constituents recognized as "nonself" in the event of a *Shigella* infection.

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Monosaccharide Inhibition of *Staphylococcus aureus* Adherence to Human Solid-Phase Fibronectin

Fibronectin is a high-molecular-weight glycoprotein found in plasma and various body fluids or occurring as a major cell-surface glycoprotein synthesized by a variety of cells. Two polypeptide chains are organized into structural domains having specific binding properties for different molecules and cells. Staphylococci and streptococci bind to the amino-terminal region of fibronectin [1, 2]. Fibronectin promotes adherence of staphylococcal cells to polymethylmethacrylate (a material widely used in prosthetic devices) in vitro [3] and in vivo [4, 5]. There are conflicting data regarding the chemical structure of bacterial receptors for fibronectin [6, 7]. In addition to proteins, various forms of carbohydrate-containing mac-

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Please address requests for reprints to Dr. Francis A. Waldvogel, Division of Infectious Diseases, Hôpital Cantonal Universitaire, CH-1211 Geneva 4, Switzerland. romolecules are present on the surface of S. aureus – cell wall peptidoglycan and the teichoic acids – whereas capsule and slime are components of an exopolysaccharide matrix [8] that surrounds microcolonies adsorbed onto a biomaterial. This exopolysaccharide matrix is thought to have a protective function against antibacterial agents and host defense mechanisms [8]. We designed our study to (1) develop a suitable system allowing serial and quantitative tests of adherence, (2) define the role of preadsorbed macromolecules (such as collagen and human fibronectin) in the adherence of S. aureus strain Wood 46 to a plastic surface, and (3) evaluate the role of sugar moieties in the adherence of S. aureus to surface-bound fibronectin.

Materials and Methods

The bacterial strain used in this study was *Staphylococcus aureus* Wood 46, which is devoid of protein A. Fibronectin-depleted serum and fibronectin from human plasma, purified by affinity chromatography on gelatin-Sepharose[®], were provided by J. J. Morgenthaler (Swiss Red Cross, Bern, Switzerland). All chemicals were of the best analytical grade commercially available.

Polyvinylchloride (PVC)-Microtiter[®] plates (Dynatech, Kloten, Switzerland) were coated with fibronectin or collagen. Fibronectin or collagen (50 µl) at protein concentrations of 50 µg/ml or 10 µg/ml, respectively, in Salt/Pi buffer (16.3 mM Na₂HPO₄· 2 H₂O, 1.5 mM KH₂PO₄, 137 mM NaCl, and 2.7 mM KCl; pH 7.4) were added to the wells. The plates were incubated overnight at 4 C and then washed four times with 300 µl of Salt/Pi buffer. Nonspecific binding sites on the plastic were blocked by adding 50 µl of 1% bovine serum albumin in the same buffer as above and incubating the plates for 1 hr at 37 C. After the wells were insed four times with 300 µl of buffer, the plates were used in the adherence assay.

Serial dilutions containing 3–400 μ g of native or heatdenatured (100 C for 3 min) fibronectin and 10³–10⁵ cpm of ¹²⁵I-labeled fibronectin were added to the microtiter plates, which were then incubated overnight at 4 C. The wells were washed with four times with 300 μ l of Salt/P_i buffer, cut off, and counted for bound radioactivity.

Staphylococcus aureus Wood 46 was labeled with [methyl-³H]thymidine [3] under two different experimental conditions. (1) One hundred microliters of an overnight, washed culture of S. aureus Wood 46 in 4.4 ml of Mueller-Hinton broth was incubated with 200 μ Ci of [³H]thymidine for 3 hr at 37 C. The suspension was centrifuged at 3,000 g for 10 min. The pelleted bacteria were washed twice with Salt/P_i buffer and finally suspended in 5.5 ml of the same buffer. (2) Four hundred microliters of Mueller-Hinton broth was replaced by the same volume of guinea pig serum to test the effect of serum proteins on the adherence of S. aureus to surface-bound fibronectin.

For the adherence assay, 5×10^6 cells in 100 µl of Salt/P_i buffer were added to each well of the PVCmultiwell plates that had been precoated with fibronectin. In the competition experiments the sugars used as inhibitors were included in the buffer and added to the microtiter plates 30 min before the cells were added. After incubation for 1 hr at 37 C, the adherence medium was removed and the unattached cells were washed off by rinsing the wells four times with 300 µl of buffer. Radioactivity of the attached bacteria was solubilized by incubating the microtiter plates for 1 hr at 37 C with 50 µl of trypsin (0.2 mg/ml of Salt/Pi buffer). Similar results were obtained when the wells were cut off from the plates and directly counted for attached radioactivity (data not shown). When bacteria were tested for adherence to the collagen-coated PVC wells, we examined three growth conditions: (1) 8.5% serum-containing medium, (2) 8.5% fibronectin-depleted, serum-containing medium, and (3) medium without serum.

Results

plates was a function of the fibronectin bound to the sur-

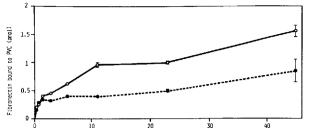


Figure 1. Adsorption of native (O) and heat-denatured (\bullet) human fibronectin to PVC microtiter plates. The results are the means (\pm SD) of three experiments.

Concentration of fibronectin (pmol)

face. Maximum adherence of bacteria was observed at a concentration of $50 \ \mu g$ of fibronectin/ml (5.7 pmol of free fibronectin). Bacteria grown in either serum-containing or serum-free medium showed identical binding to fibronectin-coated wells. Native as well as heat-denatured fibronectin bound to PVC in a dose-dependent, saturable manner (figure 1). However, denatured fibronectin did not promote adherence of *S. aureus* Wood 46.

In a control experiment, 1.9×10^{5} cfu of *S. aureus* Wood 46 (from an initial inoculum of 5×10^{5} cfu) bound to collagen after bacterial growth in a serum-containing medium; among other proteins, the medium contained soluble fibronectin. In contrast, the adherence to collagen of bacteria grown in a fibronectin-depleted serum was reduced to 15% of the above-mentioned values. Finally, bacteria grown without serum did not bind to collagen at all. Thus, only fibronectin-containing medium could promote the adherence of *S. aureus* Wood 46 onto collagen-coated wells.

We have examined the role of several monosaccharides as potential inhibitors of the adherence of *S. aureus* Wood 46 to fibronectin-coated PVC and evaluated the contribution of sugar moieties, located at the bacterial surface, to adherence. The monosaccharides we used have previously been shown to be the components of heteropolysaccharides secreted by bacteria from different species. As shown in figure 2, β -methylgalactoside, *N*-acetylglucosamine, α -methylgalactoside, and α -methylmannoside produced a concentration-dependent inhibition of staphylococcal adherence to fibronectin-coated PVC, although maximal inhibition with these monosaccharides was observed only at a final concentration of 200 m*M*. In contrast, fucose produced a similar inhibition at a much lower concentation (20 m*M*).

Discussion

Fibronectin and collagen are the most thoroughly studied factors promoting cell adherence in vivo and in vitro [1]. Bacterial cells such as staphylococci and streptococci

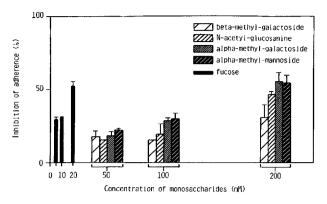


Figure 2. Dose-response monosaccharide inhibition of *S. aureus* Wood 46 adherence to fibronectin. The inhibition of adherence in the presence of sugars is compared with adherence in the absence of sugars. The results are the means (\pm SD) of eight experiments.

have binding sites on the fibronectin molecule, but the type of interaction at the molecular level remains to be studied [2, 11]. Some information regarding fibronectin as an adherence factor is nevertheless available: in an animal model [4], fibronectin was shown to mediate the attachment of *S. aureus* Wood 46 to an implanted biomaterial. Fibronectin at the surface of epithelial cells [11] or bound to a solid phase [3] promotes streptococcal [11] or staphylococcal [13] attachment.

We developed an in vitro system to study the role of host and environmental factors on the adherence properties of S. aureus Wood 46. This system allowed us to test the effect of potential inhibitors on the adherence of this strain to fibronectin-coated PVC, a biomaterial widely used for intravenous catheters, which are known to be susceptible to staphylococcal colonization and infection. As already shown for adherence to polymethylmethacrylate [3], bacterial adherence to PVC was promoted by fibronectin. Under our experimental conditions, maximal adherence of S. aureus Wood 46 to PVC was observed at a concentration of 50 µg of fibronectin/ml. Because adherence of this strain to collagen was reduced to 15% of the initial values after bacterial growth in a fibronectin-depleted serum, we suggest that S. aureus Wood 46 does not adhere directly to collagen but indirectly by means of the intermediary linking property of fibronectin. Our results also showed that β -methylgalactoside, N-acetylglucosamine, α methylgalactoside, and a-methylmannoside, but not Dglucose or D-mannose, competitively inhibited adherence of S. aureus Wood 46 to fibronectin-coated PVC. These effects on bacterial adherence were dose-dependent (50% inhibition, 200 mM). Fucose was more inhibitory than the other sugars tested, because maximal inhibition was observed at 20 mM. This observation indicates that some surface components of S. aureus Wood 46 have specificity for fucose and thus may play a role in the adherence of this strain to a fibronectin-coated surface. Our results agree with the concept that sugar-containing molecules at the surface of bacteria may play a role in their adherence properties to a surface [11-14].

In conclusion, our study has confirmed and extended to another biomaterial (PVC) the role of fibronectin in the adherence of *S. aureus* Wood 46 [3, 5]. Using various monosaccharides, we conveniently analyzed the inhibition of *S. aureus* adherence to surface-bound fibronectin. Our results suggest a role for carbohydrate-containing surface components of *S. aureus* as possible mediators of bacterial adherence to fibronectin-coated PVC. These results may contribute to a better understanding and prevention of intravenous catheter-induced infections.

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