



OCULAR SURFACE / EUROPEAN DRY EYE SOCIETY SYMPOSIUM

Dry eye and allergy

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1222-2022
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European Contact Lens and
Ocular Surface Congress

EUROPEAN CONGRESS
ON MYOPIA CONTROL

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Speaker's name :

I have the following potential conflicts of interest to report:

Prof Andrea Leonardi is a consultant for:

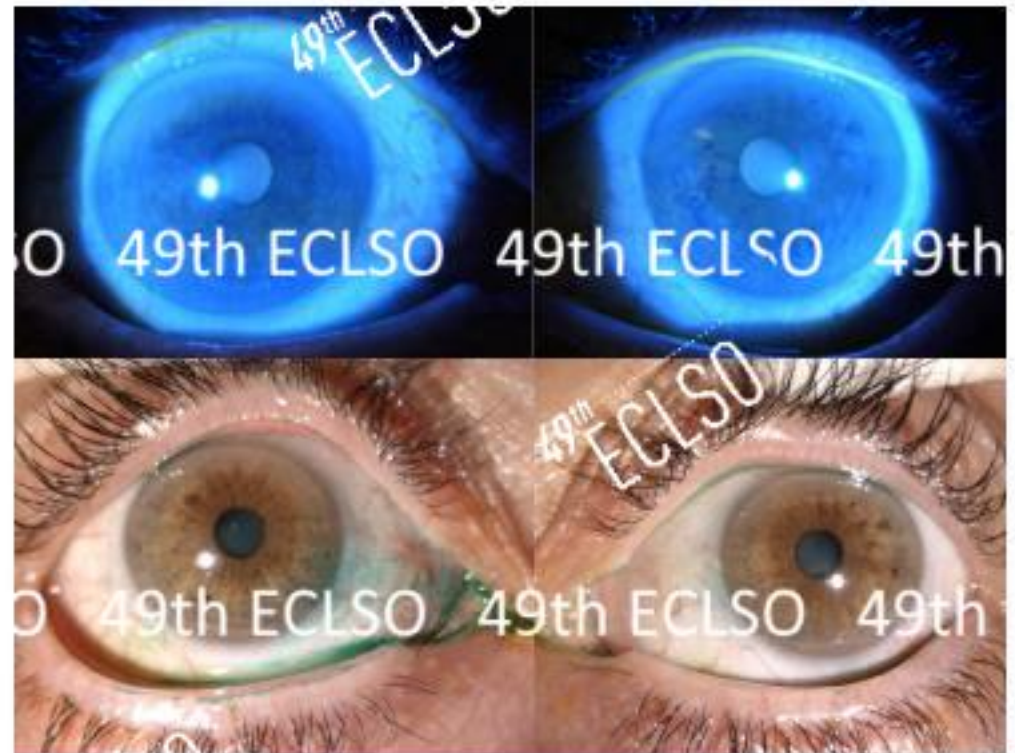
- Alcon
- Astra Zeneca
- Bausch & Lomb
- Santen Pharmaceutical Co. Ltd.
- Kedrion
- Laboratoires Théa
- URSA-pharma
- Seqirus
- SIFI
- SOOFT-Fidia

Dry eye and allergy



- 53, year old housewife woman
- Burning sensation almost no itching
- Allergic conjunctivitis
- Significant dry eye symptoms
- Topical corticosteroids without improvement

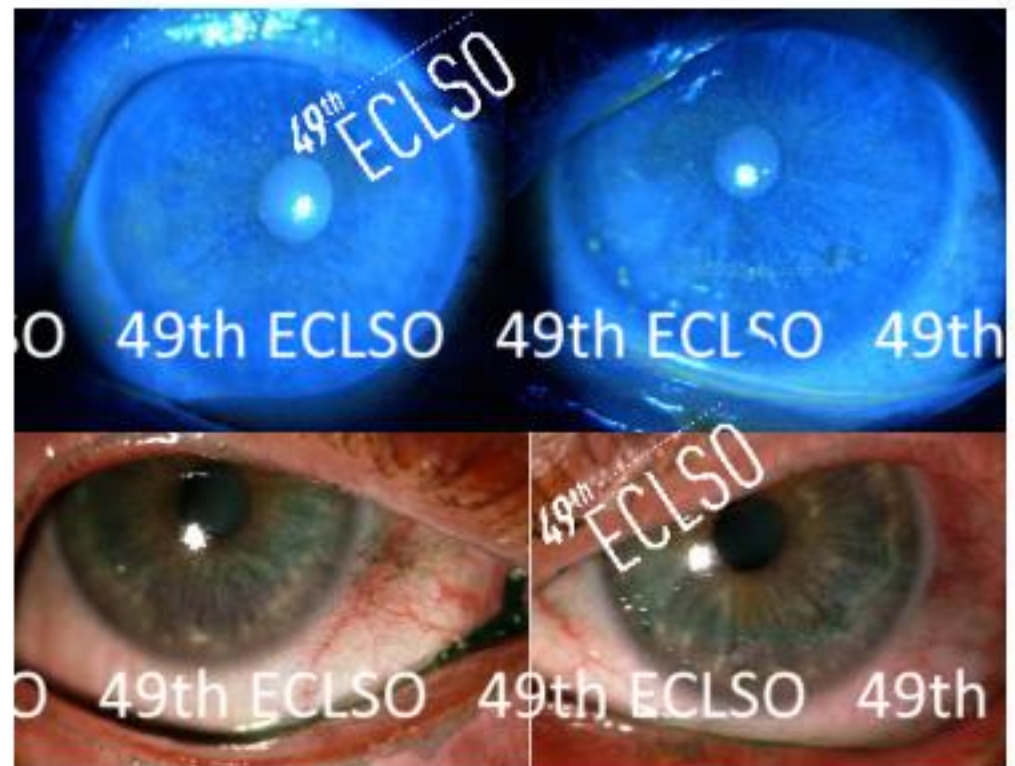
Signs and symptoms suggestive for dry eye in allergic patient



Dry eye and allergy



- 45, year old patient affected by atopic dermatitis
- Blurred vision
- Signs and symptoms and clinical tests suggestive for an overlap syndrome atopic dermatitis and Sjogren syndrome
- Systemic immunosuppressive substances



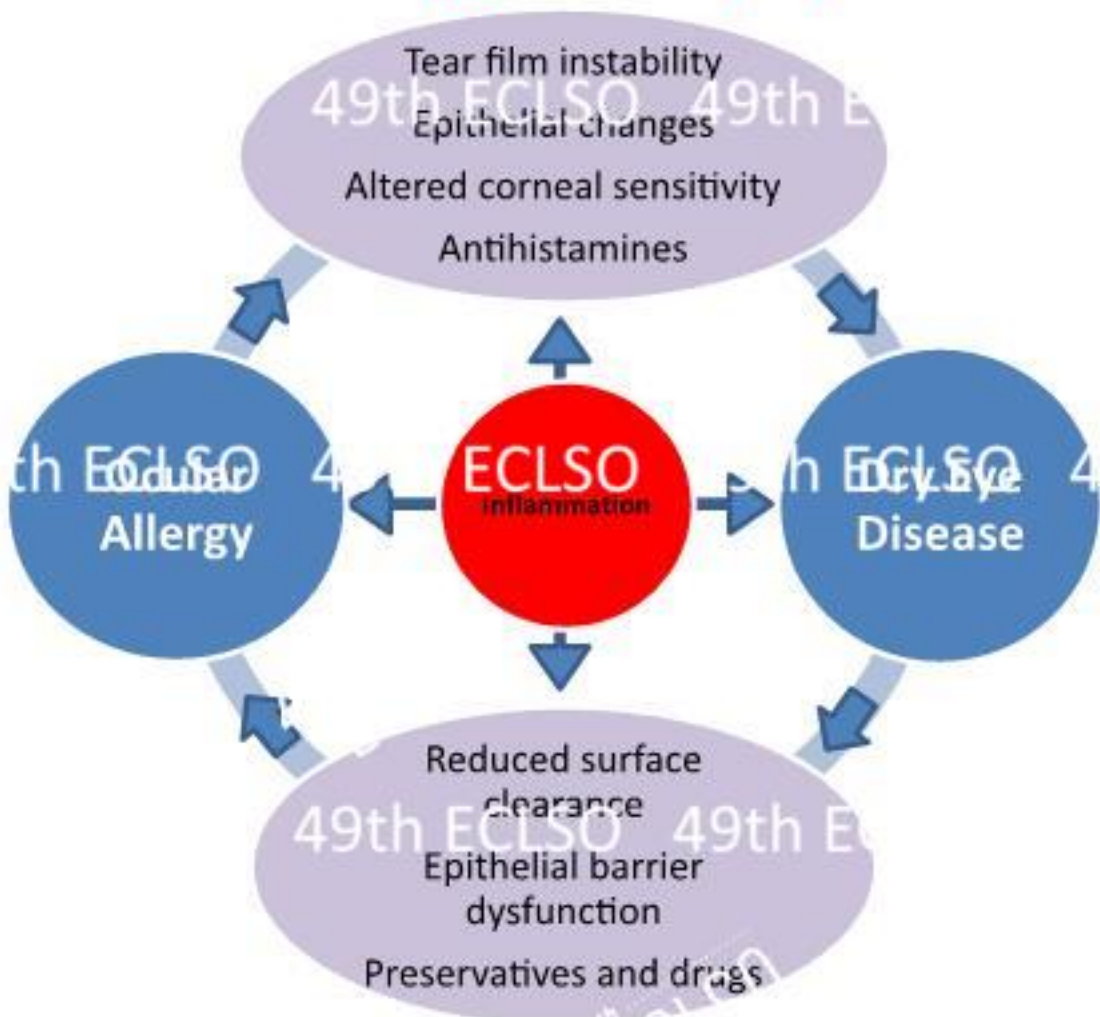
Dry Eye (DED) and Ocular Allergy (OA)

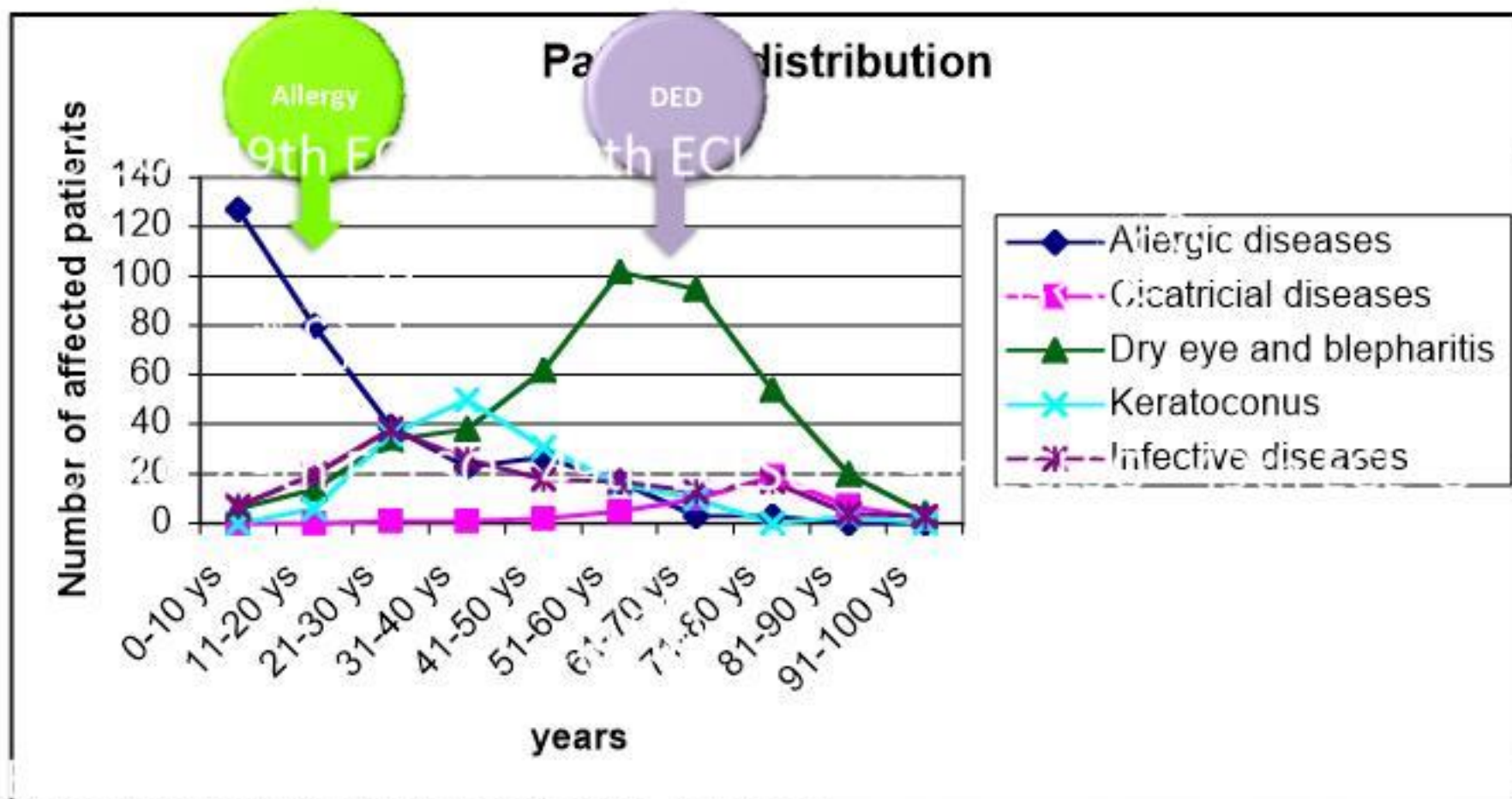
- Major ocular surface disorders affecting millions of people
- Sometimes share similar symptoms
- Common and different mechanisms





Allergy and Dry Eye





1442 patients in 6 Italian referral centers

DED

Non-autoimmune/ Autoimmune hypothesis to DED pathogenesis

Desiccating stress and tear film abnormalities lead to tear hyperosmolarity acting on ocular epithelial cells:

- Activation of specific signaling pathways
- Induction of a (localized) autoimmune disease which can be transferred by T-cells

Prolonged "desiccating stress", hyperosmolarity, or microbial stimuli disrupted immune tolerance of the ocular surface / autoimmune disease

Conjunctival epithelium

Activation of specific

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Th1/Th17 conditioning of Ag-loaded DCs

Training lymph node

Can we all become dry?

DED

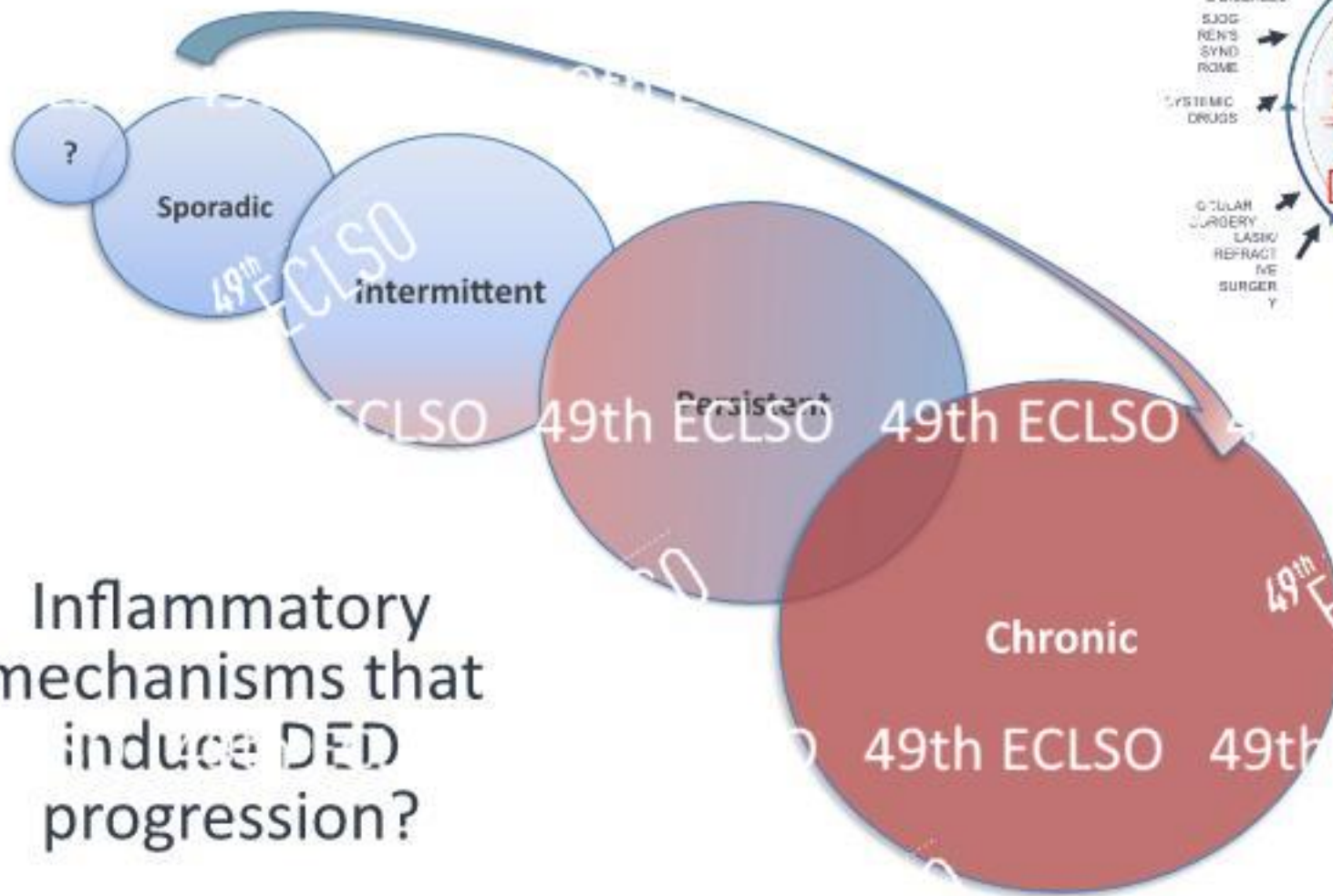


CAE exacerbates signs and symptoms of dry in a manner by

desiccating stress readily induces ocular surface inflammation in healthy subjects

- **Both DED patients and controls**
 - increased corneal staining
 - decreased TBUT
 - increased IL-6, MMP-9, IL-1

Inflammation and disease progression



Can we all become allergic?



All of us are exposed to allergens but in some cases we develop an allergic response”

A specific immune response is necessary in predisposed subjects

- **Only allergic patients** develop
 - Red and itchy eye
 - Respiratory symptoms
 - Increased histamine tear levels



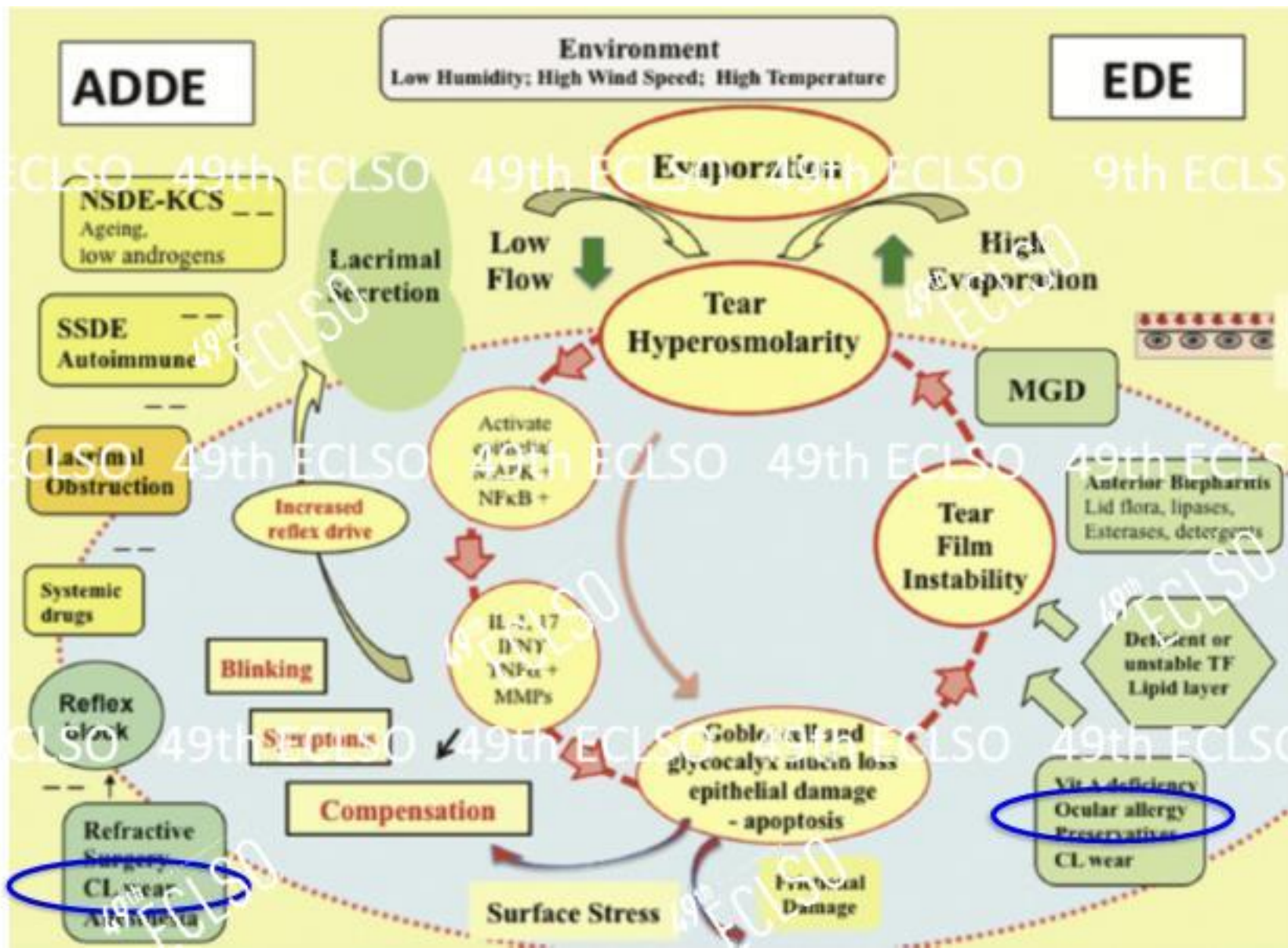
Inflammation in DED and OA

Dry Eye

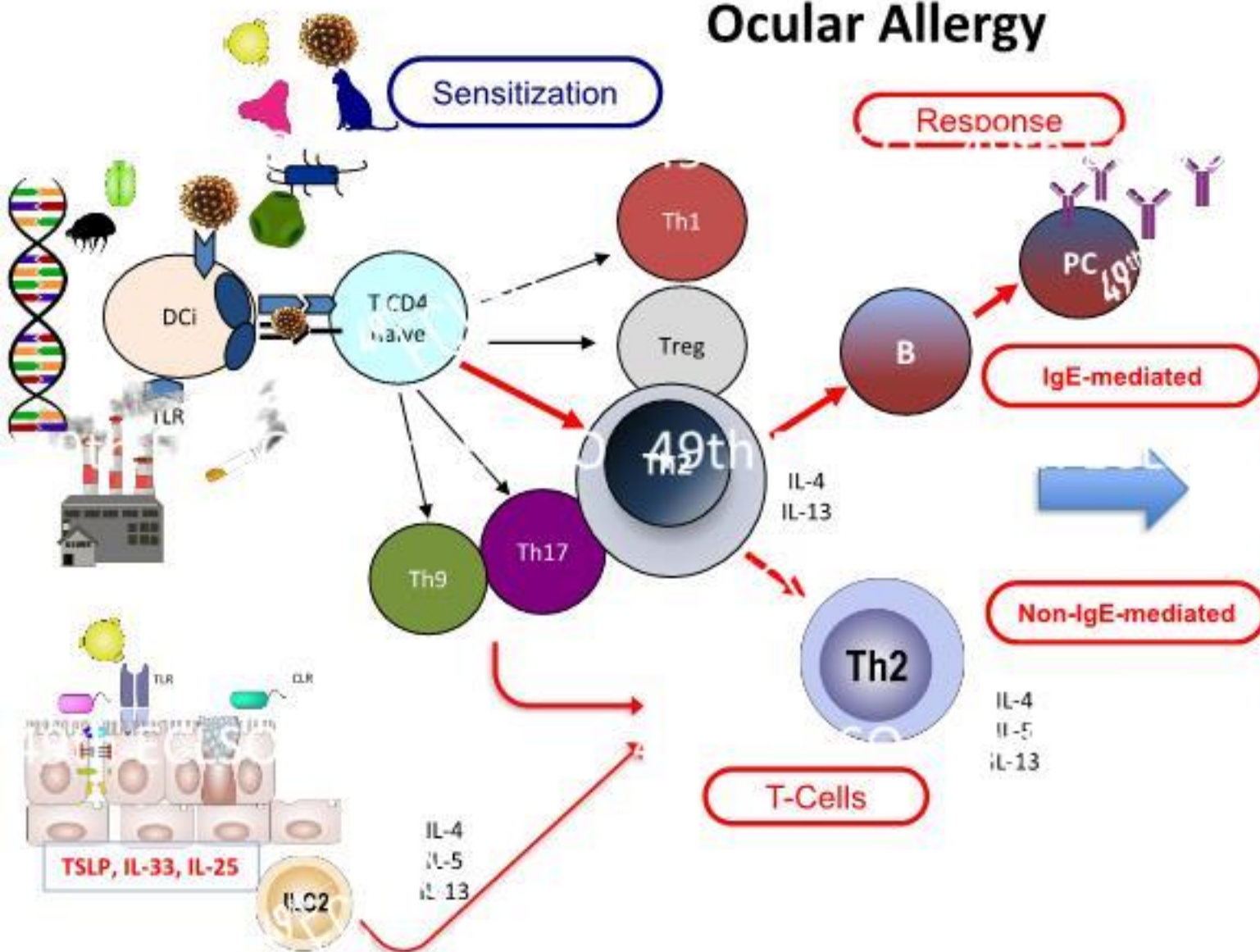
- Type 1/3 immune response
- Dissecting stress / autoimmune reaction
- DC and CD4+ T cells conjunctival infiltration
- Increased levels of IFN- γ and IL-17
- Epithelial apoptosis and goblet cell loss
- Desquamation of apical epithelial cells leading to corneal barrier disruption MMPs-dependent
- Poorly wettable skin-like surface

Ocular Allergy

- Type 2 immune response
- Specific IgE and non-IgE (Th2) sensitization
- Specific mast cell activation
- Eosinophils and Neutrophils infiltration
- Th2 cells and Th2-type cytokines (IL-4, IL-5, IL-13)
- Th17 (IL-17) involvement
- Epithelial toxicity of eosinophil-derived proteins and MMPs
- Tissue remodeling



Ocular Allergy



IgE-mediated

- Seasonal allergic conjunctivitis
- Perennial allergic conjunctivitis
- Vernal keratoconjunctivitis
- Atopic keratoconjunctivitis

Non-IgE-mediated

- Vernal keratoconjunctivitis
- Atopic keratoconjunctivitis
- Contact blepharoconjunctivitis

Ocular Surface Inflammation



Epithelial barrier

Genetic

Microbiome

Pollution

Exposome

Phyco / Neuro / Endocrine

Immuno-senescence

Epithelial dysfunction and damage

Altered gene expression

Dysbiosis

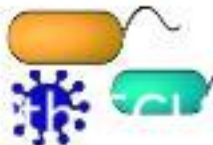
Local Allergy / autoimmunity

Autophagy / Apoptosis

Biochemical and cytological changes

Nerve innervation

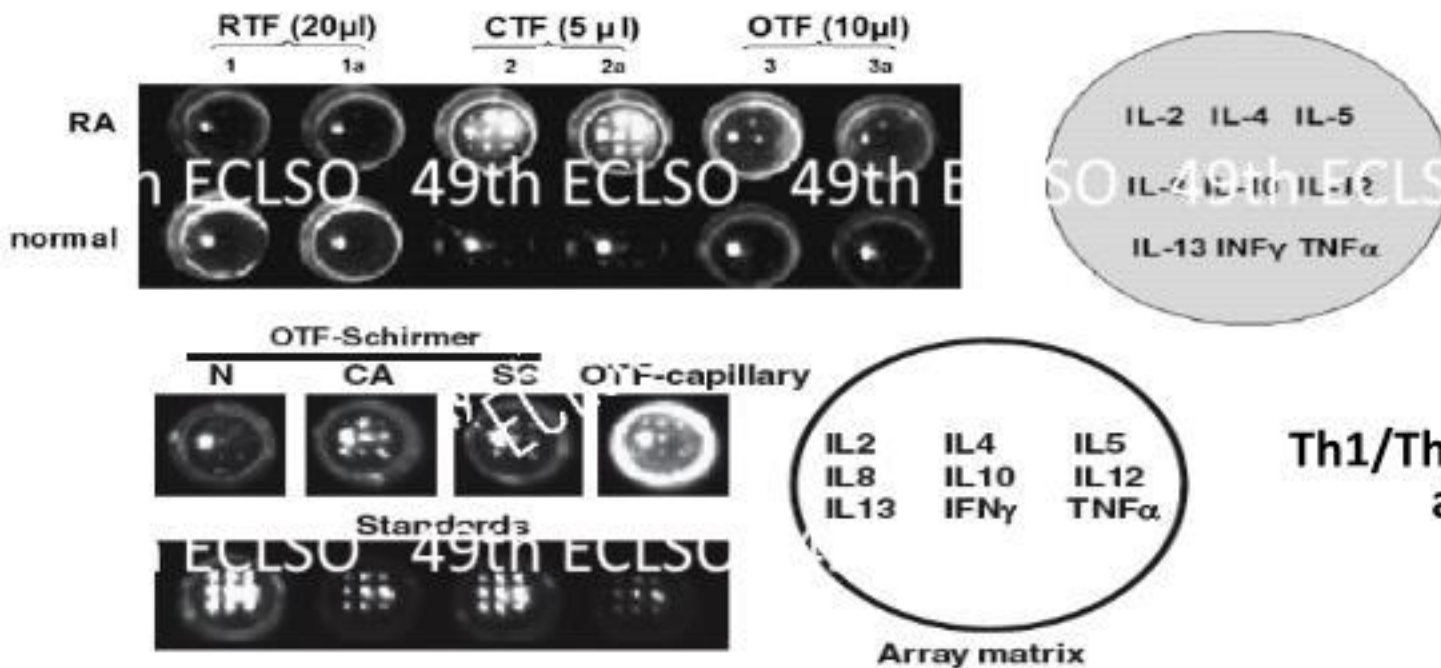
Glycosilation



**Allergy and Dry Eye:
similarities and differences**

Micro well plate array

**Th1/Th2 in Allergic Conjunctivitis
and Sjogren Syndrome**



Elevated cytokines in **DED**: IL-1 α , IL-1 β , IL-6, IL-23, TNF- α , IFN- γ , and IL-17

Increased cytokines in **ALLERGY**: IL-1 α , IL-1 β , IL-4, IL-5, IL-6, IL-13, IL-23, TNF- α , IFN- γ , IL-17

Sack et al. ExpEyeRes 2007
Shimin et al. OptVis Sci 2008
Leonardi et al ClinExpAllergy 2006
Leonardi et al. Allergy 2009

Conjunctival gene expression in SS and VKC by Nanostring

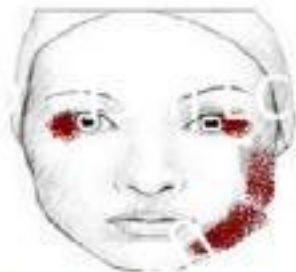
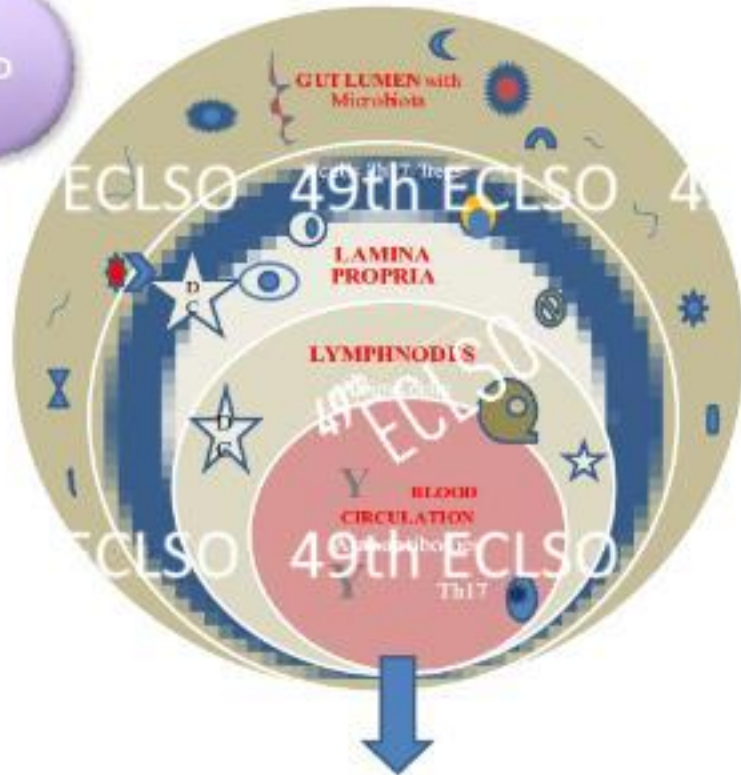
DED
9th EC

Gene	FD	p
Upregulated		
<i>il6</i>	16.7	0.01
<i>CCL24</i>	16.6	0.03
<i>NOD2</i>	8.8	0.001
<i>CXCL9</i>	7.1	0.01
<i>IL23A</i>	5.4	0.02
<i>CCR1</i>	4.9	0.03
<i>CCL4</i>	4.2	0.02
<i>CXCR4</i>	3.9	0.04
<i>TNFA</i>	3.8	0.004
<i>CCL22</i>	3.8	0.0002
<i>NOX1</i>	3.1	0.0009
<i>ITGB6</i>	2.5	0.006
<i>HLA-DRA</i>	2.4	0.0008
<i>ITGB2</i>	2.1	0.009
<i>CXCL10</i>	2.1	0.01
<i>NOS2</i>	2.1	0.004
<i>HLA-DRB1</i>	1.9	0.005
<i>C1QB</i>	1.9	0.03
<i>CFB</i>	1.9	0.0005
<i>CXCL2</i>	1.9	0.04
<i>STAT1</i>	1.8	0.003
<i>MIF</i>	1.8	0.02
<i>C2</i>	1.8	0.0006
<i>TNFAIP3</i>	1.78	0.02
<i>CCL5</i>	1.7	0.002
<i>IL1RN</i>	1.6	0.004
<i>IL15</i>	1.5	0.01

Allergy
SO 4

Gene	Log2 FC	P
Upregulated		
<i>CD1A</i>	7.31	0.000802
<i>CSF3R</i>	7.24	0.0206
<i>IL6</i>	6.94	0.000802
<i>CCL24</i>	6.94	0.00357
<i>FCGR2A</i>	6.71	0.0206
<i>LILRB2</i>	6.55	0.0147
<i>CCL18</i>	6.43	0.00763
<i>SELL</i>	6.23	0.0341
<i>IRAK3</i>	6.04	0.000362
<i>CXCR4</i>	6.02	0.0451
<i>CXCL1</i>	5.97	0.000362
<i>CLECTA</i>	5.84	0.0113
<i>SOCS3</i>	5.75	0.0341
<i>CD274</i>	5.42	0.00237
<i>ITGAX</i>	5.42	0.0463
<i>NCF4</i>	5.29	0.0347
<i>TGFB1</i>	5.16	0.00002
<i>ICAM2</i>	4.99	0.00163
<i>MRC1</i>	4.97	0.0347
<i>ICAM1</i>	4.92	0.0028
<i>IL2RG</i>	4.91	0.00463
<i>CIITA</i>	4.88	0.00237
<i>CCL22</i>	4.86	0.0012
<i>IRF7</i>	4.85	0.00362
<i>JAK3</i>	4.82	0.023
<i>FYN</i>	4.81	0.00463
<i>CARD9</i>	4.76	0.00439
<i>CISH</i>	4.75	0.0286

DED



Sjogren's Syndrome

Microbiome and DED

- Host immunity to pathogens is largely regulated by the commensal microbiota
- The microbiota implication in autoimmune response's regulation is still a matter of discussion
- **In the context of autoimmunity** could be "protective, neutral, or provocative"
 - Molecular mimicry
 - Pathogen-associated molecular patterns (PRRs)
 - Microbial metabolites

Can gut microbiota/immunity trigger autoimmune procedures at distal sites ?

Altered Mucosal Microbiome Diversity and Disease Severity in Sjögren Syndrome

Cintia S. de Paiva¹, Dan B. Jones¹, Michael E. Stern², Fang Bian¹, Quianta L. Moore¹, Shani Corbiere³, Charles F. Streckfus⁴, Diane S. Hutchinson⁵, Nadim J. Ajami⁶, Joseph F. Petrosino⁵ & Stephen C. Pflugfelder¹

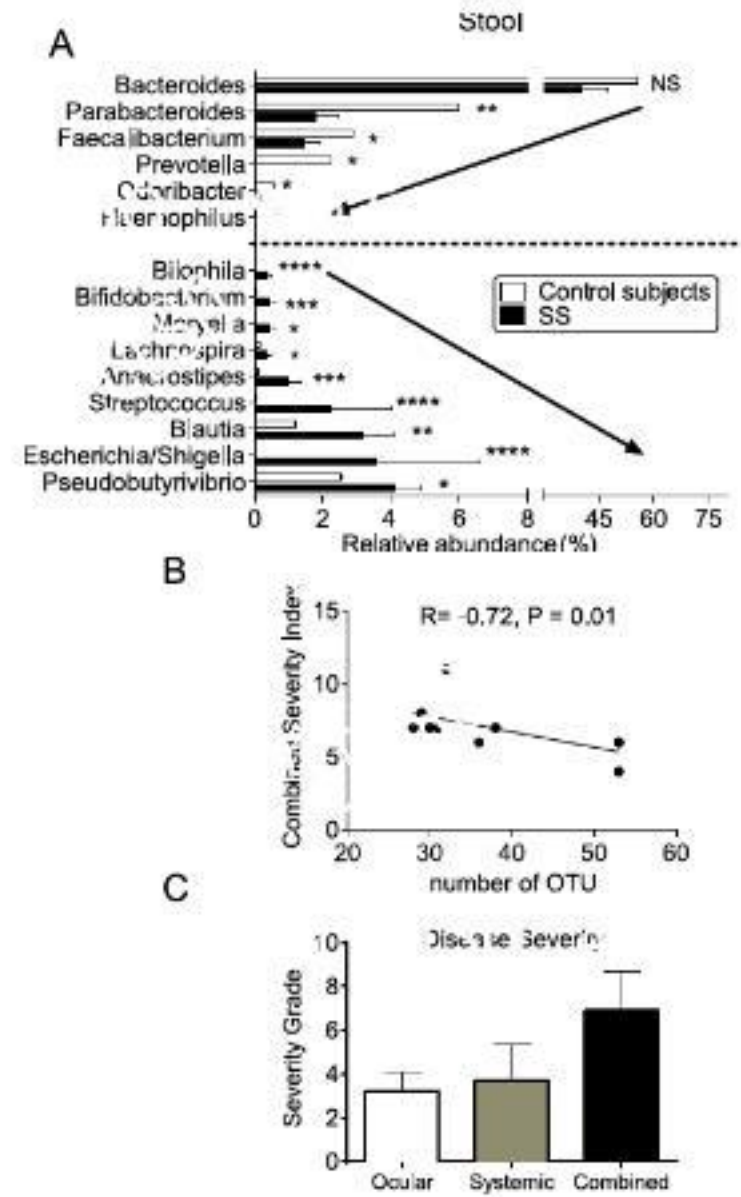
Scientific Reports | 6:23561 | DOI: 10.1038/srep23561

Aims

Characterized conjunctival, tongue and fecal microbiome profiles of patients with SS

S.S. patients:

- Dysbiotic intestinal microbiome
 - low relative abundance of commensal bacteria
 - high relative abundance of potentially pathogenic genera
- The severity of SS disease was inversely correlated with microbial diversity





Higher microbial alpha and beta diversities in VKC than CT

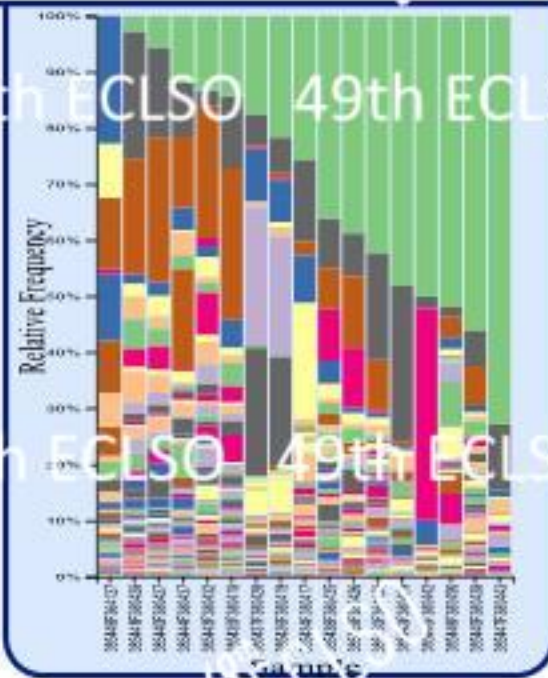


Metagenomic analysis of the conjunctival bacterial and fungal microbiome in vernal keratoconjunctivitis

Andrea Leonardi, Rocco Luigi Modugno, Fabiano Cavarzeran, Umberto Rosani

First published: 28 May 2021 | <https://doi.org/10.1111/all.14963>

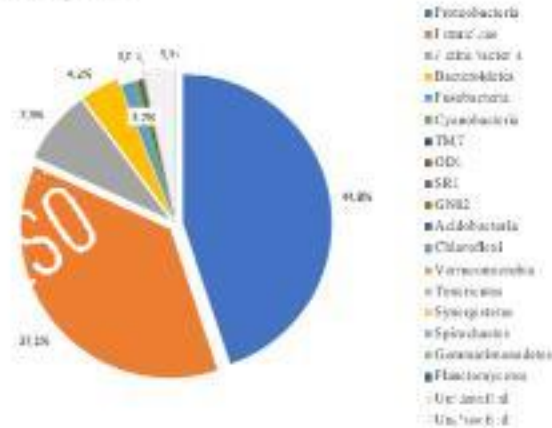
Increased bacterial dysbiosis in VKC vs CT



VKC

CT

A
Phylum level - VKC patients



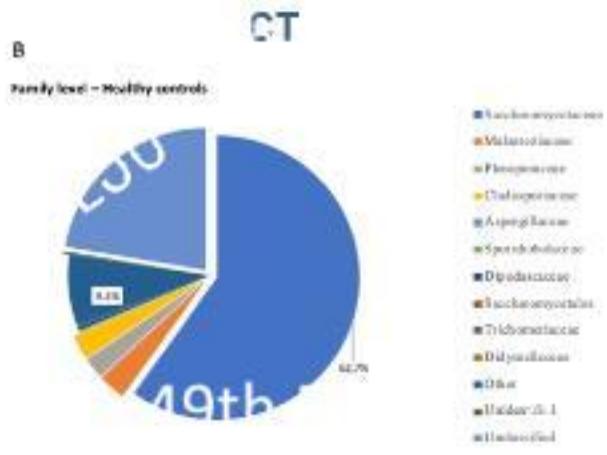
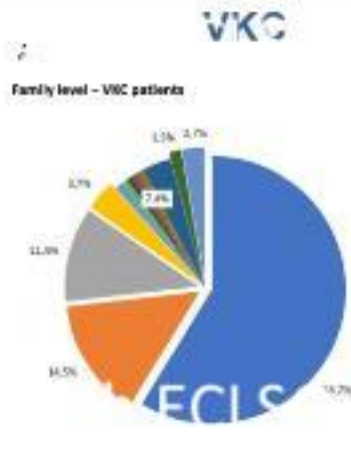
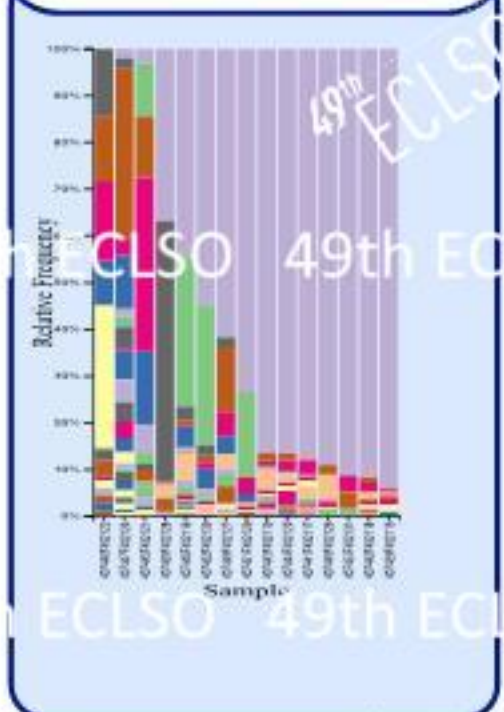
B
Phylum level - Healthy controls



Proteobacteria (VKC 44.2%; HC 67.7%; $p < 0.0001$)
Firmicutes (VKC 36.6%; HC 22.1%; $p < 0.0001$)
Actinobacteria (VKC 7.8%; HC 3.7%; $p < 0.0001$)
Bacteroidetes (VKC 4.1%; HC 2.1%; $p < 0.0001$)
accounted for > 90% of all the reads

Conjunctival fungal microbiome

Malasseziaceae OTUs were significantly higher in VKC vs CT

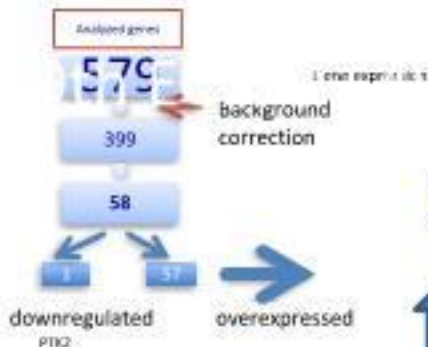


Saccharomycetaceae (VKC 61.5%; HC 62.7%; $p < 0.0001$)
 Malasseziaceae (VKC 16.5%; HC 3.3%; $p < 0.0001$)
 Pleosporaceae (VKC 5.0%; HC 2.6%; $p < 0.0001$)
 Cladosporiaceae (VKC 4.2%; HC 3.0%; $p < 0.0001$)

Conclusions
 Higher diversity and dysbiosis highlights the role of the host-microbes interaction in VKC pathogenesis.

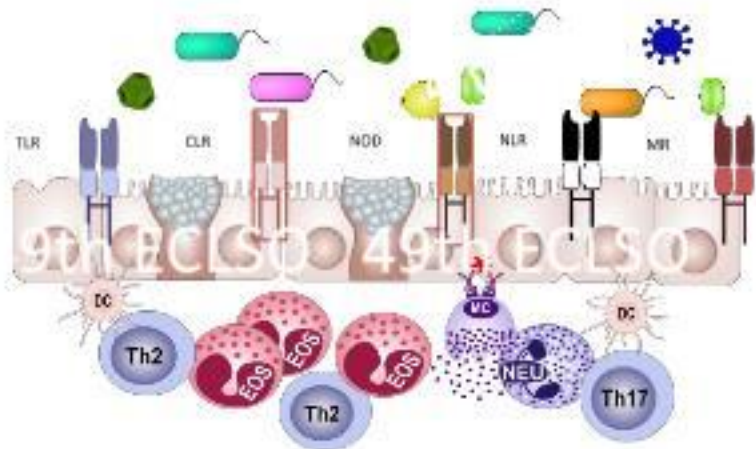
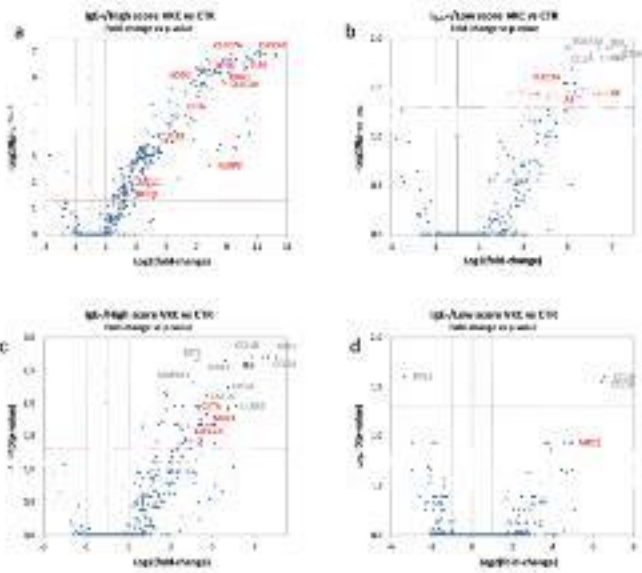
Transcriptomic

Increased expression of TLRs, NLRs and CLRs in both IgE+ and IgE- VKC



pattern recognition receptors (PRRs)

TLR4, TLR8, Dectin1/CLEC7A, CLEC4A, Mincle/CLEC4E, Dectin3/MCL1, MRC1/CLEC13D, NOD2, NLRP3



The innate immune system interacts with local microbiome

Pattern recognition receptors (PRRs) recognize:

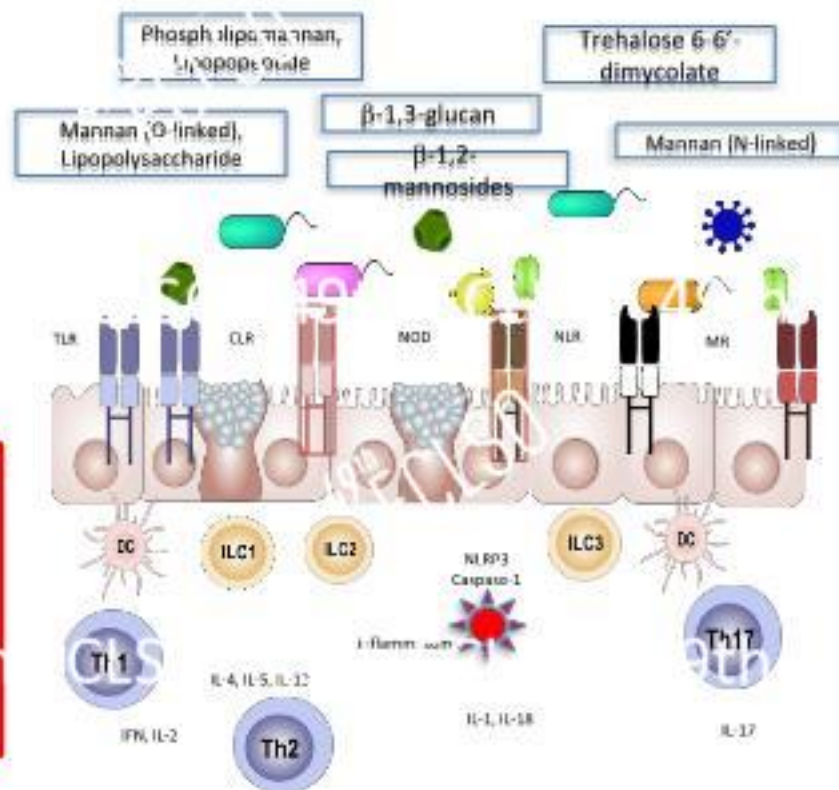
- Pathogens-associated molecular patterns (PAMPs)
- Damage-associated molecular patterns (DAMPs)

The PRRs are divided into four families:

- Toll-like receptors (TLR)
- Nucleotide-binding oligomerization domain-like receptors (NLR)
- C-type lectin receptors (CLR)
- RIG-1 like receptors (RLR)

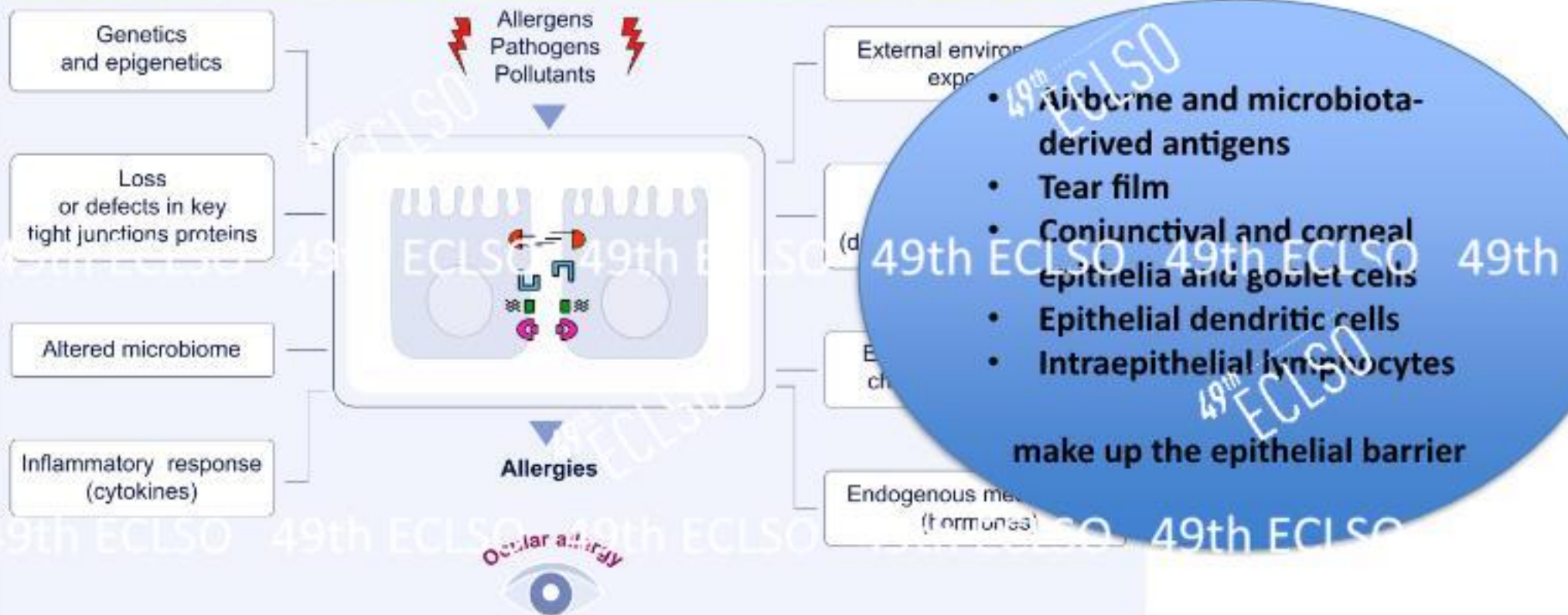
Hypothesis:

glycan, phospholipid, carbohydrate residues of allergens, microbes or proteins, can engage innate receptors on epithelial and dendritic cells priming a Th1, Th2, Th3 response or trigger inflammasome response

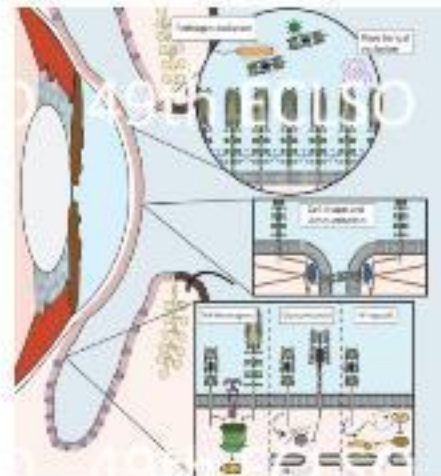
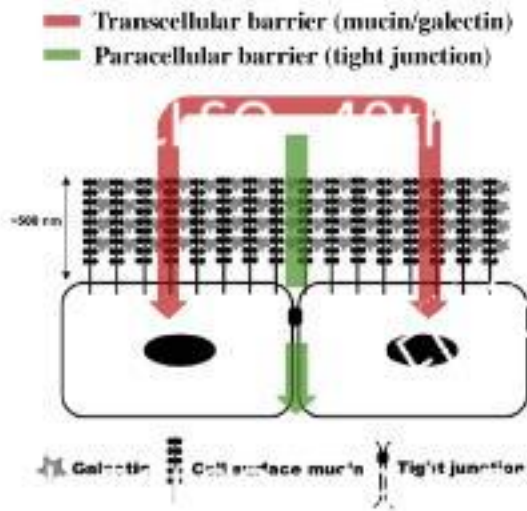


Epithelial barrier

Factors causing epithelial barrier disruption



Epithelial Barrier

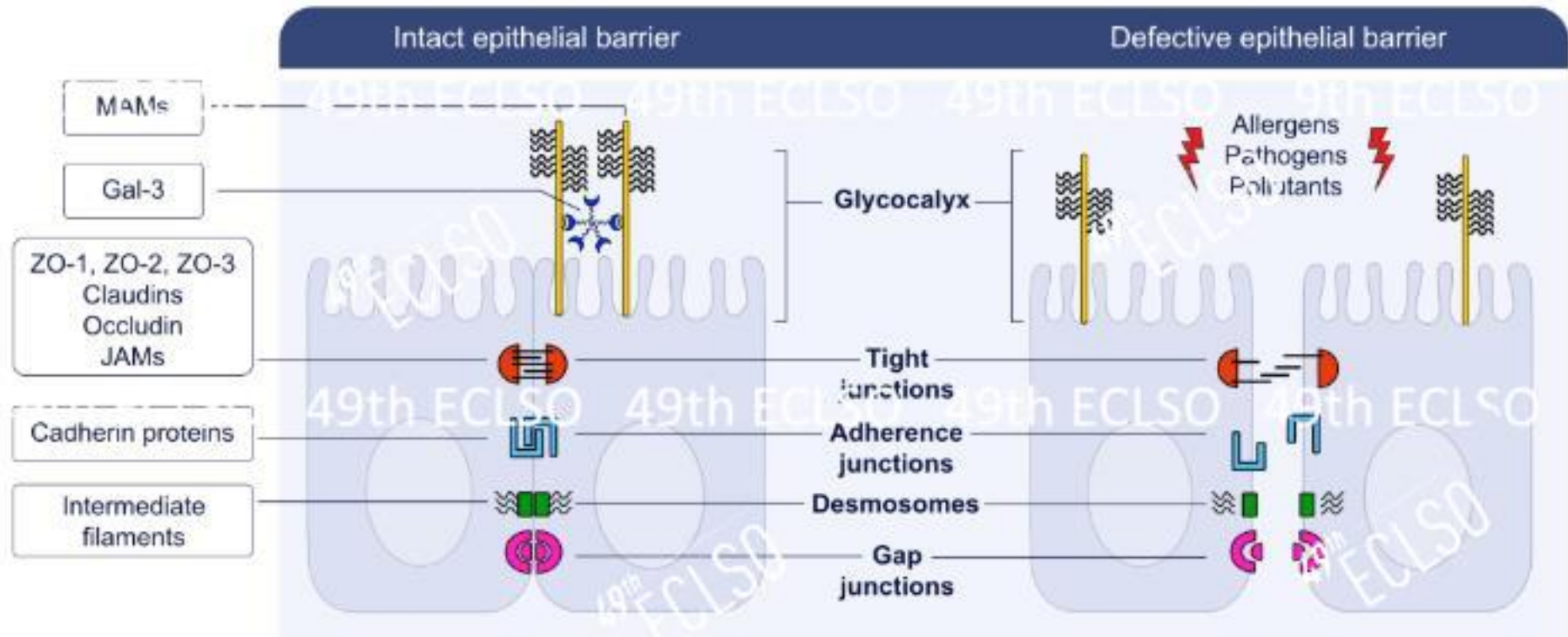


- **Transcellular Barrier:** membrane-associated mucins (MAMs: MUC1, MUC4, MUC16, MUC21, MUC22) and galectin-3 (LGALS3)
 - MAMs cross-linked by LGALS3
- **Paracellular Barrier:** stratified epithelia sealed by tight junctions (TJs), adherens junctions (AJs) and desmosomes

Functions

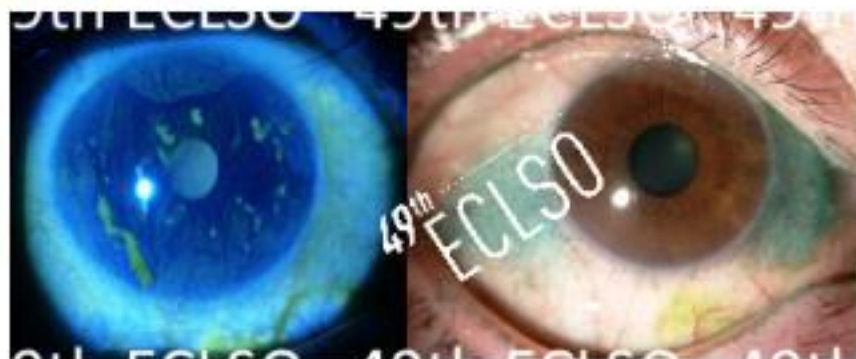
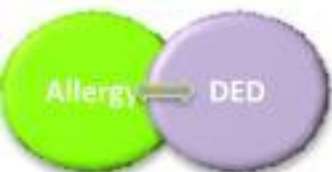
- Mechanical
- Pathogen exclusion
- Regulation of inflammation
- Determination of cell shape and desquamation
- Stabilization of ion channels

Epithelial Barrier function and dysfunction



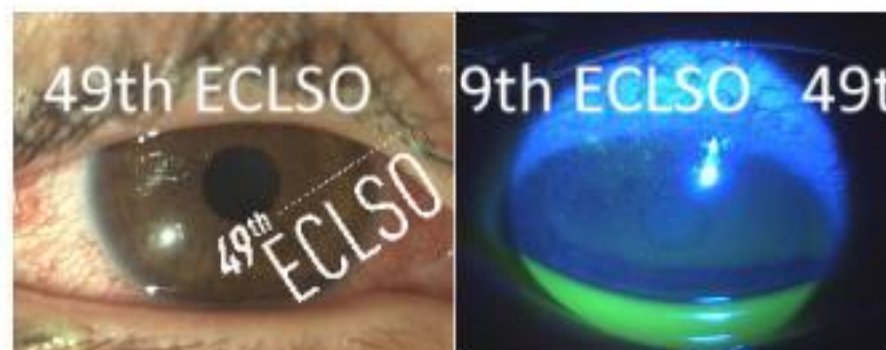
Consequences of barrier disruption

- Facilitation of allergen penetration and sensitization
- Increased susceptibility to pathogens
- Tissue remodeling
- Disease chronicity



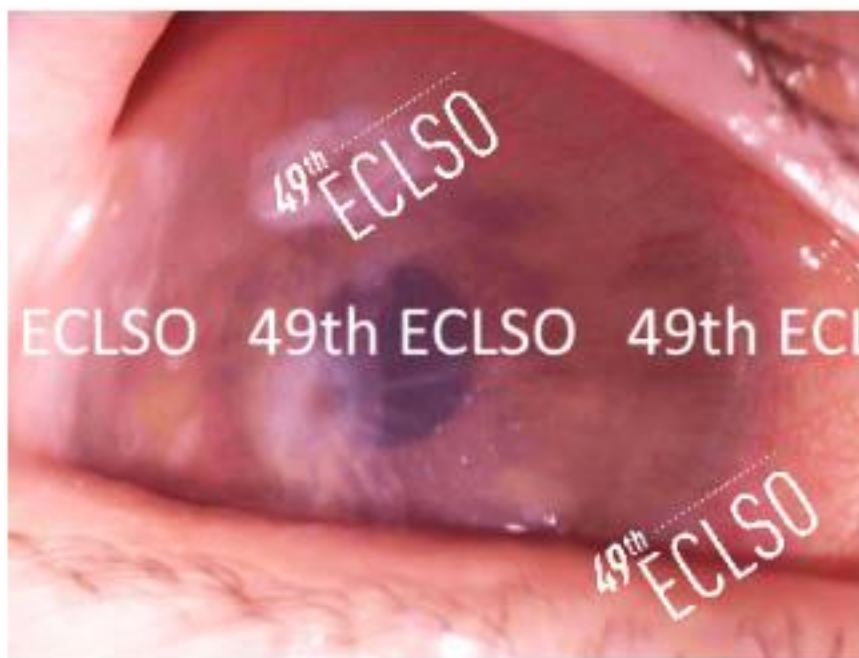
Keratitis in Dry Eye Disease

1. Deficiency of MUC16 and/or galectin-3, or of other constituents of the mature glycocalyx
2. Loss of tight junction integrity
3. Desquarnating, damaged or dead cells
4. Surface irregularities or defects
5. Increased expression of proteases (MMP9)



Keratitis in Ocular allergy

1. Loss of epithelial barrier
2. Increased expression of cytokines and chemokines by epithelial cells
3. Cytotoxic effect eosinophil-derived granule proteins (EDGPs)
4. Altered expression of mucins and glycans
5. Increased expression of proteases (MMPs)
6. Lower levels and activity of anti-proteases



Keratitis in Dry Eye Disease (SS)



Keratitis in Ocular allergy (AKC)

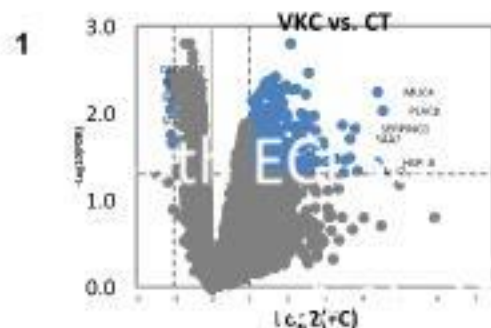


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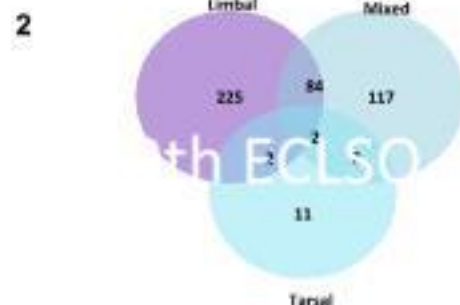
Evidence of epithelial remodeling but not epithelial mesenchymal transition by transcriptome profiling in vernal keratoconjunctivitis

Andrea Leonardi, Philippe Dault, Umberto Rosani, Fabiano Cavarzeran, Elena Salami, Jean-Sebastien Garrigue, Paola Brun ... See fewer authors

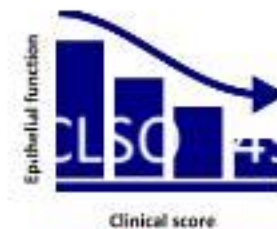
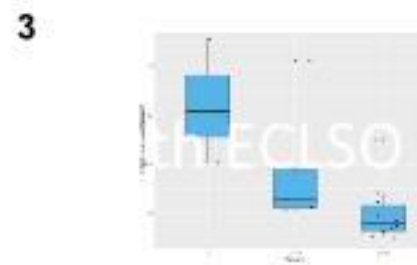
First published: 19 July 2022 | <https://doi.org/10.1111/all.15450>



Higher VKC severity = Higher number of DEGs

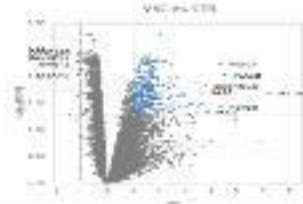


The 3 phenotypes have few DEGs in common



Higher VKC severity = Decreased epithelial function

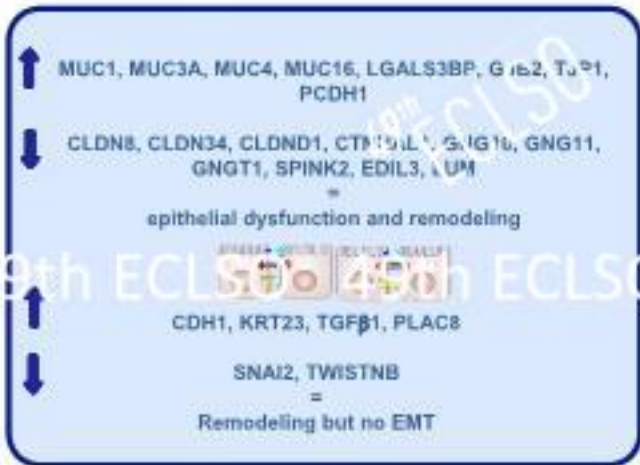
Epithelial remodeling and EMT in VKC



Evidence of epithelial remodeling but not epithelial mesenchymal transition by transcriptome profiling in vernal keratoconjunctivitis

Leonardi et al. Allergy 2022; 77(10): 2483-2494. doi: 10.1111/all.15460

- The affymetrix analysis tested 21,448 probes
- 325 DEGs: 93 over-expressed and 241 down-regulated



Epithelial barrier dysfunction

Increased expression of:

- Occludin
- Tight junction protein 1
- Cingulin
- Claudin 1
- Cadherins 1, 3, 26, CDHR3
- PAR 6 beta
- Galectin 3
- MUC1, MUC3A, MUC4, MUC16

Decreased expression of:

- Claudin -8, -10, -34
- Cadherin 9
- Catenin alpha, p-120
- PAR-6 alfa

EMT**

Increased expression of:

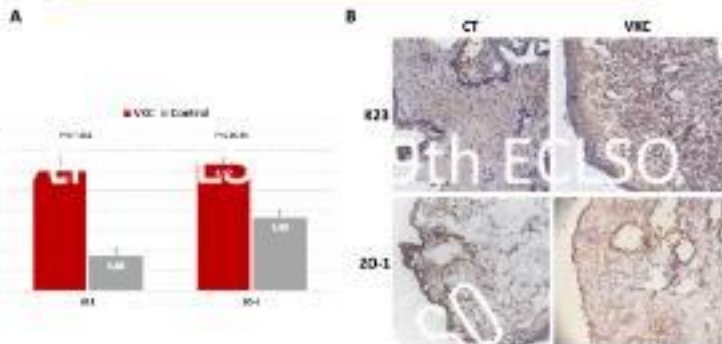
- MUC5AC
- E-Cadherin
- Amphiregulin
- HIF1A
- Fibronectin type III

Normal expression

- Vimentin
- N-Cadherin
- Fibronectin 1
- Zeb1

Decreased expression of:

- Snail2



How does Allergy become DED?

- Tear film instability
- Altered MUC expression
- Drug-induced (anti-H1; anti-M)
- Secondary blepharitis
- Mechanical



Tear film abnormalities in OA

Suzuki et al. Tear film lipid layer alterations in allergic conjunctivitis. *Acta Ophthalmol* 2005; 83(3):277-80.

- Tear film lipid layer alterations in allergic conjunctivitis
- In SAC vs CT:
 - Increased lipid layer thickness
 - Reduced mean BUT (3.4 +/- 1.5 vs 5.2 +/- 1.5)
 - Negative correlation between lipid layer thickness and BUT

Chen et al. High incidence of dry eye in young children with allergic conjunctivitis. *Acta Ophthalmol* 2016; 94:e727–e730.

- The incidence of dry eye by BUT is higher in children with allergic conjunctivitis than CT
- Subjective symptoms of dry eye were inconsistent with objective signs

Reduced BUT in allergic subjects

Altered MUC expression in Ocular Allergy

- Reduction in goblet cell counts related to instability
- Up-regulation of MUCs 1, 2, 4 and 16 in atopic patients compared with CT
- Increased expression of MUCs 1, 3A, galectin 3
- Down-regulation of MUC5AC mRNA in eyes with corneal ulcers compared with CT

Altered expression of membrane-associated mucins (MAMs)

Primary or secondary?

Drug-induced dryness in Ocular Allergy

Ocular drying associated with oral antihistamines (Loratadine)
Welch et al. *Cornea* 2000;19: (Suppl): S135.

- **Tear flow and volume are decreased as a result of**

An evaluation of the ocular drying effects of oral antihistamines
cetirizine hydrochloride. Ousler et al. *Ann Allergy Asthma Immunol* 2000;85: 40-44.

- **In healthy individuals loratadine and cetirizine are associated with ocular dryness: increased conjunctival staining, and decreased TFU.**
- **Loratadine induces significantly more conjunctival staining than cetirizine.**

Topical and systemic anti-histamines have an anti-muscarinic activity



How does DED become Allergy?

- Antigen remains longer than usual on the conjunctiva (poor tear clearance)
- Altered epithelial barriers
- Drug-induced allergy



Allergy and Dry Eye: similarities and differences

General	Allergy	Dry Eye
Age	young adults	>50
M/F	= (VKC: M>F)	F>M
Prevalence	15-30%	5-35%
Family history	positive	negative
Personal history	positive	negative (autoimmune)
Pathogenesis	IgE-MC / Th2	Epithelial stress Inflammation Th1/ Th17/ autoimmune

Allergy and Dry Eye: similarities and differences

49th ECLSO Clinical	49th ECLSO Allergy	49th ECLSO Dry Eye
Itching	+++	++
Burning/Foreign body sensation	+	+++
Tearing	++	-
Redness	diffuse	Inter-palpebral
Papillae / follicles	papillae	follicles
Cornea	No in SAC / PAC Only in VKC and AKC	Punctate keratopathy

Allergy and Dry Eye: similarities and differences

Clinical Test	ALLERGY	DRY EYE
Schirmer	-	++
TF-BUT	+	+++
Staining	SAC/PAC - VKC/AKC +++	+++
Cytology	Eosinophils	Abnormal epithelial cells
IgE	+++	-
Tear Histamine	++	+/-

Ocular Allergy and Dry Eye

- **OA more frequent in young subjects, DED in adults**
- **Different pathophysiologies**
- **Similar symptoms, different histories**
- **Overlaps/ coexistence of the two diseases**



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Santen

Acknowledgments

- Department of Ophthalmology
 - Iva Fregona
 - Daniele Violato
 - Daniela Lazzarini
 - Fabiano Cavarzeran

- Department of Molecular Medicine
 - Paola Brun
 - Elena Tarricone

- Department of Biology
 - Paola Venier
 - Umberto Rosani

- Department of Laboratory Medicine
 - Mario Plebani
 - Diego Faggian
 - Franco Borghesan

- Harvard University, Boston and ORA Clinical, US
 - Marc Abelson
 - Lisa M Smith

- Institute of Polymers, Composites and Biomaterials, CNR, Catania
 - Domenico Garozzo
 - Angela Messina

- SUNY University, New York, US
 - Robert Sack

- Department of Ocular Biology & Therapeutics (ORBIT), UCL Institute of Ophthalmology, London, UK
 - Virginia Calder

- GER Genomics, University of Genève
 - Mylène Docquier

- Department of Human Anatomy & Cell Science University of Manitoba, Winnipeg, Canada
 - Saehid Ghavami

- R&D Santen, Evry, France
 - Philippe Daull
 - Jean-Sébastien Garrigue

