

Observable Variations in Serum Toll Like Receptors (TLR4) As an Adjunct for Detection of Asymptomatic *Neisseria gonorrhoea* Infection Amongst Sexually Active Women in Osun state, Nigeria

Ibeh Nnanna Isaiah^{1*}, Okungbowa Awo Micheal², Isaiah Nnanna Ibeh² and Oronsaye Praise Ikponwosa³

¹Department of Veterinary Anatomy, Faculty of Veterinary Medicine, University of Benin, Benin City, Nigeria

²Department of Medical Laboratory Sciences, School of Basic Medical Sciences, University of Benin, Benin City, Nigeria

³Department of Health Services, University of Benin, Benin City, Nigeria

*Corresponding Author: Ibeh Nnanna Isaiah, Department of Veterinary Anatomy, Faculty of Veterinary Medicine, University of Benin, Benin City, Nigeria.

Received: January 23, 2020

Published: February 20, 2020

© All rights are reserved by Ibeh Nnanna Isaiah., et al.

Abstract

Background of Study: The genus *Neisseria* contains commensal and pathogenic species that colonize human mucosal epithelia. The pathogenic species *Neisseria gonorrhoeae* and *Neisseria meningitidis* can induce inflammation and breach mucosal barriers. They have evolved mechanisms to promote growth and persistence in the host. In addition to living freely in the extracellular space, *N. gonorrhoeae* can invade the cytoplasm of host phagocytes, thereby evading detection and elimination by the innate immune system.

Aim and Objectives: To evaluate molecules from microorganisms known as pathogen-associated molecular patterns through which several host pattern recognition receptors are mediated as an adjunct for early detection of asymptomatic carriers from symptomatic carriers these molecules is the Toll-like receptors (TLRs). For example, TLR4 mediates recognition of extracellular gonococcal lipooligosaccharide (LOS).

Materials and Method: Adult sexually active females those who haven't been diagnosed of any sexually transmitted infection and then positive carriers those who have been diagnosed and confirmed with *N. Gonorrhoea* infection using the normal healthy females as a baseline of comparison from both. Blood samples were collected, 10 positive Symptomatic carriers and 10 Asymptomatic carriers were inducted into this study all patient on any form of antibacterial treatment were excluded from the study. Venous blood samples were collected and analysed with the flow cytometer to differentiate TLR4 Neutrophils and Monocytes with other proinflammatory mediators.

Result: Observable variations when comparing the normal healthy female and the asymptomatic carrier with a significant differences ($p < 0.05$) from the TLR4 (Neutrophils and Monocytes) although symptoms may not be present but the body still produces mediators as baseline of infectious antigen present.

Conclusion and Recommendation: It is possible to include TLR4 as mediator in detecting possible sexually transmitted gonococcal infection in females.

Keywords: Toll like Receptors; Mediators; Immunostimulation; Gonococcal; Asymptomatic

Introduction

The detection of pathogens happens through the common mediator molecules from microorganisms known as pathogen-associated molecular patterns (PAMP) through several host pattern recognition receptors including Toll-like receptors (TLRs). For example, TLR4 mediates recognition of extracellular gonococcal lipooligosaccharide (LOS) [9]. It has additionally been proven that lipopolysaccharide (LPS) and infection with distinctive gram negative and gram positive bacteria induces interferon (IFN)- β [7].

The genus *Neisseria* incorporates commensal and pathogenic species that colonize human mucosal epithelia. The pathogenic species *Neisseria gonorrhoeae* and *Neisseria meningitidis* can induce irritation and breach mucosal barriers. Each year *N. Gonorrhoeae* and *N. Meningitidis* purpose an envisioned 88 million

cases of gonorrhoea and 500,000 cases of meningococcal meningitis worldwide, respectively. These pathogens are tremendously tailored to humans; in preference to produce cytotoxins or secrete poisonous products, they have advanced mechanisms to promote increase and persistence within the host. In addition to dwelling freely inside the extracellular space, *N. Gonorrhoeae* can invade the cytoplasm of host phagocytes, thereby evading detection and removal via the innate immune system [1,2].

The sensing of pathogen-derived nucleic acids (DNA and RNA) is a central approach used by the innate immune system to initiate immune responses following microbial invasion. Accumulation of overseas or self-DNA inside the cytosol can result in robust innate immune responses through a lot of sensors. An endoplasmic-retic-

ulum resident host protein called stimulator of IFN genes (STING) is required for a type I IFN response to cytosolic double-stranded DNA (dsDNA) [3], and IFN responses to a own family of specific bacterial nucleic acids that shape cyclic dinucleotides [10]. STING has been shown to have vital roles within the innate immune responses to many bacterial pathogens [5,8]. Recent research have stated that the enzyme cyclic GMPAMP synthase (cGAS) acts as an intracellular DNA sensor for cytosolic DNA, generating the second messenger cGAMP. CGAMP binds to STING and leads to IRF3 phosphorylation and kind I IFN production [10-12].

Materials and Methods

A total of 10 Asymptomatic Culture confirmed cases of *Neisseria gonorrhoea* infection in 10 sexually active females where identified, a few of them by their sexual male counterpart who experienced symptoms. Venous blood was collected from the

asymptomatic confirmed females and the symptomatic confirmed females, the samples was analysed using a flowcytometry, with the forward, sideways and backwards scatter of light calculating the various parts of the Toll like receptors and the inflammatory mediators like the IL (interleukin).

Results

From the result, there was observable elevation of Toll like receptor 4, which serves as a protective mechanism against the LOS of *N. gonorrhoea* and the body response through the mediation of Chemokines and recognition by the PAMPS, pathogen associated molecular patterns, the symptomatic females had and elevated TLR4 and inflammatory mediators which is significant (P < 0.05) when compared to the uninfected female control groups and the asymptomatic group. For control TLR4 Neutrophil (428.8 ± 12.18, 678.0 ± 13.29 and 495.3 ± 16.64) and TLR4 monocyte (1069 ± 37.86, 1591 ± 47.45 and 1347 ± 60.5) as seen in Table 1.

	Control (n = 10)	Symptomatic (n = 10)	Asymptomatic (n = 10)	P. value
TLR4 (neutrophil) (AFU)	428.3 ± 12.18	678.0 ± 13.29	495.5 ± 14.64	0.0001
TLR4 (Monocytes) (AFU)	1069 ± 37.86	1591 ± 47.45	1347 ± 60.5	0.0001
IL-β1 pg/ml	60.8 ± 1.21	128.7 ± 2.59	110.9 ± 2.50	0.0001
IL-16 pg/ml	67.0 ± 1.70	116.1 ± 1.50	101.0 ± 1.73	0.0001
TNF pg/ml	33.5 ± 0.94	93.20 ± 1.13	78.8 ± 1.86	0.0001

Table 1: Comparative analysis of TLR4 levels in Symptomatic and Asymptomatic carriers of *Neisseira gonorrhoea*.

Key: TLR4: Toll Like Receptor; IL-β1: Interleukin 1, a Chemokine; IL-6: Chemokine; TNF: Tumour Necrosis Factor, All Inflammatory Mediators.

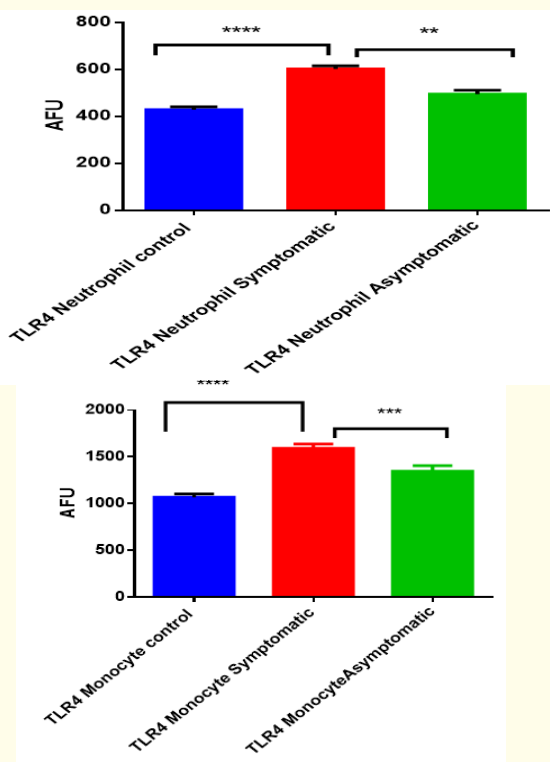


Figure 1: Comparative Levels of TLR4 Neutrophil and Monocyte in Asymptomatic and Symptomatic *N. gonorrhoea* Infection in Sexually active females.

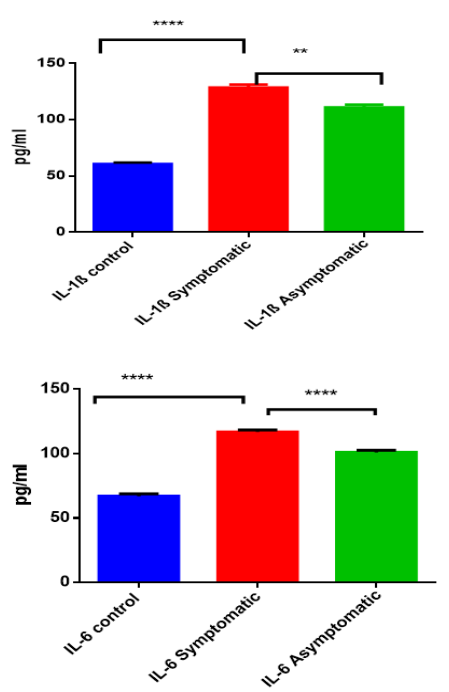


Figure 2: Comparative Levels of the inflammatory mediators Interleukin (IL-β1 and IL-6) in Asymptomatic and Symptomatic *N. gonorrhoea* Infection in Sexually active females.

Discussion

TLR4 neutrophils

The TLR4 neutrophil showed a significant increase in the asymptomatic females when compared with the control group 495.5 ± 16.4 and 428.3 ± 12.18 ($P < 0.05$) this shows that there is a significant increase although this increase may not yield to symptoms to it keeps it in check and controlled although there is more attributed to asymptomatic females who seem to be carriers of gonorrhoea with most or all of their male counterparts exhibiting symptoms associated with clap during infectious incubation of the pathogen as compared with other studies with female mice and increased TLR4 and TLR2 in mucosa lining of the cervix [4,6].

TLR4 monocytes

The TLR4 neutrophil showed a significant increase in the asymptomatic females when compared with the control group 1069 ± 37.86 and 1347 ± 60.5 ($P < 0.05$) this shows that there is a significant increase although this increase may not yield to symptoms to it keeps it in check and controlled although there is more attributed to asymptomatic females who seem to be carriers of gonorrhoea with most or all of their male counterparts exhibiting symptoms associated with clap during infectious incubation of the pathogen as compared with other studies with female mice and increased TLR4 and TLR2 in mucosa lining of the cervix [4,6].

Inflammatory mediators

There was also observable increase in the inflammatory mediators obviously acting as chemokines to recruit TLR4 Monocytes and Neutrophils that in turn act as protective phagocytes either through the complement pathway or by presenting cells to the TH1 cells which in turn activate the complement pathway for the lysis (death) of the pathogen. All these inflammatory markers or mediators thus yield to presentation of symptoms as observable in the males as clap.

Conclusion

The TLR4 and TLR2 both serve as protective mechanism in response to PAMPS, but the TLR4 elevation can be used both as preventive mechanism in immunostimulation as seen in Vaccine or as a determinant for the identification of *N. gonorrhoea* in asymptomatic females. Although more study should be done to identify more inflammatory markers triggered by the PAMPs of *N. gonorrhoea*.

Acknowledgement

Which to acknowledge the profound support in grant and research space of the national academy for the Advancement of science all through the research and the Ladoke Akintola University of technology teaching hospital staff in the laboratory for their immense support.

Conflict of Interest

There were no conflict of interest during and after this work.

Bibliography

1. Criss AK and Seifert HS. "A bacterial siren song: intimate interactions between *Neisseria* and neutrophils". *Nature Review Microbiology* 10 (2012): 178-190.
2. Duncan JA., et al. "*Neisseria gonorrhoeae* activates the proteinase cathepsin B to mediate the signaling activities of the NLRP3 and ASC-containing inflammasome". *Journal of Immunology* 182 (2009) 6460-6469.
3. Ishikawa H., et al. "STING regulates intracellular DNA-mediated, type I interferon-dependent innate immunity". *Nature* 461 (2009): 788-792.
4. Kaei Nasu and Hisashi Narahara. "Pattern Recognition via the Toll-Like Receptor System in the Human Female Genital Tract". *Mediators of Inflammation* 4.10 (2010): 12.
5. Manzanill PS., et al. "Mycobacterium tuberculosis activates the DNA-dependent cytosolic surveillance pathway within macrophages". *Cell Host Microbe* 11 (2012): 469-480.
6. Mathanraj Packiam., et al. "Protective Role of Toll-like Receptor 4 in Experimental Gonococcal Infection of Female Mice". *Mucosal Immunology* 5.1 (2012): 19-29.
7. Monroe KM., et al. "Induction of type I interferons by bacteria". *Cell Microbiology* 12 (2010): 881-890.
8. Prantner D., et al. "Stimulator of IFN gene is critical for induction of IFN-beta during Chlamydia muridarum infection". *Journal of Immunology* 184 (2010): 2551-2560.
9. Pridmore, A.C., et al. "Activation of toll-like receptor 2 (TLR2) and TLR4/MD2 by *Neisseria* is independent of capsule and lipooligosaccharide (LOS) sialylation but varies widely among LOS from different strains". *Infection Immunology* 71 (2003): 3901-3908.
10. Sun L., et al. "Cyclic GMP-AMP synthase is a cytosolic DNA sensor that activates the type I interferon pathway". *Science* 339 (2013): 786-791.
11. Wu J., et al. "Cyclic GMP-AMP is an endogenous second messenger in innate immune signaling by cytosolic DNA". *Science* 339 (2013): 826-830.
12. Zhang X., et al. "Cyclic GMP-AMP containing mixed phosphodiester linkages is an endogenous high-affinity ligand for STING". *Molecular Cell* 51 (2013): 226-235.

Assets from publication with us

- Prompt Acknowledgement after receiving the article
- Thorough Double blinded peer review
- Rapid Publication
- Issue of Publication Certificate
- High visibility of your Published work

Website: <https://www.actascientific.com/>

Submit Article: <https://www.actascientific.com/submission.php>

Email us: editor@actascientific.com

Contact us: +91 9182824667