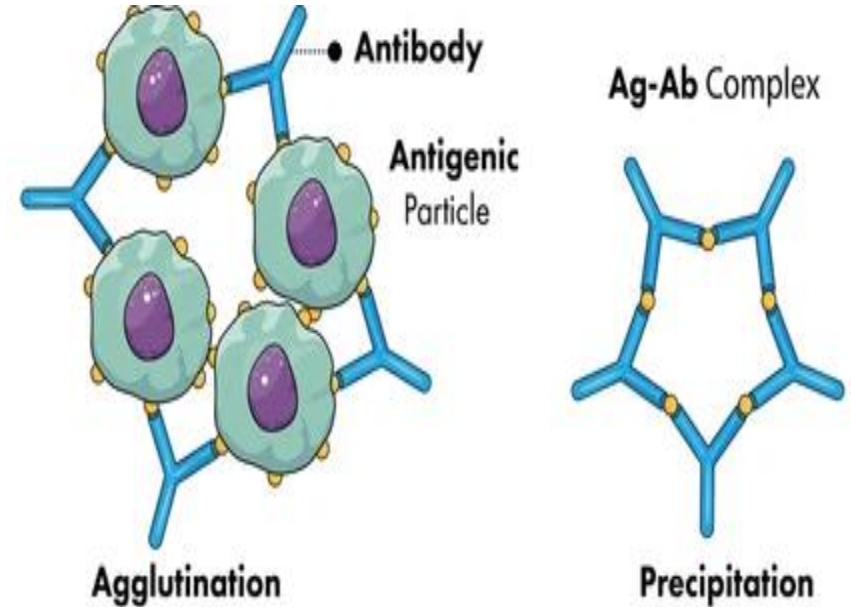


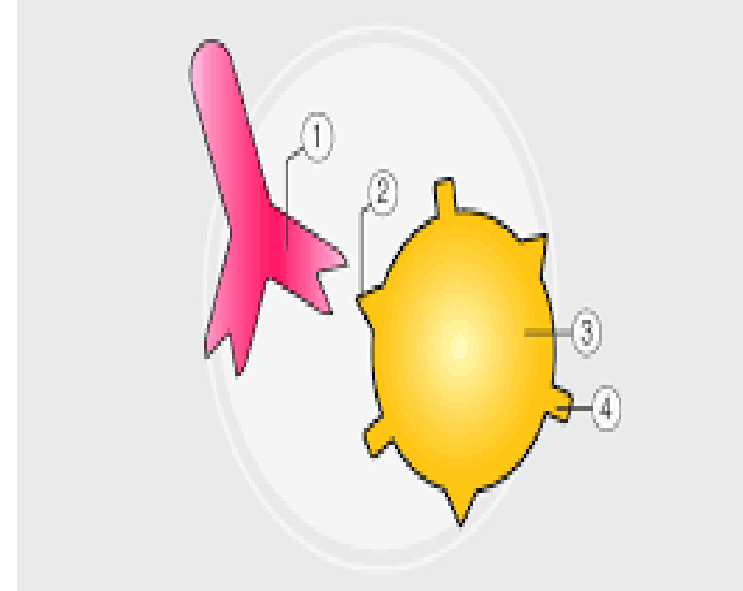
Antigen- Antibody Reaction

by
Prof. Dr. Rafal Khaleel
Farhan

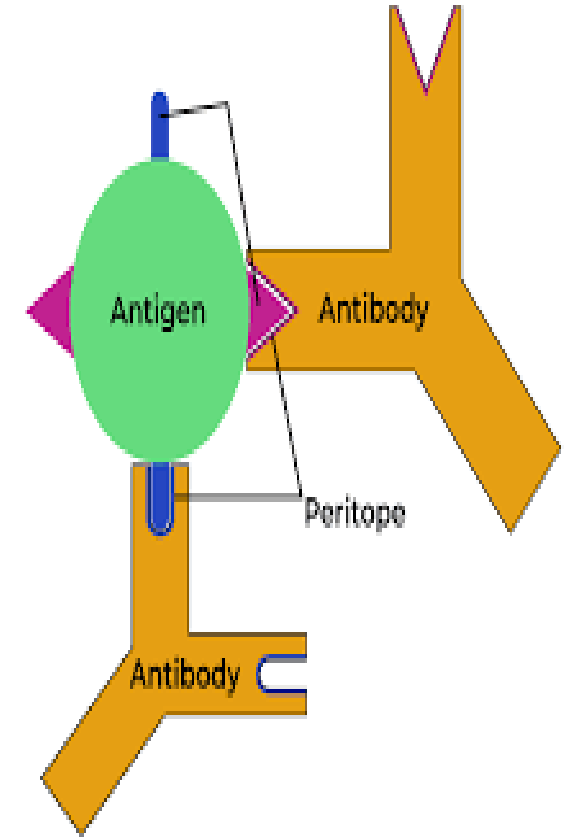


Antigen-antibody reaction

- ❖ **Antigen-antibody interaction, or antigen-antibody, is a specific chemical interaction between antibodies produced by B cells of the white blood cells and antigens during immune reaction.**
- ❖ **The antigens and antibodies combine by a process called agglutination.**
- ❖ **It is the body's fundamental reaction by which it is protected from complex foreign molecules, such as pathogens and their chemical toxins.**
- ❖ **In the blood, the antigens are specifically and with high affinity bound by antibodies to form an antigen-antibody complex.**
- ❖ **The immune complex is then transported to cellular systems where it can be destroyed or deactivated.**



- ❖ There are several types of antibodies and antigens, and each antibody can bind only to a specific antigen.
- ❖ The specificity of the binding is due to the specific chemical constitution of each antibody.
- ❖ The antigenic determinant or epitope is recognized by the paratope of the antibody, situated at the variable region of the polypeptide chain.
- ❖ The variable region in turn has hyper-variable regions which are unique amino acid sequences in each antibody.
- ❖ Antigens are bound to antibodies through weak and noncovalent interactions such as **electrostatic interactions, hydrogen bonds, Van der Waals forces, and hydrophobic interactions**



General Properties Of Antigen-antibody Reactions

1-Specificity

The ag-Ab reaction involves specific interaction between the epitope of an antigen with the corresponding paratope of its homologous antibody

2-Strength

The strength or the firmness of the association is influenced by the affinity and avidity of the antigen–antibody interaction.

3-Affinity

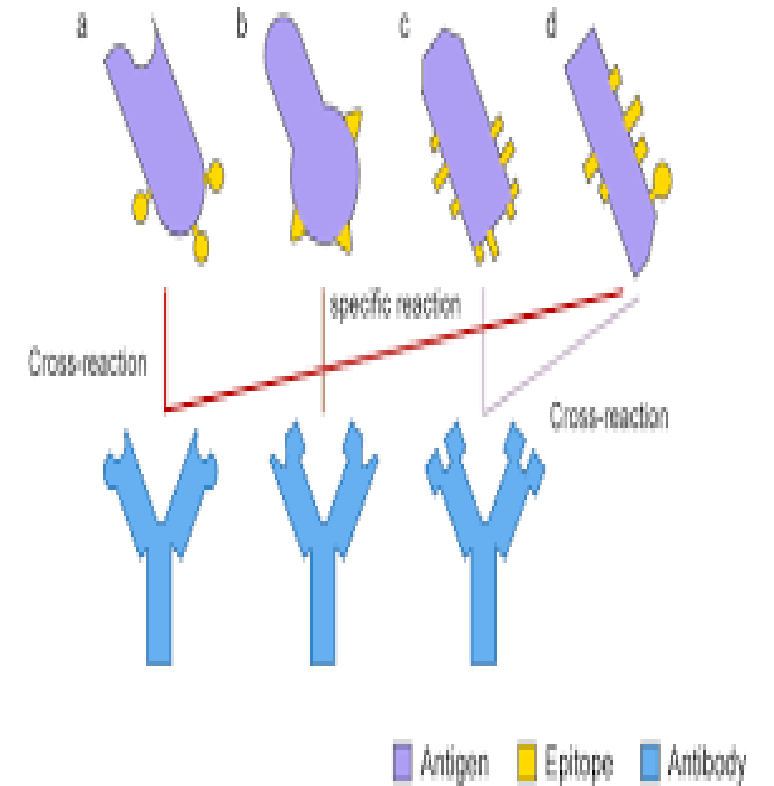
It refers to the sum total of noncovalent interactions between a single epitope of an antigen with its corresponding paratope present on antibody

4-Avidity

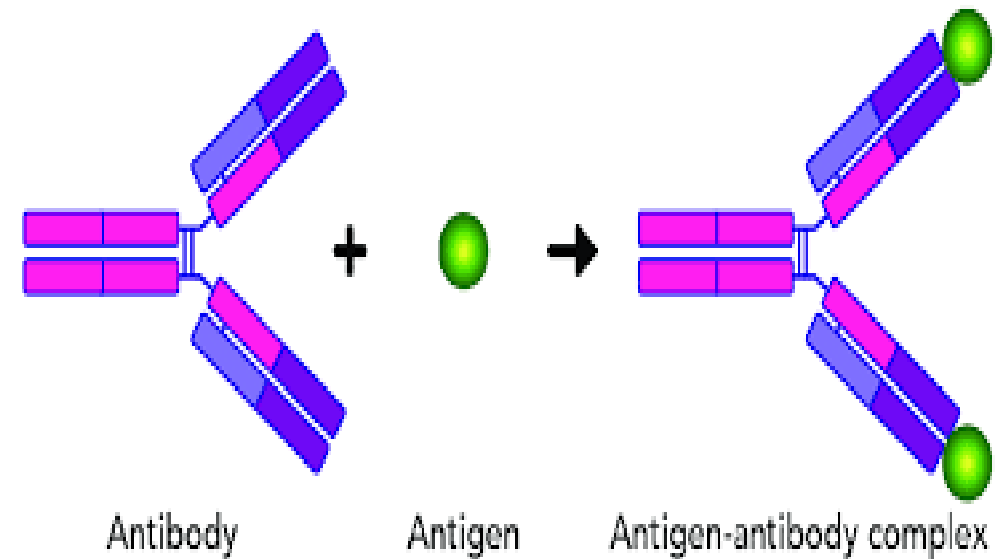
It is a term used to describe the affinities of all the binding sites when multivalent antibody reacts with a complex antigen carrying multiple epitopes.

Cross Reactivity

- An antiserum raised against an Ag, can also react with a similar Ag of another type.
- This is called cross reaction and the Ag which produces the cross reaction is called Cross-reactive Ag.
- But the strength of Ab raised against its own Ag is strong.

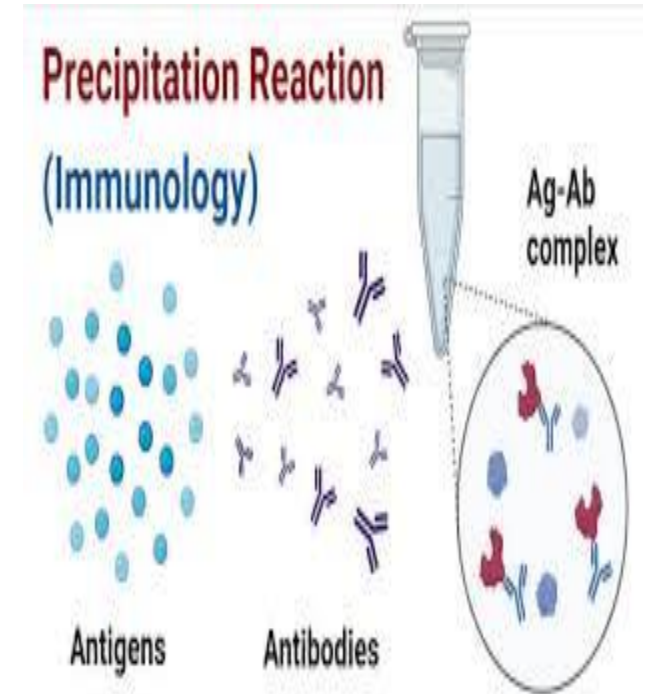


- ❖ The principles of specificity and cross-reactivity of the antigen-antibody interaction are useful in clinical laboratories for diagnostic purposes.
- ❖ One basic application is the determination of the ABO blood group.
- ❖ It is also used as a molecular technique for infection with different pathogens, such as HIV, microbes, and helminth parasites.



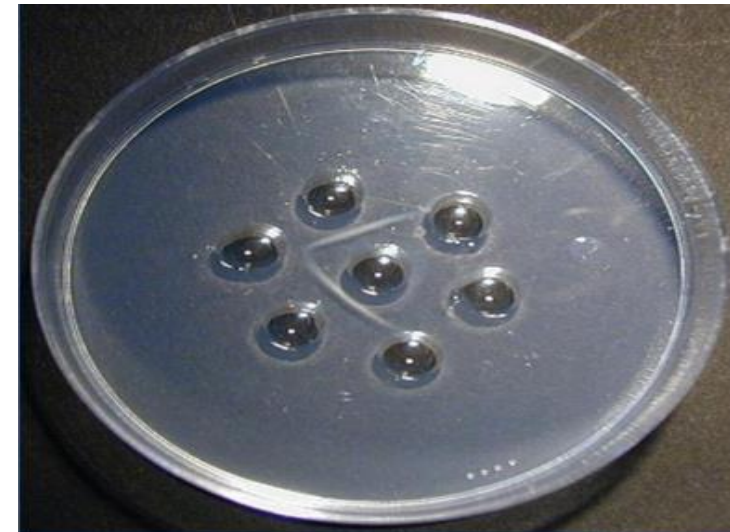
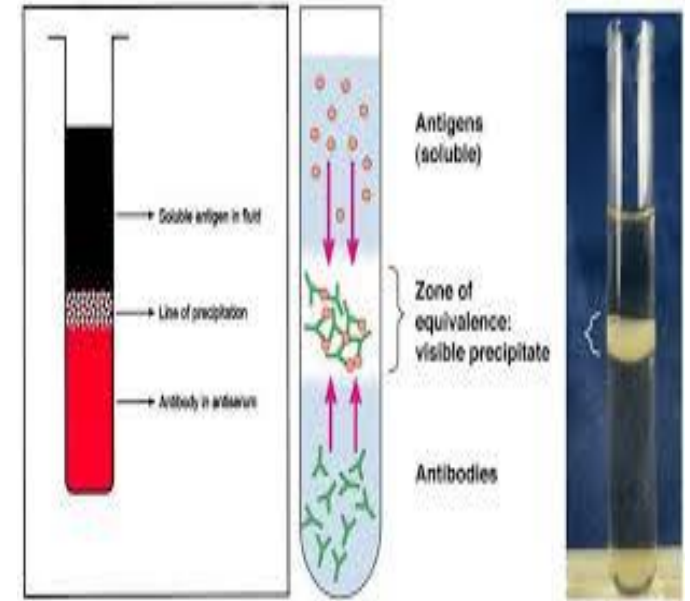
Precipitation Reaction

- ❖ Soluble antigens combine with soluble antibodies in presence of an electrolyte at suitable temperature and pH to form insoluble visible complex. This is called a precipitation reaction.
- ❖ It is used for qualitative and quantitative determination of both antigen and antibody.
- ❖ It involves the reaction of soluble antigen with soluble antibodies to form large inter locking aggregates called lattice
- ❖ the antigen and antibody rapidly form antigen-antibody complexes within few seconds and this is followed by a slower reaction in which the antibody-antigen complexes forms lattices that precipitate from the solution



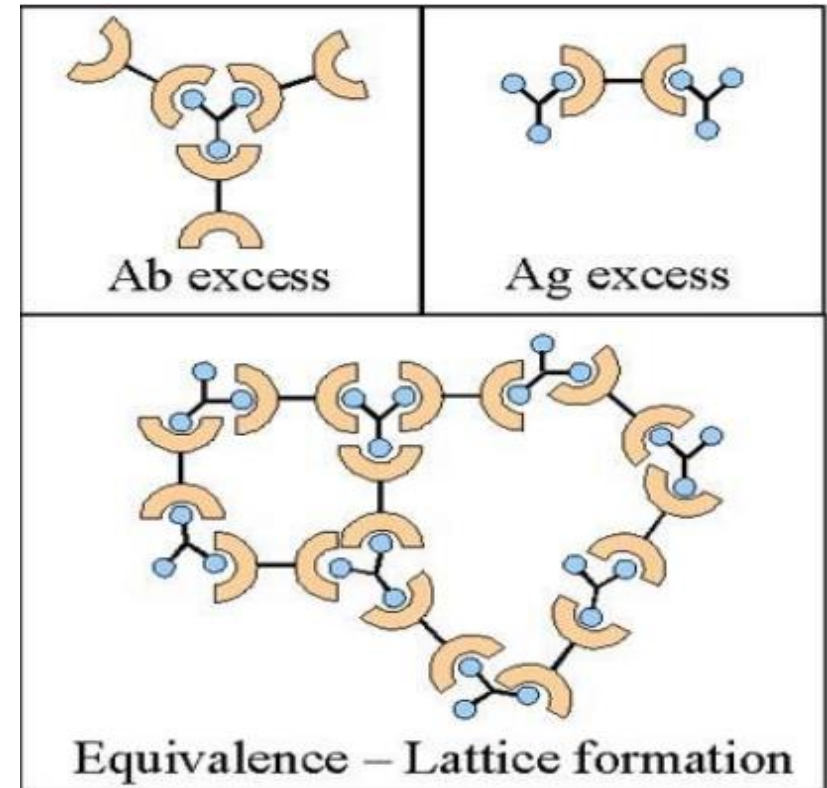
Precipitation Reaction

- The precipitation reaction occurs in both liquid and gel media.
- **Liquid Precipitation:** An antigen-antibody reaction is carried out by adding increasing amounts of antigen to tubes containing a constant amount of antibody.
- Precipitation results from the combined reaction of the antigen and antibody.
- **Gel Precipitation:** Petri plates or plates with agar gel or a similar gel are used in these methods.
- In the gel system, both Ag and Ab rapidly diffuse in all directions.
- A zone of equivalency, observed as visible precipitation, will form at a specific point depending on the diffusion rate and concentration of reactants.



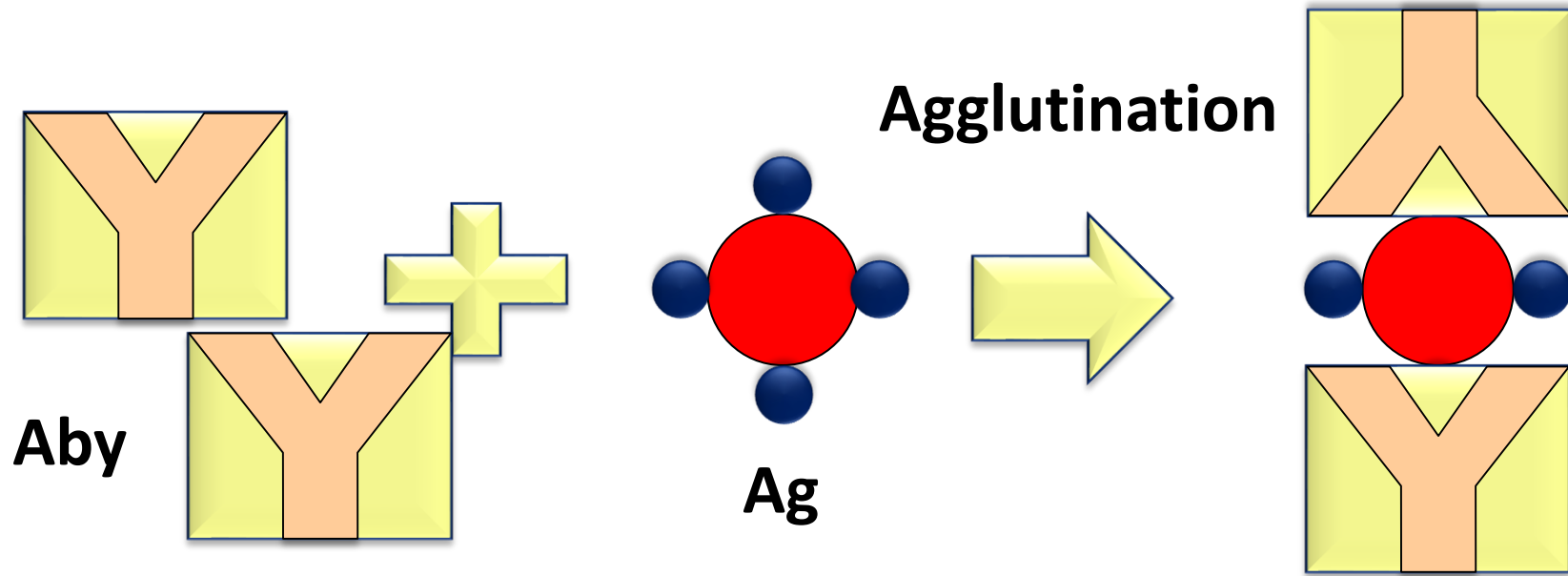
In the titration of precipitating antigen, three general zones of reaction may be observed, three are

- 1- the zone of antibody excess
- 2- the zone of equivalence
- 3- the zone of antigen excess



Agglutination

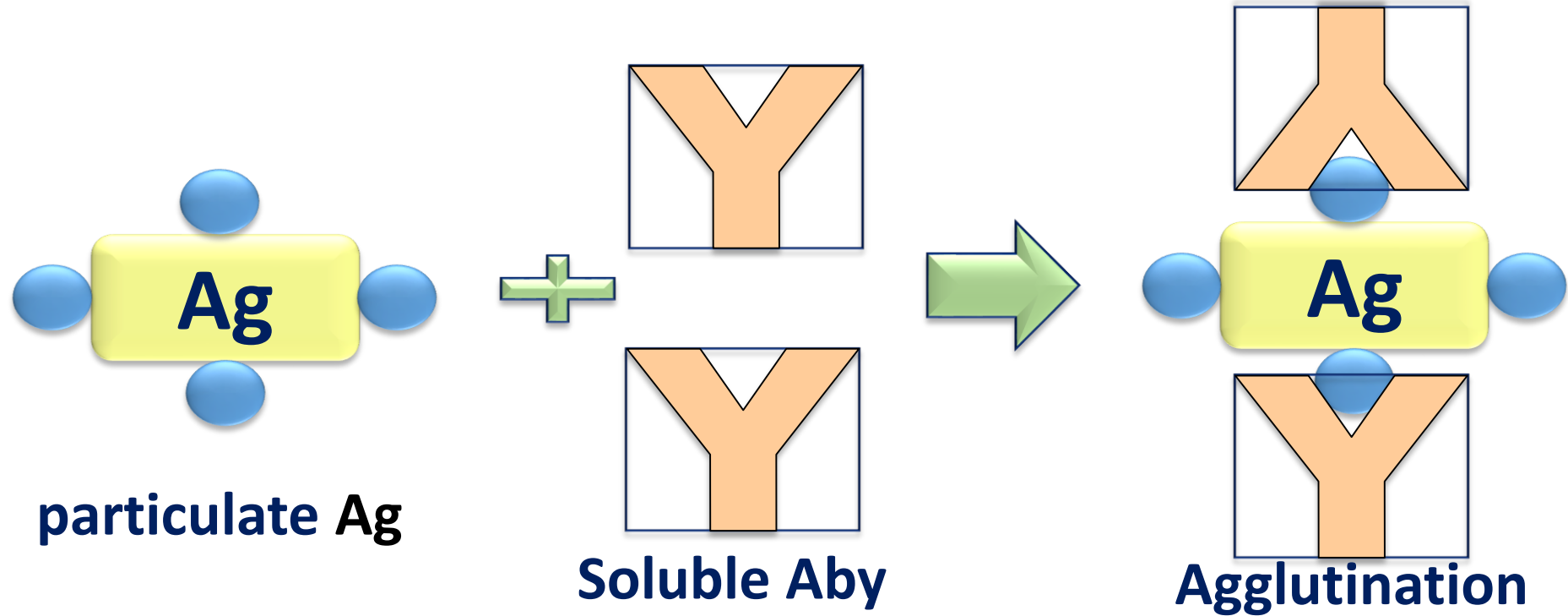
An antibody that forms clumps or aggregates when reacts with cells or particular antigen



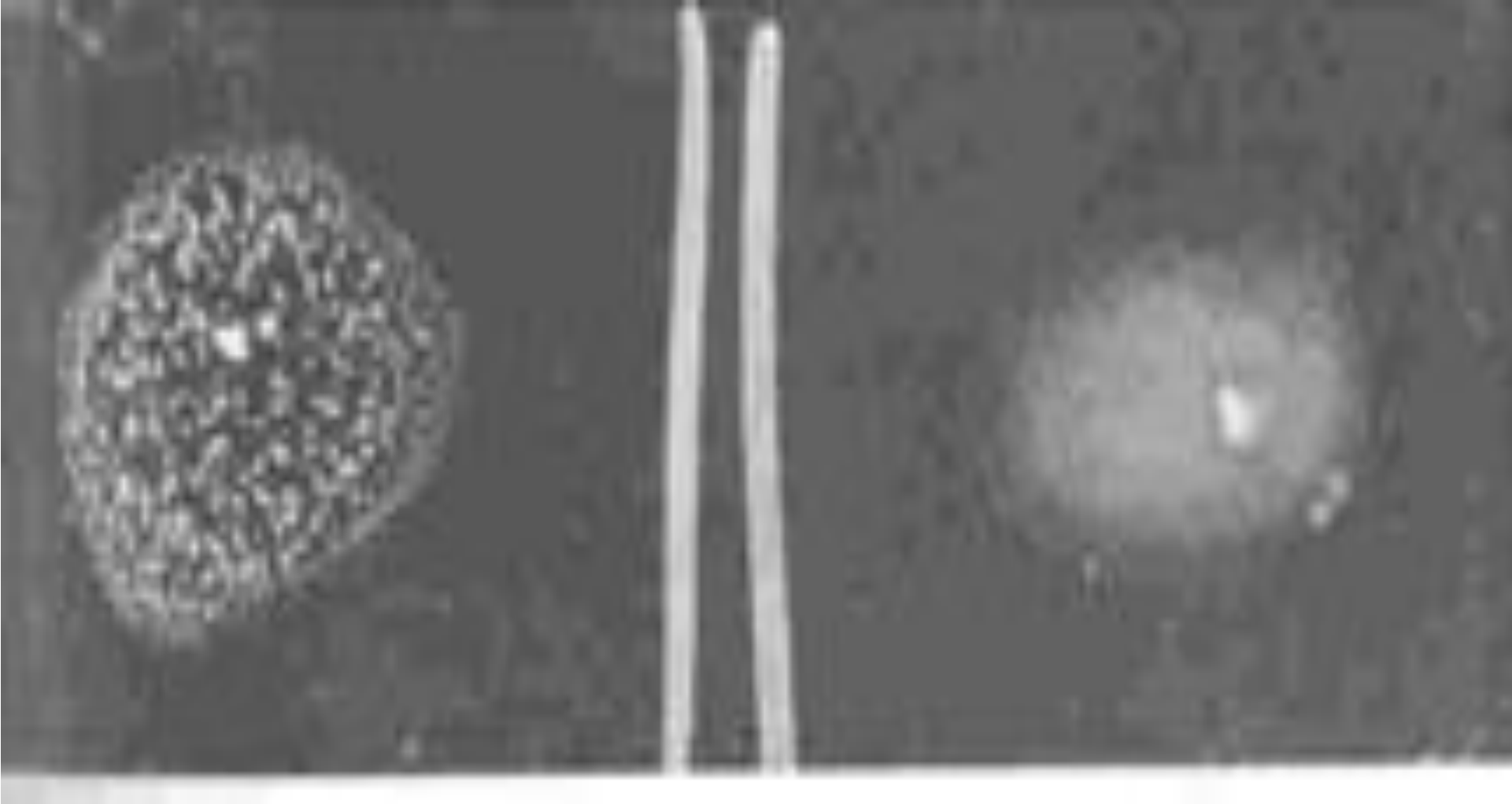
Definition of Direct agglutination

When a particulate antigen (e.g. bacteria, fungi, RBC or WBC) is mixed with a specific antibody, agglutination (clumping) occurs directly.

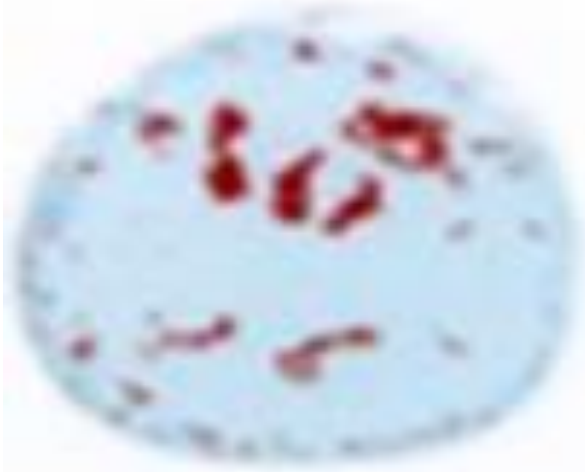
Principle of Direct agglutination



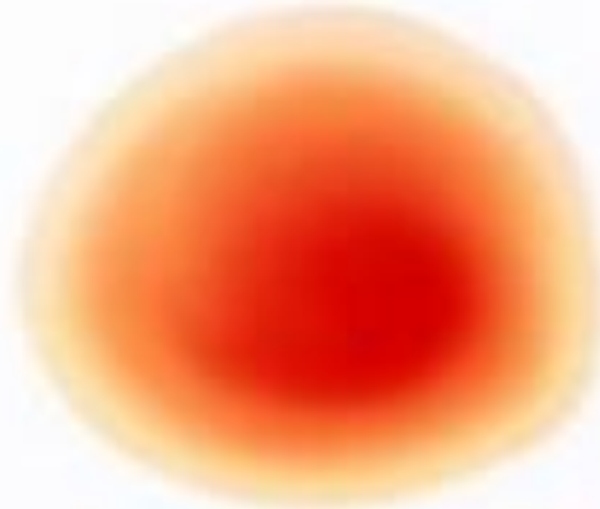
Principle of Direct agglutination



1) Applications of Direct agglutination



Anti-A



Anti-B



Anti-D

**1) Blood
grouping**

A +

1) Applications of Direct agglutination



Anti-A



Anti-B



Anti-D

**1) Blood
grouping**

B +

1) Applications of Direct agglutination



Anti-A



Anti-B

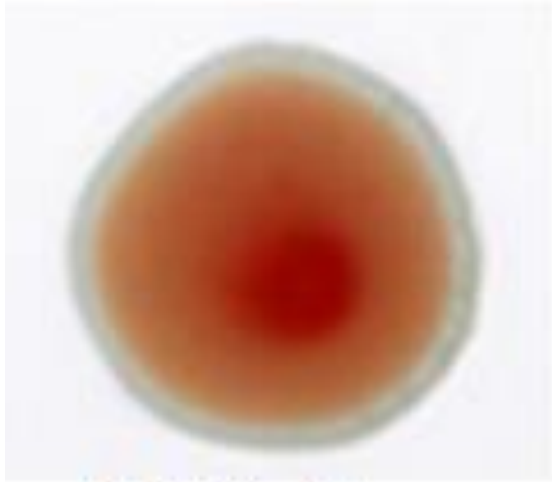


Anti-D

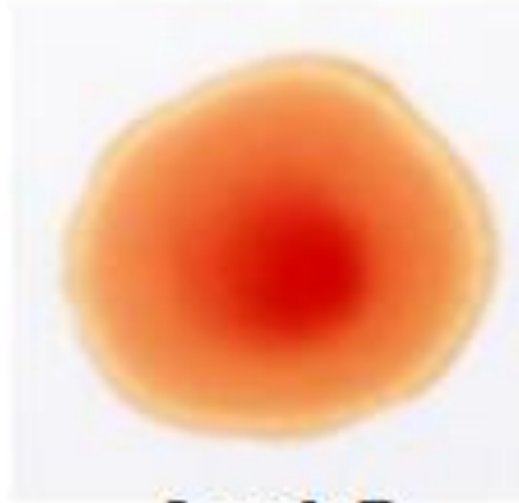
**1) Blood
grouping**

AB +

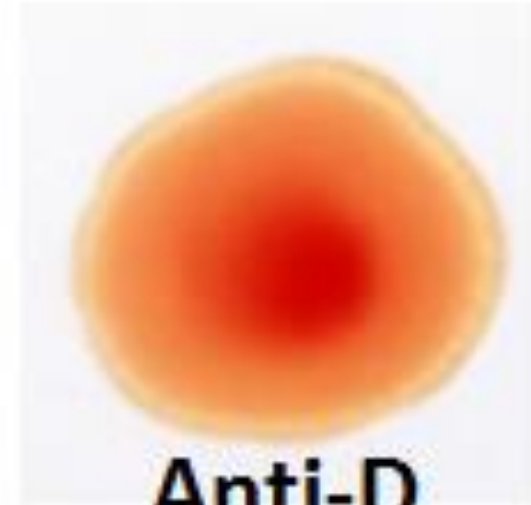
1) Applications of Direct agglutination



Anti-A



Anti-B



Anti-D

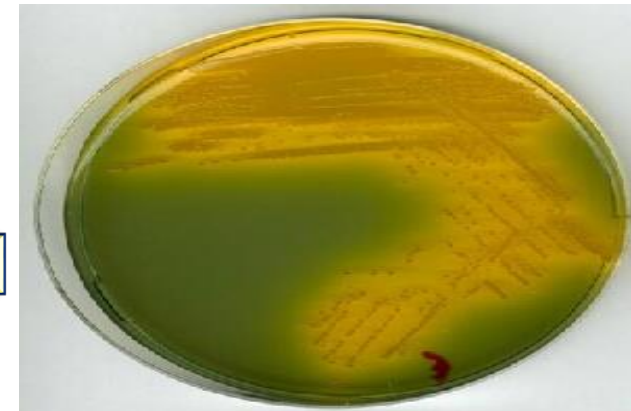
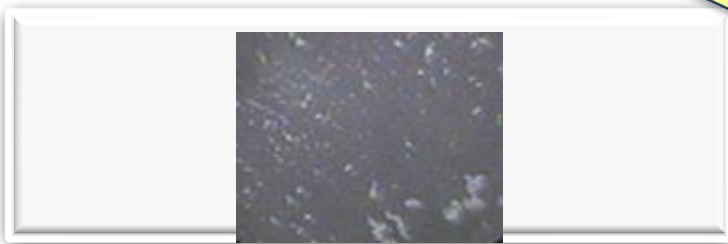
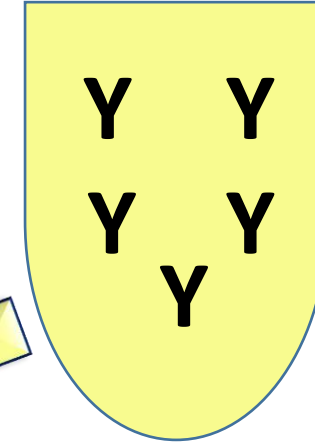
**1) Blood
grouping**

O—

1) Applications of Direct agglutination

2) Identification of an unknown organism.

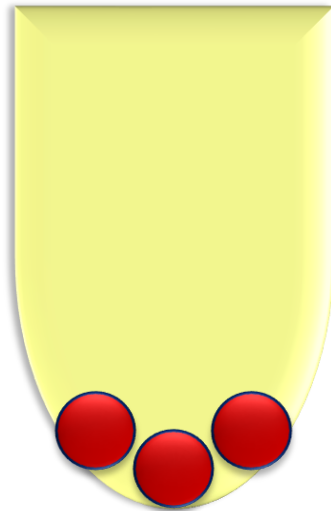
Known
antibodies



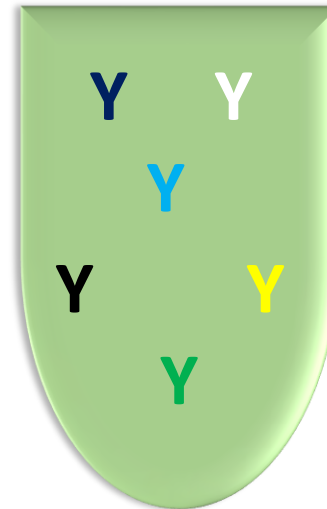
Unknown organism

1) Applications of Direct agglutination

3) Identification of an unknown antibody.



Known
organism
Salmonella



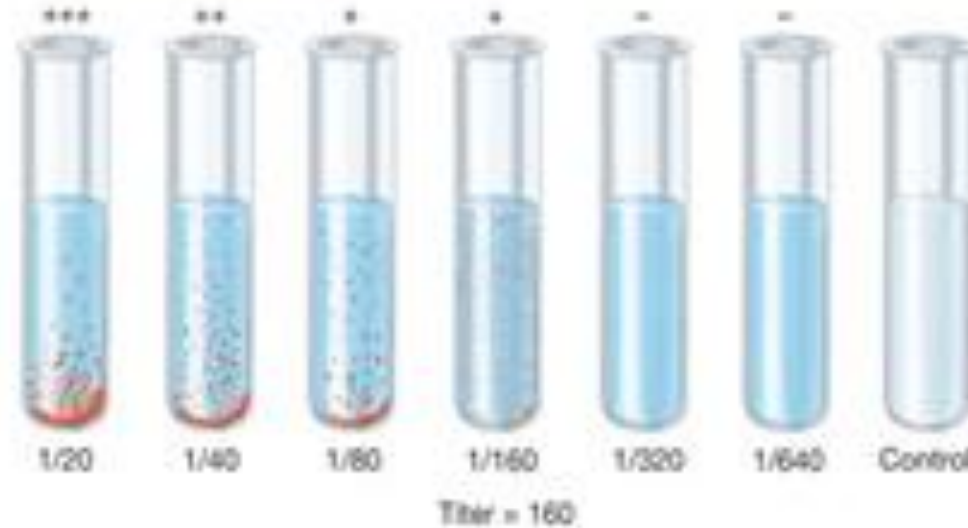
Unknown
Antibody

1) Applications of Direct agglutination

3) Identification of an unknown antibody.

Tube agglutination
(Widal test)

Serum
dilution



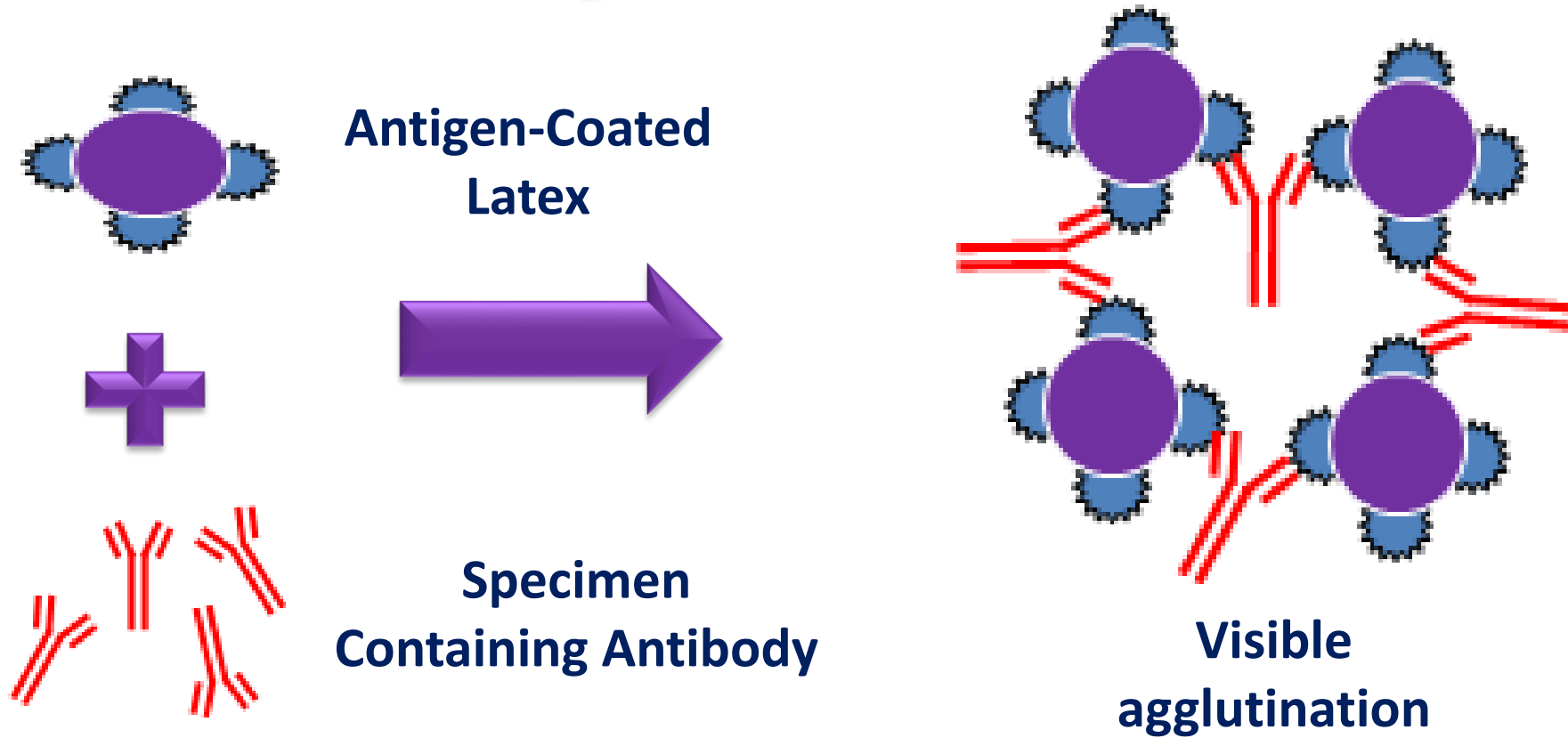
2) Indirect agglutination



So Ag or Ab must be converted into a particle to get visible agglutination

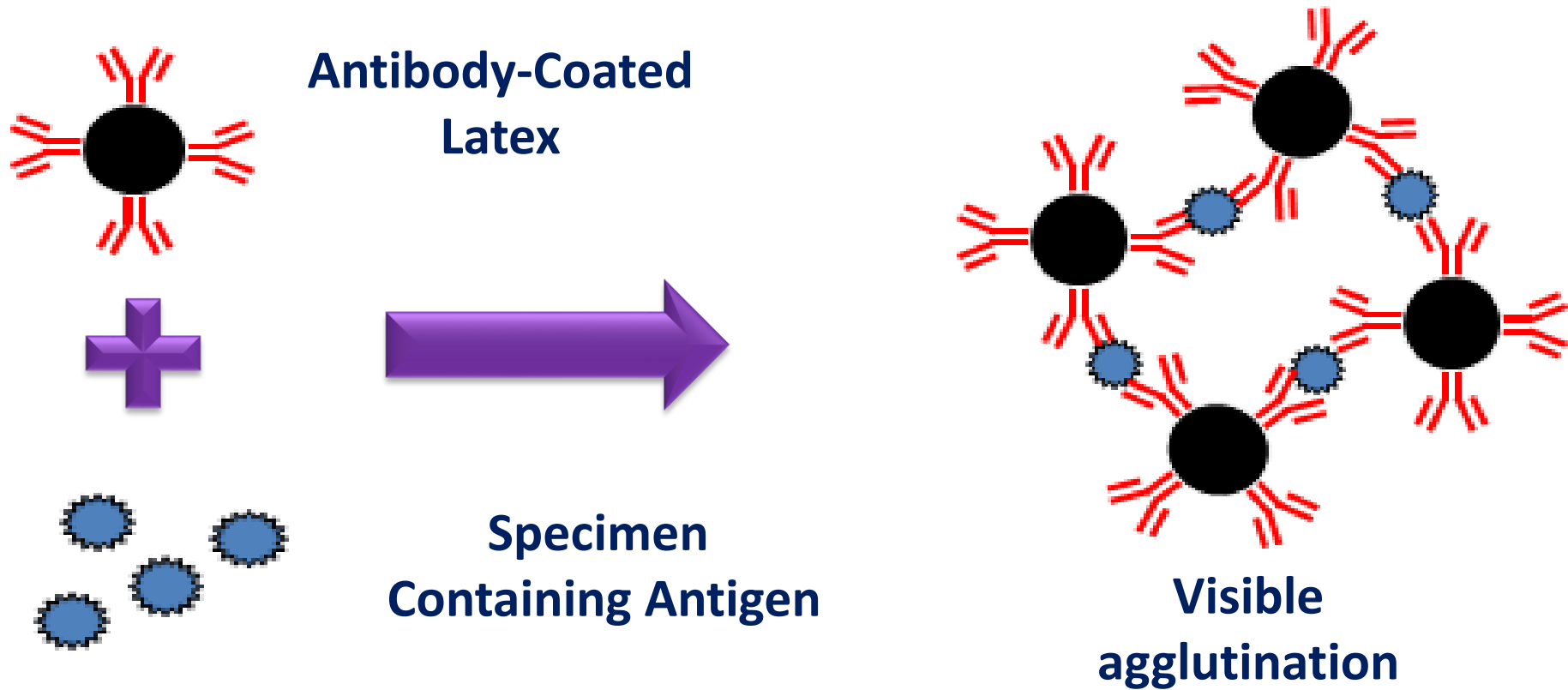
2) Indirect agglutination

Antibody test



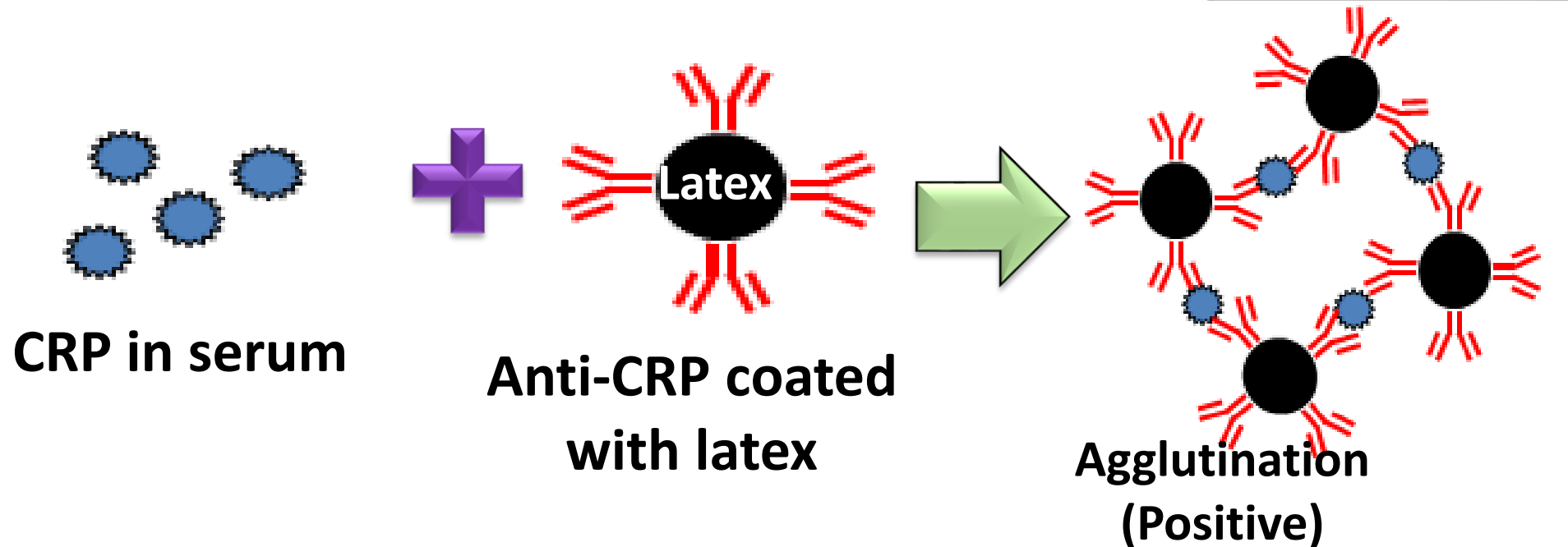
2) Indirect agglutination

Antigen test



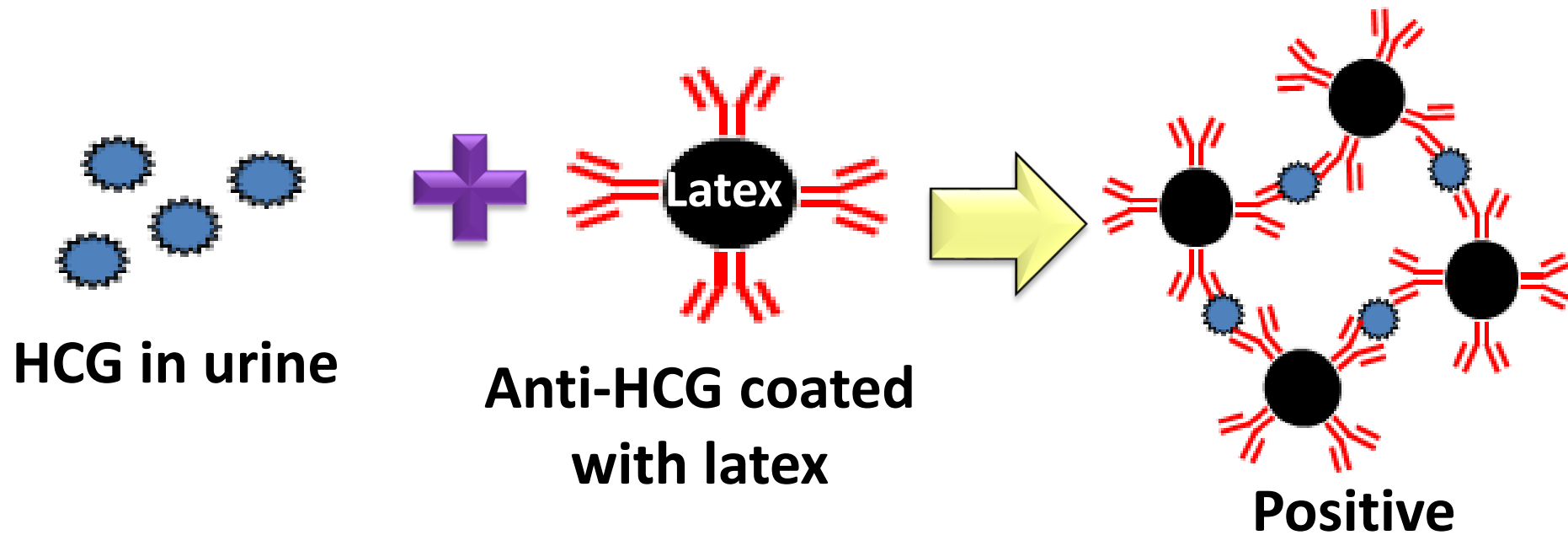
2) Indirect agglutination

1) Detection of CRP



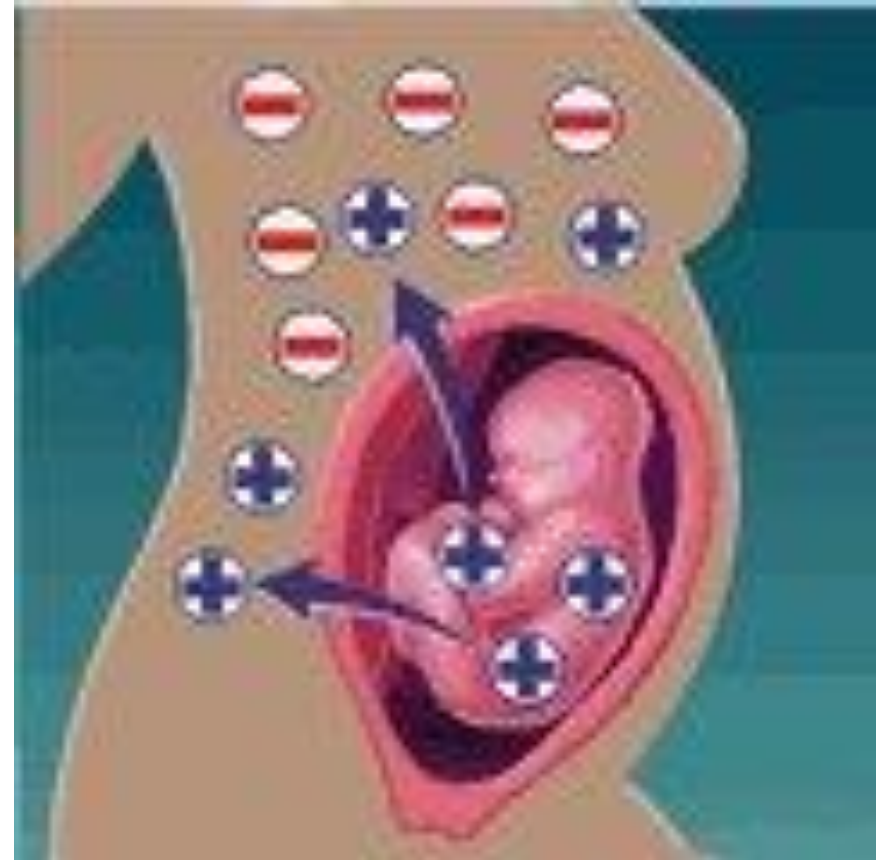
2) Indirect agglutination

2) Detection of Pregnancy test (HCG) in urine

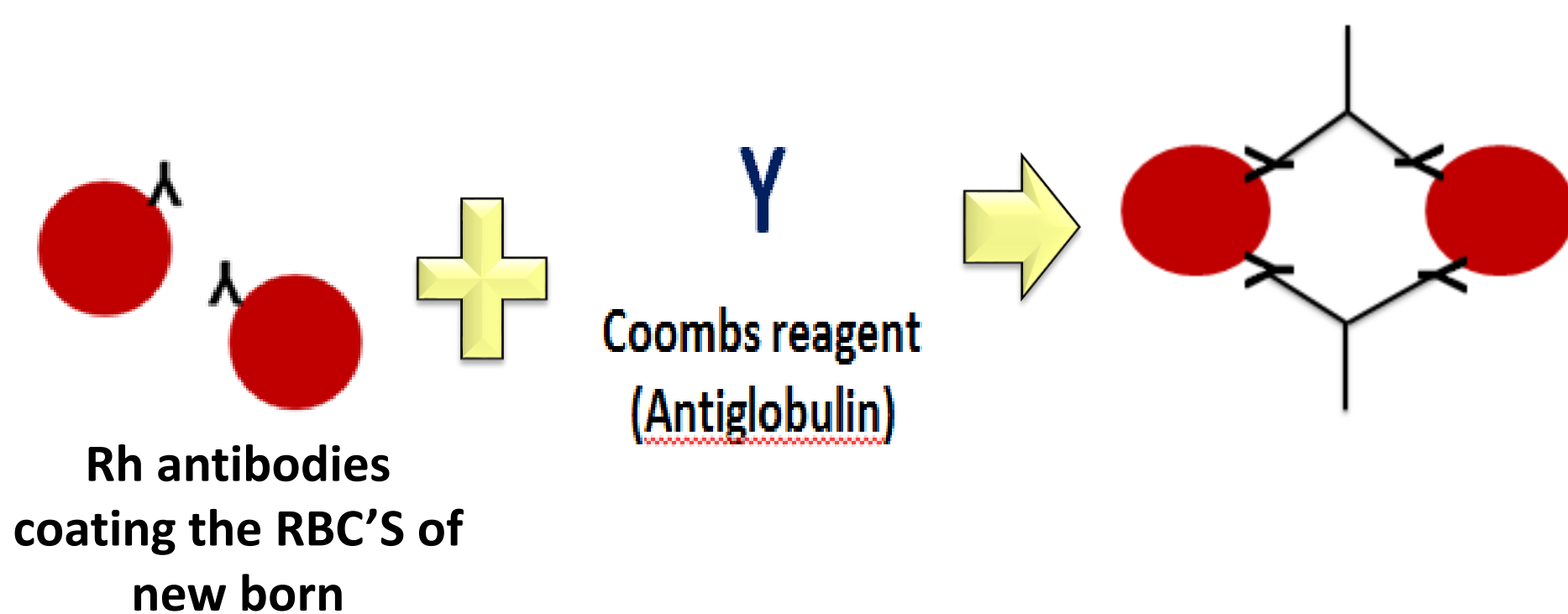


3) Direct Coomb's test

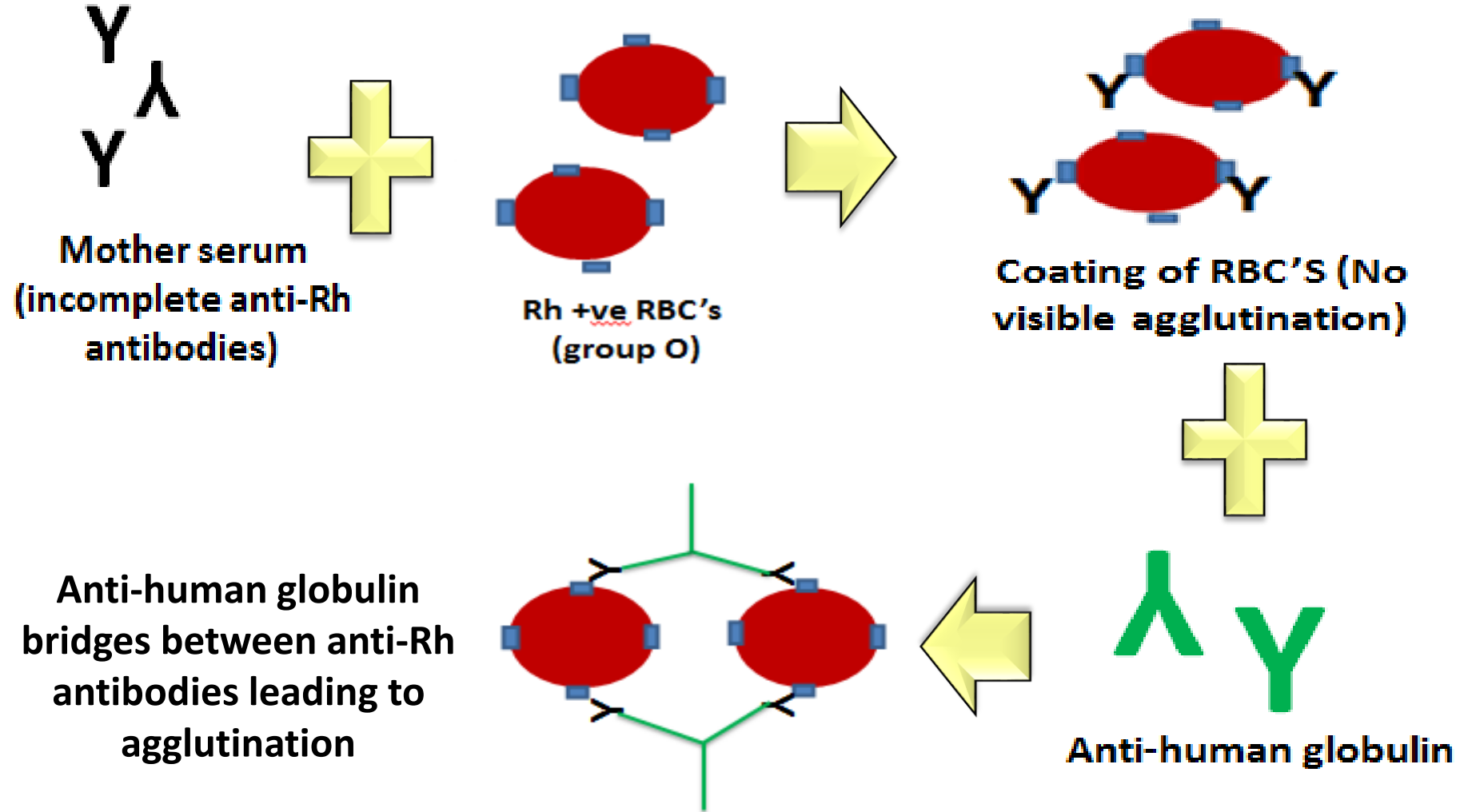
This test to detect the presence of Rh incompatibility.



3) Direct Coomb's test

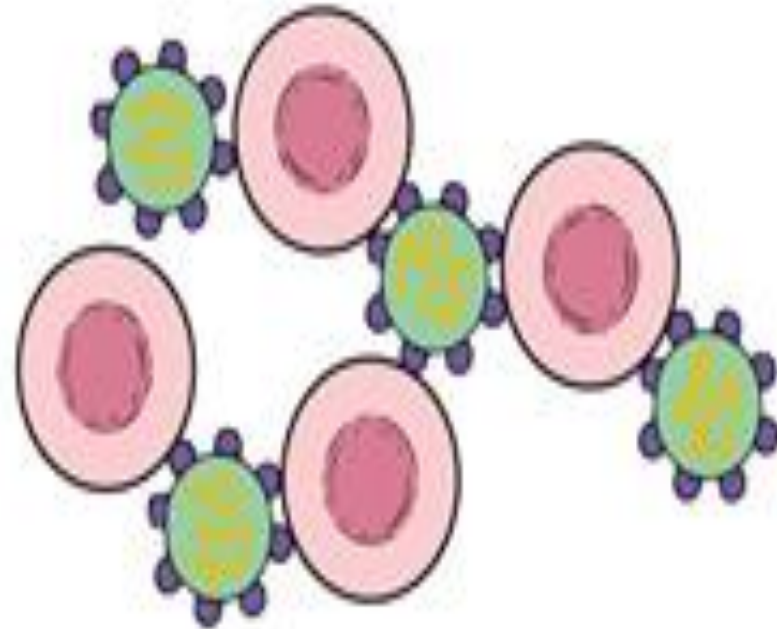


3) Indirect Coomb's test

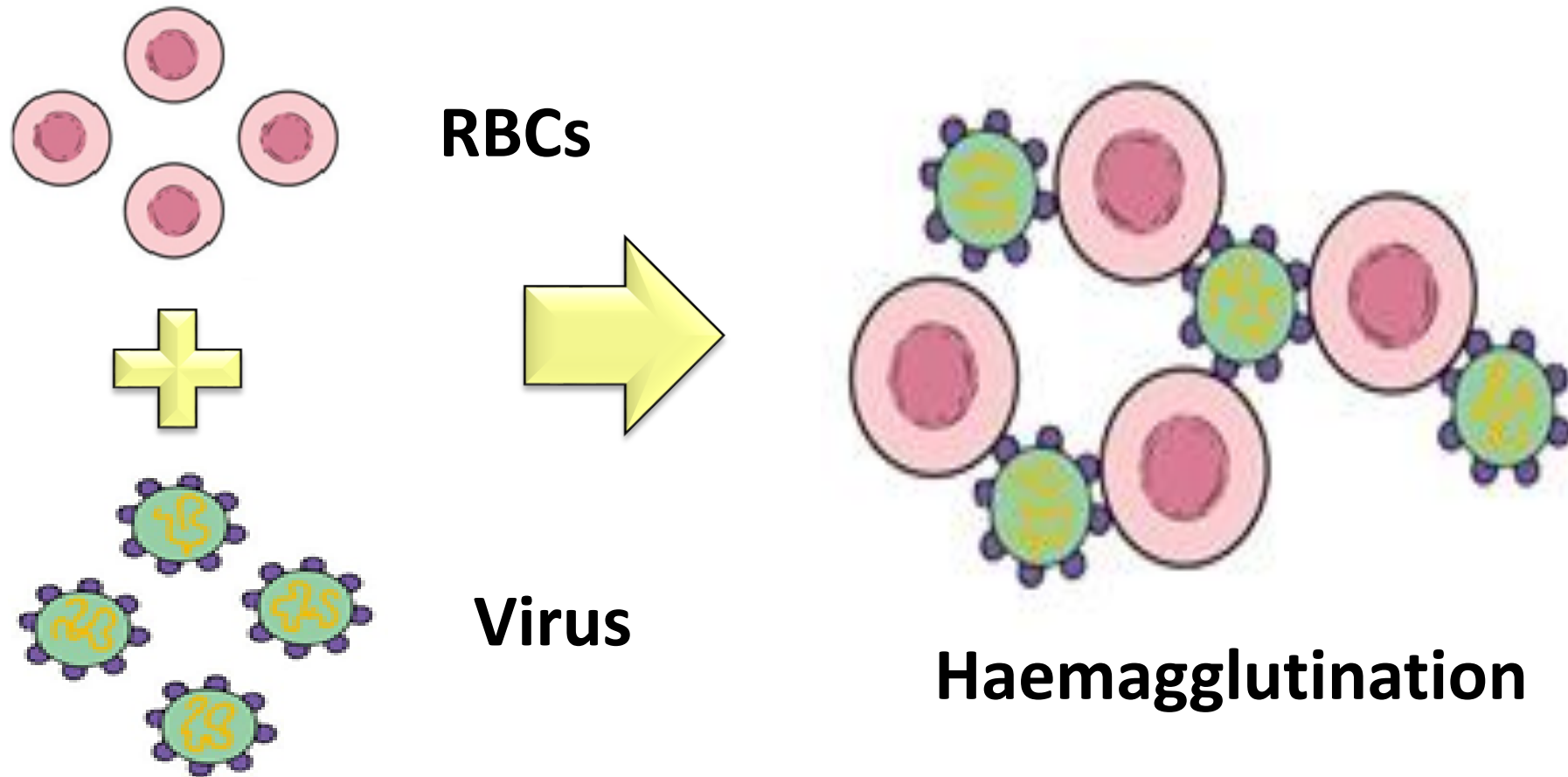


4) Hemagglutination test

**Detection the ability
of some viruses to
hemagglutinate RBCs.**

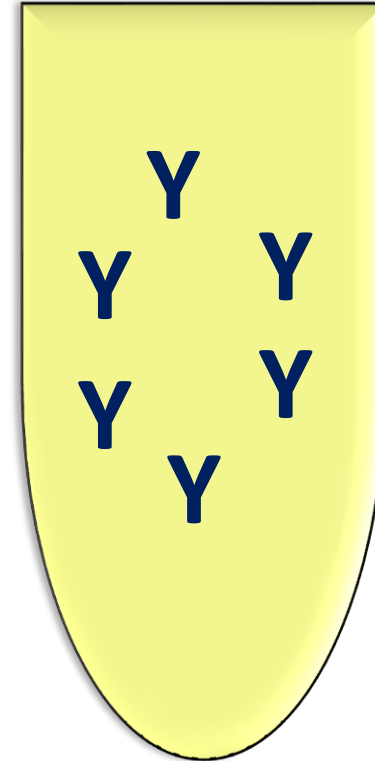


4) Hemagglutination test

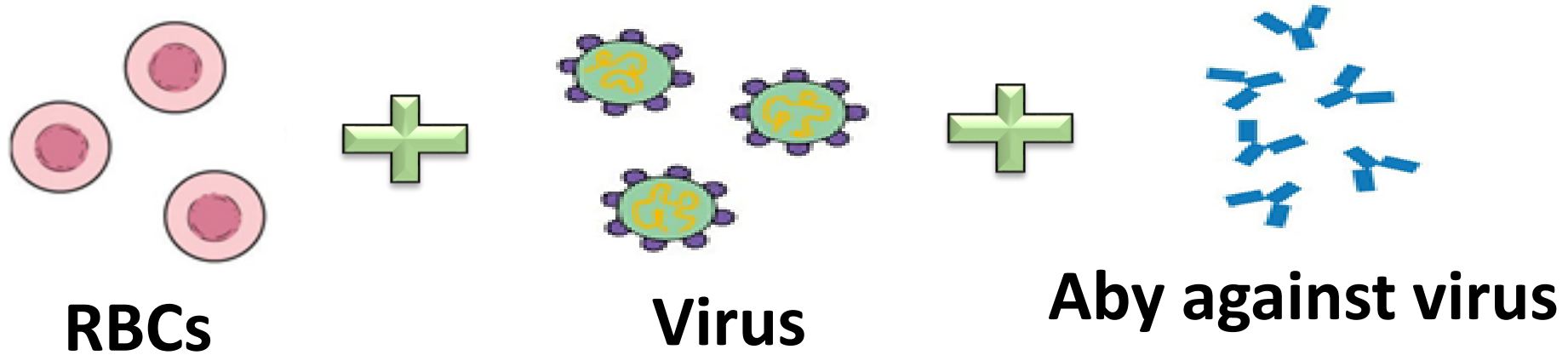


4) Hemagglutination Inhibition test

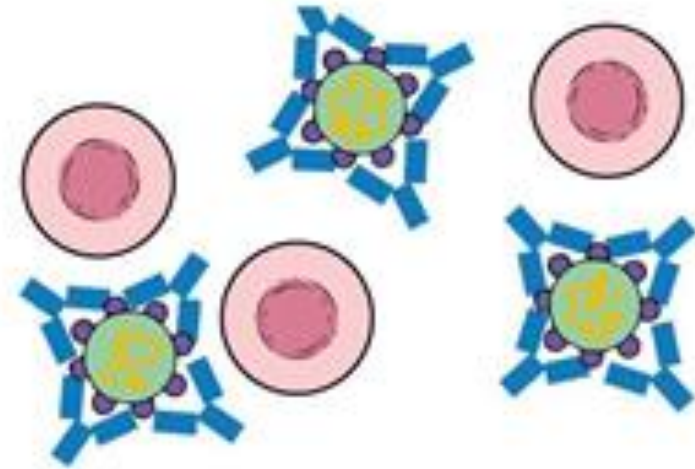
**Detection of the
presence of anti-viral
antibody in the serum**



4) Hemagglutination Inhibition test

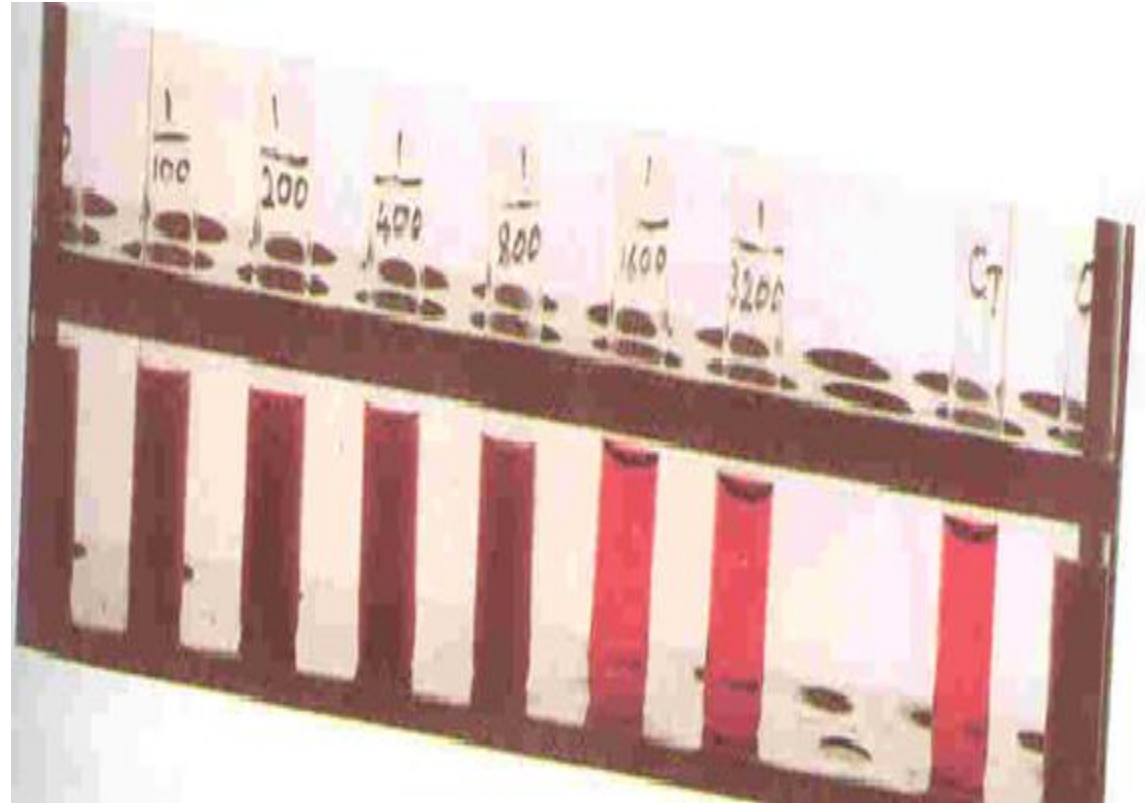


**Haemagglutination
Inhibition
(Ab neutralize the virus)**



II) Toxin-antitoxin neutralization

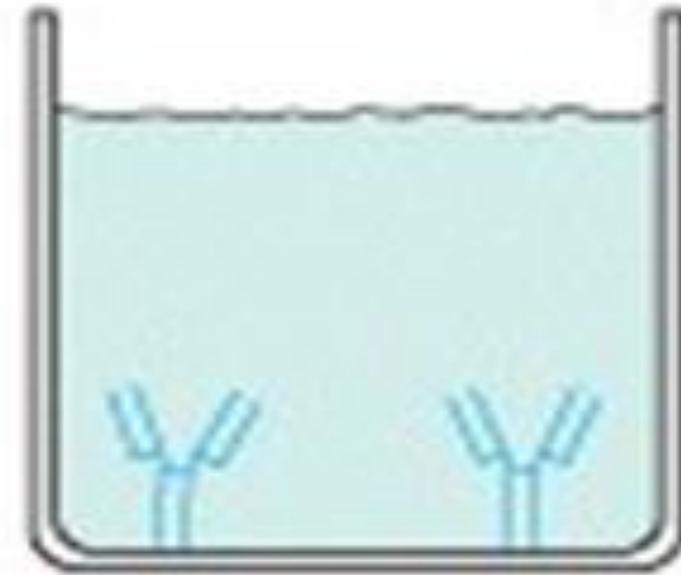
1- ASO
(more than
200 units)



III) ELISA

Step 1

**Antibodies for specific
Ag are fixed in the well**

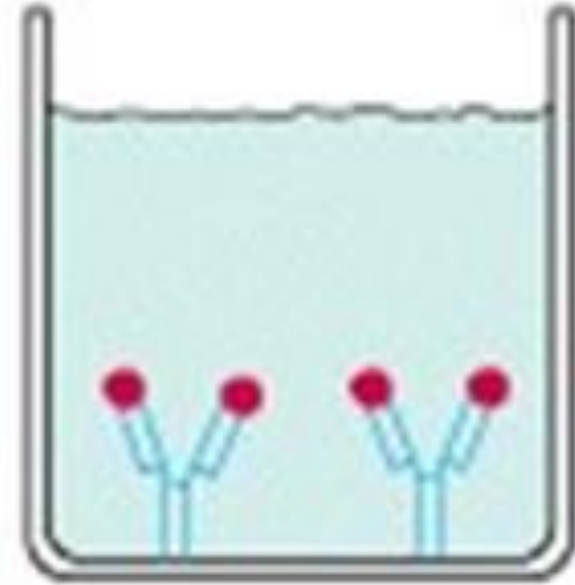


Antibody-
coated well

III) ELISA

Step 2

Add specimen



**Add specimen
containing Ag**

III) ELISA

Step 3

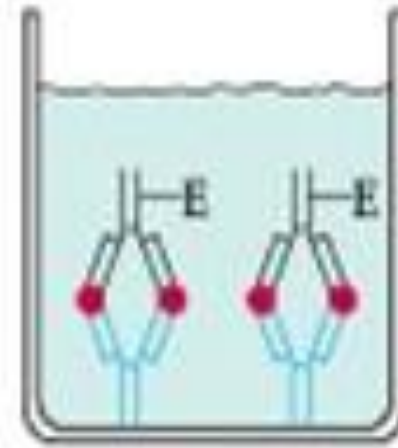
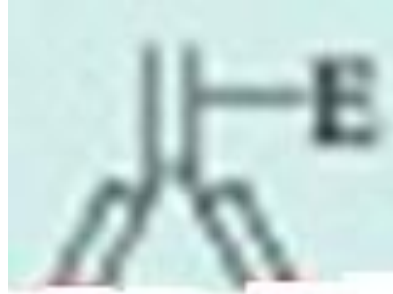
Wash



III) ELISA

Step 4

**Add antibody
linked
with enzyme**



Add enzyme-
conjugated
secondary antibody

III) ELISA

Step 5

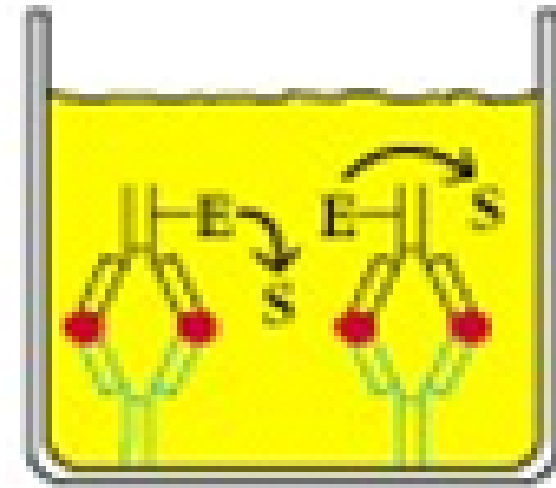
Wash



III) ELISA

Step 6

Add substrate



Add substrate
and measure
color

III) ELISA

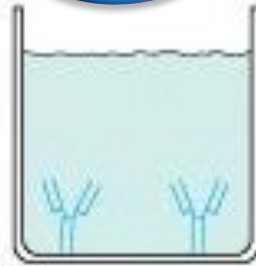
Step 7

**Read the change
of color by
spectrophotometer**



III) ELISA

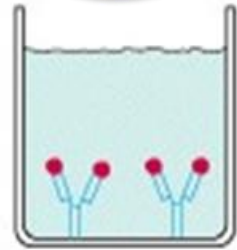
1



Antibody-coated well

wash

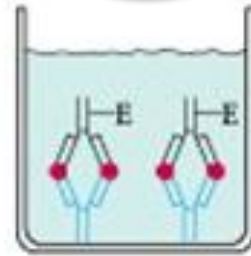
2



Add Specimen
Containing Ag

wash

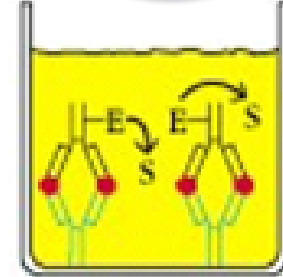
3



Add enzyme-conjugated
secondary antibody

wash

4

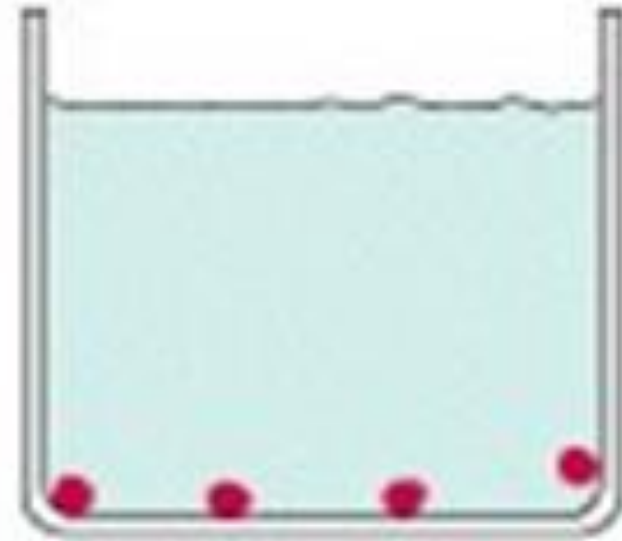


Add substrate
and measure
color

III) ELISA

Step 1

**Known antigens
are adsorbed
to test well.**

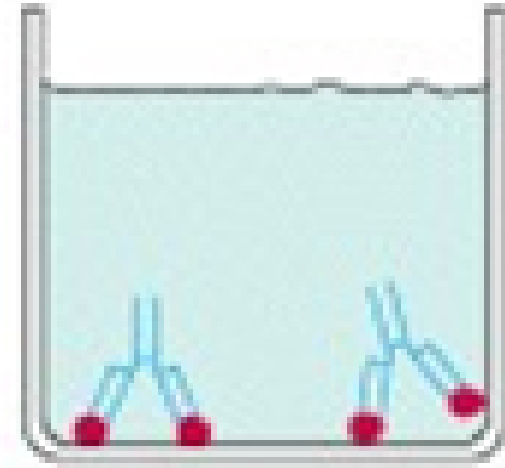


Antigen-
coated well

III) ELISA

Step 2

**The patient's serum is
added
(containing antibody)**



Add specific
antibody to be
measured
(Specimen)

III) ELISA

Step 3

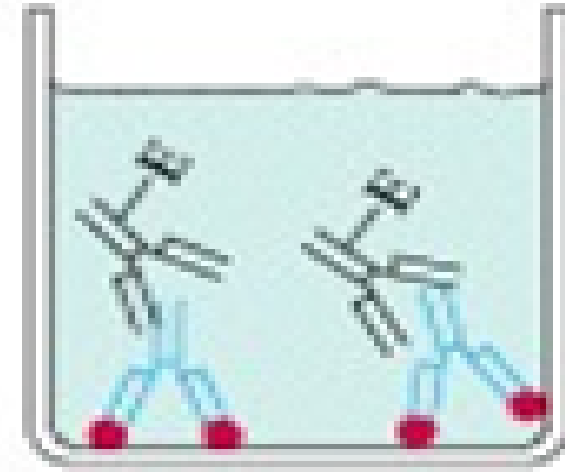
Wash



III) ELISA

Step 4

**Anti-HGG linked with
enzyme is added to
the well**



Add enzyme-
conjugated
secondary
antibody

III) ELISA

Step 5

Wash



III) ELISA

Step 6

Add substrate



Add substrate (S)
and measure
color

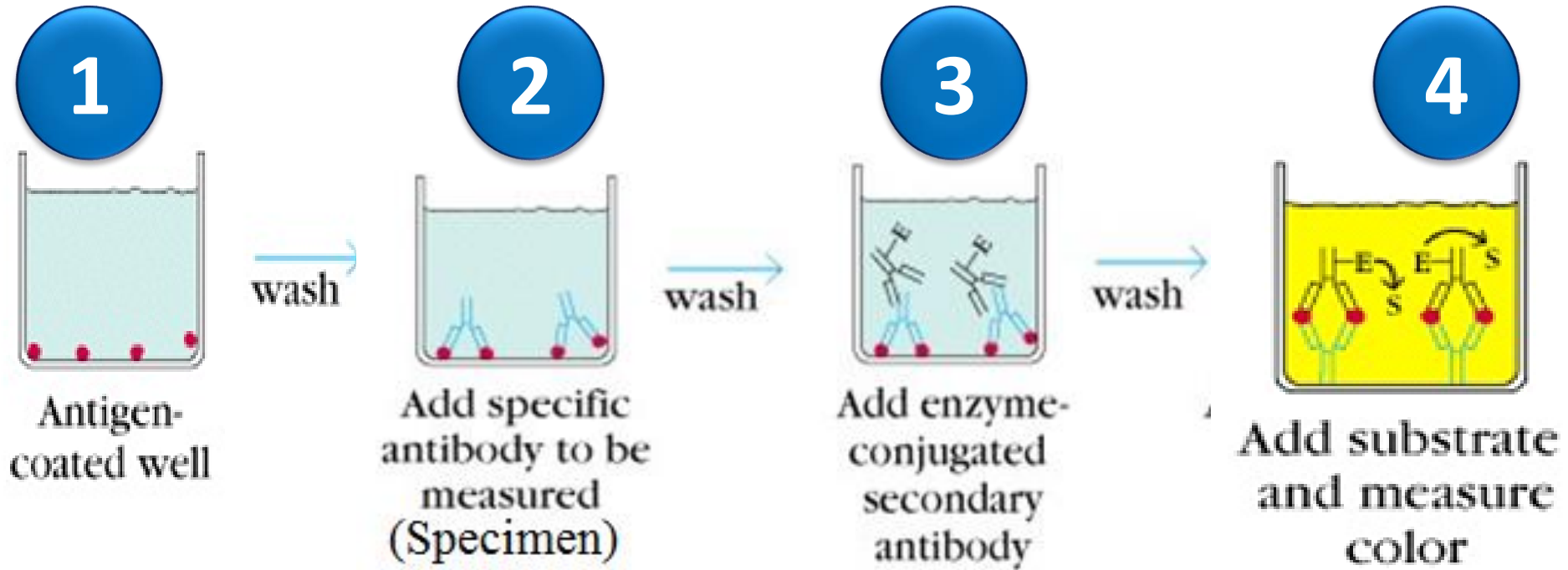
III) ELISA

Step 7

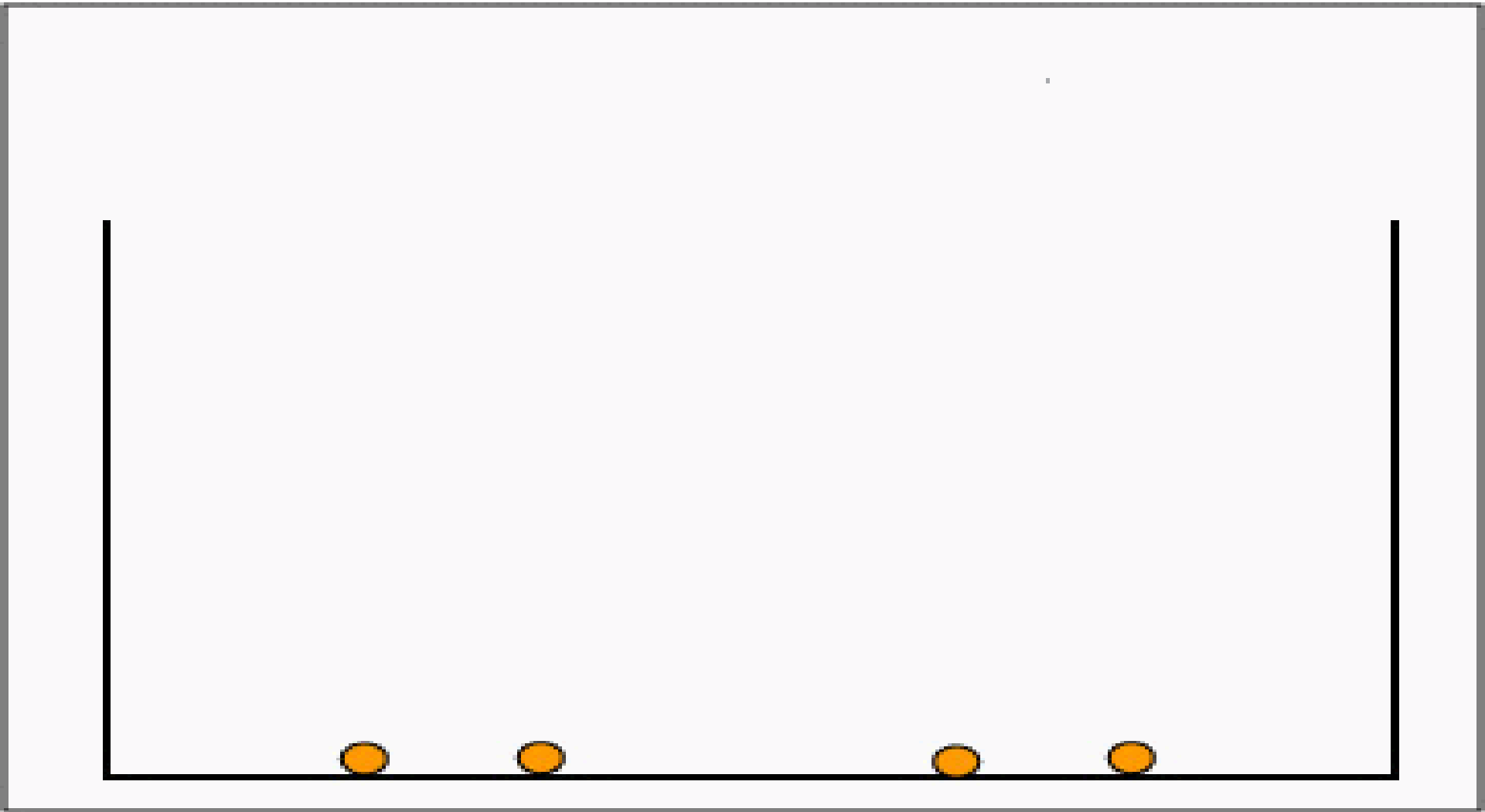
**Read the change
of color by
spectrophotometer**



III) ELISA



III) ELISA



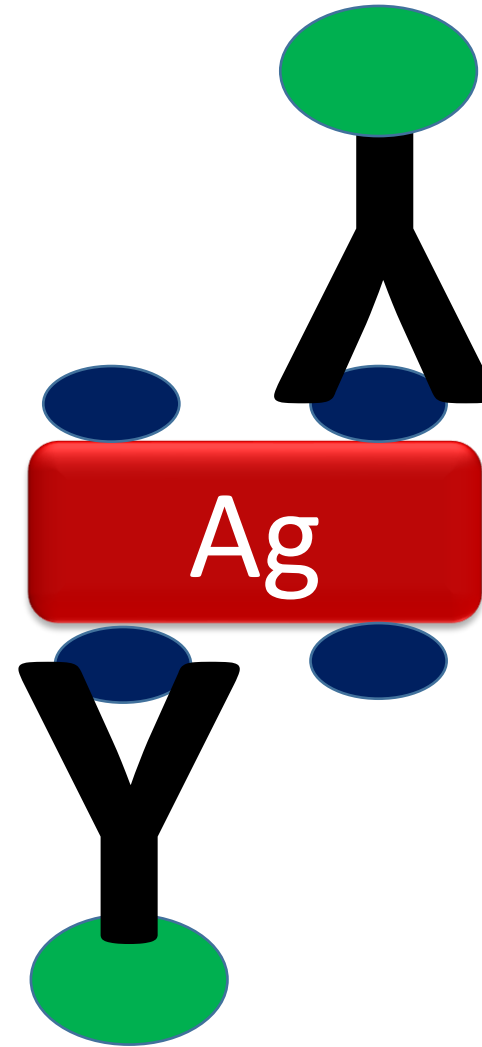
V) Direct Immunofluorescent

**The test is used to
detect Antigen
(bacteria or Ag in
tissues)**

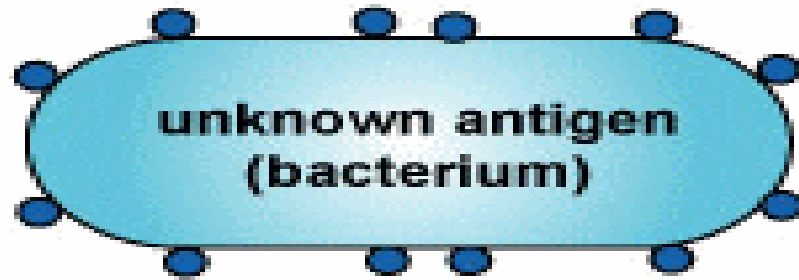


V) Direct Immunofluorescent

Ag fixed on a slid
+
Fluorescin labelled
antibodies are added
=
Apple green
fluorescence

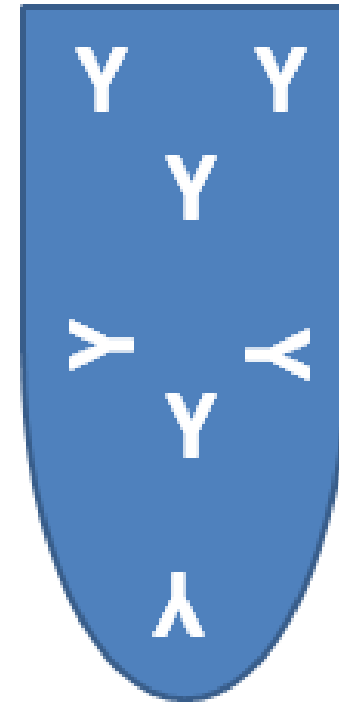


V) Direct Immunofluorescent



V) Indirect Immunofluorescent

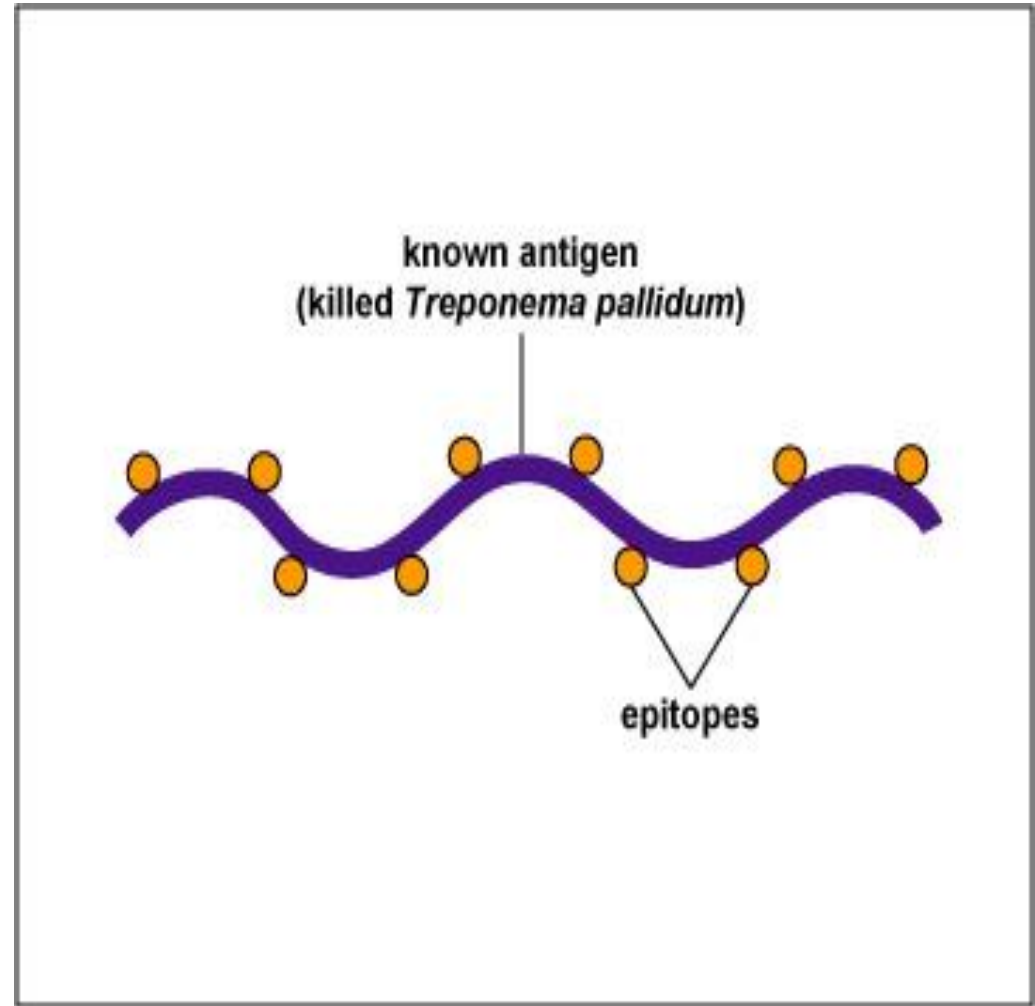
**The test is used to
detect antibodies in
serum patients**



V) Indirect Immunofluorescent

Step 1

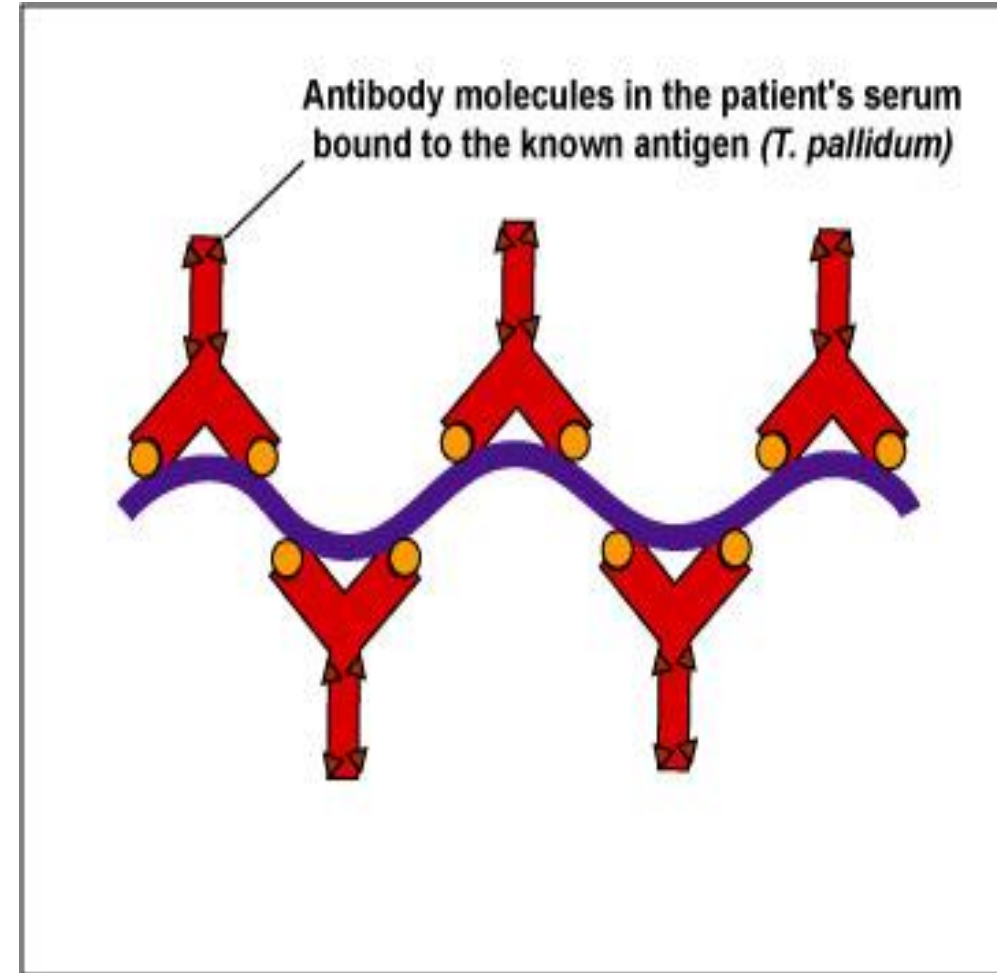
Ag is known



V) Indirect Immunofluorescent

Step 2

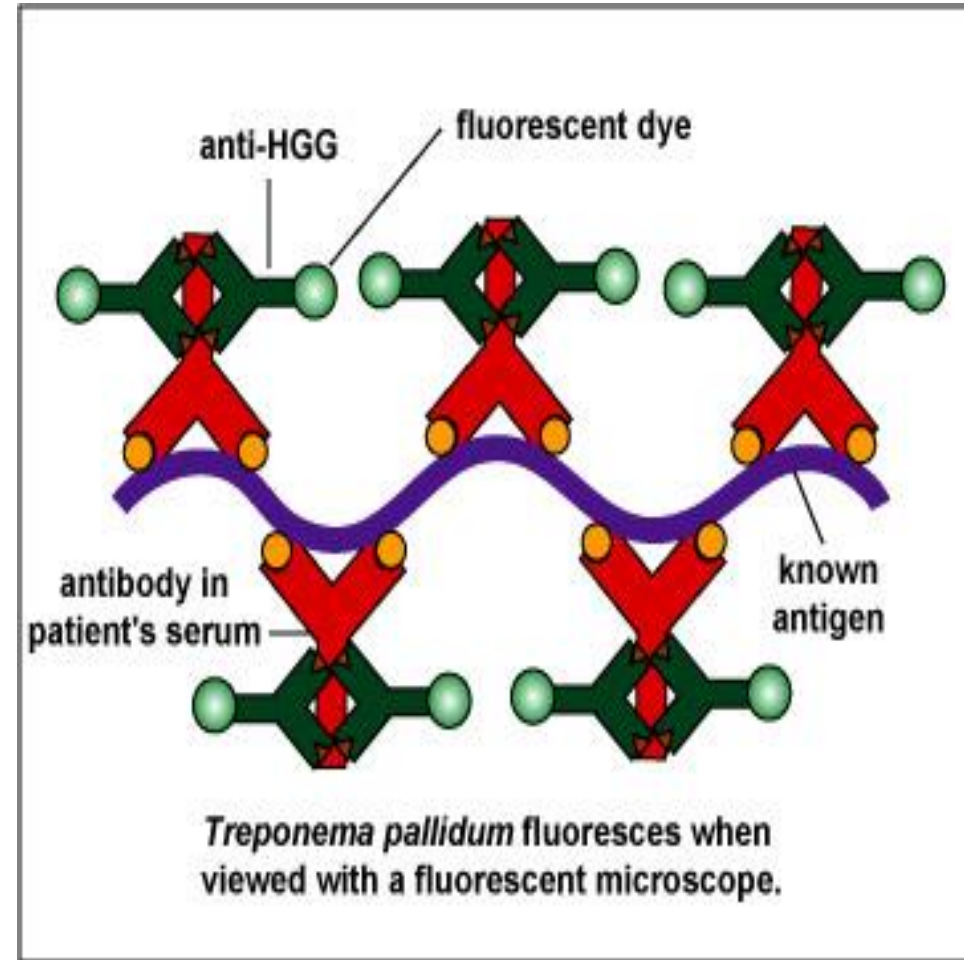
**Patient Serum
is added
(containing Ab)**



V) Indirect Immunofluorescent

Step 3

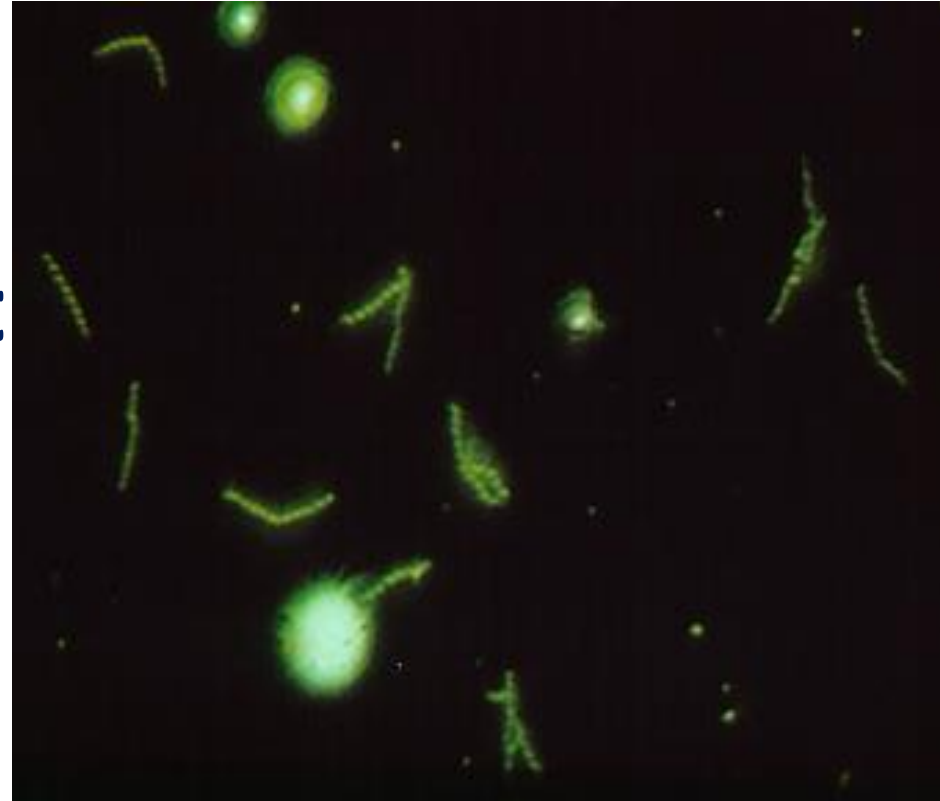
**Anti-HGG linked
with fluorescent
is added to the
well**



V) Indirect Immunofluorescent

Step 4

**After incubation
See the fluorescent
under fluorescent
microscopy
(green apple)**



V) Indirect Immunofluorescent

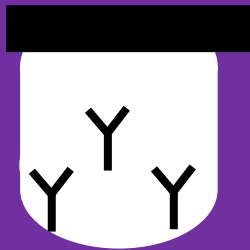


VI) Complement fixation test

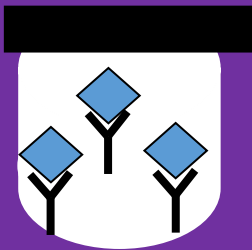
**It used for detection
of antibody**



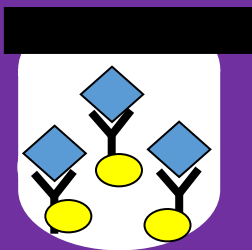
VI) Complement fixation test



Serum with
antibodies



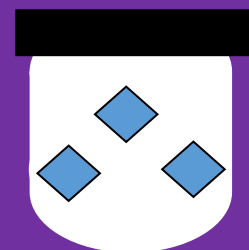
Antigen binds
to antibodies



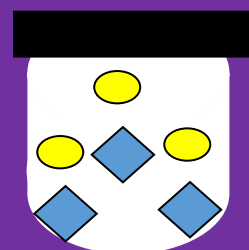
Complement
binds to Ag/Ab
complex



Serum without
antibodies

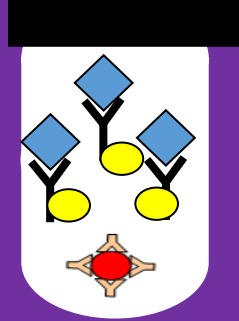


Unbound
antigen

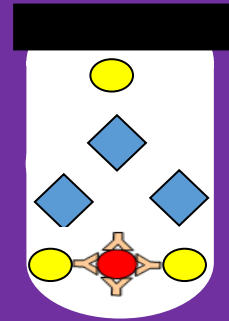


Unbound
complement

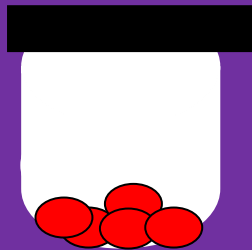
VI) Complement fixation test



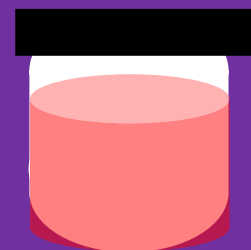
RBCs coated with Aby
serve as an indicator
is added



RBCs coated with
Aby serve as an
indicator is added



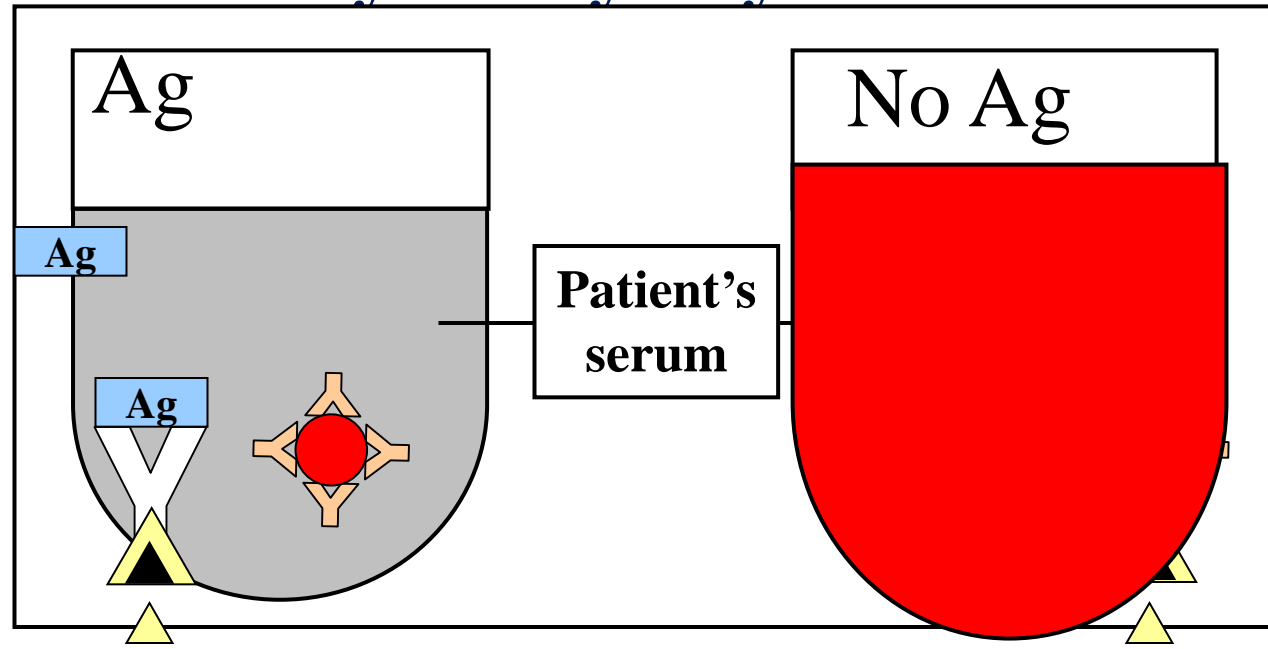
No lysis
Positive



Lysis
Negative

VI) Complement fixation test

- Ag mixed with test serum to be assayed for Ab
- Standard amount of complement is added
- Erythrocytes coated with Abs is added
- Amount of erythrocyte lysis is determined



References

- References
- 1 Virella G, editor Medical immunology. CRC Press, Seventh Edition 2020.
- 2. Farina MS, Lundgren KT, Bellmunt J. Immunotherapy in urothelial cancer: Recent results and future perspectives. *Drugs*. 2017;77:1077-1089.
- 3. Melhem NM, Mahfouz RA, Kreidieh K, et al. Potential role of killer immunoglobulin receptor genes among individuals vaccinated against hepatitis B virus in Lebanon. *World Hepatol*. 2016;8:1212-1221.
- 4. Yan WL, Shen KY, Chen YA, Liu SJ. Recent progress in GM-CSF-based immunotherapy. *Immunotherapy*. 2017;9:347-360. 5. Good LM, Miller MD, High, WA. Intralesional agents in the management of cutaneous malignancy: A review. *J Amer Acad Dermatol*. 2011;64:413-422.
- 5. Runte, Florian, Peyton Renner IV, and Meredith Hoppe. "Kuby immunology." (2019).
- 7. Pandey JP, Namboodiri AM, Elston RC. immunoglobulin G genotypes and the risk of schizophrenia. *Hum Genet*. 2016;135:1175-1179.
- 8. Laffy JMJ, Dodev T, Macpherson IA et al. Promiscuous antibodies characterised by their physico-chemical properties: From sequence to structure and back. *Progr Biophys Mol Biol*. 2017;128:47-56