

Biochemical and biological effects of air pollution on the function of human skin.

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Background

According to the World Health Organisation, 99% of the world's population live in areas where the air quality exceeds air quality guideline limits, and of even greater concern, over 4.2 million people die annually as a result of exposure to ambient air pollution ^[1]. Alongside the already established inhalation route, dermal exposure to pollutants has now been implicated in the advancement of skin ageing, as well as a range of skin conditions including psoriasis and atopic dermatitis [2]. This highlights a pressing need for investigation into the mechanisms underlying pollutant-induced skin damage, so appropriate protective strategies can be developed.

Project Aims

To investigate the

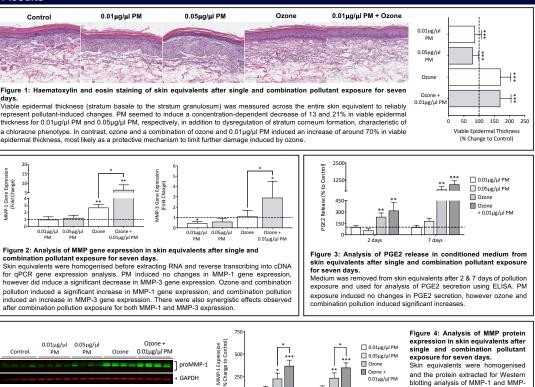
biological response to particulate matter (PM) and ozone exposure in man skin equivalents and whether a combination of these pollutants exhibit

syneraistic effects

PM, 0.3ppm ozone, or a combination of 0.01µg/µl PM and 0.3ppm ozone for eight hours daily for a total of seven days, before harvesting equivalents. Culture medium was also harvested after 2 and 7 days of exposure. Skin equivalents sections were H&E stained for structural analysis, and the homogenate/medium was used for gene and protein analyses of matrix metalloproteinases (MMP) using qPCR and Western blotting, and prostaglandin-E2 (PGE2) using ELISA assays. Kruskal-Wallis test was performed and corrected for multiple comparisons using Dunn's test for epidermal thickness analysis. One sample ttests were performed when comparing pollutant groups to the untreated control and unpaired t-lests were performed to assess synergism between the ozone and ozone + $0.01\mu g/\mu$ I PM groups, with * p < 0.05, ** p < 0.01 and *** p < 0.001 representing significance. Results are presented as mean percentage change to the untreated control+SD, with the dashed line representing the untreated control neon. Relative changes in gene expression were evaluated using the 2^{-ΔΔC1} method.

Phenion full thickness human skin equivalents were exposed to 0.01µg/µl PM. 0.05µg/µl

Results



Methods

_____ Ozd MMP-1 GAPDH 250 0.01µg/µl PM to Control 0.01µg/µl 0.05µg/µl Ozone + MMP-3 Expression 0.01µg/µl PN 300 Ozone 0.01µg/µl PM Control 🗌 0.05µg/µl РМ Ozone proMMP-3 Ozone GAPDH 0.01µg/µl PN Glycosylated Latent Unglycosylated Latent

LON

Skin equivalents were homogenised and the protein extracted for Western blotting analysis of MMP-1 and MMP-3 protein expression. Glycosylated and unglycosylated MMPs were normalised GAPDH using to densitometric analysis. Similar to PM induced no gene expression, MMP-1 changes in protein expression, however decreases in MMP-3 expression. In contrast ozone and combination pollution induced a significant increase in both MMP-1 and MMP-3 protein expression. There were also synergistic effects observed after combination pollution exposure in both MMP-1 and MMP-3 expression.

Conclusion

This study showed that PM is only capable of surface level damage, whereas ozone is capable of causing downstream damage, inducing increases in MMP-1, MMP-3 gene/protein expression and PGE2 secretion, indicating the acceleration of the skin ageing phenotype. Synergistic effects were also observed, indicating that although PM does not cause major damage alone, when combined with ozone it shows the potential to augment ozone-induced skin damage.

References

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[1] World Health O, World Health O, Department of Public Health E, Social Determinants of H. Ambient air pollution : a global assessment of exposure and burden of disease. 2019. ^[2] Kim KE, Cho D, Park HJ. Air pollution and skin diseases: Adverse effects of airborne particulate matter on various skin diseases. Life sciences. 2016;152:126-34