

# Microbially Derived Branched-Chain Fatty Acids Regulate Colonic Permeability In Protein Malnutrition

Lauren E. Lynch<sup>1</sup>, Krishnakant G. Soni<sup>1</sup>, Jennifer K. Spinler<sup>2</sup>, Stephanie W. Fowler<sup>3,4</sup>, Margaret E. Conner<sup>3,5</sup>, Xi-Lei Zeng<sup>3</sup>, Mary K. Estes<sup>3</sup>, Sarah E. Blatt<sup>3</sup>, Geoffrey A. Preidis<sup>1</sup>

<sup>1</sup>Pediatric Gastroenterology, Hepatology & Nutrition, Baylor College of Medicine and Texas Children's Hospital, Houston TX, USA. <sup>2</sup>Pathology and Immunology, Baylor College of Medicine, Houston TX, USA. <sup>3</sup>Department of Molecular Virology and Microbiology, Baylor College of Medicine, Houston TX, USA. <sup>4</sup>Center for Comparative Medicine, Baylor College of Medicine, Houston TX, USA. <sup>5</sup>Department of Education, Innovation, and Technology, Baylor College of Medicine, Houston TX, USA.

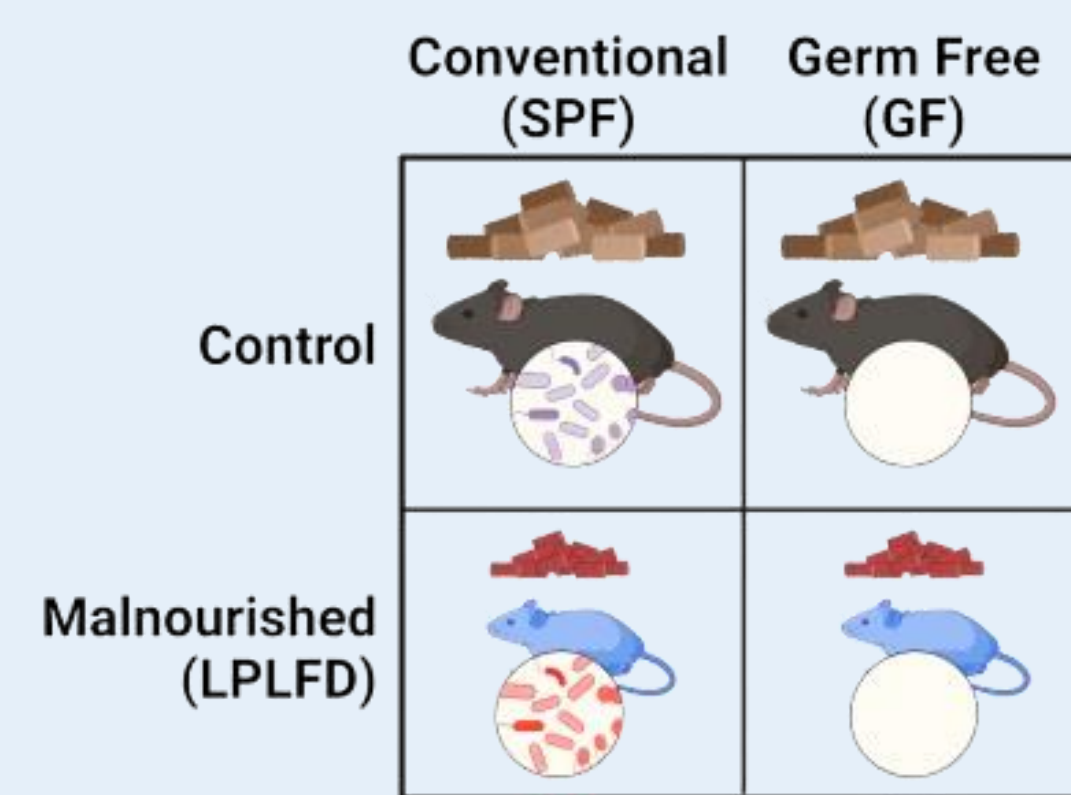
## Introduction

- Malnutrition contributes to 45% of global child deaths.
- Malnutrition alters the gut microbiome and gut barrier permeability.
- The gut barrier is regulated by microbial metabolites including branched-chain fatty acids (BCFAs).
- BCFAs are produced by bacterial fermentation of dietary protein.
- Increased intestinal permeability can be caused by a depleted mucus layer.
- MUC2 is the predominant mucin in the intestinal mucus layer and is regulated by serotonin.

## Objective

In the present study, we investigate whether changes in gut microbiota function contribute to heightened gut barrier permeability in malnutrition.

## Methods

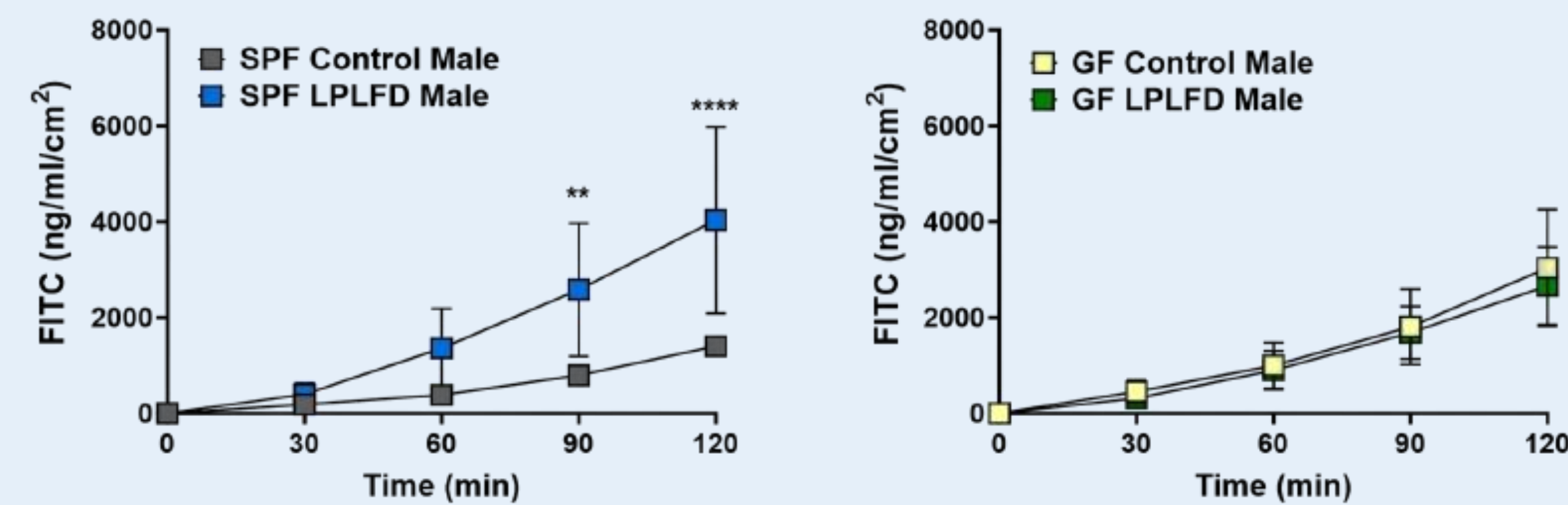


- Stool from 8 week old SPF mice was analyzed by metagenomic sequencing and mass spectrometry targeting BCFAs.
- Colonic permeability was assessed *ex vivo* with the Ussing chamber system.
- Livers were sterily harvested and plated on Brain Heart Infusion agar plates and incubated aerobically and anaerobically at 37°C.
- Colonic tissue was analyzed via qPCR, immunofluorescence, and FISH.
- BCFAs were applied at doses spanning the physiologic range (1 - 10mM) to human-derived colonoid monolayers on Transwells.
- Leucine and alanine were administered via oral gavage 2X/day for 2.5d.

## Results

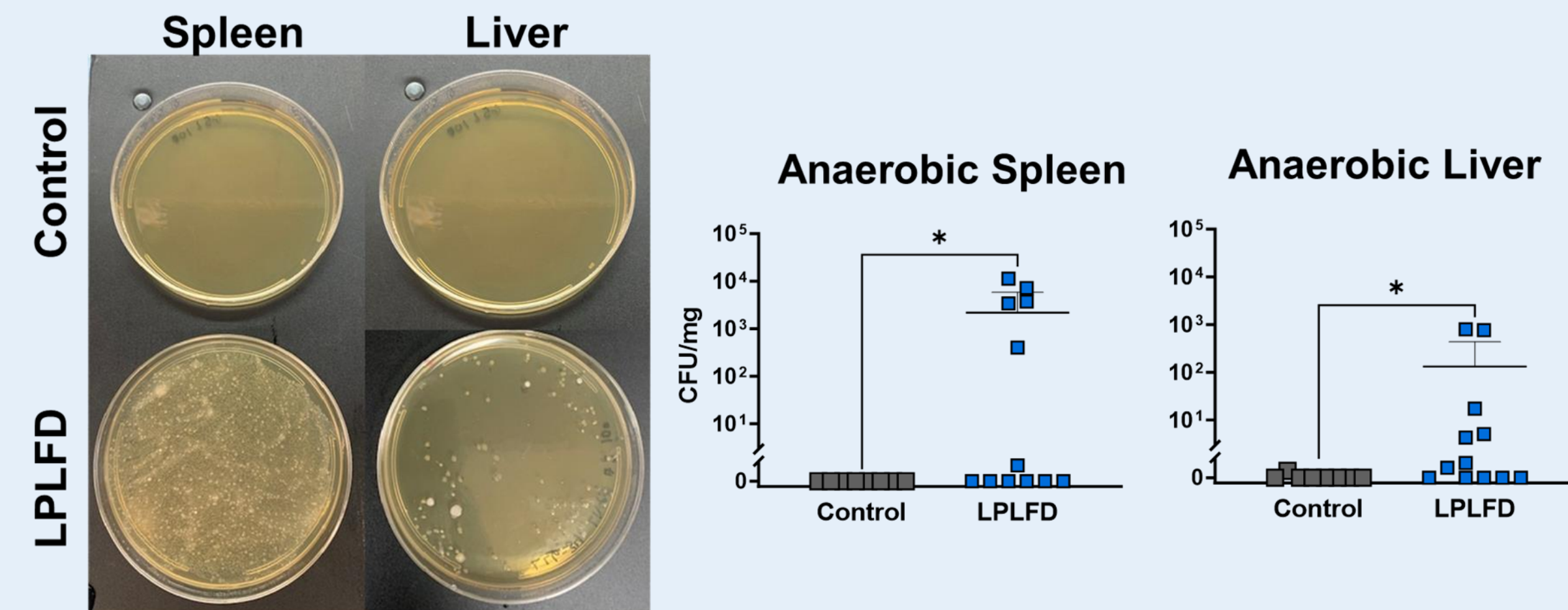
### Question 1: Does malnutrition affect colonic permeability?

Malnutrition increases permeability in SPF, but not GF mice.



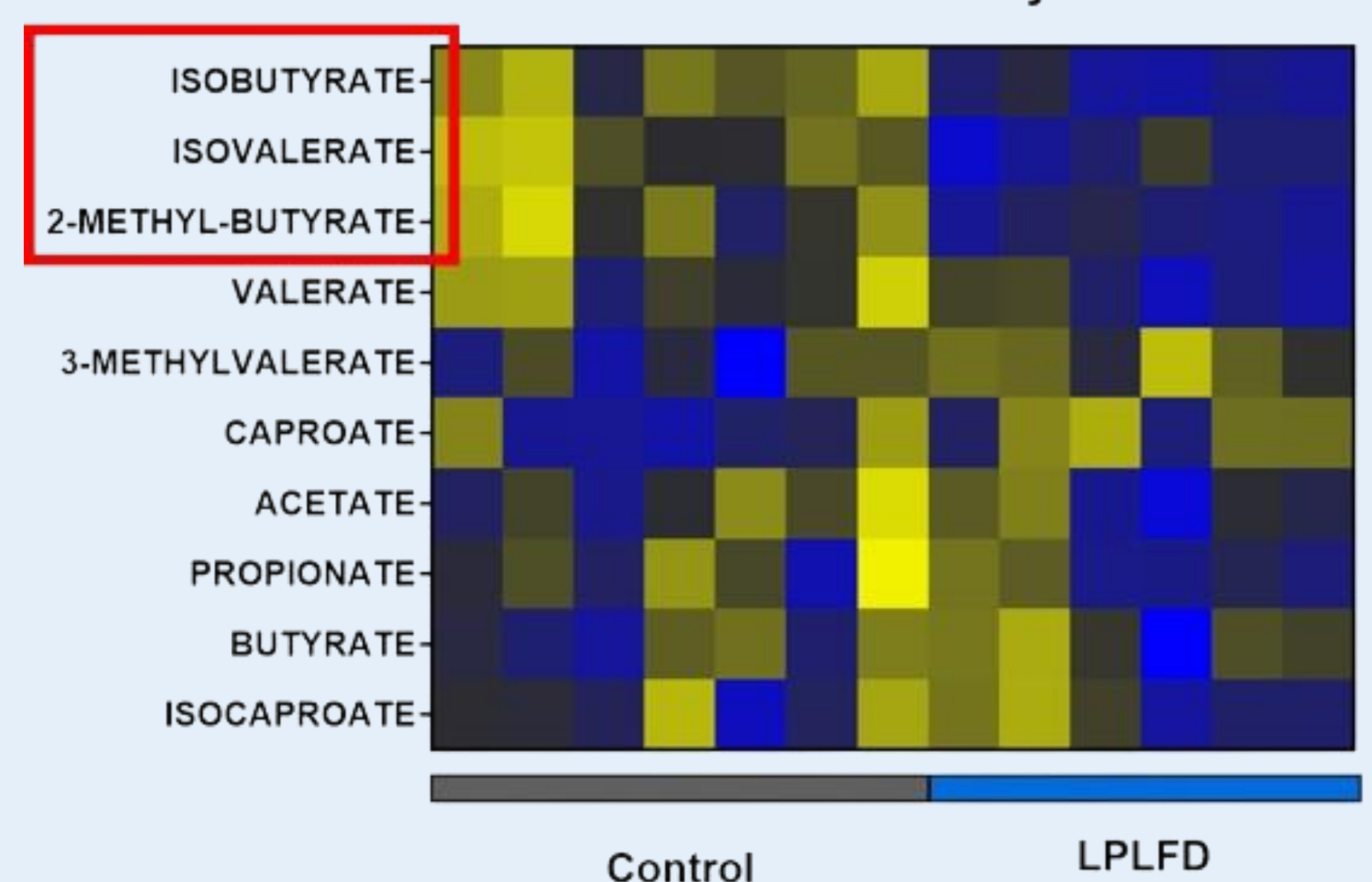
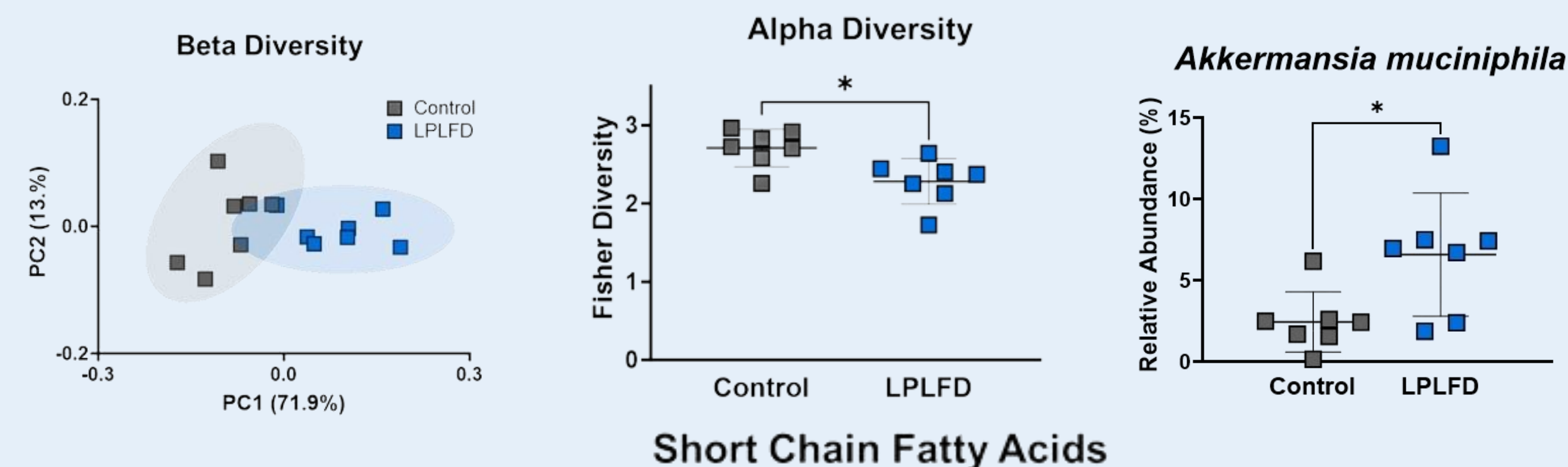
### Question 2: Do malnourished mice have increased bacterial translocation?

Malnourished mice have increased bacterial translocation to the spleen and liver.



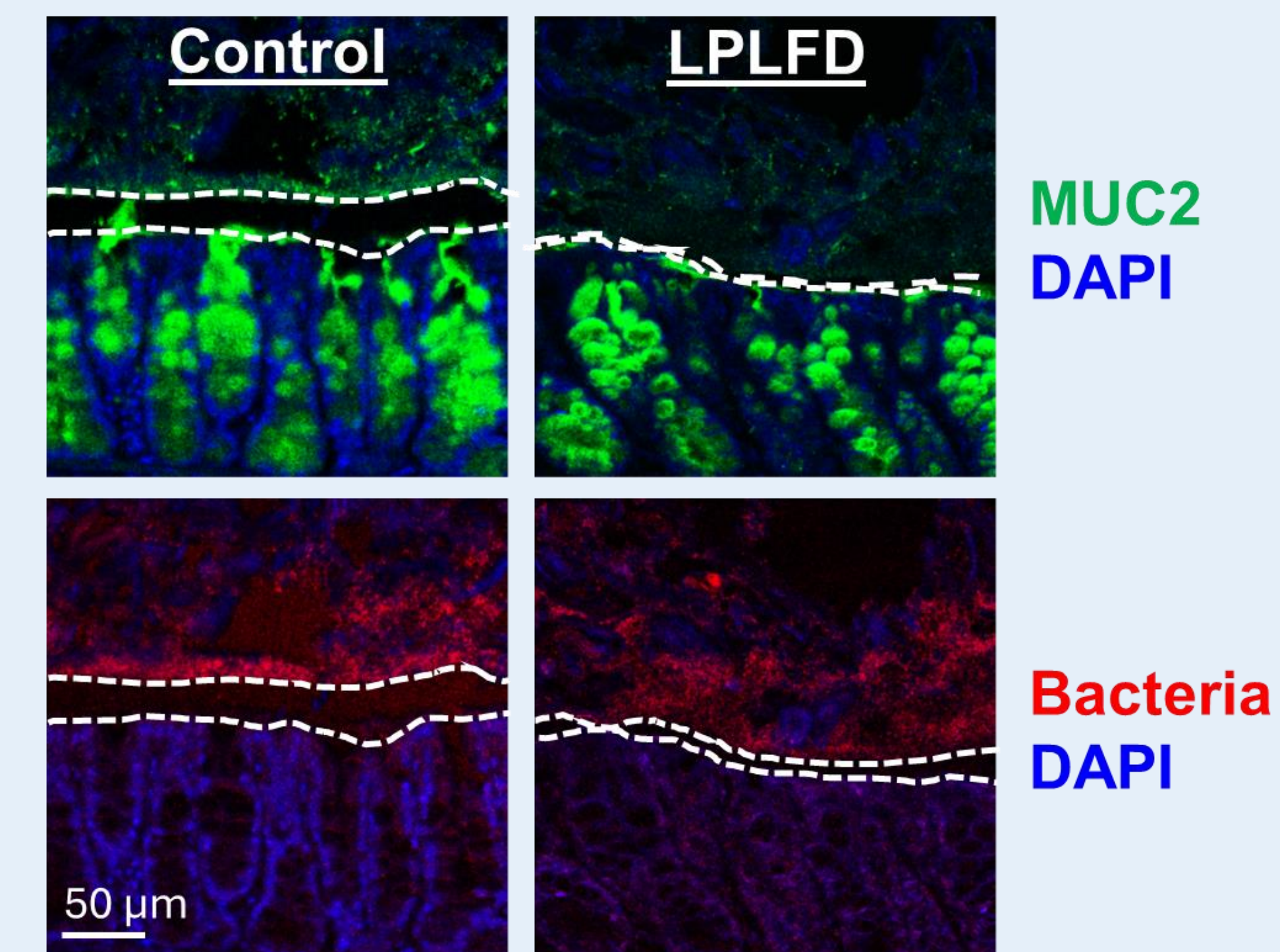
### Question 3: How does malnutrition alter the microbiome?

Malnourished mice have decreased alpha diversity and profoundly decreased microbially derived BCFAs. Abundance of mucin-degrading *A. muciniphila* is increased.



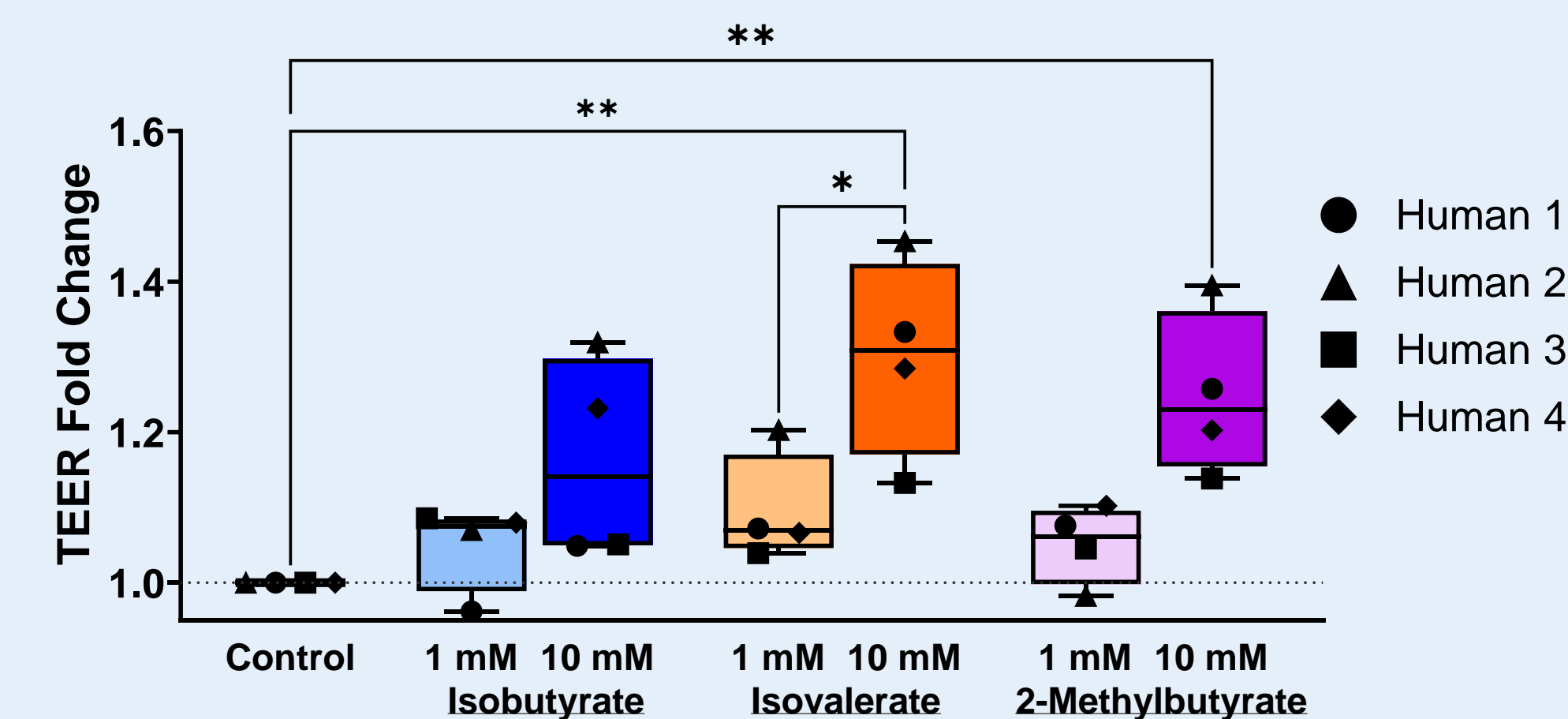
### Question 4: Does malnutrition alter colonic mucus?

Malnourished mice have decreased MUC2 transcript (not shown) and fluorescence. Bacteria encroaching upon the epithelium. Serotonin homeostasis is altered (not shown).



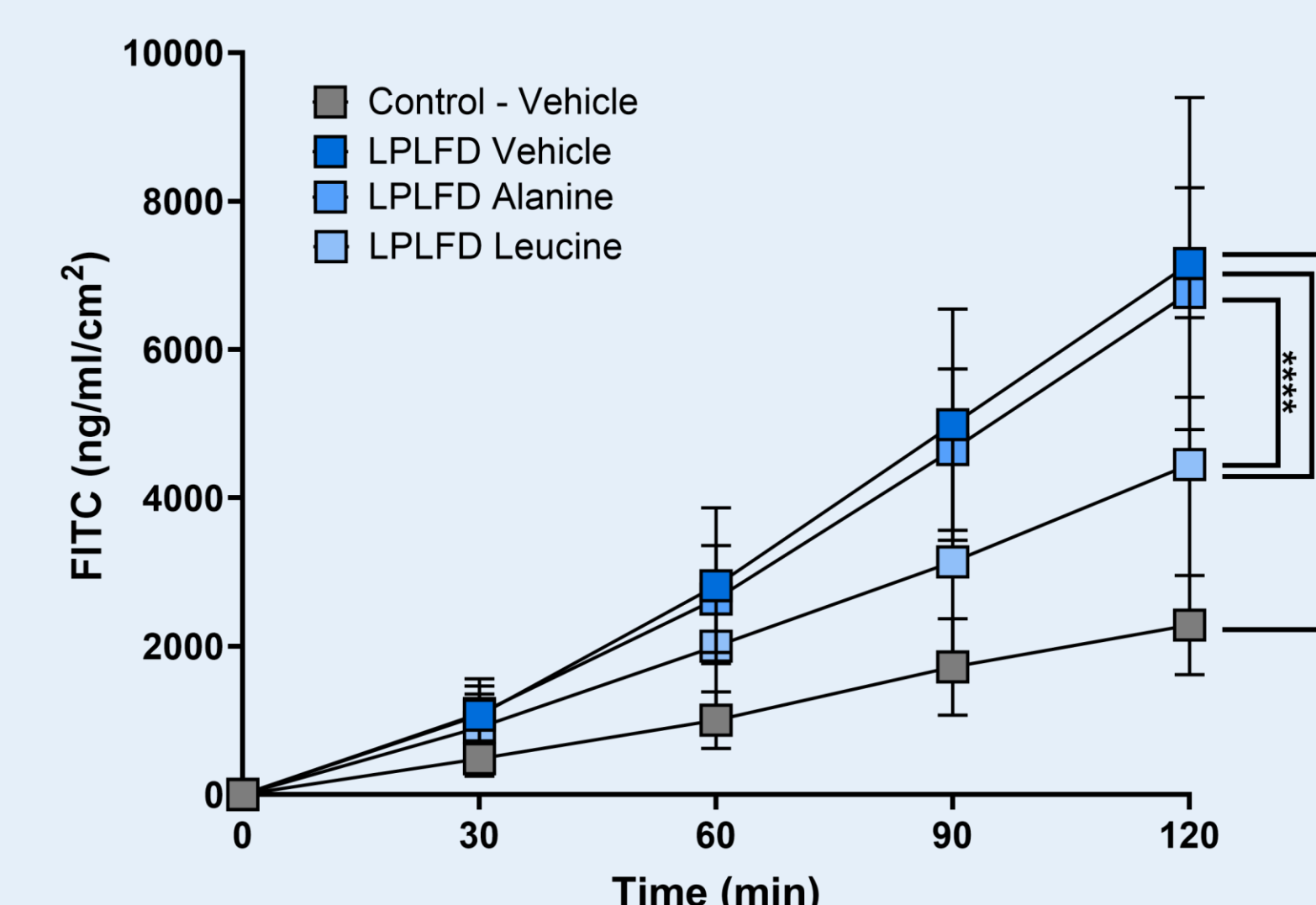
### Question 5: Do microbial BCFAs affect barrier function *in vitro*?

Isovalerate and 2-methylbutyrate improve colonic barrier function in a dose-dependent manner in human-derived colonoids.



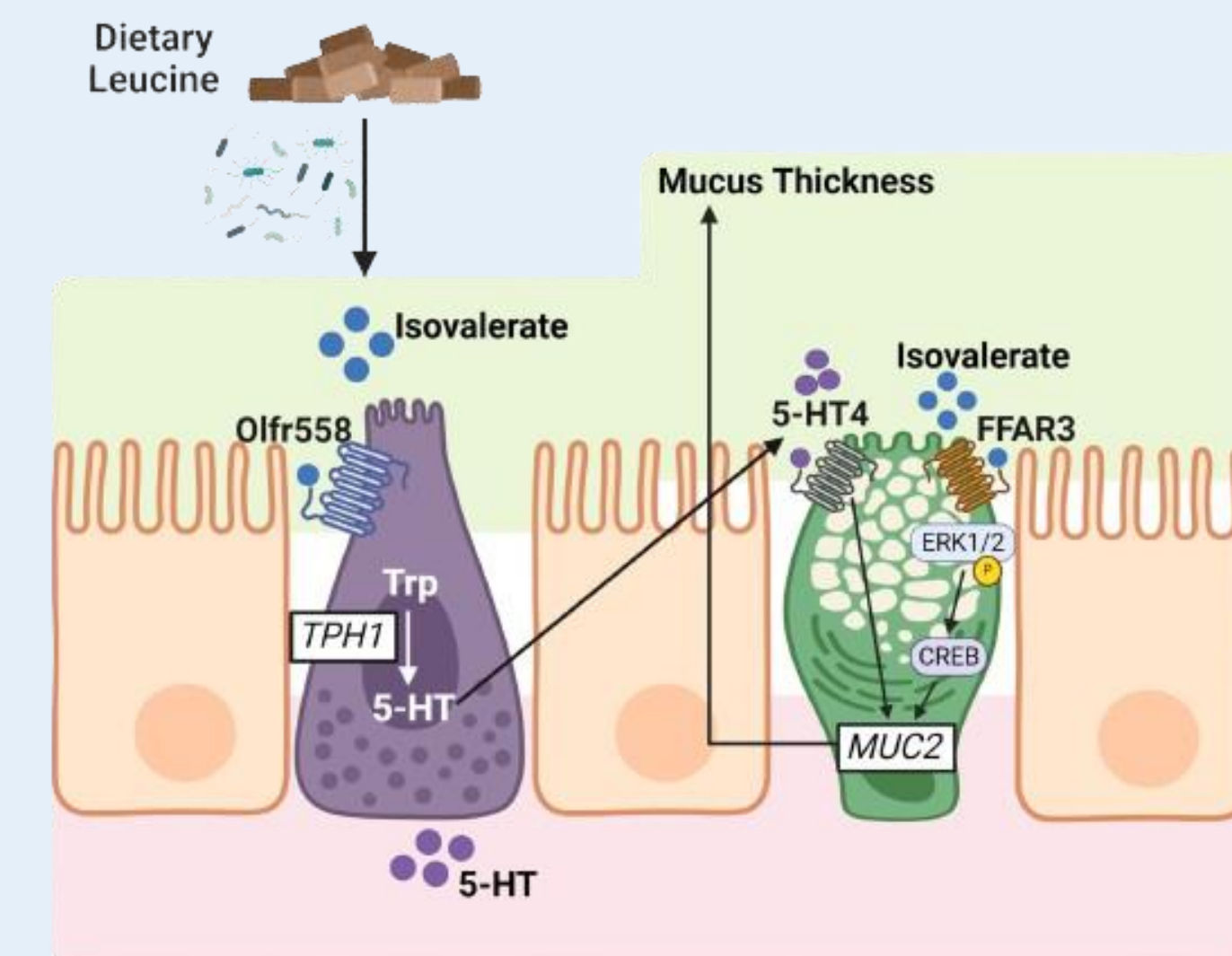
### Question 6: Can enteral leucine rescue increased colonic permeability in malnourished mice?

The precursor to isovalerate, leucine, improves colonic permeability in malnutrition. The non-BCFA forming amino acid, alanine, has no effect.



## Conclusions

- Malnutrition-induced gut barrier dysfunction requires gut bacteria.
- Malnutrition results in increased bacterial translocation to the spleen and liver.
- Microbially-derived BCFAs are reduced and serotonin is altered in malnourished mice.
- MUC2 mRNA and protein is reduced in the malnourished colonic mucus layer.
- Isovalerate improves colonic barrier function in a dose-dependent manner.
- Oral gavage of leucine, a branched-chain amino acid precursor to isovalerate, improved colonic permeability in malnourished mice, while alanine, a non-BCFA forming amino acid, had no effect.
- This knowledge may facilitate novel microbiota-targeting therapies reduce the risk of sepsis and mortality in child malnutrition.



## Acknowledgements

- T32 GM136554 (L.E.L.)
- K08 DK113114, R03 DK129495, R01 DK133301 (G.A.P.)
- P30DK056338 (TMC Digestive Diseases Center)

