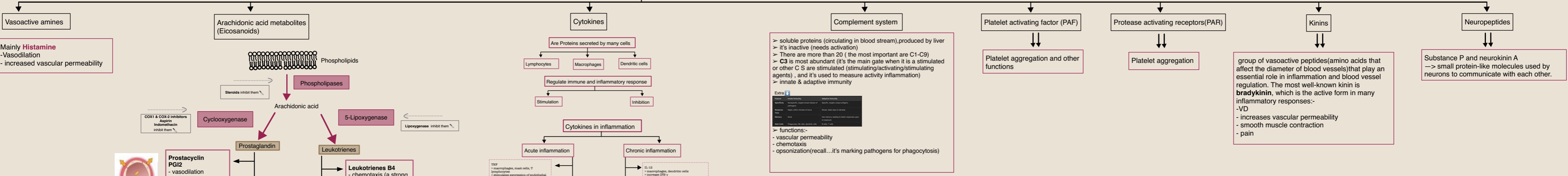


Mediators of inflammation



Mainly **Histamine**
- Vasodilation
- increased vascular permeability

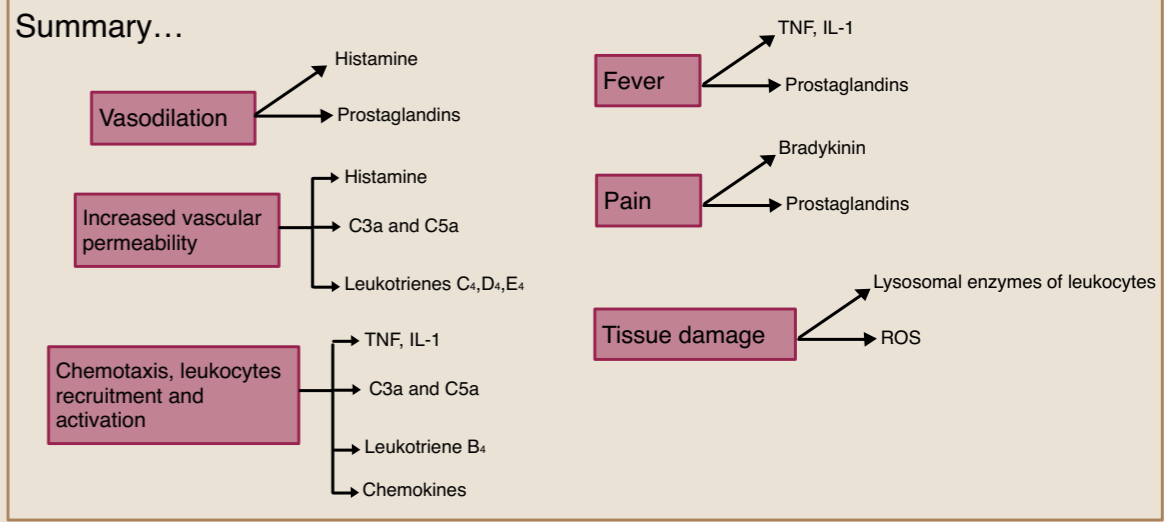
> soluble proteins (circulating in blood stream), produced by liver
> it's inactive (needs activation)
> There are more than 20 (the most important are C1-C9)
> **C3** is most abundant (it's the main gate when it is a stimulated or other C S are stimulated (stimulating/activating/stimulating agents) , and it's used to measure activity inflammation)
> innate & adaptive immunity

Product	Major Function	Associated Immunity
C1	Regulates the complement system	Innate
C2	Regulates the complement system	Innate
C3	Opsonization, chemotaxis, inflammation	Innate
C4	Opsonization, chemotaxis, inflammation	Innate
C5	Opsonization, chemotaxis, inflammation	Innate
C6	Membrane attack complex (MAC)	Innate
C7	Membrane attack complex (MAC)	Innate
C8	Membrane attack complex (MAC)	Innate
C9	Membrane attack complex (MAC)	Innate

> functions:-
- vascular permeability
- chemotaxis
- opsonization (recall...it's marking pathogens for phagocytosis)

There are 3 major mechanisms to fix(activate) the complement via activating C3 [classical, alternative and lectin pathways]
Functions of C S:-
- **Inflammation**:- C3a, C5a anaphylatoxins (strongest chemotactic agents).
- **Opsonization & phagocytosis**:- C3b enhancement of phagocytosis
- **Cell lysis**:- **MAC** (membrane attack complex), **C9 multiples** making small holes in thin membranes of microbial walls

Regulatory proteins of C S:-
1) **C1 inhibitor** (if it's deficient it leads to hereditary angioedema)
2) **Decay accelerating factor (DAF)** , inhibits formation of **C3 convertases**
3) **CD59** inhibits membrane attack complex (**MAC**)
- deficiency in DAF and CD59 (abnormalities) lead to paroxysmal Nocturnal Hemoglobinuria (**PNH**)
3) **factor H** :- promoting the proteolysis of C3 convertase (if it is deficient, it leads to hemolytic uremic syndrome)
4) complement system protein deficiencies (deficiencies in complement proteins can lead to increase susceptibility to infections since the immune systems ability to eliminate pathogens is compromised)



Prostacyclin PGI2
- vasodilation
- inhibition of platelet aggregation

Thromboxane A2 (TXA2)
- vasoconstriction
- promoting platelet aggregation

PGD2 & PGE2
- vasodilation
- increase vascular permeability
- PGE2 is a mediator of pain and fever

PGC4, PGD4 & PGE4
- smooth muscle contraction

The imbalance between these leads to IHD & CVD

- small family protein of the big cytokines family, they are strong chemoattractants
- They are G-protein coupled receptors
- 40 different groups with 20 receptors for them
- there are four groups:-
C-X-C / C-C / C / CX3-C
- functions:- inflammation && maintains tissue architecture