

Exercise walk-through

7.2

Antigen recognition: antibodies, receptors and MHC

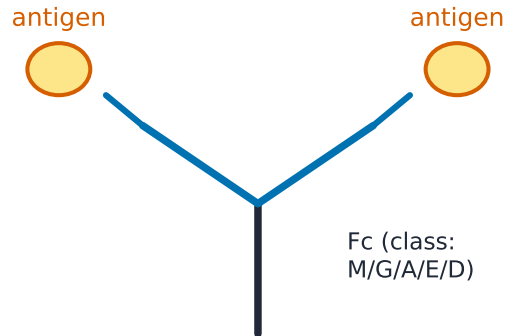
University Medicine

Antigen recognition: two chemistries

- 1 **Antibody** Ig (M first, G memory/transfer, A mucosa, E allergy) binds FREE antigen, whole shape; Fc region sets the class job.
- 2 **TCR + MHC** T cells see ONLY peptide in MHC: MHC-I (all cells, cytosol → CD8); MHC-II (professionals, eaten → CD4).
- 3 **Diversity** V(D)J recombination + junctional diversity → 10^6 – 10^8 specificities; class switch + **affinity maturation** 10–100×.

Antigen recognition - figure

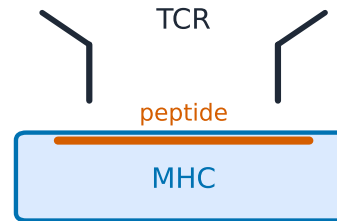
antibody: B cells see the whole shape



the T-cell view

CD8 → MHC-I (cytosol)

CD4 → MHC-II (eaten)



T cells see peptide in MHC only

Antibody binding antigen beside MHC-peptide-TCR.

Exercises 2.1-2.3

2.1 Which Ig class crosses the placenta? [3]

2.2 What does MHC-I display and to which T-cell subset? [3]

2.3 Compute the chance two siblings share both HLA haplotypes. [3]

Exercises 2.1-2.3

2.1 Which Ig class crosses the placenta? [3]

2.1

- IgG ✓.

2.2 What does MHC-I display and to which T-cell subset? [3]

2.2

- Cytosolic (self-made) samples to CD8 cells ✓.

2.3 Compute the chance two siblings share both HLA haplotypes. [3]

2.3

- $1/2 \times 1/2 = 1/4$ ✓.

Exercise 3.1

3.1 A laboratory reports a new antibody titre $40\times$ baseline at day 14 (fictional serology).

Explain the class-switch and affinity-maturation events behind the rise (germinal centre). Predict the dominant Ig class and its affinity change. State what the same sample at day 4 would likely have shown. [7]

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3.1

- In germinal centres B cells proliferate, switch IgM→IgG (CD40L–CD40 – cytokines) and hypermutate V regions; higher-affinity mutants are selected.
- Dominant IgG at $10\text{--}100\times$ affinity ✓.
- Day 4: IgM only (or nothing) – primary-response lag ✓.

Exercise 3.2

3.2 A kidney transplant candidate has three siblings (fictional).

Compute the probability that at least one sibling is a full 2-haplotype match (each sibling $1/4$). Explain why HLA-DR matching matters most for outcome. State what ABO mismatch would cause and when.

[8]

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3.2

- $P(\text{at least one full match of three}) = 1 - (3/4)^3 = 1 - 0.422 = 0.578 \approx 58 \% \checkmark$.
- HLA-DR drives the direct T-cell alloresponse strongest (DR presents the broadest peptide repertoire to CD4 help).
- ABO mismatch $\rightarrow$ pre-formed anti-A/B antibody $\rightarrow$ hyperacute rejection, minutes after reperfusion $\checkmark$.