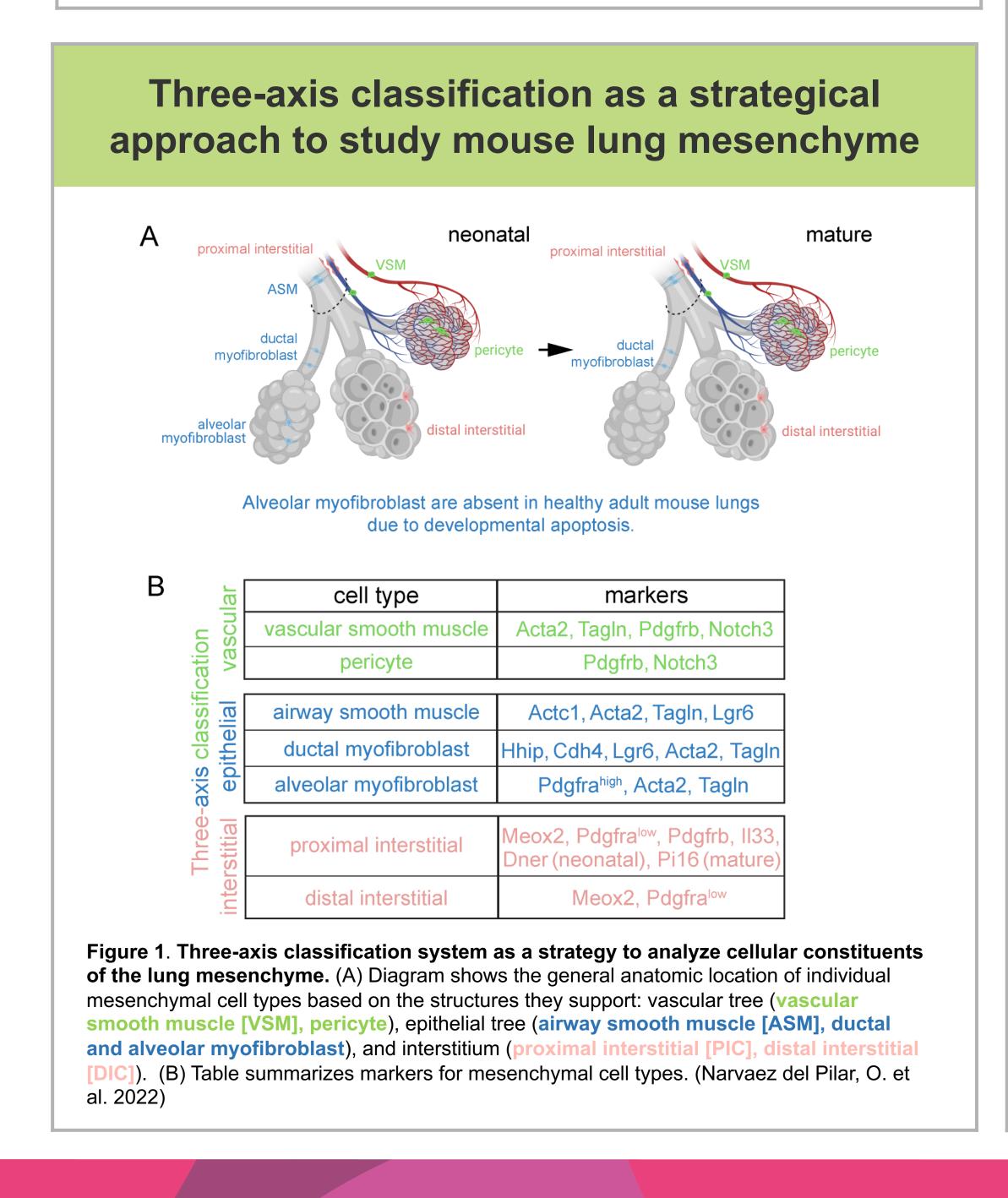
Dysbiosis alters transcription programs within the lung mesenchyme after Streptococcus pneumoniae infection

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Introduction

- Eradicating pulmonary pathogens while maintaining gas exchange is a critical ongoing challenge for the infant after birth. Unfortunately, these priorities often go awry since lower respiratory tract infections (RTI) remain a leading cause of morbidity and mortality in infants and children.
- Perinatal antibiotics (ABX) exposure is an early life stressor.
- While current practices reduce infant mortality, antibiotic use during the critical postnatal assembly phase of the gut microbiome has negative consequences related to loss of microbial diversity (dysbiosis).
- Intestinal dysbiosis profoundly affects the lung immune homeostasis. While this concept termed 'gut-lung axis' is exemplified by several observations linking ABX-exposure and dysbiosis with RTI, its mechanistic basis remains unclear.
- It is unknown how dysbiosis disrupts transcription programs in lung mesenchymal cells and intercellular communication.
- Here, we use a three-axis classification to study the role of dysbiosis during RTI within the mouse lung mesenchyme.



Vascular smooth muscle and pericyte envelop the lung vasculature

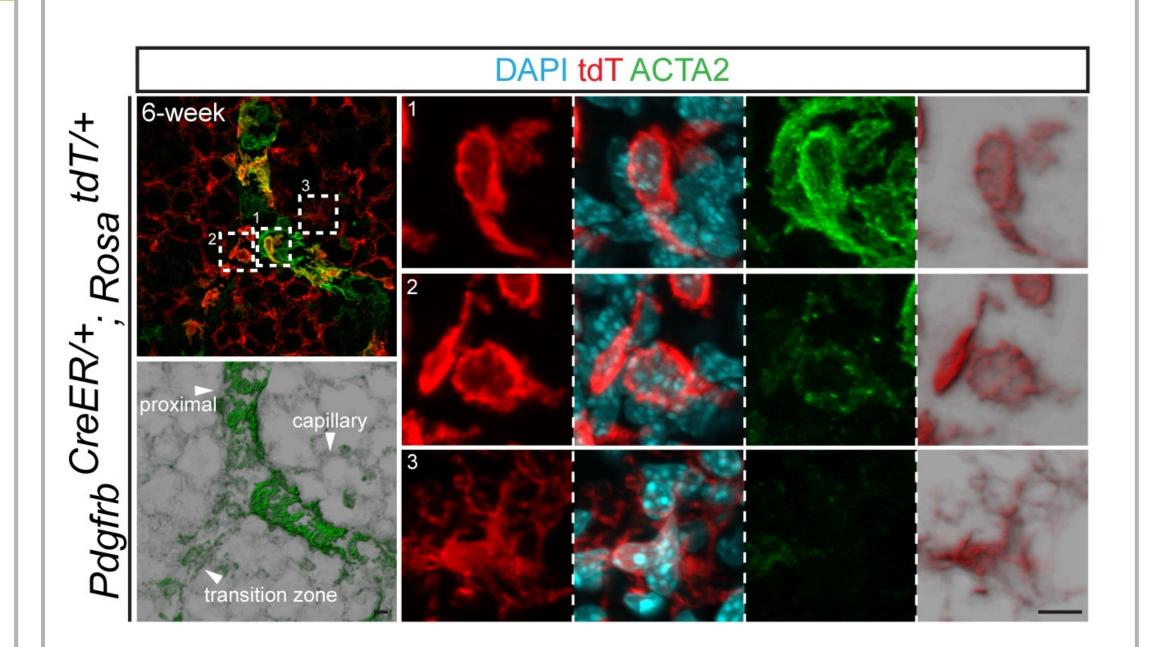


Figure 2. Vascular axis. Vascular smooth muscle cells envelop blood vessels and transition to pericytes that surround capillaries. Scale 10 um.

Ductal and alveolar myofibroblasts support the neonatal lung epithelium

Epithelial axis. The epithelial tree is comprised of the airway smooth muscle, ductal myofibroblast and alveolar myofibroblast.

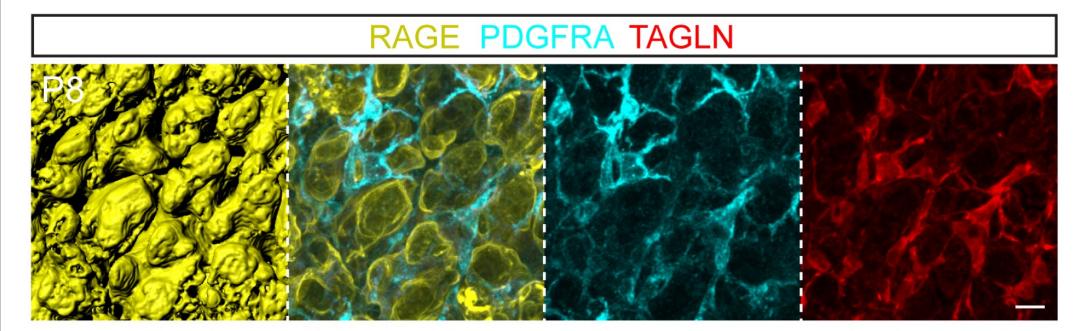


Figure 3. The alveolar myofibroblasts (PDGFRA) are wedged between alveolar septa and are known to drive alveolar septation.

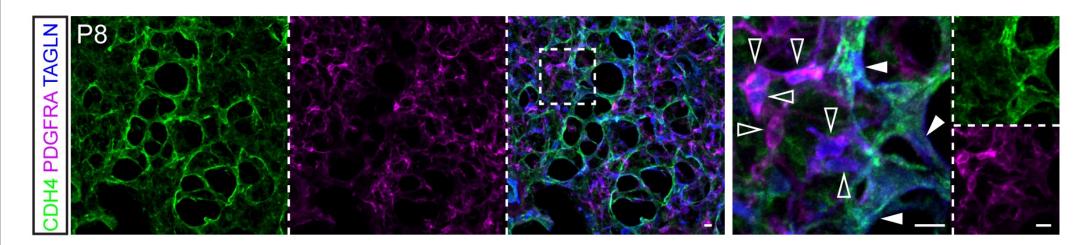
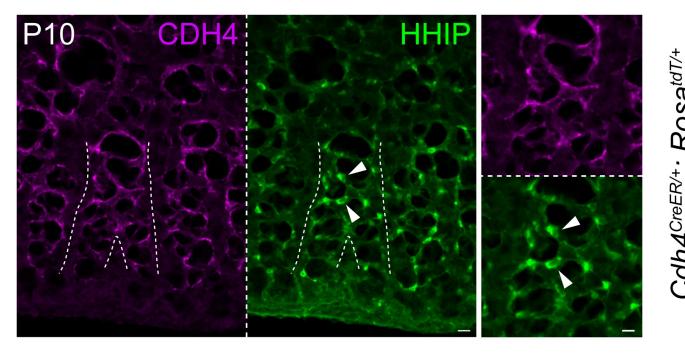


Figure 4. The ductal myofibroblasts (CDH4/HHIP) envelop alveolar ducts and their function is poorly understood.



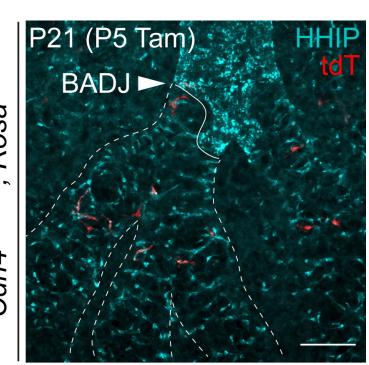
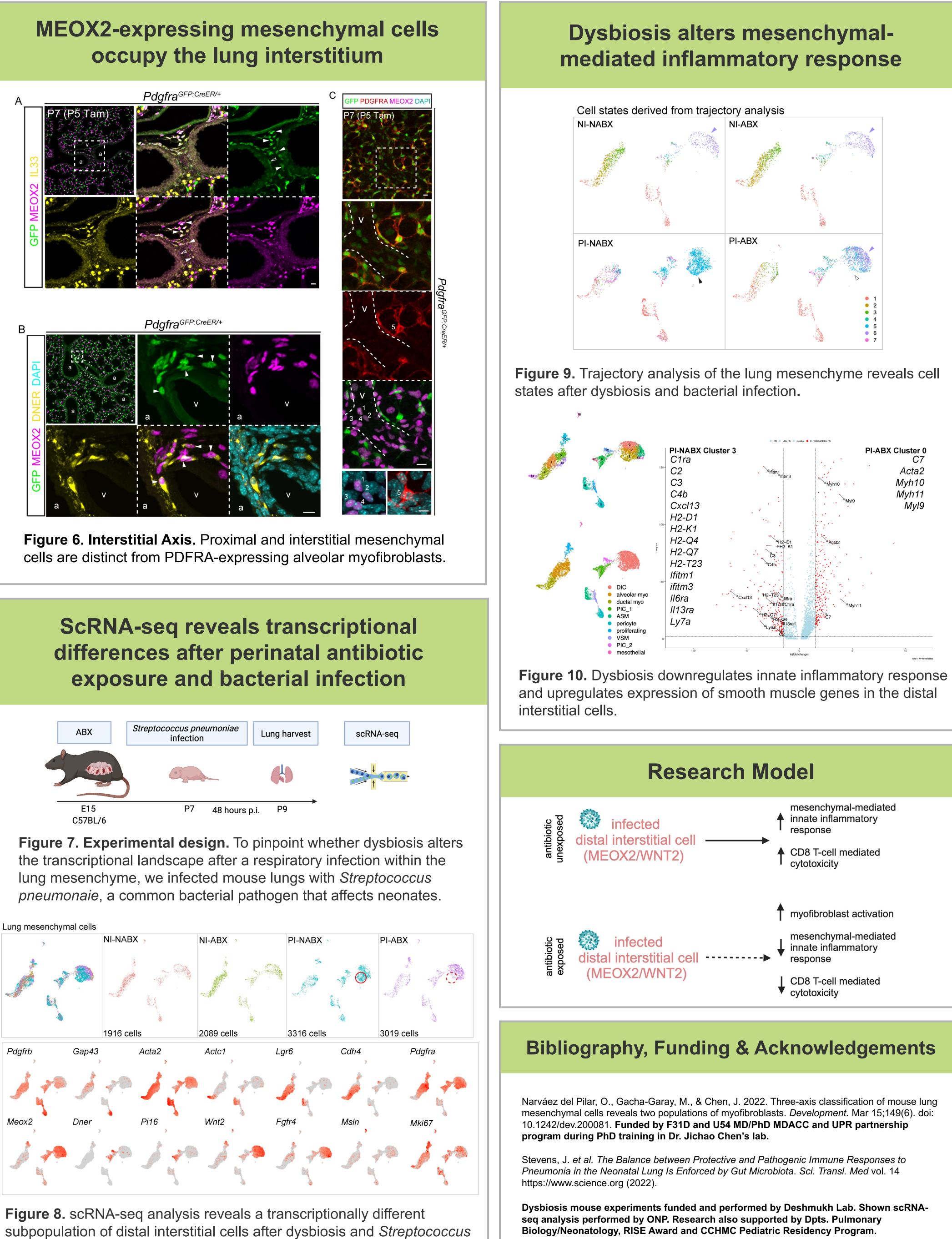


Figure 5. The ductal myofibroblasts persist into adulthood.



pneumoniae infection.



Research Model		
unexposed	infected distal interstitial cell (MEOX2/WNT2)	 mesenchymal-mediated innate inflammatory response CD8 T-cell mediated cytotoxicity
exposed	infected distal interstitial cell> (MEOX2/WNT2)	 myofibroblast activation mesenchymal-mediated innate inflammatory response CD8 T-cell mediated cytotoxicity