

in vitro Solutions for Respiratory Diseases and Chemical Testing



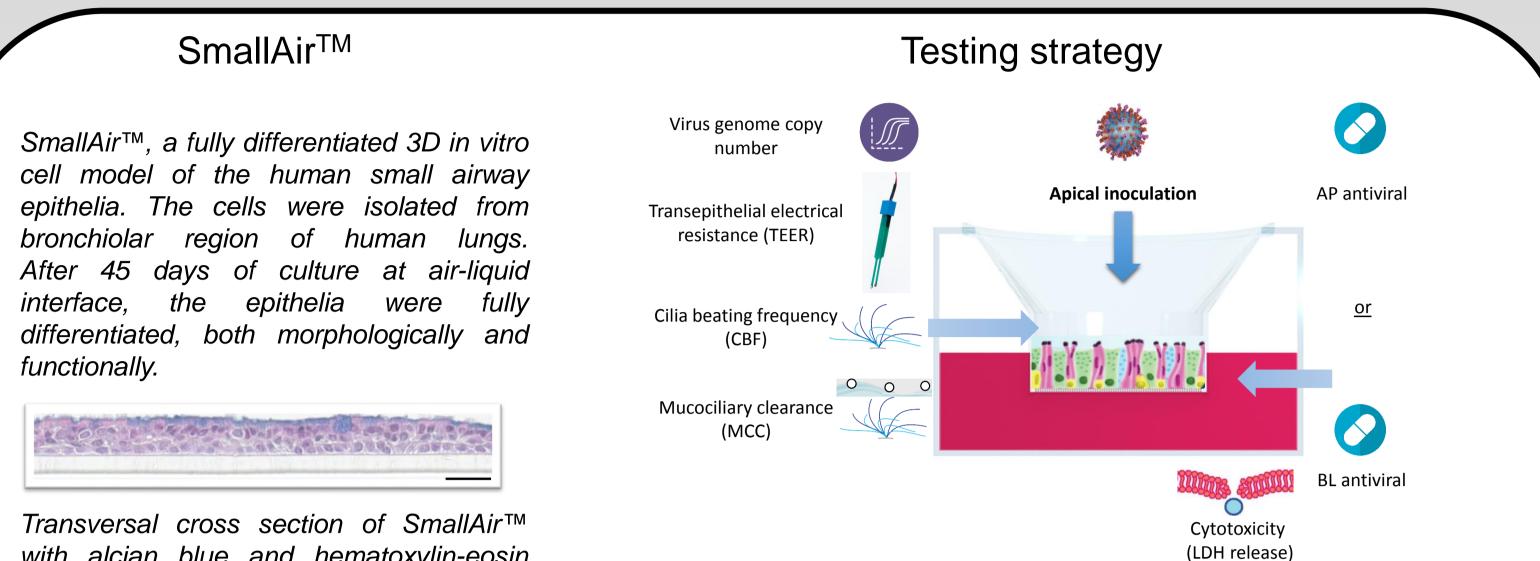
Efficient replication of respiratory syncytial virus induces a decrease of mucociliary clearance in human small airway 3D culture

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Introduction

Respiratory syncytial virus (RSV) infection causes upper and lower respiratory tract infections and is the most common cause of bronchiolitis and pneumonia in young children. To understand RSV pathogenesis in humans and to test new molecules for alleviating the diseases, an *in* vitro RSV infection platform based on three dimensional (3D) fully differentiated human airway epithelia cultured at air-liquid interface was developed.

Materials and Methods



One such model, SmallAirTM, representing the small airway epithelia with characteristic cell types (basal, ciliated and Club cells) was successfully infected with clinical isolate of RSV B.

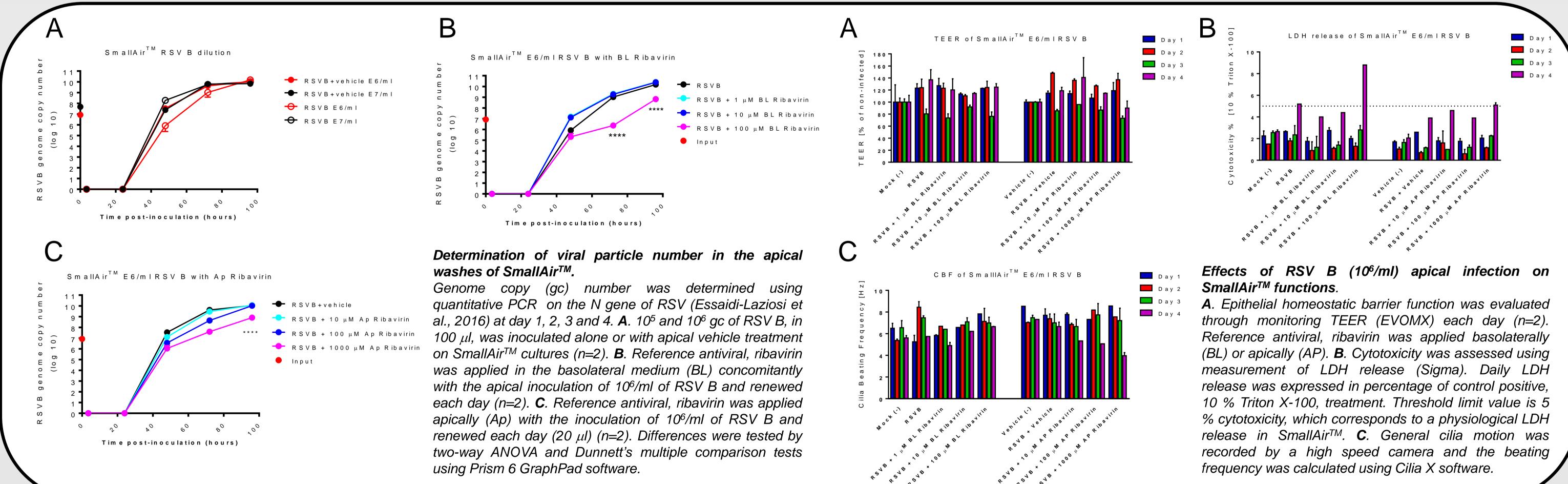


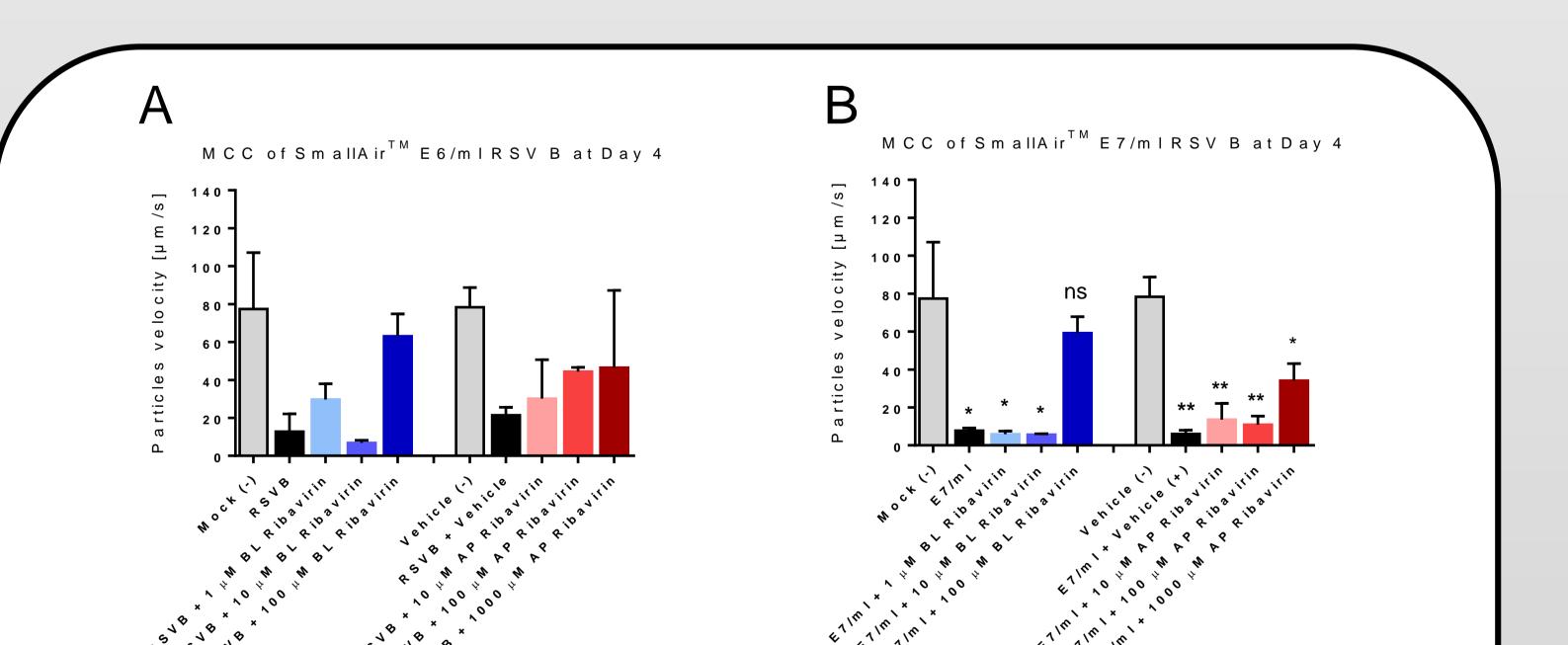
with alcian blue and hematoxylin-eosin staining (top) and Club cell specific CC-10 immunohistochemistry (below). Scale bar: 40 μm.



Clinical isolate of Respiratory Syntitial Virus (RSV) B was inoculated at 10⁵ and 10⁶ genome copy in 100 μ l on the apical side of SmallAirTM (SA069301) for 3 hours. After an apical wash, virus genome copy number was determined at 1, 2, 3 and 4 days post-inoculation on the apical side of the cultures. Reference antiviral, ribavirin, was applied concomitantly with the virus either apically in 20 μ l (Ap; 10, 100, 1000 μ M) or basally (BL; 1, 10, 100 μ M). Different functional end points were assessed at day 1, 2, 3 and 4 from both sides of cultures.

Results





Summary

- With an initial inoculum of 10⁵ or 10⁶ RSV B viruses, the genome copy number reached 10¹⁰ gc/ml 4 days postinoculation in the apical washes.
- The RSV B infection did not impair the tissue integrity lacksquarenor cause cytotoxicity.
- Solely the mucociliary clearance showed a dramatic decrease at 4 days post-inoculation of RSV B (22 and 9 % of the non-infected control for 10⁶ and 10⁷/ml virus inoculation, respectively). Ribavirin, as reference antiviral against RSV, applied either apically (1-10-100 μ M) or basally (10-100-1000 μ M), inhibited viral replication in a dose-dependent manner and partially prevented the decrease of the mucociliary clearance.

Effects of RSV B apical infection on the mucociliary clearance in SmallAir[™].

Mucociliary clearance was evaluated through microscopic monitoring of polystyrene microbeads (Sigma) applied on the apical surface. Particle velocity was quantified from the recorded video using Image Pro Plus software. Differences were tested by one-way ANOVA using Prism 6 GraphPad software and Dunnett's multiple comparison tests were used to compare every mean to control mean. A. RSV B was inoculated at 10⁶/ml B. 10⁷/ml concentration. Reference antiviral, ribavirin was applied basolaterally (BL) or apically (AP) (n=2 and 2).

Conclusion

These results demonstrate that SmallAirTM is a pertinent tool to perform anti-RSV drug screening via airborne or systemic delivery.

