

# **POLYENDOCRINOPATHIES AUTOIMMUNES**

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# Polyendocrinopathies AI

PEA monogéniques: autoimmunité diffuse

PEA-1 (APECED)

Syndrome IPEX

PEA polygéniques: PEA-2, 3, 4

Association de MAI spécifiques d'organe

# Polyendocrinopathie AI de type 1 (PEA1) ou APECED

## Autoimmune Polyendocrinopathy Candidiasis Ectodermal Dystrophy

- Rare: 1/9 000 à 1/500 000
- Autosomique récessive: mutations du gène AIRE (>100)
- Manifestations cliniques: précoces (< 10 ans)
  - Candidose cutanéomuqueuse: 75-93%
  - Hypoparathyroïdie AI: 70-96%
  - Maladie d'Addison: 63-92%

} 2/3

### Tableau qui se complète avec l'âge

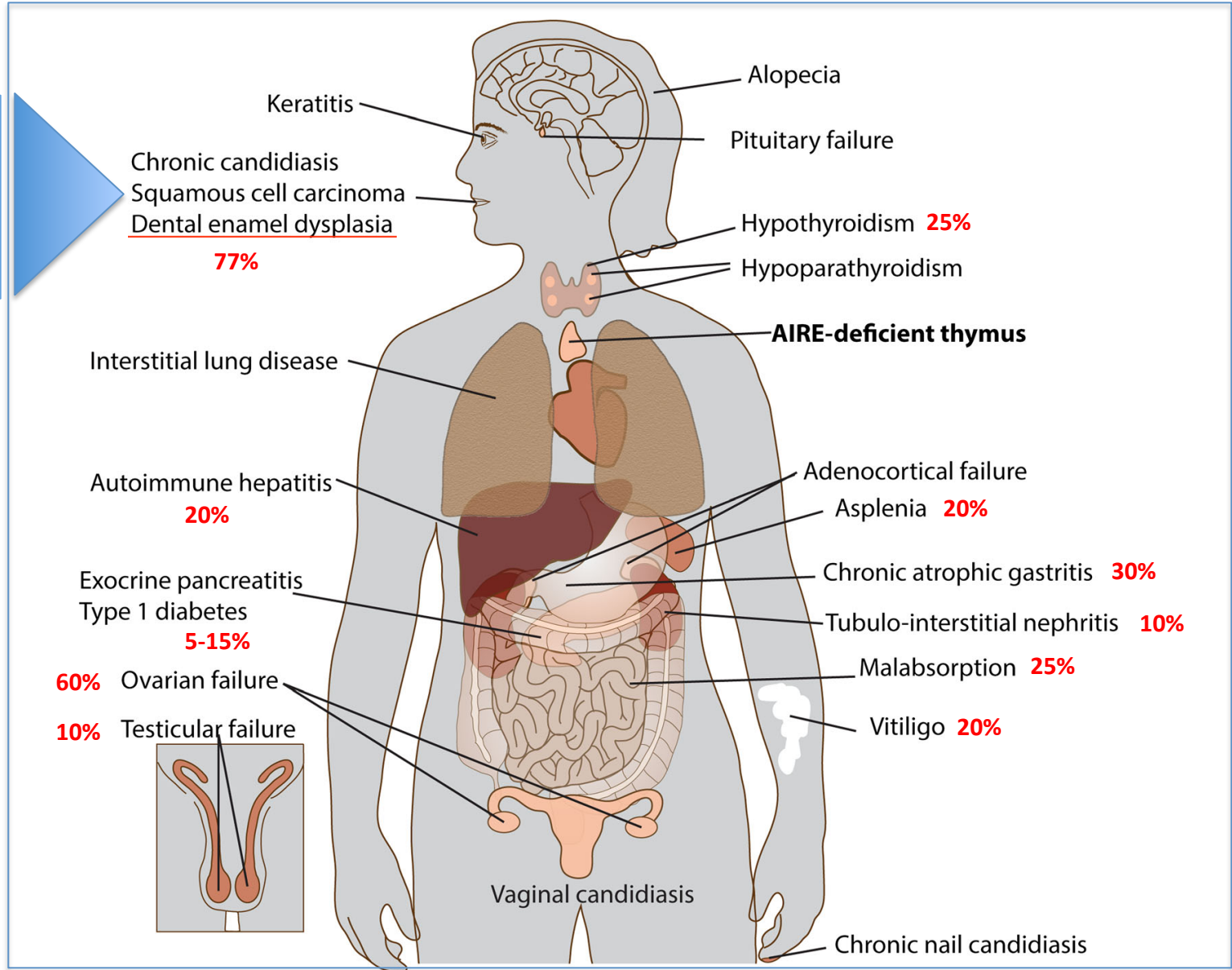
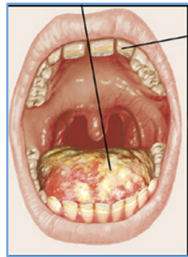
CMC: 50% 5 ans, 70% 10 ans, 94% 20 ans

HP: 33% 5 ans, 66% 10 ans, 85% 30 ans

AD: 40% 10 ans, 78% 30 ans

### Formes mineures

# PEA-1: manifestations cliniques



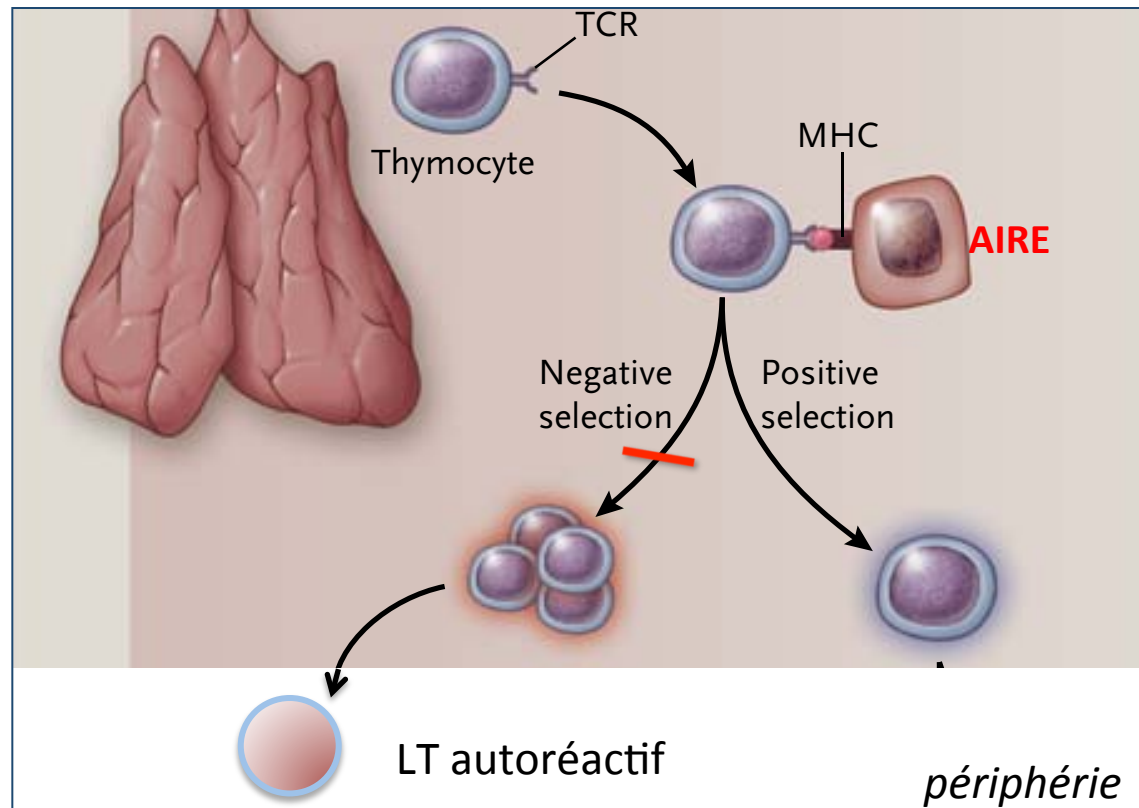
# PEA1: anomalie de la tolérance centrale

*AIRE*: contrôle l'expression d'Ag au niveau de l'épithélium thymique

Pas d'expression d'Ag → pas de délétion des LT autoréactifs

Anomalies  
de la  
maturation  
thymique  
(Treg)

Défaut TH17  
↓ IL17F, IL22



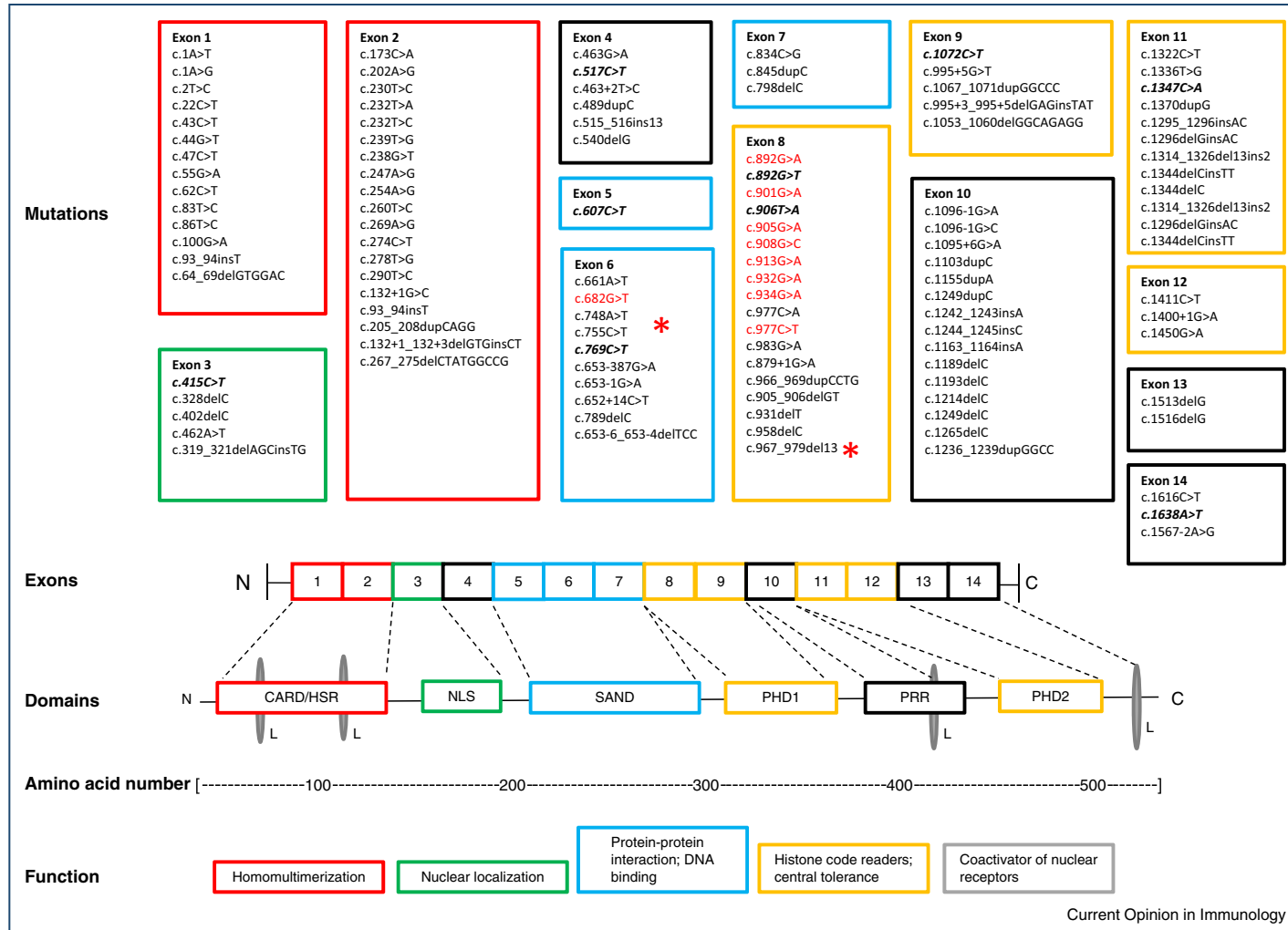
**Table 1** APECED autoantibodies, their prevalences (%) and diagnostic value**Marqueurs sérologiques**

Autoantibody targets	%	Associated with	Expressed in	References
<b>IFN-<math>\omega</math><sup>a</sup></b>	100	<b>AIRE</b> -/-	secreted	[16]
<b>IFN-<math>\alpha</math></b>	95	<b>AIRE</b> -/-	secreted	[16]
IFN- $\beta$	22		secreted	[16]
IFN- $\lambda$	14		secreted	[16]
<b>IL-22</b>	91	<b>CMC</b>	secreted	[29, 69]
<b>IL-17F</b>	75	<b>CMC</b>	secreted	[29, 69]
IL-17A	41		secreted	[29, 69]
<b>steroid 21-hydroxylase (CYP21A2)</b>	55–69	<b>AD</b>	adrenal	[19, 23, 94, 98, 148]
steroid 17- $\alpha$ -hydroxylase (CYP17A1)	24–58	AD OF	adrenal	[94, 23, 97, 145]
side chain cleavage enzyme (CYP11A1)	38–68	OF	adrenal, ovary, testis	[19, 94, 99, 148]
NACHT leucine-rich-repeat protein 5 (NALP5)	32–49	HP	ovary, parathyroid, breast, testis	[22, 23, 132, 145, 148]
calcium-sensing receptor (CaSR)	86	HP	parathyroid pancreas, kidney	[133]
thyroglobulin (TG)	15–21	HT	thyroid	[23, 87, 157]
thyroid peroxidase (TPO)	15–36	HT	thyroid	[23, 87, 157]
<b>islet antigen-2 (IA-2)</b>	7	<b>T1D</b>	pancreas,	[87, 94]
glutamic acid decarboxylase (GAD65)	27–42	GID	pancreas, brain	[19, 23, 87, 94, 145, 148]
testis-specific gene 10 protein (TSGA10)	8		testis, brain	[140]
tudor domain containing protein 6 (TDRD6)	49		testis, brain	[139]
<b>intrinsic factor (IF)</b>	15–30	<b>PA</b>	stomach	[71, 87]
aromatic L-amino acid decarboxylase (AADC)	39–68	AIH VIT	kidney, intestine, brain, liver, pancreas	[19, 94, 137, 138, 145, 158, 159]
<b>cytochrome P450 1A2 (CYP1A2)</b>	6–8	<b>AIH</b>	liver	[23, 104, 106, 107]
CYP2A6		AIH	liver	[23, 104, 108]
tryptophan hydroxylase (TPH)	28–61	GID, AIH	multiple	[19, 94, 116, 137, 145, 158]
histidine decarboxylase (HDC)	37	GID	brain, stomach, lung	[115]
tyrosine hydroxylase (TH)	44–50	AL, ED	brain, adrenal	[94, 119, 137]
SOX9/SOX10	15–22	VIT	nervous system, breast	[120]
<b>potassium channel-regulating protein (KCNRG)</b>	6	<b>ILD</b>	lung, cervix	[123]
<b>bactericidal/permeability-increasing fold-containing B1 (BPIFB1)</b>	10	<b>ILD</b>	lung, stomach, esophagus, cervix	[125]
Defensin, alpha 5 (DEFA5)	27	GID	Paneth cells	[118]

AD Addison's disease, AIH autoimmune hepatitis, AL alopecia, CMC chronic mucocutaneous candidiasis, ED enamel dysplasia, GID gastro-intestinal dysfunction, HP hypoparathyroidism, HT hypothyroidism, IFN interferon, IL interleukin, ILD interstitial lung disease, OF ovarian failure, PA pernicious anemia, T1D type 1 diabetes, TIN tubulo-interstitial nephritis, VIT vitiligo

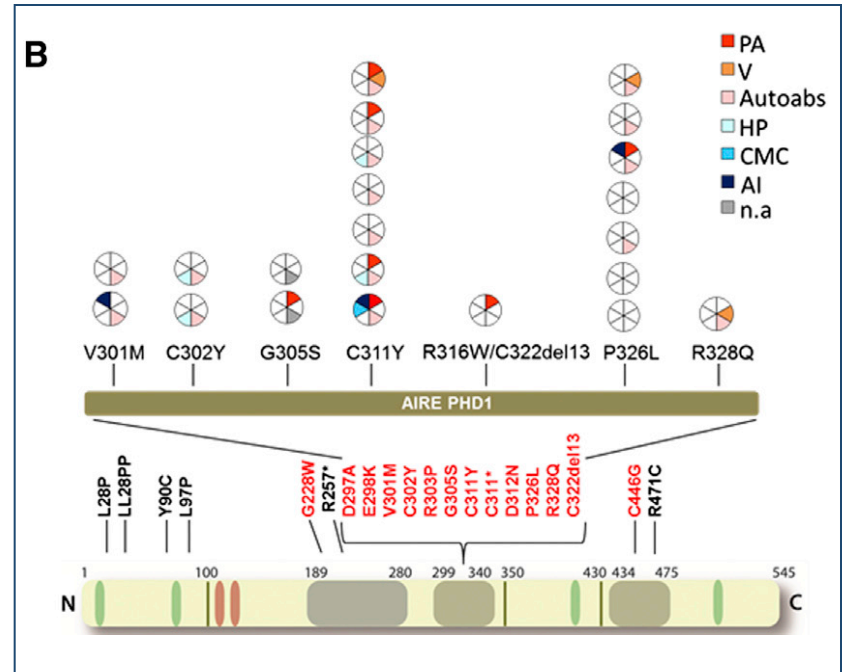
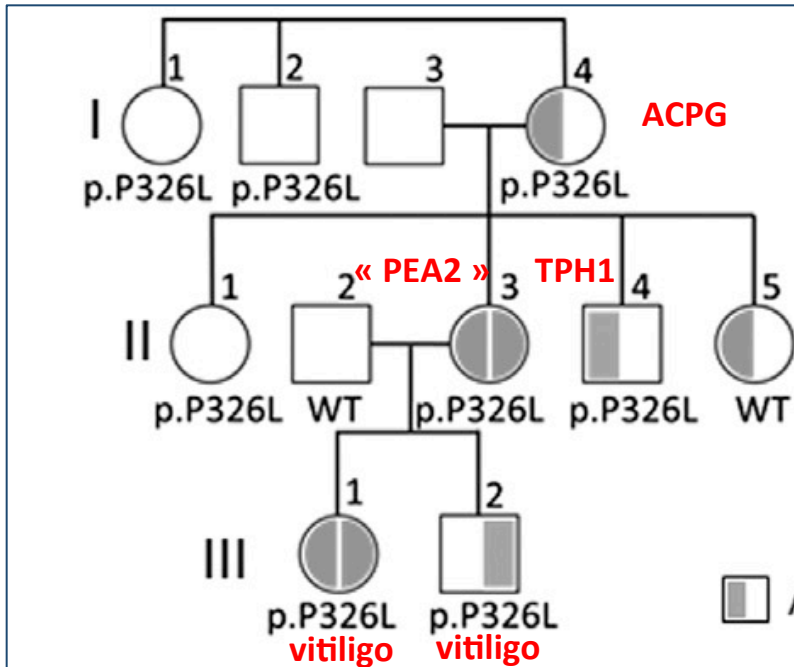
# Spectre mutationnel

## Pas de corrélation génotype- phénotype (sf Y85C)



Mutations perte de fonction; Mutations à effet dominant négatif

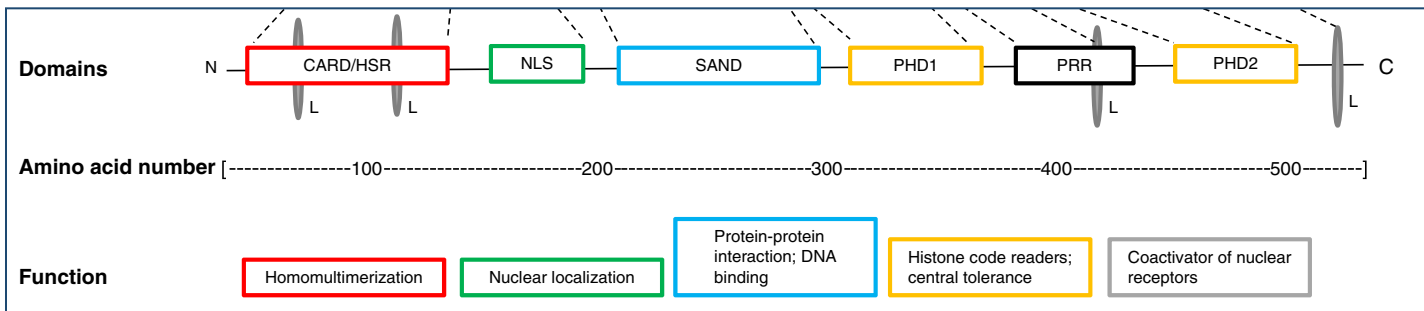
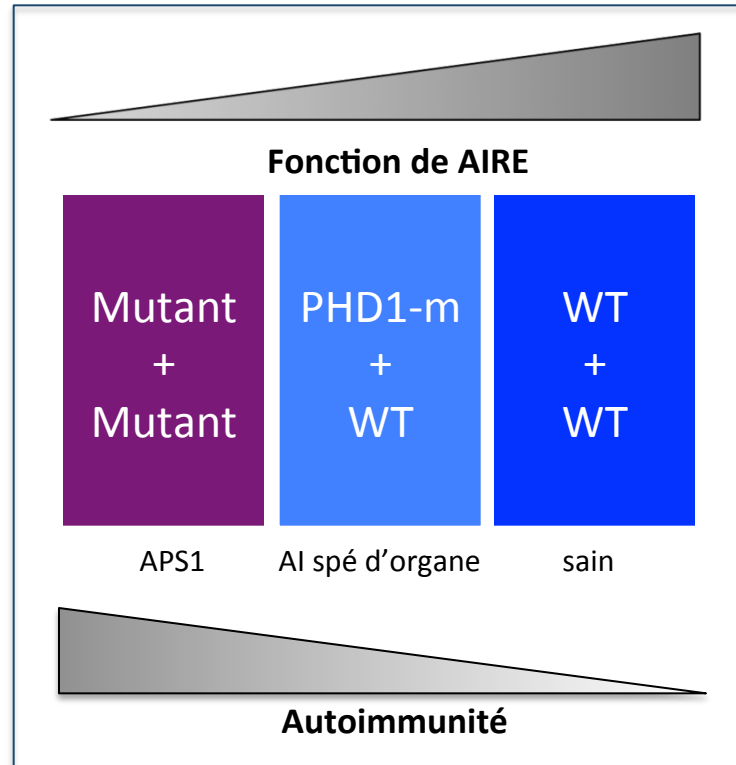
# Autoimmunité associée à AIRE



Mutations avec effet dominant négatif  
 du domaine PHD1 → AI familiale



# Autoimmunité associée à AIRE



# Syndrome IPEX

Immunodeficiency, polyendocrinopathy , enteropathy X-linked

très rare: 150 cas

lié à l'X

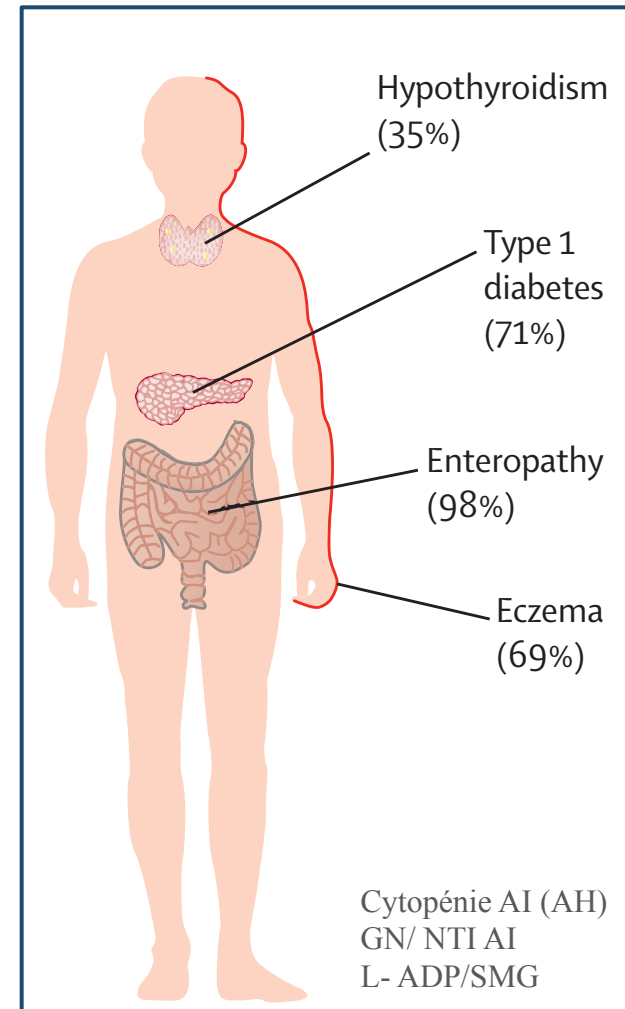
mutations du gène FOXP3 (70)

manifestations cliniques NN

pronostic sévère

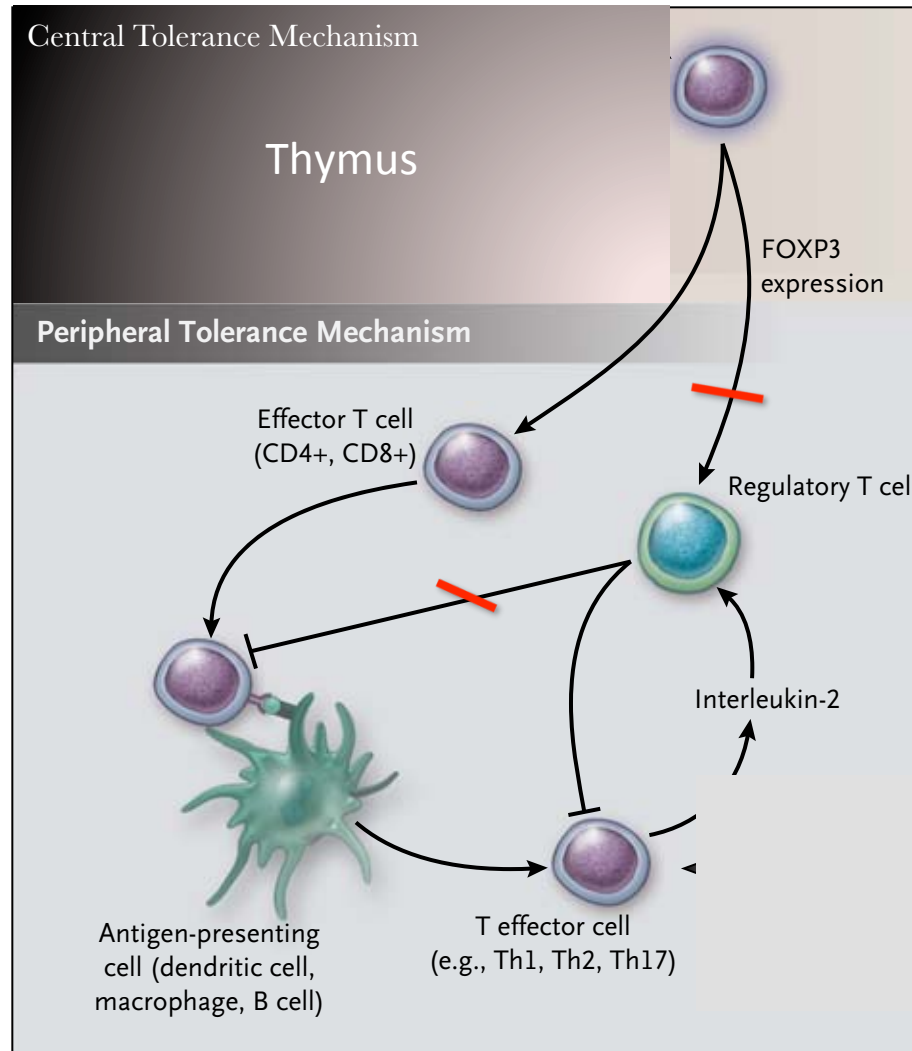
→ entéropathie + DT1 précoce

IPEX-like: mutation IL2-RA



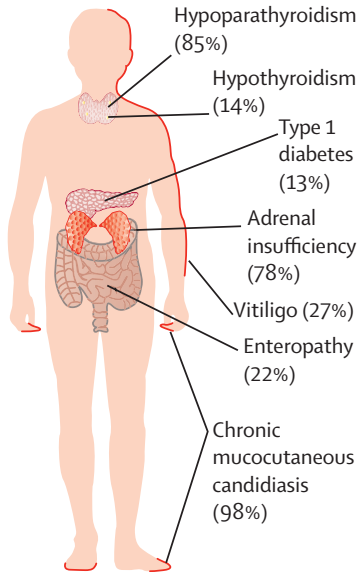
# Anomalie des cellules régulatrices

## FOXP3: maturation des T reg

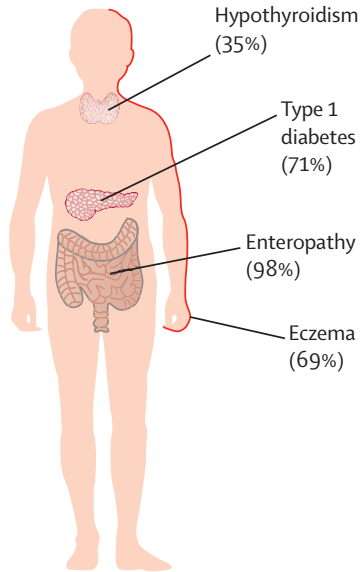


# Polyendocrinopathies autoimmunes monogéniques

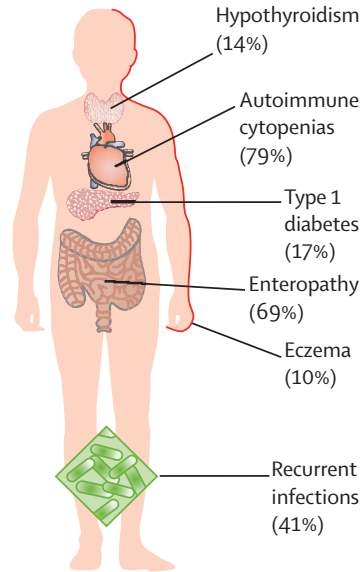
**AIRE**  
Autoimmune polyendocrinopathy syndrome type 1\*



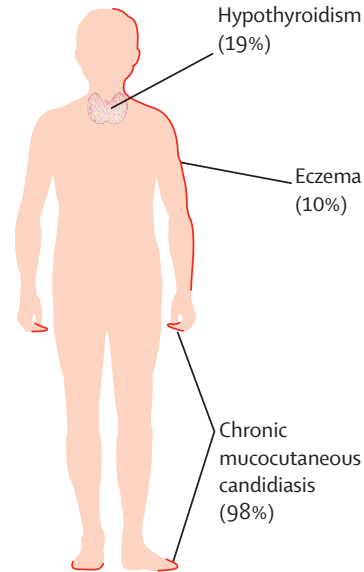
**FOXP3 IL2RA**  
Immunodysregulation, polyendocrinopathy, enteropathy, X-linked



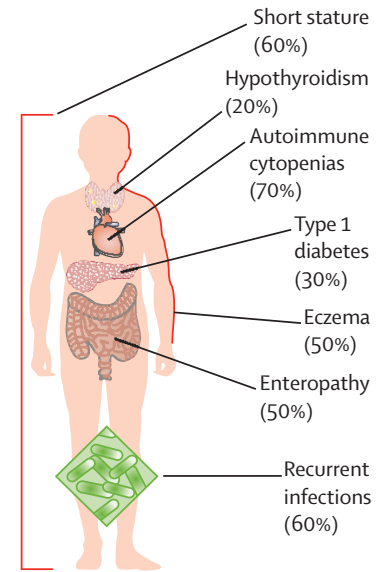
**LRBA**  
Common variable immunodeficiency-8 with autoimmunity



**STAT1**  
Immunodeficiency 31C  
**Pseudo PEA1**



**STAT3**  
Infancy-onset multisystem autoimmune disease



anomalie tolérance centrale

anomalie cellules régulatrices

pas d'expression CTLA4  
L prolifération / AI

mut gain de fct, autos dom  
hyperac IFN $\alpha$

mut gain de fct, autos dom  
hyper TH17

# Polyendocrinopathie AI de type 2 à 4

PEA 2: Addison + autre

PEA 3: Thyroïde + DT1 sans Addison

PEA 4: 2 MAI mais autres que PEA 2-3

4-5/100 000 (150/100 00?)

Polygénique, autos dominante

Prédominance féminine (3/1)

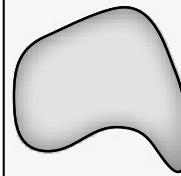
Survenue « tardive » (30-40 ans)

DT1: 50- 60%

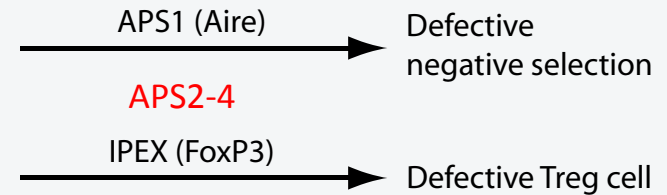
Anomalies conjuguées

de tolérance centrale et périphérique

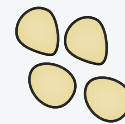
## CENTRAL



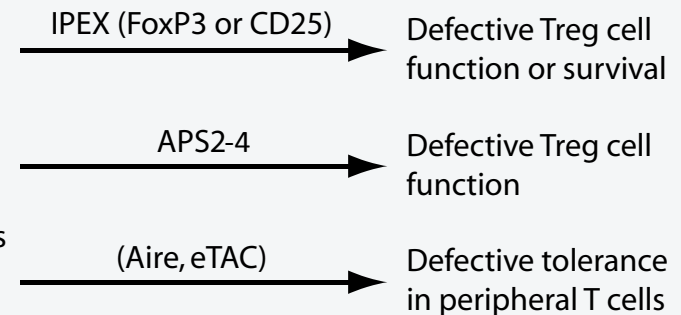
Thymus



## PERIPHERAL



Lymph nodes



# Autoimmunité des PEA 2-4

**Table 1.** Prevalence of organ-specified autoantibodies and autoimmune diseases

Disease or AB	General population		Type 1 diabetes mellitus	Coeliac disease	Addison's	Hypothyroidism
Type 1 diabetes mellitus anti-islet AB	2-3% 1-3%		85-90%		12-14% X 4	4%
Coeliac transglutaminase AB	0.5% 0.5-1%	X 10	1-8% 8-12%	99%	5%	4%
Addison's 21-hydroxylase AB	0.005% 0-0.6%	X 10	0.5% 0.7-3%		83-90%	
Hypothyroidism aTPO	5-9% 2-10% in adults 1-4% in children	X 3	30% 15-30% in adults 5-22% in children	3-12% 18%	14-21% 23-40% X 3	47-83%
Graves' TSH receptor AB	0.1-2% ?		6-10% ?		10-20%	
Pernicious anaemia/ autoimmune gastritis PCA	2% for AIG 0.15-1% for PCA 2.5 - 12%	X 4	5-10% for AIG 2-4% for PCA 15-25% in adults 10-15% in children		6% X 3	2%

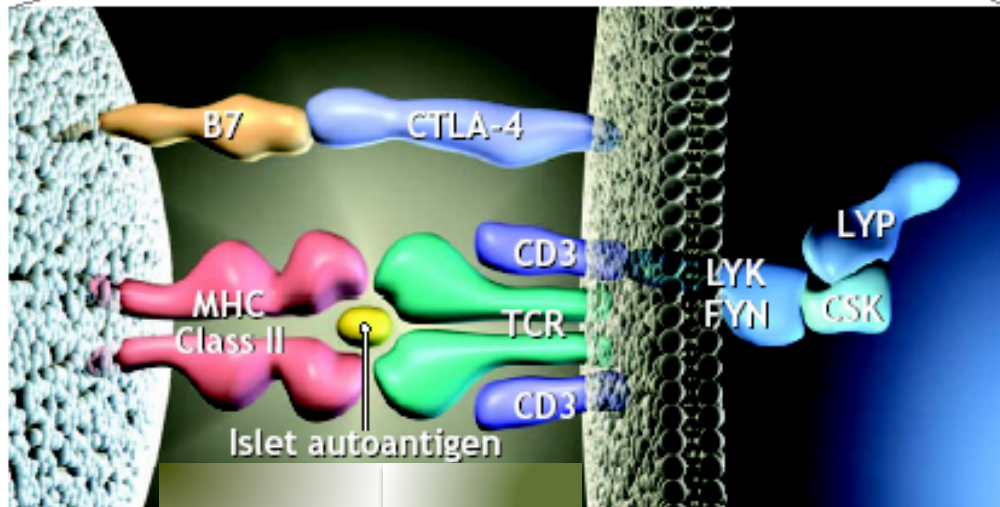
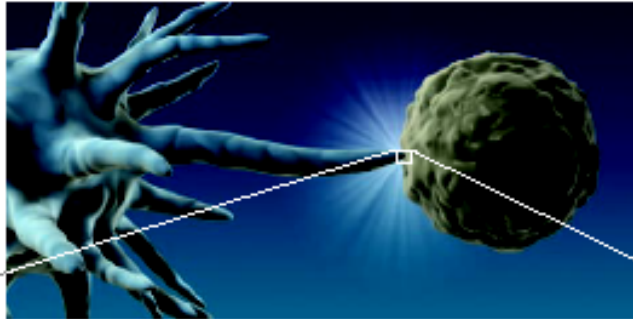
AB = antibody; AIG = autoimmune gastritis; PCA = parietal cell antibodies; T1DM = type 1 diabetes mellitus.

# Une susceptibilité génétique partagée ...

OR pour les gènes de susceptibilité aux différentes MAI

	<b>T1D</b>	<b>HT</b>	<b>GD</b>	<b>AD</b>
HLA-DR3	3.5	3.7	2-4	5
MICA	1.6	2.5	2	7
PTPN22	1.8	1.6	1.6	1.5
CTLA-4	1.5	5	1.5	1.8

# ... pour des gènes de l'activation lymphocytaire



HLA: présentation de l'Ag aux LT  
CTLA-4: co-activation LT/APC  
PTPN22: co-activation LT/APC  
MIC-A: co-activation LT/cible



# Présentation clinique

Maladies auto-immunes de la thyroïde

Diabète de type 1 auto-immun

Insuffisance surrénalienne

Gastrite auto-immune

Maladie coeliaque

Vitiligo

Ovarite auto-immune

Alopécie

Hépatite auto-immune

Myasthénie

Hypophysite auto-immune

# Présentation clinique

Maladies auto-immunes de la thyroïde

Diabète de type 1 auto-immun

Insuffisance surrénalienne

Gastrite auto-immune

Maladie coeliaque

Vitiligo

Ovarite auto-immune

Alopécie

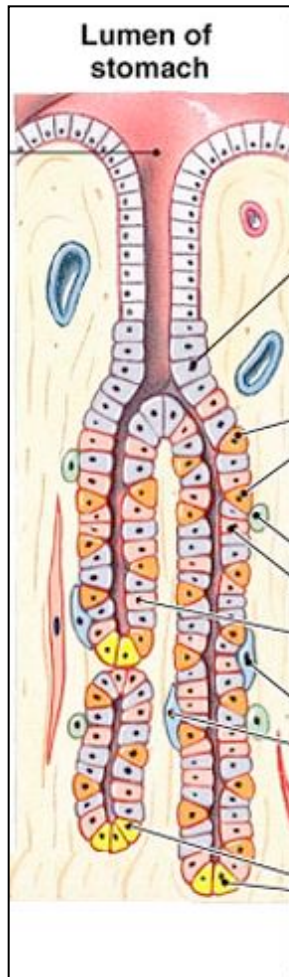
Hépatite auto-immune

Myasthénie

Hypophysite auto-immune

# Gastrites autoimmunes (GAI)

Gastrite atrophique (GA), Anémie de Biermer (AB)



The diagram illustrates the gastric mucosa with various cell types and their secretions. The lumen of the stomach is shown at the top. The cells are arranged in a columnar pattern. The parietal cells are highlighted with an orange circle. The substances secreted by each cell type are listed in the table below.

Cell Types	Substance Secreted
Mucous neck cell	Mucus (protects lining)
	Bicarbonate
Parietal cells	Gastric acid (HCl)
	Intrinsic factor (Ca <sup>++</sup> absorption)
Enterochromaffin-like cell	Histamine (stimulates acid)
Chief cells	Pepsin(ogen)
	Gastric lipase
D cells	Somatostatin (inhibits acid)
G cells	Gastrin (stimulates acid)

Antigène: **H<sup>+</sup>/K<sup>+</sup> ATPase** des CPG  
→ Atrophie **fundique**

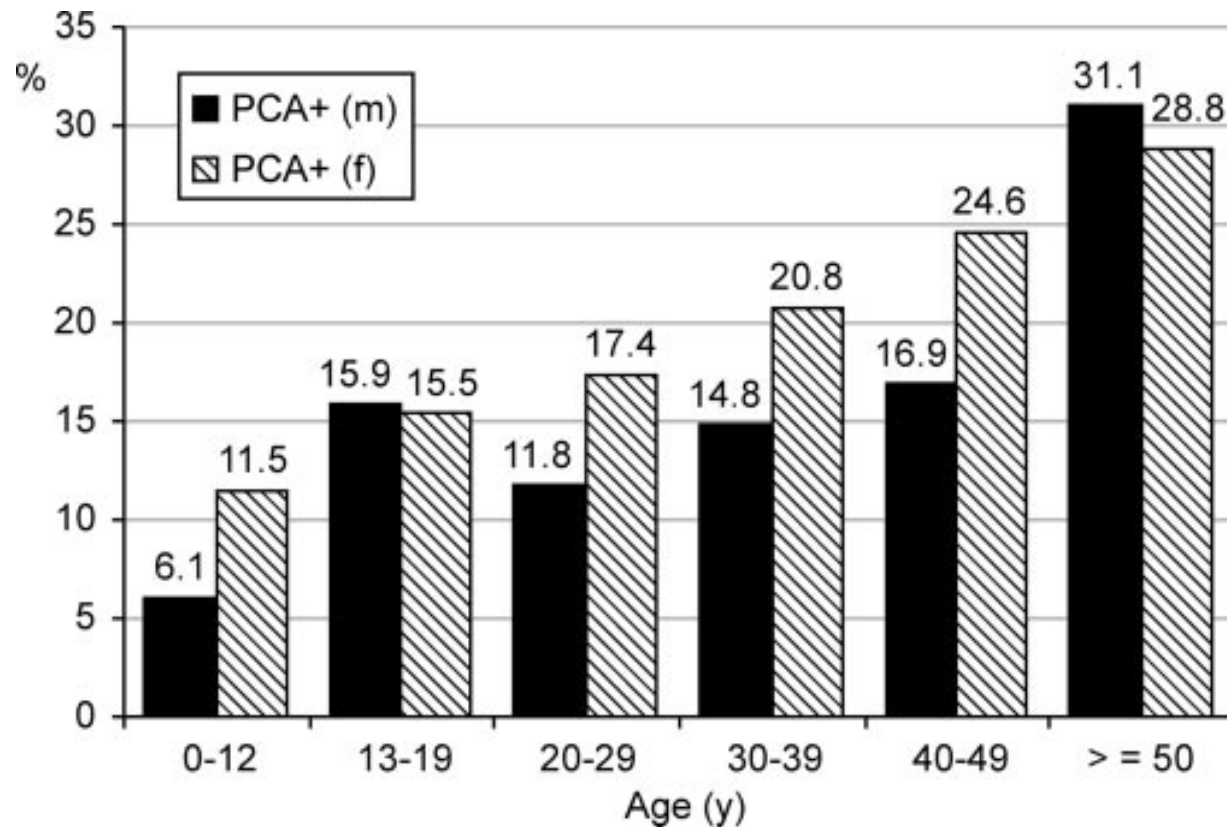
Rôle favorisant de *helicobacter Pylori*?

GA: 2% pop g<sup>ale</sup> / 5-10% DT1

AB: 1% pop g<sup>ale</sup> / 2.5-4% DT1

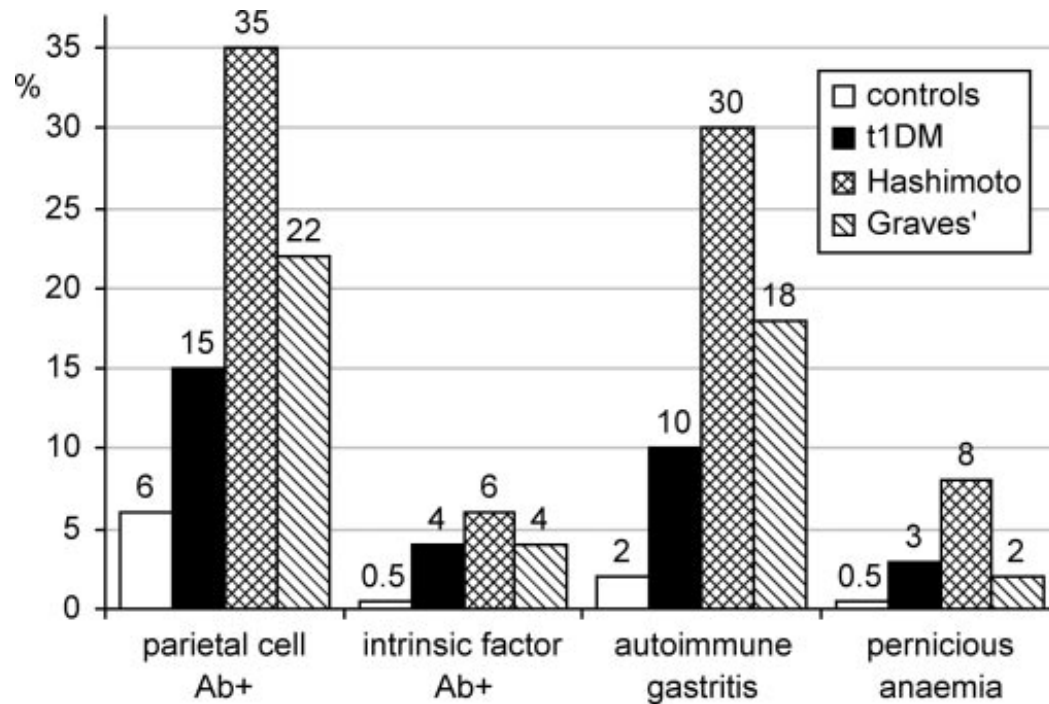
ACPG +: 2-10% pop g<sup>ale</sup> / 15-25% des DT1

## FDR: sexe et âge



**FIG. 2.** Prevalence of PCA in type 1 diabetes. +, Positive; f, female; m, male.

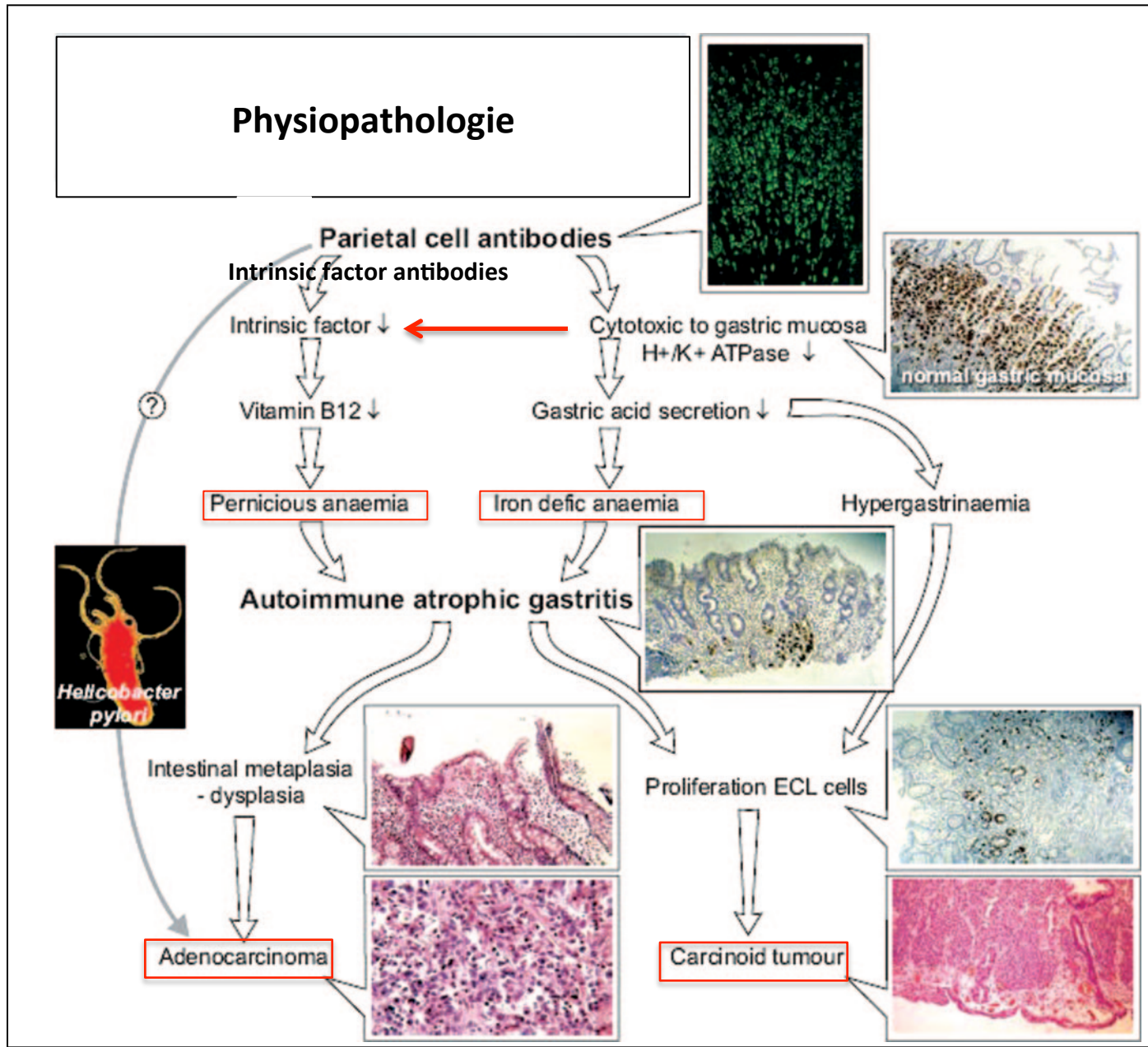
# FDR: autoimmunité associée



**Fig. 3.** Prevalence of PCA, AIF, autoimmune gastritis, and pernicious anemia in the general population and endocrine diseases. +, Positive; Ab, ; t1DM, type 1 diabetes mellitus.

La GAI est associée à:

- DT1 4%
  - GADA+
  - ATPO+
- MAIT 12%
  - 50% GAI sont ATPO+
- Addison 6%
- Vitiligo 8%



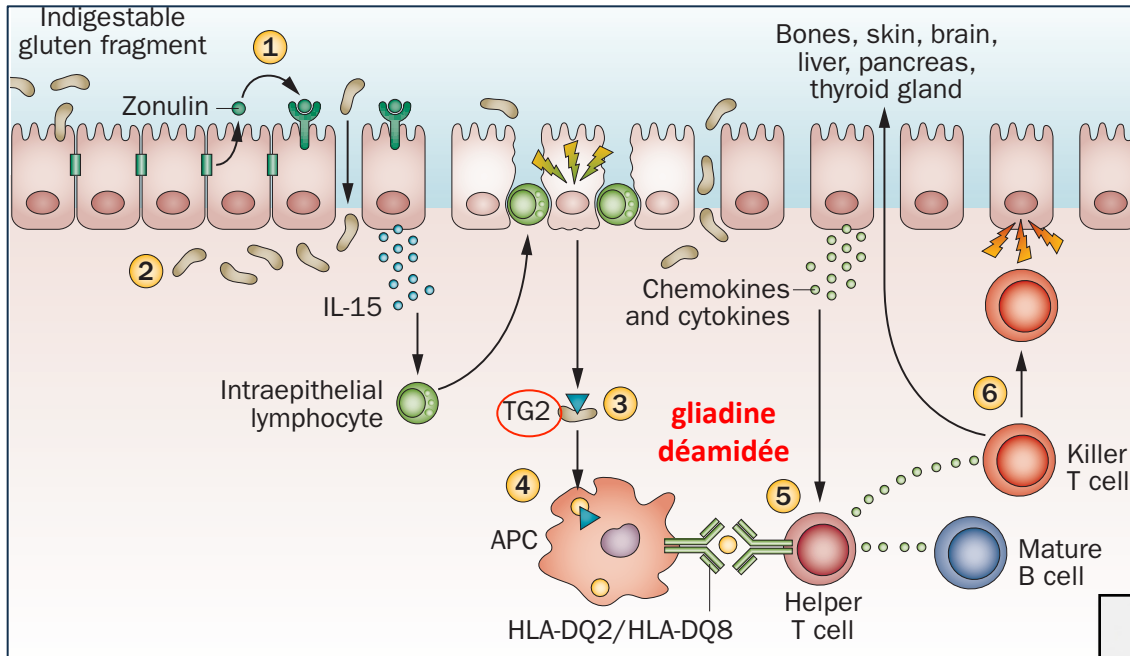
# Manifestations cliniques

- **Carence martiale**
  - 20 - 40% des patients GAI
  - 20 - 30% des carences martiales sont secondaires à une GAI
- **Carence en vitamine B12**
  - 25% des patients GAI
  - Conséquences:
    - Neuropathie périphérique, démence
    - Glossite
- **Cancer gastrique**
  - T carcinoïde: 4-10% (X 13): Hypergastrinémie / Chromogranine A
  - Adénocarcinome: 1-9% (X 6)

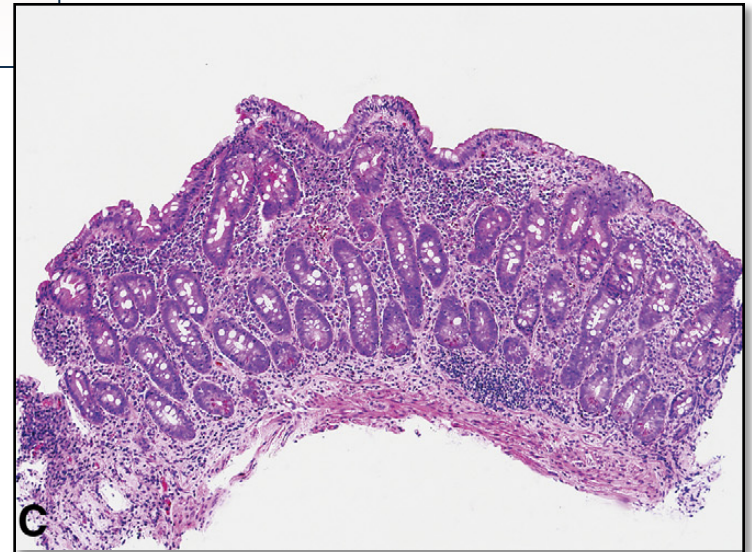
→ NFS, bilan Fer, B12, FOGD (recherche HP), K



# Maladie coeliaque



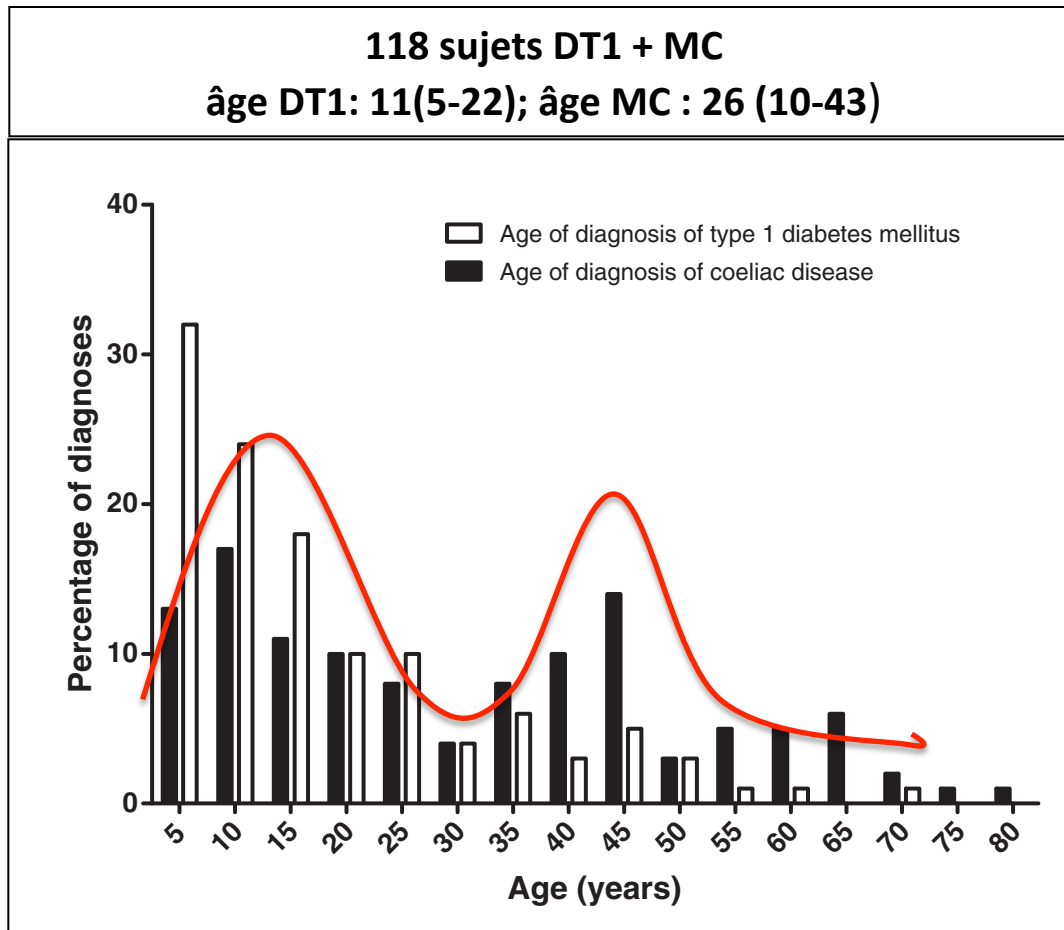
Ag : transglutaminase





# Epidémiologie

10% DT1 vs 1% de la pop g<sup>ale</sup>, prédominance féminine (3/1)  
pourtour méditerranéen et pays nordiques



- MC après DT1: 90% cas dans les 2 ans chez l'enfant
- **MC à tout âge**  
pics de fréquence 10 et 45 ans
- Délai avant dgc:  
< 18 ans au DT1: 60% < 6 mois  
> 18 ans au DT1: **50% > 5ans**

→ Bilan martial, BH, vitamine D, FOGD

*Bakker et al, Eur J Intern Med 2013*

# Manifestations cliniques

asymptomatique (50-80%) ou présentation incomplète

- Manifestations révélatrices:
  - Diarrhée chronique (40%), douleurs abdominales
  - **Anémie** (20%):
    - carence Fe, B9, B12, inflammation chronique
    - marqueur de sévérité
    - résistance à la supplémentation en fer
    - 3-10% des carences martiales <--> MC
  - **Hépatite**
    - cytolyse
    - 10% des hépatites cytolytiques <--> MC
    - évolution cirrhogène

- Manifestations digestives/malabsorption  
Pancréatites récurrentes, neuropathie périphérique
- **Manifestations systémiques:**
  - Arthrite, sacro-iléite
  - Dermatite herpétiforme (fixation Ac à la TG3)
  - Ataxie au gluten
    - Autoimmune: cross-réactivité cellules de Purkinje
    - Atrophie cérébelleuse
  - Schizophrénie
  - Déficit en IgA (1/40)

→ Bilan martial, BH, vitamine D, FOGD

# Dépistage des MAI / PEA 2-4

