

UNIVERSIDADE DE SÃO PAULO
FACULDADE DE ODONTOLOGIA DE BAURU

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Evaluation of the cytotoxic effect of antimicrobial photodynamic therapy on fibroblasts (NIH/3T3) and expression of Bcl-2 family genes

Efeito citotóxico da terapia fotodinâmica antimicrobiana sobre fibroblastos (NIH/3T3) e a expressão de genes da família Bcl-2

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Dissertação apresentada à Faculdade de Odontologia de Bauru da Universidade de São Paulo para obtenção do título de Mestre em Ciências no Programa de Ciências Odontológicas Aplicadas, área de concentração Odontopediatria.

Orientador: Prof. Dr. Thiago Cruvinel da Silva

BAURU

2019

Lamarque, Giuliana de Campos Chaves
Evaluation of the cytotoxic effect of antimicrobial
photodynamic therapy on fibroblasts (NIH/3T3) and
expression of Bcl-2 family genes / Giuliana de
Campos Chaves Lamarque. – Bauru, 2019.
59p., il., 31cm.

Dissertação (Mestrado) – Faculdade de
Odontologia de Bauru. Universidade de São Paulo

Orientador: Prof. Dr. Thiago Cruvinel da Silva

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DEDICATÓRIA

Dedico esta dissertação a minha família, meus pais, minha irmã, meu marido e minha avó que estiveram sempre ao meu lado, me apoiando e incentivando, sendo essenciais para a conclusão desse trabalho.

AGRADECIMENTOS

A Deus, pela sua infinidade bondade, misericórdia e amor. Obrigada por me dar saúde, sabedoria e guiar meus passos, abrindo as portas quando as coisas pareciam não ter mais solução e colocando pessoas maravilhosas em minha vida. Te agradeço meu Senhor.

Ao meu marido Douglas, que foi quem mais me incentivou para iniciar essa jornada. Obrigada por acreditar em mim, enfrentar comigo todas as dificuldades que surgiram pelo caminho, me dar suporte, carinho e amor em todos os momentos e principalmente me ajudar a suportar a distância nesses dois anos. Você mais do que ninguém sabe tudo que passamos para chegar aqui, mas graças a Deus concluímos mais uma etapa e ela não seria possível sem você ao meu lado. Te amo muito!

Aos meus pais Washington e Valderez, que nunca mediram esforços para que eu tivesse uma boa formação e sempre torceram e oraram por mim. Obrigada por estarem sempre presentes. Vocês são minha base e meu orgulho. Amo vocês demais!

A minha irmã, Mariana, que sempre me apoia, me ouve em tantas conversas e me inspira pela mulher que é. Você faz parte dessa conquista sis querida! Eu te amo!

A minha avó, Cacilda, que me acolhe em sua casa há 7 anos e ameniza a saudade da família, sempre cuidando de tudo com tanto carinho. Estar com a senhora nesse tempo me fez aprender e crescer, obrigada por todo o amor que a senhora dedica a nós!

Ao meu orientador, Prof. Dr. Thiago Cruvinel, pela oportunidade de trabalhar e aprender com o senhor. Obrigada por além de orientador se tornar nosso amigo e nos ajudar a melhorar a cada dia.

A minha amiga, Daniela, que foi imprescindível para a conclusão desse trabalho. Quem teve paciência para me ensinar a rotina do laboratório, quem levantava cedo e ficava até tarde me acompanhando em cada experimento, quem me trouxe conforto e foi instrumento de Deus nesse tempo. Você é muito especial pra mim.

A minha amiga, Bárbara, que virou uma irmã pra mim desde a graduação, sempre disponível, seja para ficar no laboratório, ir na academia ou sair pra conversar. Foi quem acompanhou os problemas que apareceram e diante deles sempre buscou me tranquilizar e a resolver cada um deles. Você torna os dias em Bauru mais amenos e eu agradeço todo o apoio e por fazer parte da minha vida.

A Adriana, por ter a paciência de me ensinar as metodologias de cultura celular, pela disposição e imensa ajuda. Foi um prazer trabalhar e aprender com você.

Ao Centro Integrado de Pesquisas, Prof. Dr. Rodrigo Cardoso de Oliveira, pela doação das células para realização desse trabalho, pela enorme colaboração, pelos ensinamentos e momentos compartilhados.

Ao laboratório de farmacologia, em especial ao Thiago Dionísio, pela atenção, colaboração e disponibilidade. Seu conhecimento nos deixa admirados e a sua forma de explicar deixa as coisas muito mais simples.

Aos funcionários do Departamento de Ciências Biológicas Thelma, Larissa e Aline, que estiveram sempre à disposição.

A Prof^a. Dr^a Ana Carolina Magalhães, pela amizade e disponibilidade. A Priscila Salomão, por gentilmente ceder os primers para as análises essenciais para a conclusão desse trabalho.

Aos professores da Disciplina de Odontopediatria, Prof.^a Dr.^a Maria Aparecida de Andrade Moreira Machado, Prof.^a Dr.^a Thaís Marchini de Oliveira, Prof.^a Dr.^a Daniela Rios e Prof. Natalino Lourenço Neto, muito obrigada por ter a oportunidade de trabalhar e aprender com vocês.

A Faculdade de Odontologia de Bauru - FOB/USP, na pessoa do diretor Prof. Dr, Carlos Ferreira dos Santos, grande incentivador da pesquisa na faculdade e que não mede esforços para que a faculdade forneça todo o suporte necessário.

A todos os funcionários da FOB-USP, entre eles as secretárias da pós-graduação, pela ajuda durante esses anos.

A Comissão Nacional Pesquisa (CNPq), pela concessão da minha bolsa de mestrado e pelo apoio e incentivo que possibilitaram a realização desta pesquisa.

RESUMO

A terapia fotodinâmica antimicrobiana (aPDT) tem sido utilizada como um tratamento coadjuvante de infecções bucais em abordagens de mínima intervenção clínica. Sua efetividade antimicrobiana foi demonstrada em diversos estudos. Entretanto, há uma falta de evidência sobre seu efeito citotóxico sobre células eucarióticas. O objetivo deste estudo foi avaliar o potencial citotóxico da terapia fotodinâmica antimicrobiana mediada por dois agentes fotossensibilizantes, azul de metileno e curcumina, sobre fibroblastos de camundongos. Células foram tratadas com 0,1 ou 1,0 mg.mL⁻¹ de azul de metileno associado ou não a um LED 630 nm, ou 0.6 ou 6 µM de curcumina associada ou não a um LED 455 nm, com densidades de energia de 0.075 ou 7.5 J.cm⁻². A viabilidade celular foi determinada pelos ensaios de Brometo de 3-(4,5-dimetil-2-tiazolil)-2,5-difenil-2H-tetrazólio (MTT) e cristal violeta (CV). A expressão de cDNA para os genes ligados à apoptose Bax, Bad, Bcl-2, VDAC-1, citocromo C e Fas-L foi assessada por PCR quantitativo (qPCR), após 1, 3, 6 e 24 h dos tratamentos. As diferenças entre os grupos foram detectadas pelos testes de Kruskal-Wallis e post-hoc de Dunn para os ensaios de MTT e CV, e pelos testes de ANOVA e post-hoc de Tukey para qPCR ($P < 0.05$). A combinação de azul de metileno a 1,0 mg.mL⁻¹ e LED a 7.5 J.cm⁻² reduziu significativamente a viabilidade celular, o mesmo sendo observado pelas combinações de curcumina a 6 µM com LED a 0,075 e 7,5 J.cm⁻², que reduziram a viabilidade celular em 47% e 99%, respectivamente. Também, a associação de curcumina a 0,6 µM com LED a 7,5 J.cm⁻² reduziu a viabilidade de fibroblastos em 34%. A aPDT mediada por azul de metileno aumentou a expressão de citocromo C e FAS-L (3 h), e Bax/Bcl-2, Bad/Bcl-2, e VDAC-1 (6 h). aPDT mediada por curcumina aumentou significativamente a expressão relativa de Bax/Bcl-2 e dos genes citocromo C, VDAC-1, e Fas-L. Portanto, aPDT mediada por azul de metileno e curcumina induziu citotoxicidade em fibroblastos de camundongo, com consequente ativação da via de sinalização apoptótica Bcl-2. Novos estudos são necessários para determinar parâmetros adequados de aPDT para inativar microrganismos com danos mínimos às células eucarióticas hospedeiras.

Palavras-chave: Terapia Fotodinâmica, Viabilidade Celular, Apoptose

ABSTRACT

Evaluation of the cytotoxic effect of photodynamic therapy on fibroblasts (NIH/3T3) and expression of Bcl-2 family genes

Antimicrobial photodynamic therapy (aPDT) has been used as an adjuvant treatment of oral infections in a minimal intervention clinical approach. Its antimicrobial efficacy was demonstrated in several studies; however, there is a lack of evidence on its cytotoxic effects on eukaryotic cells. The aim of this study was to evaluate the cytotoxicity of aPDT mediated by two photosensitizing agents, methylene blue and curcumin, on mouse fibroblasts. Cells were treated with 0.1 or 1.0 mg.mL⁻¹ methylene blue (MB) associated or not to LED at 630 nm, or 0.6 or 6 µM curcumin combined or not with LED at 455 nm, with densities of 0.075 or 7.5 J.cm⁻². Cellular viability was examined by 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) and crystal violet (CV) assays. The expression of cDNA for Bax, Bad, Bcl-2, VDAC-1, cytochrome C and Fas-L genes related to apoptosis was assessed by quantitative PCR (qPCR) after 1, 3, 6 and 24 h from treatments. The differences between groups were detected by Kruskal-Wallis and post-hoc Dunn's tests for MTT and CV assays, and by ANOVA and post-hoc Tukey test for qPCR (P<0.05). The combination of 1.0 mg.mL⁻¹ MB and 7.5 J.cm⁻² LED significantly reduced the cellular viability. The same was observed for the combinations of 6 µM curcumin plus 0.075 and 7.5 J.cm⁻² LED, which reduced viable cells in 47% and 99%, respectively. Also, the combination of 0.6 µM curcumin plus 7.5 J.cm⁻² LED reduced the viability of fibroblasts in 34%. MB-mediated aPDT increased the expression of cytochrome C and Fas-L after 3 h, and Bax/Bcl-2, Bad/Bcl-2, and VDAC-1 after 6 h from treatments. Curcumin-mediated aPDT increased significantly the relative expression of Bax/Bcl-2, cytochrome C, VDAC-1, and Fas-L genes. Therefore, MB- and curcumin-mediated aPDT induced cytotoxicity on mouse fibroblasts, with consequent activation of Bcl-2 apoptosis signaling pathways. Further studies are needed to determine the adequate parameters of aPDT to inactivate microorganisms without damaging eukaryotic cells.

Keywords: Photodynamic Therapy, Cell Viability, Apoptosis

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1 INTRODUCTION

1 INTRODUCTION

Initially, Photodynamic Therapy (PDT) has been focused on the development of effective protocols for cancer management (ALLISON et al., 2005, 2006). Recently, with growing antibiotic resistance, PDT emerges as antimicrobial treatments, particularly for superficial infections. Antimicrobial photodynamic therapy (aPDT) can be used as a complementary treatment for selective caries removal (GURSOY et al., 2013), periodontitis (ROVALDI et al., 2000; CHRISTODOULIDES et al., 2008; NASTRI et al., 2010), and endodontic root disinfection (WILLIAMS et al., 2006; SOUKOS et al., 2006; BONSOR et al., 2006; FOSCHI et al., 2007). aPDT is based on the interaction between a photosensitizing agent (PS) absorbed by microorganisms cells, activated by a complementary light source that increases the molecular energy of PS and changes it to a triplet excited molecule (KONOPKA; GOSLINSKI, 2007). This molecule can form free radicals (photochemical reaction type I) or react with oxygen molecules, producing reactive oxygen species (ROS), such as singlet oxygen (photochemical reaction type II) (ABRAHAMSE; HAMBLIN, 2016). These reactions promote an oxidative stress, causing damages on cellular membrane, mitochondria, lysosomes or DNA (MAISCH, 2007; TARASZKIEWICZ et al., 2013; VATANSEVER et al., 2013).

Methylene blue (MB) [chloride 3,7-bis(dimethylamino) phenothiazine-5-yl] is a dye from the phenothiazinium class of compounds (TUIE, 1993), with favorable properties for aPDT, such as low molecular weight, classical $1O_2$ generator, hydrophilicity, cationic form at physiological pH and strong light absorption at 660 nm (OLIVEIRA et al., 2011; BACELLAR et al., 2015; ROSA et al., 2015). Briefly, molecules of MB incorporated to cellular structures of microorganisms are able to absorb photons and excite electrons. These electrons are transferred to a substrate or molecular oxygen, resulting in superoxides that can damage or kill microbial cells (CHIAVIELLO et al., 2011; GHARESI et al., 2017).

Curcumin (1,7-bis(4-hydroxy 3-methoxy phenyl)-1,6-heptadiene-3, 5-dione), a natural dye isolated from the rhizomes of *Curcuma longa*, have been purposed as a potential photosensitizing (PS) in aPDT. Traditionally, it is used for the treatment of cold, skin diseases, and inflammation (CHATTOPADHYAY et al., 2004;

AGGARWAL et al., 2007). Also, recent researches confirmed its potential as antitumor, antioxidant, antimicrobial and anti-inflammatory (AGGARWAL et al., 2003; CRIVELLO et al., 2005; DUVOIX et al., 2005). It has a maximum absorption with blue LED on wavelength of 430 nm, presenting a strong phototoxic effect in microorganisms even when used in lower concentrations (GHARESI et al., 2017; SAITAWEE et al., 2018). In tumor cells, the cytotoxicity of curcumin is due to the induction of apoptosis mediated by the direct release of cytochrome C, and the subsequent activation of caspases (STEINER-OLIVEIRA et al., 2015). In microorganism cells, the cytotoxicity occurs by the production of reactive oxygen species, such as singlet oxygen ($^1\text{O}_2$), hydrogen peroxide and superoxide (DAHL et al., 1989; CHIGNELL et al., 1994; DOVIGO et al., 2011).

Although the antimicrobial efficacy of aPDT was demonstrated in several studies, there is a lack of evidence on its cytotoxic effect on eukaryotic cells. Therefore, the purpose of this *in vitro* study was to evaluate the cytotoxicity and apoptotic effects of methylene-blue- and curcumin-mediated antimicrobial photodynamic therapy in different dye concentrations and light densities on mouse fibroblasts.

2 ARTICLES

2 ARTICLES

This dissertation is presented in a format of two manuscripts, written according to the instructions and guidelines of the *Photodiagnosis and Photodynamic Therapy* and *Journal of Photochemistry and Photobiology B: Biology*, respectively.

- ARTICLE 1 – Cytotoxic effect and apoptosis pathways activated by methylene blue-mediated photodynamic therapy in fibroblasts
 - ARTICLE 2 – In vitro effect of curcumin-mediated antimicrobial photodynamic therapy on fibroblasts: viability and cell signaling for apoptosis
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Cytotoxic effect and apoptosis pathways activated by methylene blue-mediated photodynamic therapy in fibroblasts

Abstract

Antimicrobial photodynamic therapy (aPDT) has been used as an adjuvant treatment of oral infections in a minimal intervention clinical approach. Its antimicrobial efficacy was demonstrated in several studies; however, there is a lack of evidence on its cytotoxic effect on eukaryotic cells. The aim of this study was to evaluate the cytotoxicity and apoptotic pathways of methylene blue-mediated aPDT on mouse fibroblasts. Cells were treated with 0.1 or 1.0 mg.mL⁻¹ methylene blue (MB), and 0.075 or 7.5 J.cm⁻² LED at 630 nm. Cell viability was examined by 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) and crystal violet (CV) assays, while cDNA expression for Bax, Bad, Bcl-2, VDAC-1, cytochrome C and Fas-L was assessed by qRT-PCR (1, 3, 6 and 24 h). The differences between groups were detected by Kruskal-Wallis and post-hoc Dunn's tests for MTT and CV assays, and by ANOVA and post-hoc Tukey test for qPCR ($P < 0.05$). The combination of 1.0 mg.mL⁻¹ MB and 7.5 J.cm⁻² LED significantly reduced the cellular viability, whereas MB and LED alone were innocuous to fibroblasts. MB-mediated aPDT increased the expression of cytochrome C and Fas-L after 3 h, and Bax/Bcl-2, Bad/Bcl-2, and VDAC-1 after 6 h from treatment. Based on these results, MB-mediated aPDT induced cytotoxicity on mouse fibroblasts, with consequent activation of Bcl-2 apoptosis signaling pathways. Further studies are needed to determine the adequate parameters of aPDT to inactivate microorganisms without damaging eukaryotic cells.

Keywords: Photochemotherapy; Methylene Blue; Cell Viability; Apoptosis; Bcl-2

INTRODUCTION

Minimal intervention approaches have been advocated in dental procedures as a high therapeutic standard for treating oral diseases, reducing the risks of irreversible damages for tooth structure with maximum comfort and cost-effectiveness for patients. In this sense, antimicrobials are being applied into cavitated caries lesions and periodontal pockets to reduce the number of viable pathogenic microorganisms, without mechanical removal of mineralized tissues [1-5]. An option commonly employed in this field is the antimicrobial photodynamic therapy (aPDT), which promotes the inactivation and/or death of microorganisms by the association of three components, a chemical photosensitizing agent (PS), a complementary light source and molecular oxygen [4-6].

Methylene blue (MB) [chloride 3.7 bis(dimethylamino) phenothiazine-5-*io*] is a dye from the phenothiazinium class of compounds [9], with favorable properties for aPDT, such as low molecular weight, classical $1O_2$ generator, hydrophilicity, cationic form at physiological pH and strong light absorption at 660 nm [7-10]. Briefly, molecules of MB incorporated to cellular structures of microorganisms are able to absorb photons and excite electrons. These electrons are transferred to a substrate or molecular oxygen, resulting in superoxides that can damage or kill microbial cells [11,12].

We have previously demonstrated the efficacy of MB-mediated aPDT using LED on dentin caries microcosms [13]. However, the evidence of aPDT on eukaryotic cytotoxic effects of this therapeutic method is still scarce. A previous study showed that $10 \mu\text{mol.L}^{-1}$ MB activated with 36 J.cm^{-2} light energy did not produce a significant cytotoxicity on mouse fibroblasts (L929) [14]. Similarly, MB-mediated aPDT did not increase cytotoxicity in human fibroblasts compared to no treatment groups [15,16]. Also, $1 \mu\text{M}$ of MB combined with 53.4 J.cm^{-2} light energy did not affect the mitochondrial activity of cells *in vitro* [17].

Therefore, the aim of this *in vitro* study was to evaluate the cytotoxicity and apoptotic effects of methylene blue-mediated antimicrobial photodynamic therapy, using different MB concentrations and light densities on mouse fibroblasts (NIH/3T3). The null hypotheses were that aPDT would have no cytotoxicity (H_0) and apoptotic effects (H_0') on eukaryotic cells.

MATERIALS AND METHODS

Cell culture

NIH/3T3 mouse fibroblasts cells (ATCC - American Type Culture Collection, CRL1658™) were cultured in Dulbecco's modified Eagle's medium (DMEM, Sigma-Aldrich, St. Louis, USA) supplemented with 10% (v/v) fetal bovine serum (FBS, GIBCO Laboratories, Life Technologies, Inc., New York, USA), 100 IU.mL⁻¹ penicillin and 0.1 mg.mL⁻¹ streptomycin (Sigma-Aldrich) at 37°C in a humidified atmosphere of 5% CO₂ and 95% air. The cells were enzymatically dissociated with trypsin (0.25% trypsin, 1 mmol.L⁻¹ EDTA, Sigma-Aldrich) and counted under Neubauer chamber using trypan blue staining protocol.

Methylene blue-mediated antimicrobial photodynamic therapy

aPDT was conducted by using the Biotable® RGB (Institute of Physics of São Carlos, São Carlos, Brazil), an equipment that allows the simultaneous irradiation of 24 wells of a microtiter plate [13]. It was prepared a 100 mg.mL⁻¹ MB (Sigma-Aldrich) stock solution in phosphate buffered saline solution (PBS 1x), and stored at -20°C in dark conditions until the moment of use. Before experiments, MB was diluted in PBS 10% FBS to a final concentration of 1 and 0.1 mg.mL⁻¹. Cells were treated according to their experimental groups, as follows: group 1 (MB-L-, negative control), group 2 (0.001% chlorhexidine, positive control), group 3 (0.01 chlorhexidine, positive control), group 4 (0.1 MB alone), group 5 (1 MB alone), group 6 (0.075 J.cm⁻² LED alone), group 7 (7.5 J.cm⁻² LED alone), group 8 (0.1 MB + 0.075 J.cm⁻² LED), group 9 (0.1 MB + 7.5 J.cm⁻²), group 10 (1 MB + 0.075 J.cm⁻² LED), and group 11 (1 MB + 7.5 J.cm⁻² LED).

Twenty-four hours after the seeding, the cells were washed with PBS 1x. Following, PBS (G1, G6 and G7), chlorhexidine (G2 and G3) or PS (G4, G5, G8-G11) were added and incubated for 2 min. Subsequently, groups 6 to 11 were irradiated with a red LED at 625±30 nm, in a continuous mode, power of 40 mW, power density of 1 W.cm⁻², distance of ± 25 mm, and energy density of 7.5 or 0.075 J.cm⁻². Power measurements were checked by an optical power meter (1916-C, Newport, Irvine, USA). When necessary, the irradiation time was corrected by the ratio of light and power densities. Finally, the wells were washed with PBS 1X, and DMEM 10% FBS was added in cellular cultures.

Cell viability

NIH/3T3 cell viability was evaluated by MTT (3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide, Sigma-Aldrich) and crystal violet assays, as previously described by Oliveira et al [18]. Cells were seeded in 96-well plates at a density of 3×10^3 cells in DMEM 10% FBS. After 24, 48 and 72 h of MB-aPDT treatment, the assays were performed. For MTT assays, the cells were washed with PBS 1x and incubated with a sterile MTT solution ($0.5 \text{ mg} \cdot \text{mL}^{-1}$) for 4 h at 37°C . The intracellularly reduced insoluble pigment (formazan) was extracted with DMSO for 30 min and the absorbance was determined in a spectrophotometer at 562 nm (Synergy™ Mx Monochromator-Based Multi-Mode Microplate Reader, BioTek Instruments Inc., Winooski, USA). For crystal violet assays, the wells were washed with PBS 1x and added 100% methanol for 10 min. The cells were stained with 0.2% crystal violet for 3 min followed by two washes with PBS 1x. After, the dye was extracted with 0.05 mol L^{-1} sodium citrate solution for 10 min. The absorbance was measured at 540 nm [18].

qRT-PCR

Cells were seeded in 24-well plates at a density of 5×10^4 . Adherent cells were treated with the combination of $1 \text{ mg} \cdot \text{mL}^{-1}$ MB) and $7.5 \text{ J} \cdot \text{cm}^{-2}$ LED. 0.001% chlorhexidine was used as a positive control. After 1, 3, 6 and 24 h of treatment, the cells were harvested and the mRNA extracted using MagMAX® mirVana® Total RNA Isolation Kit (Applied Biosystems, Foster, USA), according to the manufacturer's instructions. The isolated RNA was quantified by NanoDrop®1000 (Thermo Fisher Scientific, Waltham, USA) and cDNA was synthesized using a High-Capacity cDNA Reverse Transcription Kit (Applied Biosystems), following the manufacturer's recommendations. The cDNA samples were incubated with TaqMan® Gene Expression Master Mix and Taqman® Gene Expression assay (Applied Biosystems) for Bad (Mm00432042_m1), Bax (Mm00432051_m1), Bcl-2 (Mm00477631_m1), Fas-L (Mm00438864_m1), Vdac1 (Mm00834272_m1), Cytochrome C (Mm01250094_m1) genes and were read in the ViiA 7 Real-Time PCR System® (Applied Biosystems), under the following conditions: a cycle of 95°C for 10 min, 40 cycles of 95°C for 15 s, and a cycle of 60°C for 1 min. Act-b expression (Mm00607939_s1) was used as a control. All samples were analyzed in triplicate, and the relative expression was obtained according to the formula $2^{-(\Delta\Delta\text{Ct})}$.

Statistical analysis

Statistical analysis was performed using Statistical Package for the Social Sciences (SPSS) 21.0 software. The non-parametric tests for independent samples, Kruskal-Wallis, and post hoc Dunn's, were used to indicate differences between groups for MTT and CV data, since they were not normally distributed. Differently, qRT-PCR values were compared using ANOVA followed by a post-hoc Tukey test. *P* values <0.05 were considered significant.

RESULTS

MB-mediated aPDT demonstrated a significant dose-dependent cytotoxicity effect in MTT assay. MB and LED alone, and 0.1% MB plus 0.075 J.cm⁻² LED did not produce additional cytotoxicity in fibroblasts in comparison to control group. The cytotoxic effect of 0.1% MB plus 7.5 J.cm⁻² LED was stabilized after 72 h, while 1% MB plus 7.5 J.cm⁻² LED produced a significant reduction in the cellular viability (33.3-63.2%), in distinct times. The highest reduction of the viability of fibroblasts was observed after treatments with 0.01% chlorhexidine, with only 2% of viable cells after 72 h (Table 1, Figure 1).

In crystal violet assays, the cytotoxic effect was observed only in CHX 0.01% chlorhexidine at 24 h (1,29% of viable cells). After 72 h, it was observed an increase in the cellular viability in groups treated with MB and LED alone, 0.1% MB plus 0.075 J.cm⁻² LED, and 1% MB plus 0.075 J.cm⁻² LED (Table 1, Figure 2).

MB-mediated aPDT increased the expression of all genes (Figure 3). In 1 h, aPDT groups increased the expression of Bax and Bad/Bcl-2. After 3 h, cells treated with MB presented significantly higher relative expressions of Bad/Bcl-2 compared to control. After 6 h, the relative expressions of Bax/Bcl-2, Bad/Bcl-2 and VDAC-1 increased 4-, 1.82- and 2.5-fold, respectively. Cells treated with 0.001% chlorhexidine presented a significantly higher Fas-L expression.

DISCUSSION

These findings indicate that MB-mediated aPDT promoted cytotoxicity in mouse fibroblasts, reducing adherent cells with the increment of MB and light doses. This antimicrobial therapy stimulated cellular apoptosis, increasing the relative expression of Bax/Bcl-2, Bad/Bcl-2, VDAC-1 and cytochrome C. Although MB and LED alone did not produce considerable cellular cytotoxicity, the combination of 1% MB and 7.5

J.cm⁻² LED decreased the viability of fibroblasts significantly; however, these results were less aggressive to host cells compared to 0.01% chlorhexidine, which reduced viable cells in 97-98%.

The concentrations of MB employed in this study were 100 to 1,000 times lower than that most commonly used in dental studies (100 mg.L⁻¹), because eukaryotic cells were exposed directly to aPDT, instead of being protected by the more complexity of organized tissues found in clinical conditions, such as tridimensional cellular multilayers [19-22]. Regarding the time-course of cellular viability, our findings are in agreement with Qiao et al. [24], which showed a significant increase in the viability of human gingival fibroblasts with longer periods of time from aPDT treatments. The concentrations, agent exposure time and surface area are important factors that could vary the magnitude of these results.

qRT-PCR results suggest that apoptosis occurred by the mitochondrial mechanism pathway [25,26]. Previously, Noodt et al. [27] observed that methylene blue derivative (MBD) concentrated in mitochondria-resembling cytoplasmic organelles induced apoptosis in V79 cells (chinese hamster lung fibroblasts). MB accumulates on mitochondria reducing the potential of mitochondrial membrane, which increase the mitochondrial permeability and, consequently, the apoptosis pathway mediated by Bcl-2 family [8,25,26]. It occurs by the release of inter-membrane protein, such as cytochrome C, which activates the caspase 9 and the production of apoptosome [28-30]. The VDAC-1 releases cytochrome C into cytosol and control the flux of other metabolites [31-33].

On the other hand, a possible extrinsic mechanism of apoptosis was inconclusive, although we found a difference in Fas-L expression between MB-mediated aPDT and 0.001% chlorhexidine. Fas-L gene is able to induce extrinsic via of apoptosis by activation of caspases-8 and -3 [33,34]. These differences can be explained by the connection of Fas-L gene with the intrinsic apoptotic pathway [35,36]. This connection might be occurred by Bid, which is translocated to mitochondria and results in the released of apoptogenic factor cytochrome C [37].

Also, MB and LED alone promoted lower variations in gene expression involved in apoptosis, with similar results to control after 6 h from treatment, presenting no alterations on the viability of host cells. Similarly, light and photosensitizing alone showed no significant effects on the expression of Bax in human gingival fibroblast cells after using 1,000 µg.mL⁻¹ indocyanine green [38].

Although these experimental approaches were not strictly related to clinical conditions, these results are useful for demonstrating that as higher concentrations of photosensitizing agents and light doses, as higher the chance of induction of apoptosis, leading to the decrease of the viability of fibroblasts. For instance, it is important to consider a reduction of aPDT parameters in the cases of its application in deep cavities, since pulp fibroblasts might be more susceptible to damage that could lead to tissue necrosis. However, some limitations are noted in this study: i) this model was developed with mouse fibroblasts, considered the first line of cells for cytotoxic tests; ii) the cells grown in a monolayer manner, without using tridimensional *in vitro* models; iii) the potential of apoptosis provoked by MB-mediated aPDT was determined exclusively with basis on the expression of pro-apoptotic genes, without assessing the production of mitochondrial proteins.

The present study demonstrated that MB-mediated aPDT induced a significant dose-dependent cytotoxic effect on mouse fibroblasts. The apoptosis mechanisms involved in this process are related to mitochondrial photodamage and activation of the Bcl-2 family of proteins. These findings indicate the non-acceptance of hypotheses H_0 and H_0' . Further studies are needed to determine the adequate aPDT parameters to the achievement of its maximum lethal effects for microorganisms and its minimum damage for host cells.

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TABLES

Table 1. Cellular viability (%) assessed by MTT and CV after 72 h of treatment. Distinct letters represent significant statistical differences between groups.

Groups	24 Hours		48 Hours		72 Hours	
	MTT (%)	CV (%)	MTT (%)	CV (%)	MTT (%)	CV (%)
MB-L-	100 ± 11.58 ^A	100 ± 30.02 ^{ABC}	100 ± 16.41 ^A	100 ± 14.56 ^{AC}	100 ± 8.58 ^A	100 ± 11.41 ^{AD}
CHX 0.001%	120.77 ± 29.16 ^A	79.88 ± 18.28 ^{AC}	84.87 ± 11.62 ^B	112.93 ± 12.48 ^C	137.76 ± 22.52 ^C	140.94 ± 12.59 ^{BE}
CHX 0.01%	5.09 ± 1.48 ^{BC}	1.29 ± 4.51 ^D	1.73 ± 1.21 ^C	2.02 ± 7.61 ^B	3.46 ± 1.42 ^B	2.14 ± 2.31 ^A
MB 0.1	104.61 ± 12.51 ^A	132.59 ± 36.55 ^B	81.36 ± 9.58 ^B	104.30 ± 21.81 ^{AC}	108.47 ± 15.07 ^A	130.09 ± 16.87 ^{CE}
MB 1	109.85 ± 8.50 ^A	122.86 ± 29.06 ^B	83.82 ± 4.10 ^B	98.16 ± 12.61 ^{AC}	113.0 ± 14.87 ^A	151.97 ± 7.26 ^B
MB- L+ 0.075	98.64 ± 15.93 ^A	118.56 ± 17.46 ^B	88.92 ± 5.81 ^{AB}	101.79 ± 12.67 ^{AC}	103.78 ± 7.67 ^A	137.25 ± 15.70 ^{BCE}
MB- L+ 7.5	111.87 ± 6.84 ^A	119.03 ± 32.41 ^{AB}	85.77 ± 10.43 ^{AB}	89.02 ± 9.05 ^C	99.56 ± 10.56 ^A	121.82 ± 9.46 ^{CD}
MB0.1+ L+ 0.075	103.20 ± 15.93 ^A	107.50 ± 19.60 ^{AB}	88.77 ± 7.85 ^{AB}	81.62 ± 8.11 ^{DE}	107.82 ± 17.83 ^A	135.91 ± 6.51 ^{BCE}
MB0.1+ L+ 7.5	78.88 ± 6.27 ^C	85.50 ± 20.58 ^{AC}	81.07 ± 10.18 ^B	86.21 ± 6.72 ^{ADE}	101.19 ± 20.10 ^A	127.15 ± 21.69 ^{CE}
MB1+ L+ 0.075	97.75 ± 10.14 ^A	109.88 ± 30.75 ^{AB}	83.74 ± 2.83 ^B	81.88 ± 10.28 ^{DE}	104.90 ± 9.05 ^A	130.61 ± 16.01 ^{CE}
MB1+ L+ 7.5	58.62 ± 15.30 ^C	70.59 ± 29.85 ^{CD}	36.80 ± 14.27 ^C	31.54 ± 6.86 ^{BE}	66.68 ± 12.69 ^B	40.55 ± 8.18 ^A

FIGURES

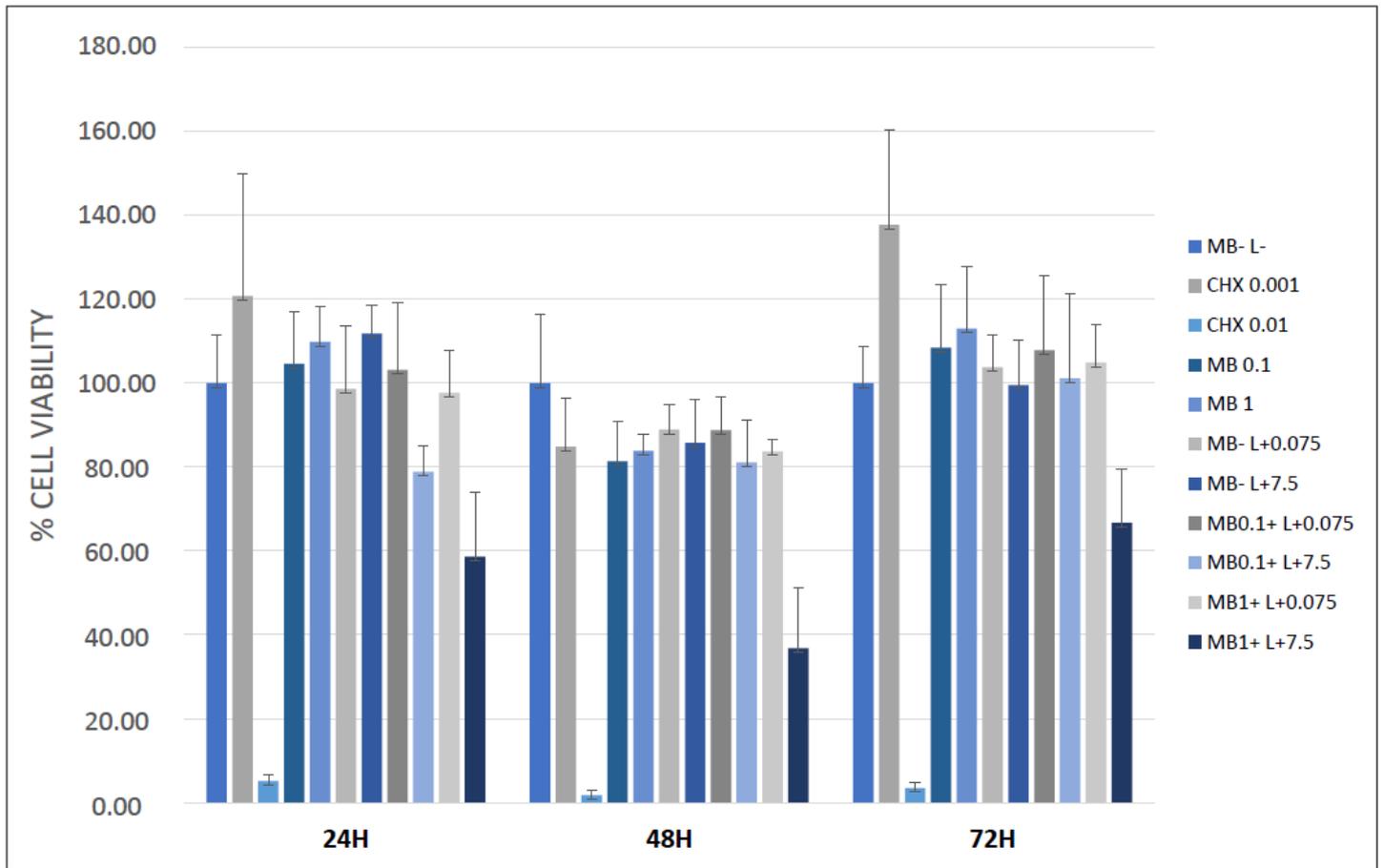


Figure 1. Percentage of viability of cells according to MTT assay after 24 h, 48 h and 72 h in relation to no treatment group (MB- L-).

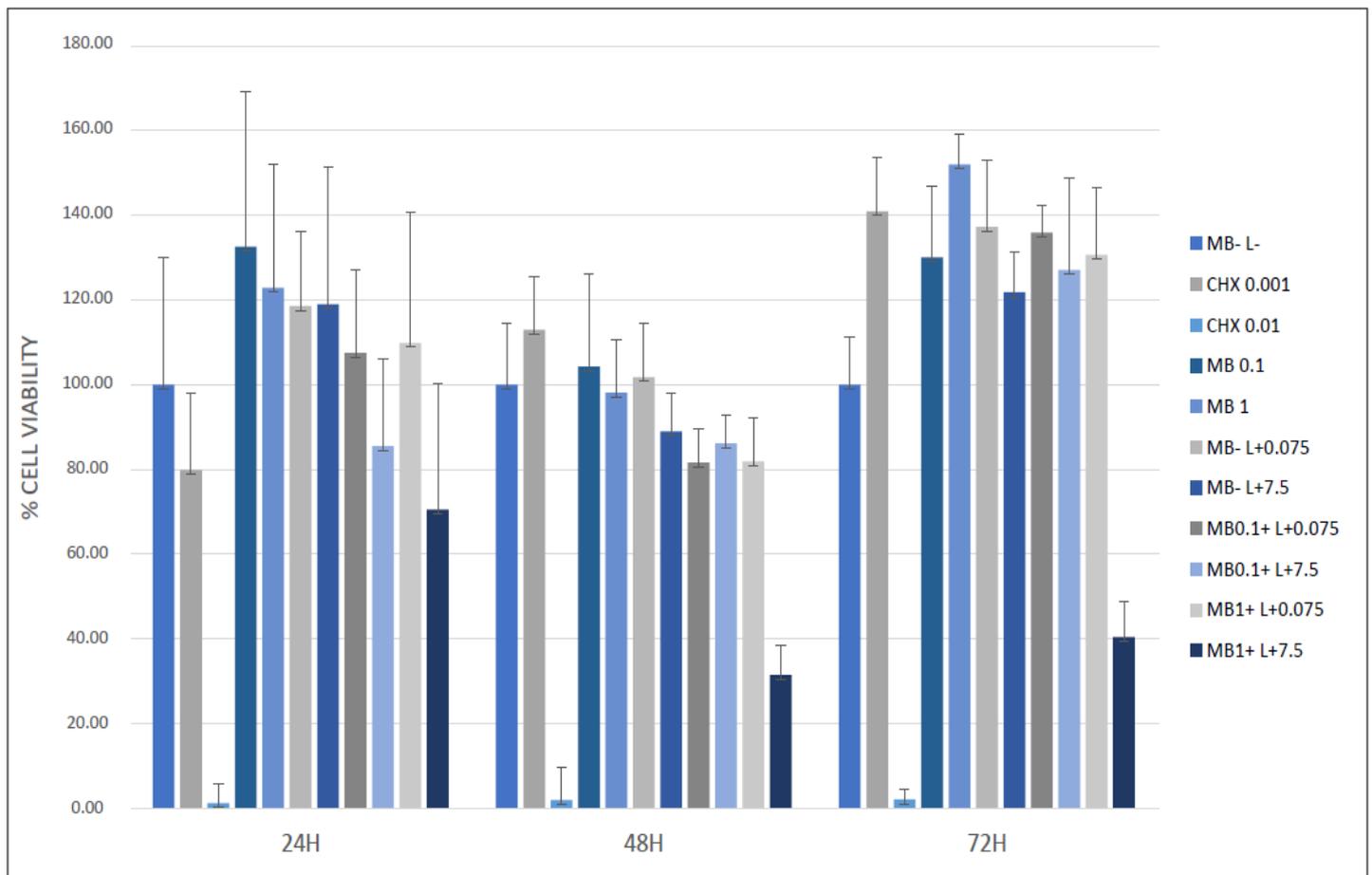


Figure 2. Percentage of viability of cells according to CV assay after 72 h in relation to no treatment group (MB- L-).

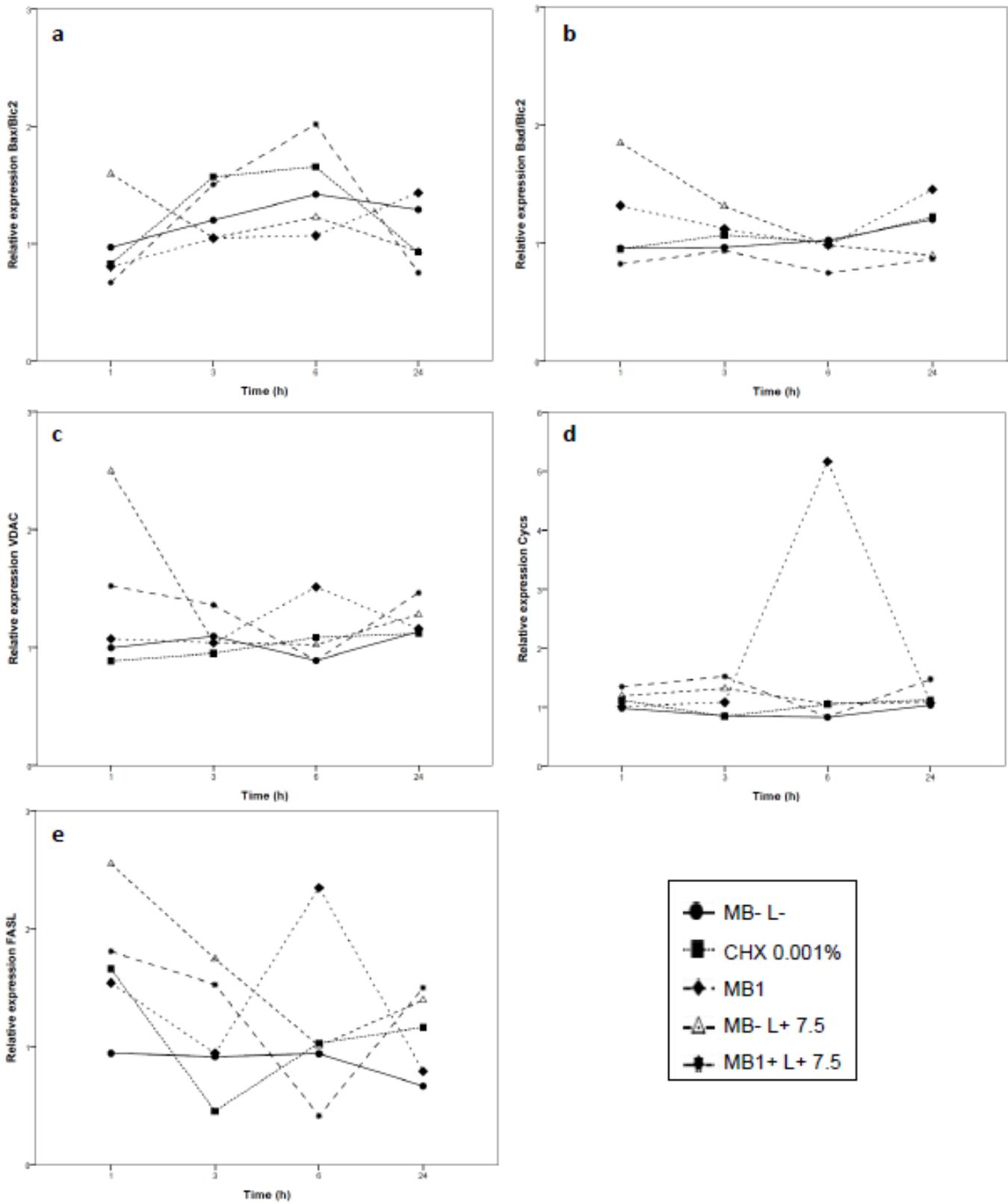


Figure 3. Relative expression of (a) Bax/Bcl-2, (b) Bad/Bcl-2, (c) VDAC-1, (d) cytochrome C and (e) Fas-L after 1 h, 3 h, 6 h and 24 h of treatment.

In vitro effect of curcumin-mediated antimicrobial photodynamic therapy on fibroblasts: viability and cell signaling for apoptosis

ABSTRACT

Although it was demonstrated that curcumin-mediated antimicrobial photodynamic therapy (aPDT) is effective for reducing the viability of microbial cells and the vitality of oral biofilms, the cytotoxicity of this therapeutic approach for host cells has not yet been elucidated. Hence, the aim of this study was to evaluate the cytotoxicity and apoptotic effects of curcumin-mediated aPDT on mouse fibroblasts. Cells were treated with 0.6 or 6 μM curcumin combined with 0.075 or 7.5 $\text{J}\cdot\text{cm}^{-2}$ LED at 455 nm. Cytotoxicity was determined by 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) and crystal violet (CV) assays, while quantitative reverse transcriptase-PCR (qRT-PCR) was used to assess the expression of Bax, Bad, Bcl-2, VDAC-1, cytochrome C, and Fas-L genes for apoptosis. The differences between groups were detected by Kruskal-Wallis and post-hoc Dunn's tests for MTT and CV assays, and by ANOVA and post-hoc Tukey test for qRT-PCR ($P < 0.05$). The combination of 0.6 μM curcumin plus 7.5 $\text{J}\cdot\text{cm}^{-2}$ LED reduced viable cells in 34%, while the combinations of 6 μM curcumin plus 0.075 and 7.5 $\text{J}\cdot\text{cm}^{-2}$ LED reduced viable cells in 47% and 99%, respectively. qRT-PCR results demonstrated that curcumin-mediated aPDT increased significantly the relative expression of Bax/Bcl-2, cytochrome C, VDAC-1, and Fas-L genes, without influence on the ratio Bad/Bcl-2. Therefore, curcumin-mediated aPDT activated Bcl-2 apoptosis signaling pathways in mouse fibroblasts, reducing the viability of cells with the increase of concentrations of curcumin and light energies.

Keywords: Antimicrobial photodynamic therapy; Curcumin; Photochemotherapy; Cell viability; Bcl-2 family

INTRODUCTION

Photodynamic therapy (PDT) has been widely used in different treatments over the last years, with promising results for treating cancer, bacterial and fungal infections [1-6]. The mechanisms of PDT are characterized by the use of a combination of a photosensitizing agent (PS) and a complimentary visible light in an oxygen rich environment [7,8]. PS molecules absorb photons, leading to the excitation of electrons and production of reactive oxygen species (ROS) [7-10]. These products result in a cascade of oxidative events that are highly toxic for pathogenic cells, causing their damage and death by targeting membrane lipids, proteins, nucleic acids and other cellular components [11,12]. In this sense, antimicrobial PDT (aPDT) has been indicated as an alternative treatment for the elimination of microorganisms into the oral cavity, due to the convenient application of photosensitizing agents and light sources [5,13].

Curcumin (1,7-bis(4-hydroxy 3-methoxy phenyl)-1,6-heptadiene-3, 5-dione), a natural dye isolated from the rhizomes of *Curcuma longa*, have been purposed as a potential photosensitizing (PS) in aPDT. Traditionally, it is used for the treatment of cold, skin diseases, and inflammation [14,15]. Also, recent researches confirmed its potential as antitumor, antioxidant, antimicrobial and anti-inflammatory [16-18]. It has a maximum absorption with blue LED on wavelength of 430 nm, presenting a strong phototoxic effect in microorganisms even when used in lower concentrations [19,20]. In tumor cells, the cytotoxicity of curcumin is due to the induction of apoptosis mediated by the direct release of cytochrome C, and the subsequent activation of caspases [21,22]. In microorganism cells, the cytotoxicity occurs by the production of reactive oxygen species, such as singlet oxygen (1O_2), hydrogen peroxide and superoxide [23-25].

Several dental studies have already been demonstrated that curcumin-mediated aPDT was effective against *Candida albicans*, *Enterococcus faecalis*, cariogenic planktonic cells, mono-species biofilms and dentin microcosm biofilms [26-32]; however, there is a scarcity of evidence about the cytotoxicity of therapeutic doses of photosensitizing agents and light source on host cells. Bulit et al. [33] showed that curcumin-mediated PDT was able to inactivate lactobacilli at lower concentrations than that affected mitochondrial activity of odontoblast-like cells (MDPC-23), undifferentiated pulp cells (OD21) and human embryonic stem cells (hESC H1).

The aim of this *in vitro* study was to evaluate the cytotoxicity and apoptotic effects of curcumin-mediated antimicrobial photodynamic therapy on mouse fibroblasts (NIH/3T3). The null hypotheses were that aPDT would have no cytotoxicity (H_0) and apoptotic effects (H_0^1) on eukaryotic cells.

MATERIALS AND METHODS

Cell culture

Mouse fibroblasts (NIH/3T3) cells (ATCC - American Type Culture Collection, CRL1658™) were cultured in Dulbecco's modified Eagle's medium (DMEM, Sigma-Aldrich, St. Louis, USA) containing 10% (v/v) fetal bovine serum (FBS, GIBCO Laboratories, Life Technologies, Inc., New York, USA), 100 IU.mL⁻¹ penicillin and 0.1 mg.mL⁻¹ streptomycin (Sigma-Aldrich). The cellular cultures were incubated at 37°C in a humidified atmosphere of 5% CO₂ and 95% air. After reaching confluency, the cells were enzymatically dissociated with 0.25% trypsin and 1 mmol.L⁻¹ EDTA (Sigma-Aldrich), and counted under Neubauer chamber using trypan blue staining protocol.

Curcumin-mediated antimicrobial photodynamic therapy

A stock solution of 30 mM curcumin (Sigma-Aldrich) was prepared by dilution in dimethylsulfoxide (DMSO, Sigma-Aldrich), and stored at -20°C in dark conditions. At the moment of use, the stock solution was diluted in PBS 10% FBS, to final concentrations of 6 and 0.6 μM curcumin. Biotable® RGB (Institute of Physics of São Carlos, São Carlos, Brazil) was used as a light source, with parameters of irradiation of visible blue light (455 ± 30 nm), irradiance of 40 mW.cm⁻², distance of ± 25 mm and two energy densities (7.5 or 0.075 J.cm⁻² LED).

After 24 h, cells were washed with PBS 1x and treated according to their experimental groups, as follows: group 1 [MB-L-, negative control exposed to 0.1% DMSO concentration (v/v)], group 2 (0.001% chlorhexidine, positive control), group 3 (0.01% chlorhexidine, positive control), group 4 [0.001% sodium hypochlorite (NaOCl), positive control], group 5 (0.01% NaOCl, positive control), group 6 (0.6 mM curcumin alone), group 7 (6 mM curcumin alone), group 8 (0.075 J.cm⁻² LED alone), group 9 (7.5 J.cm⁻² LED alone), group 10 (0.6 mM curcumin + 0.075 J.cm⁻² LED), group 11 (0.6 mM curcumin + 7.5 J.cm⁻²), group 12 (6 mM curcumin + 0.075 J.cm⁻² LED), and group 13 (6 mM curcumin + 7.5 J.cm⁻² LED). The agents were added to

cells and incubated for 2 min in dark conditions. The PDT groups were subsequently exposed to a blue LED, with the time of light exposure of 2 s (0.075 J.cm^{-2}) or 360 s (7.5 J.cm^{-2}). The measurements of power densities of light were checked by using an optical power meter 1916-C (Newport, Irvine, USA), adjusting time of irradiation by the ratio between energy and power densities of light. After irradiation, cells were washed with PBS 1x, and DMEM 10% FBS was added.

Cell Viability

Cells were plated in 96-well microplates at a density of 3×10^3 in DMEM 10% FBS. The cell viability was evaluated by crystal violet (CV) and 3-(4,5-Dimethylthiazol-2-yl)-2,5-Diphenyltetrazolium Bromide (MTT) (Sigma-Aldrich) assays, after 24, 48 and 72 h from treatments [34]. For CV assays, the medium above the cells was removed and the wells were washed with PBS 1x and added 100% methanol for 10 min. Then, cells were stained with 0.2% crystal violet for 3 min and washed twice with PBS 1x. The dye was extracted with 0.05 mol.L^{-1} sodium citrate solution for 10 min. The absorbance was measured at 540 nm. For MTT assays, the medium was removed and cells were washed with PBS 1x and incubated with a sterile MTT solution (0.5 mg.mL^{-1}) for 4 h at 37°C . The intracellularly reduced insoluble pigment (formazan) was extracted with DMSO for 30 min, and the absorbance was determined in a spectrophotometer at 562 nm (Synergy™ Mx Monochromator-Based Multi-Mode Microplate Reader, BioTek Instruments Inc.).

qRT-PCR

Cells were cultivated in 24-well microtiter plates at a density of 5×10^4 cells for 24 h, and then were treated with 0.6 or 6 μM curcumin combined or not with 0.075 J.cm^{-2} LED. A concentration of 0.001% chlorhexidine was used as a positive control. After 1, 3, 6 and 24 h, the cells were submitted to mRNA extraction using MagMAX® mirVana® Total RNA Isolation Kit (Applied Biosystems, Foster, USA), according to the manufacturer's instructions. The isolated RNA was quantified by NanoDrop®1000 (Thermo Fisher Scientific, Waltham, USA) and the cDNA was obtained using a High-Capacity cDNA Reverse Transcription Kit (Applied Biosystems), also following the manufacturer's recommendations. The cDNA samples were incubated with TaqMan® Gene Expression Master Mix and Taqman® Gene Expression assay (Applied Biosystems) for Bad (Mm00432042_m1), Bax

(Mm00432051_m1), Bcl-2 (Mm00477631_m1), VDAC-1 (Mm00834272_m1), cytochrome C (Mm01250094_m1) and Fas-L (Mm00438864_m1) genes. The reading was done in the ViiA 7 Real-Time PCR System® (Applied Biosystems), under the following conditions: a cycle of 95°C for 10 min, 40 cycles of 95°C for 15 s, and a cycle of 60°C for 1 min. Act-b expression (Mm00607939_s1) was used as a constitutive gene (control). The samples were analyzed in triplicate, and the relative expression was obtained according to the formula $2^{-(\Delta\Delta Ct)}$.

Statistical analysis

Statistical analysis was performed using Statistical Package for the Social Sciences (SPSS) 21.0 software. Kruskal-Wallis, and post hoc Dunn's were used to indicate differences between groups for MTT and CV data, since they were not normally distributed. Distinctly, qRT-PCR values were compared using ANOVA followed by a post-hoc Tukey test, since these data presented a normal and homogeneous distribution, identified by Shapiro-Wilk and Levene tests, respectively. *P* values <0.05 were considered significant.

RESULTS

The viability tests demonstrated that aPDT promoted dose-dependent reductions of viability of mouse fibroblasts. The reductions on viable cells were 47% in MTT and 78% in CV for the combination of 6 μ M curcumin with 0.075 J.cm⁻² LED, and 99% in MTT and 81.5% in CV for the combination of 6 μ M curcumin with 7.5 J.cm⁻² LED. Also, it was observed a significant decrease of viable cells (34% at 24 h) only when 0.6 μ M curcumin was associated with 7.5 J.cm⁻² LED (Table 1, and Figures 1 and 2). A concentration of chlorhexidine solution at 0.01% presented a significant cytotoxicity for fibroblasts, reducing their viability in 96%. An interesting result was that 0.01% NaOCl reduced the percentage of viable cells only in the first 24 h, with a subsequent recovery after 72 h (Table 1, and Figures 1 and 2).

The results of qRT-PCR demonstrated that 6 μ M curcumin-mediated aPDT increased significantly the expression of apoptotic genes in fibroblasts NIH/3T3. After 3 h, the expression of cytochrome C genes was higher in cells treated with 0.6 μ M curcumin plus 0.075 J.cm⁻² LED (Figure 3). After 6 h, the ratio Bax/Bcl-2 and the expressions of Fas-L, VDAC-1 and cytochrome C increased 2.5-, 6.8-, 1.5- and 5.6-fold, respectively (Figure 3). Fibroblasts treated with 6 μ M curcumin presented a

significant lower Bax/Bcl-2 ratio expression after 24 h. The ratio Bad/Bcl-2 was similar among different treatment and control groups (Figure 3).

DISCUSSION

The present study demonstrated the cytotoxic potential of curcumin-mediated PDT on cellular cultures of fibroblast NIH/3T3 *in vitro* conditions, specially when it was associated with 7.5 J.cm⁻² LED. qRT-PCR results were in agreement with these findings, with a significant increase of the relative expression of Bax/Bcl-2, VDAC-1 and cytochrome C genes after aPDT. Digluconate chlorhexidine and 0.01% sodium hypochlorite presented highly cytotoxicity for these eukaryotic cells.

Previously, contradictory cytotoxic effects of curcumin-mediated aPDT on fibroblasts were reported. Gomes-Filho [40] showed that 5% NaOCl inhibited the viability of mouse fibroblasts in 75%, while their viability was similar to control group after 500mg.L⁻¹ curcumin plus 72 J.cm² LED. Differently, Ribeiro et al. [38] demonstrated that 5, 10 and 20 µM curcumin associated with 37.5 J.cm⁻² LED decreased the metabolic activity of L929 cells in 68.1, 75.1 and 80%, respectively. These differences could be explained by the differences in curcumin concentrations, pre-irradiation times, oil-solvent reagent, treatment protocol, and origin of cells [41-43]. In this sense, our results were closer to those described by Ribeiro et al. [38], even using curcumin 3-30 times more concentrated than previous authors. This similarity could be occurred by the use of same type of cells, with the simultaneous application of lower pre-irradiation time and light energies in the present study, which might compensate the differences in PS concentrations.

Apoptosis is a process that includes an ordered cascade enzymatic events, leading to the production of unique and biochemical features. The most important regulators of this process are members of the Bcl-2 family of proteins, controlling the intrinsic apoptotic pathway. VDAC-1 releases molecules from mitochondria into cytosol, such as cytochrome C. Then, this apoptogenic factor activates caspases-9 and -3 that promote apoptosis. Bax and Bad are pro-apoptotic, whereas Bcl-2 is anti-apoptotic [44-47]. Studies have showed that the apoptotic effect of photodynamic therapy initiated from its intrinsic via by a substantial loss of Bcl-2 [48-50]. Woo et al. (2003) demonstrated that curcumin causes oxidative stress, down-regulating Bcl-2 levels in renal carcinoma cells [51]. These findings corroborate with our results, which suggest

that Bcl-2 family activates the mechanisms of apoptosis underlying curcumin-mediated aPDT.

Fas-L is a death-receptor that acts in the extrinsic pathway of apoptosis. It is localized on cellular membranes as a ligand able to induce a sequence of apoptotic events, for example, by the activation of caspases -8 and -3 [46,47]. Curcumin induces apoptosis in several types of human melanoma cells through Fas receptor and caspase-8 [52]. However, in some other cellular lines, such as human gingival fibroblast, the cytotoxic activity of curcumin was attributed to generation of reactive oxygen species (ROS) [53,54]. Some studies suggested that Fas-L is connected to the intrinsic apoptosis pathway through Bid [55,56]. Caspase-8 cleaves Bid, and translocates its C-terminal to mitochondria, also resulting in the release of cytochrome C [56,57].

This study presents some limitations. First, the cytotoxic tests were performed on cells originated from mice, i.e., the cytotoxicity of aPDT on human fibroblasts might differ considerably. Second, this *in vitro* analysis did not consider the application of models involving multilayer cellular assays, theoretically favoring the increase of cytotoxic effects of therapies in comparison to clinical conditions. Third, the role of the intrinsic via of apoptosis in the reduction of the viability of fibroblasts was defined only by the expression of apoptotic genes. However, from these findings is possible to infer that the application of curcumin-mediated aPDT on unprotected soft tissues might induce irreversible damages, depending on specific therapeutic parameters.

In conclusion, curcumin-mediated aPDT was significantly cytotoxic to mouse fibroblasts, proportionally to the increase of curcumin concentration and light doses. The reduction of viability of cells was related to the intrinsic apoptosis pathway, activated by the Bcl-2 family genes. Hence, these results indicate the rejection of hypotheses H_0 and H_0^1 .

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TABLES

Table 1. Cellular viability (%) assessed by MTT and CV after 72 h of treatment. Distinct letters represent significant statistical differences between groups.

Groups	24 Hours		48 Hours		72 Hours	
	MTT (%)	CV (%)	MTT (%)	CV (%)	MTT (%)	CV (%)
C-L-	100 ± 19.49 ^{AC}	100 ± 30.02 ^A	100 ± 18.20 ^A	100 ± 14.56 ^A	100 ± 17.46 ^{AD}	100 ± 11.41 ^A
CHX 0.001%	78.52 ± 18.96 ^{AC}	79.88 ± 18.28 ^{ADF}	86.10 ± 11.79 ^A	112.93 ± 12.48 ^A	119.80 ± 17.95 ^B	140.94 ± 12.59 ^{AD}
CHX 0.01%	3.31 ± 0.96 ^B	6.59 ± 15.68 ^{BE}	1.75 ± 1.23 ^B	4.86 ± 11.05 ^{BC}	2.76 ± 1.13 ^C	2.14 ± 2.31 ^{BC}
HIP 0.001%	91.41 ± 17.12 ^{ACG}	76.19 ± 34.02 ^A	88.07 ± 10.53 ^A	109.04 ± 24.73 ^A	120.03 ± 15.92 ^{AB}	119.52 ± 8.76 ^A
HIP 0.01%	33.28 ± 14.47 ^B	24.22 ± 12.53 ^{BCD}	50.86 ± 7.91 ^{BC}	48.26 ± 23.27 ^B	83.83 ± 19.36 ^{CD}	62.19 ± 11.73 ^{CD}
C0.6	86.44 ± 14.16 ^{AEF}	76.91 ± 24.43 ^A	86.64 ± 8.60 ^{AC}	92.99 ± 18.07 ^A	106.27 ± 21.76 ^B	136.54 ± 15.30 ^A
C 6	89.22 ± 19.53 ^{AD}	63.03 ± 30.39 ^A	97.14 ± 12.35 ^A	97.93 ± 23.56 ^A	117.62 ± 18.93 ^{ADE}	73.30 ± 5.81 ^A
C- L+ 0.075	85.98 ± 12.66 ^{AE}	99.16 ± 13.77 ^A	88.27 ± 10.38 ^A	104.89 ± 20.60 ^A	125.39 ± 27.75 ^{BE}	143.27 ± 15.87 ^A
C- L+ 7.5	59.36 ± 14.24 ^{AC}	86.25 ± 20.70 ^{CF}	85.9 ± 12.03 ^A	120.20 ± 34.41 ^A	102.99 ± 14.84 ^B	146.06 ± 20.44 ^A
C0.6+ L+ 0.075	86.52 ± 10.20 ^{CE}	109.59 ± 23.98 ^A	100.74 ± 18.19 ^{AC}	94.19 ± 6.94 ^A	122.35 ± 15.69 ^{AB}	117.93 ± 11.63 ^A
C0.6+ L+ 7.5	34.46 ± 7.72 ^{BDG}	34.5 ± 16.91 ^{BC}	34.45 ± 8.54 ^B	16.12 ± 2.46 ^{BC}	55.16 ± 18.78 ^{CD}	34.95 ± 8.82 ^{BC}
C6+ L+ 0.075	47.60 ± 8.44 ^{BDG}	29.53 ± 15.71 ^{CE}	42.98 ± 27.99 ^B	25.74 ± 13.64 ^{BC}	68.10 ± 13.94 ^{CE}	8.74 ± 5.37 ^{CB}
C6+ L+ 7.5	0.13 ± 0.36 ^{BDG}	38.09 ± 11.83 ^B	-0.20 ± 0.78 ^B	6.19 ± 3.22 ^C	-0.19 ± 1.46 ^C	1.65 ± 9.12 ^B

FIGURES

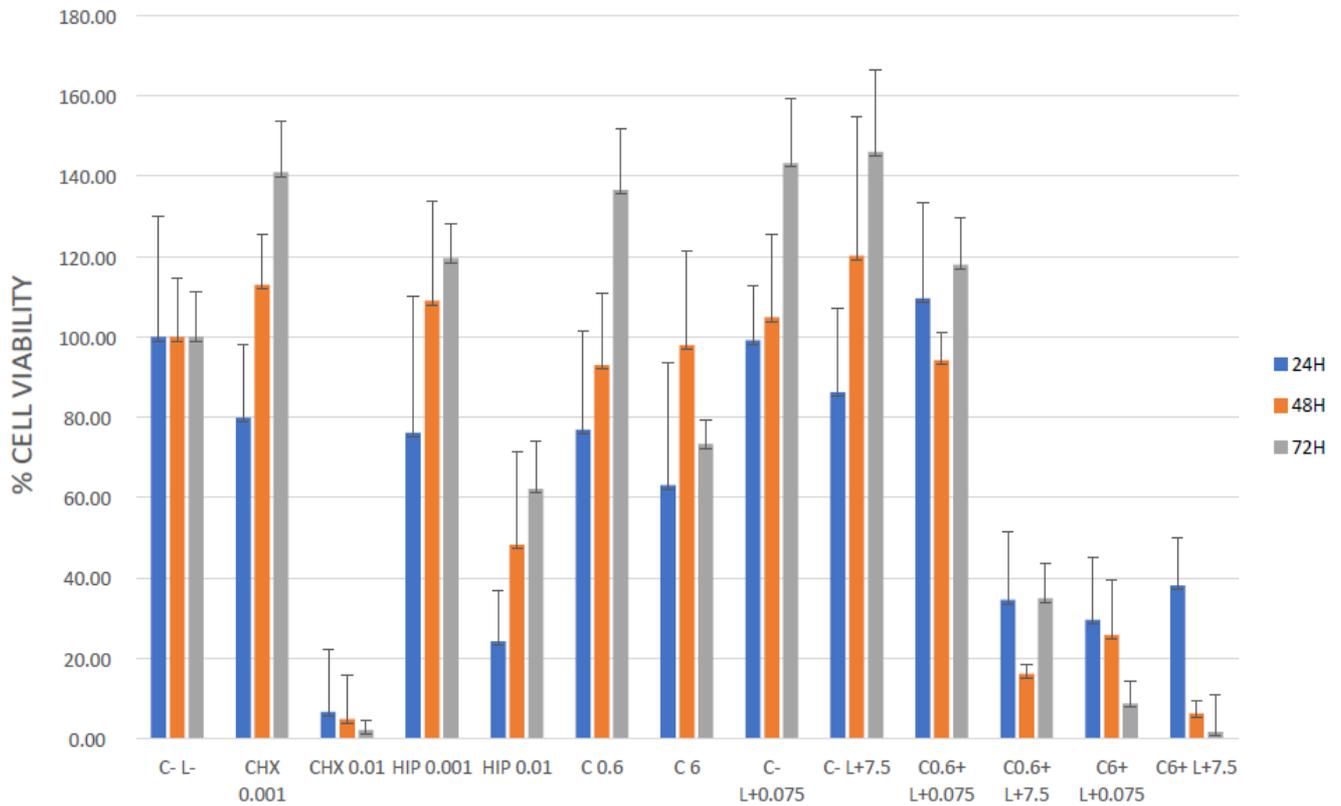


Figure 1. Percentage of viability of cells according to CV assay after 72 h in relation to no treatment group (C- L-).

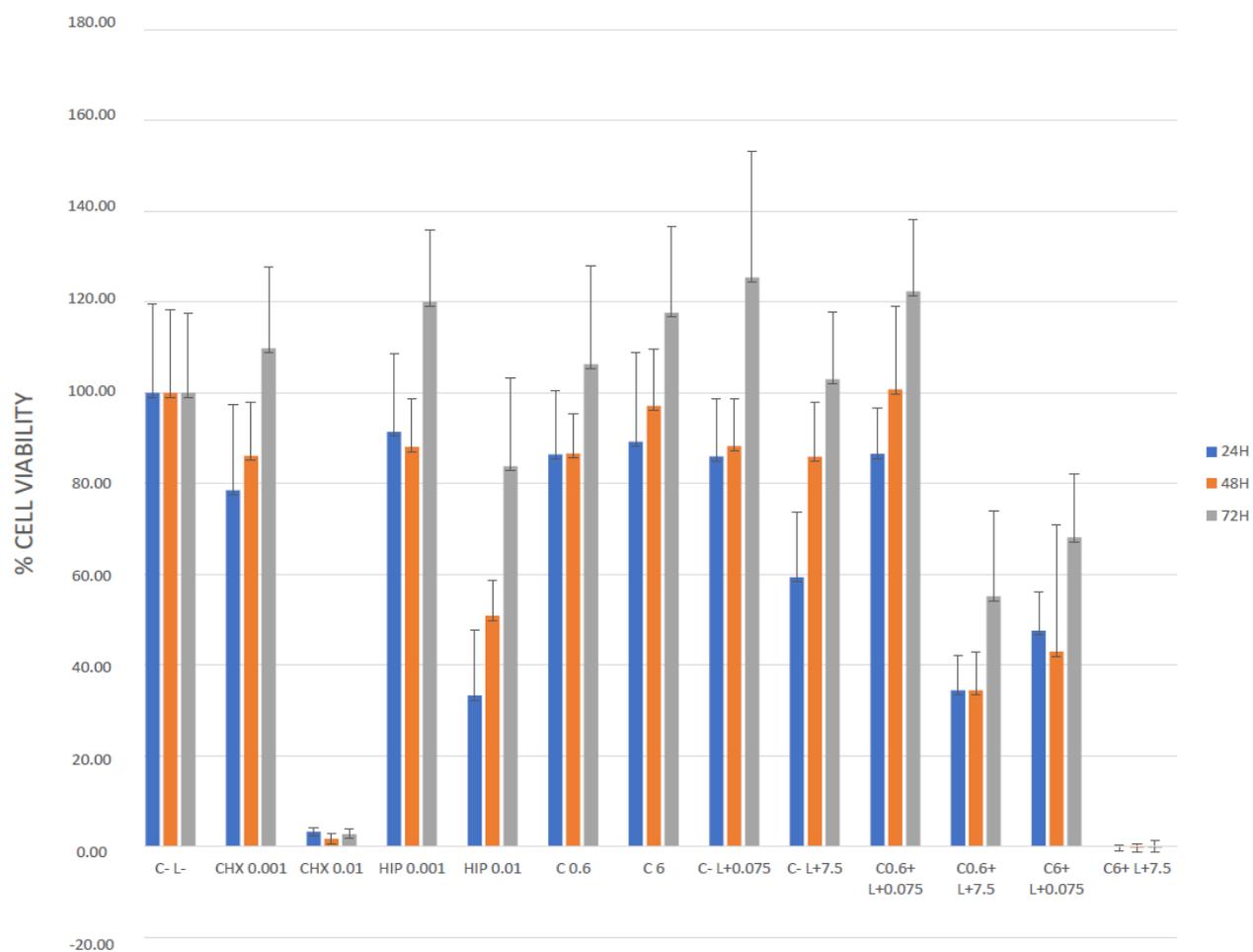


Figure 2. Percentage of viability of cells according to MTT assay after 24 h, 48 h, and 72 h in relation to no treatment group (C- L-).

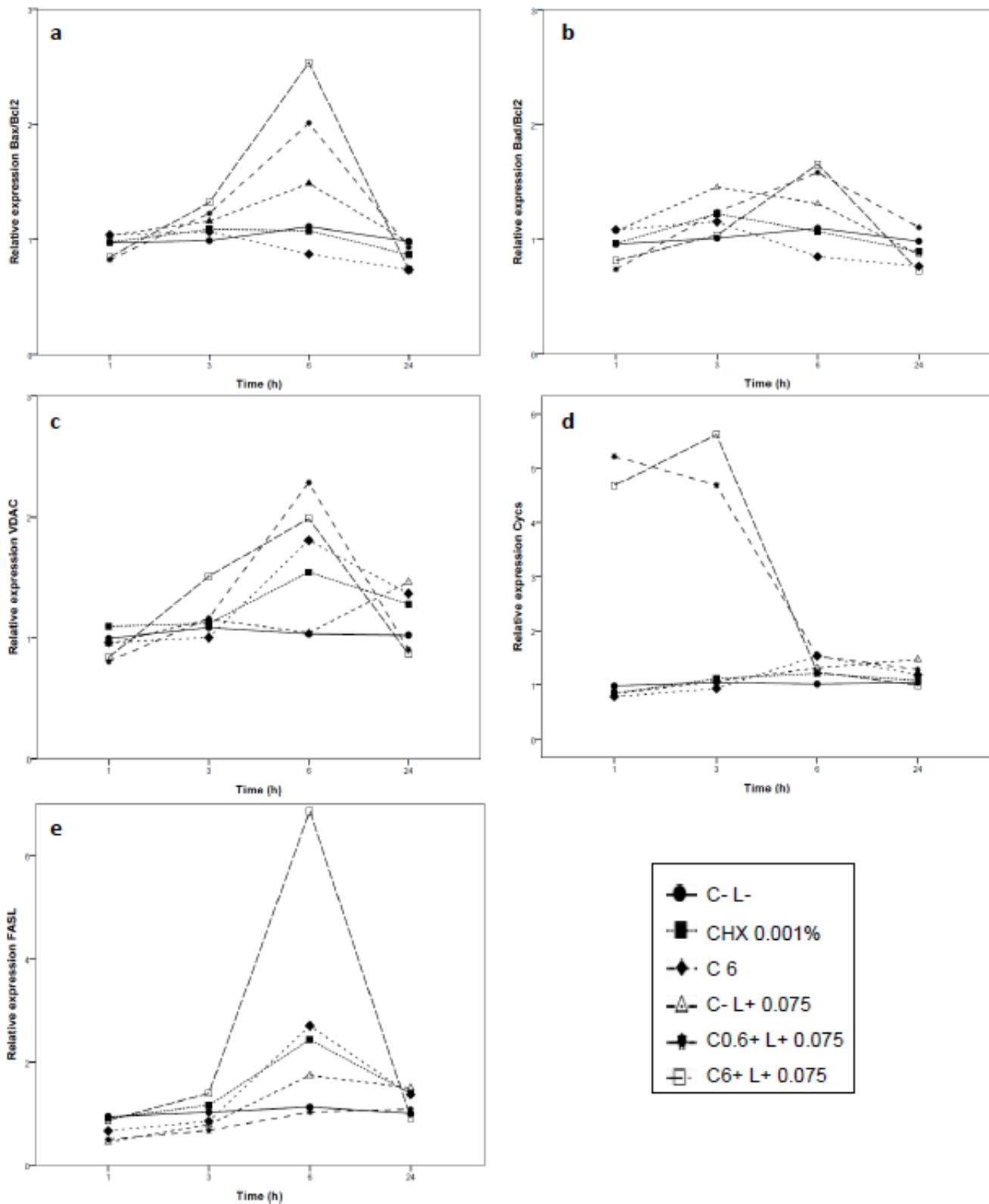


Figure 3. The relative expression of (a) Bax/Bcl-2, (b) Bad/Bcl-2, (c) VDAC-1, (d) Cytochrome C and (e) Fas-L genes in 1, 3, 6 and 24 h after treatment

3 DISCUSSION

3 DISCUSSION

The photodynamic action of any photosensitizer in biological systems still unclear, because it may be affected by several variables including photochemical mechanism, photosensitizer localization, the reactivity of biological targets and cell signaling network (TARDIVO et al., 2005). Targeting mitochondria are very important in PDT research, since it is known that mitochondria damage may induce the apoptotic cascade (BUNTING, 1992; KESSEL; LUO, 1998). It is relevant investigate whether parameters used on aPDT could result in cytotoxic effect to the host cells.

Through MTT and CV assays, significant cytotoxicity of aPDT mediated by MB and curcumin was observed. This is in agreement to Kashef (2012), who evaluated *in vitro* cytotoxicity of this therapeutic approach on primary human fibroblasts. At 24 h, they demonstrated the mitochondrial activity of MB-mediated aPDT (using 50 $\mu\text{g}\cdot\text{mL}^{-1}$ MB and 163.8 $\text{J}\cdot\text{cm}^{-2}$ light) was 27% lower than control. Also, Kunwar (2008) studied the cytotoxicity of curcumin at 20 and 40 $\text{nmol}\cdot\text{mL}^{-1}$ on NIH/3T3 cells. The results demonstrated a cytotoxicity of 41% when using the highest concentration of the dye. Both studies also found a dose-dependent cytotoxicity of aPDT on host cells (KUNWAR et al., 2008; KASHEF et al; 2012).

Our qPCR results are in accordance with the viability tests, observing an increase in the relative expression of Bax/Bcl-2 ratio, VDAC-1 and cytochrome C in both conditions of aPDT, which indicated the role of the intrinsic apoptotic pathway of aPDT on cellular cytotoxicity (ANTO et al., 2002; WOO et al., 2003; dos SANTOS et al., 2017). Apoptosis is a process that includes an ordered cascade enzymatic events, leading to the production of unique and biochemical features. The most important regulators of this process are members of the Bcl-2 family of proteins, controlling the intrinsic apoptotic pathway. VDAC-1 releases molecules from mitochondria into cytosol, such as cytochrome C. Then, this apoptogenic factor activates caspases-9 and -3 that promote apoptosis. Bax and Bad are pro-apoptotic, whereas Bcl-2 is anti-apoptotic (ELMORE, 2007; LEE et al., 2008; AGALAKOVA et al., 2012; SHOSHAN-BARMATZ et al., 2017). Fas-L is a death-receptor and acts on extrinsic pathway. Localized on the cells membrane is a ligand able to induce a sequence of apoptotic events such as the caspases -8 and -3 activation The

differences observed on Fas-L expression can be explained by the connection of the intrinsic apoptosis pathway through Bid (LI et al., 1998; GAJATE, GONZALEZ-CAMACHO, MOLLINEDO, 2009). Bid was translocated to mitochondria, resulting in the release of apoptogenic factor cytochrome C (RIEDL, SALVESEN, 2007).

4 CONCLUSIONS

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Based on the results, we can conclude that:

- High concentrations of aPDT mediated by methylene blue and curcumin promoted significantly reduction of viable fibroblasts when compared to control;
 - In lower concentrations, MB- and curcumin-mediated aPDT did not promoted significant cellular cytotoxicity to mouse fibroblasts;
 - MB- and curcumin-mediated aPDT increased the expression of Bax/Bcl-2 ratio, VDAC-1 and cytochrome C genes, suggesting the activation of an intrinsic apoptotic pathway.
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