

Establishment of *Helicobacter pylori* infection model in Mongolian gerbils

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Abstract

AIM: To establish a stable and reliable model of *Helicobacter pylori* infection model in Mongolian gerbils and to observe pathological changes in gastric mucosa in infected animals.

METHODS: Mongolian gerbils were randomly divided into 18 groups; 6 groups were infected with *H pylori* clinical strain Y06 ($n=6$, groups Y), 6 groups were infected with *H pylori* strain NCTC11637 ($n=6$, groups N), and 6 uninfected groups as negative controls ($n=4$, groups C). *H pylori* suspensions at the concentrations of 2×10^8 and 2×10^9 CFU/mL of strain NCTC11637 and strain Y06 were prepared. The animals in three groups N and in three groups Y were orally challenged once with 0.5 mL of the low concentration of the bacterial suspension. The animals in another three groups N and in another three groups Y were orally challenged with 0.5 mL of the high concentration of the bacterial suspension for 3 times at the intervals of 24 h, respectively. For the negative controls, the animals in six groups C were orally given with the same volume of Brucella broth at the corresponding inoculating time. The animals were killed after 2nd, 4th and 6th week after the last challenge and the gastric mucosal specimens were taken for urease test, bacterial isolation, pathological and immunohistochemical examinations.

RESULTS: Positive isolation rates of *H pylori* in the animals of groups Y at the 2nd, 4th and 6th week after one challenge were 0%, 16.7% and 66.7%, while in the animals of groups N were 0%, 0% and 16.7%, respectively. Positive isolation rates of *H pylori* in the animals of groups Y at the 2nd, 4th and 6th week after three challenges were 66.7%, 100% and 100%, while in the animals of groups N were 66.7%, 66.7% and 100%, respectively. In animals with positive isolation of *H pylori*, the bacterium was found to colonized on the surface of gastric mucosal cells and in the gastric pits, and the gastric mucosal lamina propria was infiltrated with inflammatory cells.

CONCLUSION: By using *H pylori* suspension at high concentration of 2×10^9 CFU/mL for multiple times, the orally challenged Mongolian gerbils can be used as a stable and reliable *H pylori* infection model. The 2 strains of *H pylori* can colonize in gastric mucosa of the infected animals and

cause mild inflammation reaction.

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INTRODUCTION

Helicobacter pylori, a microaerophilic, spiral and Gram-negative bacillus, is recognized as an important pathogen causing human gastritis and peptic ulcer and a high risk factor for gastric carcinoma^[1,2]. In China, chronic gastritis and peptic ulcer are two of the most common digestive diseases, and gastric cancer is one of the malignant tumors with high morbidities^[3-34]. An ideal public measure to prevent and control these *H pylori* infection-associated diseases may be a vaccine that could induce strong humoral and cellular immune responses. However, no commercial *H pylori* vaccine is available so far, and the development of *H pylori* vaccine by using genetic engineering techniques is being active^[35-39]. A stable and reliable *H pylori* infection animal model would be necessary for evaluating vaccine efficacy and helpful for understanding the pathological mechanism of the organism. Therapeutic drugs for *H pylori* eradication differ from those for many other bacteria such as using metronidazole^[40,41]. Therefore, *H pylori* infection animal models would contribute to screen new drugs against *H pylori*. In recent published data, Mongolian gerbils have been considered as ideal animals to establish infection model by using internationally collected *H pylori* strains^[42-44]. In this study, we used a clinical *H pylori* isolate named Y06 to establish a stable and reliable infection model in Mongolian gerbils. The colonization sites of *H pylori* and pathological changes in gastric mucosa of the animals were also observed.

MATERIALS AND METHODS

H pylori strains

A clinical strain of *H pylori* named Y06 was isolated from a patient with gastric ulcer. This strain was identified based on their characteristic morphology by Gram staining under microscope, and positive for urease and oxidase activities, further confirmed by slide agglutination test using commercial rabbit antiserum against whole cell of *H pylori* (DAKO). A reference *H pylori* strain, NCTC11637, was used as an infection control. The two strains were subcultured in Columbia agar (bioMérieux) containing 80 mL/L sheep blood under microaerobic conditions containing 100 mL/L CO₂, 50 mL/L O₂ and 850 mL/L N₂.

Animals

Eight-week-old specific pathogen-free male Mongolian gerbils with body mass of 75 ± 5 g were provided by Experimental Animal Center, Zhejiang Academy of Medical Sciences. These gerbils were randomly divided into eighteen groups: six groups infected with the clinical strain Y06 (groups Y, $n=6$ in each group), six groups infected with the reference *H pylori* strain NCTC11637

(groups N, $n=6$ in each group) and six groups as negative controls (groups C, $n=4$ in each group).

Dosages and pathway of inoculation

Bacterial cells grown on the 2 strains on Columbia agar for 3–5 d were collected and diluted to the final concentrations of 2×10^8 CFU/mL and 2×10^9 CFU/mL, respectively, by using Brucella broth (bioMérieux). Each Mongolian gerbils in 3 groups Y and 3 groups N were orally challenged with 0.5 mL of 2×10^8 CFU/mL *H pylori* suspension, while the animals in another 3 groups Y and 3 groups N were attacked with 0.5 mL of 2×10^9 CFU/mL *H pylori* suspension through the same pathway. For the negative controls, the animals in 6 groups C were orally given with 0.5 mL of Brucella broth. Each animal in the groups was given with the different concentrations of *H pylori* suspensions or Brucella broth, respectively, as the described above for 3 times at an interval of 24 h. The animals were deprived of food but offered with water for 12 h before the challenge, and supplied with food and water after 4 h of *H pylori* inoculation.

Isolation and identification of *H pylori*

Six animals in group Y, 6 in group N and 4 animals in group C were killed, respectively, at 2, 4 and 6 wk after the last challenge. Two gastric mucosal specimens at the adjacent position were taken from antrum and corpus, respectively. One of the specimens was used for *H pylori* isolation, and the others were fixed with 40 g/L formaldehyde solution. The colonies on Columbia plates were identified by microscopy after Gram-staining, assays for urease and oxidase activities and slide agglutination test using the commercial *H pylori*-specific antiserum. The bacterium was defined to be *H pylori* if it was Gram-negative with arc shape or “seagull-like”, positive for the two enzymes and immune agglutination.

Pathological and immunohistochemical examinations

The gastric mucosal specimens fixed with formaldehyde were pathologically examined after embedding, section and haematoxylin-eosin (HE) staining. *H pylori* in gastric mucosal specimens were detected by the immunohistochemical method using a commercial rabbit anti-*H pylori* antibody and goat anti-rabbit HRP-labeled IgG antibody (Jackson Immunoresearch).

RESULTS

Infection of Mongolian gerbils with *H pylori* strains

The results of *H pylori* isolation from gastric mucosal specimens of Mongolian gerbils are shown in Table 1.

Table 1 The detection results of *H pylori* isolated from gastric mucosa of experimental infected Mongolian gerbils

Group	Detection time (wk)	Infection rate (%) (positive/total cases)	
		1×10^8 CFU (1 challenge)	1×10^9 CFU (3 challenges)
Y	2	0(0/6)	66.7(4/6)
N	2	0(0/6)	66.7(4/6)
C	2	0(0/4)	0(0/4)
Y	4	16.7(1/6)	100(6/6)
N	4	0(0/6)	66.7(4/6)
C	4	0(0/4)	0(0/4)
Y	6	66.7(4/6)	100(6/6)
N	6	16.7(1/6)	100(6/6)
C	6	0(0/4)	0(0/4)

Y, groups infected with strain Y06; N, groups infected with strain NCTC11637; C, negative controls.

Pathological and immunohistochemical findings

In animals with positive *H pylori* isolation, the organisms were found to colonize the surface of gastric mucosa and the gastric pits (Figure 1). In the presence of *H pylori* infection, infiltration of chronic inflammatory cells in the lamina propria and erosions on the surface of gastric mucosa were observed (Figure 2).

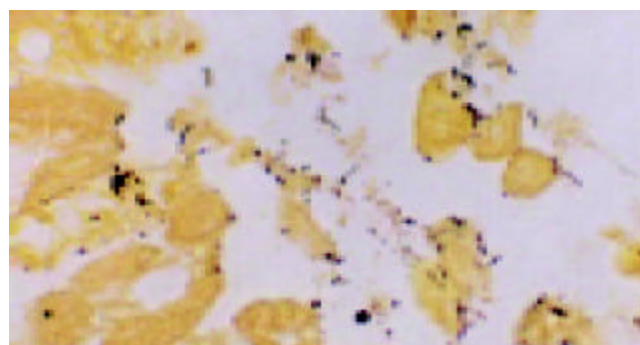


Figure 1 The *H pylori* bodies located on the surface of gastric mucosal cells and in gastric pits ($\times 1000$).

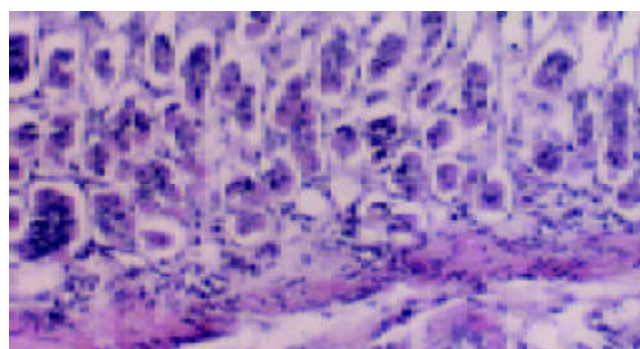


Figure 2 The infiltrated chronic inflammatory cells in the gastric mucosal lamina propria of the specimens with positive *H pylori* isolation ($\times 400$).

DISCUSSION

In previous published data, animals for establishment of *H pylori* infection models included guinea pigs, rats, nude mice, chimpanzee *etc.*^[45–48]. These animal models have many disadvantages such as low infection rates, instability, immunodeficiency and high costs. In 1997, Lee *et al* successfully established an animal model infected with a *H pylori* strain named as SS1 in C₅₇BL/6 and BalB/c mice^[48]. This animal model showed a high frequency and stability for *H pylori* infection. However, strain SS1 is a mutant of *H pylori* and its virulence is considerably low. Recently, Mongolian gerbils, which has distinct advantages such as high frequency and stability of infection, large colonization of *H pylori*, longer living suitable for study with long period of time and pathological changes similar to those observed in human with chronic gastritis, have become the predominant animals for preparing *H pylori* infection model^[42–44]. In 1999, Chi *et al* established a stable model of *H pylori* infection in Mongolian gerbils, which was orally pretreated with alcohol^[49]. Therefore, Mongolian gerbils are regarded as an ideal animal for *H pylori* infection models.

Previous studies have shown that infection model in Mongolian gerbils by oral challenge once with *H pylori* suspension at the concentration of 1×10^8 CFU of *H pylori* is stable^[42–44]. In the present study, *H pylori* was undetectable in the gastric mucosa from Mongolian gerbils at 2 wk after challenge once with 1×10^8 CFU of the bacterium. Furthermore,

the infection rates at 6 wk after one challenge by *H pylori* strain Y06 and strain NCTC11637 were only 66.7% and 16.7%, respectively. On contrast, by using three oral challenges at the dosage of 1×10^9 CFU, *H pylori* colonization rates in the gastric mucosa at 2 and 6 wk after challenge by *H pylori* strain Y06 or strain NCTC11637 were both 66.7% and 100%, respectively, which indicates that multiple challenges with a high concentration of *H pylori* contribute to the increased infection rates.

The infection rates of *H pylori* strain Y06 and strain NCTC11637 in Mongolian gerbils were 100% and 66.7% at 4 wk for 3 challenges using the low concentration of bacterial suspension, and 16.7% and 0% at 4 wk and 66.7% and 16.7% at 6 wk after one challenge using the high concentration. *H pylori* strain Y06, a fresh clinical isolate, seems to be more virulent than strain NCTC11637 and more beneficial for establishing *H pylori* infection model in Mongolian gerbils with a higher infection rate in a shorter period of time.

H pylori was found on the surface of gastric mucosa and in the gastric pits of Mongolian gerbils when infection was established. The observations that there were erosions of mucosal surface and infiltration of chronic inflammatory cells in the lamina propria of gastric mucosa of *H pylori* infected Mongolian gerbils indicates that the two tested *H pylori* strains are able to colonize gastric mucosa of Mongolian gerbils and cause chronic inflammation and gastric erosions.

REFERENCES

- 1 **Frenck RW Jr**, Clemens J. *Helicobacter* in the developing world. *Microbes Infect* 2003; **5**: 705-713
- 2 **Sharma P**, Vakil N. Review article: *Helicobacter pylori* and reflux disease. *Aliment Pharmacol Ther* 2003; **17**: 297-305
- 3 **Zhang Z**, Yuan Y, Gao H, Dong M, Wang L, Gong YH. Apoptosis, proliferation and p53 gene expression of *H pylori* associated gastric epithelial lesions. *World J Gastroenterol* 2001; **7**: 779-782
- 4 **Lu XL**, Qian KD, Tang XQ, Zhu YL, Du Q. Detection of *H pylori* DNA in gastric epithelial cells by in situ hybridization. *World J Gastroenterol* 2002; **8**: 305-307
- 5 **Yao YL**, Xu B, Song YG, Zhang WD. Overexpression of cyclin E in Mongolian gerbil with *Helicobacter pylori*-induced gastric precancerosis. *World J Gastroenterol* 2002; **8**: 60-63
- 6 **Guo DL**, Dong M, Wang L, Sun LP, Yuan Y. Expression of gastric cancer-associated MG7 antigen in gastric cancer, precancerous lesions and *H pylori*-associated gastric diseases. *World J Gastroenterol* 2002; **8**: 1009-1013
- 7 **Peng ZS**, Liang ZC, Liu MC, Ouyang NT. Studies on gastric epithelial cell proliferation and apoptosis in Hp associated gastric ulcer. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 218-219
- 8 **Hiyama T**, Haruma K, Kitadai Y, Miyamoto M, Tanaka S, Yoshihara M, Sumii K, Shimamoto F, Kajiyama G. B-cell monoclonality in *Helicobacter pylori*-associated chronic atrophic gastritis. *Virchows Arch* 2001; **483**: 232-237
- 9 **Xia HHX**. Association between *Helicobacter pylori* and gastric cancer: current knowledge and future research. *World J Gastroenterol* 1998; **4**: 93-96
- 10 **Quan J**, Fan XG. Progress in experimental research of *Helicobacter pylori* infection and gastric carcinoma. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 1068-1069
- 11 **Liu HF**, Liu WW, Fang DC. Study of the relationship between apoptosis and proliferation in gastric carcinoma and its precancerous lesion. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 649-651
- 12 **Zhu ZH**, Xia ZS, He SG. The effects of ATRA and 5Fu on telomerase activity and cell growth of gastric cancer cells *in vitro*. *Shijie Huaren Xiaohua Zazhi* 2000; **8**: 669-673
- 13 **Tu SP**, Zhong J, Tan JH, Jiang XH, Qiao MM, Wu YX, Jiang SH. Induction of apoptosis by arsenic trioxide and hydroxy camptothecin in gastric cancer cells *in vitro*. *World J Gastroenterol* 2000; **6**: 532-539
- 14 **Cai L**, Yu SZ, Zhang ZF. *Helicobacter pylori* infection and risk of gastric cancer in Changle County, Fujian Province, China. *World J Gastroenterol* 2000; **6**: 374-376
- 15 **Yao XX**, Yin L, Zhang JY, Bai WY, Li YM, Sun ZC. Htert expression and cellular immunity in gastric cancer and precancerosis. *Shijie Huaren Xiaohua Zazhi* 2001; **9**: 508-512
- 16 **Xu AG**, Li SG, Liu JH, Gan AH. Function of apoptosis and expression of the proteins Bcl-2, p53 and C-myc in the development of gastric cancer. *World J Gastroenterol* 2001; **7**: 403-406
- 17 **Wang X**, Lan M, Shi YQ, Lu J, Zhong YX, Wu HP, Zai HH, Ding J, Wu KC, Pan BR, Jin JP, Fan DM. Differential display of vincristine-resistance-related genes in gastric cancer SGC7901 cell. *World J Gastroenterol* 2002; **8**: 54-59
- 18 **Liu JR**, Li BX, Chen BQ, Han XH, Xue YB, Yang YM, Zheng YM, Liu RH. Effect of cis-9, trans-11-conjugated linoleic acid on cell cycle of gastric adenocarcinoma cell line (SGC-7901). *World J Gastroenterol* 2002; **8**: 224-229
- 19 **Cai L**, Yu SZ. A molecular epidemiologic study on gastric cancer in Changle, Fujian Province. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 652-655
- 20 **Gao GL**, Yang Y, Yang SF, Ren CW. Relationship between proliferation of vascular endothelial cells and gastric cancer. *Shijie Huaren Xiaohua Zazhi* 2000; **8**: 282-284
- 21 **Xue XC**, Fang GE, Hua JD. Gastric cancer and apoptosis. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 359-361
- 22 **Niu WX**, Qin XY, Liu H, Wang CP. Clinicopathological analysis of patients with gastric cancer in 1200 cases. *World J Gastroenterol* 2001; **7**: 281-284
- 23 **Li XY**, Wei PK. Diagnosis of stomach cancer by serum tumor markers. *Shijie Huaren Xiaohua Zazhi* 2001; **9**: 568-570
- 24 **Fang DC**, Yang SM, Zhou XD, Wang DX, Luo YH. Telomere erosion is independent of microsatellite instability but related to loss of heterozygosity in gastric cancer. *World J Gastroenterol* 2001; **7**: 522-526
- 25 **Morgner A**, Miehke S, Stolte M, Neubauer A, Alpen B, Thiede C, Klann H, Hierlmeier FX, Ell C, Ehninger G, Bayerdorffer E. Development of early gastric cancer 4 and 5 years after complete remission of *Helicobacter pylori* associated gastric low-grade marginal zone B-cell lymphoma of MALT type. *World J Gastroenterol* 2001; **7**: 248-253
- 26 **Deng DJ**. Progress of gastric cancer etiology: n-nitrosamides in the 1990s. *World J Gastroenterol* 2000; **6**: 613-618
- 27 **Liu ZM**, Shou NH, Jiang XH. Expression of lung resistance protein in patients with gastric carcinoma and its clinical significance. *World J Gastroenterol* 2000; **6**: 433-434
- 28 **Guo CQ**, Wang YP, Liu GY, Ma SW, Ding GY, Li JC. Study on *Helicobacter pylori* infection and p53, c-erbB-2 gene expression in carcinogenesis of gastric mucosa. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 313-315
- 29 **Cai L**, Yu SZ, Ye WM, Yi YN. Fish sauce and gastric cancer: an ecological study in Fujian Province, China. *World J Gastroenterol* 2000; **6**: 671-675
- 30 **Xue FB**, Xu YY, Wan Y, Pan BR, Ren J, Fan DM. Association of *H pylori* infection with gastric carcinoma: a Meta analysis. *World J Gastroenterol* 2001; **7**: 801-804
- 31 **Wang RT**, Wang T, Chen K, Wang JY, Zhang JP, Lin SR, Zhu YM, Zhang WM, Cao YX, Zhu CW, Yu H, Cong YJ, Zheng S, Wu BQ. *Helicobacter pylori* infection and gastric cancer: evidence from a retrospective cohort study and nested case-control study in China. *World J Gastroenterol* 2002; **8**: 1103-1107
- 32 **Hua JS**. Effect of Hp: cell proliferation and apoptosis on stomach cancer. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 647-648
- 33 **Liu DH**, Zhang XY, Fan DM, Huang YX, Zhang JS, Huang WQ, Zhang YQ, Huang QS, Ma WY, Chai YB, Jin M. Expression of vascular endothelial growth factor and its role in oncogenesis of human gastric carcinoma. *World J Gastroenterol* 2001; **7**: 500-505
- 34 **Cao WX**, Ou JM, Fei XF, Zhu ZG, Yin HR, Yan M, Lin YZ. Methionine-dependence and combination chemotherapy on human gastric cancer cells *in vitro*. *World J Gastroenterol* 2002; **8**: 230-232
- 35 **Mao YF**, Yan J, Li LW, Li SP. Construction of *hpaA* gene from a clinical isolate of *Helicobacter pylori* and identification of fusion protein. *World J Gastroenterol* 2003; **9**: 1529-1536
- 36 **Ruggiero P**, Peppoloni S, Rappuoli R, Del Giudice G. The quest for a vaccine against *Helicobacter pylori*: how to move from mouse to man? *Microbes Infect* 2003; **5**: 749-756

- 37 **Garhart CA**, Nedrud JG, Heinzl FP, Sigmund NE, Czinn SJ. Vaccine-induced protection against *Helicobacter pylori* in mice lacking both antibodies and interleukin-4. *Infect Immun* 2003; **71**: 3628-3633
- 38 **Garhart CA**, Heinzl FP, Czinn SJ, Nedrud JG. Vaccine-induced reduction of *Helicobacter pylori* colonization in mice is interleukin-12 dependent but gamma interferon and inducible nitric oxide synthase independent. *Infect Immun* 2003; **71**: 910-921
- 39 **Pantheil K**, Faller G, Haas R. Colonization of C57BL/6J and BALB/c wild-type and knockout mice with *Helicobacter pylori*: effect of vaccination and implications for innate and acquired immunity. *Infect Immun* 2003; **71**: 794-800
- 40 **Sheu BS**, Huang JJ, Yang HB, Huang AH, Wu JJ. The selection of triple therapy for *Helicobacter pylori* eradication in chronic renal insufficiency. *Aliment Pharmacol Ther* 2003; **17**: 1283-1290
- 41 **Marais A**, Bilardi C, Cantet F, Mendz GL, Megraud F. Characterization of the genes rdxA and frxA involved in metronidazole resistance in *Helicobacter pylori*. *Res Microbiol* 2003; **154**: 137-144
- 42 **Ohkusa T**, Okayasu I, Miwa H, Ohtaka K, Endo S, Sato N. *Helicobacter pylori* infection induces duodenitis and superficial duodenal ulcer in Mongolian gerbils. *Gut* 2003; **52**: 797-803
- 43 **Sugiyama T**, Hige S, Asaka M. Development of an *H pylori*-infected animal model and gastric cancer: recent progress and issues. *J Gastroenterol* 2002; **37**(Suppl 13): 6-9
- 44 **Wang J**, Court M, Jeremy AH, Aboshkiwa MA, Robinson PA, Crabtree JE. Infection of Mongolian gerbils with Chinese *Helicobacter pylori* strains. *FEMS Immunol Med Microbiol* 2003; **36**: 207-213
- 45 **Fujioka T**, Murakami K, Kodama M, Kagawa J, Okimoto T, Sato R. *Helicobacter pylori* and gastric carcinoma—from the view point of animal model. *Keio J Med* 2002; **51**(Suppl 2): 69-73
- 46 **Eaton KA**, Kersulyte D, Mefford M, Danon SJ, Krakowka S, Berg DE. Role of *Helicobacter pylori* cag region genes in colonization and gastritis in two animal models. *Infect Immun* 2001; **69**: 2902-2908
- 47 **Keenan JI**, Rijpkema SG, Durrani Z, Roake JA. Differences in immunogenicity and protection in mice and guinea pigs following intranasal immunization with *Helicobacter pylori* outer membrane antigens. *FEMS Immunol Med Microbiol* 2003; **36**: 199-205
- 48 **Lee A**, O'Rourke J, De Ungria MC, Robertson B, Daskalopoulos G, Dixon MF. A standardized mouse model of *Helicobacter pylori* infection: introducing the Sydney strain. *Gastroenterology* 1997; **112**: 1386-1397
- 49 **Chi J**, Fu BY, Nakajima, Hattori, Kushima. Establishment of Mongolian gerbil animal model infected with *Hp* infection and change of inflammation and proliferation before and after *Hp* eradication. *Shijie Huaren Xiaohua Zazhi* 1999; **7**: 557-560

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