

# Lung mesenchymal cells undergo transcriptional reprogramming after dysbiosis and *Streptococcus pneumoniae* infection

Odemaris Narváez del Pilar, MD, PhD, Jerilyn Gray, MD, Hitesh Deshmukh, MD, PhD

#### 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.
- 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.
- We use the three-axis classification to approach the study of the lung mesenchyme in the setting of dysbiosis and RTI.
- The transcriptional programs among lung mesenchymal cells in the setting of dysbiosis and bacterial infection is currently unknown.
- A unifying framework explaining how early-life dysbiosis remodels lung mesenchymal cell transcriptional program and rewires mesenchymal-immune crosstalk remains poorly understood.



#### Three-axis classification as a strategical approach to study mouse lung mesenchyme



due to developmental apoptosis.

Figure 1. Three-axis classification system as a strategy to analyze cellular constituents of the lung mesenchyme. (A) Diagram shows the general anatomic location of individual mesenchymal cell types based on the structures they support: vascular tree (vascular smooth muscle [VSM], pericyte), epithelial tree (airway smooth muscle [ASM], ductal and alveolar myofibroblast), and interstitium (proxi interstitial [PIC], distal interstitial [DIC]). (B) Table summarizes markers for mesenchymal cell types (next column). (Narvaez del Pilar, O. et al. 2022)

Molecular markers per axis			
B	cell type	markers	
u u	vascular smooth muscle	Acta2, TagIn, Pdgfrb, Notch3	
atio	pericyte	Pdgfrb, Notch3	
sific	ainway smooth muscle	Acte1 Acta2 Taoln Lar6	
las: heli	ductal myofibroblast	Hhip Cdb4 Lar6 Acta2 Tagin	
cis c	alveolar myofibroblast	Pdafrahigh Acta2 Taolo	
ax •			
Three	proximal interstitial	Meox2, Pdgfra <sup>low</sup> , Pdgfrb, II33 Dner (neonatal), Pi16 (mature	
ute	distal interstitial	Meox2, Pdgfra <sup>low</sup>	

#### The lung vasculature is enveloped by the vascular smooth muscle and pericyte



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

## The lung epithelium is supported by the ductal and alveolar myofibroblast



Figure 3. The ductal myofibroblasts (CDH4/HHIP) envelop alveolar ducts, whereas the alveolar myofibroblasts (PDGFRA) are wedged between alveolar septa.





Figure 4. The ductal myofibroblasts persist into adulthood.

# The lung interstitium is occupied by **MEOX2-expressing mesenchymal cells**





Figure 5. Proximal and distal interstitial mesenchymal cells are distinct from PDFRA-expressing alveolar myofibroblasts.

## **Application of scRNA-seq to investigate** transcriptional programs after dysbiosis and infection



Figure 6. Experimental design. To pinpoint whether dysbiosis alters the transcriptional landscape after a respiratory infection within the lung mesenchyme, we infected mouse lungs with Streptococcus pneumonaie, a common bacterial pathogen that affects neonates.



Figure 7. scRNA-seq analysis reveals a transcriptionally different subpopulation of distal interstitial cells after dysbiosis and Streptococcus pneumoniae infection.

## Infected DICs in the setting of dysbiosis display a reduced inflammatory response and heightened expression of smooth muscle genes







# **Bibliogr**

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Figure 8. Trajectory analysis of the lung mesenchyme reveals cell states after dysbiosis and bacterial infection.

Figure 9. Dysbiosis alters transcriptional immune mediated response in the distal interstitial cells and promotes expression of smooth muscle cell genes.

Research Model				
infected tal interstitial cell	<ul> <li>mesenchymal-mediated innate inflammatory response</li> <li>CD8 T-cell mediated cytotoxicity</li> </ul>			
infected stal interstitial cell► MEOX2/WNT2)	<ul> <li>myofibroblast activation</li> <li>mesenchymal-mediated innate inflammatory response</li> <li>CD8 T-cell mediated cytotoxicity</li> </ul>			
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