



THE MICROBIOTA

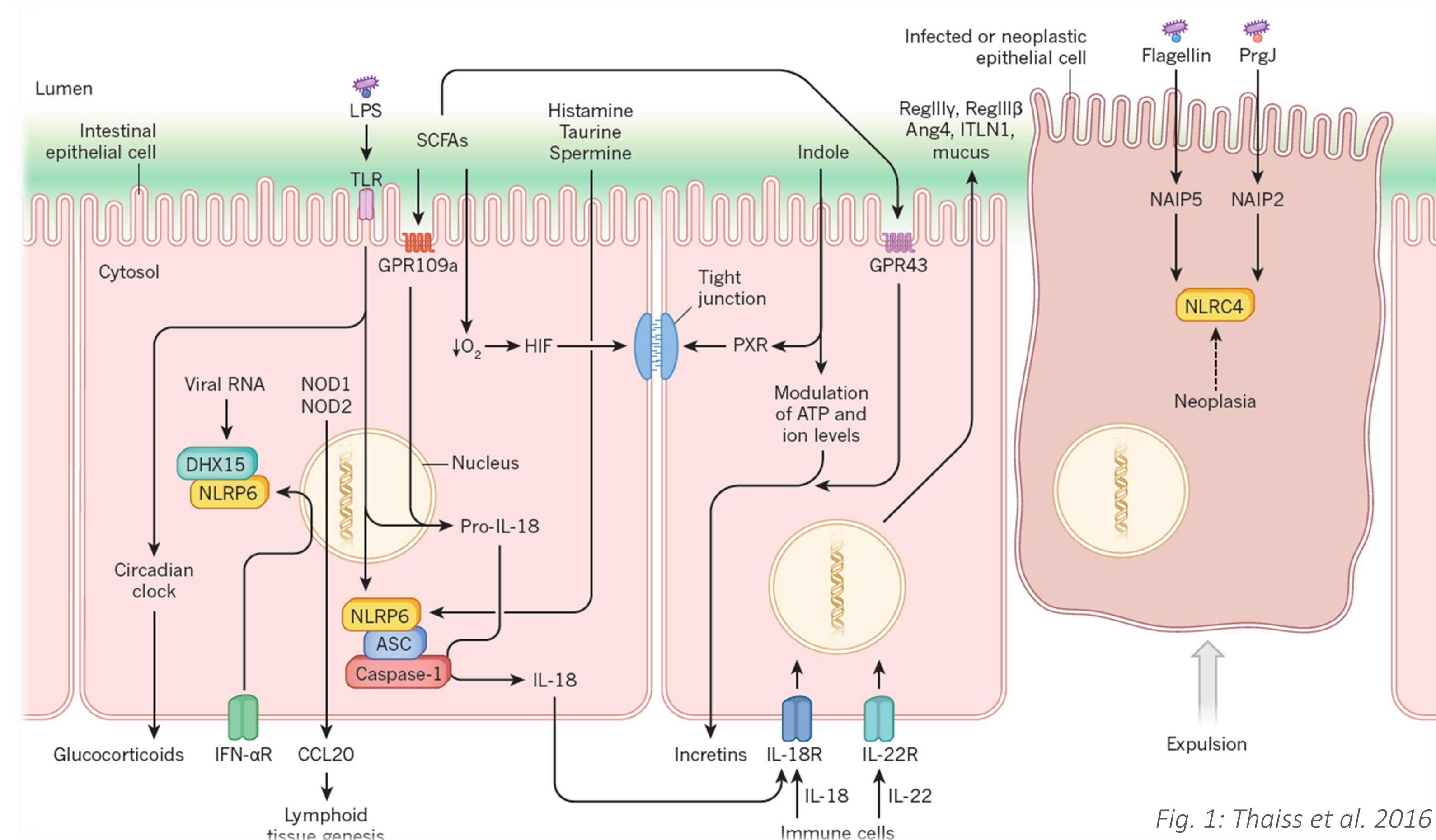
- Complex community of microorganisms found normally on the skin and mucous surfaces of all multicellular organisms in a symbiotic relationship.
- The role of the microbiota in homeostasis and in classic diseases has been re-discovered, enhancing the design of new therapeutic approaches.

FUNCTIONS OF THE INTESTINAL MICROBIOTA

- Microbial antagonism
- Optimization of nutrient absorption
- Immune System development

INTESTINAL MICROBIOME AND THE IMMUNE SYSTEM

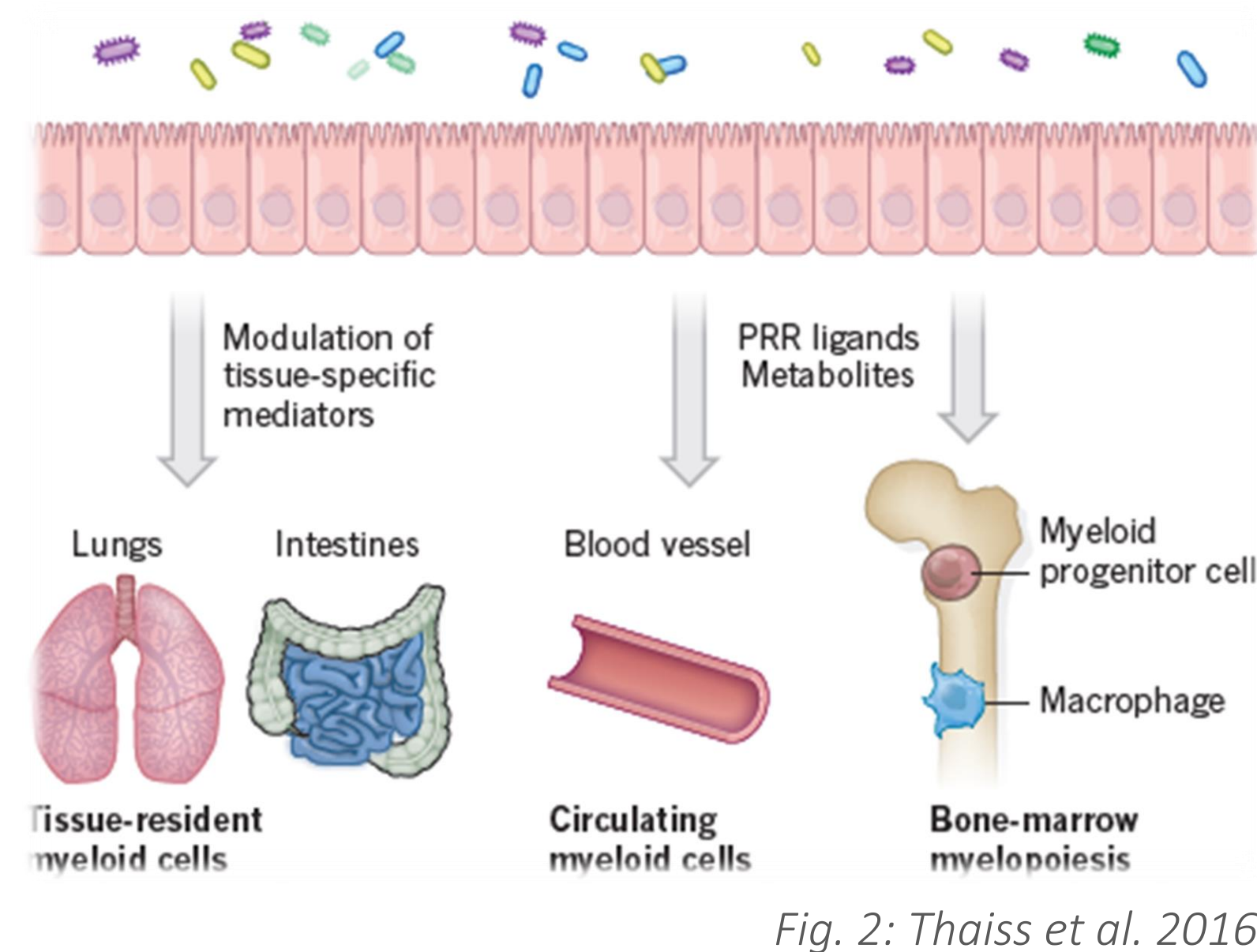
CROSSTALK. The communication between microbiota and the host to adjust the antimicrobial program.



- **Objectives:** tolerance to the own microbiota and immune response against the foreign.
 - **Mechanisms:** transcriptional reprogramming and epigenetic programming of host cells.
 - **Process and compounds:** Recognition of bacterial patterns (PRRs) by specific epithelial receptors (PAMPs) to adjust the antimicrobial program (mucus, antimicrobial peptides, IgA, cytokines...). The own microbiota drives to a negative feedback. Bacterial metabolites, such SCFA, AA or Indole, also contribute to the crosstalk.
- Epithelial **NLRC4** expulse infected or carcinogenic enterocytes.

INNATE IMMUNE SYSTEM:

- **Myeloid cells:** Its production, maturation and biology depend on the complexity of bacterial antigens. Low microbial complexity is related to a major disease incidence.

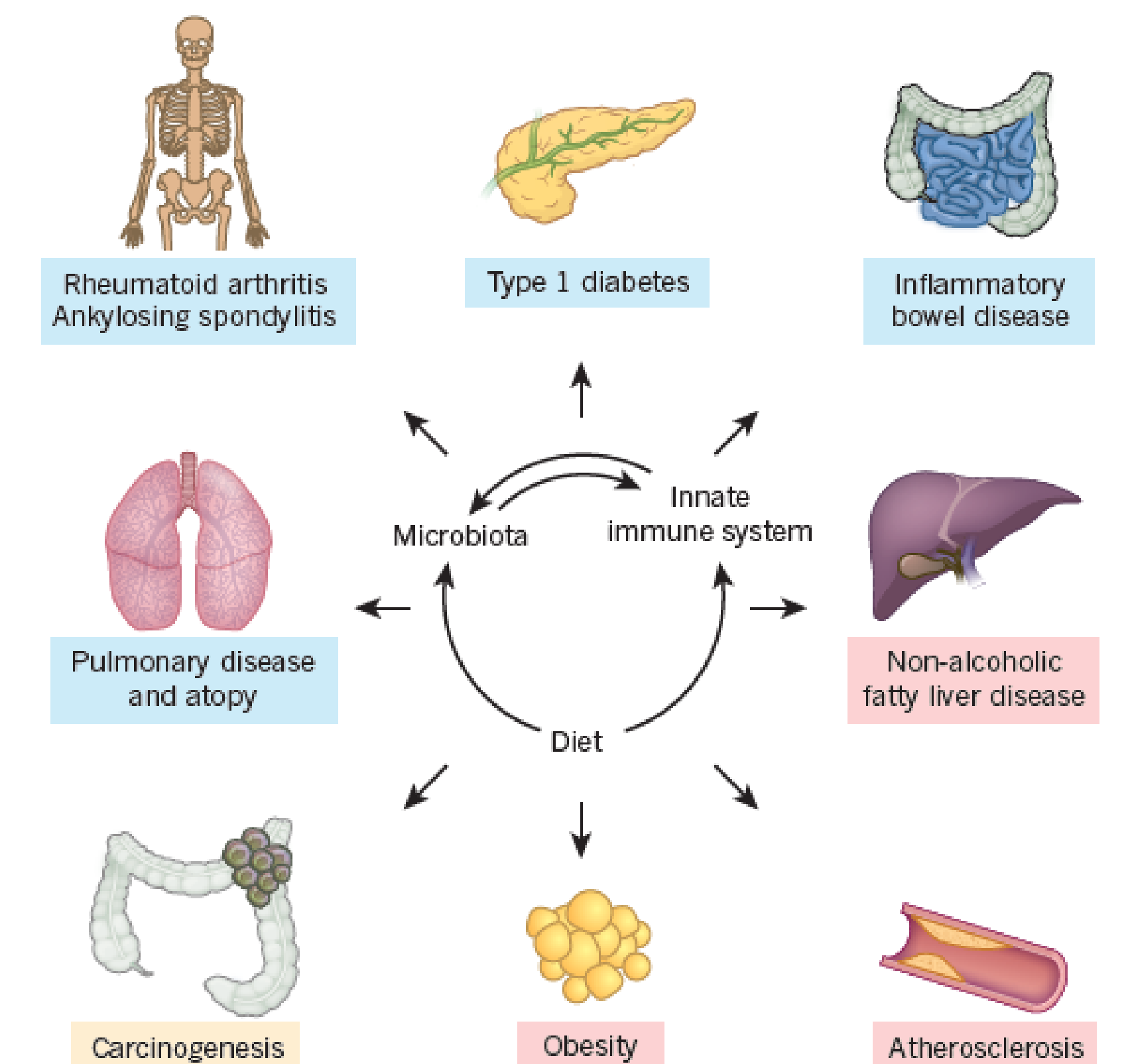


ADAPTATIVE IMMUNE SYSTEM

- **Mucosal IgA:** Produced by B cells, in the lamina propria (*Peyer Patch*). They prevent the microbial direct interaction with the host and regulate the composition of the microbiota, to keep it diversified.
- **T_H17 cells:** Prevent from extracellular infection (bacterial and fungi) and favor IgA synthesis. Some external factors favor its change to pathogenic cells, which can promote auto-antibodies production and autoimmune diseases in predisposed individuals.
- **T_{reg} cells:** Cut down T_{eff}, T_H17 and myeloid cell population, to promote intestinal tolerance. *Bifidobacterium*, *Lactobacilli*, *Clostridium* and *Bacteroides fragilis* enhance the T_{reg} cells population.

DYSBIOSIS AND CLASSIC DISEASES

- **Infection and chronic intestinal inflammation.**
- **Autoimmune diseases:** *Inflammatory bowel disease*, *allergen-induced airway hyperreactivity*, *DM-I*.
- **Metabolic syndrome (obesity and DM-II) and cardiovascular diseases (arteriosclerosis)**
- **Cancer:** bacterial substances that cause DNA damage directly or sustaining an inflammatory environment, and bacteria into neoplasia increase its growth.
- **Neurodegenerative disease:** *Parkinson*: α-syn pathology might be triggered in the gut by bacterial endotoxins and reach the brain via ENS (vagus nerve).



NEW TREATMENT APPROACHES

Direct modification of microbiota

- **Antibiotics:** to treat disorders associated with a known pathobiont.
- **Faecal transplant:** Very effective for *Clostridium difficile* infections. It may be efficiency variations between individuals, risk of developing new diseases and the need of long-term repetitions.

Indirect modification of microbiota

- **Probiotics:** *Bifidocacteria*, *Lactobacilli*, *Streptococci*
- **Prebiotics:** *Fructo-oligosaccharides* and *inulin*.

They may help to reduce or prevent gastrointestinal signs.

CONCLUSIONS

- A new organ has just been discovered.
- Microorganisms modulate our immune system to promote self-tolerance and gut homeostasis.
- Correlations have been found between dysbiotic patterns and classic diseases.
- New therapeutic and diagnostic forms focused on the gut microbiota may be developed in the future.