

# Specific Detection of *Acanthamoeba* species using Polyclonal Peptide Antibody Targeting the Periplasmic Binding Protein of *A. castellanii*

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**Abstract:** *Acanthamoeba keratitis* (AK) is a rare ocular disease, but it is a painful and sight-threatening infectious disease. Early diagnosis and adequate treatment are necessary to prevent serious complications. While AK is frequently diagnosis via several PCR assays or *Acanthamoeba*-specific antibodies, a more specific and effective diagnostic method is required. This study described the production of a polyclonal peptide antibody against the periplasmic binding protein (PBP) of *A. castellanii* and investigated its diagnostic potential. Western blot analysis showed that the PBP antibody specifically reacted with the cell lysates of *A. castellanii*. However, the PBP antibody did not interact with human corneal epithelial (HCE) cells and the other 3 major causative agents of keratitis. Immunocytochemistry (ICC) results revealed the specific detection of *A. castellanii* trophozoites and cysts by PBP antibodies when *A. castellanii* were co-cultured with HCE cells. PBP antibody specificity was further confirmed by co-culture of *A. castellanii* trophozoites with *F. solani*, *S. aureus*, and *P. aeruginosa* via ICC. The PBP antibody specifically reacted with the trophozoites and cysts of *A. polyphaga*, *A. hatchetti*, *A. culbertsoni*, *A. royreba*, and *A. healyi*, thus demonstrated its genus-specific nature. These results showed that the PBP polyclonal peptide antibody of *A. castellanii* could specifically detect several species of *Acanthamoeba*, contributing to the development of an effective antibody-based AK diagnostics.

**Key words:** *Acanthamoeba keratitis*, periplasmic binding protein, peptide antibody, species specificity

*Acanthamoeba* spp. are widely distributed in the environment, and they are causative agents of several amoebic diseases such as granulomatous amoebic encephalitis (GAE) and amoebic keratitis [1,2]. *Acanthamoeba keratitis* (AK) is a rare but painful and severe corneal infection found in contact lens wearers [1-3]. Unfortunately, diagnosis of AK is difficult and often delayed. For successful AK treatment, rapid and accurate diagnostic modalities are highly required.

Most cases of AK have been diagnosed by corneal scraping, polymerase chain reaction (PCR), in vivo confocal microscopy, and impression cytology [4]. Corneal scraping culture to confirm the presence of *Acanthamoeba* is currently the standard for AK diagnosis, but it takes several days to acquire a positive

result [4]. To enable rapid and accurate diagnosis of AK, new PCR-based methods [5-8] and *Acanthamoeba*-specific antibody-based diagnosis [9-13] have been studied. AK is often reported as a mixed infection with viral, bacterial, or fungal pathogens [14,15]. Since the initial signs and symptoms of AK are similar to those of other corneal pathogens, mixed infections should be considered for accurate AK diagnosis [4]. There is an urgent need to search the differential diagnosis of AK in the mixed infection state.

In a previous study, periplasmic binding protein (PBP) was upregulated in the pathogenic *A. castellanii* strain than in the non-pathogenic *A. castellanii* strain [16]. PBP is a protein involved in cellular uptake and chemotaxis, which are found in various members of the domains, Bacteria and Archaea [17], but its role in *Acanthamoeba* is not clear. PBP has recently been investigated as a new class of biorecognition elements in a competitive enzyme-linked immunosorbent assay [18]. PBP-based magnetic beads were used to isolate and detect thiamine from complex biological matrices of fish eggs [19]. To specifically

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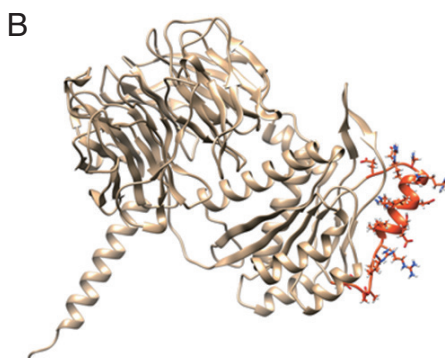
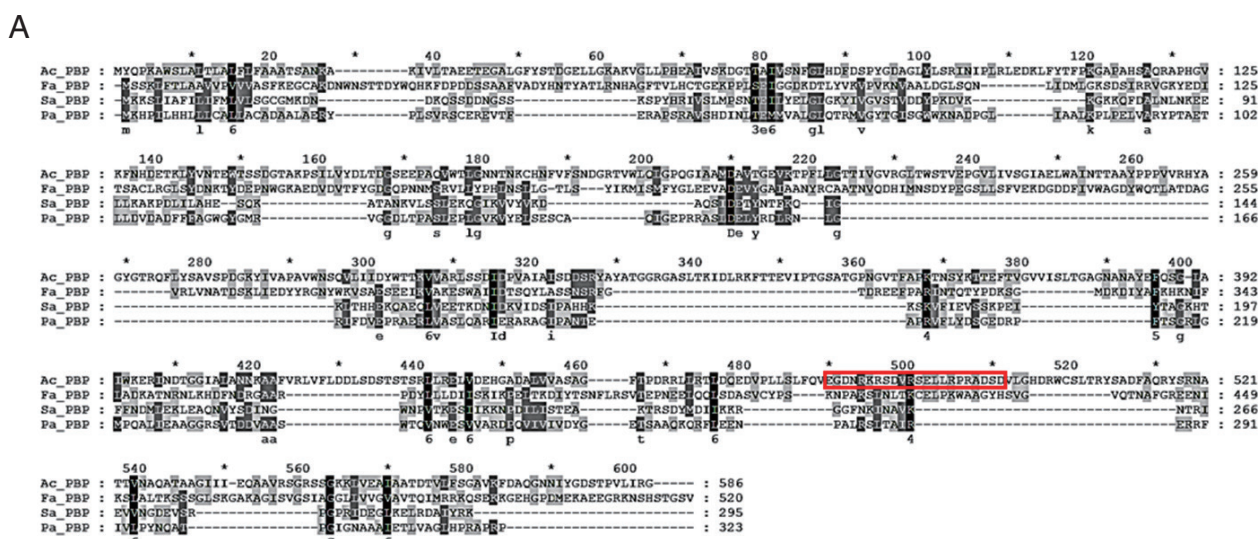
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distinguish *Acanthamoeba* spp. from multiple etiologies of keratitis, we produced an *Acanthamoeba*-specific polyclonal peptide antibody against PBP of *A. castellanii* and evaluated its diagnostic potential.

Human corneal epithelial (HCE) cells (ATCC PCS-700-010) were cultured at 37°C with 5% CO<sub>2</sub> atmosphere in endothelial cell growth medium kits (KGM BulletKit) (Lonza, Portsmouth, New Hampshire, USA). *A. castellanii* (ATCC 30868) trophozoites were cultured in Peptone-Yeast-Glucose (PYG) media at 25°C with cysts being induced in encystment media at 25°C. *A. polyphaga*, *A. hatchetii*, *A. culbertsoni*, *A. royreba*, and *A. healyi* were kindly provided by Prof. Ho-Joon Shin (Ajou University, Suwon, Korea). *Fusarium solani* (NCCP 32678) was cultured in Sabouraud Dextrose (SD) media at 25°C, while *Pseudomonas aeruginosa* (NCCP 16091) and *Staphylococcus aureus* (NCCP

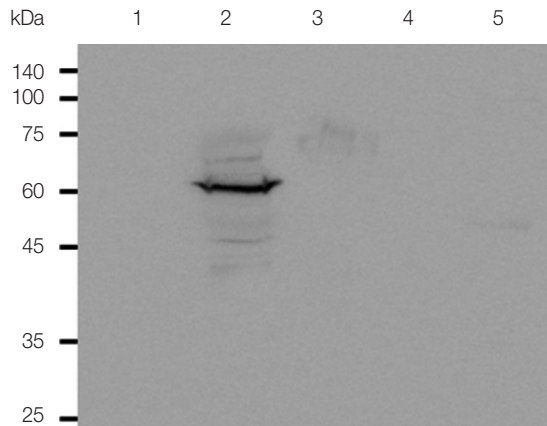
15920) were cultured in Brain Heart Infusion (BHI) media at 37°C.

The PBP of *A. castellanii* consists of 1,761 bp and encodes 586 amino acids with a calculated mass of 64.46 kDa (GeneBank accession No. MW683235.1). To design a peptide antigen with optimal antigenicity, amino acid sequences of PBP of *A. castellanii* were compared with that of *F. albosuccineum* (Fa\_PBP, KAF4442825.1), *S. aureus* (Sa\_PBP, BBA23260.1), and *P. aeruginosa* (Pa\_PBP, KJJ10303.1) (Fig. 1A). Amino acid sequence homology results revealed that PBP of *A. castellanii* had 21.5%, 20.3%, and 26.4% similarity with that of *F. albosuccineum*, *S. aureus*, and *P. aeruginosa*, respectively. The amino acids in the boxed area in Fig. 1A were selected for peptide antibody production using the peptide prediction software (AbFRONTIER, Seoul, Korea). We used RoseTTAFold to generate a 3-dimen-



**Fig. 1.** Analysis of amino acid sequence and 3-dimensional conformation of periplasmic binding protein (PBP). (A) Multiple amino acid sequence alignment was produced using the CLUSTAL\_X version 2.1. Aligned PBP amino acid sequences of *A. castellanii* (Ac\_PBP, QVH35977.1), *F. albosuccineum* (Fa\_PBP, KAF4442825.1), *S. aureus* (Sa\_PBP, BBA23260.1), and *P. aeruginosa* (Pa\_PBP, KJJ10303.1) were compared. Conserved regions were denoted with black shading and the boxed sequence was used to raise the anti-PBP polyclonal peptide antibody. (B) The 3-dimensional structure of PBP was predicted by RoseTTAFold software.

sional model for conserved domains from the protein [20]. The RoseTTAFold predicted the entire structure of the PBP, and the amino acid sequence corresponding to the epitope portion is highlighted in red (Fig. 1B). Based on this illustration, we speculate that this antigenic site would serve as a good anti-

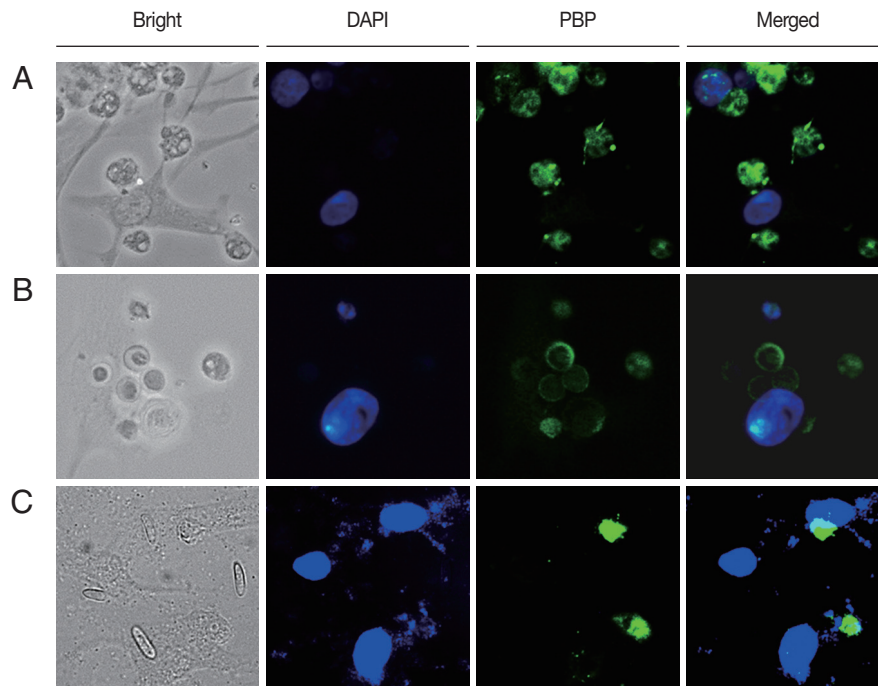


**Fig. 2.** Specificity of the anti-periplasmic binding protein (PBP) of *A. castellanii* was determined by western blot analysis using cell lysates from different organisms. Lane 1; HCE cells, Lane 2; *A. castellanii*, Lane 3; *F. solani*, Lane 4; *S. aureus*, Lane 5; *P. aeruginosa*.

genic epitope as it is easily exposed to the outer surface.

The peptide sequence of PBP (C-EGDNRKRSDVRSSELLR-PRADSD) used as the immunogen and the antibody raised against the peptide were purchased from AbFRONTIER [13]. To investigate the specificity of the PBP antibody, western blotting was conducted using 20  $\mu$ g of HCE cells, *A. castellanii*, *F. solani*, *S. aureus*, and *P. aeruginosa* lysates. Cell lysates were resolved on 10% SDS-PAGE and transferred to a nitrocellulose membrane. The membrane was blocked with 5% skim milk in Tris buffered saline containing 0.05% Tween 20 (TBST) for 2 h and incubated overnight at 4°C with the PBP antibody (1:1,000 dilutions in 5% skim milk). The membrane was incubated with HRP-conjugated anti-rabbit IgG (Sigma-Aldrich, St. Louis, Missouri, USA) (1:5,000 dilutions) for 1 h at room temperature (RT). Reactive bands were developed using Clarity Enhanced Chemiluminescence reagent (Thermo Fisher, Waltham, Massachusetts, USA). As shown in Fig. 2, the PBP antibody showed a strong reactive signal with *A. castellanii*, while immunoreactions were not observed with HCE cells and other causative agents of keratitis.

To confirm the specificity of the PBP antibody, immunocy-



**Fig. 3.** Immunocytochemical staining using anti-PBP antibodies. Human corneal epithelial (HCE) cells and *A. castellanii* trophozoites (A) and cysts (B) were co-cultured. *F. solani*, *S. aureus*, and *P. aeruginosa* were inoculated into the cultures (*A. castellanii* trophozoites and HCE cells) and incubated for 1 h (C). The co-cultured cells were observed under a fluorescent microscope. Bright-field, DAPI staining (blue), PBP antibody combined with CFL488-conjugated secondary antibody (green), and merged images were acquired at 400 $\times$  magnification.

**Table 1.** Specific detection of five reference *Acanthamoeba* spp. by immunocytochemistry assay

<i>Acanthamoeba</i> spp.	Morphological types	Amoebic disease	Immunocytochemistry	
			Trophozoites	Cysts
<i>A. polyphaga</i>	Group II	AK	±	±
<i>A. hatchetti</i>	Group II	AK	+	+
<i>A. culbertsoni</i>	Group III	AK, GAE	+	+
<i>A. royreba</i>	Group III	AK	+	+
<i>A. healyi</i>	Group III	GAE	+	+

tochemical staining was performed using *A. castellanii* trophozoites and cysts co-cultured with HCE cells. HCE cells ( $3 \times 10^5$  cells) were cultured on sterile cover glass in a 6-well plate. The following day, they were co-cultured with *Acanthamoeba* trophozoites ( $5 \times 10^5$  cells) and cysts ( $5 \times 10^5$  cells) for 5 h at 37°C in a 5% CO<sub>2</sub> incubator. The cells were fixed with 100% methanol for 5 min and subsequently permeabilized with PBST for 10 min at RT. The cells were subsequently blocked using blocking buffer (1% bovine serum albumin and 22.52 mg/ml glycine in PBST) for 30 min at RT. The cells were incubated overnight at 4°C with 1:200 diluted PBP antibody in blocking buffer and probed with CFL-488 fluorophore-conjugated anti-rabbit IgG antibody (1:400 dilutions) (Sigma-Aldrich) for 1 h at RT. After washing, cells were stained with VECTASHIELD mounting medium with 4'-diamidino-2-phenylindole (DAPI) (Abcam, Burlingame, California, USA) and observed under a fluorescent microscope (Leica DMi8, Wetzlar, Germany). *A. castellanii* trophozoites (Fig. 3A) and cysts (Fig. 3B) showed strong immunoreactive signal with the PBP antibody (green). However, HCE cells did not show any reactive signal with the PBP antibody while the HCE cell nuclei were counterstained with DAPI (Fig. 3A, B). Additionally, a specific reaction of PBP antibody for *A. castellanii* was observed from the co-cultured cells of *F. solani*, *S. aureus*, and *P. aeruginosa*. HCE cells and trophozoites of *A. castellanii* were co-cultured with *F. solani*, *S. aureus*, and *P. aeruginosa* for 1 h. PBP antibody did not react with *F. solani*, *S. aureus*, *P. aeruginosa*, and HCE cells, whereas strong interaction of the PBP antibody was observed only with *A. castellanii* (Fig. 3C). These results demonstrated that the PBP antibody of *A. castellanii* specifically detected the *A. castellanii* trophozoites and cysts, which showed the potential for differential diagnosis for AK in mixed infection states.

To verify the cross-reactivity of the PBP antibody, ICC assay was performed using 5 different species of *Acanthamoeba* belonging to the morphological group II (*A. polyphaga* and *A. hatchetti*) and III (*A. culbertsoni*, *A. royreba*, and *A. healyi*). The

trophozoites and cysts of the 5 *Acanthamoeba* species were detected by PBP antibody. However, *A. polyphaga* showed a weak reaction with the PBP antibody (Table 1).

Up to date, over 20 unique species of *Acanthamoeba* have been identified and 8 of them, which included *A. castellanii*, *A. polyphaga*, *A. royreba*, *A. culbertsoni*, *A. hatchetti*, *A. griffin*, *A. quiana*, and *A. lugdunensis* have been reported to cause keratitis [21]. In this study, the PBP peptide antibody detected trophozoites and cysts of 6 *Acanthamoeba* species associated with AK (Fig. 3; Table 1). Interestingly, the PBP antibody was able to detect *A. healyi* (Table 1) that can cause GAE [22]. These results showed that the PBP antibody could detect several species of *Acanthamoeba* trophozoites and cysts causing keratitis and GAE.

In conclusion, our study demonstrated the ability of the PBP polyclonal peptide antibody of *A. castellanii* to recognize various species of *Acanthamoeba*, as well as the potential for differential diagnosis of AK. Further validation of findings presented here using human clinical samples is warranted. The PBP antibody may enhance sensitivity of antibody-based diagnostic methods for *Acanthamoeba*-associated diseases.

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## CONFLICT OF INTEREST

The authors declare no conflict of interest related to this study.

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