## Simplified Map of NMOSD/MOGAD

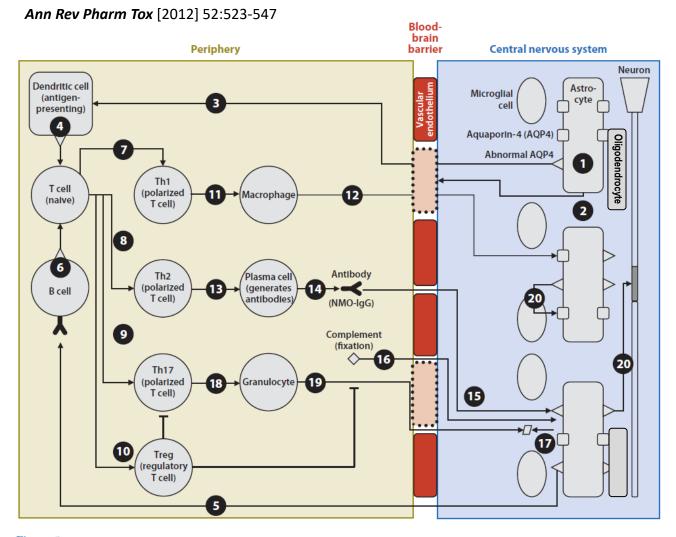


Figure 5

Hypothesized molecular and cellular determinants in neuromyelitis optica (NMO). Each number represents an immunologic component or event hypothesized to contribute to NMO: 1, change in aquaporin-4 (AQP4) structure; 2, altered astrocyte signaling [e.g., tumor necrosis factor (TNF), interleukin-6 (IL-6)]; 3, detection and processing of abnormal AQP4 by dendritic cells [antigen-presenting cells (APCs)]; 4, presentation of abnormal AQP4 epitopes to naive T cells; 5, clonal selection of naive B cells by recognition of abnormal AQP4 epitopes; 6, B cells may serve as APCs to present abnormal AQP4 to naive T cells; 7, Th1 polarization of T cells (e.g., IL-12 context leading to interferon-γ production); 8, Th2 polarization of T cells (e.g., IL-4 and IL-13 context); 9, Th17 polarization of T cells (e.g., IL-6, TNF, and transforming growth factor-β context for induction of IL-17-producing T cells and generation of IL-22 and IL-23); 10, failure of regulatory T cells (Tregs) to modulate autoreactive T and B cells; 11, activation of Th1 effector cells such as macrophages; 12, inflammation due to Th1 effector cells; 13, activation of Th2 effector cells, such as plasma cells; 14, autoantibody production (e.g., NMO-IgG); 15, autoantibody targeting of abnormal AQP4 on astrocytes; 16, complement fixation on bound autoantibody; 17, cleavage of complement proteins creates inflammatory stimuli (e.g., C5a); 18, activation of Th17 effector cells, such as granulocytes; 19, infiltration of granulocytes into the central nervous system, which drives inflammation; 20, possible antigen spreading, which promotes reactivity against other central nervous system components (e.g., myelin) and causes inflammatory demyelination and interference in neuroconductivity. (See also the Supplemental Visualizing NMO tool; follow the Supplemental Materials link from the Annual Reviews home page at http://www.annualreviews.org.)

Notes:			