Lymphocyte B and T cell subsets in peripheral blood from patients with asbestosis

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Abstract
Peripheral blood lymphocytes were analysed by indirect staphylococcus protein A (SPA) rosette assay using monoclonal antibodies that identify B cells, total T cells (OKT3+), helper-inducer T cells (OKT4+), and suppressor-cytotoxic T cells (OKT8+). The purpose of this investigation was to determine the characteristics of lymphocyte B and T subsets in peripheral blood, and the relation of the changes to radiographic abnormalities in workers exposed to asbestos.

Methods
Lymphocyte B and T subsets in peripheral blood were analysed using the indirect SPA rosette assay as described by Weitao et al. 1

Statistical analysis was performed using software for standard statistical methods (analysis of variance).

Results
Results are shown in the table.

Discussion
Several immunological derangements have been shown in persons exposed to asbestos. The most consistent findings are an increase in B cell lymphocyte activity with increased concentrations of various immunoglobulins and autoantibodies, and defective T cell activity manifested by weak or absent delayed cutaneous reactions to common antigens such as tuberculin protein. A decrease in T lymphocytes in the blood has been reported and both subsets (helper/inducer and suppressor/cytotoxic) seem to be affected.1

Our data are in agreement with most previous investigations of populations exposed to asbestos;2-6 showing aberrations of cell mediated immunity (decreased T cell numbers) and hyperactive humoral immunity (increased percentages of B cells). Differentiation of T lymphocyte subgroups showed that as a group subjects with exposure to asbestos had decreased percentages of OKT3+ and OKT4+ cells and OKT4+/OKT8+ ratio and an increased percentage of OKT8+ cells compared with controls. Among radiographic subgroups, subjects with normal radiographs were similar to controls, but there

Subjects and methods
SUBJECTS
Two groups of subjects were investigated. Both were from a factory using chrysotile. The first group consisted of 55 subjects (age range 41-73) whose exposure to asbestos ranged from 12 to 34 years. x Ray films were read and classified using the International Labour Office classification of radiographs for pneumoconiosis. Three subgroups of workers were identified: those with equivocal films (0/1), or abnormal films (1/1 and 2/2). The control group consisted of 40 industrial workers with no known exposure to asbestos (age range 31-67). All workers smoked less than six cigarettes a day.

Characteristics of lymphocyte B and T subsets in peripheral blood of workers exposed to asbestos and normal controls

<table>
<thead>
<tr>
<th>Study groups</th>
<th>No of subjects</th>
<th>Duration of exposure to asbestos(y)</th>
<th>TLC (x 10⁵)</th>
<th>B cells</th>
<th>OKT3+</th>
<th>OKT4+</th>
<th>OKT8+</th>
<th>OKT4+/OKT8+</th>
</tr>
</thead>
<tbody>
<tr>
<td>Controls</td>
<td>40</td>
<td>0</td>
<td>2.35 (0.40)</td>
<td>7.50 (1.10)</td>
<td>62.74 (4.40)</td>
<td>39.6 (3.9)</td>
<td>25.5 (3.7)</td>
<td>1.59 (0.32)</td>
</tr>
<tr>
<td>Total asbestos group</td>
<td>55</td>
<td>23-20 (5-60)</td>
<td>1.93 (0.61)**</td>
<td>12.30 (2.30)**</td>
<td>56.80 (5.10)**</td>
<td>35.6 (4.8)**</td>
<td>28.3 (4.4)**</td>
<td>1.29 (0.32)**</td>
</tr>
<tr>
<td>0/1 worker group</td>
<td>5</td>
<td>26-20 (4-76)</td>
<td>1.82 (0.52)*</td>
<td>11.70 (1.80)**</td>
<td>61.80 (2.90)</td>
<td>39.4 (4.8)</td>
<td>26.0 (2.6)</td>
<td>1.53 (0.27)</td>
</tr>
<tr>
<td>1/1 worker group</td>
<td>38</td>
<td>23-42 (5-33)</td>
<td>2.05 (0.64)</td>
<td>12.90 (2.20)**</td>
<td>57.37 (4.90)**</td>
<td>36.3 (4.3)**</td>
<td>27.6 (4.4)**</td>
<td>1.36 (0.32)**</td>
</tr>
<tr>
<td>2/2 worker group</td>
<td>12</td>
<td>21-38 (6-72)</td>
<td>1.57 (0.26)**</td>
<td>12.20 (2.50)**</td>
<td>52.96 (3.90)</td>
<td>31.4 (3.5)**</td>
<td>31.6 (3.4)</td>
<td>1.00 (0.09)**</td>
</tr>
</tbody>
</table>

*p < 0.05; ** < 0.01.
Figures are given in percentages of mononuclear cells in peripheral blood; values are expressed as mean (SD). TLC = Total lymphocyte count.
seemed to be a progressive decrease in percentages of OKT3+ and OKT4+ cells and the OKT4+/OKT8+ ratio, and an increase in percentage of OKT8+ cells in those with radiographic abnormalities. Also, there were no significant differences between the various asbestos exposures.

As immunoregulatory disturbance usually results from changes in B and T cell numbers, especially in T cell subpopulations and the OKT4+/OKT8+ ratio, study of these changes may help to investigate the immunological pathogenesis of asbestosis. The analysis of T cell subsets as well as B and T cell numbers may have diagnostic and predictive value for the asbestos related diseases.

References


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