Bacterial factors and immune pathogenesis in *Helicobacter pylori* infection

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**Summary**

Virulent *Helicobacter pylori* strains which have been clinically associated with severe outcome induce increased gastric mucosal immune responses. Although several bacterial pathogenic factors have been shown to have a considerable role in *H pylori* infection, variability in host immune responses may also contribute to mucosal damage in *H pylori* associated gastritis.

**Introduction**

Since the discovery of *H pylori*, many studies have implicated infection with this bacterium in the pathogenesis of gastric and duodenal diseases. However, most patients with *H pylori* infection have chronic gastritis only and few develop peptic ulcers or gastric tumours. To date, the role of bacterial virulence factors such as vacA, *cagA* and lipopolysaccharide (LPS) in the pathogenesis of *H pylori* infection has been extensively studied. The host’s mucosal immune response, which includes activation of neutrophils, T cells and complement, has also been the subject of recent investigation. Both bacterial and host factors are likely to play a critical role in the clinical outcome of *H pylori* infection.

**Bacterial virulence factors**

Increasing evidence has shown that *H pylori* strains are highly diverse and that strain diversity is associated with greater gastric mucosal inflammation and the clinical outcome of infected patients.

**CYTOXIN**

The vacuolating cytotoxin (VacA) which induces cytoplasmic vacuolation in eukaryotic cells was first described by Leunk et al. The cytotoxin is produced by approximately 50% of *H pylori* strains\(^1\) and infection with toxin-producing strains is more common in patients with peptic ulcer disease.\(^1\) Bernard et al showed that biological activity of VacA protein was increased by exposure to acidic pH.\(^4\) The acid activated VacA is currently considered to be an important factor of increased mucosal damage in *H pylori* infection.

The vacuolating cytotoxin gene A (*vacA*), which encodes VacA, is possessed by all *H pylori* strains. Atherton et al showed that there are two divergent regions in *vacA*.\(^7\) One is in the second half of the signal sequence (s1a/s1b and s2) and the other is in the mid-region of the gene (m1 and m2). Recent studies demonstrate the association between diversity in this gene and cytotoxin activity and increased gastric inflammation.\(^5,6\) The s1/m1 strains produce higher toxin activity in vitro than s1/m2 strains;\(^5\) m1 strains are associated with increased gastric epithelial damage;\(^6\) and s1a strains are associated with increased mucosal neutrophil and lymphocyte infiltration in vivo.\(^6\) These results suggest s1a/m1 strains are the most virulent allelic type. In fact in US populations, infection with *vacA* s1 strain is more frequent in patients with ulcer disease than in those with chronic gastritis only (table 1).\(^6\)

**LIPOPOLYSACCHARIDE**

*L* *pylori* LPS has also been implicated in the pathogenesis of *H pylori* infection.\(^27\) The immunological activity of *H pylori* LPS has been considered to be low.\(^27\) Early studies showed the lethal toxicity in mice of *H pylori* LPS was 500-fold lower compared with that of
Immune mediated damage

Histologically, the host's response to *H. pylori* infection is characterised by infiltration of plasma cells, lymphocytes, neutrophils, and monocytes into the gastric mucosa. The inflammatory host immune response may play a major role in the induction of gastric mucosal damage by *H. pylori* infection. This review focuses on cellular responses as the role of B cells and autoantibodies is discussed elsewhere in this supplement.

NEUTROPHIL ACTIVATION

In acute gastritis caused by infection with *H. pylori*, neutrophils comprise the initial inflammatory component of the response to the pathogen. Activated neutrophils have many properties which may contribute to tissue damage. Neutrophil chemotaxis and activation can be induced directly by products of *H. pylori* and also indirectly through the inflammatory cytokine cascade. A water soluble neutrophil activating 150 kDa protein, HP-NAP, has been purified and extensively studied. The *napA* gene which encodes this protein is present in all *H. pylori* strains but expression of HP-NAP varies in vitro. Recent studies suggest HP-NAP may have multiple functions, being induced in the bacterium by acid stress. *H. pylori* LPS also affects neutrophils; it does not stimulate neutrophils directly to release superoxide but it primes neutrophils to oxidative metabolism.

Neutrophil infiltration and activation will also be stimulated indirectly by the cytokine cascade induced by *H. pylori* infection. The gastric epithelium secretes chemokines which have neutrophil attractant properties, such as IL-8 and GROα in response to bacterial infection. In vivo, increased IL-8 immunoreactivity and increased IL-8 mRNA expression in *H. pylori* infected mucosa have been demonstrated. In vitro the expression of IL-8 in gastric epithelial cells is up-regulated by the inflammatory cytokines such as TNF-α and IL-1, which are produced in the gastric mucosa in *H. pylori* infection. Inflammatory cytokines are increased in patients infected with strains of the CagaA phenotype. As described earlier CagaA is not the direct inducer of IL-8 but CagaA positive strains are associated with increased gastric IL-8 mRNA expression and IL-8 protein in vivo. Although proteins which stimulate mononuclear cell cytokine production have not been studied as extensively, previous investigations showed the potential role of urease and porins of *H. pylori* in inducing inflammatory cytokine secretion in mononuclear cells. Additionally, water soluble extracts of *H. pylori* up-regulate neutrophil adhesion to endothelial cells which occurs via CD11b/CD18 dependent interactions with ICAM-1. Hatz and colleagues recently showed increased expression of ICAM-1 and VCAM-1 in *H. pylori* positive gastric mucosa which will facilitate neutrophil endothelial adhesion and extravasation. Interestingly, other adhesion molecules such as E-selectin are not increased in *H. pylori* infected mucosa.
T CELL ACTIVATION

Following initial acute inflammation and associated changes in gastric permeability, continuous exposure to antigen results in the generation of H pylori specific T cell and B cell responses (fig 1). Evidence from murine studies suggests that T cell responses to H pylori play a role in the induction of gastric mucosal damage. For the activation of T cells, the interactions of B7–1 or B7–2, also known as CD80 and CD86, on antigen presenting cells with CD28 on T cells is required. Recent studies show that expression of B7–2, as well as class II molecules, is increased on gastric epithelial cells in H pylori positive mucosa, suggesting gastric epithelial cells could potentially act as antigen presenting cells in H pylori infection.

The infiltrating T cells in H pylori positive gastric mucosa are predominantly of the CD45RO+ phenotype, a marker for antigen committed cells, and correlate with enhanced HLA-DR expression on the gastric epithelium in H pylori gastritis. Isolated gastric mononuclear cells from patients with H pylori chronic gastritis frequently secrete interferon (IFN) γ but not IL-4. The majority of H pylori specific CD4+ T cell clones secrete IFN-γ in response to antigen stimulation indicative of a Th1 phenotype. A recent study has also shown that live H pylori selectively stimulate IL-12 production from peripheral blood leucocytes, which is likely to be important in inducing Th1 responses. A gastric Th1 response is more frequent in patients with peptic ulcer disease. Perturbations in acid secretion may be greater in the presence of a gastric Th1 response and thus contribute to increase risk of duodenal ulceration. Mohammadi and colleagues showed that a significant reduction in gastric mucosal inflammation occurs in mice after neutralisation of IFN-γ. Conversely, IL-10, which suppresses Th1 responses, is also increased in H pylori positive gastritis but a protective role in mucosal damage is unproven.

COMPLEMENT ACTIVATION

Complement activation may also be another factor which contributes to neutrophilic response in the gastric mucosa. Early studies suggested that H pylori can activate the classic pathway of complement, resulting in neutrophil activation in vitro. Recently, Berstad and colleagues showed that activation of both complement pathways occurs in H pylori gastritis. The presence of activated C3b was significantly related to neutrophil infiltration in vivo. These results suggest that activated complement may have a role in neutrophil chemotaxis and epithelial damage.

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