



The effect of co-culturing *Lactobacillus salivarius* with *Clostridium difficile* on the production of *Clostridium difficile* Toxin A and Toxin B

Jianrui Liu, Glen D. Armstrong

Abstract

Antibiotics alter the composition, and numbers of the normal gastrointestinal (GI) microflora, providing *Clostridium difficile*, a spore forming, Gram-positive bacillus, the opportunity to colonize the GI tract^{1,2,3}. *C. difficile* is the leading cause of hospital-acquired diarrhea, resulting in death of 1% to 2% of infected patients^{2,3}. It is responsible for GI diseases ranging from antibiotic-associated diarrhea to the more severe pseudomembranous colitis⁴. In addition to having resistance to various antimicrobial drugs, the treatment of *C. difficile* infections with specific antibiotics such as metronidazole often results in relapse, resistance development, and further disruption of the GI microflora⁴. Thus, the establishment of an alternative method to combat *C. difficile* is crucial. Previous studies show that *Lactobacillus salivarius*, a promising probiotic organism, produces a potent two-peptide bacteriocin that hinders *C. difficile* growth⁵. Previous research indicates that *L. salivarius* is effective in reducing *C. difficile* cell count, although none investigated the effect of *L. salivarius* on the two major virulence factors - toxin A (TcdA) and toxin B (TcdB)⁶. To this end, this investigation aimed to investigate the influence of *L. salivarius* on TcdA and Tcd B production. *L. salivarius* and *C. difficile* were co-cultured, growth curves of *C. difficile*, *L. salivarius*, and the co-culture were generated, and cell-free supernatants at various stages were examined to quantify TcdA and TcdB concentrations. Although there was no noticeable decrease in TcdA and TcdB concentration in the co-culture, *C. difficile* toxin production was observed to be more multi-phasic in co-culture. Moreover, co-culturing *L. salivarius* with *C. difficile* significantly hindered *C. difficile* growth, confirming previous results. Taken together, the data suggests that the presence of *L. salivarius* enhances *C. difficile* toxin production per cell, implying the potential dangers of initiating clinical trials without a comprehensive investigation of the effects of probiotics and the production of *C. difficile* virulence factors.

References

1. Lyerly DM, Krivan HC, Wilkins TD. *Clostridium difficile*: its disease and toxins. *Clin Microbiol Rev* 1988;1(1):1-18.
2. Mylonakis E, Ryan ET, Calderwood SB. *Clostridium difficile*-associated diarrhea: A review. *Arch Intern Med* 2001;161(4):525-533.
3. Poutanen SM, Simor AE. *Clostridium difficile*-associated diarrhea in adults. *CMAJ* 2004;171(1):51-58.
4. Johnson S. Meeting the challenge of recurrent *Clostridium difficile* infection. *Journal of Hospital Medicine* 2012;7(SUPPL. 3):S11-S13.
5. Sleator RD, Hill C. Designer probiotics: a potential therapeutic for *Clostridium difficile*? *J Med Microbiol* 2008 Jun;57(Pt 6):793-794.
6. Lee Y-, Yu W-, Heo T-. Identification and screening for antimicrobial activity against *Clostridium difficile* of *Bifidobacterium* and *Lactobacillus* species isolated from healthy infant faeces. *Int J Antimicrob Agents* 2003;21(4):340-346.