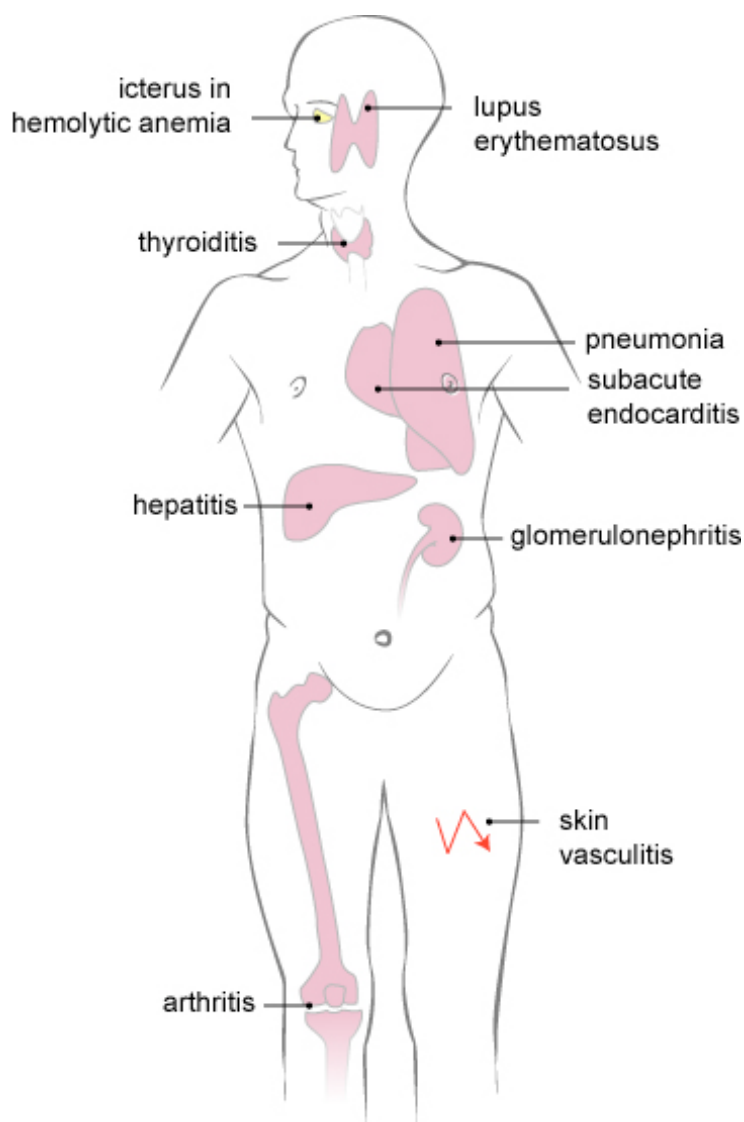


Immune Complex Diseases

A distinct collection of diseases characterised by predominant immune complexes causing and entertaining the disease process can be delineated. Desoxyribonucleic acid, DNA, is the predominant antigen in complexes found in systemic lupus erythematosus, and IgG itself is found in rheumatoid arthritis. The seropositive form of ankylosing spondylitis and Wegeners granulomatosis fall in the same category without however displaying distinct antigen specificity. Infectious diseases, with which the host fails to remove the infectious antigen tend to become chronic immune complex diseases: *Mycoplasma pneumoniae*, Hepatitis, Dengue fever, *Toxoplasma* belong to these forms. Some renal diseases, i.e. IgA nephropathy, of HLA antigens with renal transplants hit the glomeruli; immunohematological diseases (immune hemolytic anemia, immune thrombocytopenia) and iatrogenic diseases (gold nephropathy, acute serum sickness with antilymphocyte globulin used to treat acute organ rejection in transplanted patients) are strongly dependent on circulating immune complexes. Common denominator of all these diseases: systemic or local damage due to immune complexes; distinctive features: the predominance of organ deposition/damage which differs and gives the entities their names.



Major sites of our body where local immune complex disease might burst out due to local deposition of circulating immune complexes or due to local formation of such complexes containing a local tissue-specific antigen, that became an autoantigen.