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# La microbiota intestinal com a òrgan: impacte en fisiologia i patologia

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# Prokaryotes and Eukaryotes

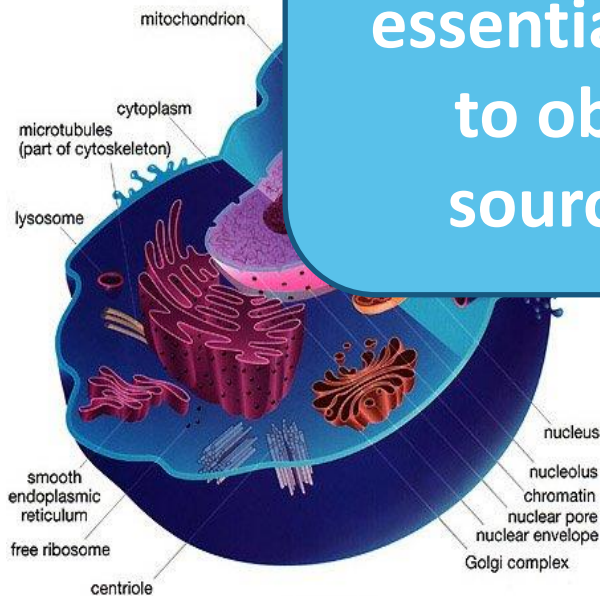
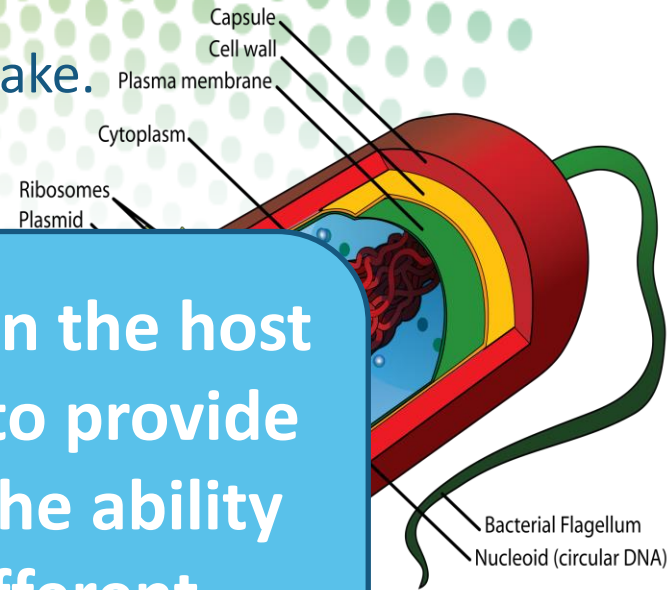
## BACTERIA:

✓ Genetic material is not membrane bound: low number of genes, high incidence of foreign gene uptake.

✓ Multispecies communities required for survival.

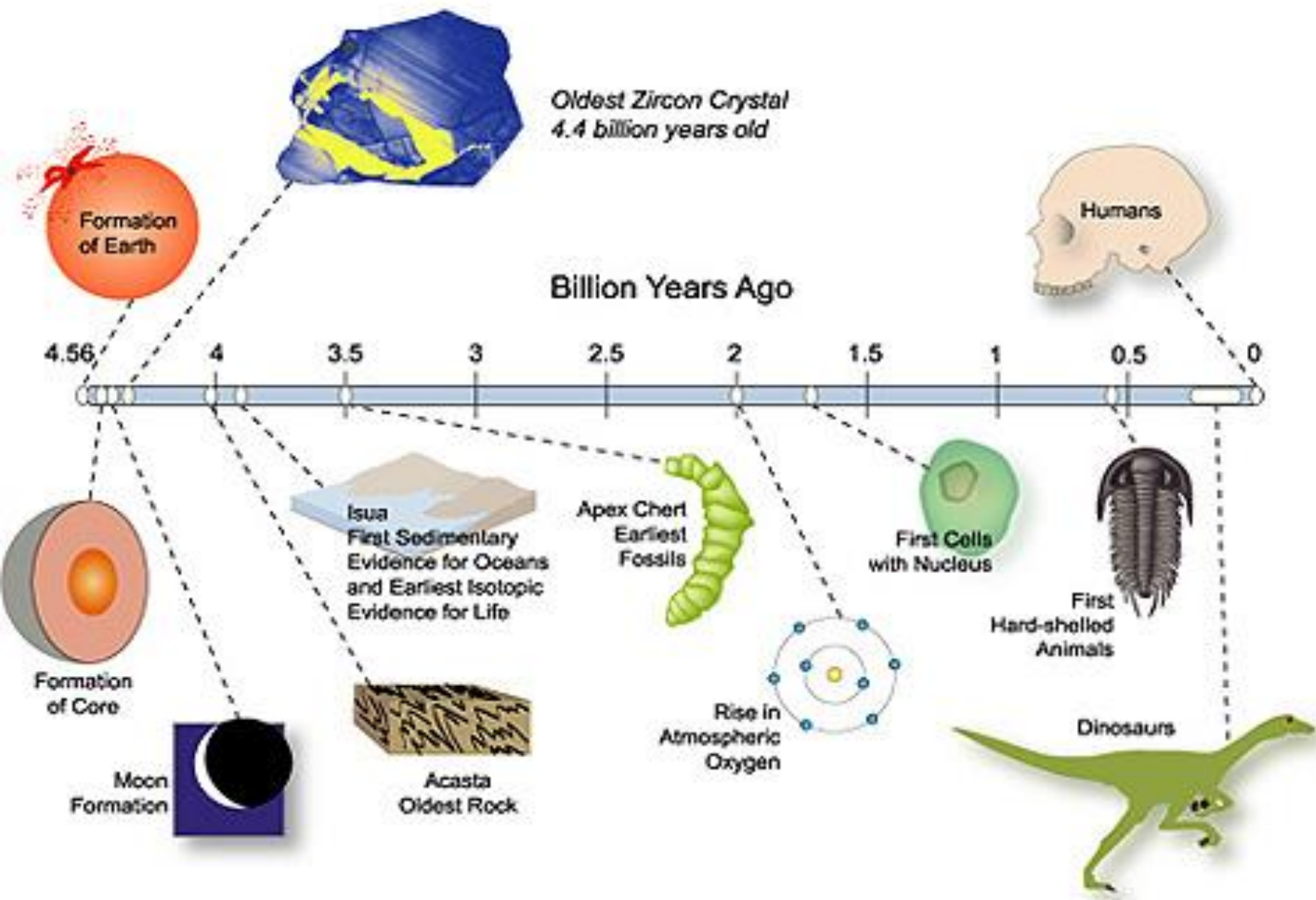
✓ Complete catabolism of nutrients from the environment to obtain essential compounds via

**Gut Microbial communities in the host have evolutionary adapted to provide essential compounds and the ability to obtain energy from different sources (Moran, Curr Biol 2006)**



uptake

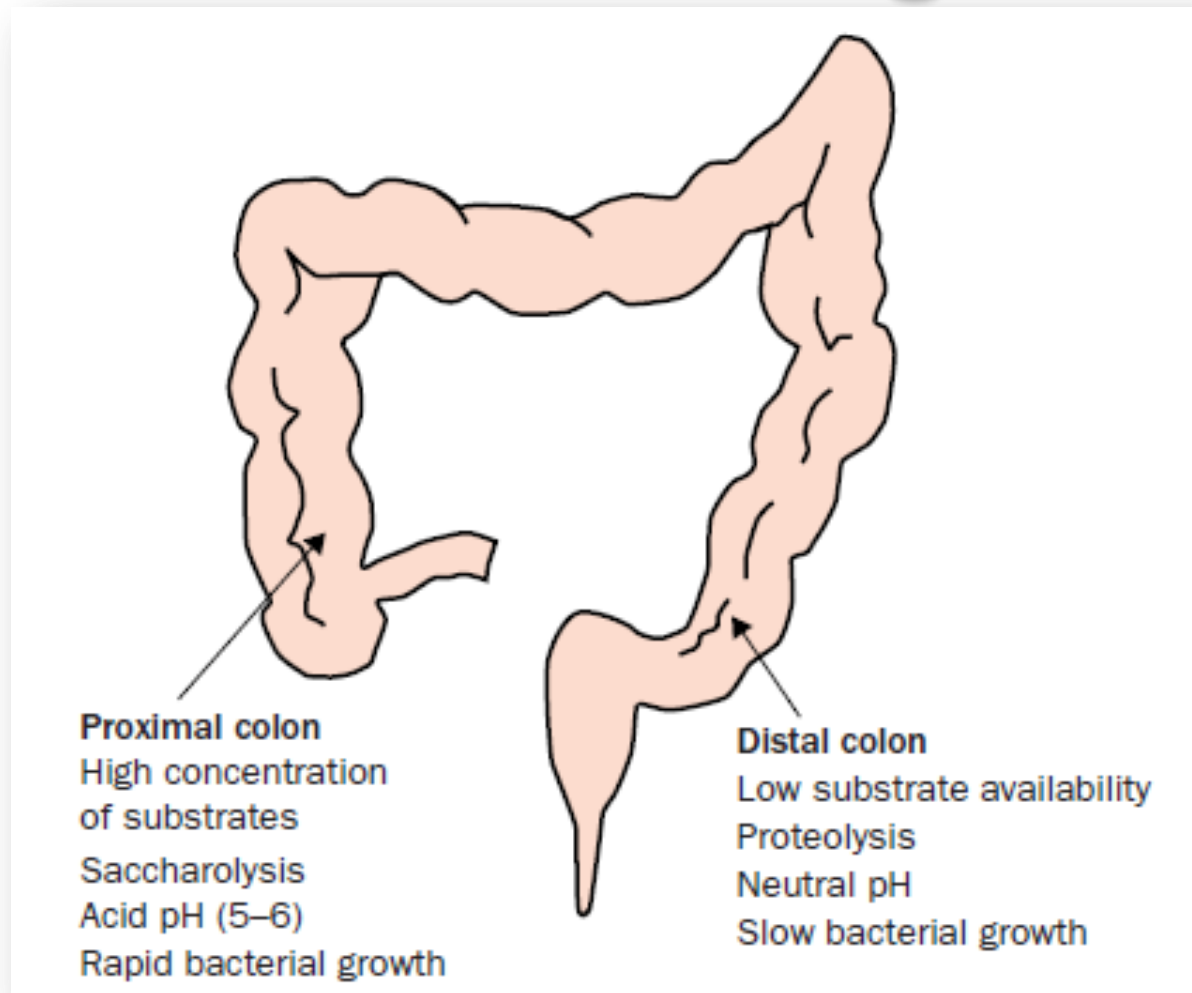
✓ Ancestral loss of genes for biosynthesis of essential compounds (amino-acids and vitamins) and for harvesting energy from complex sources.



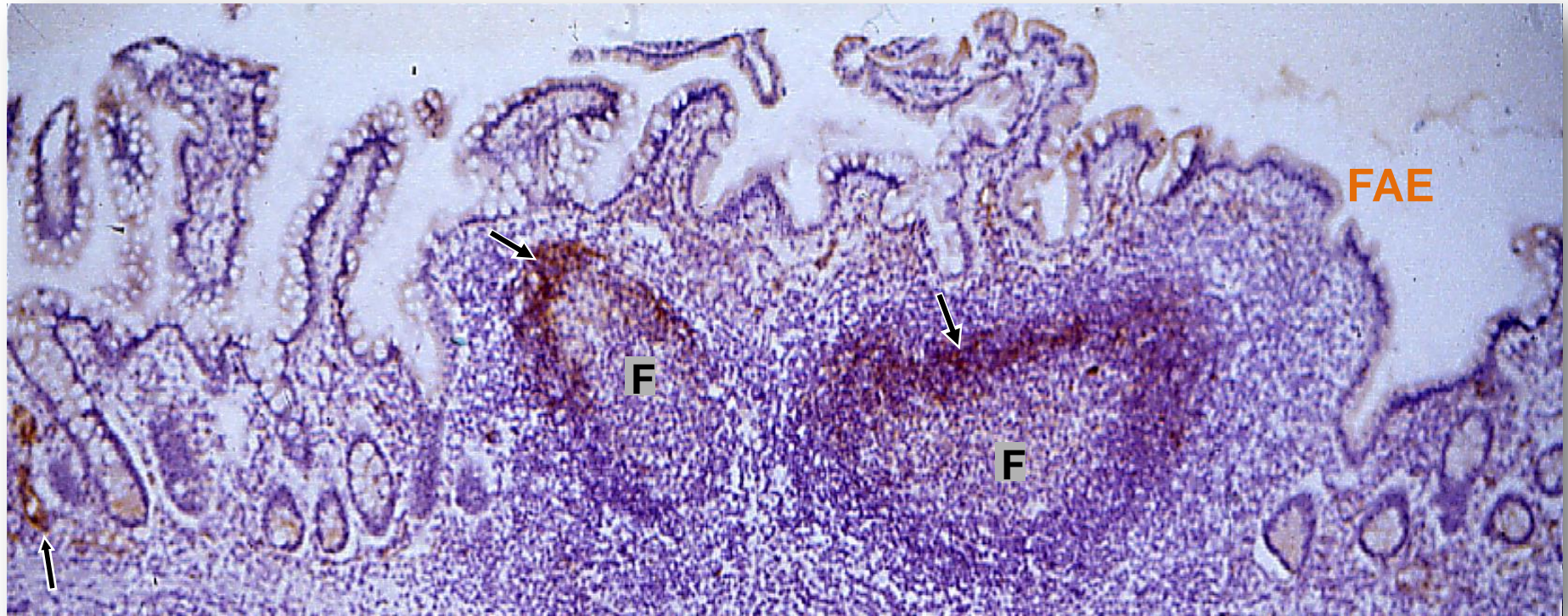
# PRIMARY FUNCTIONS OF THE GUT MICROBIOTA

- **Metabolic functions:** fermentation of nondigestible dietary residue and endogenous mucus: salvage of energy as SCFA, production of vitamin K, absorption of ions.
- **Defensive functions:** protection against pathogens (the barrier effect).
- **Trophic functions:** control of epithelial cell proliferation and differentiation; development and homeostasis of the immune system.

# The Gut Microbiota as a Metabolic Organ



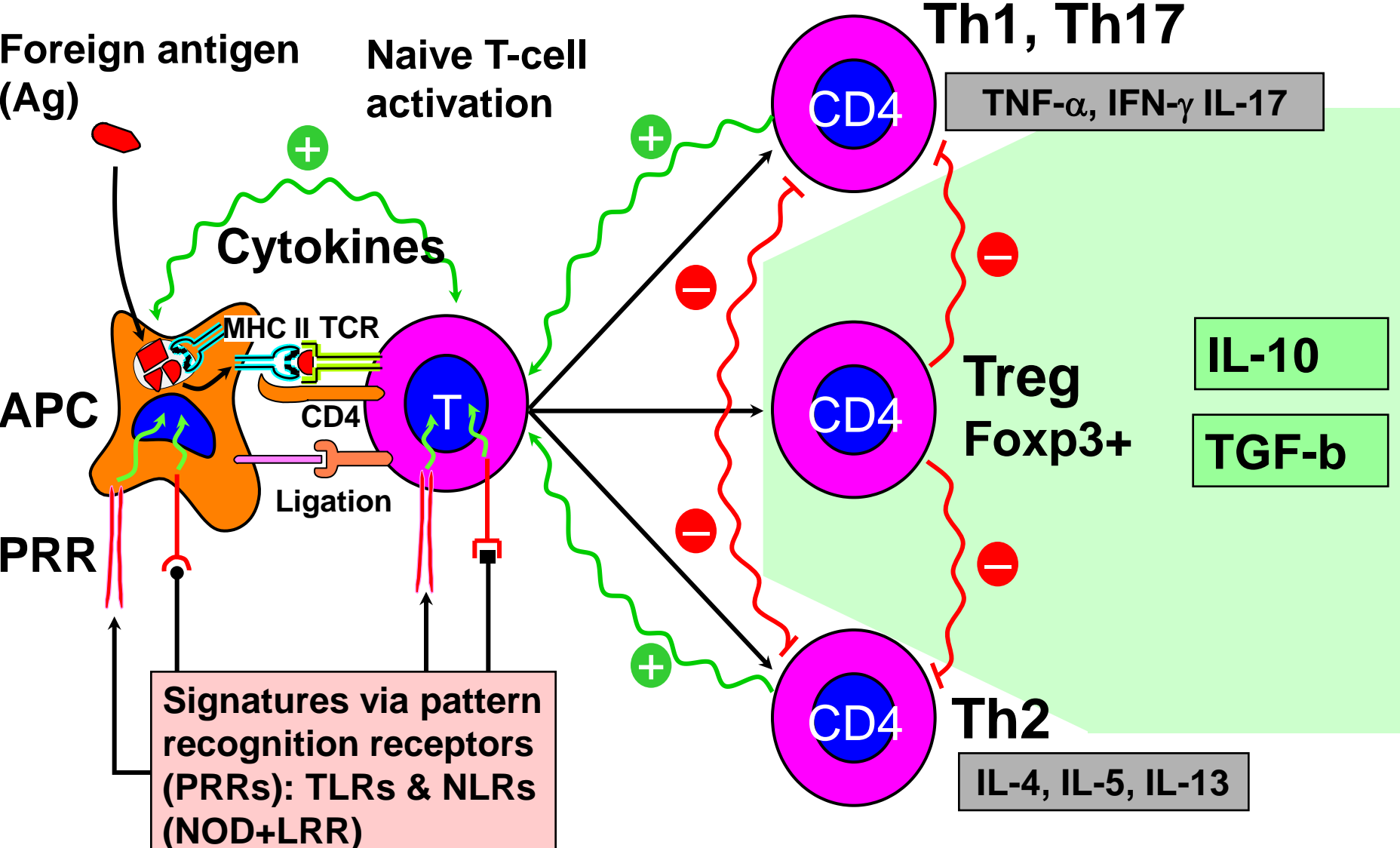
# Induction of the Immune System



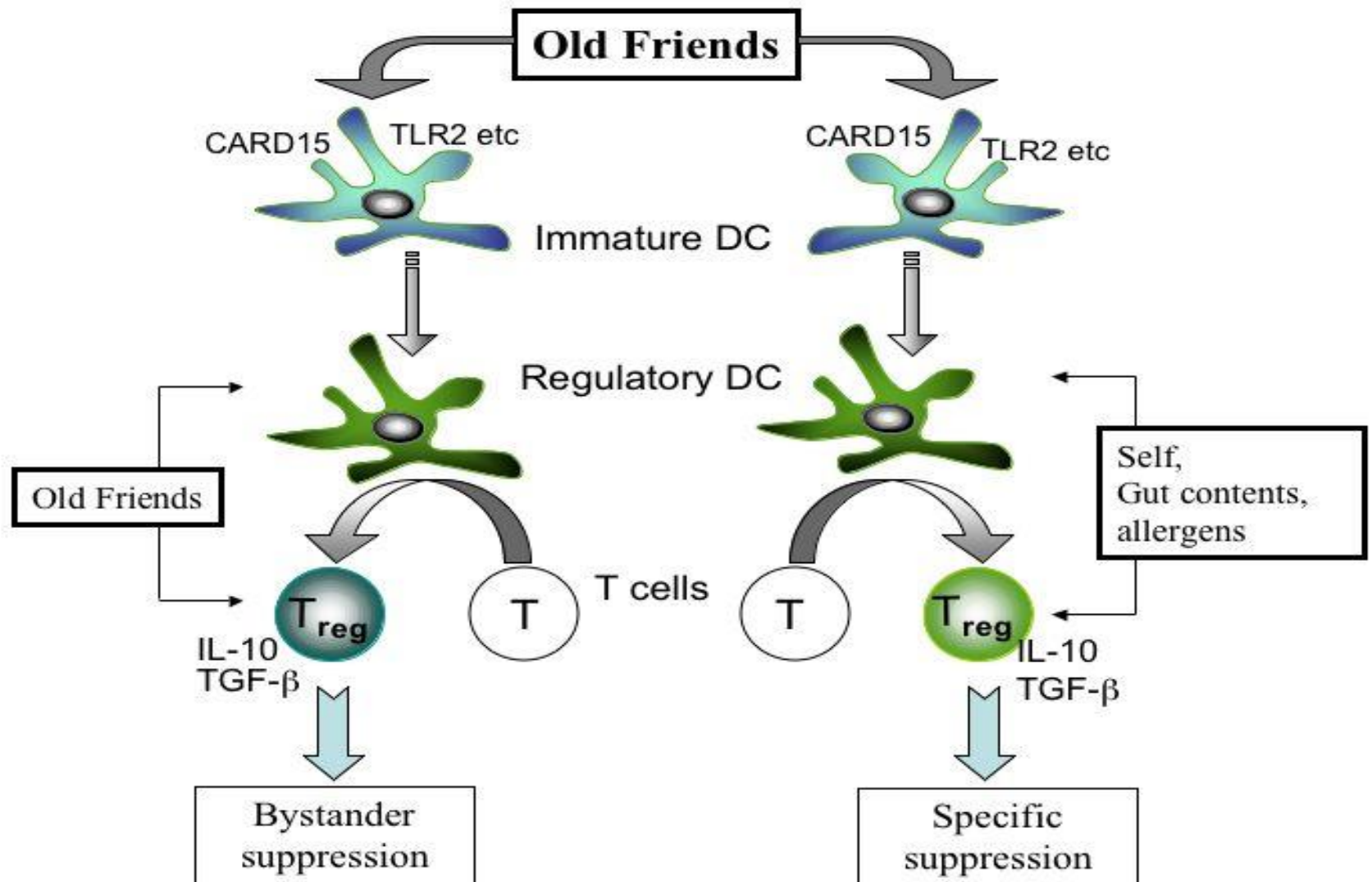
Gut-Associated Lymphoid Tissue structures are strategically situated in relation to the greatest concentration of microbiota

- **Peyer's patches:**  
distal ileum (nos. 100-250)
- **Isolated lymphoid follicles (ILFs):**  
large bowel (nos. ~ 30 000)

# Decision making in the adaptive (acquired) immune system is instructed by the microbial impact on APCs and T cells



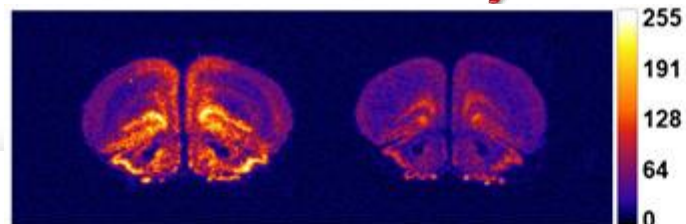
# THE 'OLD FRIENDS' HYPOTHESIS





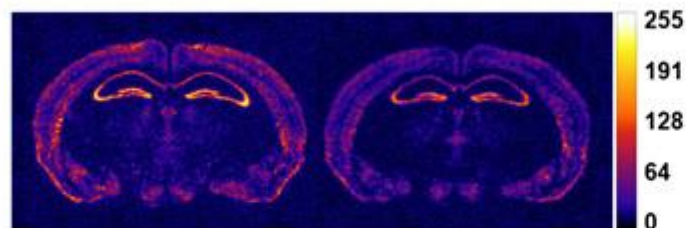
# GUT MICROBIOTA, BRAIN DEVELOPMENT

C



SPF

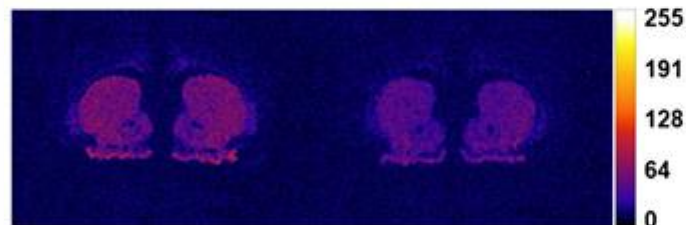
GF



SPF

SPF

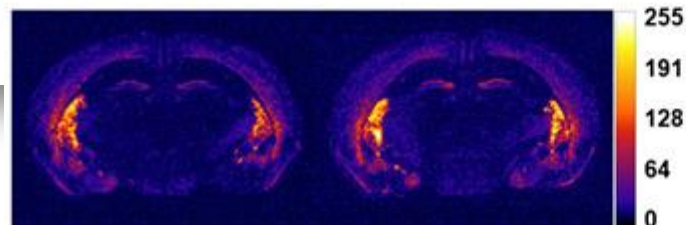
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GF

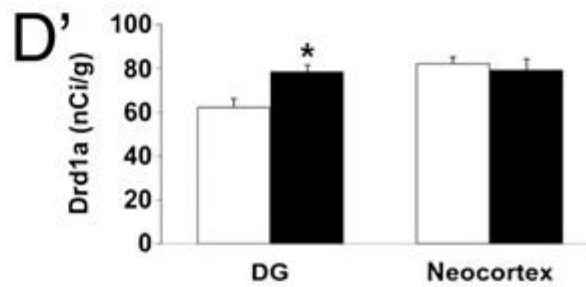
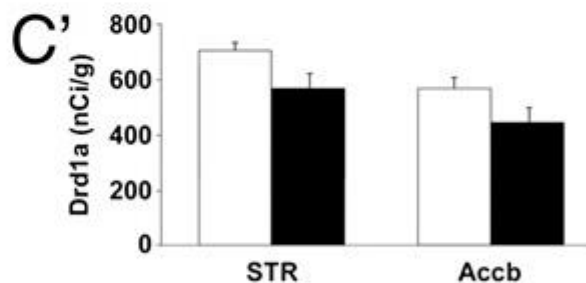
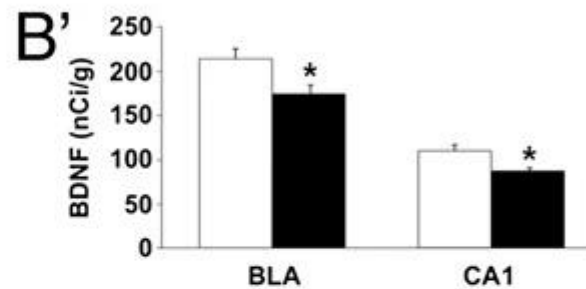
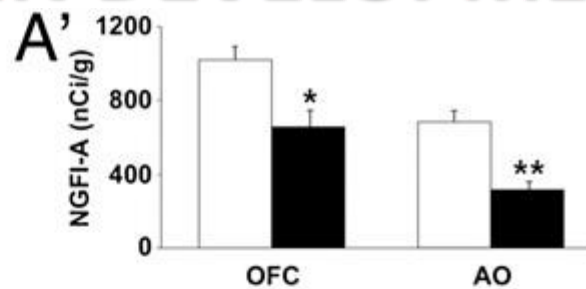
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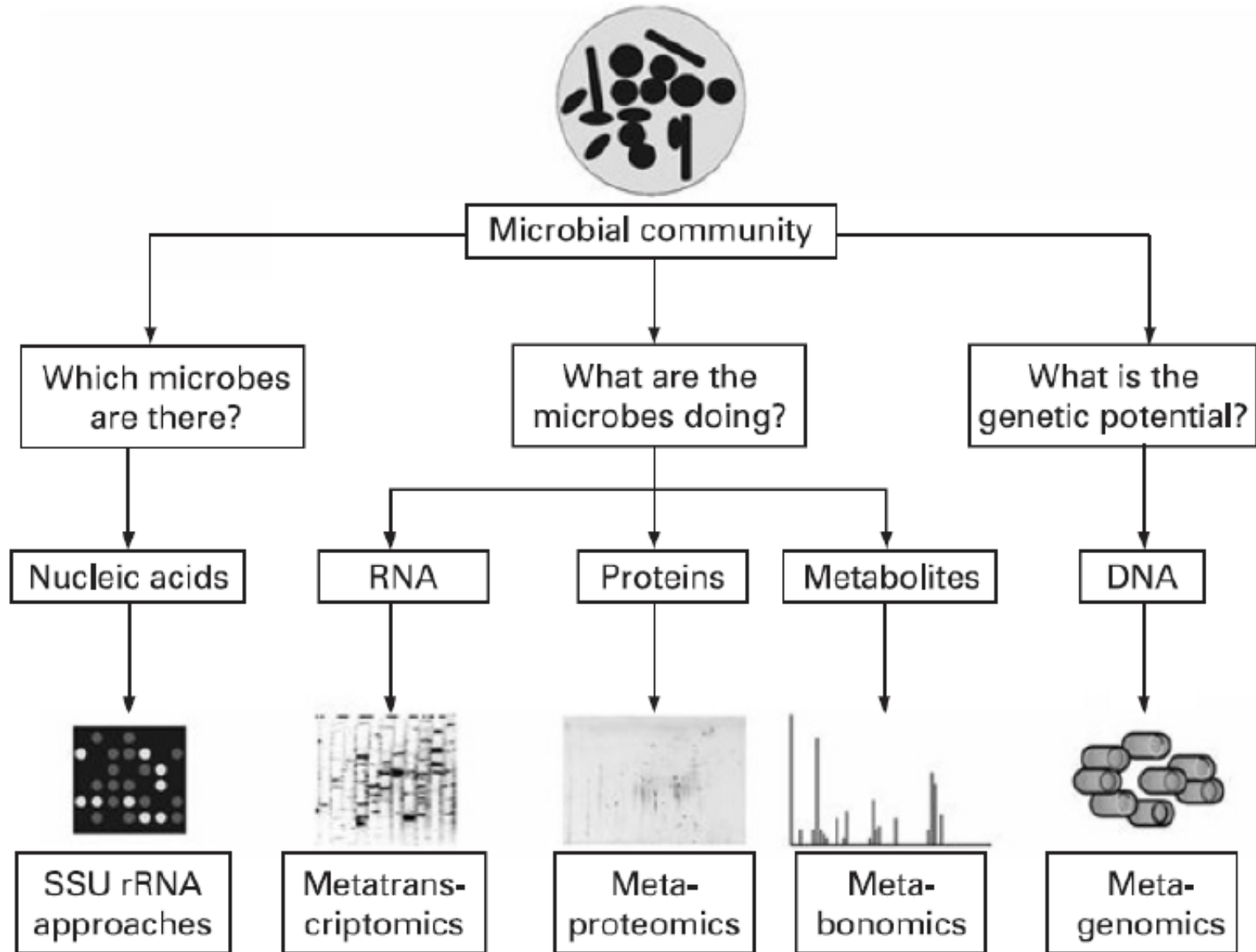
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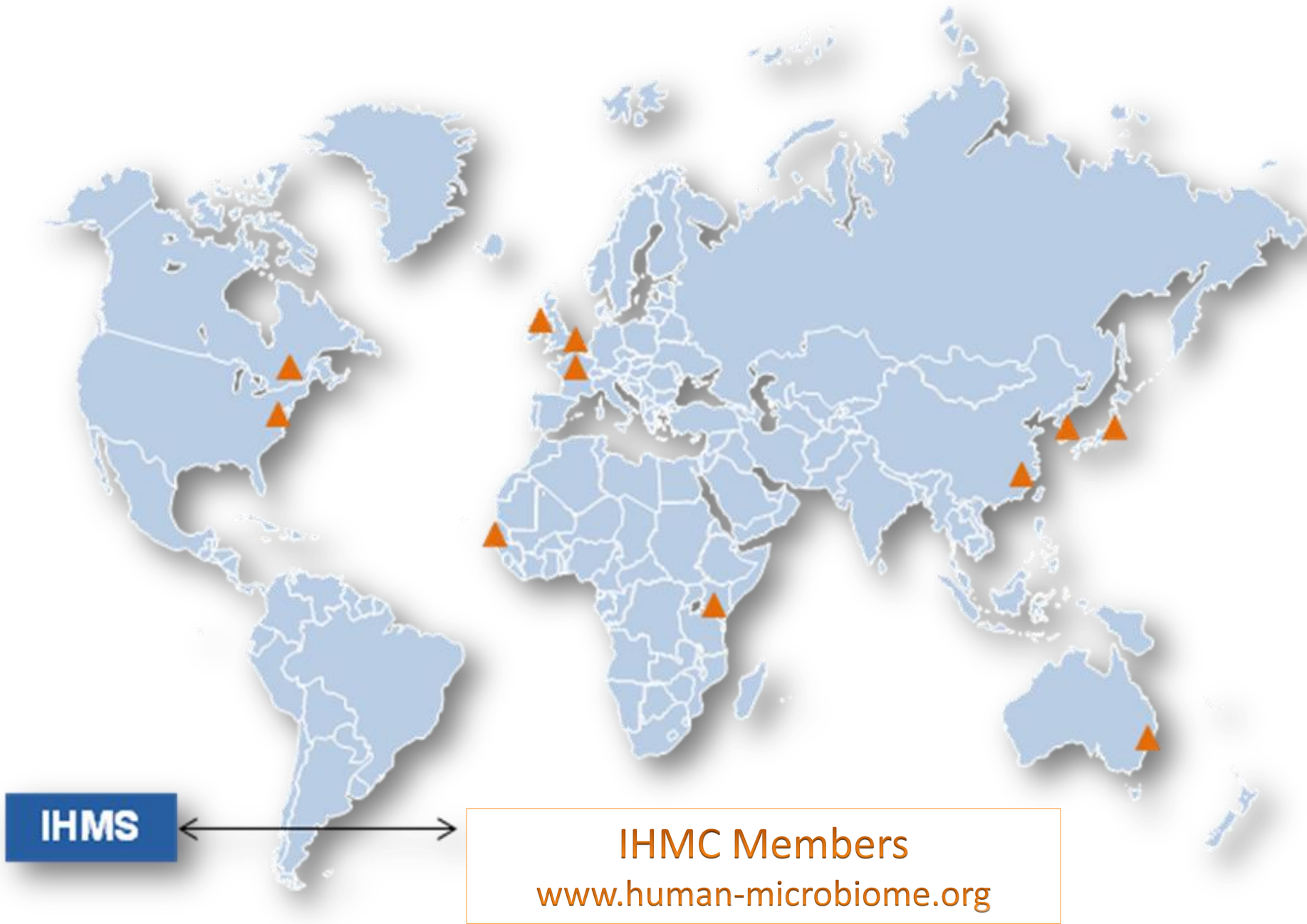


# MICROBIOTA DYSFUNCTION AND DISEASE

- infectious diarrhea, antibiotic-associated diarrhea
- septic complications: multisystem organ failure, diverticulitis, appendicitis
- functional disorders: constipation, bloating, irritable bowel syndrome
- obesity, type 2 diabetes, metabolic syndrome
- atopy, inflammatory bowel diseases, certain autoimmune disorders (?)
- colon cancer
- anxiety, autism (?)

# Profiling Complex Microbial Communities





**IHMS**

**IHMC Members**  
[www.human-microbiome.org](http://www.human-microbiome.org)

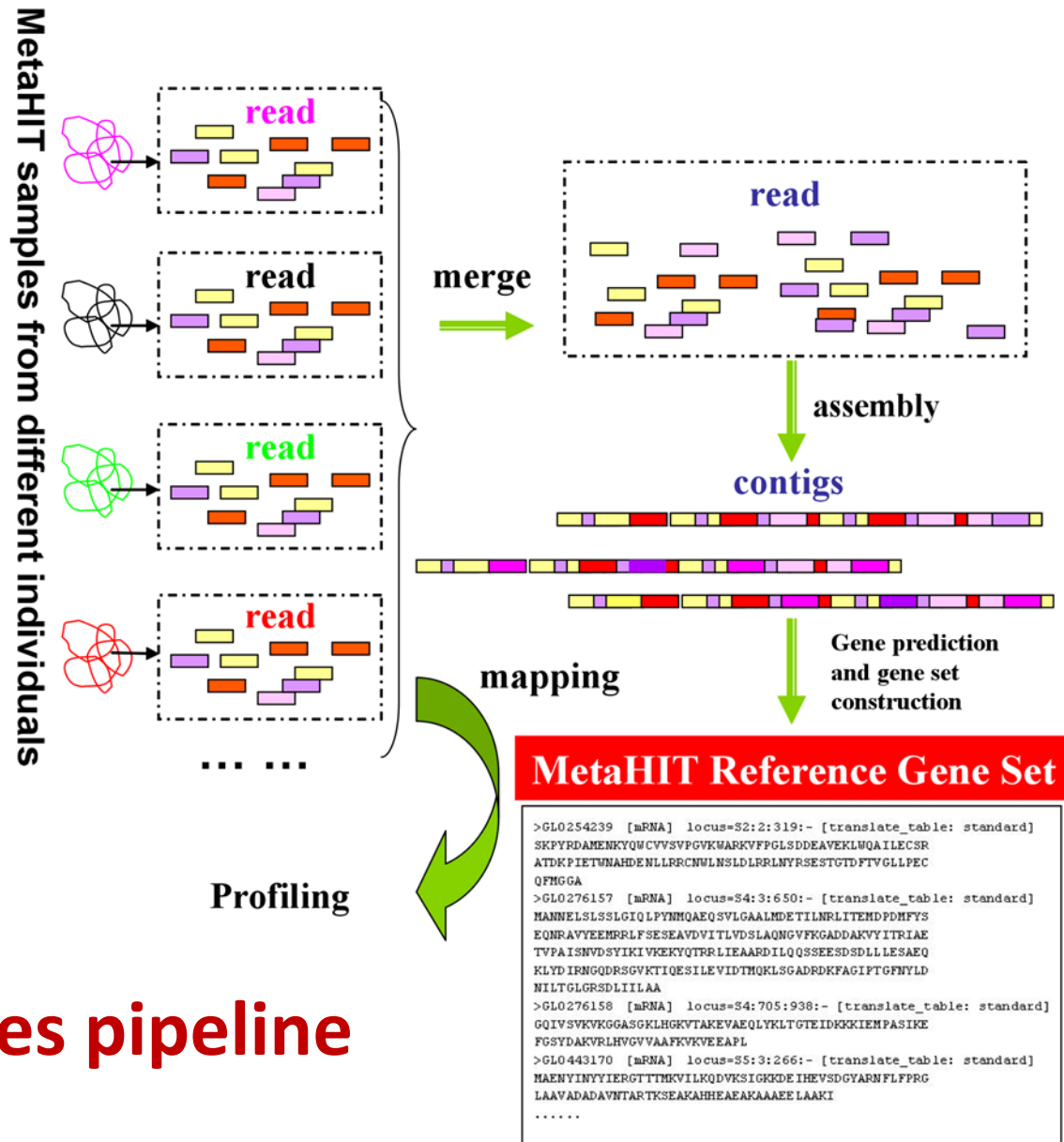
# Metagenomics of the Human Intestinal Tract



<http://www.metahit.eu/>

**Metagenome:** collection of genes present in an ecosystem, consisting of the genomes of many individual organisms.

The pipeline of human intestinal metagenomics analysis using Solexa shotgun sequencing



**Multiple samples pipeline**

**Standard analysis: Ca 14 Mio ORFs, all-against-all blast**  
**12.000 days on one CPU (ca 5 days real time at BSC)**

**Data transfer a major issue**

**MareNostrum supercomputer Barcelona**

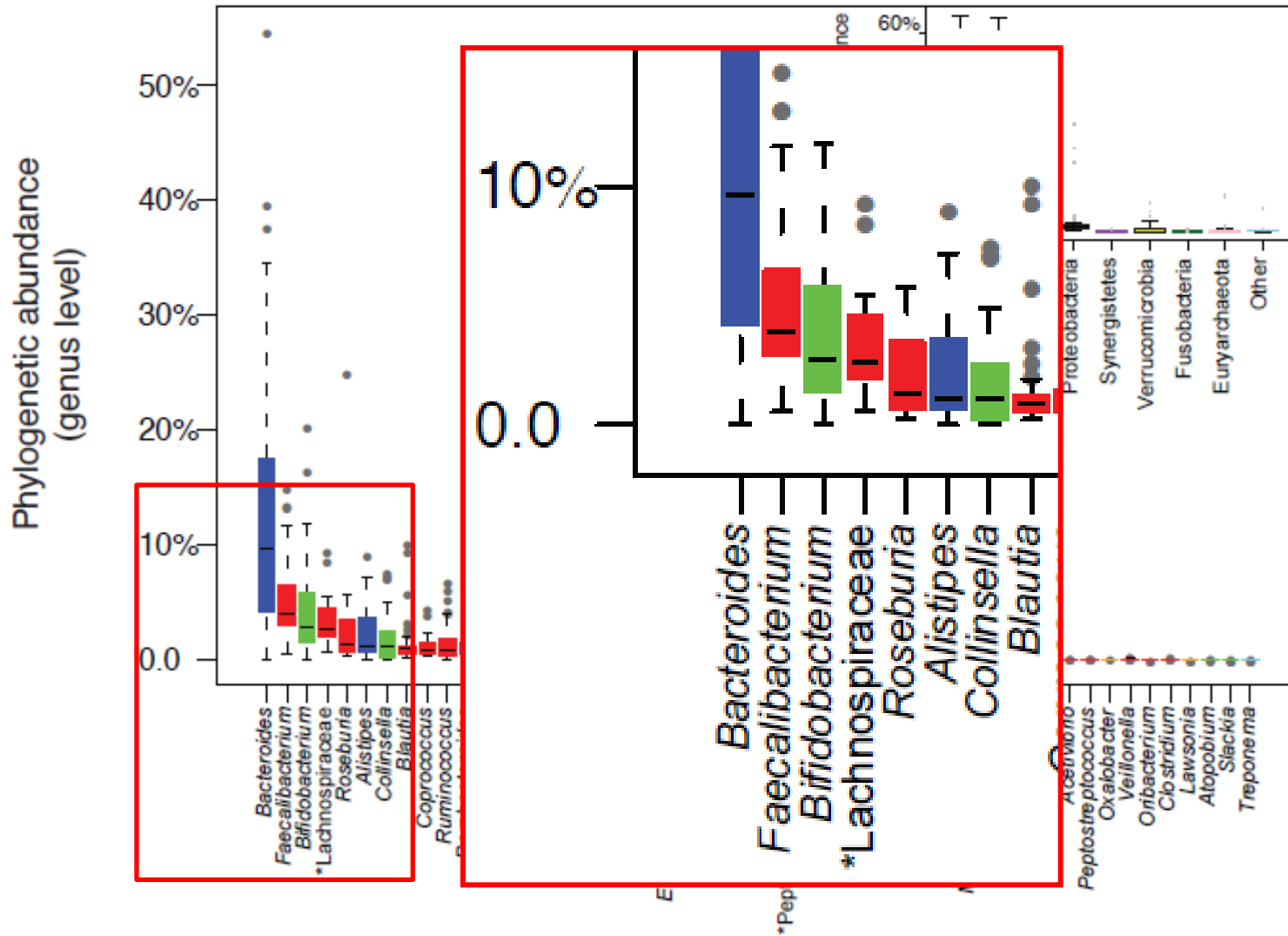


# The Human Gut Metagenome

	# of genes
Average gene set per individual	<b>590,384</b>
Common (>50% of individuals)	<b>294,110</b>
Rare (<20% of individuals)	<b>2,375,655</b>

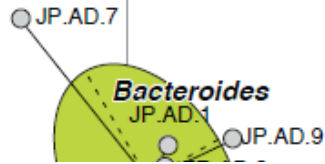


# Most abundant genera in the human gut microbiota

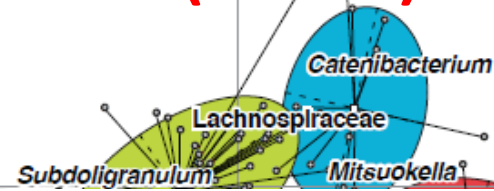


# Enterotypes

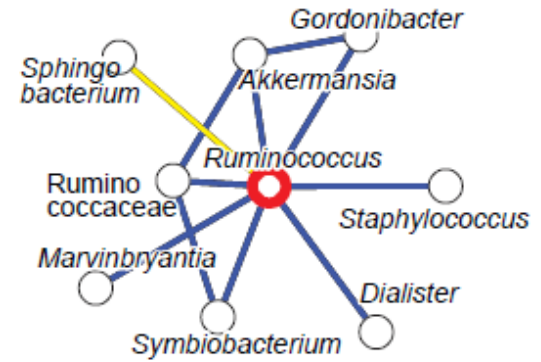
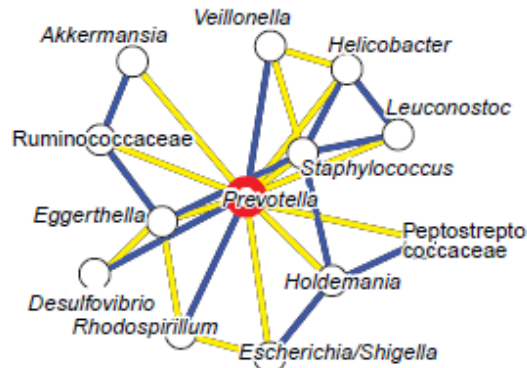
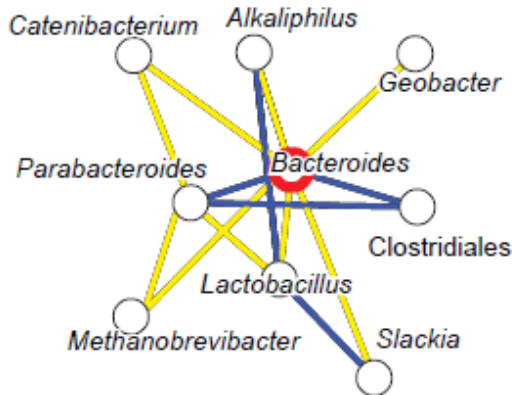
33 ind (sanger)



85 ind (solexa)



e



○ main contributors

○ genera co-occurring with main contributors

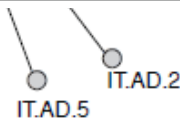
— positive correlation (> 0.4)

— negative correlation (< -0.4)

△ Obese

☆ IBD

PC2



154 ind (16S, 454)

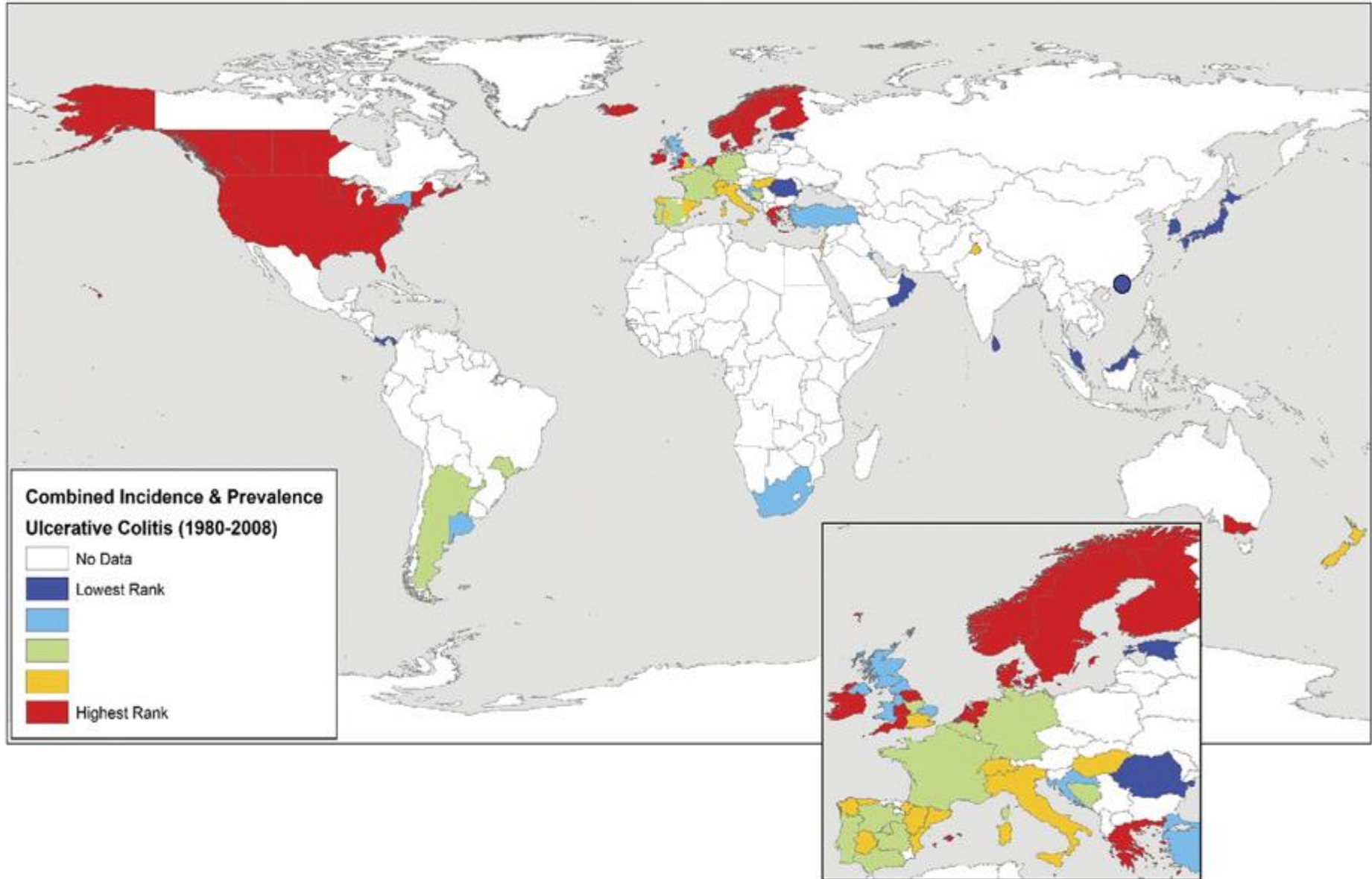


Particular constellations of bacterial species in individuals  
Arumugam et al, Nature 2011

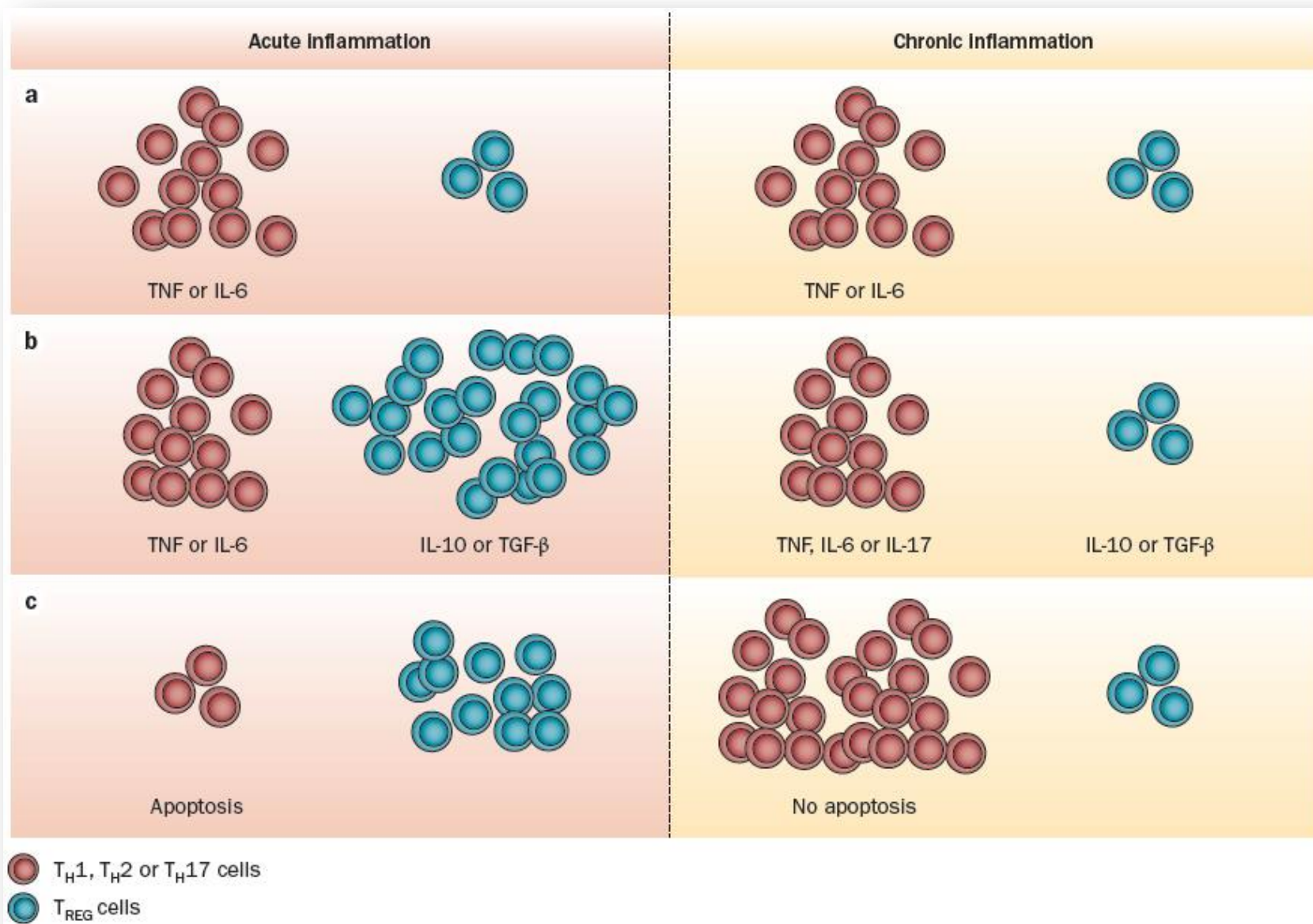
# Modern lifestyle linked with alterations of gut microbial colonization

Modern life style	Traditional life style
Birth in the hospital; increasing rate of caesarean delivery	Vaginal delivery at home
Small family size	Large family size, crowding
Life on concrete	Life in contact with soil microorganisms
Sanitation of living spaces: environment colonized by resistant micro-organisms (including resistant bacteria, fungii, acari)	Ancestral colonization of the living environment
Antibiotic usage early in life	No antibiotics in infant life
Daily body wash with hot water and soap	Limited access to hot water and soap
Low rate of <i>H. pylori</i> colonization	High rate of <i>H. pylori</i> colonization
Decline in endemic parasitism	Common carriage of parasitic worms
Food conserved by refrigeration	Food conserved by microbial fermentation
Consumption of processed foods	Consumption of natural foods

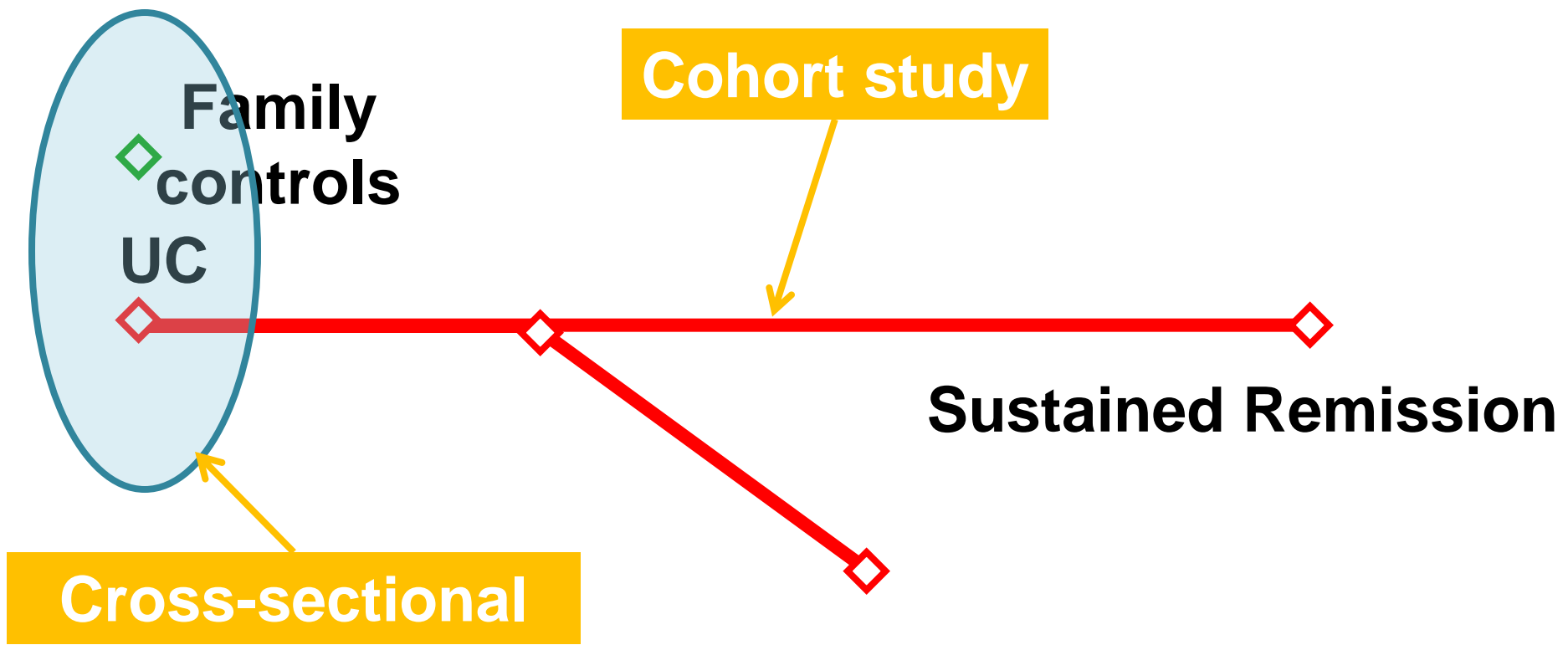
# Increasing Incidence and Prevalence of UC



# Perpetuation of intestinal inflammation in IBD

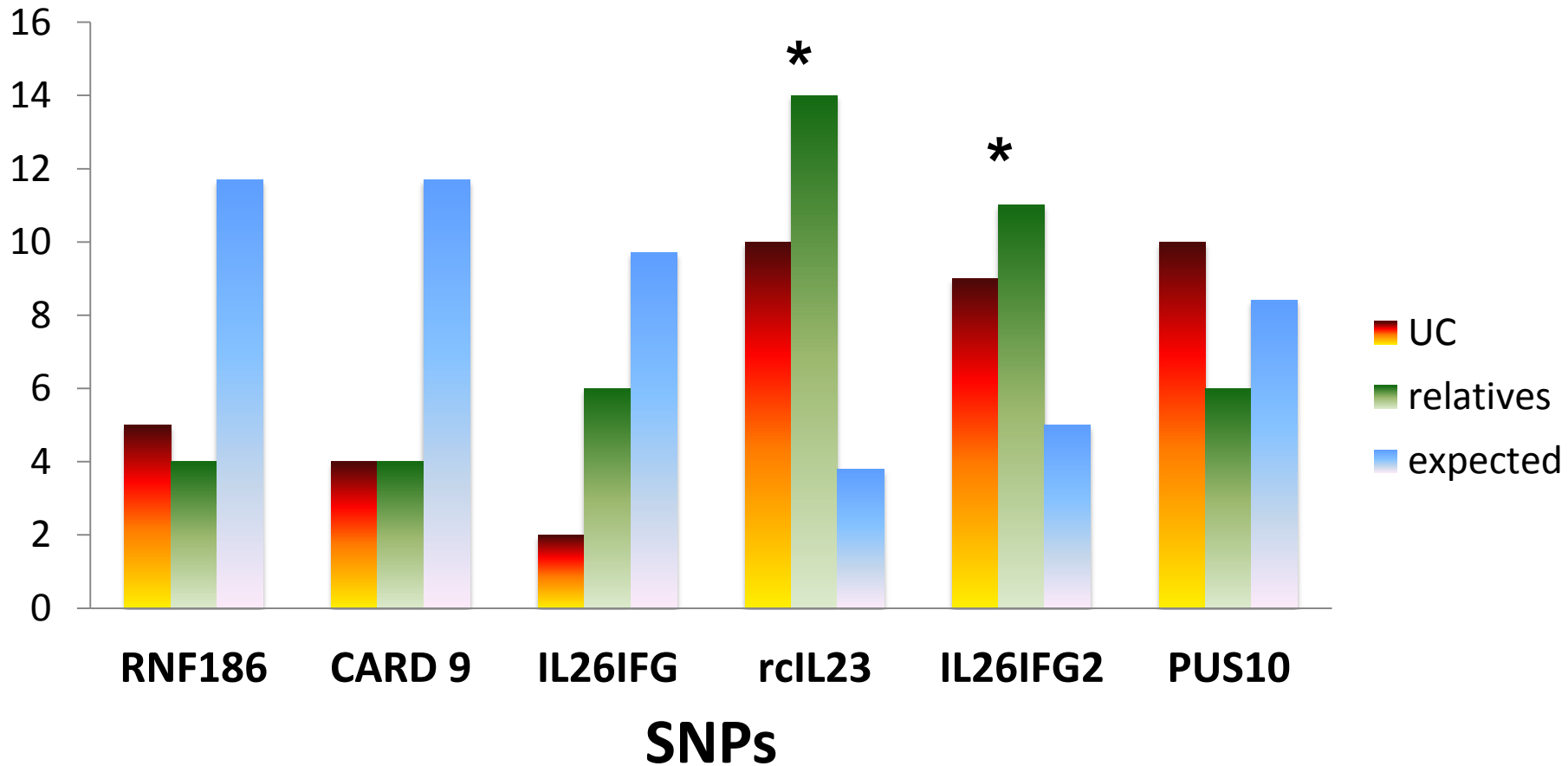


# UC studies in MetaHIT

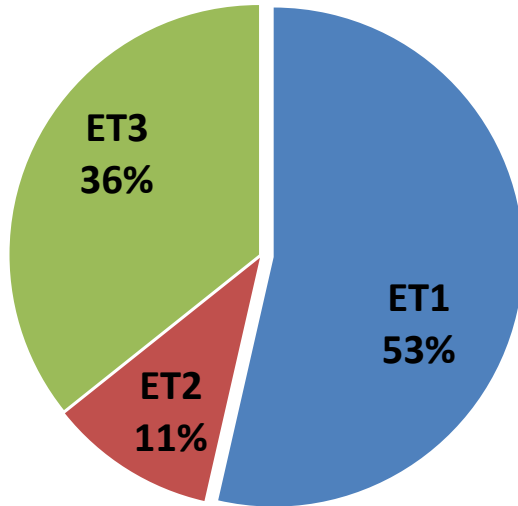


 analysis of faecal microbiota  

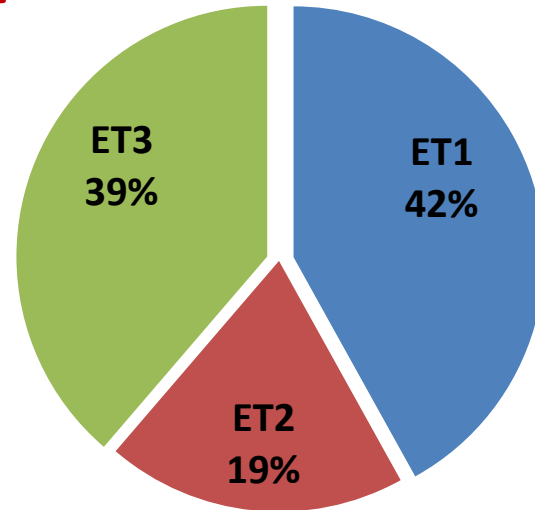

# Homozygous carriage of risk SNPs for UC



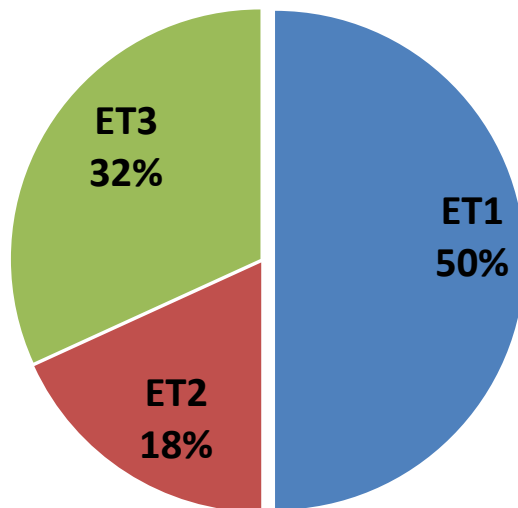
# Enterotypes



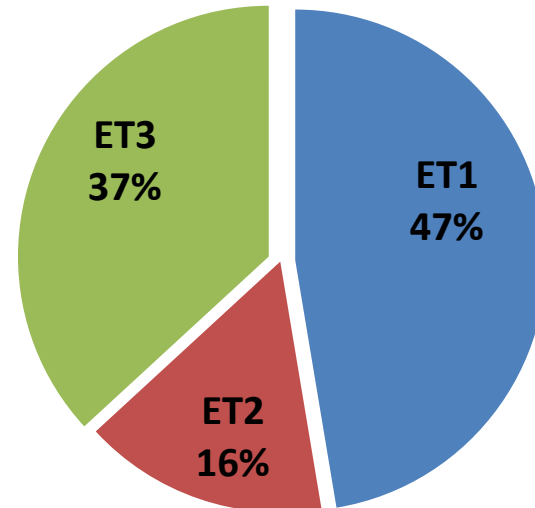
Healthy relatives



UC patients



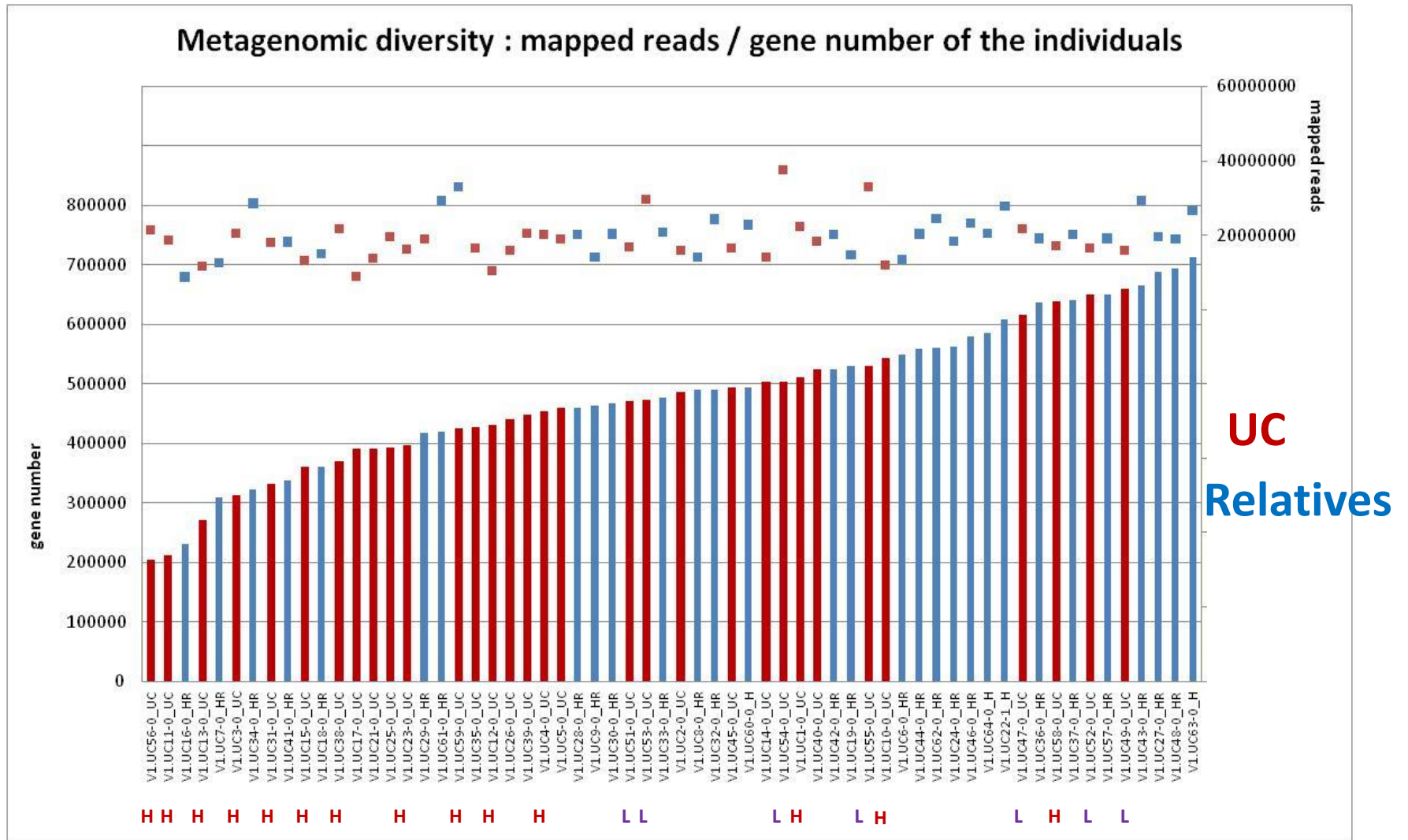
rcl IL23



IL26IFG2



# Low Gene-count in UC during remission



UC  
Relatives

## ***Akkermansia muciniphila* in UC**

	<b>Akk +</b>	<b>Akk -</b>
<b>UC remission</b>	39	67
<b>Healthy relatives**</b>	21	6
<b>Control**</b>	37	8

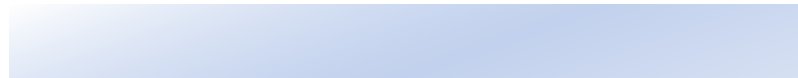
qPCR with specific primer for 16SrRNA region.

\*\* Two sided p value <0.001 vs. UC remission (Fisher's exact test).

# *Akkermansia muciniphila* in UC

## Multivariate analysis

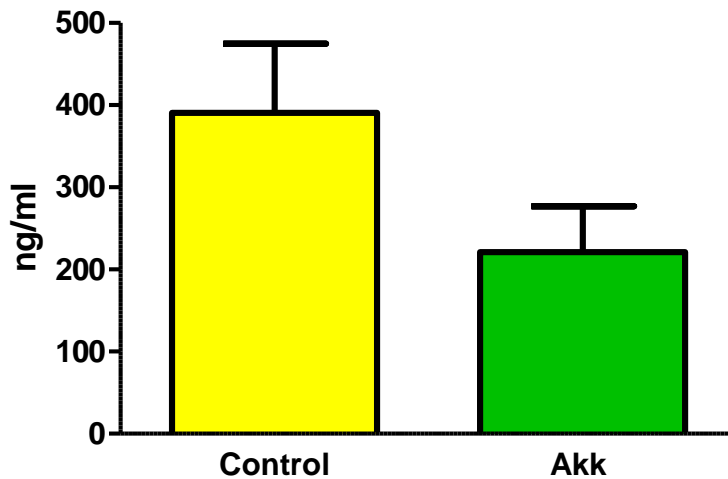
	Akk +	Akk -	P value
<b>N</b>	39	67	
<b>Male/Female</b>	16 / 23	31 / 36	
<b>Median age</b>	44 [35.0 – 51.0]	38 [31.0 – 46.0]	
<b>Extended colitis</b>	29.3 %	70.7 %	0.03
<b>Relapses per year</b>	0.5 [0.2 – 0.9]	1.0 [0.5 – 1.0]	0.01
<b>Time on remission (mo)</b>	34.5 [3.0 – 94.2]	3.0 [3.0 – 30.5]	0.01



# Antiinflammatory effects of *Akkermansia muciniphila*

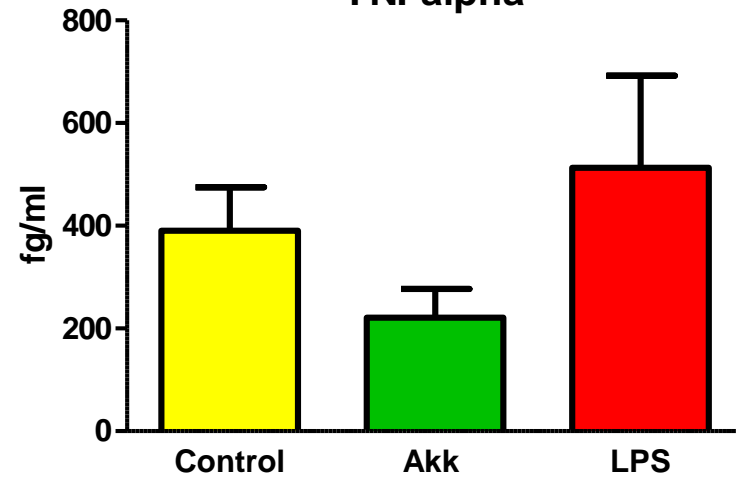
## Inflamed colon explants

TNFalpha

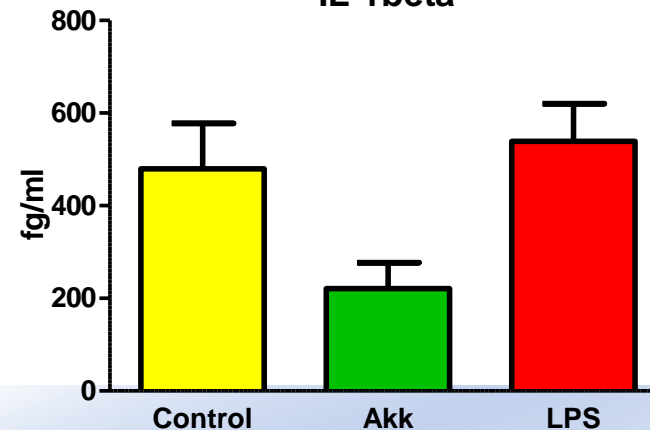


## Intestinal DC cells

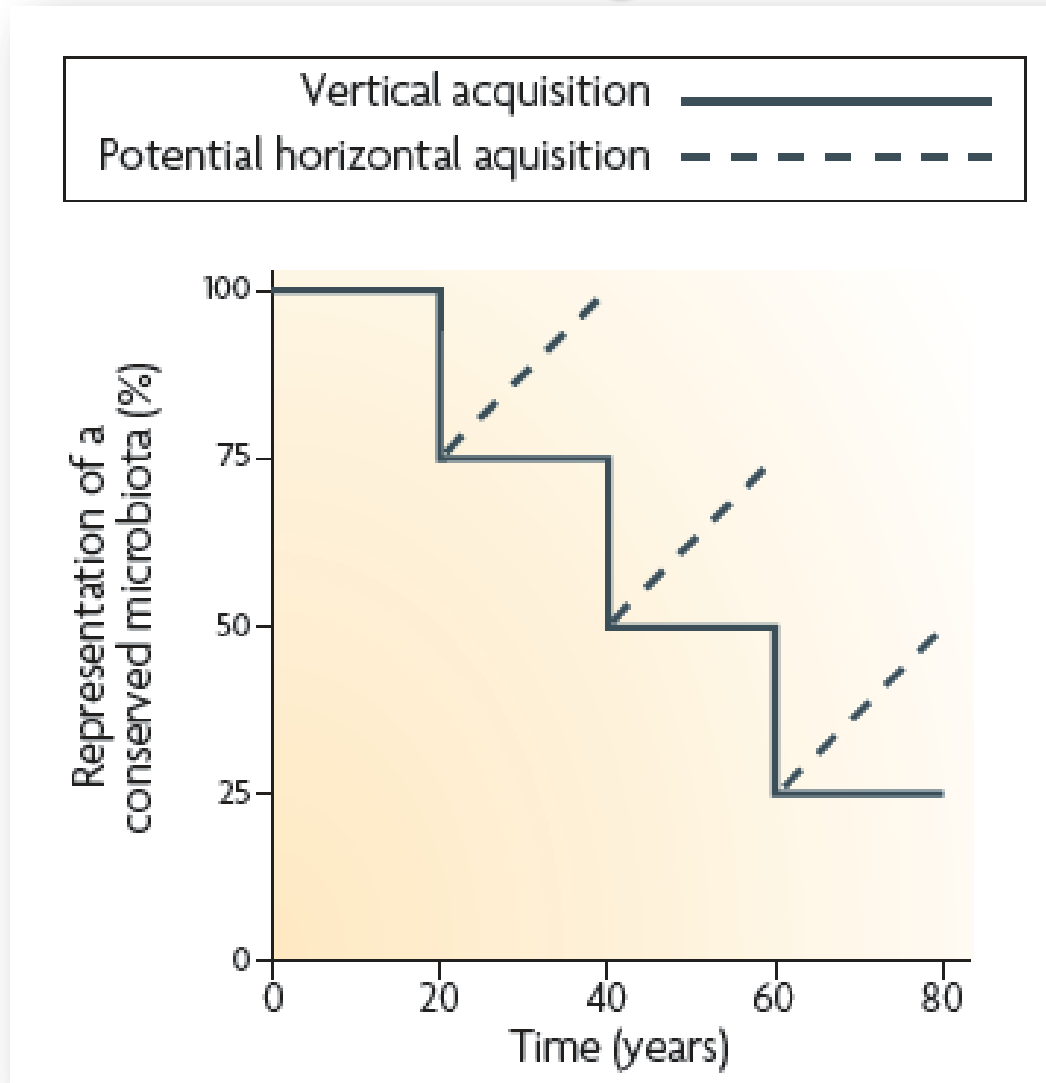
TNFalpha



IL-1beta



# Progressive loss of vertically transmitted microorganisms



# Conclusions

1. There is a permanent distortion of the gut microbial ecosystem in UC patients, even during remission periods, characterized by reduction in microbial gene counts.
2. Low gene counts in the gut microbiome is associated with a severe clinical course.
3. A small number of Meta-Genomic species are diagnostic for UC.
4. Species with potential anti-inflammatory activity, like *A. muciniphila* are missing in patients with severe clinical course.

# Acknowledgments

## MetaHIT Consortium



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