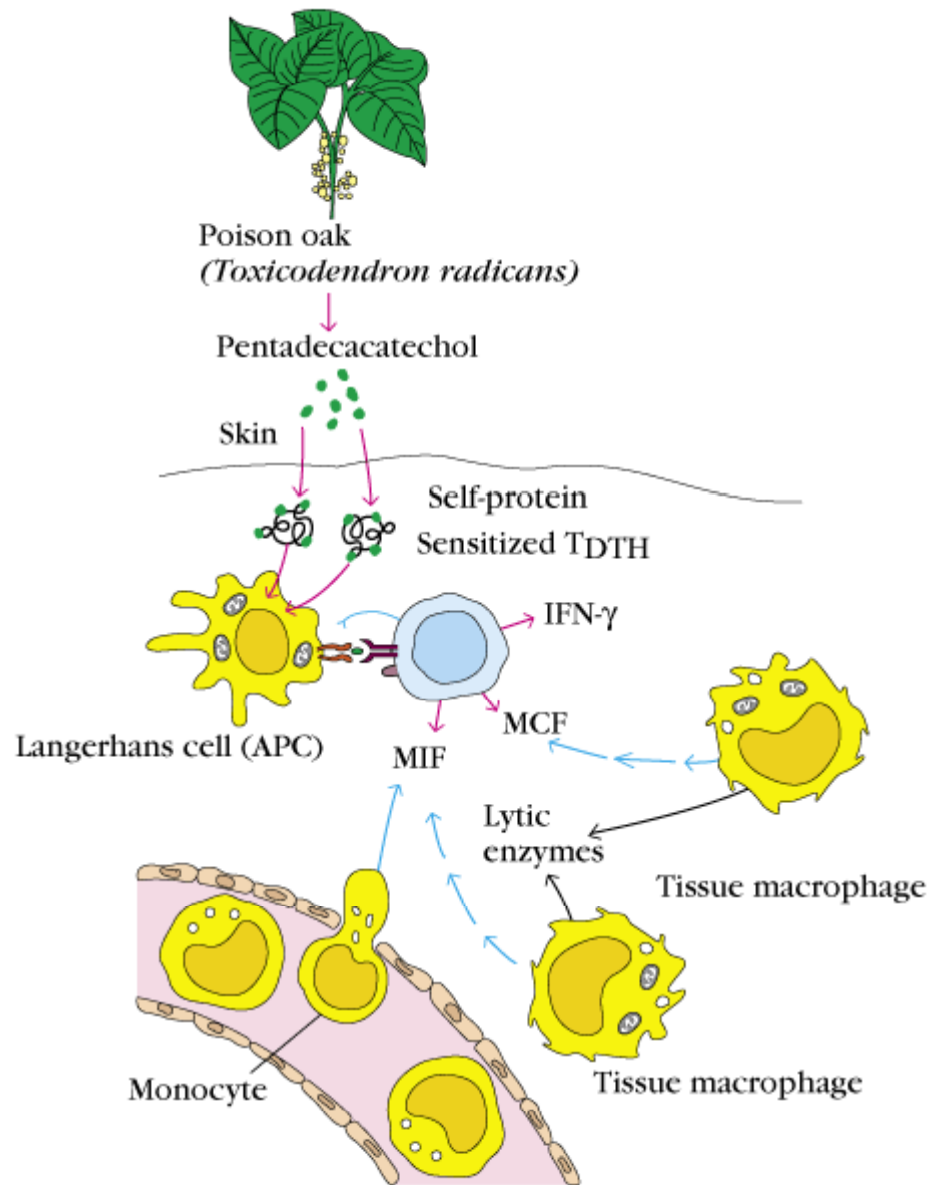


TABLE 16-1 COMMON ALLERGENS ASSOCIATED WITH TYPE I HYPERSENSITIVITY

Proteins

Foreign serum

Vaccines

Plant pollens

Rye grass

Ragweed

Timothy grass

Birch trees

Drugs

Penicillin

Sulfonamides

Local anesthetics

Salicylates

Foods

Nuts

Seafood

Eggs

Peas, beans

Milk

Insect products

Bee venom

Wasp venom

Ant venom

Cockroach calyx

Dust mites

Mold spores

Animal hair and dander

TABLE 16-3 PRINCIPAL MEDIATORS INVOLVED IN TYPE I HYPERSENSITIVITY

Mediator	Effects
Primary	
Histamine	Increased vascular permeability; smooth-muscle contraction
Serotonin	Increased vascular permeability; smooth-muscle contraction
Eosinophil chemotactic factor (ECF-A)	Eosinophil chemotaxis
Neutrophil chemotactic factor (NCF-A)	Neutrophil chemotaxis
Proteases	Bronchial mucus secretion; degradation of blood-vessel basement membrane; generation of complement split products
Secondary	
Platelet-activating factor	Platelet aggregation and degranulation; contraction of pulmonary smooth muscles
Leukotrienes (slow reactive substance of anaphylaxis, SRS-A)	Increased vascular permeability; contraction of pulmonary smooth muscles
Prostaglandins	Vasodilation; contraction of pulmonary smooth muscles; platelet aggregation
Bradykinin	Increased vascular permeability; smooth-muscle contraction
Cytokines	
IL-1 and TNF- α	Systemic anaphylaxis; increased expression of CAMs on venular endothelial cells
IL-2, IL-3, IL-4, IL-5, IL-6, TGF- β , and GM-CSF	Various effects (see Table 12-1)

