

Anticancer and Cytotoxic Effect of Verotoxin 1 on Colon Cancer Cell Line

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Verotoxin-1 (VT-1) or Shiga-like toxin 1 (Stx-1) is produced by enterohemorrhagic *Escherichia coli* (EHEC) and is an AB5 holotoxin with a strong inhibitor of protein synthesis. VT-1 is a type 2 ribosomeinactivating protein (RIP) that has been shown to have cytotoxic and anticancer potential by inducing necrosis, apoptosis, and cell cycle arrest, making it a promising antitumor candidate. Here, we tested the cytotoxicity of VT-1 on CaCo2 and NCM425 cell lines and the results showed that VT-1 was more potent on CaCo2. Morphological changes were also evaluated on the cellular level and the results showed that VT-1 caused a decrease in viable cell count, altered cell membrane permeability, and an increase in total nuclear intensity. On the other hand, VT-1 displayed a lesser impact on mitochondrial membrane potential (MMP) and cytochrome c release. On the expression of caspases 3 and 9, VT-1 exhibited an insignificant effect on both which alongside the mitochondrial membrane potential (MMP) and cytochrome c results, might indicate that CaCo2 suffered from the necrosis process as a mechanism of cell death after exposure to VT-1.

Keywords: Verotoxin 1, colon cancer, cytotoxicity, necrosis, apoptosis

Introduction

Verotoxin 1 also known as VT-1 is a key virulence factor in the pathophysiology of hemorrhagic colitis, with potentially fatal extraintestinal effects as in hemolytic uremic syndrome and central nervous system sequelae are produced by verotoxin-producing *Escherichia coli* (VTEC) [1]. Verotoxins are AB5-structured multifunctional toxins [2].

They are secreted into the intestine following human VTEC infections, travel through the bloodstream, and attack the kidney endothelial cells [3, 4]. Verotoxins proteins are AB5 proteins made up of a sole enzymatic component of 32 kDa A which is non-covalently linked to a pentamer of B components (7.7 kDa). This B component

*Corresponding author Phone: +96-47706273498 E-mail: mustaf2890@alfarabiuc.edu.iq pentamer interacts with the globotriaosylceramide (Gb3) neutral glycosphingolipid (GSL) receptor found on gut and kidney endothelial and epithelial cells [5].

The confirmation of the carbohydrate moiety exposed on the cell surface is highly influenced by the structure of the fatty acid component of Gb3 embedded in the plasma membrane, which plays a key role in Gb3's activity as a VTs receptor [6]. In contrast, the high affinity of VTs for Gb3 is most likely due to the existence of maybe three or at least two Gb3 binding sites per subunit B monomer [7].

Verotoxin has been utilized as a medication to treat malignant tumors. They are ribosomal inactivating proteins that promote cell toxicity, programmed cell death, and cell cycle arrest in malignant human cells [8]. Due to their cytotoxicity, they could be regarded as an anticancer therapy [9].

Apoptosis can be induced by verotoxins in a variety of

malignancies [10]. Although [11] mentioned that necrosis, apoptosis, or a mix of the two processes can be triggered as a result of VT-1 exposure.

Bowel cancer is one of the leading causes of cancer death around the world. It is the second most frequent cancer diagnosed in females and the third most frequent cancer diagnosed in males [12]. In 2018, around 1.8 million new instances of colonic cancer were diagnosed [13].

The objective of our study was to focus on the anticancer and cytotoxic activity of Verotoxin 1 on the CaCo2 cell line and to detect the induction of apoptosis or necrosis as a cell death mechanism.

Materials and Methods

Cell line maintenance and MTT assay

A complete RPMI-1640 medium was used to suspend CaCo2 and NCM425 cells, then they were propagated in flasks for 24 h at 37° C in a humidified environment supplemented with 5% of CO_2 [14]. Five concentrations (3.1, 6.25, 12.5, 25, and 50 µg/ml) of the VT-1 (Biorbyt Ltd., UK) were prepared after adding 0.5 ml of PBS to the stock solution, and by using the MTT kit (Intron Ltd. kit, China) cytotoxicity of Vt-1 tested on CaCo2 and NCM425 cell lines. Each concentration was cultured on the medium of RPMI1640; the cells were then removed by EDTA/trypsin solution and resuspended in a medium containing 10⁻¹ % bovine serum albumin and then plated on a 96-well microtiter plate [15] (All steps were done in triplicate). The MTT assay was used to examine the anticancer potential activity, and the results were read at 490 nm after 24 h. The cell viability was measured by the formula below [16]:

Viability (%) = Mean OD_{sample} / Mean $OD_{blank} \times 100$

High-content screening assay

Phenotypic changes of the cells were determined by the High Content Screening (Thermo Fisher, USA) technique at concentrations of 6.25, 12.5, 25, and 50 μ g/ ml by measuring mitochondrial membrane potential, cytochrome c releasing, membrane permeability, viable cell count, and nuclear intensity. This technique uses fluorescent markers to determine morphological characteristics and molecular reactivity following chemical treatment [17]. The kit contained cytochrome c as a primary antibody, DyLightTM 649 conjugated goat antimouse IgG, Hoechst dyes, wash buffer (10× Dulbecco's phosphate buffered saline [PBS]), permeabilization buffer (10× Dulbecco's PBS with 1% Triton[®] X-100), and a blocking buffer (10×). The distribution and intensity of fluorescence within cells were imaged (n = 5) using an HCS system. The system was linked to a computerized imaging microscope equipped with a Zeiss, 40× (0.75 NA) Plan-Neofluar objective lens. Cells were treated with VT-1 for 24 h followed by the addition of mitochondrial membrane potential (MMP) and the cell permeability dyes and incubated for 30 min at 37°C. Cells were fixed and permeabilized using a standard procedure [18].

Caspase assay

Cells were seeded on 96-well plates at a density of 1×10^4 cells/well and cultivated for 24 h at 37 °C, 5% CO₂. Following that, cells were treated for 24 h with verotoxin 1 (25 and 50 µg/ml). Cells treated with Dimethyl Sulfoxide (DMSO) (Thermo Fisher) were considered a negative control. Following incubation, the plate was allowed to equilibrate at room temperature, 100 µl Caspase-Glo[®] 3 and 9 (Promega, USA) reagents were added to each well, and the plate was shaken gently for 2 min. Subsequently, the plate was incubated at room temperature for 30 min and caspase 3 and 9 activity were determined by measuring the luminescence of each sample at 405 nm using an ELISA microplate reader. Tamoxifen (Dabur Pharma, India) was used as a positive control [19].

Statistical analysis

Data analysis was carried out by ANOVA and Dunnett's multiple comparisons tests. A *p*-value of < 0.05 was determined to be statistically significant. GraphPad Prism version 8.4.3 was used for all statistical analyses.

Results and Discussion

Cytotoxic activity of Verotoxin 1

The results of cytotoxicity of VT-1 on CaCo2 and NCM425 showed that there is a concentration-dependent cytotoxic effect on both cell lines (Fig. 1). The highest cytotoxic effect recorded was at a 50 μ g/ml concentration. Fig. 1 indicates that VT-1 was more toxic to cancer cells (CaCo2) than normal colonic cells (NCM425) when

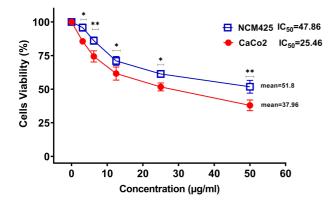


Fig. 1. The cytotoxic effect of verotoxin 1 on CaCo2 and NCM425 cell lines: Normal cell line (NCM425) of colon tissue (in blue) was more tolerant to verotoxin 1 cytotoxicity than CaCo2 (in red) which was more sensitive by approximately 1.8folds measured by IC₅₀ values. Results are presented as mean \pm standard deviations, and all treatments were done in triplicate.

the results of IC_{50} values were 25.46 and 47.86 $\mu g/ml$ on CaCo2 and NCM425 respectively.

At all tested concentrations, the effect of VT-1 on CaCo2 and NCM425 was significantly different when estimated by statistical analysis. A similar study demonstrated that VT-1 had a cytotoxic impact on the CaCo2 cell line [20]. [21] also stated in their research that VT-1 induced death in CaCo2 among other mammalian cell types at different concentrations. Furthermore, CaCo2 cells were also killed when treated with the VT-1 B sub-unit [21].

The NCM425 cell line, on the other hand, was more resistant to VT-1 cytotoxicity. This could be due to Gb3 overexpression, which has been documented in various cancer forms and is mirrored in cultured cell lines from the same cancer type, while Gb3 has a low expression in normal human tissues [9]. Gb3 expression is substantially higher in cancers than in normal or benign colonic cells, according to three previous studies including a total of 141 patients [21–23].

Even though NCM425 was more resistant to VT-1 than CaCo2, the toxin remained cytotoxic. VT-1 cytotoxicity on mammalian cells was earlier documented when [24] indicated that VT can bond with normal colon tissue. Furthermore, VT-1 inhibited protein biosynthesis in adult and infant Human renal microvascular endothelium (HGMVECs) in a concentration-dependent way [25]. 389

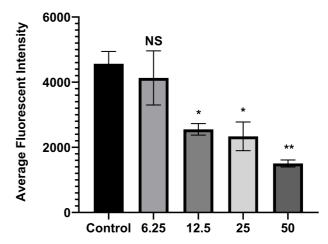


Fig. 2. Verotoxin 1 effect on the viable count of CaCo2 cell line: Viable count of CaCo2 was affected by verotoxin 1 in all tested concentrations (except at 6.25 μ g/ml) as evaluated by ANOVA test followed by Dunnett's multiple comparisons tests; results are presented as mean \pm standard deviations, and all treatments were done in triplicate.

High-content screening results

The colonic cell line was subjected to the High Content Screening (HCS) test to better understand the cellhealth indicators. HCS provides numerous parameters for measuring a substance's cytotoxicity at the single-cell level [26]. The indications investigated were viable cell count, cell membrane permeability, mitochondrial membrane potential (MMP) alterations, cytochrome c discharge via mitochondria, and nucleus morphological intensity.

The results of viable cell count revealed that VT-1 has a significant effect on the viable count of CaCo2 at all tested concentrations (except at $6.25 \ \mu g/ml$) in comparison to the untreated cells (Fig. 2). The difference between such viability outcomes and MTT experiments is that in HSC, the findings reflect the influence of past drug exposure on the assessment of morphology and cellular abnormalities in cultures after only a few hours of exposure. In MTT, however, the examined cells were exposed to the toxin for an extended period [27].

A decrease in cell proliferation of glomerular microvascular endothelial cells from humans (HGMVECs) after exposure to VT-1 had been reported [25]. Another study conducted on T47D revealed a drop in viable cell count after treatment with VT extracted from different isolates of VTEC [28].

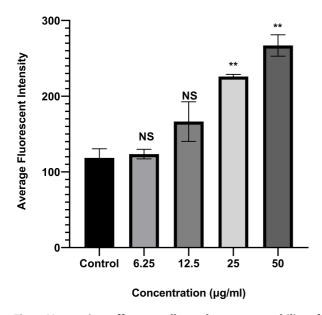


Fig. 3. Verotoxin 1 effect on cell membrane permeability of CaCo2 cell line: Effect of verotoxin 1 observed on cell membrane permeability at 25 and 50 μ g/ml as evaluated by ANOVA test followed by Dunnett's multiple comparisons tests; results are presented as mean \pm standard deviations, and all treatments were done in triplicate.

The effect of VT-1 on cell permeability was only at higher concentrations which were statically different from the untreated control group (Fig. 3). On the other hand, a lower concentration of VT-1 showed a weak impact on the cell permeability of colonic cancer cells. These results may indicate that the cell membrane of CaCo2 treated with VT-1 might be suffered from plasma membrane lesions [29] demonstrated that plasma membrane breaks occurred when HEp-2 cells were treated with VT-1 overnight as evidence of a necrotic effect.

The results of MMP and cytochrome c showed that VT-1 was only effective at the highest tested concentration (50 μ g/ml) while it had an insignificant impact at all other concentrations (Figs. 4, 5, 7). In this regard [30], mentioned that mitochondrial membrane damage was detected at 3 to 4 hours as a decrease in membrane potential of mitochondrial and a rise in cytochrome c release after exposure of HeLa cells to VT.

In this study, an elevation in total nuclear intensity was also observed by a significant increase in overall nuclear intensity at 25 and 50 μ g/ml, as shown in (Figs. 6 and 7), whereas no effect was observed in other treatments in contrast to the control (untreated) group.

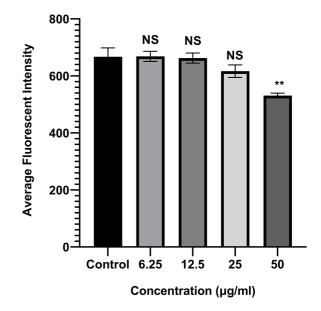


Fig. 4. Verotoxin 1 effect on the mitochondrial membrane permeability of CaCo2 cell line: No impact of verotoxin 1 was observed on mitochondrial membrane potential up to 50 µg/ml which suggests a poor impact that needs a greater dosage to enhance as evaluated by ANOVA test followed by Dunnett's multiple comparisons tests; results are presented as mean \pm standard deviations, and all treatments were done in triplicate.

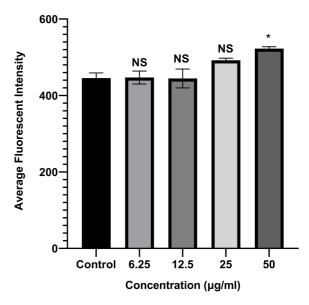


Fig. 5. Verotoxin 1 effect on the cytochrome c releasing of CaCo2 cell line: No impact of verotoxin 1 observed on cytochrome c release up to 50 µg/ml which suggests a weak impact that needs a bigger dosage to boost the effect as evaluated by ANOVA test followed by Dunnett's multiple comparisons test; results are presented as mean \pm standard deviations, and all treatments were done in triplicate.

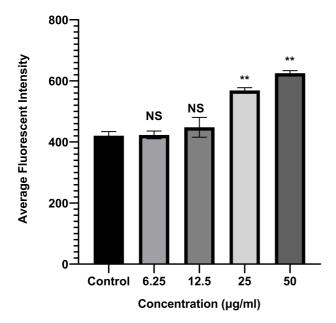


Fig. 6. Verotoxin 1 effect on the total nuclear intensity of CaCo2 cell line: An increase in total nuclear intensity was recorded at 25 and 50 μ g/ml which indicates that cells suffered from DNA fragmentation and chromatin condensation. Data were evaluated by ANOVA test followed by Dunnett's multiple comparisons tests; results are presented as mean \pm standard deviations, and all treatments were done in triplicate.

Nuclear intensity can increase as harmful substances can induce DNA breakdown and nuclear condensation which are shared features of both apoptosis and necrosis, indicating compromised cell health, whereas nuclear swelling is characteristic of cell-cycle blockers and DNAdamaging agents as carcinogens [31]. In this regard, VT-1 had been shown to cause nucleus fragmentation in most B lymphoblastoid cells following 6 h of treatment [32].

Effect of verotoxin 1 on the expression of caspase 3 and 9

The results of VT-1 impact on caspase expression of CaCo2 cell line indicated that there was a weak impact of VT-1 on both 3 and 9 caspases which was insignificant (p > 0.05) when compared to the untreated control group as illustrated in Figs. 8 and 9. This could be attributed to the weak impact of the toxin on mitochondrial membrane permeability and cytochrome c release. When the mitochondrial outer membrane becomes permeable, cytochrome c can be released, which triggers the activation of caspase to bring about the cell's destruction [33]. These results alongside HCS parameters suggest that cells might suffer a necrotic cell death after exposure to VT-1.

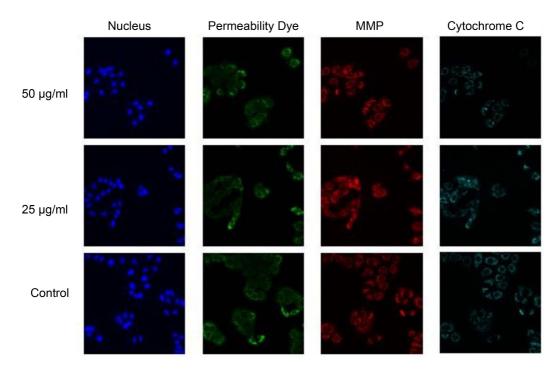


Fig. 7. High content screening and multiparameter cytotoxicity analysis of CaCo2 cell line after verotoxin 1 treatment; MMP: mitochondrial membrane potential.

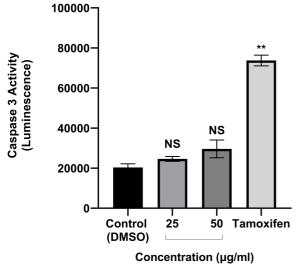
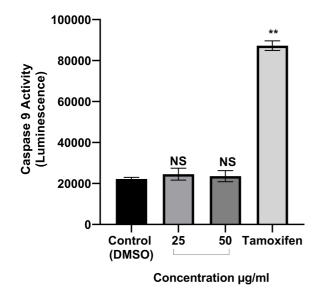
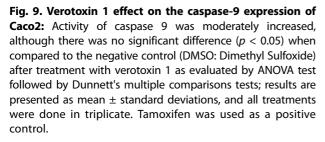


Fig. 8. Verotoxin 1 effect on the caspase-3 expression of Caco2: Activity of caspase 3 was mildly rose but there was a nonsignificant difference (p < 0.05) when compared to the negative control (DMSO: Dimethyl Sulfoxide) after treatment with verotoxin 1 as evaluated by ANOVA test followed by Dunnett's multiple comparisons tests; results are presented as mean \pm standard deviations, and all treatments were done in triplicate. Tamoxifen was used as a positive control.





attributed to VT was reviewed in the study [11] when they declared that it was VT-1 caused necrosis in endothelial cells. They also stated that the cytotoxicity of VT-1 can be attributed to necrosis, apoptosis, or a mix of the two processes. In animal models, necrosis caused by VT has also been seen in brain endothelial cells [39]. Another study by [40] mentioned that VT induced necrotic death in endothelial cells of the kidney while [41] demonstrated a similar effect of VT on monocytic cells. Furthermore, [42] stated that both necrosis and apoptosis could occur as a result of VT toxicity when some cells of the brain stem and ileum were collected from swine preferred necrosis over apoptosis, whereas others

did not as confirm by the development of cytosolic debris and nuclear breaks in necrotic cells.

Despite that many previous studies proposed that apoptosis is induced as a cell death mechanism after an encounter with VT-1 [34–38], necrotic cell death

VT-1 possesses cytotoxic activity that can be employed in cancer treatment. VT-1 is more cytotoxic on cancer than on normal cells. The toxin induces necrosis in the CaCo2 cell line.

Conflict of Interest

The authors have no financial conflicts of interest to declare.

References

- Kouzel IU, Pohlentz G, Schmitz JS, Steil D, Humpf HU, Karch H, et al. 2017. Shiga toxin glycosphingolipid receptors in human Caco2 and HCT-8 colon epithelial cell lines. *Toxins* 9: 338.
- Bergan J, Dyve Lingelem AB, Simm R, Skotland T, Sandvig K. 2012. Shiga toxins. *Toxicon* 60: 1085-1107.
- 3. Nakao H, Takeda T. 2000. *Escherichia coli* Shiga toxin. *J. Nat. Toxins* **9**: 299-313.
- Karch H, Friedrich AW, Gerber A, Zimmerhackl LB, Schmidt MA, Bielaszewska M. 2006. New aspects in the pathogenesis of enteropathic hemolytic uremic syndrome. *Semin. Thromb. Hemost.* 32: 105-112.
- 5. Robert A, Wiels J. 2021. Shiga toxins as antitumor tools. *Toxins* **13**: 690-690.
- Pellizzari A, Pang H, Lingwood CA. 2002. Binding of verocytotoxin 1 to its receptor is influenced by differences in receptor fatty acid content. *Biochemistry* **31**: 1363-1370.
- Ling H, Boodhoo A, Hazes B, Cummings MD, Armstrong GD, Brunton JL, et al. 1998. Structure of the Shiga-like toxin I B-pentamer complexed with an analogue of its receptor Gb₃. Biochem-

istry 37: 1777-1788.

- Oloomi M, Imani M, Behzadi R, Asori M, Bouzari S, Mokhlesi B. 2018. Anti-tumor activity of *Escherichia coli* Shiga toxin A subunit delivered by SF9 insect cells. *J. Pharmacol. Sci.* 138: 71-75.
- 9. Engedal N, Skotland T, Torgersen ML, Sandvig K. 2011. Shiga toxin and its use in targeted cancer therapy and imaging. *Microb. Biotechnol.* **4**: 32-32.
- Bryan A, Youngster I, McAdam AJ. 2015. Shiga toxin producing Escherichia coli. Clin. Lab. Med. 35: 247-272.
- Bauwens A, Bielaszewska M, Kemper B, Langehanenberg P, Gert Von B, Reichelt, *et al.* 2011. Differential cytotoxic actions of Shiga toxin 1 and Shiga toxin 2 on microvascular and macrovascular endothelial cells. *Thromb. Haemost.* **105**: 515-528.
- Yaghoubi A, Khazaei M, Avan A, Hasanian SM, Soleimanpour S. 2020. The bacterial instrument as a promising therapy for colon cancer. *Int. J. Colorectal. Dis.* 35: 595-606.
- Bray F, Ferlay J, Soerjomataram I, Siegel RL, Torre LA, Jemal A. 2018. Global cancer statistics 2018: GLOBOCAN estimates of incidence and mortality worldwide for 36 cancers in 185 countries. *CA Cancer J. Clin.* 68: 394-424.
- 14. Lea T. 2015. Caco-2 Cell Line, pp. 103-111. In Verhoeckx K, Cotter P, López-Expósito I, Kleiveland C, Lea T, Mackie A, Requena T, Swiatecka D, Wichers H (eds.), The Impact of Food Bioactives on Health: in vitro and ex vivo models. Springer International Publishing, Switzerland.
- 15. Vinken M, Rogiers V. 2015. *Protocols in in vitro hepatocyte research*, pp. 77-93. 1st ed. Springer, New York.
- 16. Kamiloglu S, Sari G, Ozdal T, Capanoglu E. 2020. Guidelines for cell viability assays. *Food Front*. **1**: 332-349.
- O'Brien PJ, Edvardsson A. 2017. Validation of a multiparametric, high-content-screening assay for predictive/investigative cytotoxicity: Evidence from technology transfer studies and literature review. *Chem. Res. Toxicol.* **30**: 804-829.
- Hassan F, Mohammed G, El-Hiti G, Alshanon A, Yousif E. 2018. Cytotoxic effects of tamoxifen in breast cancer cells. *J. Unexplored Med. Data* 3: 3.
- Shamsee Z, Al-Saffar A, Al-Shanon A, Al-Obaidi J. 2019. Cytotoxic and cell cycle arrest induction of pentacyclic triterpenoides separated from Lantana camara leaves against MCF-7 cell line in vitro. *Mol. Biol. Rep.* 46: 381-390.
- 20. Yamasaki C, Natori Y, Zeng XT, Ohmura M, Yamasaki S, Takeda Y, et al. 1999. Induction of cytokines in a human colon epithelial cell line by Shiga toxin 1 (Stx1) and Stx2 but not by non-toxic mutant Stx1 which lacks N-glycosidase activity. FEBS Lett. 442: 231-234.
- Talukder KA, Azmi IJ, Ahmed KA, Hossain MS, Kabir Y, Cravioto A, et al. 2012. Activation of p53/ATM-dependent DNA damage signaling pathway by shiga toxin in mammalian cells. *Microb. Pathog.* 52: 311-317.
- Kovbasnjuk O, Mourtazina R, Baibakov B, Wang T, Elowsky C, Choti MA, et al. 2005. The glycosphingolipid globotriaosylceramide in the metastatic transformation of colon cancer. Proc. Natl. Acad. Sci. USA 102: 19087-19092.
- 23. Distler U, Souady J, Hülsewig M, Drmić-Hofman I, Haier J, Fried-

rich AW, et al. 2009. Shiga toxin receptor Gb3Cer/CD77: tumorassociation and promising therapeutic target in pancreas and colon cancer. *PLoS One* **4**: e6813.

- 24. Falguières T, Maak M, Von Weyhern C, Sarr M, Sastre X, Poupon MF, et al. 2008. Human colorectal tumors and metastases express Gb₃ and can be targeted by an intestinal pathogen-based delivery tool. *Mol. Cancer Ther.* **7**: 2498-2508.
- Schüller S, Heuschkel R, Torrente F, Kaper JB, Phillips AD. 2007. Shiga toxin binding in normal and inflamed human intestinal mucosa. *Microbes Infect.* 9: 35-39.
- 26. Feitz WJC, van Setten PA, van der Velden TJAM, Licht C, van den Heuvel LPJW, van de Kar NCAJ. 2021. Cell biological responses after Shiga toxin-1 exposure to primary human glomerular microvascular endothelial cells from pediatric and adult origin. *Int. J. Mol. Sci.* 22: 5615.
- Abraham VC, Towne DL, Waring JF, Warrior U, Burns DJ. 2008. Application of a high-content multiparameter cytotoxicity assay to prioritize compounds based on toxicity potential in humans. *J. Biomol. Screen.* 13: 527-537.
- Hasan NR. 2021. Cytotoxicity potential of local isolates of *Lacto-bacillus acidophilus* extracts on colon cancer cell line. *Annal. Romanian Soc. Cell Biol.* 25: 6750-6765.
- Suardana W, Januartha K, Pinatih P, Widiasih DA. 2018. Apoptosis and necrosis on T47D cells induced by Shiga-like toxin from local isolates of *Escherichia coli* O157:H7. doi: 10.20944/preprints201804. 0342.v1.
- Barnett Foster D, Abul-Milh M, Huesca M, Lingwood CA. 2000. Enterohemorrhagic *Escherichia coli* induces apoptosis which augments bacterial binding and phosphatidylethanolamine exposure on the plasma membrane outer leaflet. *Infect. Immun.* 68: 3108-3115.
- 31. Fujii J, Matsui T, Heatherly DP, Schlegel KH, Lobo PI, Yutsudo T, *et al.* 2003. Rapid apoptosis induced by Shiga toxin in HeLa cells. *Infect. Immun.* **71**: 2724-2724.
- 32. Chiaravalli J, Glickman aJF. 2017. A high-content live-cell viability assay and its validation on a diverse 12K compound screen. *SLAS Discov.* **22**: 1120-1130.
- Ricci JE, Gottlieb RA, Green DR. 2003. Caspase-mediated loss of mitochondrial function and generation of reactive oxygen species during apoptosis. J. Cell Biol. 160: 65-75.
- 34. Cummings BS, Schnellmann RG. 2004. Measurement of cell death in mammalian cells. *Curr. Protoc. Pharmacol.* **1**: e210.
- Tang B, Li Q, Zhao XH, Wang HG, Li N, Fang Y, et al. 2015. Shiga toxins induce autophagic cell death in intestinal epithelial cells via the endoplasmic reticulum stress pathway. Autophagy 11: 344-354.
- Debernardi J, Pioche-Durieu C, Cam EL, Wiels J, Robert A. 2020. Verotoxin-1-induced ER stress triggers apoptotic or survival pathways in Burkitt Lymphoma cells. *Toxins* 12: 316.
- 37. Liu Y, Tian S, Thaker H, Dong M. 2021. Shiga toxins: An update on host factors and biomedical applications. *Toxins* **13**: 222.
- Menge C. 2020. Molecular biology of *Escherichia coli* Shiga toxins' effects on Mammalian cells. *Toxins* 12: 345.

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- 39. Kausche FM, Dean EA, Arp LH, Moon HW, Samuel JE. 1992. An experimental model for subclinical edema disease (*Escherichia coli* enterotoxemia) manifest as vascular necrosis in pigs. *Am. J. Vet. Res.* **3**: 281-287.
- 40. Wadolkowski EA, Sung LM, Burris JA, Samuel JE, O'Brien AD. 1990. Acute renal tubular necrosis and death of mice orally infected with *Escherichia coli* strains that produce Shiga-like toxin type II. *Infect. Immun.* **58**: 3959-3965.
- 41. Methiyapun S, Pohlenz JFL, Bertschinger HU. 1984. Ultrastructure of the intestinal mucosa in pigs experimentally inoculated with an edema disease-producing strain of *Escherichia coli* (0139:K12:H1). *Vet. Pathol.* **21**: 516-520.
- 42. Matise I, Sirinarumitr T, Bosworth BT, Moon HW. 2000. Vascular ultrastructure and DNA fragmentation in swine infected with Shiga toxin-producing *Escherichia coli*. *Vet*. *Pathol*. **37**: 318-327.