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Abstract Outline - IFPA 2019

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Conclusion: Overall, our results demonstrate that probiotic LK-48 administration prevents LPS-induced PTB by reducing leucocytes influx into gestational tissues and promoting placental vascular homeostasis.

P1.52.

CROSSTALK BETWEEN ER α AND NF κ B TRANSCRIPTION FACTORS ON E₂ INDUCED LEPTIN EXPRESSION IN PLACENTAL CELLS.

Malena Schanton¹, Maria Fernanda Camisay¹, Antonio Pérez-Pérez², Bernardo Maskin³, Roberto Casale³, Victor Sánchez Margalet², Alejandra Erlejman¹, Cecilia Varone¹. ¹Dpto. Química Biológica, FCEN, UBA, IQUIBICEN-CONICET, BUENOS AIRES, Argentina; ²Dpto. de Bioquímica Médica y Biología Molecular, Universidad de Sevilla, Sevilla, Spain; ³Hospital Alejandro Posadas, BUENOS AIRES, Argentina

Objectives: Leptin is a key hormone in placental physiology. It regulates trophoblast proliferation, inhibits apoptosis, stimulates protein synthesis, and regulates fetal growth and development. It plays an important role in reproduction mainly because it has been suggested to have function in the placenta during the gestation, where leptin and leptin receptors expression were detected. Previous results from our lab demonstrated that estradiol (E₂) regulates leptin expression involving genomic and non-genomic effects. In the present work, we analysed the crosstalk between estrogen receptor alpha (ER α) and NF κ B transcription factors on E₂ induced leptin expression in human trophoblast cells.

Methods: BeWo cells, cultured and human term placental explants were used. Western blot, immunocytochemistry, co-immunoprecipitation and transfection assays were carried out. Ethical review committee at the Alejandro Posadas National Hospital approved all procedures.

Results: We found that E₂ treatment significantly enhanced the NF κ B member p65 expression both in BeWo cells and human term placental explants. Moreover E₂ increased I κ B α phosphorylation and NF κ B transcriptional activity determined by reporter analysis. We also evaluated the localization of ER α and p65 NF κ B subunit in BeWo cells by immunofluorescence assay. We found that both proteins are located in the cytoplasm and migrate to the nucleus when they are overexpressed. Besides ER α and p65 form a complex determined by co-immunoprecipitation, as previously seen. These findings suggest that the transcription factor NF κ B, might be affecting estradiol leptin induction. Finally through transient transfection analysis we observed that the overexpression of RelA (p65) and HEGO (ER α) increases basal transcriptional activity of leptin promoter.

Conclusion: These results suggest that leptin expression is tightly regulated and help to comprehend the mechanisms where E₂ regulated leptin expression possibly involving the cooperation between ER α and NF κ B transcription factors.

P1.53.

ANGIOTENSIN II UPREGULATES PLACENTAL LEPTIN AND HAS A POTENTIAL INFLAMMATORY ROLE IN EARLY GESTATION PLACENTA

Olivia Nonn¹, Sabine Maninger¹, Amin El-Heliebi¹, Thomas Kroneis¹, Désirée Forstner¹, Jaqueline Guettler¹, Monika Siwetz¹, Florian Herse², Ursula Hiden³, Denise Hoch³, Gernot Desoye³, Berthold Huppertz¹, Martin Gauster¹. ¹Division of Cell Biology, Histology and Embryology, Gottfried Schatz Research Centre, Medical University of Graz, Graz, Austria; ²Max Delbrueck Centre for Molecular Medicine, Experimental Clinical Research Centre Campus Buch, Charité, Berlin, Germany; ³Department of Obstetrics and Gynaecology, Medical University of Graz, Graz, Austria

Objectives: Placental Renin-Angiotensin-System (RAS) components were previously shown in early gestation placenta, such as Angiotensin II (AngII) receptor type 1 (AT1R/AGTR1) in the syncytiotrophoblast in contact with maternal blood. RAS with its main ligand AngII regulates pregnancy hormones as human placental lactogen (hPL) and oestradiol but also the release of proinflammatory cytokines. We investigated early placental RAS localisation, expression, and the influence of maternal

and foetal factors, as well as effects of AngII on proinflammatory placental response and on leptin, a hormone involved in pregnancy sustenance.

Methods: Placental tissue was collected from early electively terminated gravidities of healthy, lean patients. RAS expression was determined via qPCR across gestation and compared to smokers (n=107). AGTR1 mRNA was localised in early and term placentae via *in situ* hybridisation-based padlock-probe technology combined with CD34, CK7, and β HCG staining (n=10), leucyl and cystinyl aminopeptidase (LNPEP) was localised with immunofluorescence staining (n=3). Placental tissue (n=3) was treated with Ang II (0.1 μ M) for 6h for gene expression assays with inflammation related genes. Placental explants (n=12) were cultured with AngII (0.1 μ M) and AT1R blocker Candesartan (0.1 μ M; Cand) with 2.5% oxygen for 3h, 6h and 24h.

Results: Placental AGTR1 and LNPEP revealed a differential expression between smokers and non-smokers. Padlock-probe technology showed AGTR1 being predominantly located at placental endothelium, whereas villous trophoblasts showed LNPEP staining. Gene expression arrays showed regulation of inflammatory genes upon AngII treatment, with enriched immunological pathways. *In vitro* studies with explants showed that placental leptin expression was significantly upregulated by AngII, with an expression peak at 6h. Treatment with Cand alone and with AngII showed partial inhibition of leptin expression.

Conclusion: Contrary to previous findings placental AGTR1 is located at the foetal endothelium in myofibroblast like cells. Hence, maternal AngII may primarily act on LNPEP and play a role in placental inflammation, possibly via Leptin. Smoking may contribute to a disturbed microenvironment in early gestation and to inflammation via deregulation of placental RAS.

P1.54.

LEPTIN PREVENTS CELLULAR STRESS UNDER HYPOXIC CONDITION IN TROPHOBLASTIC CELLS

Nataly de Dios^{1,2}, Paula Balestrini³, Malena Schanton^{1,2}, Rodrigo Riedel^{1,2}, Mariana Jaime⁴, Bernardo Maskin⁴, Julieta Maymo^{1,2}, Cecilia Varone^{1,2}. ¹Instituto de Qca. Biológica-CONICET, Capital federal, Argentina; ²Facultad de Ciencias Exactas- UBA, Capital Federal, Argentina; ³Instituto de Biología y Medicina Experimental IByME, Capital federal, Argentina; ⁴Hospital Nacional Profesor Alejandro Posadas, Capital federal, Argentina

Objectives: Leptin is a pleiotropic hormone produced by the placenta where it plays important functions. We have previously demonstrated that leptin promotes proliferation and survival of trophoblastic cells. In this work we aimed to study the effect of leptin in placental cell stress induced by Cobalt Chloride (CoCl₂), a hypoxia mimicking agent that stabilizes HIF-1 α transcription factor.

Methods: For this study we used Swan-71 cells, a first trimester trophoblastic human cell line, cultured under standard conditions, as well as human term placental explants. Swan-71 cells and placental explants were treated with CoCl₂ (50, 100 and 250 μ M) with or without 100 ng/ml of recombinant leptin. The expression of HIF-1 α , p53, Ki67 and cPARP was determined by Western blot or immunofluorescence (IF). Cell proliferation was analyzed by Ki67 expression and cell counting. DNA fragmentation by apoptosis was determined by the DNA ladder assay. All the procedures were approved by Ethical Review Committee at the Alejandro Posadas National Hospital.

Results: We observed that CoCl₂ treatment significantly increased HIF-1 α expression in a time and dose dependent way (p<0,05) in Swan-71 cells. These results confirmed that CoCl₂ treatment mimics a hypoxic condition. Cell proliferation was diminished after CoCl₂ treatment, analyzed by the expression of Ki67 determined by IF and cell counting. The addition of leptin significantly reversed this effect. On the other hand the key regulator p53 level was not altered by CoCl₂ treatment, determined by Western blot. Preliminary results showed that cleaved PARP would be increased after CoCl₂ treatment. The role of leptin on apoptosis in cells treated with CoCl₂ was also determined. Treatment with CoCl₂ induced DNA fragmentation in placental explants and leptin diminished this effect.