

Towards understanding the CeO₂NPs effect in an *in vitro* preeclampsia model

Joana Ramis¹,

Joan Comenge^{1,3}, Nerea Maiz^{1,2}, Manel Mendoza^{1,2}, Elena Carreras^{1,2}, Victor F. Puentes^{1,3,4,5}

¹ Vall d'Hebron Research Institute (VHIR), Barcelona, Spain

² Maternal Fetal Medicine Unit, Department of Obstetrics, Hospital Universitari Vall d'Hebron, Universitat Autònoma de Barcelona, Spain

³ Networking Research Centre for Bioengineering, Biomaterials, and Nanomedicine (CIBER-BBN), Instituto de Salud Carlos III, Madrid, Spain

⁴ Institut Català de Nanociència i Nanotecnologia (ICN2), CSIC, The Barcelona Institute of Science and Technology (BIST), Universitat Autònoma de Barcelona (UAB), Barcelona, Spain

⁵ Institució catalana de Recerca i Estudis Avançats (ICREA), Barcelona.

joana.ramis@vhir.org

Preeclampsia (PE) is a potentially lethal orphan-drug disease that affects 5-8% of pregnant women globally. PE is characterized by high blood pressure and endothelial damage, causing a systemic inflammation and oxidative stress with elevated levels of reactive oxygen species (ROS).

Trophoblasts are cells that develop as part of the placenta. They also provide nutrients and help the embryo adhere to the uterus. In this study, we employ immortalized trophoblasts (HTR8/SVneo) exposed to 1% O₂ hypoxia to mimic a preeclampsia-like phenotype. Trophoblast under hypoxia tend to migrate aberrantly causing inflammation and ROS.

Our research focuses on the use of cerium oxide nanoparticles (CeO₂NPs) known for their anti-inflammatory and antioxidant properties as a possible treatment for PE. This effect could be achieved through its ROS scavenging capacity.

No changes in cell viability are observed when trophoblasts are exposed to 1% O₂ (hypoxic conditions). CeO₂NPs have no cytotoxic effect in trophoblasts exposed to 1% O₂. An excess of trophoblast migration is associated with preeclampsia (hypoxic environment). CeO₂NPs reduce migration in trophoblast exposed to 1% O₂. Thus, CeO₂NPs may be promising candidates for treating preeclampsia.

References

[1] Ernst LM, Puentes V. How Does Immunomodulatory Nanoceria Work? ROS and Immunometabolism. *Front Immunol.* 2022. Mar 17;13:750175.

[2]. Casals, E., Gusta, M.F., Montana, L., Mendoza, M., Maiz, N., Carreras, E., Puentes, V. *Nanotechnology for Maternal Foetal Medicine.* 2018. *International Journal of Pediatrics and Neonatal Health,* 2:5, 57-66.

Figures

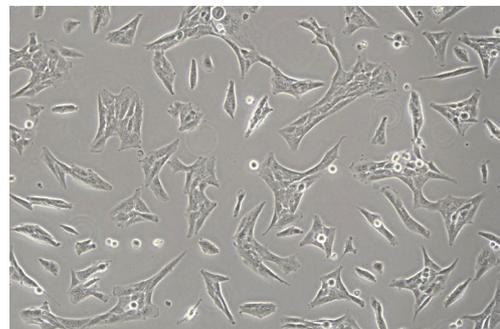
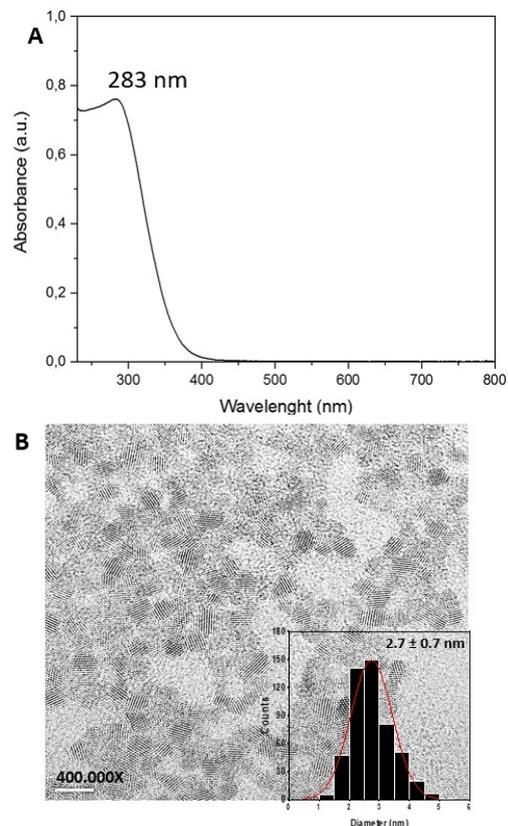


Figure 1. HTR-8/SVneo trophoblasts 40X



C

pH	8.3
Size by number (DLS)	4.2±0,9 nm
Z-pot	-17±3.4 mV

Figure 2. CeO₂NPs UV-visible spectroscopy and size distribution (A). 2.5 nm CeO₂NPs by high-resolution transmission electron microscopy (B). pH, size by dynamic light scattering (DLS), zeta potential (C).

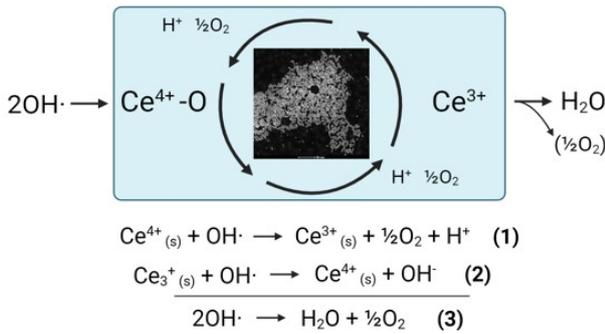


Figure 3. Schema of CeO₂NPs possible bio-catalysis mechanism. Adapted from: Ernst LM, Puentes V. How Does Immunomodulatory Nanoceria Work? ROS and Immunometabolism. (doi: 10.3389/fimmu.2022.750175)

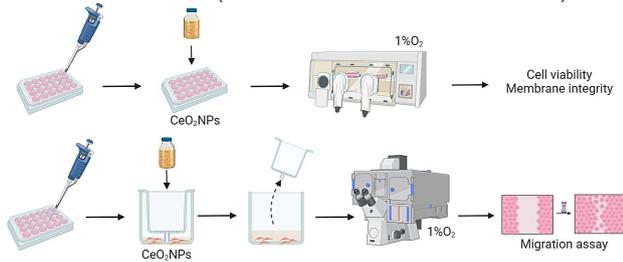


Figure 4. Schema of the methodology used to perform cell viability and membrane integrity assays (A), and the migration assay (B) under hypoxia conditions (1%O₂).

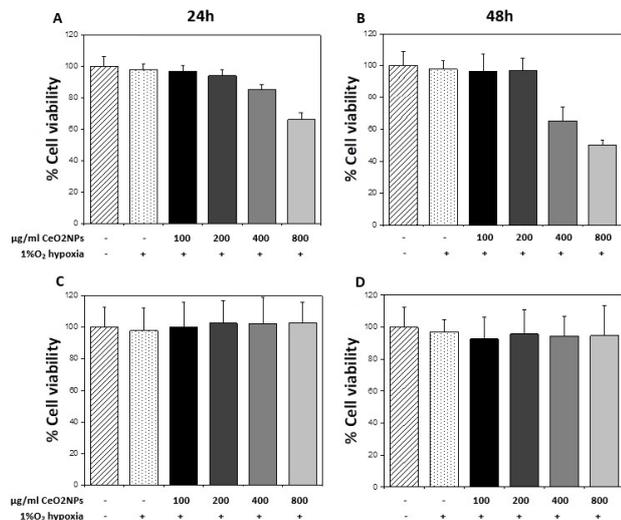


Figure 5. Cell viability by PrestoBlue assay (A,B) and membrane integrity by Lactate Dehydrogenase assay (C,D) in HTR-8/SVneo trophoblasts pre-treated with 0, 100, 200,

400 and 800 μg/ml CeO₂NPs and exposed to 1% O₂ for 24h and 48h. Data expressed as mean ± SD.

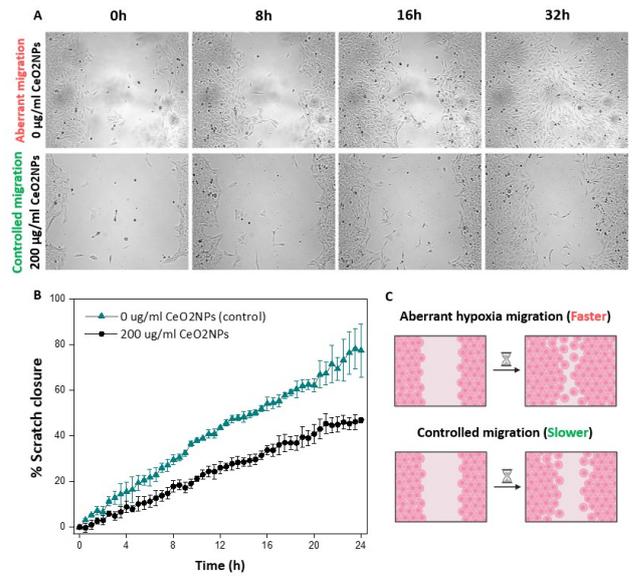


Figure 6. Migration assay time-lapse confocal microscopy images. Untreated (above panels) and 200 μg/ml CeO₂NPs treated (below panels) HTR-8/SVneo trophoblasts exposed to 1% O₂ at 0h, 8h, 16h and 32h after insert removal (A). Evaluation of scratch wound closure in % of untreated and 200 μg/ml CeO₂NPs treated HTR-8/SVneo trophoblasts exposed to 1% O₂. Measures performed continuously for 24h. Data expressed as mean ± SD (B). Schema of the aberrant migration that take place under hypoxia (PE in vitro mimic conditions) versus a normal controlled migration (C).