

Effects of *Lactobacillus casei* Shirota (LcS) supplementation on growth performance, intestinal histology, fecal AFB₁ and fecal bacterial profile of AFB₁-exposed rats

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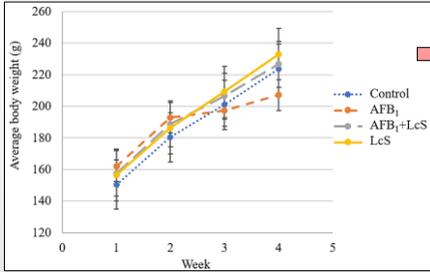
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INTRODUCTION

Aflatoxin B₁ (AFB₁) is known to be the most toxic mycotoxin that can contaminate food commodities. The International Agency for Research on Cancer (IARC) classified AFB₁ as a Group 1 carcinogen that is linked to liver cancer. This toxicity can either be acute or chronic, caused by exposure via contaminated-food consumption or respiratory tract. The use of probiotics as supplementation has been studied widely and known for its potential in enhancing gut bacteria proliferation, reducing colonization of pathogens in the intestine, stimulating immune response and preventing intestinal dysbiosis. *Lactobacillus* spp. and *Bifidobacterium* spp. are among the bacterial strains used as probiotics that can influence the adsorption and absorption of AFB₁, thus reducing its bioavailability in the body. Therefore, the focus of this study is to investigate the effects of *Lactobacillus casei* Shirota (LcS) supplementation on body weight, food intake, intestinal histomorphometry biomarkers, the composition of *Lactobacillus* spp. and *Bifidobacterium* spp. in feces, as well as the fecal AFB₁ in AFB₁-exposed rats.

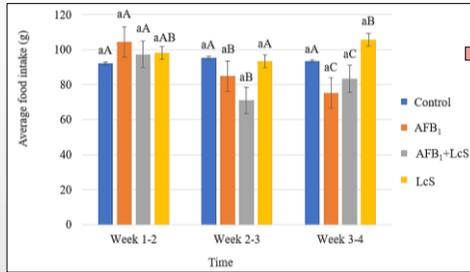
RESULTS & DISCUSSIONS



A. Average body weight of rats in four groups (n=8)

The AFB₁ group showed no significant increment of body weight (p>0.05) from Week 2 to 4, unlike other groups that showed significant increment throughout the 4-week study. In fact, some rats in AFB₁ group had lost weight during Week 2, 3 and 4 (Figure A).

The body weight reduction due to aflatoxin exposure can be described as the alteration in digestive enzymatic activities that cause nutrients malabsorption and changing metabolic processes such as tricarboxylic acid (TCA) cycle, glucose and fatty acid synthesis, mainly due to AFB₁ metabolites binding to DNA and proteins responsible for these processes (1).

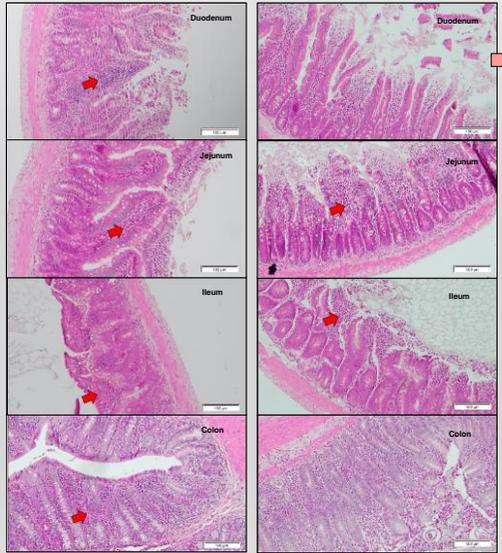


B. Average food intake of rats in four groups (n=8)

Food intake of the AFB₁ and AFB₁+LcS group showed significant reduction (p<0.05) throughout the 4-week treatment. However, the AFB₁+LcS group did show significant increase (p<0.05) in food intake at Week 3 to 4 (Figure B).

AFB₁ was associated with its neurodegenerative effect, affecting the expressions of neurotrophic EM66 and its precursors, Sgll, that previously reported to play an important role in regulating appetite in rats (2). Other than that, AFB₁ was also associated with alteration in protein synthesis, reducing enzyme activity required for digestion and absorption by reacting to amino groups of functional protein (3).

The improvement in body weight and food intake observed in the AFB₁+LcS group in comparison to AFB₁ group shows that the binding capacity of probiotics (1,4,5,6) would reduce the absorption of AFB₁, thus reducing its translocation (7), nutrients malabsorption and metabolism alteration (1).



C. H&E staining of duodenum, ileum, jejunum and colon of AFB₁ group

The H&E staining showed a mild to moderate inflammation in all parts of the intestine of AFB₁ group (Figure C), while only mild inflammation was observed in the jejunum and ileum of AFB₁+LcS group (Figure D).

Previous study have shown the effects of AFB₁ exposure to the small intestine of animals. There was a prominent neutrophil infiltration and edema in the small intestine of broiler chicken (15), an accumulation of inflammatory cells in the ileum of ducks (18) and the occurrence of congested blood vessels in the intestine of rats (19). There was also a lymphocyte accumulation in the colon of rats exposed to AFB₁, even though there was no inflammation observed in the small intestine (21).

Other than that, an increase in pro-inflammatory biomarkers such as TLR4, NF-κB, TNF-α, IL-6, TXNIP, NLRP3, and IL-18 have been reported in regards to AFB₁ exposure (18).

In general, probiotic bacteria have the ability to reduce inflammation, especially in the intestine. The administration of probiotics has shown to have the ability to reduce the expression of pro-inflammatory cytokines via several pathways such as interfering the NF-κB pathway, activation of peroxisome proliferation-activated receptor gamma (PPAR-γ) nuclear receptor, and regulation of nitric oxide (NO) production by the inducible nitric oxide synthase (iNOS) (20).

G. Fecal AFB₁

Groups	Mean ± SD (μg/L)	t-value	p-value
AFB ₁ +LcS	45.48 ± 0.23	77.319	0.000
AFB ₁	32.21 ± 0.19		

H. Fecal LcS count

Groups	Mean ± SD (log CFU/g)	t-value	p-value
AFB ₁ +LcS	8.75 ± 0.05	5.092	0.007
LcS	7.79 ± 0.32		

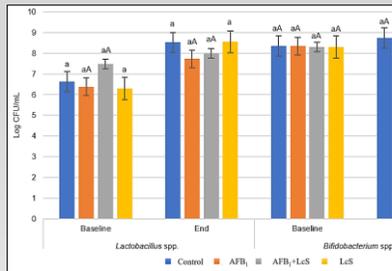
The fecal AFB₁ in AFB₁ group was significantly lower (p<0.05) than in AFB₁+LcS group at the end of the study.

The detection of AFB₁ and its metabolites in fecal and urine samples of AFB₁-exposed animals, which indicates the level of unabsorbed AFB₁ (9). This result is supported by the fecal LcS count, where AFB₁+LcS group had a significantly higher (p<0.05) LcS count than the LcS group. This may be due to the ability of LcS to bind to AFB₁, and eventually excreted out in feces (4).

Other probiotics strain such as *Lactobacillus rhamnosus* GG, *Lactobacillus rhamnosus* LC-705, *Propionibacterium freudenreichii* sp. *shermanii* JS (5), *Lactobacillus casei* (L. casei) ATCC 334, L. casei L9, L. casei L30, L. casei 12A, L. casei 21/1, L. casei 7R1, and L. casei DPC 3968 (6) were also reported to have the ability to reduce the negative effects of aflatoxins.

E. Histomorphometric analysis of duodenum, jejunum, ileum and colon (n = 9).

	Mean ± SD			
	Villus height (μm)	Crypt depth (μm)	Villus width (μm)	Surface area (mm ²)
Duodenum				
Control	267.95 ± 27.16 ^a	104.93 ± 10.16 ^a	74.21 ± 4.54 ^a	62.46 ± 7.34 ^a
AFB ₁	208.64 ± 23.18 ^b	80.69 ± 10.28 ^b	79.79 ± 11.84 ^a	52.74 ± 12.62 ^a
AFB ₁ +LcS	246.33 ± 26.73 ^a	94.32 ± 16.52 ^{ab}	72.30 ± 14.00 ^a	56.16 ± 13.64 ^a
LcS	250.31 ± 15.81 ^a	79.48 ± 7.58 ^b	67.11 ± 21.79 ^a	53.40 ± 20.40 ^a
Jejunum				
Control	203.33 ± 9.68 ^a	79.38 ± 8.35 ^a	67.69 ± 10.02 ^a	43.19 ± 6.67 ^{abc}
AFB ₁	200.33 ± 14.71 ^a	80.99 ± 5.99 ^a	80.40 ± 9.67 ^b	50.88 ± 9.25 ^a
AFB ₁ +LcS	190.52 ± 7.78 ^a	78.43 ± 11.61 ^a	69.58 ± 6.44 ^{ab}	41.61 ± 3.68 ^{ab}
LcS	188.66 ± 16.50 ^a	75.04 ± 10.47 ^a	67.26 ± 11.18 ^a	40.24 ± 9.35 ^{bc}
Ileum				
Control	264.67 ± 49.02 ^a	99.58 ± 14.78 ^{abcd}	73.52 ± 13.26 ^a	61.28 ± 18.33 ^{ab}
AFB ₁	203.16 ± 15.43 ^b	82.22 ± 13.99 ^b	73.26 ± 9.61 ^a	46.83 ± 5.45 ^b
AFB ₁ +LcS	209.10 ± 32.19 ^b	112.81 ± 8.77 ^{abc}	75.54 ± 10.53 ^a	49.64 ± 10.35 ^{ab}
LcS	265.54 ± 14.84 ^a	93.53 ± 6.92 ^{bd}	78.07 ± 13.70 ^a	65.20 ± 12.51 ^a



F. *Lactobacillus* spp. & *Bifidobacterium* spp. counts in fecal samples

As shown in Table E, the histomorphometric analysis of AFB₁ group showed a significantly lower (p<0.05) villus height in duodenum and ileum, and lower surface area in ileum (p<0.05) in comparison to LcS group. Nonetheless, the AFB₁+LcS group showed a higher duodenal and ileal villus height, and surface area of ileum.

The atrophy of intestinal structure, especially the villus would affect the absorptive capability of the intestine (10), as it will influence the surface for absorption, overall nutrients transport system and the enzymes expression on brush border membrane (11).

The crypt depth is known to be the site for cell production as it houses stem cells. Increase in its measurement indicates the increasing rates of cell turnover (11, 12).

The supplementation of probiotics in animal models have shown to improve the intestinal villus height, crypt depth, villus width and surface area (13, 14).

The increase in villus height and crypt depth observed in AFB₁+LcS group as compared to AFB₁ group may indicate the cellular repairment after the damage done by the AFB₁ on the intestinal surface. However, previous studies have shown inconclusive results on the changes in intestinal morphology due to AFB₁ exposure (15, 16, 17).

F. Fecal Lactobacillus spp. counts increased in all groups throughout the study, while Bifidobacterium spp. counts showed increment in three groups, while AFB₁ group showed significant reduction (p<0.05) from baseline to the end of the study (Figure F).

Similar to previous research, *Lactobacillus* spp. count did not show significant changes in mice given with three different AFB₁ concentration (8).

In contrast, *Bifidobacterium* spp. showed significant reduction in low-dose group (2.5 mg/L AFB₁) (8). *Bifidobacterium* spp. were previously reported to have negative correlation to serum cortisol, a biological stress indicator (22).

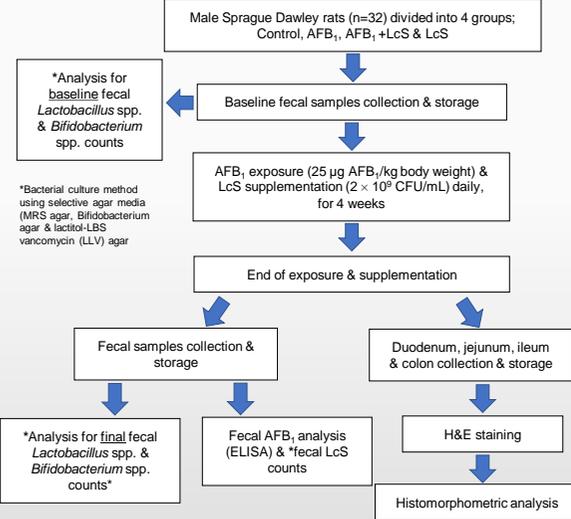
CONCLUSIONS

Based on these results, it can be concluded that LcS supplementation of 2 × 10⁹ CFU/mL per day can alleviate the adverse effects of AFB₁ exposure in terms of weight gained, intestinal histomorphometry, *Bifidobacterium* spp. counts in feces, as well as the AFB₁ excretion via fecal route. Further investigation on intestinal permeability and the analysis of AFB₁ in serum and urine is suggested to further understand the mechanism of AFB₁ excretion in presence of LcS.

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METHODS



*Analysis for baseline fecal *Lactobacillus* spp. & *Bifidobacterium* spp. counts

*Bacterial culture method using selective agar media (MRS agar, *Bifidobacterium* agar & lactitol-LBS vancomycin (LLV) agar

*Analysis for final fecal *Lactobacillus* spp. & *Bifidobacterium* spp. counts*

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