1 Lactobacillus rhamnosus GG Inhibits the Toxic Effects of Staphylococcus

2	aureus on Epidermal Keratinocytes
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ABSTRACT

Few studies have evaluated the potential benefits of the topical application of probiotic bacteria or 30 material derived from them. We have investigated whether a probiotic bacterium, Lactobacillus 31 rhamnosus GG can inhibit Staphylococcus aureus infection of human primary keratinocytes in culture. 32 When primary human keratinocytes were exposed to S. aureus, only 25% of the keratinocytes remained 33 viable following 24h incubation. However, in the presence of 10^8 CFU/ml of live L. rhamnosus GG, the 34 viability of the infected keratinocytes increased to 57% (P=0.01). L. rhamnosus GG lysates and spent 35 culture fluid also provided significant protection to keratinocytes with 65% (P=0.006), and 57% 36 (P=0.01) of cells respectively, being viable following 24h incubation. Keratinocyte survival was 37 38 significantly enhanced regardless of whether the probiotic was applied in the viable form, or as cell lysates, 2h before or simultaneously (P=0.005) or 12h after (P=0.01) S. aureus infection. However, 39 spent culture fluid was only protective if added before or simultaneously to S. aureus. With respect to 40 41 mechanism, both L. rhamnosus GG lysate or spent culture fluid apparently inhibited adherence of S. aureus to keratinocytes by competitive exclusion but only viable bacteria or the lysate could displace S. 42 aureus (P=0.04 and 0.01, respectively). Furthermore, growth of S. aureus was inhibited by either live 43 bacteria or lysate but not spent culture fluid. Together, these data suggest at least two separate activities 44 involved in the protective effects of L. rhamnosus GG against S. aureus, growth inhibition and reduction 45 of bacterial adhesion. 46

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INTRODUCTION

The concept that probiotics are beneficial to gut health has been investigated for a number of years. 54 Studies have demonstrated that probiotics improve gut function potentially through a number of 55 mechanisms (46) including increasing epithelial barrier function (13) and modulation of the immune 56 response (21). There is also evidence that probiotics can prevent colonisation of the gut by pathogens. 57 This can be via mechanisms such as down regulation of virulence factors and inhibition of pathogen 58 adherence to the epithelium (6, 9, 15). For example, Lactobacillus species inhibit the adhesion of 59 Enterobacter sakazakii to intestinal mucus by competitive exclusion (9, 10). Other studies demonstrated 60 that some probiotics increase the production of intestinal mucin thus inhibiting pathogen adherence to 61 62 intestinal epithelial cells (34). Probiotics are also able to produce antimicrobial peptides (bacteriocins) and acids. Collectively, there are numerous probiotic mediated mechanisms that limit pathogen 63 colonisation (39, 44, 46). 64

Since probiotics may have positive impacts on the gut, their potential effects on other systems, such as 65 the mouth (36) and the urogenital tract (43) have also been investigated. For example, a study in 2002, 66 examined the impact of oral administration of L. plantarum to patients who had abdominal surgery and 67 showed that this bacterium lowered the incidence of post-surgical infection (42). Currently, research is 68 also investigating the topical use of probiotics to augment the skin barrier function to promote skin 69 health or prevent or treat disease (8, 15, 16, 18, 50). The benefits of topical application of probiotics are 70 still speculative and researchers are now focussing on this area to improve conditions such as excessive 71 skin sensitivity, atopic dermatitis, psoriasis or to stimulate the wound healing process (3, 8, 12, 52). 72 owever, an important consideration will be the safety of using live bacteria especially in situations 73 Η whether the skin barrier is breached. For this reason, many investigators have used bacterial lysates in 74 their studies. Topical application of sonicated Streptococcus thermophilus strains to patients suffering 75 from atopic dermatitis resulted in improved barrier function apparently through increasing the level of 76 ceramides in the stratum corneum (12). The topical application of Lactobacillus plantarum lysate 77 inhibited the pathogenic activity of Pseudomonas aeruginosa in infected burns. (52). In vivo, L. 78

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79 *plantarum* lysate has also been shown to improve wound healing in burned patients (53).

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Staphylococcus aureus is both a transient coloniser of skin and a major opportunistic skin pathogen, 81 causing diseases ranging from impetigo to life threatening conditions such as sepsis (58, 59). Previously, 82 our lab demonstrated that the probiotic L. reuteri or its lysate could protect epidermal keratinocytes from 83 the toxic effects of S. aureus via competitive exclusion of the pathogen from keratinocyte binding sites 84 (40). In the present study, we have identified L. rhamnosus GG as a second probiotic with the ability to 85 protect skin cells from the effects of S. aureus. The selection of L. rhamnosus GG was based on the 86 results of a screening assay testing a range of probiotics for their ability to protect human keratinocytes 87 from the effects of S. aureus (data not shown). In this assay, L. rhamnosus GG proved to be extremely 88 efficacious either live or as a lysate and uses multiple mechanisms to protect against infection including 89 inhibition of S. aureus growth, competitive exclusion and displacement of the pathogen from 90 keratinocytes. 91

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MATERIALS AND METHODS

104 Mammalian cell culture

105 Normal human epidermal keratinocytes (NHEK) cultured in keratinocyte basal medium (Promocell, 106 Heidelberg, Germany) containing a supplement mix (bovine pituitary extract 0.004mg/ml, epidermal 107 growth factor (recombinant-human) 0.125ng/ml, insulin (recombinant human) 5 μ g/ml, hydrocortisone 108 0.33 μ g/ml, epinephrine 0.39 μ g/ml and transferrin, holo (human) 10 μ g/ml) and 0.06mM CaCl₂ 109 (Promocell, Heidelberg, Germany), were used as a model system. These were cultured routinely at 37°C 110 in a humid atmosphere of 5% CO₂ in T-75 culture flasks as described previously (40).

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112 Bacterial cell culture

113 *Lactobacillus rhamnosus* Goldin and Gorbach (*L. rhamnosus* GG, ATCC 53103) *Lactobacillus reuteri* 114 (ATCC55730) and *Lactobacillus salivarius* (UCC118) (ATCC, Middlesex, UK), were grown routinely in 115 Wilkins-Chalgren Broth or Agar (Oxoid, Basingstoke, UK) at 37°C in incubated in an anaerobic cabinet 116 (atmosphere,10:10:80,H₂-CO₂-N₂). *Staphylococcus aureus* was grown aerobically at 37°C in Nutrient 117 Broth (Oxoid, Basingstoke, UK) as described previously (40).

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119 Treatment of keratinocytes with bacteria

Bacteria (10⁸ CFU/ml of probiotics and 10⁶ CFU/ml of S. aureus) were centrifuged at 15,000 x g, washed 120 twice in 0.85% NaCl and re-suspended in keratinocyte basal medium. This suspension was added 121 directly to 5 x 10^3 cells/cm² of NHEK growing in 24 well plates. For experiments using a probiotic 122 lysate, 100ml of 108 CFU/ml of L. rhamnosus GG were centrifuged, washed, re-suspended in 25ml of 123 Phosphate Buffer Saline (PBS, Invitrogen, Life Technologies Ltd, Paisley, UK) pH=7.4 and lysed using 124 a MSE Soniprep 150. Samples were filtered using a 0.22µm pore filter (Millipore, Billerica, USA) to 125 remove any whole bacteria remaining. Approximately 100µl of this lysate was used to treat keratinocytes 126 (5 x 10^5 cells/cm²). In some experiments, cells were sedimented in a centrifuge at 15,000 x g for 5 127 128 minutes and the cell-free supernatant (spent culture fluid) collected and filtered using a 0.22µm pore

filter (Millipore, Billerica, USA) to remove any whole bacteria remaining. In other experiments, keratinocyte monolayers were co-infected with pathogen plus probiotics or lysates simultaneously. In separate experiments, cells were exposed to *L. rhamnosus* GG lysate for 2, 4, 6, 8 and 12 hours after *S. aureus* infection had commenced. In all experiments keratinocytes were detached and cell viability was determined using trypan blue exclusion assays as described in (40). In other experiments using heated lysates, these were heat inactivated by placing them in a boiling water bath at 100°C for 5 minutes.

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136 Measurement of S. aureus viability in cell culture

To determine whether *L. rhamnosus* GG lysates or spent culture fluid were able to inhibit the growth of *S. aureus* in cell culture, keratinocytes were grown to confluence in a 24 well plate. These were exposed to 100μ l of 10^6 CFU/ml of *S. aureus* alone, or *S. aureus* plus 100μ l *L. rhamnosus* GG lysates or 100μ l spent culture fluid. In separate experiments, cells were exposed to *L. rhamnosus* GG lysates for 2, 4, 6, 8 and 12 hours post infection with *S. aureus*. The total number of viable staphylococci was determined by counting the colonies as described previously (40).

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144 Measurement of bacterial adhesion to keratinocytes

145 Confluent keratinocytes were exposed to 10^{6} CFU/ml of *S. aureus* and 10^{8} CFU/ml of *L. rhamnosus* GG 146 1hour. Cells were then washed three times in PBS, pH=7.4, to remove non adherent bacteria. The cells 147 were trypsinised and serial dilution plate counts performed to assess the number of adherent bacteria. 148 Selective agar was used for growth of staphylococci. Additionally, keratinocytes were exposed to 10^{6} log 149 CFU/ml *S. aureus* combined with 100μ l of lysate or spent culture fluid of *L. reuteri* or *L. salivarius* 150 UCC118. The experiment was carried out three times and results were taken as triplicates.

In separate experiments, cells were exposed to 100μ l of 10^8 CFU/ml of probiotic bacteria or lysates or spent culture fluid for 1hour before the addition 100μ l of 10^6 CFU/ml of *S. aureus* at the same time or 2, 4, 6, 8 and 12 hours post infection with *S. aureus*.

155 Determination of bacterial antagonism

156 A 10µl aliquot of an overnight culture of *S. aureus* was inoculated into 7ml of the soft-agar media (0.7% 157 agar) and was added directly onto plates, pre-poured with agar base. A volume of 50µl of live organism 158 or 50µl of lysate extracted from 10^8 CFU/ml of *L. rhamnosus* GG or *L. reuteri* cultures were spotted onto 159 *S. aureus* lawn. The inhibition zone was evaluated after overnight incubation by measuring the diameter 160 of the zone in mm using a ruler.

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162 Determination of the outcome of co-culture (competition assays)

163 Aliquots (100 μ l) of *L. rhamnosus* GG lysates and 100 μ l of 10⁶ CFU/ml *S. aureus* were inoculated into 164 10ml WCB broths. The pH and optical density of cultures was measured at 0 and 24h. At regular 165 intervals (indicated in the text) bacteria were counted by serial dilution plate counts using selective agar. 166

167 Statistical analyses

168 All experiments were performed a minimum of three times, with three replicates within each 169 experiment. Data generated were analysed by one way ANOVA and post hoc Tukey test using SPSS 170 (IBM SPSS Statistics version 16.0) program. Results were considered significant if P<0.05. Data are 171 expressed as means \pm standard errors of the means (SEM).

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RESULTS

180 L. rhamnosus GG protects keratinocytes from the pathogenic effects of S. aureus.

Initially, we investigated whether the viability of keratinocytes was affected by incubation with L. 181 rhamnosus GG. However, following 24h incubation, there was no difference in the viability of 182 keratinocytes incubated with the probiotic bacteria vs the control of untreated keratinocytes (data not 183 shown). Next, the ability of L. rhamnosus GG to protect keratinocytes from the effects of S. aureus was 184 investigated. In agreement with our previous findings (40) 24h exposure of keratinocytes to 10^6 CFU/ml 185 S.aureus resulted in significant keratinocyte cell death. However, keratinocytes incubated 186 simultaneously with pathogen and L. rhamnosus GG had a significantly higher percentage viability 187 (57% P=0.01) than monolayers infected with pathogen alone (Figure 1A). 188

We investigated whether viable bacteria were essential for the protective effect of L. rhamnosus GG by 189 examining the effect of probiotic lysate and spent culture fluid on S. aureus infected keratinocytes. 190 Neither lysate nor spent culture fluid significantly affected the viability of keratinocytes (P>0.05) (data 191 not shown). However, both the lysate and spent culture fluid reduced the toxicity of S. aureus such that 192 the viability of treated keratinocytes was 65% and 55.93% respectively compared to 25% in 193 keratinocytes infected with S. aureus alone (P=0.006 and P=0.01 respectively, Figure 1B). This is in 194 contrast to the effects observed with L. reuteri which we showed previously to be protective to pathogen 195 infected keratinocytes (40). L. reuteri only provides protection when added either live, or as a lysate but 196 the spent culture fluid has no ability to protect keratinocytes from the effects of S. aureus (Figure 1C). 197

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199 L. rhamnosus GG, lysate but not spent culture fluid rescues keratinocytes from S. aureus toxicity.

We next investigated the timing of the protective effect of *L. rhamnosus* GG by adding the live bacteria, the lysate or the spent culture fluid either pre or post infection of keratinocytes with *S. aureus*. The percentage of keratinocytes remaining viable was significantly greater in monolayers exposed to *L. rhamnosus* GG for 2h prior to infection with *S. aureus*, than in monolayers infected with *S. aureus* alone (P=0.006). Both the lysate and spent culture fluid afforded a similar levels of protection (P=0.005, 205 P=0.004, Figure 2A). In 'post-exposure' experiments, keratinocytes were exposed to *S. aureus* for 2h, 206 4h, 6h, 8h and 12h before addition of the live *L. rhamnosus* GG, lysate, or spent culture fluid. The 207 viability of the keratinocytes was then measured at 24h post infection with *S. aureus*. The data in Figure 208 2 (B, C) shows that both live probiotic and its lysate could protect the keratinocytes when added after *S.* 209 *aureus*. Even at 12 h post *S. aureus* infection, *L. rhamnosus* GG or lysate still afforded protection to the 210 keratinocytes such that 58% and 55% respectively of cells remained viable compared to 25% when 211 exposed to *S. aureus* alone (*P*=0.003, *P*=0.01 respectively). However, the spent culture fluid from *L.* 212 *rhamnosus* GG had no protective effect on keratinocytes when added after *S. aureus* (Figure 2 D).

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214 L. rhamnosus GG lysate, but not spent culture fluid, inhibits the growth of S. aureus.

We investigated whether the probiotic lysate had direct effects on the growth of the pathogen by 215 growing them simultaneously in culture. Competition assays showed a significant reduction in S. 216 aureus growth over a period of 24 h in the presence of 100µl of L. rhamnosus GG lysate compared to 217 untreated cultures (P=0.02, Figure 3A). This effect was specific to the lysate because the spent culture 218 fluid from L. rhamnosus GG had no effect on the growth of S. aureus (Figure 3B). Furthermore, the 219 ability of the lysate to inhibit pathogenic growth was negated by heating the lysate to 100°C for 10 min 220 (Figure 3C), Finally, this direct effect of L. rhamnosus GG on pathogenic growth appeared to be 221 species specific because the lysate from L. reuteri, made in exactly the same way had no effect on the 222 growth of S. aureus (Figure 3D). 223

We counted the numbers of viable staphylococci following 24h incubation with keratinocytes in the presence or absence of the *L. rhamnosus* GG lysate. When *S. aureus* was added to keratinocytes at the same time as the *L. rhamnosus* GG lysate, the total number of viable staphylococci was also significantly reduced to $5 \log_{10}$ cfu/ml, (compared to $8 \log_{10}$ cfu/ml for *S. aureus* alone, *P*=0.02 Figure 5). Furthermore, when the *L. rhamnosus* GG lysate was added 12h post infection of the keratinocytes, a reduction in number of viable *S. aureus* was observed when these were counted 24h later (Figure 4).These effects were not seen with either the spent culture fluid from *L. rhamnosus* GG nor a lysate

231 from L. reuteri (data not shown). Since lactobacilli can produce organic acids, we measured the pH of keratinocyte media infected for 24h with S. aureus, L. rhamnosus GG lysate or both simultaneously. 232 However, there was no significant difference in the pH between treatments group (data not shown). 233 We also measured the pH of lysate alone and found it be pH= 7.2 thus suggesting that acid mediated 234 effects were not likely to be the mechanism underlying inhibition of pathogenic growth. The 235 antimicrobial properties of L. rhamnosus GG and lysate were evaluated using a spot-on-lawn assay. 236 This assay showed significant inhibition of S. aureus growth (as evidenced by the presence of zones of 237 inhibition) by anaerobic live cultures or lysates of L. rhamnosus GG grown anaerobically (Table 1). By 238 contrast, live L. reuteri or lysate did not induce zones of inhibition in this assay (Table 1). 239

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241 L. rhamnosus GG inhibits adhesion of S. aureus to keratinocytes.

Another mechanism by which live bacteria, lysate or spent culture fluid of L. rhamnosus GG may 242 protect the keratinocytes is by inhibition of pathogenic adhesion. Previously, we showed that agents that 243 reduce adhesion of S. aureus to keratinocytes also reduce its toxicity (40). Hence, we considered that 244 inhibition of adhesion may also be part of the protective mechanism of L. rhamnosus GG, lysate or spent 245 culture fluid. Adhesion assays were performed to determine whether inhibition was due to competition, 246 exclusion or displacement of pathogen from binding sites on keratinocytes. L. rhamnosus GG, either as 247 viable cells or lysate, was able to inhibit pathogen adhesion if keratinocytes were co-infected 248 (competition, P = 0.03), pre-exposed (exclusion, P = 0.04) or applied 12h after infection with S. aureus 249 had begun (displacement, P = 0.01, (Figure 5A, B). By comparison, and as shown previously, live L. 250 reuteri or its lysate, could reduce staphylococcal adhesion if it was added same time as addition of the 251 pathogen (40, Figure 5D). However, the spent culture fluid did not reduce S. aureus adhesion. 252 Interestingly, the spent culture fluid from L. rhamnosus GG only inhibited pathogen adhesion if it was 253 added to keratinocytes either before or at the same time as the pathogen in keeping with the data on 254 viability (Figure 5C). Finally, L. salivarius, its lysate or spent culture fluid did not affect the adhesion of 255 256 S. aureus to keratinocytes (Figure 5D).

DISCUSSION

This study explored whether an enteric probiotic, *L. rhamnosus* GG could protect keratinocytes from the pathogenic effects of *S. aureus*. Our data indicate that *L. rhamnosus* GG, either as viable cells, in the form of a cell-free lysate or spent culture fluid enhanced keratinocyte viability on the presence of the pathogen.

The timing of application of *L. rhamnosus* GG cells or lysate did not affect the degree of protection conferred by the probiotic or lysate because keratinocytes pre-, post or co-exposed to *L. rhamnosus* GG or lysate were protected from *S. aureus* induced cell death. However, the probiotic spent culture fluid only protected keratinocytes if it was added either before or at the same time as pathogen. These data contrast with those for *L. reuteri* and *L. salivarius* since *L. reuteri* can only protect as a live organism or lysate when added before or at the same time as the pathogen and *L. salivarius* has no ability to protect keratinocytes (40).

The current investigation suggests that there are at least two, possibly separate activities involved in the 269 protective effects of L. rhamnosus GG. These are likely to be inhibition of pathogen adhesion and 270 inhibition of pathogen growth. We showed previously that agents that reduce adhesion of S. aureus to 271 keratinocytes also reduce its toxicity in our viability assay (40). In keeping with this, the ability of the 272 lysate and spent culture fluid to enhance viability mirrors directly the ability of each to inhibit pathogen 273 adhesion. i.e. while the L. rhamnosus GG lysate protects viability and inhibits adhesion when added pre 274 or post infection, the spent culture fluid only protects viability when added before pathogen and has no 275 ability to inhibit adhesion or protect, when added after the pathogen. Thus, we suggest that the live 276 organism or the lysate protect against the effects of S. aureus by exclusion and displacement whereas the 277 spent culture fluid can only exclude pathogens. By contrast, L. salivarius, which cannot protect 278 keratinocytes from S. aureus, does not inhibit adhesion either as a live organism, a lysate or spent 279 culture fluid. Taken together, all these data point to species specific effects in the abilities of different 280 lactobacilli to protect keratinocytes from the toxic effects of S. aureus. Our data may also suggest that 281 282 the anti-adhesive effects contained within the L. rhamnosus GG lysate and spent culture fluid are

mediated by different molecules. However, we cannot rule out the possibility that the same molecule(s) may be involved, but that the concentration in the spent culture fluid is too low for some of the effects to be observed.

The ability of species of *Lactobacillus* species to inhibit certain pathogens from binding to epithelial 286 cells has been demonstrated previously in models of the gut epithelium (9,10,11). For example, in an in 287 vitro study, probiotics (alone or in combinations) including L. rhamnosus NCC4007, L. paracasei 288 NCC2461, were shown to inhibit E. sakazakii adhesion to intestinal mucus through competitive 289 exclusion and displacement from the binding sites (9,10). Another study by Satu and colleagues (2006) 290 reported that certain lactic acid bacteria, including L. rhamnosus GG, were able to reduce the adhesion 291 of S. aureus to intestinal cells by as much as 44%. In keeping with our study, the mechanisms involved 292 included competition, exclusion and displacement. Interestingly in the Satu *et al* study, the authors also 293 noted reduced staphylococcal viability in the presence of some of the probiotic organisms (49). 294

The molecules mediating the inhibitory effects of probiotics against pathogens have been investigated in 295 a number of studies. In some cases, the molecules mediating anti-adhesive activity are largely associated 296 with other functions i.e. the so-called "moonlighting proteins" (23, 24, 25,35). For example, enolase 297 from L. crispatus can bind to laminin and collagen I, which reduces the adhesion of S. aureus to 298 epithelial cell lines through these binding sites (4). Similarly, enolase from L. plantarum has been 299 reported as binding to fibronectin to prevent S. aureus adhesion to epithelial cell lines (6,7). Other 300 moonlighting proteins contributing to bacterial adhesion have been found in *lactobacilli*. For example, 301 triosephosphate isomerase (TPI) from L. plantarum plays a role in the adhesion of Lactobacilli to Caco-302 303 2 cells, and has the ability to compete with pathogens such as *Clostridium sporogenes* and *Enterococcus* faecalis by excluding and displacing them from the cell-binding sites (30, 39,41). However, thus far, the 304 molecules mediating the anti-adhesive effects of L. rhamnosus GG to keratinocytes remain to be 305 306 identified.

L. rhamnosus GG lysate may also protect keratinocytes is via inhibition of S. aureus growth. Two lines 308 of evidence suggest this is the case: firstly, a reduction in the total number of viable *Staphylococci* in the 309 presence of the L. rhamnosus GG lysate, and inhibition assays demonstrating zones of inhibition when 310 S. aureus was challenged with lysates from the probiotic grown anaerobically (Table 1). This could be 311 due to the presence of a toxic molecule(s) within the probiotic that are able to directly inhibit S. aureus 312 growth and/or viability. It is possible that this molecule(s) may be synthesized, but not secreted because 313 there was no effect of *L.rhamnosus* GG spent culture fluid on the viability of *S. aureus*. However, again, 314 we cannot rule out the possibility that such molecules may be secreted but diluted once contained in the 315 spent culture fluid. If L. rhamnosus GG contains bacteriostatic substances, then this may also, at least 316 partially explain the protective effect of the probiotic in keratinocyte survival assays. Probiotics, 317 especially lactobacilli, have previously been shown to exert a strong inhibitory effect on S. aureus 318 growth. Certain Lactobacillus strains have been reported to be highly antagonistic to biofilm-forming S. 319 aureus (13). Other studies have reported that probiotics can improve gut health by inhibiting growth of 320 pathogens through production of bacteriocins or lactic acid (31, 32, 49, 51). However, in the present 321 study, we could find no evidence of the involvement of acid production as part of the protective effects 322 of L. rhamnosus GG. Indeed, the lysate from this organism was neutral (pH 7.2) but was still able to 323 inhibit S. aureus growth. Furthermore, neither L. reuteri nor L. salivarius showed any inhibitory activity 324 on the growth of S. aureus even though both these bacteria are also able to produce acid (5, 14). 325

In conclusion, we have shown that *L. rhamnosus* GG uses multiple mechanisms to protect keratinocytes from *S. aureus*. These include exclusion of pathogens, inhibition of pathogen growth and displacement of pathogen from keratinocytes. Of course, it is possible that this displacement activity may be related to the ability of *L. rhamnosus* GG to inhibit growth and further studies will be required to clarify this point. A number of studies has suggested the utility of probiotic species of *lactobacilli* for use topically. In keeping with these studies, we suggest that *L. rhamnosus* GG is a potential new agent to inhibit the pathogenicity of *S. aureus* to keratinocytes. Furthermore, our data shows that the utility of *L. rhamnosus* GG on skin will not be limited by whether it can grow and survive on skin because a lysate of the organisms is just as efficacious at preventing *S. aureus* colonization as live bacteria. We suggest that the use of bacterial lysates will enhance the utility of *lactobacilli* since the need to produce formulations that maintain bacterial viability is negated. Furthermore, lysates potentially offer a safer option than live bacteria for treatment of damaged skin.

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356	References
357	1. Agarwal S., Kulshreshtha P., Bambah Mukku D., Bhatnagar R. 2008. Alpha-enolase binds
358	to human plasminogen on the surface of Bacillus anthracis. Biochim Biophys Acta, 1784,
359	986-994.
360	2. Aleljung P., Paulsson M., Emödy L., Andersson M., Naidu A. S., Wadström T. 1991.
361	Collagen binding by lactobacilli. Curr Microbiol, 23, 33-38.
362	3. Al-Ghazzewi, F. H. & Tester, R. F. 2010. Effect of konjac glucomannan hydrolysates and
363	probiotics on the growth of the skin bacterium Propionibacterium acnes in vitro.
364	International Journal of Cosmetic Science, 32, 139-142.
365	4. Antikainen J., Anton L., Sillanpää J., Korhonen T. K. 2002. Domains in the S-layer protein
366	CbsA of Lactobacillus crispatus involved in adherence to collagens, laminin and
367	lipoteichoic acids and in self-assembly. Mol Microbiol, 46, 381-394.
368	5. Axelsson, L. T., Chung, T. C., Dobrogosz, W. J. & Lindgren, S. E.198. Production of a
369	Broad Spectrum Antimicrobial Substance by Lactobacillus reuteri. Microbial Ecology in
370	Health and Disease, 2, 131 - 136.
371	6. Cagno, R., Angelis, M., Calasso, M., Vincentini, O., Vernocchi, P., Ndagijimana, M.,
372	Vincenzi, M. D., Dessi, M. R., Guerzoni, M. E. & Gobbetti, M. 2010. Quorum sensing in
373	sourdough Lactobacillus plantarum DC400: Induction of plantaricin A (PlnA) under co-
374	cultivation with other lactic acid bacteria and effect of PlnA on bacterial and Caco-2 cells.
375	Proteomics, 10, 2176-2190.
376	7. Castaldo C., Vastano V., Siciliano R. A., Candela M., Vici M., Muscariello L., Marasco R.,
377	Sacco M. 2009. Surface displaced alfa-enolase of Lactobacillus plantarum is a fibronectin
378	binding protein. Microb Cell Fact, 8, 14.
379	8. Cinque, B., La Torre, C., Melchiorre, E., Marchesani, G., Zoccali, G., Palumbo, P., Di
380	Marzio, L., Masci, A., Mosca, L., Mastromarino, P., Giuliani, M. & Cifone, M. G. 2011.
381	Use of Probiotics for Dermal Applications. Probiotics: Biology, Genetics and Health
382	Aspects, 21, 221-241.
383	9. Coconnier, M. H., Bernet, M. F., Kerneis, S., Chauvière, G., Fourniat, J. & Servin, A. L.
384	1993. Inhibition of adhesion of enteroinvasive pathogens to human intestinal Caco-2 cells

- by Lactobacillus acidophilus strain LB decreases bacterial invasion. FEMS microbiology
 letters, 110, 299-306.
- 10. Collado, M. C., Isolauri, E. & Salminen, S. 2008. Specific probiotic strains and their
 combinations counteract adhesion of *Enterobacter sakazakii* to intestinal mucus. *FEMS Microbiology Letters*, 285, 58-64.
- 11. Collado, M., Meriluoto, J. & Salminen, S. 2008. Adhesion and aggregation properties of
 probiotic and pathogen strains. *European Food Research and Technology*, 226, 1065-1073.
- 12. Di Marzio, L., Centi, C., Cinque, B., Masei, S., Giuliani, M., Arclei, A., Zicari, L., Simone,
 C. D. & Cifone, M. G. 2003. Effect of lactic acid bacterium *Streptococcus thermophilus* on
 stratum corneum ceramide levels and signs and symptoms of atopic dermatitis patients. *Exp Dermatol*, 12, 615-620.
- 13. Ewaschuk, J. B., Diaz, H., Meddings, L., Diederichs, B., Dmytrash, A., Backer, J., Langen,
 M. L.-V. & Madsen, K. L. 2008. Secreted bioactive factors from *Bifidobacterium infantis*enhance epithelial cell barrier function. *American Journal of Physiology-Gastrointestinal and Liver Physiology*, 295, G1025-G1034.
- 14. Flynn, S., Van Sinderen, D., Thornton, G. M., Holo, H., Nes, I. F. & Collins, J. K. 2002
 Characterization of the genetic locus responsible for the production of ABP-118, a novel
 bacteriocin produced by the probiotic bacterium *Lactobacillus salivarius* subsp. *salivarius*UCC118. *Microbiology*, 148, 973-984.
 - 15. Gan, Bingâ S., Kim, J., Reid, G., Cadieux, P. & Howard, Jeffreyâ C. 2002. Lactobacillus fermentum RC-14 Inhibits Staphylococcus aureus Infection of Surgical Implants in Rats. The Journal of Infectious Diseases, 185, 1369-1372.
- 407 16. Gueniche, A. & Castiel, I. 2009. Probiotic lysate applied to skin: in vitro evidences of
 408 beneficial effects of *Bifidobacterium longum sp* on sensitive skin and aging. *Journal of*409 *Investigative Dermatology*, 129, S64-S64.
- 410 17. Gueniche, A. & Castiel, I. 2009. Probiotic lysate applied to skin: in vitro evidences of
 411 beneficial effects of *Bifidobacterium longum* sp on sensitive skin and aging. *Journal of* 412 *Investigative Dermatology*, 129, S64-S64.
- 413 18. Gueniche, A., Bastien, P., Ovigne, J. M., Kermici, M., Courchay, G., Chevalier, V., Breton,
 414 L. & Castiel-Higounenc, I. 2010a. Bifidobacterium longum lysate, a new ingredient for
 415 reactive skin. *Experimental Dermatology*, 19, E1-E8.
- 416 19. Gueniche, A., David, P., Achachi, A., Vocanson, M., Buyukpamukcu, A., Bastien, P.,
 417 Nicolas, J. F. & Castiel, I. 2009. Oral supplementation with *Lactobacillus johnsonii*418 reinforces skin immune homeostasis following UV exposure and limits UV-induced
 419 damages. *Journal of Investigative Dermatology*, 129, S34-S34.

- 20. Gueniche, A., Delattre, C., Winstall, E., Bastien, P., Bernard, D. & Castiel-Higounec, I.
 2010b. An original topical probiotic related ingredient for dry skin: Efficacy evaluated in a
 clinical trial with the help of bioinstrumental measurements and proteomic tools. *Journal of Investigative Dermatology*, 130, S65-S65.
- 424 21. Isolauri, E., Sutas, Y., Kankaanpaa, P., Arvilommi, H. & Salminen, S. 2001. Probiotics:
 425 effects on immunity. *American Journal of Clinical Nutrition*, 73, 444S-450S.
- 426 22. Iwase, T., Uehara, Y., Shinji, H., Tajima, A., Seo, H., Takada, K., Agata, T. & Mizunoe, Y.
 427 2010. *Staphylococcus epidermidis* Esp inhibits *Staphylococcus aureus* biofilm formation
 428 and nasal colonization. *Nature*, 465, 346-349.
 - 23. Jeffery C. J. 2003a. Moonlighting proteins: Old proteins learning new tricks. *Trends Genet*, 19, 415-417.
- 431 24. Jeffery C. J. 2003b. Multifunctional proteins: Examples of gene sharing. *Ann Med*, 35, 28432 35.
- 433 25. Jeffery C. J. 2009. Moonlighting proteins--an update. *Mol Biosyst* 5, 345-350.
- 434 26. Kaila, M., Isolauri, E., Soppi, E., Virtanen, E., Laine, S. & Arvilommi, H. 1992.
 435 Enhancement of the circulating antibody secreting cell response in human diarrhoea by a
 436 human *Lactobacillus* strain. *Pediatr. Res.*, 32, 141–144.
- 437 27. Kinoshita H., Uchida H., Kawai Y., Kawasaki T., Wakahara N., Matsuo H., Watanabe M.,
 438 Kitazawa H., Ohnuma S.& other authors. 2008b. Cell surface *Lactobacillus plantarum* LA
 439 318 glyceraldehyde-3-phosphate dehydrogenase (GAPDH) adheres to human colonic
 440 mucin. *J Appl Microbiol*, 104, 1667-1674.
- 28. Kinoshita H., Uchida H., Kawai Y., Kitazawa H., Miura K., Shiiba K., Horii A., Saito T.
 2007. Quantitative evaluation of adhesion of lactobacilli isolated from human intestinal
 tissues to human colonic mucin using surface plasmon resonance (BIACORE assay). *J Appl Microbiol*, 102, 116-123.
- 29. Kinoshita H., Wakahara N., Watanabe M., Kawasaki T., Matsuo H., Kawai Y., Kitazawa H.,
 Ohnuma S., Miura K., Horii A., Saito T. 2008a. Cell surface glyceraldehyde-3-phosphate
 dehydrogenase (GAPDH) of *Lactobacillus plantarum* LA 318 recognizes human A and B
 blood group antigens. *Res Microbiol*, 159, 685-691.
- 30. Kirjavainen P. V., Ouwehand A. C., Isolauri E., Salminen S. J. 1998. The ability of
 probiotic bacteria to bind to human intestinal mucus. *FEMS Microbiol Lett*, 167, 185-189.
- 451 31. Kirjavainen P. V., Tuomola E. M., Crittenden R. G., Ouwehand A. C., Harty D. W., Morris
 452 L. F., Rautelin H., Playne M. J., Donohue D. C., Salminen S. J. 1999. In vitro adhesion and
 453 platelet aggregation properties of bacteremia-associated lactobacilli. *Infect Immun*, 67,
 454 2653-2655.

- 32. Lai, Y., Di Nardo, A., Nakatsuji, T., Leichtle, A., Yang, Y., Cogen, A. L., Wu, Z.-R.,
 Hooper, L. V., Schmidt, R. R., Von Aulock, S., Radek, K. A., Huang, C.-M., Ryan, A. F. &
 Gallo, R. L. 2009. Commensal bacteria regulate Toll-like receptor 3-dependent
 inflammation after skin injury. *Nature Medicine*, 15, 1377-U4.
- 33. Lai, Y., Nardo, A., Nakatsuji, T., Leichtle, A., Yang, Y., Cogen, A., Wu, Z., Hooper, L.,
 Aulock, S., Radek, K., Huang, C., Ryan, A. & Gallo, R. 2010. Activation of TLR2 by a
 small molecule produced by *Staphylococcus epidermidis* increases antimicrobial defense
 against bacterial skin infections. *J.Invest. Dermatol*, 130, 2211-2221.
 - 34. Mack, D., Michail, S., Wei, S., Mcdougall, L. & Hollingworth, M. A. 1999. Probiotics inhibit enteropathogenic *E. coli* adherence in vitro by inducing intestinal mucin gene expression. *Am J Physiol Gastrointest Liver Physiol*, 276, G941-950.
 - Marco, M. L., Pavan, S. & Kleerebezem, M. 2006. Towards understanding molecular modes of probiotic action. *Current Opinion in Biotechnology*, 17, 204-210.
 - 36. Mcbain, A. J., Madhwani, T., Eatough, J. & Ledder, R. 2009. An introduction to probiotics for dental health. *Food Science and Technology Bulletin: Functional Foods*, 6, 5-29.
 - 37. Morita H., Toh H., Fukuda S., Horikawa H., Oshima K., Suzuki T., Murakami M., Hisamatsu S., Kato Y.& other authors. 2009. Complete genome sequence of the probiotic Lactobacillus rhamnosus GG ATCC 53103. Journal of Bacteriology, 191,7630-1
- 38. Nasrabadi, H. M., Ebrahimi, T. M., Banadaki, D. S., Kajousangi, T. M. & Zahedi, F. 2011.
 Study of cutaneous wound healing in rats treated with *Lactobacillus plantarum* on days 1, 3,
 7, 14 and 21. *African Journal of Pharmacy and Pharmacology*, 5, 2395-2401.
- 39. Ohnemus, U., Kohrmeyer, K., Houdek, P., Rohde, H., Wladykowski, E., Vidal, S.,
 Horstkotte, M. A., Aepfelbacher, M., Kirschner, N., Behne, M. J., Moll, I. & Ouwehand, A.
 C., Kirijavainen, P. V., Short, C. & Salminen, S. 1999. Probiotics: mechanisms and
 established effects. *International Dairy Journal*, 9, 43-52.
- 480 40. Prince, T., Mcbain, A. J. & O'neill, C. A. 2012. *Lactobacillus reuteri* Protects Epidermal
 481 Keratinocytes from *Staphylococcus aureus*-Induced Cell Death by Competitive Exclusion.
 482 *Applied and Environmental Microbiology*, 78, 5119-26.
- 483 41. Ramiah K., van Reenen C. A., Dicks L. M. 2008. Surface-bound proteins of *Lactobacillus*484 *plantarum* 423 that contribute to adhesion of caco-2 cells and their role in competitive
 485 exclusion and displacement of *Clostridium sporogenes* and *Enterococcus faecalis. Res*486 *Microbiol*, 159, 470-475.
- 487 42. Rayes, N., Seehofer, D., Muller, A.R., Hansen, S., Bengmark, S and Neuhaus, P. 2002.
 488 Influence of probiotics and fibre on the incidence of bacterial infections following major
 489 abdominal surgery- results of a prospective trial. *Z. Gastroenterol*, 40, 869-76.

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- 43. Reid, G., Beuerman, D., Heinemann, C. & Bruce, A. W. 2001. Probiotic *Lactobacillus* dose
 required to restore and maintain a normal vaginal flora. *FEMS Immunology and Medical Microbiology*, 32, 37-41.
- 493 44. Resta-Lenert, S., And Barrett, K. E. 2003. Live probiotics protect intestinal epithelial cells
 494 from the effects of infection with enteroinvasive *Escherichia coli* (EIEC). *Gut*, 52, 988–997.
- 495 45. Rodriguez, K. L., Capulto, L. R. G. & Carvalho, J. C. T. 2005. Antimicrobial and healing
 496 activity of kefir and kefiran extract. *Int J Antimicrob Agents*, 25, 404-408.
 - 46. Rolfe, R. D. 2000. The role of probiotic cultures in the control of gastrointestinal health. *Journal of Nutrition*, 130, 396S-402S.
- 499 47. Sanders, M. E. 1999. Probiotics. *Food Technology*, 53, 67-77.
- 48. Sarika, Ar., Lipton, Ap., Aishwarya, Ms. 2010. Bacteriocin production by a new isolate of
 Lactobacillus rhamnosus GP1 under different culture conditions. *Advanced Journal of Food Science and Technology*, 2, 291-297.
 - 49. Satu, Vesterlund, Matti, Karp, Sepp, Salminen, Arthur C Ouwehand. 2006. *Staphylococcus aureus* adheres to human intestinal mucus but can be displaced by certain lactic acid bacteria. *Microbiology*, 152, 1819-26
 - 50. Sultana, R., Mcbain, A. J., O'neill, C. A. 2013. Strain-Dependent Augmentation of Tight-Junction Barrier Function in Human Primary Epidermal Keratinocytes by *Lactobacillus* and *Bifidobacterium* Lysates. *Applied and Environmental Microbiology*, 79, 4887–4894.
 - Todorov, S. D. & Dicks, L. M. T. 2005. Growth parameters influencing the production of Lactobacillus rhamnosus bacteriocins ST461BZ and ST462BZ. Annals of microbiology, 55, 283-289.
- 512 52. Valdez, J. C., Peral, M. C., Rachid, M., Santana, M. & Perdigon, G. 2005. Interference of
 513 *Lactobacillus plantarum* with *Pseudomonas aeruginosa* in vitro and in infected burns: the
 514 potential use of probiotics in wound treatment. *Clinical Microbiology and Infection*, 11,
 515 472-479.
- 516 53. Valdez, J. C., Peral, M. C., Rachid, M., Santana, M. & Perdigon, G. 2009. Bacteriotherapy
 517 with *Lactobacillus plantarum* in burns. *Int Wound Journal*, 6,73–81.
- 54. Van Reenen, C.A., Ramiah, K., Dicks, L.M.T. 2007. Expression of the mucus adhesion genes
 mub, mapA, adhesion-like factor EF-Tu and bacteriocins gene plaA of *Lactobacillus plantarum* 423, monitored with real time PCR. *Int. J. Food Microbiol*, 116, 405-409.
- 55. Velez M. P., De Keersmaecker S. C., Vanderleyden J. 2007. Adherence factors of
 Lactobacillus in the human gastrointestinal tract. *FEMS Microbiol Lett*, 276, 140-148.
- 523 56. Villamon E., Villalba V., Nogueras M. M., Tomas J. M., Gozalbo D., Gil M. L. 2003.
 524 Glyceraldehyde-3-phosphate dehydrogenase, a glycolytic enzyme present in the periplasm
 525 of *Aeromonas hydrophila*. *Antonie Van Leeuwenhoek*, 84, 31-38.

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- 526 57. Winram S. B. & Lottenberg R. 1996. The plasmin-binding protein plr of group A
 527 streptococci is identified as glyceraldehyde- 3-phosphate dehydrogenase. *Microbiology*,
 528 142, 2311-2320.
- 529 58. Zanger, P., Holzer, J., Schleucher, R., Scherbaum, H., Schittek, B. & Gabrysch, S. 2010.
 530 Severity of *Staphylococcus aureus* Infection of the Skin is Associated with Inducibility of
 531 Human beta-Defensin 3, but not Human beta-Defensin 2. *Infection and immunity*, 78, 3112532 3117.
- 533 59. Zanger, P., Holzer, J., Schleucher, R., Steffen, H., Schittek, B. & Gabrysch, S. 2009.
 534 Constitutive Expression of the Antimicrobial Peptide RNase 7 Is Associated with
 535 Staphylococcus aureus Infection of the Skin. Journal of Infectious Diseases, 200, 1907536 1915.

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Figure Legends

Figure 1 A)L. rhamnosus GG, lysate or spent culture fluid protect keratinocytes from the toxic 558 effects of S. aureus. A combination of S. aureus (SA) and L. rhamnosus GG (LGG+SA), resulted in a 559 significantly higher (P=0.01) percentage of viable keratinocytes after 24 hours than in monolayers 560 infected with S. aureus alone. The data were compared to those produced by uninfected control cells 561 (control). B) The viability of S. aureus infected keratinocytes treated with L. rhamnosus GG lysate 562 (SA+LGGLYS) or spent culture fluid (SA+LGGCM) was significantly increased compared to 563 keratinocytes infected with S.aureus (SA) alone. C) Monolayers exposed to S. aureus and a lysate of L. 564 reuteri (SA+LRLYS) had a significantly higher percentage of viable keratinocytes than those infected 565 with pathogen alone but the same effect was not found with the spent culture fluid of L. reuteri 566 (SA+LRCM). Data are representative of three individual experiments and all values represent mean \pm 567 SEM of percentage viability (n=3). *P<0.05. 568

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Figure 2 L. rhamnosus GG protects and rescues keratinocytes from infection with S. aureus. A) 570 The percentage viability of infected keratinocytes was significantly higher in cells that were pre-exposed 571 to L. rhamnosus GG (LGG+SA), lysate (LGG LYS+SA) or spent culture fluid (LGG CM+ SA) 572 compared to S. aureus (SA) infected cells. B) The viability of S. aureus infected keratinocytes was 573 significantly higher in cells exposed to L. rhamnosus GG 12h post infection with S. aureus ('post 574 exposed'). A similar effect was observed with lysate (C). However, D) Cells post-exposed to L. 575 rhamnosus GG spent culture fluid (CM) did not have significant protection. Data are representative of 576 three individual experiments and all values represent mean \pm SEM of percentage viability (n=3). * 577 *P*<0.05. 578

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Figure 3 The effect of *L. rhamnosus* GG or *L. reuteri* lysates and spent culture fluid on *S. aureus* growth in a competition assay. The optical densities of cultures of *S. aureus* (SA) growing in the presence of (A) *L. rhamnosus* GG lysate (LGG LYS) or (B) spent culture fluid (LGGCM) or (C) heated *L. rhamnosus* GG lysate (heated LGG LYS) or D) *L. reuteri* lysate (LR LYS) were determined every hour to monitor the growth of the bacteria. In the presence of the *L. rhamnosus* GG lysate, the growth of *S. aureus* was significantly lower than when it was grown alone (P=0.02, n=3), whereas the heated *L. rhamnosus* GG lysate or spent culture fluid had no significant effect (P>0.05, n=3). Furthermore, a lysate of *L. reuteri* had no effects on the growth of *S. aureus*. Data are representative of three individual experiments and all values represent mean \pm SEM of percentage viability (*n*=3). **P*<0.05.

Figure 4 *L. rhamnosus* GG lysate, but not spent culture fluid, reduced the numbers of viable staphylococci. The number of viable *S. aureus* (SA) was 8log CFU/ml, whereas 5 log CFU/ml of *S. aureus* (SA) were viable in the present of *L. rhamnosus* GG lysate (Co-exposed). Additionally, the total number of viable staphylococci in keratinocyte culture was reduced by the *L. rhamnosus* GG lysate when this was added 2-4-6-8 and 12 hours after infection of the keratinocytes with pathogen (Postexposed, P=0.05, n=3). Data are representative of three individual experiments and all values represent mean ± SEM of percentage viability (*n*=3). **P*<0.05.

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Figure 5 Live L. rhamnosus GG, lysate or spent culture fluid inhibited S. aureus adhesion to 598 keratinocytes A) Live L. rhamnosus GG (LGG) inhibited S. aureus adhesion when added at the same 599 time (LGG+Co), before (LGG+Pre) or after infection of cells with S. aureus (LGG+Post). B) A similar 600 effect was also observed with the lysate. C) Spent culture fluid (LGG CM+SA) reduced the adhesion 601 number of S. aureus but only when added at the same time, or before infection with pathogen. D) The L. 602 reuteri lysate (SA+LR LYS) reduced the adhesion of S. aureus to keratinocytes when added 603 simultaneously but the L. reuteri spent culture fluid (SA+LRCM) did not. L. salivarius lysate (SA+LS 604 LYS) or spent culture fluid (SA+LS CM) had no effect on the adhesion of S. aureus to keratinocytes. 605 Data are representative of three individual experiments and all values represent mean \pm SEM of viability 606 percentage (n=3). **P*<0.05. 607

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	625	reuteri (LR) nor lysate (LR LY
	626	was evaluated after overnight
	627	Results are expressed as the me
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622 <u>Table 1</u> L. rhamnosus GG bacteria or lysate reduce the growth of S. aureus in a spot on lawn

623 assay. Spot on the lawn assay demonstrating zones of inhibition produced by L. rhamnosus (LGG) and

624 lysate (LGG LYS) under anaerobic condition, but not under aerobic condition. However, neither live L.

625 reuteri (LR) nor lysate (LR LYS) inhibited S. aureus growth under either condition. The inhibition zone

626 was evaluated after overnight incubation by measuring the diameter of zone sizes in mm using a ruler.

Results are expressed as the mean \pm SEM/mm of three individual experiments. **P*<0.05.

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	Zone of inhibition mm(Aerobic)	Zone of inhibition mm(Anaerobic)
SA+LGG	No inhibition	11±1.3
SA+LGG LYSATE	No inhibition	18.38±0.7
SA+ LR	No inhibition	No inhibition
SA+LR LYSATE	No inhibition	No inhibition















Figure 4.





