

THE MUCOSAL SURFACE:

The front line of antibacterial defense



Nuvee Prapasarakul, DVM, Ph.D.

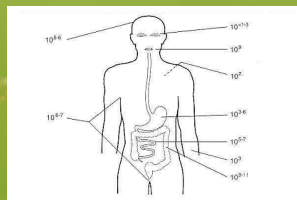
Department of Veterinary Microbiology, Faculty of Veterinary Science, Chulalongkorn University.

OUTLINE

- Mucosal structure.
 - M-cell, Paneth cell, IELs, Goblet cell.
- Mucosal bacterial defense.
 - Physical barrier
 - Antibacterial chemicals (mucosae)
 - Antibacterial Biomolecules
- Mucosal Immunity.
- Commensal against Pathogen.

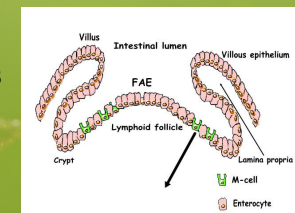
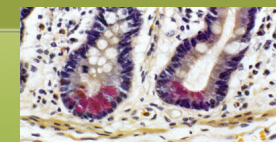
ANTIBACTERIAL BIOMOLECULES

- Mucin
- Lysozyme
- Lactoferrin
- Lactoperoxidase
- Secretory phospholipase A2
- Secretory leucocyte protease inhibitor
- Trefoil peptides
- Acute phase protein
- Collectins
- Secretory IgA
- Antimicrobial peptides

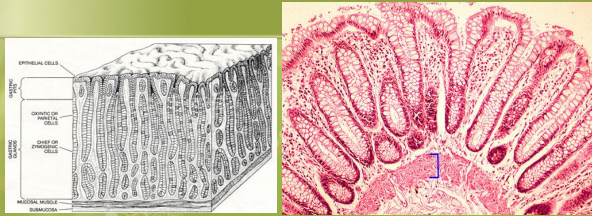


CELL POPULATION IN MUCOSAL EPITHELIUM

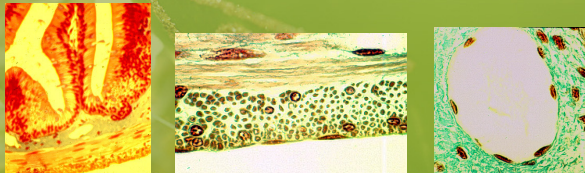
- M cells
- Paneth cells
- Intra-epithelium lymphocytes
- Goblets cells
- Enteroendocrine cells
- Tuft cells
- Cup cells



MUCOSAL STRUCTURE

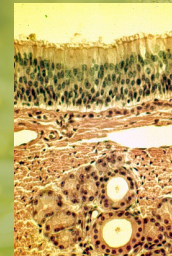
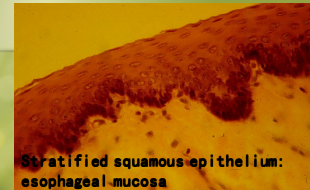


Cross section of mucosa in the stomach body shows arrangement of gastric cells.

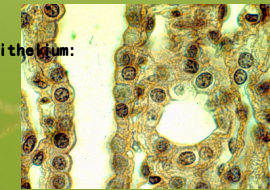


Simple squamous epithelium: mesothelium and endothelium from ileum

MUCOSAL STRUCTURE



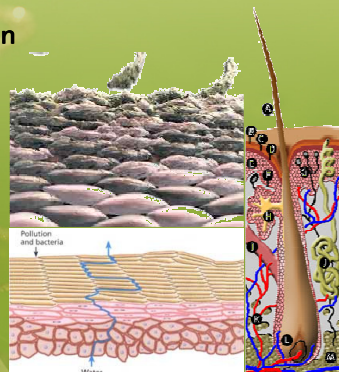
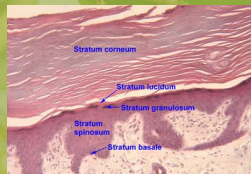
Simple cuboidal epithelium:
renal tubules



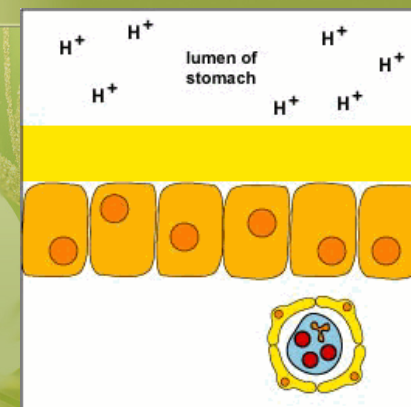
Pseudostratified ciliated columnar epithelium
with goblet cell: respiratory mucosa

MUCOSAL BACTERIAL DEFENSE.

- ❖ Physical barrier
 - ❖ Cell tight junction
 - ❖ Sweat, Sebum
 - ❖ Lysozyme
 - ❖ Skin shedding



Helicobacter pylori-Induced Ulceration of the Stomach



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❖ PHYSICAL BARRIER

- ❖ Antibody
- ❖ Antibiotic peptides
- ❖ Fluid flow
- ❖ Salivation

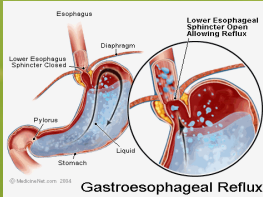

The diagram illustrates the human lymphatic system. A central figure shows the distribution of lymph nodes throughout the body, with labels pointing to specific areas: Tonsils, Adenoids, Cervical nodes, Thoracic duct, Right subclavian vein, Axillary nodes, Intercostal nodes, Spleen, Peyer's patches, Lumbar nodes, Iliac nodes, Inguinal nodes, Appendix, and Bone marrow. To the right, a detailed diagram of a lymph node shows the flow of lymph from the afferent lymphatic vessel, through the lymph node (containing lymphoid tissue), and out via the efferent lymphatic vessel. The diagram also shows the lymph node's connection to the circulatory system via the venous sinus and the lymphatic sinus, and its connection to the digestive system via the mesenteric lymph node and the superior mesenteric vein.

MUCOSAL BARRIER

The image contains two anatomical diagrams. The left diagram illustrates the digestive system, showing the path from the mouth through the esophagus, stomach, and intestines to the anus. Key organs labeled include the salivary glands, liver, gall bladder, duodenum, small intestine, appendix, rectum, and anus. The right diagram illustrates the respiratory system, showing the airway from the nasal passages and mouth through the pharynx, larynx, trachea, and bronchi into the lungs. Key structures labeled include the frontal and sphenoid sinuses, nasal passages, pharynx, larynx, trachea, bronchi, bronchioles, and the diaphragm.

MUCOSAL ANTIBACTERIAL CHEMICALS

- Skin : Sweat → Lactic acid
- Vagina : Bacteria → Lactic acid
- Stomach : Acid substance
- Lower intestine : Alkaline

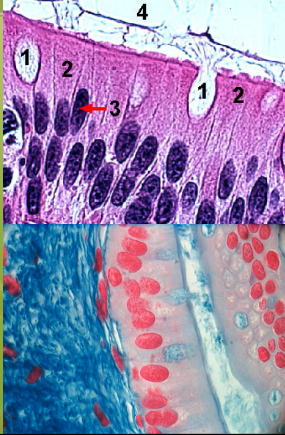


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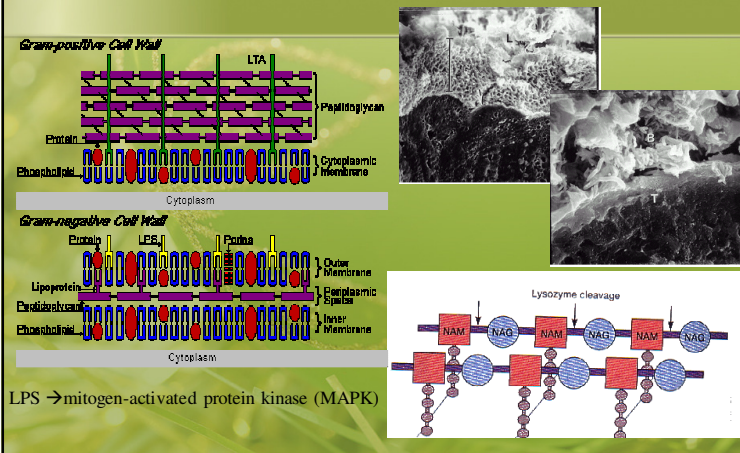
Gastroesophageal Reflux

ANTIBACTERIAL BIOMOLECULES

- Mucin
 - Keeping moist
 - Lubricant
 - Trapping bacteria
 - Antibacterial activity

The image contains two histological sections. The top section is a hematoxylin and eosin (H&E) stained micrograph of intestinal mucosa. It shows a layer of epithelial cells with numerous goblet cells (labeled 1) that secrete mucin (labeled 2). A red arrow points to a specific area (labeled 3) within the mucin layer. The bottom section is a periodic acid–Schiff (PAS) stained micrograph of the same tissue, highlighting the mucin (labeled 1) in bright red/pink and the nuclei of the epithelial cells (labeled 2) in blue.

LYSOZYME



PORCINE BETA-DEFENSIN 1: AN INNATE IMMUNITY

INFECTION AND IMMUNITY, Apr. 2006, p. 2326-2332
 0019-5867/06/\$08+0.00 doi:10.1128/IAI.74.12326-2332.2006
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Vol. 74, No. 4

The Host Defense Peptide Beta-Defensin 1 Confers Protection against *Bordetella pertussis* in Newborn Piglets

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Received 2 November 2005/Returned for modification 21 December 2005/Accepted 13 January 2006

Innate immunity plays an important role in protection against respiratory infections in humans and animals. Host defense peptides such as beta-defensins represent major components of innate immunity. We recently developed a novel porcine model of pertussis, an important respiratory disease of young children and infants worldwide. Here, we investigated the role of porcine beta-defensin 1 (pBD-1), a porcine defensin homologue of human beta-defensin 2, in conferring protection against respiratory infection with *Bordetella pertussis*. In this model, newborn piglets were fully susceptible to infection and developed severe bronchopneumonia. In contrast, piglets older than 4 weeks of age were protected against infection with *B. pertussis*. Protection was associated with the expression of pBD-1 in the upper respiratory tract. In fact, pBD-1 expression was developmentally regulated, and the absence of pBD-1 was thought to contribute to the increased susceptibility of newborn piglets to infection with *B. pertussis*. Bronchoalveolar lavage specimens collected from older animals as well as chemically synthesized pBD-1 displayed strong antimicrobial activity against *B. pertussis* in vitro. Furthermore, in vivo treatment of newborn piglets with only 500 µg pBD-1 at the time of challenge conferred protection against infection with *B. pertussis*. Interestingly, pBD-1 displayed no bactericidal activity in vitro against *Bordetella bronchiseptica*, a closely related natural pathogen of pigs. Our results demonstrate that host defense peptides play an important role in protection against pertussis and are essential in modulating innate immune responses against respiratory infections.

Vol. 74, 2006 BETA-DEFENSIN 1 PROTECTS AGAINST PERTUSSIS IN PIGLETS 2347

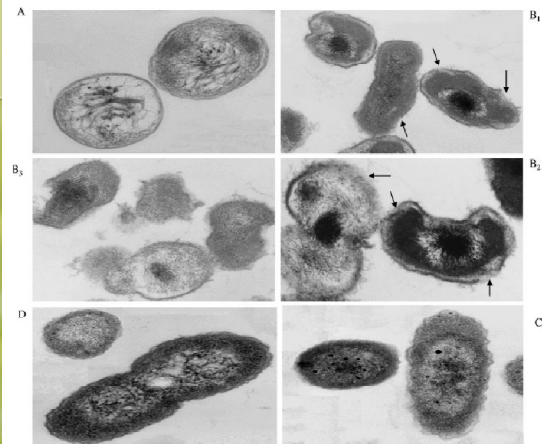
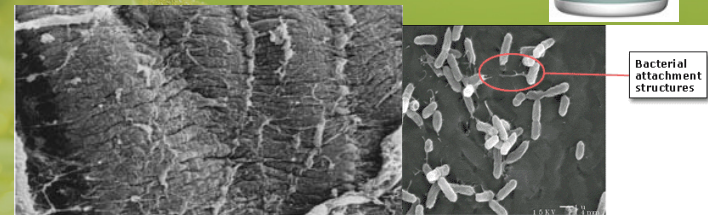


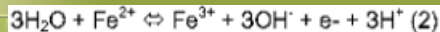
FIG. 8. Micrographs showing the effect of pBD-1. A total of 5×10^6 to 7×10^6 CFU of *B. pertussis* and *B. bronchiseptica* were exposed to pBD-1. (A) *B. pertussis* cells left untreated; (B) *B. pertussis* cells treated with 20 µg/ml of pBD-1 (0, 12, and 60 min, respectively); (C) *B. pertussis* cells treated with 20 µg/ml of pBD-1 (0, 12, and 60 min, respectively); (D) *B. bronchiseptica* treated with 60 µg/ml of pBD-1. Micrographs are representative of at least 10 examined microscopic fields per sample. Magnification, $\times 40,000$.

LACTOFERRIN

- Glycoprotein binding iron
- Epithelium and PMN produced
- Synergism with lysozyme
- Lactoferricin



HOW BACTERIA CAN USE Fe^{++}



INFECTION AND IMMUNITY, June 1993, p. 2698-2702
0019-9567/93/062698-05\$02.00/0
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Vol. 61, No.

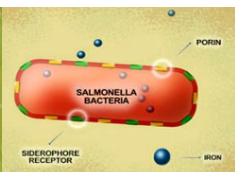
A Siderophore Production Mutant of *Bordetella bronchiseptica* Cannot Use Lactoferrin as an Iron Source

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Received 16 February 1993/Accepted 5 April 1993

Bordetella bronchiseptica secreted a hydroxamate siderophore when grown in Fe-depleted medium. A *TaSlac* insertion mutant of *B. bronchiseptica*, DBB22, did not produce this hydroxamate siderophore and was incapable of using lactoferrin as an Fe source. Our data suggest that *B. bronchiseptica* uses a siderophore for removal of Fe from lactoferrin and transferrin rather than relying upon a receptor for these host Fe-binding proteins.



LF. DECREASE LPS-INDUCED CYTOKINES RELEASE BY MONOCYTE.

INFECTION AND IMMUNITY, June 1994, p. 2628-2632
0019-9567/94/\$04.00+0
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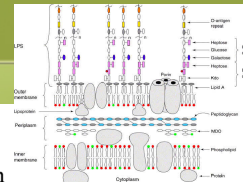
Lactoferrin Is a Lipid A-Binding Protein

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DAVID M. MACLAREN,¹ JOHANNES DE GRAAFF,¹ AND JAN H. NUIJENS²

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Lactoferrin (LF), a cationic 90-kDa protein present in polymorphonuclear leukocytes and in mucosal secretions, is known to have antibacterial effects on gram-negative bacteria, with a concomitant release of lipopolysaccharides (LPS; endotoxin). In addition, LF is known to decrease LPS-induced cytokine release by human neutrophils and LPS primed neutrophils [1-3]. In this study, we have examined the ability of LF to bind to LPS. We have demonstrated by *in vitro*-binding studies that LF binds directly to isolated lipid A and intact LPS of clinically relevant serotypes of the species which most frequently cause bacteremia (*Escherichia coli*, *Klebsiella pneumoniae*, and *Pseudomonas aeruginosa*), as well as to LF-A and LPS of mucosal origin (*Neisseria meningitidis* and *Neisseria lactamica*). The binding of LF to LPS is mediated by the lipid A moiety of LPS by lipid A and polymyxin B but not by KPD (3-deoxy-mann-octulosamine), a glycoside residue present in the inner core of LPS. Binding of LF to KPD is LF-A was saturable, and an affinity constant of $2 \times 10^6 \text{ M}^{-1}$ was calculated for the LF-lipid A interaction. Our data may explain, in part, the mechanism whereby LF exerts its antibacterial effects. Our studies on the ability of LF to block the deleterious effects of LPS, both *in vitro* and *in vivo*, are warranted.



+ SECRETORY PHOSPHOLIPASE A2



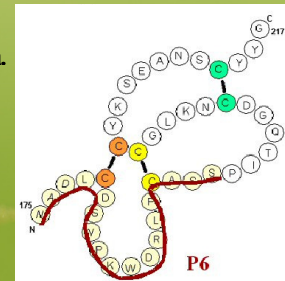
- A low-molecular-mass secreted phospholipase
- Hydrolyses the acyl of phospholipids
- Bacterial cell membrane damage
- Tear SPLA2 VS Gram +
- Paneth cell produced VS Gram -

LACTOPEROXIDASE

- Ingredients: Glycerin, Purified Water, Propylene Glycol, Benzyl Alcohol, Sodium Benzoate, Zinc Gluconate, Sodium Laurel Sarcosinate, Aloe Vera, Glucose Oxidase, Lactoferrin, Lactoperoxidase, Lysozyme, Potassium Iodide.

TREFOIL PEPTIDE

- Epithelium Cell produced mucin associated.
- Intestine and lung
- Stimulate movement of epithelium.
- Mucosal re-epithelization



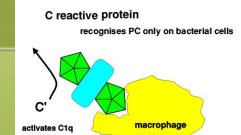
RESEARCH LITERATURES

- Knock out TFF → cystic fibrosis
 - → Atrophic gastric mucosa
 - → Impair healing of intestinal mucosa
- TFF3 induced ciliogenesis → epithelium differentiation (Lung)
- TFF2 induced mucous secretion via IFN

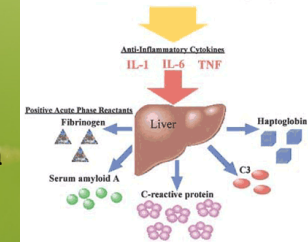
ACUTE PHASE PROTEIN

: Support opsonise bacteria

- Pentraxin
 - C Reactive Protein.
 - Serum amyloid
- C-type lectin
 - Mannose binding protein
 - Other Lectin



INFLAMMATION



SAA, CRP >> HP, PIG-MAP



Available online at www.sciencedirect.com
ScienceDirect
Research in Veterinary Science xxx (2006) xxx–xxx



Analytical validation of commercially available methods for acute phase proteins quantification in pigs

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Accepted 2 October 2006

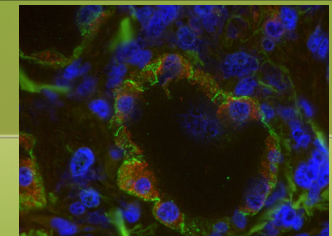
Abstract

The aim of this study was to validate commercially available methods for porcine haptoglobin (Hp), C-reactive protein (CRP), serum amyloid A (SAA) and major acute phase protein (Pig-MAP) determinations. Intra and inter assay coefficients of variation (CVs) were lower than 20% in all cases with exception of inter assay CVs for CRP and Pig-MAP assays with samples of low acute phase proteins concentration, and for SAA assay at any acute phase proteins concentration. All methods showed good linearity and detection limits were low enough to detect APs levels in healthy animals. Hp and SAA were very affected by haemolysis. Lipemia influenced mainly on SAA determination. Over 15-fold increase was observed in CRP and SAA concentrations after artificially induced inflammation by a single subcutaneous dose of turpentine, whereas Hp and Pig-MAP increased less than 5-fold.
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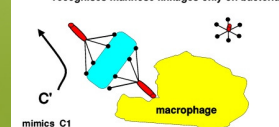
COLLECTIN

Lectin binding CHO

- Collagen analogue
- Surfactant protein A and D
- Action
 - Bacterial Agglutination
 - Induce Phagocytosis PMN
 - Induce Cytokine
 - Induce NO Production



Mannose binding protein recognises mannose linkages only on bacteria



MBL BINDING O ANTIGEN

Mannan-binding lectin activates C3 and the alternative complement pathway without involvement of C2

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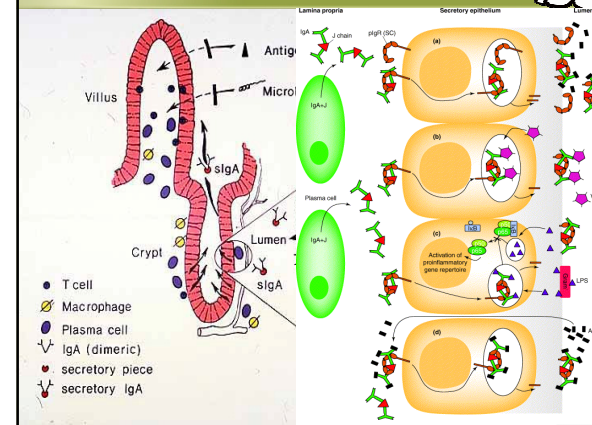
²Department of Laboratory Medicine, Division of Clinical Bacteriology, Karolinska Institutet, Karolinska University Hospital, Huddinge, Sweden.

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⁴Department of Medical Microbiology and immunology, University of Aarhus, Aarhus, Denmark.

Lectin pathway activation of C3 is known to involve target recognition by mannan-binding lectin (MBL) or ficolins and generation of classical pathway C3 convertase via cleavage of C4 and C2 by MBL-associated serine protease 2 (MASP-2). We investigated C3 activation in C2-deficient human sera and in sera with other defined defects of complement to assess other mechanisms through which MBL might recruit complement. The capacity of serum to support C3 deposition was examined by ELISA using microtiter plates coated with O antigen-specific oligosaccharides derived from *Salmonella typhimurium*, *S. thompson*, and *S. enteritidis* corresponding to serogroups B, C, and D (BO, CO, and DO). MBL bound to CO, but not to BO and DO, and efficiently supported C3 deposition in the absence of C2, C4, or MASP-2. The existence of an MBL-dependent C2 bypass mechanism for alternative pathway-mediated C3 activation was clearly demonstrated using CO, solid-phase mannan, and *E. coli* LPS. MASP-1 might contribute, but was not required for C3 deposition in the model used. Independent of MBL, specific antibodies to CO supported C3 deposition through classical and alternative pathways. MBL-dependent C2 bypass activation could be particularly important in various inherited and acquired complement deficiency states.

SECRETORY IGA



ANTIBACTERIAL PEPTIDES



- Possess in all organisms; polymyxin B, bactericin, tachyplesin and etc.
- 4 Groups Classification
 1. Peptide without cysteine; cecropins, temporin, magainins, dermaseptin.
 - 2-3. Peptide with cysteine; tachyplesin, a, b defensin
 4. Specific amino acid; proline, arginine, tryptophan such as apidaecin

EXAMPLE: CFTR, PR39

CLINICAL AND DIAGNOSTIC LABORATORY IMMUNOLOGY, Nov. 1997, p. 774-777
1071-412X/97/\$04.00+0
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Vol. 4, No. 6

NOTES

Salmonella Infection Increases Porcine Antibacterial Peptide Concentrations in Serum†

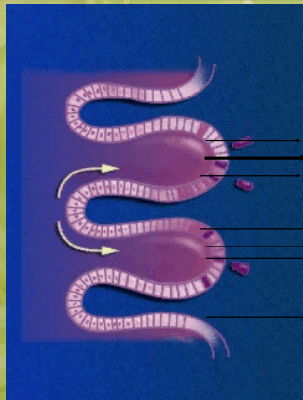
GUOLONG ZHANG,¹ CHRISTOPHER R. ROSS,¹ STEVEN S. DRITZ,²
JEROME C. NIETTFELD,² AND FRANK BLECHA^{1*}

Departments of Anatomy and Physiology¹ and Diagnostic Medicine/Pathobiology² and
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Received 9 April 1997/Accepted 28 July 1997

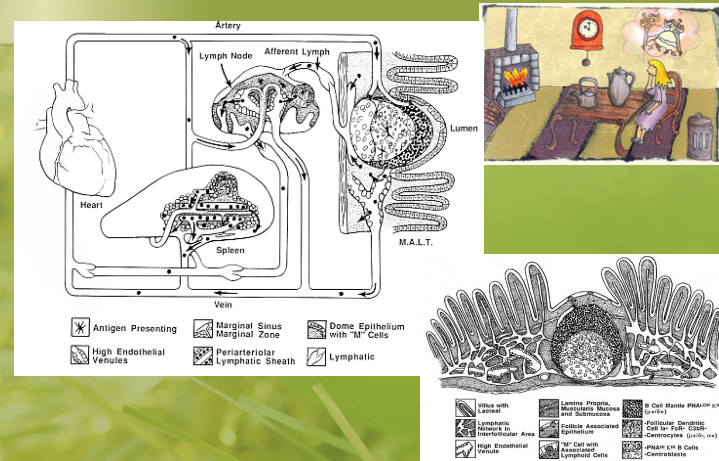
PR-39 is a multifunctional neutrophil peptide involved in host defense and inflammation. To investigate the involvement of PR-39 in a *Salmonella choleraesuis* infection, a PR-39 enzyme-immunoassay was developed. The concentrations of PR-39 in serum were 13.6 ± 1.9 ng/ml before challenge and increased ($P < 0.01$) threefold by 10 to 14 days postinfection. Peripheral blood neutrophil counts paralleled the changes in the concentrations of PR-39 in serum, both returned to basal values by 4 weeks postinfection. These findings suggest that the concentrations of serum PR-39 reflect the involvement of this antibacterial peptide in the host's response to an *S. choleraesuis* infection.

SUMMARY OF THE SECRETION OF ANTIBACTERIAL COMPONENTS

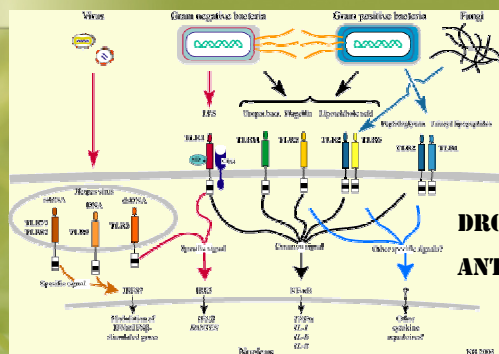


Mucus
Lysozyme
Lactoferrin
Lactoperoxidase
SLPI
APP
Trefoil peptide
Collectin
Secretory PLA2
Antibacterial Peptides
Secretory IgA
Antifungal peptides

CINDERELLA OF IMMUNITY



SCHEMATIC OF TLR RECOGNITION

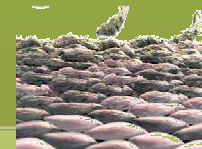


**DROSOMYCIN
ANTIFUNGAL**

DEFENSIN, CECROPIN, ATTACIN, DIPTERICIN, DROSOCIN

ANTIBACTERIAL

MUCOSAL EPITHELIUM AS SHEDDING SURFACE



- Reduce adherent and removal bacteria
- Control commensal population
- External Factors eg.
Cytotolethal Distending Toxin (CDT)

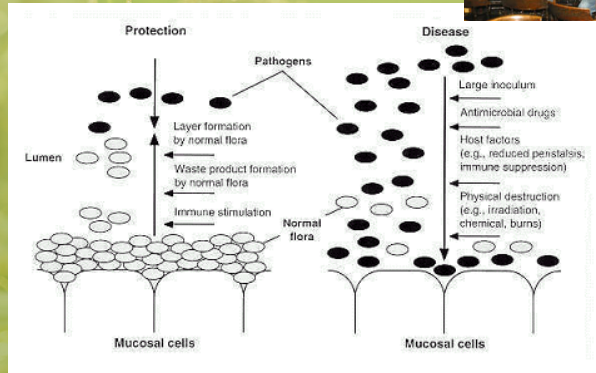
SYNERGY !!!!!!!!!!!!!!!

Lysozyme + Lactoferrin

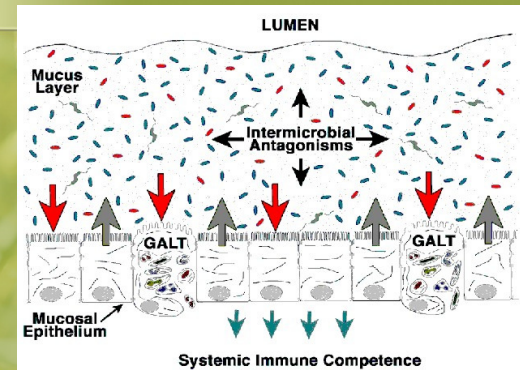
Lysozyme + Secretory Leucocyte Protease Inhibitor

SLPI + Lactoferrin

NORMAL FLORA AS ANTIMICROBIAL AGENT



BACTERIAL INTERFERENCE



Bacteriocin: H_2S gas, Short chain volatile fatty acid.

Table 7 Available vaccines listed by year of first vaccine development or licensure in the United States, 1700–2002

Period	Year	Vaccine	Recommended route of administration	
			Mucosal	Systemic
1700–1800	1798	Small pox	–	0
	1885	Rabies	–	+
	1896	Typhoid	–	+
	1896	Cholera	–	+
1900–59	1897	Plague	–	+
	1923	Diphtheria	–	+
	1926	Pertussis	–	+
	1927	Tetanus	–	+
	1927	Tuberculosis	–	+
	1945	Influenza	–	+
	1953	Yellow Fever	–	+
	1955	Poliomyelitis (IPV)	–	+
	1960	Poliomyelitis (OPV)	+	–
	1963	Measles	–	+
1960–2002	1969	Mumps	–	+
	1969	Rubella	–	+
	1970	Anthrax	–	+
	1975	Meningococcus (Aac)	–	+
	1977	<i>Streptococcus pneumoniae</i>	–	+
	1980	Adenovirus	+	–
	1981	Hepatitis B	–	+
	1985	<i>Haemophilus influenzae</i> B	–	+
	1992	Japanese encephalitis	–	+
	1995	Hepatitis A	–	+
	1995	Varicella-zoster	–	+
	1998	Lyme disease	–	+
	1998	Rotavirus	+	–
	1999	Typhoid	+	–
	1999	Cholera	+	–
	2001	Influenza A	+	–

* Not available for routine use; † Discontinued; ‡ Recently developed vaccines.



Odd things: animals. All dogs look up to you. All cats look down to you. Only the pig looks at you as an equal.

- Sir Winston Leonard Spencer Churchill

(1874–1965) British prime minister, WW2, orator, writer, Nobel Prize, literature 1953