

The Role of FRs in Indoor Dust in Potentiating/Facilitating Allergic Responses to Inhaled Allergens

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EXPERIMENTAL
IMMUNOLOGY

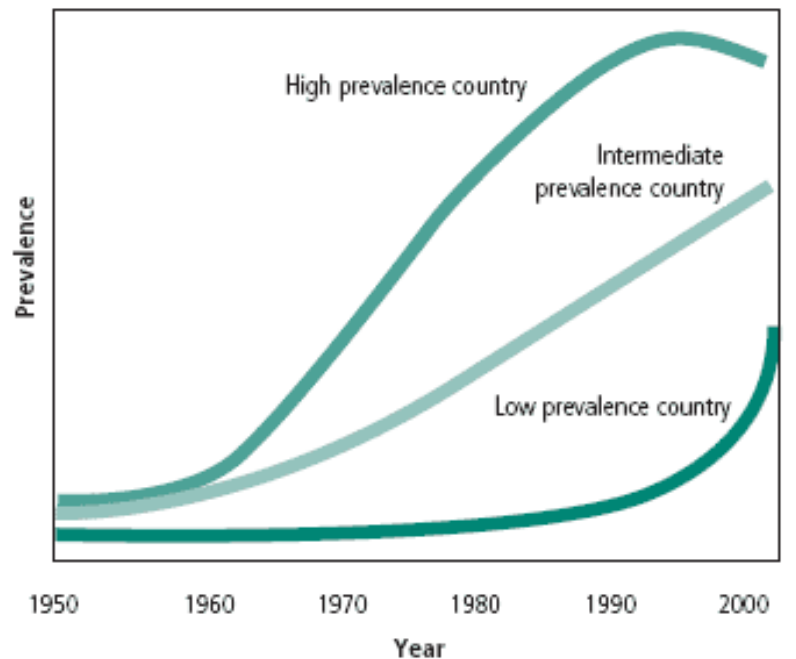
INFLAME



EPIDEMICAL INCREASE IN INCIDENCE ASTHMA

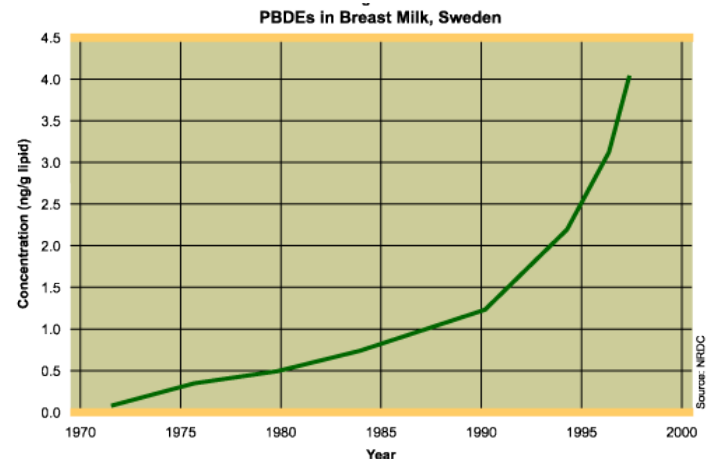
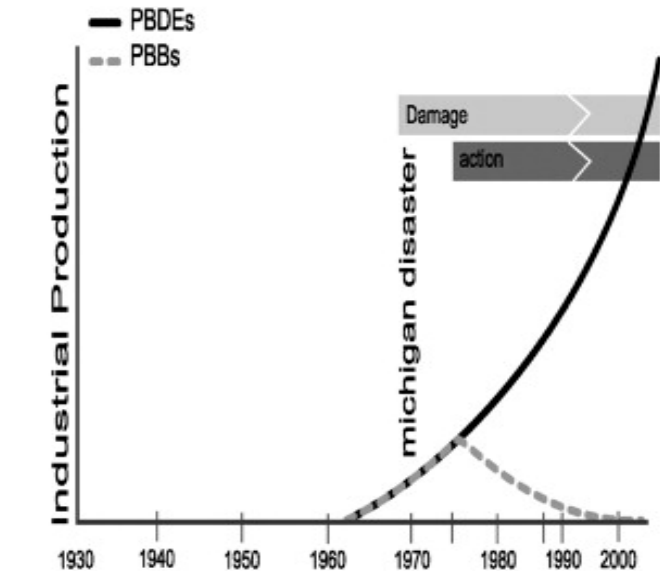
*IS THERE AN ASSOCIATION WITH EXPOSURE TO
PBDES?*

Fig. 2. Trends in prevalence of asthma



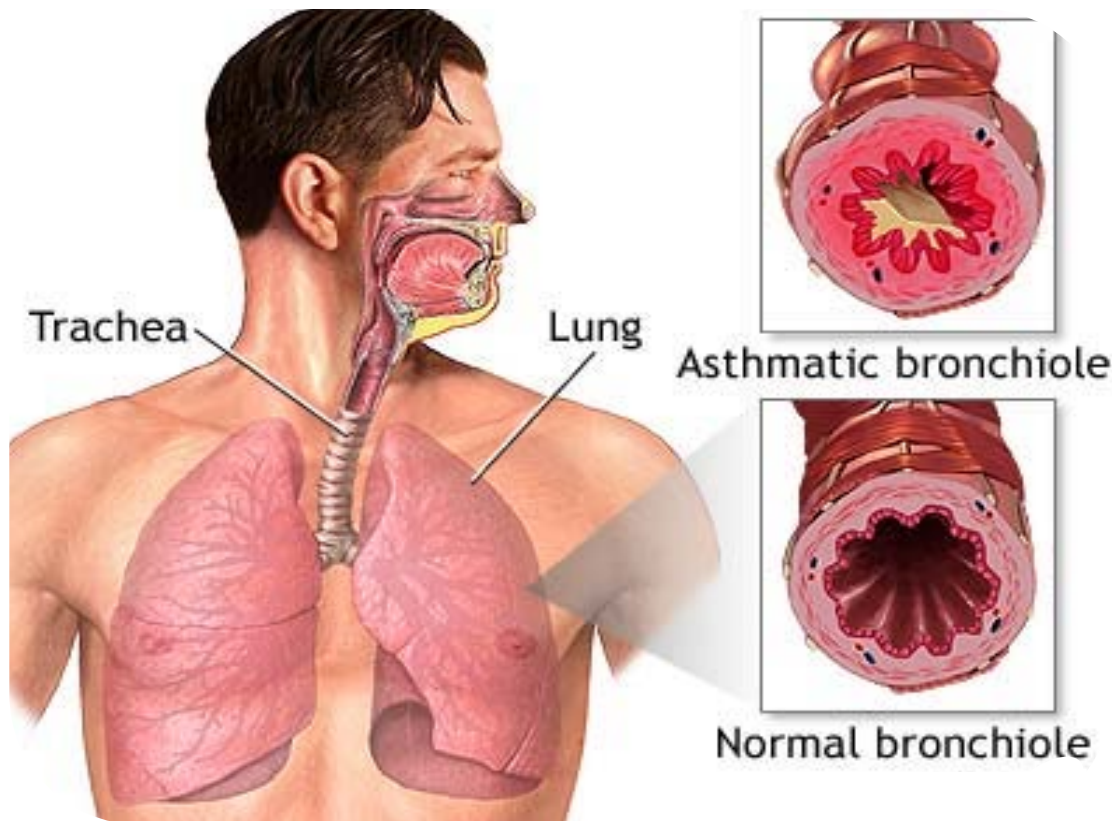
World Health Organisation 2005

WHO 05.62



Source: NRDC

Allergic Asthma

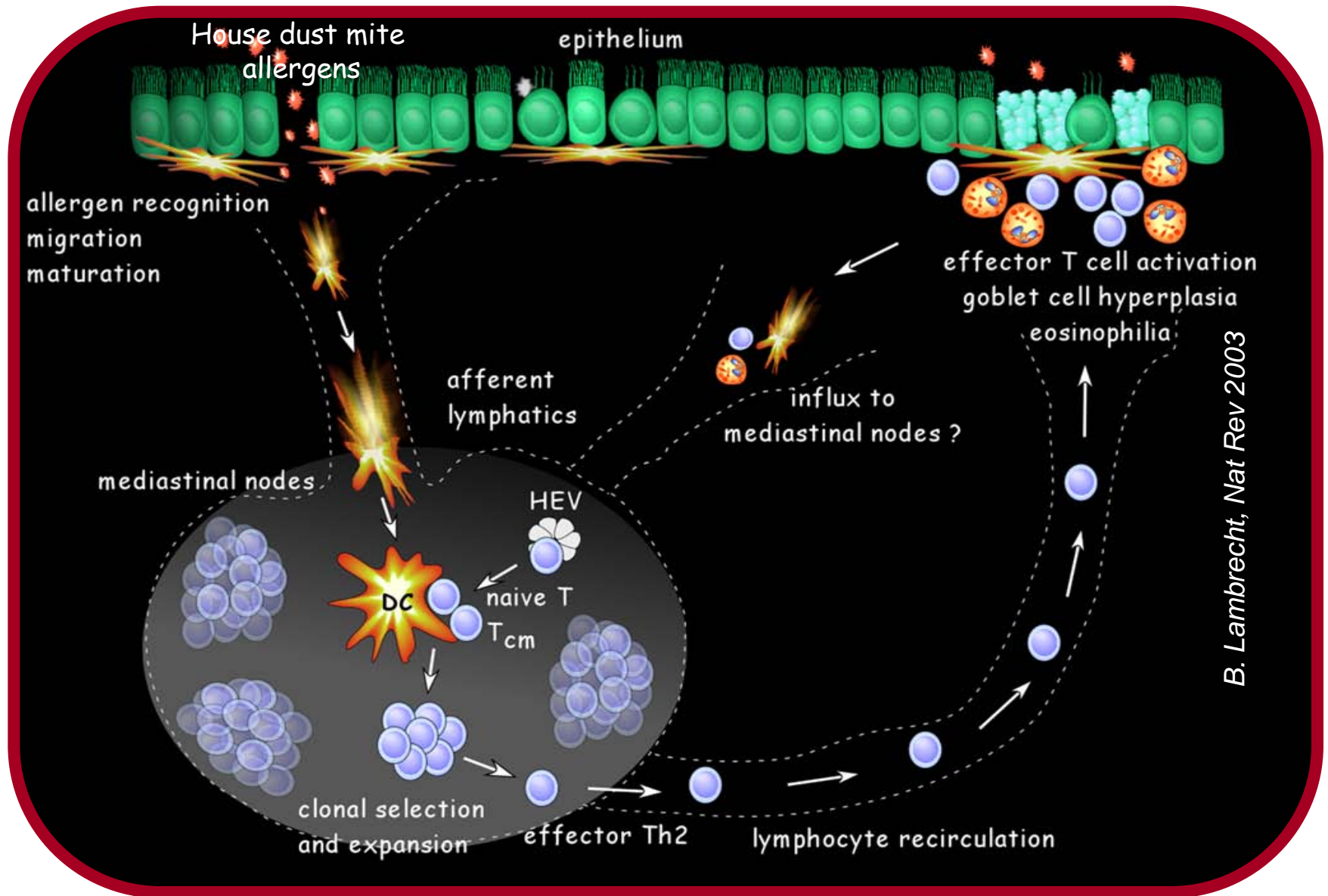


- Chronic inflammation of airways
- Aero-allergens induce bronchoconstriction

Inhalation of dust:
House dust mite
Chemicals (Flame Retardants)



Role of dendritic cells in sensitisation and during allergen challenge



House dust mite allergens

epithelium

HBBCD

allergen recognition
migration
maturation

afferent lymphatics

mediastinal nodes

HEV

DC

naive T

T_{cm}

clonal selection and expansion

effector Th2

lymphocyte recirculation

House dust mite allergens

HBBCD

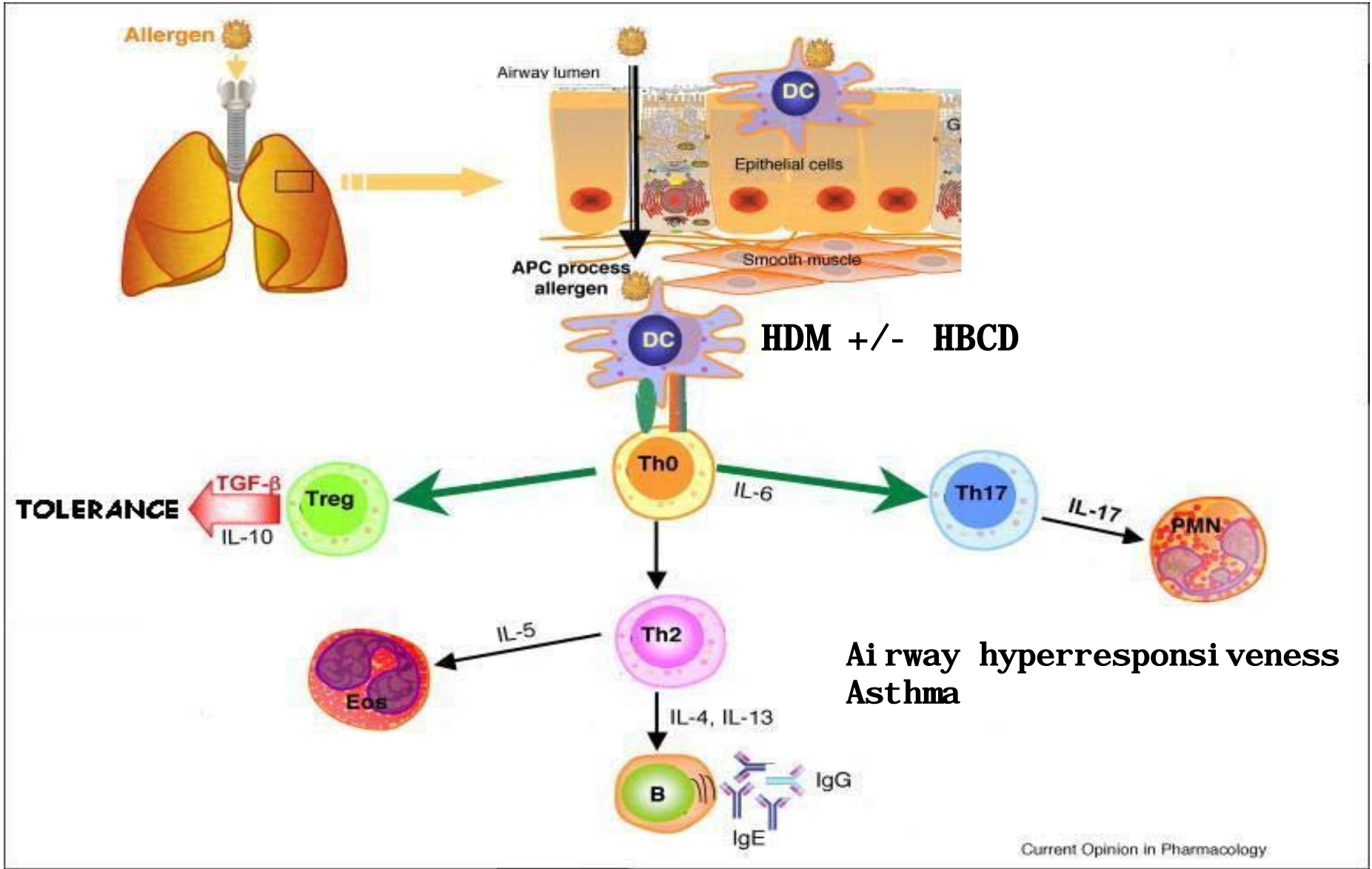
effector T cell activation
goblet cell hyperplasia
eosinophilia

influx to mediastinal nodes?

B. Lambrecht, Nat Rev 2003

B. Lambrecht, Nat Rev 2003

Activated DCs can determine the type of immune response by instructing naive T cells

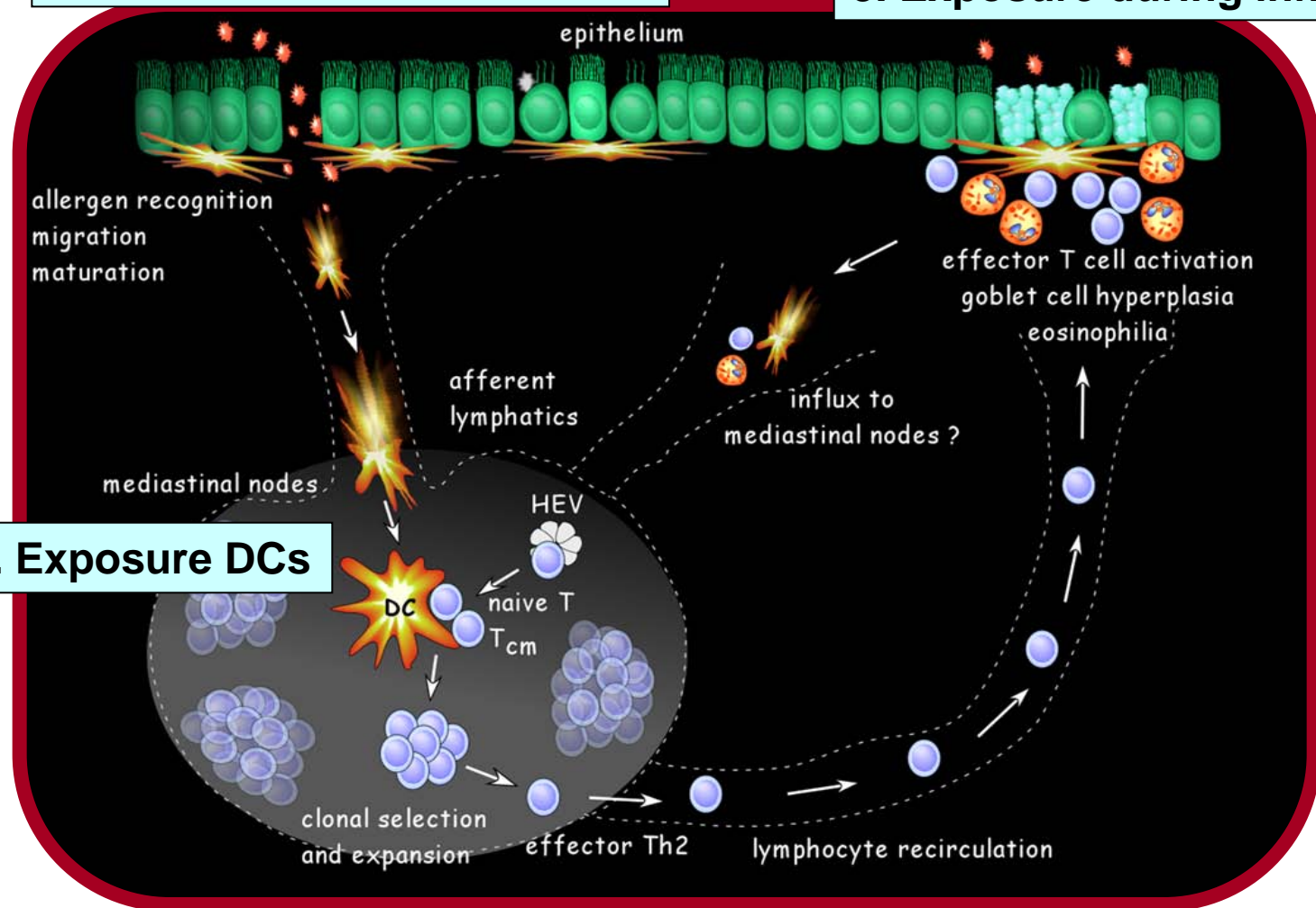


MOUSE MODELS FOR ROLE OF HBCD IN HDM INDUCED ASTHMA

1. Exposure naive epithelium

3. Exposure during inflammation

2. Exposure DCs

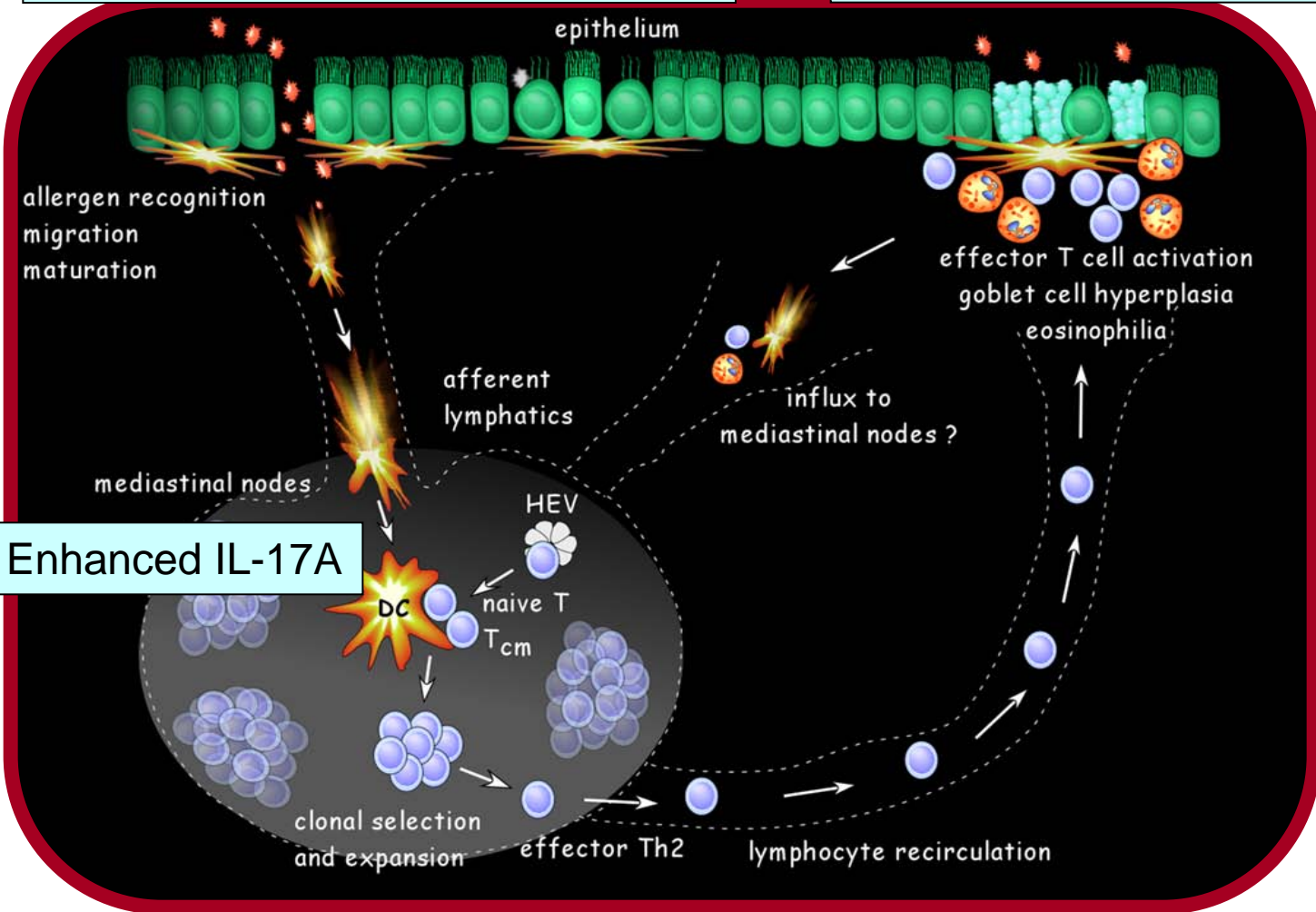


HBCD can contribute to an aggravation of the immune response to hdm at different stages of the response

1. Enhanced eosinophils and IL-13

3. Enhanced IL-4, IgE and AHR

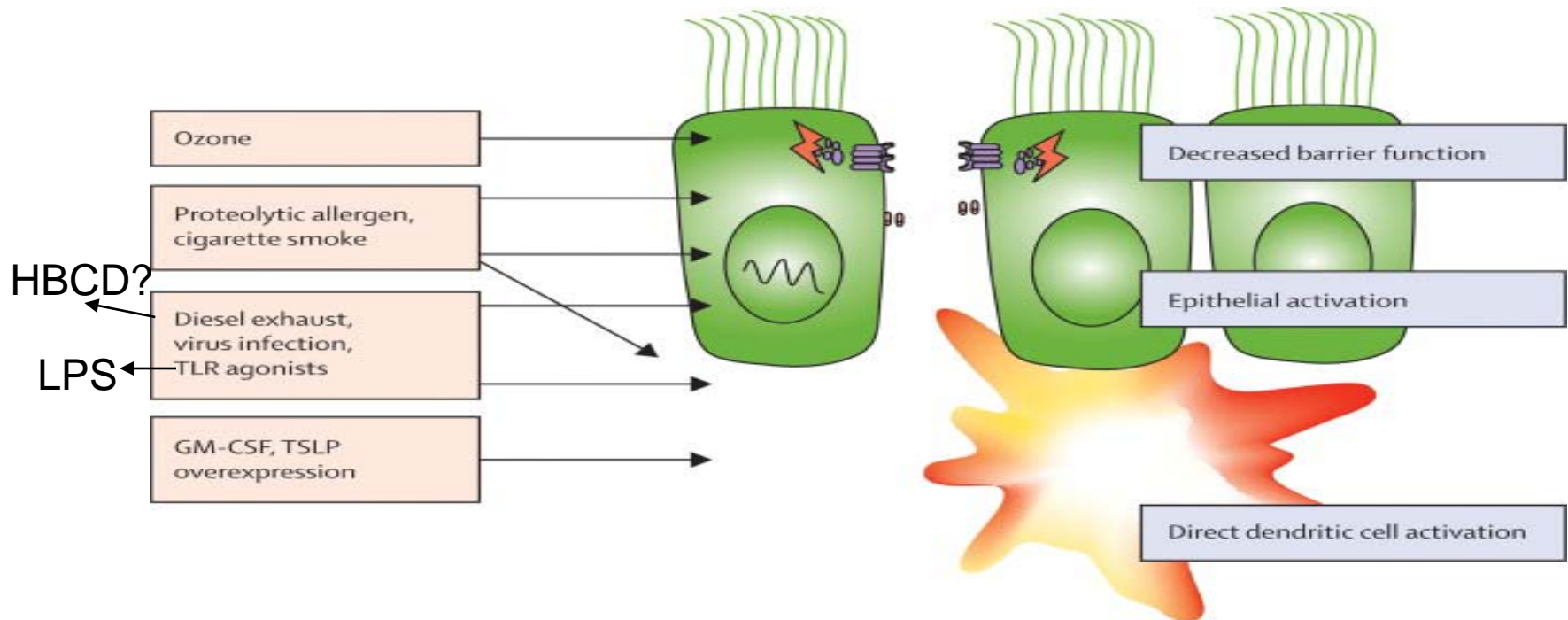
2. Enhanced IL-17A

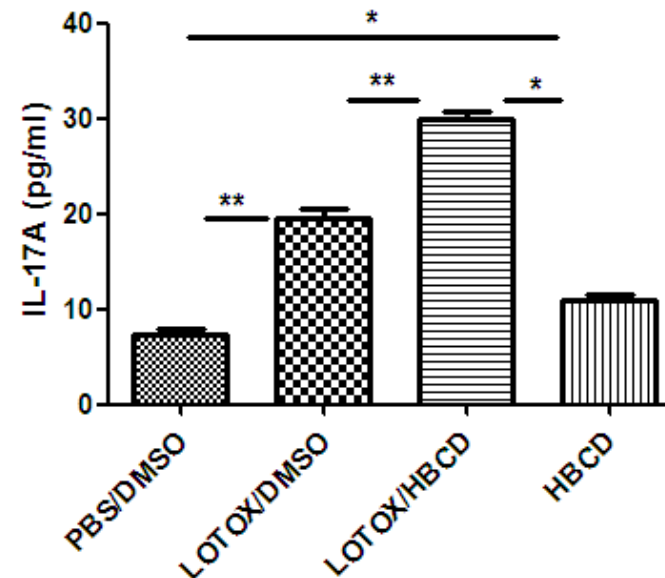


What's the role of HBCD in the aggravation of the immune response to HDM?

- Does HBCD act as a 'DANGER' signal for dendritic cells?

'Danger signals' (adjuvants) in the induction of the inflammatory response



[illegible]

Is Early exposure to FRs via house dust associated with Development of Allergic Asthma? A birth cohort study.




STUDY POPULATION

Swedish birth cohort (BAMSE)

- 
- Questionnaire
 - heredity
 - socioeconomic factors

4089 children (1994-1996 new born) followed up to 8 years

-House dust samples were collected at about 2 months after birth.

- 
- GALEN criteria: Wheezing, Doctor diagnosis, Anti asthma drugs in the last year
 - preceding evaluation at age 4 and at age 8 or at age 8 only

110 children identified as allergic asthma

- Controls never experienced asthma and no sensitization (matched for socio-economic status, sex and genetics)

CHARACTERISTICS OF THE SELECTED POPULATION

		Never asthma (n=110)	Transient asthma (4 yrs)	Late asthma (8 yrs)	Persistent asthma (4-8 yrs)	Total asthma (n=110)
sex	0 female	48	11	18	19	48
	1 male	62	20	28	14	62
her	0 no	63	15	28	20	63
	1 yes	47	16	18	13	47
SEI	0=blue collar	21	2	10	9	21
	1=white collar	89	29	36	24	89
	2=other	0	0	0	0	0
Sens at 4 yrs	0=no	88	11	30	26	67
	(missing values)	(22*)	(8*)	(5*)	(1*)	
	1=yes	0	12	11	6	29
Sens at 8 yrs	0=no	99	1	25	24	50
	(missing values)	(11*)	(1*)			
	1=yes	0	29	21	9	59

ANALYSIS OF FLAME RETARDANTS IN HOUSE DUST

- Dust samples were extracted with acetone and toluene and cleaned up by Na_2SO_4 column
OPFRs ready for GC-MS analysis
- Next, samples were cleaned up by H_2SO_4 silica columns → **PBDEs** ready for GC-MS analysis



PRELIMINARY RESULTS:

Concentrations organophosphate flame retardants in house dust of asthmatic children and controls

		House dust Asthmatic children						House dust matched controls					
OPFR ($\mu\text{g/g}$ dust)	LOD	>LOD (%)	Minimum	25th	median	75th	maximum	>LOD (%)	minimum	25th	median	75th	Maximum
TCEP	20	93.3	<LOD	49.5	101	266	298301	98.1	<LOD	53	109	211.5	323418
TCPP1	20	95.2	<LOD	61.5	117	235	203982	94.3	<LOD	43.5	93	414	727777
TDCPP	40	94.3	<LOD	85.5	151	441	538514	91.4	<LOD	88	168	404.5	185931
IBEP	400	93.3	<LOD	1124.5	3329	6016.5	43363	91.4	<LOD	1434.5	3702	7118.5	57209
TPP	20	100	109	279	419	772	13474	100	96	306	619	1466	70313
EHDP	20	100	27	102.5	159	278.5	15342	100	27	110	172	413.5	7364
MMP-TCP	40	81	<LOD	94.5	190	430.5	4793	89.5	<LOD	114.5	291	730	42712
Σ OPFRs			885	3652	6498	12895	582405		839	3548	6598	13838.5	74192

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[illegible]

Concentrations of polybrominated diphenyl ethers in matched samples of indoor dust and breast milk in New Zealand

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Table 2

Summary of PBDEs in indoor dust and breast milk.

Congener	Floor dust (ng/g)					Mattress dust (ng/g)					Breast milk (pg/g lipid)				
	N = 33					N = 16					N = 33				
	Mean	Median	Minimum	Maximum	% < LOD	Mean	Median	Minimum	Maximum	% < LOD	Mean	Median	Minimum	Maximum	% < LOD
BDE17	0.1	0.1	0.1	1.0	88	0.3	0.1	0.1	0.9	69	2.4	2.2	0.6	5.6	27
BDE28	0.7	0.6	0.1	1.3	12	1.2	0.8	0.1	7.7	6	217.9	181.0	48.8	751.0	0
BDE47	30.2	24.2	0.3	98.0	3	56.1	46.3	6.5	288.4	0	2673.8	2140.0	317.0	7710.0	0
BDE49	1.6	1.3	0.1	3.6	6	2.1	2.2	0.1	5.0	6	25.6	20.9	6.5	96.4	0
BDE66	1.0	0.8	0.1	3.1	27	1.3	1.1	0.1	7.8	25	31.4	26.2	5.4	103.0	0
BDE85	2.3	1.7	0.1	7.6	21	2.2	1.9	0.1	5.8	25	51.6	45.1	2.2	168.0	6
BDE99	51.8	31.5	3.3	219.1	0	83.9	41.8	8.1	540.3	0	565.9	560.0	66.2	1290.0	0
BDE100	9.7	6.4	0.3	41.1	3	16.1	9.8	0.3	94.1	6	568.7	499.0	70.8	1820.0	0
BDE153	8.8	4.6	0.3	58.9	12	10.6	6.7	0.3	58.2	6	750.4	517.0	142.0	3820.0	0
BDE154	4.7	3.7	0.3	19.8	27	7.1	3.1	0.3	43.1	13	39.0	35.5	6.5	101.0	0
BDE183	12.8	2.7	0.3	238.4	33	7.5	6.3	0.3	21.1	25	66.1	42.3	11.5	512.0	0
BDE196	4.7	0.3	0.3	44.2	55	10.3	4.9	0.3	34.3	25	16.5	12.6	2.5	43.9	6
BDE197	4.7	0.3	0.3	68.0	61	5.6	3.6	0.3	17.5	25	127.9	108.0	50.3	320.0	0
BDE203	2.9	0.3	0.3	25.0	64	8.1	3.0	0.3	30.3	25	18.8	16.5	3.0	45.0	15
BDE206	114.4	24.0	3.2	989.3	0	163.6	52.7	3.5	1253.3	0	30.6	18.0	2.9	195.0	12
BDE209	2505.2	598.0	28.8	27394.3	0	2703.0	1018.0	105.9	21956.2	0	375.6	190.5	65.3	3140.0	3