

Streptococcus gordonii Promotes Thrombosis Through Binding Sialoglycans on Platelet Receptor GPIb α in a Microfluidic Device

Ava M. Obenaus^{1*}, Lesley Martínez Rodríguez¹, Dang Truong², Annie Ke¹, Martha Sim⁴, Barbara Bensing³, Paul Sullam³, Junmei Chen⁴, José A. López⁴, Wendy E. Thomas¹, Nathan J. Sniadecki¹

¹University of Washington Seattle | ²University of Washington Bothell | ³University of California, San Francisco | ⁴Bloodworks Northwest Research Institute

I. Introduction

- Infective endocarditis (IE) is initiated when platelets and bacteria form vegetations on the surface of cardiac valves.
- The Siglec-like, serine-rich repeat (SRR) glycoproteins of streptococci selectively bind to sialoglycans on the platelet adhesion receptor GPIb α .
- The pathogenesis of infective endocarditis is thought to be affected by sialoglycan selectivity; however, the specific mechanisms remain unclear.

II. Approach

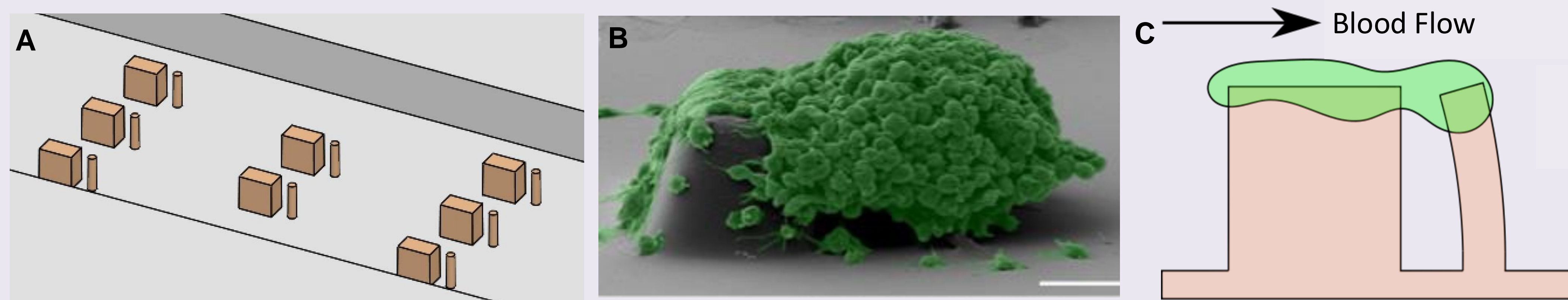


Figure 1. (A) Isometric view of the microfluidic channel with 8 block and post structures. (B-C) As blood is perfused through the channel, the block creates a high shear gradient that allows platelets (green) to aggregate [1, 2].

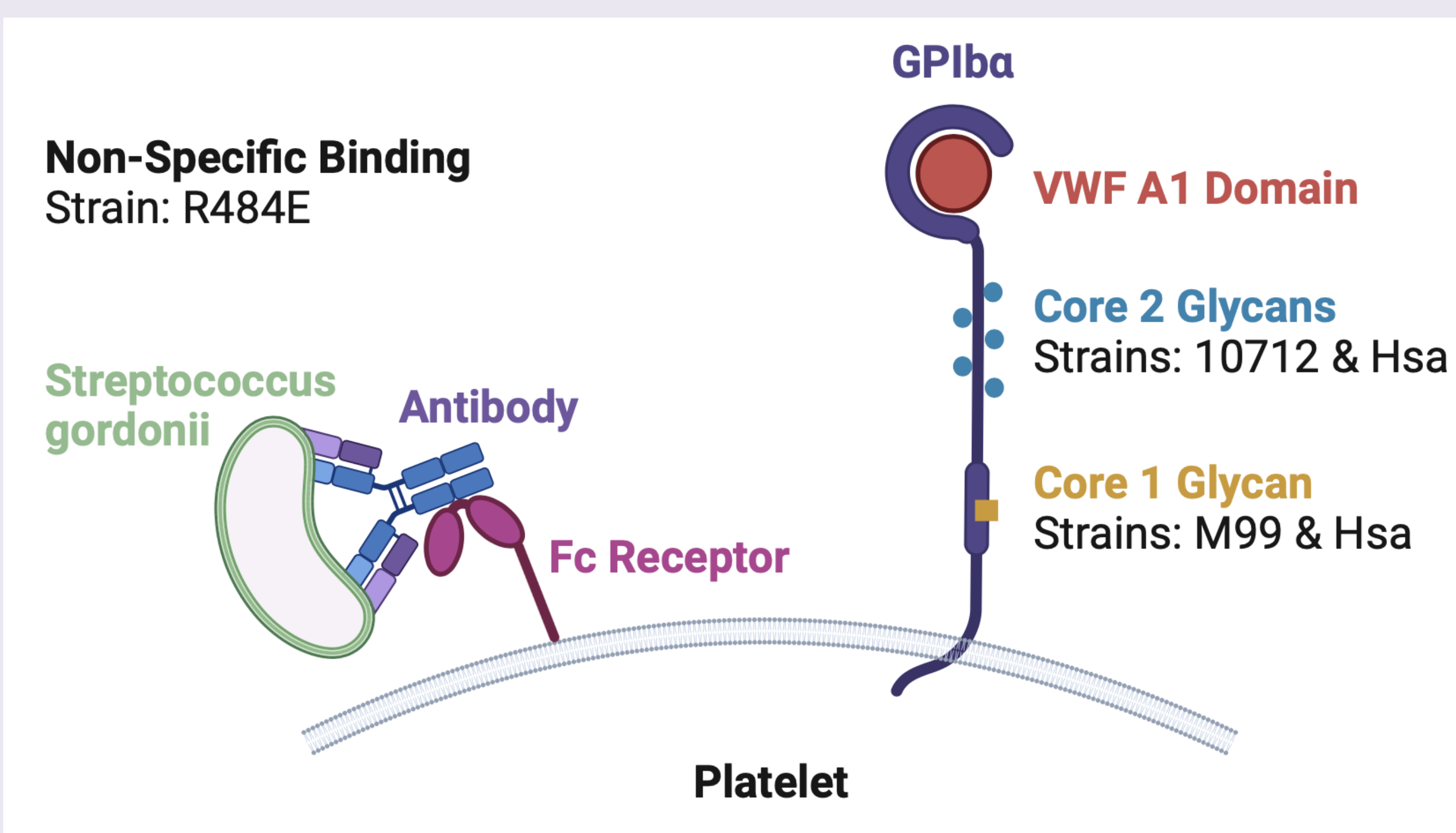


Fig. 2. Sialoglycans on platelet receptor GPIb and their selectivity for *Streptococcus gordonii* variants. Locations of the core 1 glycan and core 2 glycans are shown on GPIb. GspB is the wild type form of M99 and binds to Core 1 subtype O-glycans (C1) on GPIb. The other strains are isogenic variants of GspB, in which the binding region of GspB has been replaced or mutated. 10712 preferentially binds to Core 2 subtype O-glycans (C2), while Hsa binds to both C1 and C2. R484E has a point mutation that disrupts sialoglycan binding to serve as a negative control; however, R484E can still bind non-specifically to platelets through the Fc receptor.

- Herein, we investigate how *Streptococcus gordonii* affects thrombus formation using a novel **microfluidic device** that forms discrete platelet-aggregates under shear flow (Fig. 1A-C).
- We assessed the **impact of binding selectivity on thrombosis** using four isogenic variants of strain M99: GspB, R484E, Hsa, and 10712 (Fig. 2).
- Sialoglycan selectivity may also determine whether **streptococcal binding triggers GPIb α signaling**. GPIb α can activate platelets via mechanotransduction by unfolding the mechanosensory domain.

III. Results

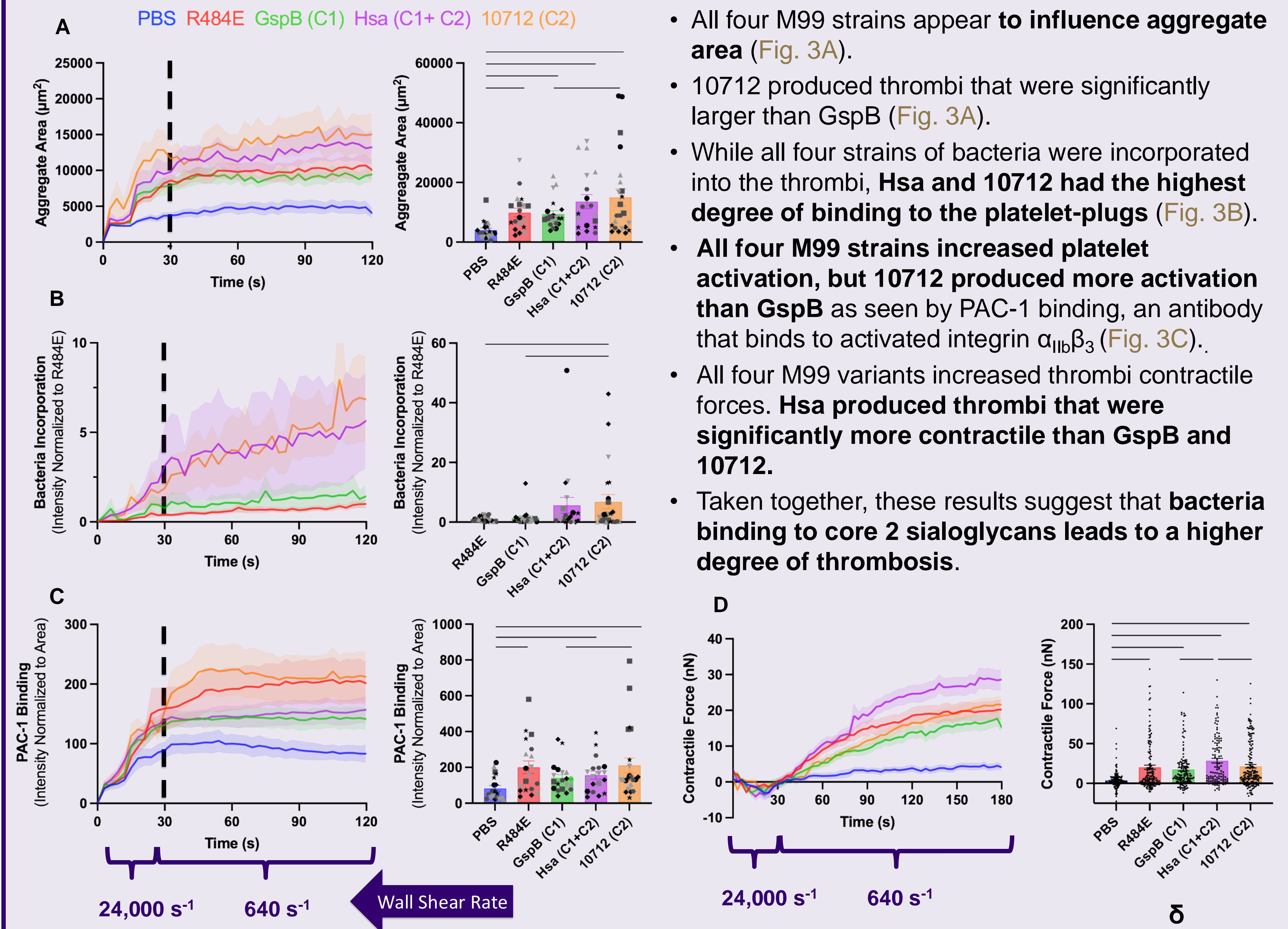


Figure 3. The (A) aggregate area, (B) bacteria incorporation, and (C) PAC-1 binding are shown over time and 120 seconds after blood enters the channel. (D) Thrombi contractile forces are shown over time and at 180 seconds. Platelets encapsulate the top of the block and post. Post deflection (δ) was measured to calculate platelet-plug contractile force (F) using Hooke's Law ($F = k\delta$) where $k = 3\pi E d^4 / 64 L^3$, E is the modulus of elasticity, d is the diameter of the post, and L is the length of the post. [1,2] Each shape represents a unique donor ($n = 7$). Line indicates $p < 0.05$ when tested with a linear mixed effects model and pairwise comparisons.

IV. Conclusions & Future Work

- Bacteria **increase platelet activation and aggregation**.
- *Streptococcus gordonii* binding to core 2 sialoglycans on GPIb α leads to larger amounts of bacteria incorporation and appears to increase thrombosis.
- Further investigation is needed to determine how thrombosis impacts **virulence** and the **progression of infective endocarditis**.
- We are actively investigating if the **glycoproteins** in the donor plasma impact bacteria binding via western blots.
- Additionally, we are studying **antibodies** in the donor plasma to determine their impact on non-specific bacteria binding via an ELISA assay.



References

- [1] Ting et al., *Blood*, 2019
[2] Miles et al., *Blood Advances*, 2021

Funding

Research reported in this publication was supported by the National Heart, Lung, and Blood Institute of the National Institutes of Health under Award Numbers F31HL156697 and AI177473. The content is solely the responsibility of the authors and does not necessarily represent the official views of the National Institutes of Health.