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Cilieborg, Malene Skovsted; Sangild, Per Torp; Jensen, Michael Ladegaard; Østergaard, Mette Viberg; Christensen, Lars; Rasmussen, Stine Ostenfeldt; Mørbak, Anne Louise; Jørgensen, Claus Bittcher; Bering, Stine Brandt

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α1,2-Fucosyllactose Does Not Improve Intestinal Function or Prevent Escherichia coli F18 Diarrhea in Newborn Pigs

Malene S. Cilieborg, Per T. Sangild, Michael L. Jensen, Mette V. Østergaard, Lars Christensen, Stine O. Rasmussen, Anne L. Mørnbak, Claus B. Jørgensen, and Stine B. Bering

ABSTRACT

Objectives: Infectious diarrhea, a leading cause of morbidity and deaths, is less prevalent in breastfed infants compared with infants fed infant formula. The dominant human milk oligosaccharide (HMO), α-1,2-fucosyllactose (2′-FL), has structural homology to bacterial adhesion sites in the intestine and may in part explain the protective effects of human milk. We hypothesized that 2′-FL prevents diarrhea via competitive inhibition of pathogen adhesion in a pig model for sensitive newborn infants.

Methods: Intestinal cell studies were coupled with studies on cesarean-delivered newborn pigs (n = 24) without (control) or with inoculation of enterotoxigenic Escherichia coli F18 (7.5 × 10⁶ day for 8 days) fed either no (F18) or 10 g/L 2′-FL (2FL-F18).

Results: In vitro studies revealed decreased pathogen adhesion to intestinal epithelial cells with 2′-FL (5 g/L; P < 0.001). F18 pigs showed more diarrhea than control pigs (P < 0.01). Administration of 2′-FL to F18 pigs failed to prevent diarrhea, although the relative weight loss tended to be reduced (–19 vs –124 g/kg, P = 0.12), higher villi were observed in the distal small intestine (P < 0.05), and a trend toward increased proportion of mucosa and activities of some brush border enzymes in the proximal small intestine. In situ abundance of α-1,2-fucose and Escherichia coli was similar between groups, whereas sequencing showed higher abundance of Enterobacteriaceae in F18, Enterococcus in control and Lachnospiraceae in 2FL-F18 pigs.

Conclusions: 2′-FL inhibited in vitro adhesion of Escherichia coli F18 to epithelial cells, but had limited effects on diarrhea and mucosal health in newborn pigs challenged with Escherichia coli F18.

Key Words: α-1,2-fucosyllactose, Escherichia coli, human milk oligosaccharide, infection, newborn pigs

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Compared with formula feeding, breastfeeding reduces the risk of infectious diarrhea, a worldwide problem and a leading cause of infant deaths, especially in the third world (1). Both nutritional and bioactive components in human milk may be responsible for this protective effect, and the human milk oligosaccharides (HMOs) have been suggested to play a role. They pass largely undigested through the infant intestine (2), but are the third most abundant nutrient group in human milk (3,4), whereas they are present in only trace amounts in cow’s milk (5). One proposed mechanism of HMOs is its decoy effect whereby HMOs competitively prevent bacterial adhesion to the intestinal epithelium due to

What Is Known

- Breastfeeding reduces the risk of infectious diarrhea.
- Human milk oligosaccharides prevent bacteria-induced diarrhea in older infants but limited information is available from newborns.
- Piglets are sensitive to enteric infections, making them good models to investigate dietary effects on the gut in sensitive newborn infants.

What Is New

- α-1,2-Fucosyllactose reduced Escherichia coli F18 epithelial adhesion, but failed to prevent diarrhea in newborn F18-challenged pigs. Marginal improvements were seen for intestinal structure and function.
- α-1,2-Fucosyllactose supplementation has limited protective effects on the newly colonized, immunocompromised newborn intestine. Benefits of human milk oligosaccharide may be highly age, diet, and dose dependent.

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Inhibition of E coli F18 Adhesion to PSlc1 Cells

PSlc1 cells (BioNutritech, Lunel, France) originating from jejunal epithelium of an adult pig were cultured in DMEM supplemented with 2% fetal bovine serum (FBS), 2 mM/L GlutaMAX, 40 U/mL penicillin, and 40 μg/mL streptomycin (all from Gibco, Life Technologies, Carlsbad, CA) at 37°C and 5% CO2 in a humidified atmosphere. At 90% to 95% confluence, cells were harvested by trypsinization using 10 Trypsin:EDTA (Gibco, Life Technologies) and cultured in T75 culture flasks and 12-well plates (TPP, Trasadingen, Switzerland) for genotyping and adhesion assay, respectively. TaqMan single nucleotide polymorphism genotyping was performed as previously described (18) to investigate guanine (G)/adenine (A) polymorphism at nucleotide 307 of the FUT-1 gene, in which M307<sup>G</sup>G<sup>G</sup> or M307<sup>G</sup>A<sup>G</sup> represents susceptibility to E coli F18 adhesion (15).

First, it was tested if E coli F18 and the control E coli ATCC 25922 strain adhered to PSlc1 cells. After cultivation in 12-well plates, each well of confluent PSlc1 cells was added 500 μL E coli solutions of OD<sub>600</sub> 0.5 to OD<sub>600</sub> 0.0005, giving a cell:bacteria ratio of 1:1000 to 1:1. Cells and E coli were then coincubated at 37°C and 5% CO2 in a humidified atmosphere in medium without antibiotics. After 2 to 3 hours, each well was washed twice in cold PBS, and cells were harvested in 1 mL PBS, vortexed thoroughly and plated in ×10 dilutions on LB agar plates for bacterial enumeration. To visualize adhesion of E coli F18, 3 hours coincubation and subsequent washing in PBS was performed as above on 8 well CultureSlides (BD Falcon, VWR, Herlev, Denmark) in a cell:bacteria ratio of 1:100. Bacteria were stained with LIVE/DEAD BacLight stain (Molecular Probes, Life Technologies) according to the manufacturer’s protocol and visualized using a florescence microscope (Carl Zeiss, Oberkochen, Germany).

To test the antiadhesive effects of 2'-FL, the PSlc1 cells and E coli F18 or E coli ATCC 25922 (both at OD<sub>600</sub> 0.5) were incubated as above, but before incubation the medium was supplied with 2'-FL (produced utilizing technology from Glycosyn LLC, Medford, MA, by DuPont Nutrition and Biosciences ApS, Copenhagen, Denmark) in concentrations of 1 or 5 g/L compared with a control only added saline. Lactose and maltose were used as control sugars at equivalent molar concentrations. Bacteria were enumerated on agar plates as above. The level of inhibition was calculated based on 8 to 14 replicates for E coli F18 and 4 replicates for E coli ATCC 25922.

Pig Studies

All animal procedures were approved by the Danish National Committee on Animal Experimentation.

Experiment 1: 2'-FL Tolerance Study

A blinded study was set up to test pig tolerability toward 2'-FL to verify that large doses of 2'-FL would not induce osmotic diarrhea. Two sows (Danish Landrace × Large White × Duroc) were selected for homozygosity (M307<sup>G</sup>G<sup>G</sup>) of the FUT-1 gene to ensure at minimum heterozygosity of the offspring (18). Thirty pigs were delivered at term by cesarean section and transferred to individual temperature controlled incubators and, still under anesthesia, fitted with a vascular catheter in the umbilical aorta and an orogastric catheter. During the first 24 hours, pigs were infused with plasma from the sow (4–7 mL/kg) to ensure passive...
immunization and with parenteral nutrition (7 mL/kg/h of Kabiven and Vamin, Fresenius Kabi, Bad Homburg, Germany) adjusted to the nutrient requirements of pigs. The above procedures has been thoroughly described previously (20). To standardize the initial gut colonization within each litter, each pig received an oral fecal suspension from the sow on day 1 (1 mL with totally 2 × 10⁹ cfu). A baseline blood sample was taken from the umbilical catheter and analyzed for blood gases on a GEM-Premier3000 (Instrumentation Laboratory, Zaventem, Belgium). From day 2, full enteral feeding was given as boluses of 15 mL/kg every 2 hours with the exception of a 4 hours break during night, reaching a daily dose of 150 mL/kg/day. Pigs were fed a milk replacer (MILEX, Arla Foods, Viby, Denmark) with added protein (50 g/L Lacprodan Di-9224, Arla Foods) as previously described (18). Based on birth weight and sex, the pigs were allocated into 4 diet groups, supplementing the milk replacer with 2'-FL to a total concentration of 10 g/L (FL-10, n = 7), 5 g/L (FL-5, n = 8), 2 g/L (FL-2, n = 7), or no 2'-FL (controls, n = 8).

Body weight and temperature was recorded every morning before feeding, and the consistency and amount of feces was scored morning and evening, where 0 was absence of feces, 1 was normal feces, 2 was pasty feces, 3 was droplets of watery feces, 4 was moderate amounts of watery feces, and 5 was extensive amounts of watery feces. Also, the level of hydration, as assessed by skinfold test and piglet physical activity, was assessed twice daily. In case of severe dehydration and apathy, the pigs were euthanized before the scheduled euthanasia and tissue collection on day 5. Intestinal permeability was determined as the post-mortem urine ratio of lactulose and mannitol after oral administration of the 2 sugars (0.5 and 0.3 g/kg, respectively) 3 hours before euthanasia (21). At euthanasia, blood gases were measured as above, and 10 cm sections of proximal and distal small intestine were sampled for determination of the wet and dry proportion of mucosa (21).

**Experiment 2: E coli F18 Dose-Response Study**

The optimal *E coli* F18 inoculation dose was then identified in a dose-response study. Thirty-one term pigs were delivered by caesarean section from 2 sows, fitted with orogastric and umbilical catheters, immunized with sow’s serum, and nourished by parenteral nutrition as described for experiment 1. For the following 4 days, the pigs were fed 15 mL/kg/3 hours (Milex formula as above supplemented with 23 g/L Lacprodan, Di9224) until euthanasia on day 5. The pigs were randomly assigned to 4 different treatment groups, controls (CON, n = 8) or 3 doses of F18, low dose (LOW, 1 × 10⁹ CFU/day, n = 9), medium dose (MED, 2 × 10⁹ CFU/day, n = 7), and high dose (HIGH, 8 × 10⁹ CFU/day, n = 7). *E coli F18* was cultured overnight as described above, and harvested with 10 mL PBS. From the first day and throughout the experiment all LOW, MED, and HIGH pigs were inoculated daily with 1 mL F18 suspension. The suspension was given through the orogastric catheter followed 5 mL of the Milex formula. Initial gut colonization was standardized by giving 1 mL of maternal fecal suspension, as described in experiment 1. Body weight was recorded daily and fecal consistency and amount was scored twice daily as described for experiment 1. Likewise, clinical condition, hydration, intestinal permeability, and mucosal proportions were obtained as above. Sections of proximal and distal small intestine were snap frozen for activity determination of 6 brush border enzymes (22).

Sections of distal small intestine were formalin fixed and paraffin embedded for villus height measurements (using the ImageJ software, version 1.22 u US National Institutes of Health, Bethesda, MD) and evaluation of mucosal damage and villus atrophy or degradation. The same tissues were evaluated for in situ *E coli* abundance evaluated by FISH as described for experiment 2. For microbiota analyses, total DNA of the colon content was extracted and the microbiota composition determined using tag-encoded 16S rRNA gene MiSeq-based high-throughput sequencing (Illumina, San Diego, CA), as previously described (23). The Quantitative Insight Into Microbial Ecology (QIIME, version 1.7.0) and UPPARSE methods were used to analyze the sequencing data. To determine the level of 2-linked fucosylation in the distal small intestine, the tissue sections were hybridized with α-1,2-fucose--specific lectin, Ulex europaeus agglutinin I (24) labeled with fluorescein isothiocyanate (green). In short, tissue sections were deparafined and dehydrated as above, washed in 1× PBS for 1 hour, permeabilized in 1× PBS with 1% TritonX for 1 hour, hybridized with 0.5% lecin in 1× PBS and 2% BSA protected from
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In Vitro Adhesion

Genotyping of PSIc1 cells showed homozygosity (M307G/G) for the F18 susceptible genotype of FUT1 (data not shown). Both E. coli F18 and ATCC 25922 adhered to the PSIc1 cells, which was confirmed on culture slides by fluorescence microscopy for E. coli F18 (Fig. 1A). High doses of 2'-FL (5 g/L) effectively inhibited E. coli F18 adhesion (P < 0.001; Fig. 1B), whereas inhibition of E. coli F18 adhesion was less effective but significant when lactose and to a lesser extend maltose (not shown) was added (P < 0.001 and 0.05, respectively). Adhesion of E. coli ATCC 25922 was not affected by 2'-FL or any of the control sugars (Fig. 1B).

Experiment 1: 2'-FL Tolerance Study

One control pig and 1 FL-5 pig were euthanized before completion of the protocol due to respiratory problems or apparent sepsis. Fecal scores from these 2 pigs were included in the final calculations. Although 3 FL-10 pigs (43%), 1 FL-5 (13%) and 2 FL-2 pigs (29%) had lost weight at euthanasia relative to their birth weight, there was generally a slight increase in weight during the experiment, with no difference between groups at any time point (P = 0.3–0.7; Supplemental Fig. 1A, http://links.lww.com/MPG/A704). Fecal consistency was noted from day 2 where feces first appeared and thus resulted in 6 observations in total per pig. Pigs from all treatment groups developed diarrhea (score 3–5) at some point; 3 controls (38%), 3 FL-2 pigs (43%), 4 FL-5 (50%) and 2 FL-10 pigs (29%), and mean fecal scores generally increased during the 5-day period with no difference between groups (P = 0.3–0.8; Supplemental Fig. 1B, http://links.lww.com/MPG/A704). Intestinal permeability, expressed as the lactulose/mannitol ratio, did not differ among groups (0.02–0.12 across groups). There were no group differences in dry weight mucosal proportions in the proximal small intestine or distal small intestine (75 ± 2% and 73 ± 2%, respectively).

The rectal temperature increased from 36.2 ± 0.0°C after delivery to 39.1 ± 0.1°C on the following day in which it remained stable until euthanasia. There was no difference between treatment groups and all pigs remained within the normal range during the experiment. Blood gas values showed no differences among groups, except that FL-2 pigs had lower hematocrit values than FL-10 pigs (22.6 ± 1.0% vs 26.5 ± 0.9%, P < 0.05). Across all groups, mean hematocrit decreased from 35.2 ± 0.6% at birth to 25.1 ± 0.8% at euthanasia (P < 0.05). At birth, mean pO2 and pCO2 was higher than po2– at euthanasia (119.5 ± 17.3 vs 52.3 ± 5.6 mmHg and 52.5 ± 1.5 vs 47.6 ± 1.8 mmHg, respectively, P < 0.05), whereas there was no overall difference in pH (pH 7.47 ± 0.01 vs 7.41 ± 0.03 at birth and euthanasia, respectively, P = 0.13). Blood glucose concentration increased from birth to euthanasia (2.6 ± 0.2 vs 5.2 ± 0.4 mmol/L, respectively, P < 0.05).

Experiment 2: E. coli F18 Dose-Response

The incidence of diarrhea increased with time after inoculation (P < 0.01), and was dose dependent with more diarrhea in HIGH versus CON (P < 0.05), and a tendency to more diarrhea in MED versus CON and HIGH versus LOW pigs (both P < 0.07; Fig. 2). Body weight gain was lower in the HIGH group compared with CON (P < 0.01), but hydration score (1.06 ± 0.01), mucosal proportion (77.8 ± 3.9%), and intestinal permeability (0.017 ± 0.004) did not differ among groups. The abundance of E. coli in the proximal (1.1 ± 0.04) and distal small intestine (1.8 ± 0.15) as measured by FISH analyses did not differ between groups.

FIGURE 1. Microscopic visualization of Escherichia coli F18 adhesion to PSI cells (A) where bacteria are stained with a red fluorescence dye. Mean relative adhesion of E. coli F18 and control E. coli ATCC 25922 to PSI cells in vitro after addition of 2'-FL and lactose (1 and 5 g/L, B). Different superscript letters indicate significant differences (P < 0.05).
E. coli different among groups (Table 1); *P* = 0.0001. Differences did not reach significance (experiment 2). All 9 F18 pigs, 6 out of 8 2FL-F18 pigs and 2 of 8 control pigs were euthanized before completion of the protocol because of extensive diarrhea and poor clinical condition (Fig. 3A). Nevertheless, there was no difference in the mean age at euthanasia among the treatment groups (154 ± 9, 141 ± 9, and 132 ± 8 hours for control, 2FL-F18, and F18 pigs, respectively, *P* = 0.20). At euthanasia, control and 2FL-F18 pigs tended to show less relative weight loss than F18 pigs (*P* = 0.08; Fig. 3B). All pigs developed diarrhea during the experiment, but overall both F18 and 2FL-F18 pigs had more severe diarrhea, and earlier onset of diarrhea, than controls (mean score 2.0 for F18 and 2FL-F18 pigs vs 1.2 in control pigs, *P* < 0.01; Supplemental Fig. 2, http://links.lww.com/MPG/A705).

The rectal temperature increased from 36.0 ± 0.0°C after delivery to 38.5 ± 0.1°C the following day, where it remained stable until euthanasia. There was no difference between treatment groups and all pigs remained within the normal range with no evidence of fever (sepsis). Because of poor clinical status at euthanasia, blood gases were not obtained from 6 F18 and 6 2FL-F18 pigs and 2 controls. Plasma glucose concentrations were elevated in F18 pigs, compared with 2FL-F18 and controls (13.5 ± 1.4 vs 6.7 ± 1.3 and 5.1 ± 1.3 mmol/L, respectively, *P* < 0.01). Also, hematocrit was increased in F18 pigs, compared with 2FL-F18 pigs and controls (41.0 ± 2.8% vs 23.2 ± 2.2% and 28.5 ± 1.2%, respectively, *P* < 0.01). Blood pH was lowest for F18 pigs (7.17 ± 0.11 vs 7.40 ± 0.09 and 7.27 ± 0.06 for F18, 2FL-F18, and controls, respectively), but the differences were not significant (*P* = 0.34 and 0.73, respectively).

As a result of severe dehydration, urine was only obtained from a few pigs, and lactulose and mannitol were therefore not analyzed for permeability measures. By histological evaluation, mucosal damage in terms of destroyed villi with total or partly sloughing of enterocytes was observed in 25%, 14%, and 44% of controls, 2FL-F18, and F18 pigs, respectively (*P* = 0.32). F18 pigs had shorter villi than 2FL-F18 pigs and tended to have shorter villi than controls (*P* < 0.05 and *P* = 0.06, respectively, Table 1). Dry weight mucosal proportions in the proximal and distal small intestine were not different between groups (*P* = 0.47 and 0.41, respectively, Table 1).

The activities of 6 brush border enzymes in the proximal and distal small intestine were not different among groups (Table 1); however, the 2FL-F18 pigs showed the highest mean values for all 3 disaccharidases and aminopeptidase N in the proximal intestine, relative to F18 pigs, but the differences did not reach significance (Table 1, *P* = 0.07–0.37). Values for aminopeptidase A and N and dipeptidyl peptidase IV were higher in the distal small intestine than in the proximal intestine (*P* < 0.05 for all 3 enzymes). FISH analyses revealed low total abundance of *E. coli* in the distal small intestine (Fig. 4A), where 36% of the tissues were negative for *E. coli*. There were no differences in mean *E. coli* abundance among the treatment groups (Fig. 4B), and no difference in numbers of tissues negative for *E. coli* (22%, 57%, and 38% for F18, 2FL-F18, and controls, respectively, *P* = 0.3–0.8) or numbers of tissues with high abundance (score 3–4; 29%, 22%, and 50% for F18, 2FL-F18, and controls, respectively). Furthermore there was no significant correlation between FISH score and mean fecal scores (*P* = 0.26).

The F18 pigs had higher relative abundance of an unclassified Enterobacteriaceae genus, compared with control pigs (red bar, *P* < 0.01; Fig. 4C), whereas *Enterococcus* tended to be highest for control pigs (dark blue bar, *P* = 0.058). Compared with 2FL-F18 pigs, the control pigs had higher *Enterococcus* levels (*P* < 0.05).

The 2FL-F18 pigs had an increased relative abundance of an unclassified Lachnospiraceae genus, compared with F18 pigs (purple bar, *P* < 0.05).

**Experiment 3: 2′-FL-F18 Pig Infection Study**

Because there was no difference in tolerability between the different 2′-FL doses in experiment 1, a dose of 10 g/L 2′-FL was used in the *E. coli* F18 infection study to increase the *E. coli* F18 antiadhesive potential of the intervention. Also the high *E. coli* F18 dose was chosen to ensure consistent diarrhea development (experiment 2). All 9 F18 pigs, 6 out of 8 2FL-F18 pigs and 2 of 8 control pigs were euthanized before completion of the protocol because of extensive diarrhea and poor clinical condition (Fig. 3A).

There were no differences in mean age at euthanasia among the different treatment groups (154 ± 9, 141 ± 9, and 132 ± 8 hours for control, 2FL-F18, and F18 pigs, respectively, *P* = 0.20). At euthanasia, control and 2FL-F18 pigs tended to show less relative weight loss than F18 pigs (*P* = 0.08; Fig. 3B). All pigs developed diarrhea during the experiment, but overall both F18 and 2FL-F18 pigs had more severe diarrhea, and earlier onset of diarrhea, than controls (mean score 2.0 for F18 and 2FL-F18 pigs vs 1.2 in control pigs, *P* < 0.01; Supplemental Fig. 2, http://links.lww.com/MPG/A705).

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The 2FL-F18 pigs had an increased relative abundance of an unclassified Lachnospiraceae genus, compared with F18 pigs (purple bar, *P* < 0.05).
TABLE 1. Villus height, mucosal proportion, and activity of intestinal brush border enzymes in the proximal (Prox) and distal (Dist) small intestine of control, 2FL-F18, and F18 pigs

<table>
<thead>
<tr>
<th></th>
<th>Control</th>
<th>2FL-F18</th>
<th>F18</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Prox</td>
<td>Dist</td>
<td>Prox</td>
</tr>
<tr>
<td>Villus, μm</td>
<td>358.3 ± 18.8</td>
<td>351.3 ± 14.1</td>
<td>303.5 ± 14.4</td>
</tr>
<tr>
<td>Mucosa, %</td>
<td>50.0 ± 5.9</td>
<td>60.4 ± 1.6</td>
<td>60.0 ± 1.3</td>
</tr>
<tr>
<td>Sucrase, U/g</td>
<td>0.34 ± 0.16</td>
<td>0.25 ± 0.04</td>
<td>0.58 ± 0.17</td>
</tr>
<tr>
<td>Maltase, U/g</td>
<td>2.01 ± 0.60</td>
<td>2.02 ± 0.19</td>
<td>3.90 ± 0.65</td>
</tr>
<tr>
<td>Lactase, U/g</td>
<td>5.15 ± 1.77</td>
<td>3.48 ± 0.68</td>
<td>8.54 ± 1.86</td>
</tr>
<tr>
<td>ApN, U/g</td>
<td>2.23 ± 0.58</td>
<td>3.53 ± 0.62</td>
<td>3.00 ± 0.60</td>
</tr>
<tr>
<td>ApA, U/g</td>
<td>0.88 ± 0.30</td>
<td>1.79 ± 0.28</td>
<td>1.31 ± 0.31</td>
</tr>
<tr>
<td>DPPIV, U/g</td>
<td>0.73 ± 0.13</td>
<td>2.23 ± 0.58</td>
<td>0.27 ± 0.14</td>
</tr>
</tbody>
</table>

Values are Mean ± standard error of mean.

Villus height in F18 is significantly different from 2FL-F18 (P < 0.05). ApA = aminopeptidase A; ApN = aminopeptidase N; DPPIV = dipeptidyl peptidase IV.

DISCUSSION

Breastfeeding is strongly associated with a reduced risk of infectious diarrhea, especially in developing countries (1), and the effect may be due to numerous bioactive compounds in human milk. A compound that may have significant effect is 2'-FL, the major HMO in human milk, which has antiadhesive effects on the intestinal epithelium due to its structural homology with intestinal adhesions sites for pathogenic bacteria (9,10). This has been demonstrated for C. jejuni at a dose of 10 g/L in mice and also for human intestinal biopsies (9). Absence of 2'-FL may be a significant factor for the increased risk of diarrhea when infants are fed cow's milk–based formulas and 2'-FL may help to prevent pathogenic adhesion to the intestinal mucosa. In line with our hypothesis, we confirmed epithelial antiadhesive effects in vitro of 2'-FL on the porcine pathogen, E. coli F18. In our in vivo model of highly sensitive cesarean-delivered, formula-fed newborn pigs, high doses of 2'-FL were well tolerated but regardless, 2'-FL failed to prevent diarrhea associated with E. coli F18 inoculation. Some clinical and intestinal estimates tended to be improved in the 2FL-F18 compared with F18 group (weight loss, blood hematocrit and pH, mucosal damage, villus height, and proximal intestine enzyme activities) but generally the differences did not reach statistical significance. Dietary 2'-FL may have more important effects in response to other types of enteric infections and later into postnatal life, but the effects on E. coli F18 infection in a newly colonized, immature intestine just after birth are minimal.

First, we determined the FUT-1 gene of the PSLc1 cells to be homozygous for E. coli F18 sensitivity (M307G/G) and demonstrated efficient E. coli F18 adhesion, which was subsequently decreased 60% when 2'-FL at a dose of 5 g/L was added to the cell adhesion model. 2'-FL thereby showed more efficient inhibition than lactose, which is a common carbohydrate source in breast milk and many infant formulas, and 2'-FL was even more effective than maltose, also found in some infant formulas. Because 2'-FL specifically inhibited adhesion of E. coli F18 and not of a control E. coli, our in vitro data indicate that the antiadhesive effect of 2'-FL occurred via an F18 fimbria-dependent mechanism. Importantly, the effect was dose dependent, with no effect of 2'-FL at the low 1.0 g/L concentration. The 2'-FL concentrations applied in vitro relates to the physiological concentrations found in human milk, but may not be directly translated to the in situ situation, in which dilution by gastric and intestinal secretions and the mucus layer would reduce the level of 2'-FL in contact with the epithelium, depending on the infants health status. Preterm infants with very immature gastrointestinal functions and low digestibility may have reduced capacity to secrete these fluids and in situ concentrations may come closer to the raw milk concentrations. Considering the 5.0 g/L as a maximum of physiological relevant concentration, and the lacking effects at 1.0 g/L, the in vitro studies may confirm the minor effects of 2'-FL in the pig studies, even though the concentrations represents physiological levels. The dose-dependent effect implies that optimization of the dosage for in vivo administration is crucial to exert protection from E. coli F18 infections. Therefore, we first tested 2'-FL in a dose-response newborn pig study comparing a low (1 g/L), medium (5 g/L), and high (10 g/L) dose of 2'-FL without E. coli F18 infection. Considering a potential risk of osmotic diarrhea, the high dose was taken from the upper range of physiological concentrations in human milk (up to 8 g/L) (25–27). Even using a relatively high dose of 2'-FL, diarrhea was not prevented in newborn pigs inoculated with E. coli F18. The explanation for the lack of effect may be related to the very immature state of the intestine and its colonization but also the dosing of 2'-FL and E. coli F18. The 10 g/L 2'-FL used for the formula may not result in a comparable high concentrations at the epithelial surface since dilutions due to both endogenous mucus production and other epithelial secretions occur. In our in vitro studies on cells devoid of these physiological characteristics a dose of minimum 5 g/L was needed for significant antiadhesive effects and ex vivo studies in mice and human intestinal biopsies required a dose of 10 g/L to inhibit adhesion of C. jejuni (9). The observed diarrhea in the 2FL-F18 group may be partly an osmotic diarrhea because HMOs are generally indigestible (2) leading to some accumulation of HMO in the colon where they become fermented by bacteria. Excessive fermentation increases the osmolality of the luminal contents and thereby induce osmotic diarrhea (28). It is therefore possible that the diarrhea observed in the 2FL-F18 and F18 pigs was of a different type, being more...
osmotic for the 2FL-F18 pigs and more infectious for the F18 group, in the latter group leading to more mucosal disruption as shown for infectious diarrhea induced by ETECs (29). On the contrary, the tendencies for 10 g/L 2'-FL to reduce the weight loss, blood parameters, and mucosal lesions in F18-infected, formula-fed piglets may result from direct host tissue responses via immune modulation, or modulation of epithelial glycosylation processes, as shown for 2'-FL and other HMOs (6,24).

We based the E. coli F18 dose of 7.5 × 10^{10} cfu/day on findings from experiment 2 in which a high dose (8 × 10^{10} cfu/day) more effectively induced diarrhea than lower doses. A previous study indicated an apparent upper tolerability limit of 2.6 × 10^{11} cfu/day (unpublished results). In the present 2'-FL intervention study, diarrhea was more severe in both inoculated groups compared with control pigs. FISH analysis, however, did not reveal higher intestinal abundance of total E. coli in the inoculated groups of experiments 2 and 3. Still, data from this and an earlier study (18) document a robust and consistent pathogen-specific induction of diarrhea by E. coli F18 in newborn, cesarean-delivered pigs. Replacement of formula with bovine colostrum did not prevent E. coli F18 infection in
REFERENCES


