Teratogenicity of *Staphylococcus aureus* L-forms using a mouse whole-embryo culture model

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Our previous studies have suggested that *Staphylococcus aureus* L-forms are able to pass through the placental barrier of mice from the maternal side to the fetal body and affect fetal growth and development, but little is known about the direct influence of *S. aureus* L-forms on embryos during the critical period of organogenesis. Mouse embryos at gestational day 8.5 were cultured *in vitro* for 48 h with 0, 50, 100, 200 or 400 c.f.u. *S. aureus* L-forms ml⁻¹. At the end of the culture period, the mouse embryos were assessed morphologically for viability, growth and development. Bacteriological and immunohistochemical staining were used to determine the existence of *S. aureus* L-forms in embryonic tissues. We found that both crown–rump length and head length of mouse embryos exposed to *S. aureus* L-forms at a concentration of 50 c.f.u. ml⁻¹ were reduced. When the mouse embryos were exposed to 100, 200 or 400 c.f.u. *S. aureus* L-forms ml⁻¹, the total morphological score, number of somites, dry embryo weight, yolk sac diameter, crown–rump length and head length were significantly lower than those of the control group. With the increased concentration of *S. aureus* L-forms in the culture medium, there were fewer normally developed embryos and more embryos with abnormalities or retardation in growth. *S. aureus* L-forms detected by Gram-staining and immunohistochemical detection of antigen were found in the tissues of embryos infected by *S. aureus* L-forms. These data suggest that *S. aureus* L-forms exert a direct teratogenic effect on cultured mouse embryos *in vitro.*

INTRODUCTION

*Staphylococcus aureus*, a common and major human pathogen, is carried by 25–35% of the population as resident bacterial flora, and can cause severe infection in pregnant women and their fetuses and in infants in the perinatal period (Dancer & Noble, 1991; Pinter et al., 2009). More recently, *S. aureus* has been reported as an emerging problem among pregnant women (Andrews et al., 2008; Méndez et al., 2011) due to its colonization of sites such as the genital tract, breast, buttocks, vulva and groin (Bourgeois-Nicolaas et al., 2010; Chen et al., 2007; Laibl et al., 2005). Such colonization among pregnant women facilitates the vertical transmission of *S. aureus* from a colonized mother to her infant. Such vertical transmission also has been reported among post-partum women (Saiman et al., 2003). Although several lines of study have reported that *S. aureus* colonization among third trimester pregnant women and post-partum women places the neonate or infant at increased risk for vertically transmitted infection, little is known about the influence of such *S. aureus* colonization on the fetus in the uterus during the first trimester of pregnancy.

It is known that wild-type *S. aureus* is not able to pass through the placental barrier. However, a *S. aureus* variant strain, a cell-wall-deficient bacterium named *S. aureus* L-form, that can pass through the placental barrier has been shown to emerge spontaneously *in vivo* (Michailova et al., 2000; Mattman, 2001) under certain conditions unfavourable to the organisms. Some clinical and experimental data have indicated that these bacterial L-forms frequently contribute to longevity and persistence *in vivo* (Acar & Sabath, 1978; Watanakunakorn, 1979) and are associated with atypical, chronic or latent infection (Domínguez & Woody, 1997; Mattman, 2001). In contrast to the wild-type strain, *S. aureus* L-forms have a number of characteristics such as small size and a plastic shape (Mattman et al., 1961; Mattman, 2001) that contribute to their ability to pass through the placental barrier from the maternal side to the fetus and to cause vertical fetal infection similar to what occurs in viral infections. Our previous studies (Xia et al., 1999; Xu et al., 2007) have suggested that *S. aureus* L-forms are able to pass through the placental barrier in this way and affect fetal growth and development, but little is known about the direct influence of *S. aureus* L-forms on
RESULTS

Teratogenicity of *S. aureus* L-forms

At 48 h after culture of the whole mouse embryos with *S. aureus* L-forms at different concentrations, the level of teratogenicity was determined. With increasing concentrations of *S. aureus* L-forms, fewer embryos developed normally and more embryos were shown to have abnormalities or
retardation of growth (Fig. 1). Embryonic differentiation in circulation formation around the yolk sac, heart, caudal neurotube, fore/mid/hindbrain and branchial bars was clearly showed to be affected in the embryo group infected with 400 c.f.u. *S. aureus* L-forms ml⁻¹ (Fig. 2).

**Influence of S. aureus L-forms on the morphological development of cultured whole embryos**

The difference in development of the embryos was measured at 48 h after explantation. Table 1 shows that both total morphological score and the number of somites of mouse embryos exposed to 100, 200 or 400 c.f.u. *S. aureus* L-forms ml⁻¹ were significantly lower than those of the control group, but this was not true of the embryos exposed to 50 c.f.u. *S. aureus* L-forms ml⁻¹. Fig. 3 shows that HL and CRL in the embryos infected with 50 c.f.u. *S. aureus* L-forms ml⁻¹ were shorter than those of the control group (*P*<0.01). In the groups exposed to 100, 200 or 400 c.f.u. *S. aureus* L-forms ml⁻¹, YSD, HL and CRL (Fig. 3) and dry EW (Fig. 4) differed significantly from those of the control group (*P*<0.01).

**Fig. 1.** Normality rate of *in vitro*-cultured mouse embryos exposed to different concentration of *S. aureus* L-forms. The percentage of normality was calculated using the ratio of the number of normal and total embryos in each group, based on numerical scores according to a standard morphological scoring system (Van Maele-Fabry et al., 1990). Values were calculated with data from three experiments carried out in triplicate (*n*=18 in each group).

**Fig. 2.** Examples of abnormalities of *in vitro*-cultured mouse embryos exposed to different concentrations of *S. aureus* L-forms for 48 h. (a) Control mouse embryo showing a ‘G’-shaped body position. (b) Embryo exposed to 50 c.f.u. *S. aureus* L-forms ml⁻¹ displaying a ‘C’-shaped body position. (c) Embryo exposed to 100 c.f.u. *S. aureus* L-forms ml⁻¹ displaying abnormalities of the mid/hindbrain (thin arrows) and heart (thick arrow). (d) Embryo exposed to 200 c.f.u. *S. aureus* L-forms ml⁻¹ displaying abnormalities of the fore/mid/hindbrain (thin arrows), heart (thick arrow) and hindlimb (dotted arrow). (e) Embryo exposed to 400 c.f.u. *S. aureus* L-forms ml⁻¹ displaying an open fore/mid/hind neural tube (open arrow), pericardial effusion (arrowhead), a reversed ‘C’-shape body position and abnormality of the hindlimb (dotted arrow) and branchial bars.
Determination of S. aureus L-forms in embryonic tissues

To investigate whether S. aureus L-forms could pass through the barrier of the yolk sac from the medium to the embryo, cultured conceptuses were removed from assay bottles and rinsed three times with PBS to eliminate the remnant S. aureus L-forms from the medium. The visceral yolk sac surrounding the embryo was then removed and the embryo exteriorized. Using the method of Brown and Hopps (1973), we found spherical Gram-positive bacteria in the tissues of mouse embryos incubated with 400 c.f.u. S. aureus L-forms ml⁻¹ (Fig. 5), indicating that S. aureus L-forms passed through the barrier of the yolk sac from the cultured medium to the embryos.

Detection of S. aureus L-form antigen in embryonic tissues by immunohistochemistry

Embryonic tissues treated with 400 c.f.u. S. aureus L-forms ml⁻¹ as described above were subjected to immunohistochemistry using anti-L-form antibody and S. aureus L-form antigens were detected in the mouse embryo tissues (Fig. 6).

DISCUSSION

In the present study, a whole-embryo culture model was chosen to study the teratogenicity of S. aureus L-forms. Mice embryos in this model were cultured in vitro from GD 8.5 to 10.5, which is the critical period of organogenesis in the mouse, equivalent to 3–6 weeks after fertilization in human embryos (Tanaka et al., 1991). This model has been used extensively in studies in the field of teratogenesis and related mechanisms (Longo et al., 2010; Guo et al., 2011). Unlike other in vivo animal models, this model enables the direct assessment of external factors on embryogenesis and is not affected by any metabolic and kinetic differences between humans and other animals (Webster et al., 1997). Of course, fundamental biological differences exist between humans and other animals;

Table 1. Total morphological score and number of somites of mouse embryos (n=18 per group) exposed to different concentrations of S. aureus L-forms

For each group, n=18.

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Control</th>
<th>50</th>
<th>100</th>
<th>200</th>
<th>400</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total morphological score</td>
<td>49.7 ± 0.5</td>
<td>48.4 ± 0.7</td>
<td>44.4 ± 1.3*</td>
<td>39.9 ± 2.2*</td>
<td>30.3 ± 3.3*</td>
</tr>
<tr>
<td>Number of somites</td>
<td>28.5 ± 0.3</td>
<td>28.0 ± 0.8</td>
<td>25.7 ± 1.1†</td>
<td>23.2 ± 0.9*</td>
<td>19.4 ± 1.6*</td>
</tr>
</tbody>
</table>

*P<0.01 compared with the control group.
†P<0.05 compared with the control group.
therefore, results generated from animal studies should be interpreted with caution.

We investigated the direct effect of *S. aureus* L-forms on mouse embryos during the critical period of organogenesis. Our results showed that *S. aureus* L-forms had a significant effect on the morphogenesis of the embryos. When mouse embryos were exposed to *S. aureus* L-forms at a concentration of 50 c.f.u. ml$^{-1}$, both embryonic CRL and HL decreased but the total morphological score, number of somites, EW and YSD remained the same. However, a significant reduction in all of the above indices was found in mouse embryos exposed to *S. aureus* L-forms at concentrations of $\geq 100$ c.f.u. ml$^{-1}$, and appeared in a dose-dependent manner. We also found that there were fewer normally developed embryos, and more embryos were shown to have abnormalities or retardation in growth with the increase in concentration of *S. aureus* L-forms in infection. Furthermore, we found the presence of *S. aureus* L-forms and its antigen in the cultured embryos incubated with *S. aureus* L-forms. These data suggested that *S. aureus* L-forms can directly affect the growth and development of mouse embryos and are teratogenic, consistent with some results in an *in vivo* study using *S. aureus* (Xia et al., 1999). A series of studies has shown that apoptosis plays an important role in embryonic growth and development, and mediates the teratogenicity of some factors (Nakajima et al., 2008; Tung & Winn, 2011). Therefore, further studies are required to elucidate whether *S. aureus* L-forms can induce the apoptosis of mouse embryos.

To our knowledge, this study is the first to investigate the teratogenicity of a microbe using a mouse whole-embryo model. *S. aureus* L-forms, compared with the original wild-type *S. aureus*, present the characteristics of slower growth and proliferation (Mattman et al., 1961; Mattman, 2001), so that they fail to cause the serum medium to become too poor in terms of nutrition to meet the growth of mouse embryos in the *in vitro* culture system. Furthermore, *S. aureus* is a clinically common residential pathogen and causes increased risk of vertical infection in the perinatal period. Therefore, *S. aureus* L-forms were chosen to study their teratogenicity on mouse embryos. In this study, we found direct effects of *S. aureus* L-forms on the *in vitro*-cultured mouse embryos. These results showed that *S. aureus* L-forms could retard the growth of mouse embryos. Although the results from such animal teratogenicity studies may not reflect the circumstances in humans, our findings suggest that women during their first trimester of pregnancy should be cautious about infections caused by *S. aureus* and its L-forms.

**ACKNOWLEDGEMENTS**

We thank Dr Jiu Jiang (Drexel University College of Arts and Sciences, Philadelphia, PA, USA) for his checking of the English of this manuscript. This work was supported by a grant from the National Science Foundation of China (no. 81070506).
REFERENCES


