

# Development of *in Vitro* Recurrent Aphthous Stomatitis (RAS) Immuno-competent model

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## Introduction

Recurrent aphthous stomatitis (**RAS**) is a common ulcerative disease of the oral mucosa characterized by an increase of the mucosal permeability and disorders in the immune response modulation, in particular with a Th1 polarization, pro-inflammatory cytokines induction and apoptosis (1-2).

The inflammatory process involves the activation of IL-8, IL-6 and IL-1 $\beta$ , with an imbalanced ratio Th1/Th2 that causes a delayed re-epithelization of the ulcer. Treatments of Recurrent Aphthous Ulcers (RAU) aim to rebalance the Th1/Th2 response towards the establishment of a tolerant immune response.

## Objective

To recapitulate the features of RAS *in vitro* by using 3D human reconstituted oral mucosa (HOE) model produced on special polycarbonate CMM inserts and co-cultured with monocytes (THP-1 cells).

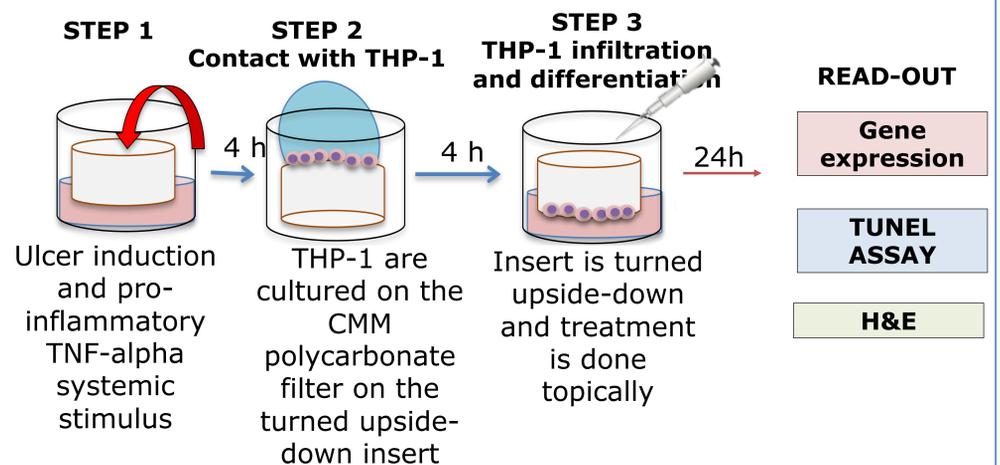
The induction was based on a superficial localized ulcer associated to a pro-inflammatory stimulus that resulted in THP-1 cell migration through the tissue.

## Materials & Methods:

As schematized in **Figure 1**, HOE-CMM have been abraded with algerbrush and challenged with the systemic incubation in 1,5 ng/mL TNF- $\alpha$ . Then tissues have been co-incubated with THP-1 cultured on the CMM polycarbonate membrane insert for 4h. After that, the treatment with reference products for aphtous lesions (e.g. anti-inflammatory steroids) were applied topically for 24h.

The tissue response was evaluated by:

- qRT-PCR to quantify inflammatory genes (IL-1  $\beta$ , TLR-2) expression
- TUNEL assay to identify apoptotic cells in the ulcer
- Hematoxylin Eosin (H&E) staining to assess tissue morphological changes, monitor ulcers reduction during the recovery period, cells migration and re-epithelization

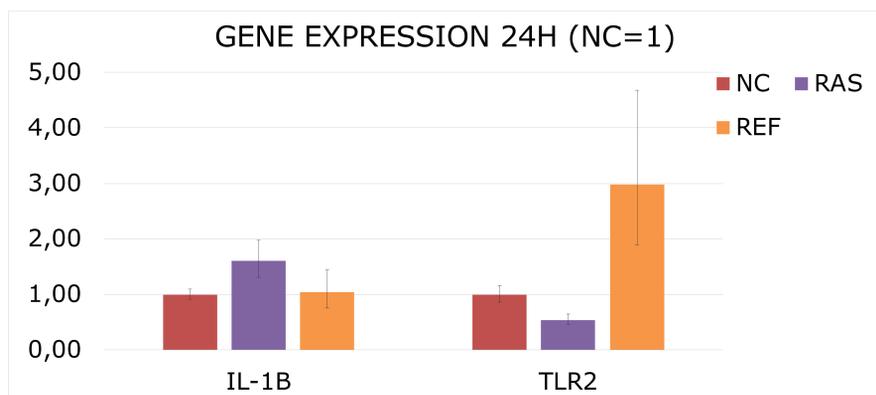


**Figure 1.** Experimental design and parameters to analyze.

## GENE EXPRESSION OF RAS MODEL

The expression of inflammatory genes in the RAS immuno-competent model after 24h is reported in **Figure 2**.

- IL-1 $\beta$  has been evaluated because it is secreted by lymphocytes T-helper 1 and is involved in the immunomodulation of RAS, causing inflammation and tissue destruction.
- TLR2 has been considered because it stimulates the production of pro-inflammatory cytokines (through NF- $\kappa$ B activation) in monocytes and epithelial cells. Deficiency of TLR-2 activity is considered one of the main causes of the establishment of the pathology, leading to dysregulation of the inflammatory response and of the control of barrier integrity.



**Figure 2.** Gene expression in the RAS immunocompetent model after 24h recovery.

After 24h recovery in the RAS model (injured and inflamed HOE incubated with THP-1 and treated in STEP 3 with saline solution)

- IL-1 $\beta$  is slightly up-regulated (RQ: 1.61)
  - TLR-2 is slightly down-regulated (RQ: 0.54)
- suggesting that tissue is inflamed and the pathology is being established.

The reference product (REF: **Triamcinolone acetonide** caused an increase in TLR-2 (RQ: 2.97) counteracting inflammatory status.

## References:

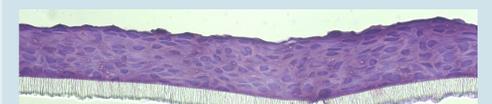
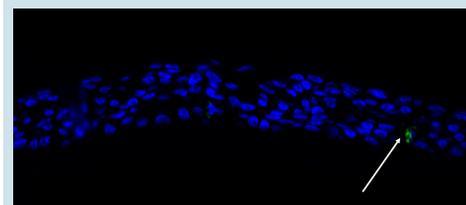
1. Barros FM et al. (2010) Possible Association between Th1 Immune Polarization and Epithelial Permeability with Toll-Like Receptors 2 Dysfunction in the Pathogenesis of the Recurrent Aphthous Ulceration. *Ulcers*, Article ID 163804
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## HOE MORPHOLOGY AND APOPTOTIC CELLS AFTER 24H

**TUNEL ASSAY: apoptotic cells**

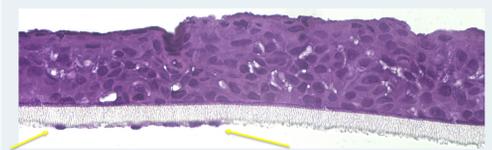
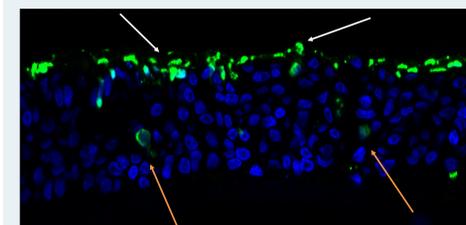
**H&E: tissue morphology**

### HOE (Negative control)



The HOE tissue shows a not significant number of apoptotic cells (white arrow) consistent with a HOE tissue cultivated in standard conditions.

### RAS (Positive control)



The RAS model has induced many apoptotic cells in the squamous layer (white arrows) while the infiltration of THP-1 cells in the tissue has not determined a significant damage as shown by the few apoptotic cells detected in the middle layer (orange arrows). As confirmed by H&E, at 24h HOE presents signs of the abrasion as reduced cell to cell connection: however, the injury at squamous layer level has been mostly recovered at this time. The yellow arrows indicate THP-1 cells in direct contact with polycarbonate filter and not yet infiltrated.

## Conclusions:

The RAS features have been recapitulated *in vitro* as evidenced by the apoptotic cells detection on the HOE superficial layer, down-regulation of TLR-2 and concomitant IL-1 $\beta$  release upon THP-1 stimulation in induced inflammatory conditions, indicating the establishment of a Th-1 polarization.

The lesional inflamed HOE-CMM cell migration model appears a biologically relevant model to assess the efficacy of new potential anti-inflammatory products designed to accelerate the healing process of the aphtous lesion.