

Cyclic compression emerged dual effects on the bone homeostasis of LPS-induced inflammatory human periodontal ligament cells according to loading force

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Research article

Keywords: periodontitis; hPDLs; LPS; dynamic loading; bone homeostasis

Posted Date: July 15th, 2019

DOI: <https://doi.org/10.21203/rs.2.11336/v1>

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Version of Record: A version of this preprint was published on January 6th, 2020. See the published version at <https://doi.org/10.1186/s12903-019-0987-y>.

Abstract

Background: Appropriate mechanical stimulation is essential for bone homeostasis in healthy periodontal tissues. While the bone homeostasis of inflammatory periodontal tissues under different dynamic loading has not been yet clear. The aim of this study is to clarify the inflammatory, osteogenic and pro-osteoclastic effects of different cyclic stress loading on the inflammatory human periodontal ligament cells (hPDLCs). **Methods:** hPDLCs were isolated from healthy premolars and cultured in alpha minimum Eagle's medium (α -MEM). Lipopolysaccharides (LPS) were used to induce the inflammation state of hPDLCs *in vitro*. Determination of LPS concentration for the model of inflammatory periodontium was based on MTT and genes expression analysis. Then the cyclic stress of 0, 0-50, 0-90 and 0-150 kPa was applied to the inflammatory hPDLCs for 5 days respectively. mRNA and protein levels of osteogenic, osteoclastic and inflammation-related markers were examined after the treatment. **Results:** MTT and RT-PCR results showed that 10 μ g/ml LPS up-regulated TNF- α , IL-1 β , IL-6, IL-8 and MCP-1 mRNA levels ($P<0.05$) and did not affect the cell viability ($P>0.05$). The excessive loading of stress (150 kPa) with or without LPS strongly increased the expression of inflammatory-related markers TNF- α , IL-1 β , IL-6, IL-8, MCP-1 ($P<0.05$) and osteoclastic markers RANKL, PTHLH and CTSK compared with other groups ($P<0.05$), but had no significant effect on osteogenic genes. While 0-90 kPa cyclic pressure could up-regulate the expression of osteogenic genes ALP, COL-1 and RUNX2 in the healthy hPDLCs. **Conclusions:** Collectively, it could be concluded that 0-150 kPa was an excessive stress loading which accelerated both inflammatory and osteoclastic effects, while 0-90 kPa may be a positive factor for the bone homeostasis of hPDLCs *in vitro*

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Results: MTT and RT-PCR results showed that 10 μ g/ml LPS up-regulated *TNF- α , IL-1 β , IL-6, IL-8* and *MCP-1* mRNA levels ($P<0.05$) and did not affect the cell viability ($P>0.05$). The excessive loading of stress (150 kPa) with or without LPS strongly increased the expression of inflammatory-related markers *TNF- α , IL-1 β , IL-6, IL-8, MCP-1* ($P<0.05$) and osteoclastic markers *RANKL, PTHLH* and *CTSK* compared with other groups ($P<0.05$), but had no significant effect on osteogenic genes. While 0-90 kPa cyclic pressure could up-regulate the expression of osteogenic genes *ALP, COL-1* and *RUNX2* in the healthy hPDLCs.

Conclusions: Collectively, it could be concluded that 0-150 kPa was an excessive stress loading which accelerated both inflammatory and osteoclastic effects, while 0-90 kPa may be a positive factor for the bone homeostasis of hPDLs *in vitro*.

Keywords: periodontitis; hPDLs; LPS; dynamic loading; bone homeostasis

Background

Periodontitis is a chronic infective disease of the periodontium caused by bacteria. It especially occurs among the elderly, and may develop into the defect of dentition, which is one of the severest consequences. To repair the missing teeth for these patients, the control of inflammation state and occlusal force on the involved teeth is the key point which should be well considered. However, there is no conclusion about the differences between periodontitis and healthy abutments under the dynamic mechanical stress, and the range of occlusal force that periodontitis teeth can bear. What's more, the bone homeostasis of the inflammatory periodontal tissue under different dynamic loading has also not been clear yet.

Endotoxin is an important toxic component in the occurrence and development of periodontitis. When human periodontal ligament cells (hPDLs) were exposed to Lipopolysaccharides (LPS), the major active component of endotoxins, the expressions of pro-inflammatory cytokines was increased [1]. TNF- α , IL-1 β , IL-6, IL-8, IL-10, IL-11 etc are the pro-inflammatory cytokines secreted to cause inflammatory response, loss of periodontium and alveolar bone, which would eventually lead to irreversible teeth loosening and falling off [2-4]. Kato reported that 1 and 10 $\mu\text{g/ml}$ LPS could affect osteoblastic differentiation and up-regulate IL-1 β , IL-6, and IL-8 production in human periodontal ligament stem cells (hPDLSCs)[5]. Besides, in the research of Liu, applying LPS on hPDLs could trigger the inflammation reaction[6]. However, the concentration and duration of LPS treatment for modeling the periodontitis in hPDLs *in vitro* preferably was remained to be clear and definite.

The periodontal ligament (PDL) which mainly contains fibroblasts is connecting the root and alveolar bone and responsible for the formation of collagen fiber networks. Meanwhile, a few osteoblast-like fibroblasts in PDL has the capacity to give rise to bone cells and cementoblasts [7]. Because of the components, PDLs are able to bear physiological mastication. In recent studies, the mechanical loading within the physiological range has been found to stimulate the differentiation of PDLs *in vitro* [8, 9]. Compression is the way that scholars simulate the stress state of periodontal ligament cells under normal occlusion. In PDLs, 65g/cm² (245 kPa) static compression given by weight could take part in the initiation of osteoclastogenesis. It could up-regulate the expression of pro-osteoclastogenic cytokine, like receptor activator for nuclear factor- κ B ligand (RANKL) and parathyroid hormone-related protein(PTHrP), and the pro-inflammation cytokines including IL-8 and IL-11[10, 11]. It has been demonstrated that 150 psi (1034 kPa) static compression by air pressure could up-regulate the expressions of MMPs-1/7/9, which are the cytokines regulating the degradation of extracellular matrix, and inflammation-related genes in inflammatory hPDLs[12]. However, there is no defined physiological

pressure range for hPDLCs because of the different ways of pressure loading. As we known, in the process of mastication, the occlusal force borne by periodontium is discontinuous rather than unchangeable. Thus, it would be better to study the inflammation status and the bone homeostasis of the hPDLCs using a dynamic loading way to mimic the functional status. Therefore, in this present study, by applying cyclic air compression, we compared the expression differences of pro-inflammation, pro-osteoclastogenic and osteoblast-related cytokines between healthy and LPS-induced inflammatory hPDLCs under different dynamic loadings. This work may provide the

foundation for clearing the reasonable force range of hPDLCs and give the reference for stress designing of the periodontitis abutment teeth in clinic.

Methods

Cell Culture and Periodontitis Induction Model

hPDLCs were isolated from healthy premolars for orthodontic reasons among patients at age 18-30. The primary cells were collected by scrapping the middle third of the roots, minced into pieces at about 1 mm³, and subjected to 0.3% collagenase type I (Sigma, USA) at 37 °C with gently shaking for 30 min. After centrifugation, the precipitate was transferred to culture flasks (Corning, USA) with α -minimum essential medium (a-MEM) (Hyclone, USA) supplemented with 10% fetal bovine serum (Gibco, USA), 100 U/ml penicillin and 100 mg/ml streptomycin (Sigma, USA), and then cultured in a humidified atmosphere of 5% CO₂ at 37 °C. The teeth were collected with informed consent of the donors and the approval of the Ethics Committee of College of Medicine & Hospital of Stomatology, Xi'an Jiaotong University (approval number No. 2018-134). All the cells used in this study were at passage 4 after 1-2 weeks of culture.

hPDLCs were plated at a density of 2×10^3 cells/well in 96-well plates and 5×10^5 cells/well in 6-well plates. And then the hPDLCs were cultured in basal medium containing LPS (Sigma, USA) with concentration of 0, 0.1, 1.0, 10, 100 and 500 $\mu\text{g/ml}$

for 24 h, 48 h and 72 h respectively.

MTT assay

After treated with different dosage of LPS, the cell viability of hPDLCs was measured by 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) (Beyotime, China) assay. The MTT was added into the medium in 0.2 mg/ml for 4 h. Then the

plates were centrifuged at 1000 rpm for 10 min and the supernatant was discarded. The crystal was dissolved with dimethyl sulfoxide (DMSO) (Sigma, USA) (200 $\mu\text{l/well}$), and the optical density of the solution was measured at 490 nm on an automatic imark Microplate Absorbance Reader (Bio-Rad Laboratories, USA).

Application of dynamic cyclic stress

hPDLCs were plated at a density of 5×10^5 cells/well in 6-well plates, and cultured in basal medium. After treated with or without LPS, all the plates were applied to cyclic hydrostatic pressure of 0, 0-50, 0-90 and 0-150 kPa (0.1 Hz) using the dynamic hydrostatic pressure booster [13-15], 1 h/day for 5 days. The medium was replaced every day.

Quantitative Real-time polymerase chain reaction (real-time PCR)

Total RNA was isolated from hPDLCs using TRIzol (TAKARA, Japan) and converted to cDNA by a commercial RT-PCR Kit according to the manufacturer's instructions (TAKARA, Japan). RT-PCR was performed using SYBR Premix Ex Taq II (TAKARA, Japan) following a real-time PCR detection System (Applied Biosystems, USA). Expression data were normalized to the amount of β -actin mRNA using the $-\Delta\Delta C_t$ method. The primers for all the genes are listed in Table 1. Each reaction was performed in triplicate.

Western Blotting Analysis

The total protein of hPDLCs in each group was extracted by Ripa lysate (Boster, China) according to the manufacturer's instructions. And the protein concentration was determined using the bicinchoninic acid (BCA) protein assay kit (Thermo scientific, USA). About 20 μ g of protein was separated with 10% and 15% SDS-PAGE gels. The

isolated protein was transferred onto polyvinylidenedifluoride membrane, and then blocked with 5% non-fat dry milk in TBS containing 0.1% Tween for 1 h at room temperature. Then the membranes were trimmed to narrow strips based on the molecular weight of the target proteins according to the markers. These strips were probed with an antibody to a single target protein. The membranes were incubated with the appropriate primary antibodies overnight at 4 °C. After washing, the membranes were incubated with a secondary horseradish peroxidase (HRP)-coupled antibody and processed for an enhanced chemiluminescence detection using Immobilon HRP substrate (Millipore, USA). Signals were visualized and analyzed on a UVP Vision Works LS BioSpectrum (Aplegen, USA). The intensity of bands was quantified using IMAGEJ software (National Institute of Health, USA). The ratio of the intensity of the target protein to that of β -actin loading control was calculated to represent the expression level of the protein. Antibodies were as follows: anti-IL-1 β (1:1000) (ab2105), anti-TNF- α (1:1000) (ab8348), anti-COL-1 (1:2000) (ab90395), anti- RUNX2 (1:2000) (ab23981), anti-RANKL (1: 1000) (ab9957), anti- β -actin (1: 1000)

(ab8224) (Abcam, UK).

Statistical analysis

Statistical analysis was performed by SPSS 19.0 software (IBM, USA), using one-way (repeated-measures) ANOVA for differences across experimental groups in conjunction with Tukey's post hoc test to compare the differences between the treatment groups. Each experiment was performed three times. Data were expressed as means \pm SEM. P values of < 0.05 were considered statistically significant.

Results

Establishment of periodontitis induction model *in vitro*

According to the results of the MTT assay, the proliferation of hPDLs showed a significant reduction after treated with 100 or 500 $\mu\text{g/ml}$ LPS for 24 h, 48 h and 72 h compared with the control group ($P < 0.001$). While the other experimental groups, which were treated with 0.1, 1.0 or 10 $\mu\text{g/ml}$ LPS, showed no significant difference in cell proliferation and viability compared with the control group ($P > 0.05$) (Figure 1, A).

Since the high concentration (100 and 500 $\mu\text{g/ml}$) of LPS treatment would affect the bioactivity of hPDLs which could be excluded for the modeling, we then investigated the inflammatory response of the hPDLs under 0.1, 1.0, 10 $\mu\text{g/ml}$ LPS treatment. The mRNA expressions of inflammatory cytokines were exhibited using real-time PCR. The results indicated that 10 $\mu\text{g/ml}$ LPS induced the expression of pro-inflammatory cytokines, including *IL-1 β* , *IL-6*, *IL-8*, *MCP-1* and *TNF- α* in hPDLs, compared with the control group ($P < 0.05$). However, the mRNA expression of pro-inflammatory cytokines in those 0.1 and 1.0 $\mu\text{g/ml}$ LPS groups showed no statistical significant up-regulation compared to the control group ($P > 0.05$) (Figure 1, B). According to the results of this section, 10 $\mu\text{g/ml}$ would be chosen as the working concentration of LPS for the periodontitis induction model of hPDLs *in vitro*.

The pro-inflammatory effects of different dynamic cyclic stress on LPS-induced inflammatory hPDLs

Given that 10 $\mu\text{g/ml}$ LPS would induce the periodontitis model, we then investigated the inflammation status of the hPDLs under both 10 $\mu\text{g/ml}$ LPS and different dynamic cyclic stress. From the results of real-time PCR, among the different loading groups of dynamic cyclic stress, all the LPS(+) groups showed significant higher mRNA expression of the pro-inflammatory cytokines including *IL-1 β* , *IL-6*, *IL-8*, *MCP-1* and

TNF- α compared to the corresponding loading groups of LPS(-) ($P < 0.05$). LPS(+)/0-150 kPa dynamic cyclic stress loading treatment up-regulated all the pro-inflammatory cytokines ($P < 0.05$), while LPS(+)/0-50 kPa and LPS(+)/0-90 kPa treatment showed no significant effect on the expressions of those cytokines, compared to LPS(+)/0 kPa group. Among the LPS(-) groups, the mRNA expression of *IL-1 β* ,

MCP-1 and *TNF- α* showed an increasing tendency as the loading increased, which came to a head in the LPS(-)/0-150 kPa group. In addition, LPS(-)/0-150 kPa loading significantly up-regulated the expression of *IL-6* and *IL-8* compared with both the LPS(-)/0-50 kPa and LPS(-)/0-90 kPa groups ($P < 0.05$) (Figure 2, A), which indicated that over loading may induce the inflammation of healthy hPDLCs.

Since IL-1 β and TNF- α are two of the most important inflammatory factors in the progress of periodontitis, we characterized the effects of different dynamic cyclic stress on these protein expressions in LPS-induced inflammatory hPDLCs to extend our observations at the mRNA level. Consistent with the gene expression pattern, Western blotting analysis demonstrated that after treated with LPS, the expression level of proteins IL-1 β and TNF- α in hPDLCs showed obvious enhancement no matter which range of the cyclic stress was loaded. Especially compared to the LPS (-)/0-90 kPa group, the LPS(+)/0-90 kPa group exhibited significant more expression of TNF- α protein. Meanwhile, both IL-1 β and TNF- α expressed higher in the 0-150 kPa group than the other loading groups, no matter the hPDLCs was treated with or without LPS. What's more, the LPS(+)/0-150 kPa treatment induced the highest expression of IL-1 β and TNF- α protein than all the other groups, which showed the exacerbation of inflammatory status after over loading on the LPS-induced hPDLCs (Figure 2, B and C).

The osteoblastic effects of different dynamic cyclic stress on LPS- induced inflammatory hPDLCs

Among the four loading groups without LPS treatment, after 5 days of 0-90 kPa dynamic cyclic stress loading, the mRNA expressions of osteoblastic cytokines *ALP* and *COL-1* were up-regulated to the greatest extent, compared with the 0 and 0-50 kPa groups. Then they declined to the basal line after 5 days of 0-150 kPa dynamic cyclic stress loading. Meanwhile, the mRNA expression of *RUNX-2* in LPS(-)/0-150 kPa group was also promoted as with the LPS(-)/0-90 kPa group, compared with the LPS(-)/0 kPa and LPS(-)/0-50 kPa groups. What's more, there was no significant difference in any expression of the osteoblastic cytokines between LPS(-)/0 kPa and LPS(-)/0-50 kPa groups. However, it was somewhat unexpected that no difference in the expression of any osteoblastic cytokine was found among all the LPS treated groups after the different loadings (Figure 3, A).

In accordance with the results of real-time PCR, Western blotting analysis revealed that the expression level of RUNX-2 protein reached the peak at LPS(-)/0-90 kPa group compared with the other LPS(-) loading groups. However, the RUNX-2 protein level showed no significant difference among the different loading groups in LPS-induced hPDLCs. Moreover, the expression of COL-1 protein had no obvious change among the different dynamic cyclic stress groups no matter treated with LPS or not after 5 days (Figure 3, B and C). These results indicated that appropriate mechanical stimulation is the favorable factor for the bone remodeling in the healthy periodontium, whereas this positive effect would be lost in the inflammatory state of hPDLCs.

The osteoclastic effects of different dynamic cyclic stress on LPS- induced inflammatory hPDLCs

Having observed the changes in osteoblastic cytokines after the treatment of different dynamic cyclic stress and LPS, we then investigated the expression changes of the pro- osteoclastic cytokines. RT-PCR results suggested that the mRNA levels of pro- osteoclastic cytokines, including *RANKL*, *CTSK*, *PTH1H* in LPS-induced hPDLCs were up-regulated compared to the corresponding loading groups without LPS respectively, and expressed the statistical difference at the 0-150 kPa group. Among four LPS(-) groups, it could be seen that the mRNA level of pro-osteoclastic cytokines went up following the loads increased. Similar to the LPS(-) groups, the expression of these osteoclastic markers was significantly promoted in the LPS(+)/0-90kPa groups, and reached the highest level in the LPS(+)/0-150 kPa group after 5 days(Figure 4, A).

The result of Western blotting showed that LPS(+)/0-90 kPa and LPS(+)/0-150 kPa dynamic cyclic stress treatment could up-regulate the expression level of RANKL protein, compared with other LPS(+) groups. In addition, only 0-150 kPa dynamic cyclic stress treatment without LPS could also promote the expression of RANKL protein to an extreme high level than the other LPS (-) groups. It was indicated that the over loading of cyclic stress could accelerate the resorption of bone in healthy periodontium. There was no obvious effect of bone resorption after the cyclic stress under 90 kPa regardless the LPS treatment or not. Nevertheless, the synergistic effect of a smaller cyclic stress and LPS treatment on promoting the osteoclasts in hPDLCs was nearly equal to the much more dynamic cyclic stress treatment without LPS (Figure 4, B and C).

Discussion

As known, the process of periodontitis begins with the endotoxin released by bacteria. Then the pro-inflammatory factors such as TNF- α and IL-1 β are secreted by local

periodontal ligament cells, which invades periodontal tissues and finally leads to the absorption and destruction of parodontium [16]. TNF- α and IL-1 β were demonstrated to be the key factors in periodontitis [17]. From another perspective, LPS, by which endotoxin exists on the walls of some bacteria, can lead to inflammatory reactions in multiple tissues such as genitourinary inflammation [18] and chronic fatigue syndrome [19]. It was reported that LPS can also stimulate the defensive cells in PDL to produce pro-inflammatory factors such as TNF- α and IL-1 β , and then cause the destruction of PDL and alveolar bone [1, 20]. However, the concentration of LPS applied on hPDLCs to mimic the periodontitis *in vitro* is still controversial. 0.1-10 $\mu\text{g/ml}$ LPS were used on hPDLCs to induce the inflammatory state to observe the effects of *IL-6* and *MCP-1* in the previous study [21]. And it was also reported that 1.0 $\mu\text{g/ml}$ of LPS could be used to establish the model of periodontitis and could contribute to the [secretion of inflammatory cytokines in hPDLCs](#) [22]. The miRNA expression patterns were investigated in the inflammatory hPDLCs induced by 0, 0.5, 1.0, 1.5 and 2.0 $\mu\text{g/ml}$ of

LPS [23]. What's more, the scholars also applied 0, 10, 20, 50, and 100 µg/ml of LPS on hPDLCs to make an inflammatory environment, and aimed to investigate the anti-inflammatory effect of a certain therapy [24]. So, we selected the concentrations of 0.1, 1.0, 10, 100 and 500 µg/ml to make clear the appropriate working dosage of LPS in the periodontitis induction of hPDLCs *in vitro*. According to both MTT assay and real-time PCR analysis, it could be concluded that 10 µg/ml of LPS showed no effect on the proliferation of cells and promoted the inflammatory response of hPDLCs, which could be used to induce the model of periodontitis *in vitro* in the following study.

Mechanical stress is essential for the physiological function of a healthy periodontium. But excessive occlusal stress could cause the damage of periodontal tissue *in vivo*. Cyclic hydrostatic pressure has been applied on hPDLCs *in vitro* to mimic the

physiological state of periodontium [25]. Previous studies had suggested that cyclic pressure higher than 150 kPa could significantly affect the morphology and function of hPDLCs and also inhibit the proliferation and differentiation of these cells [26]. What's more, it had been reported that the feasible pressure condition for hPDLCs should be 90 kPa for 60 min, under which the ALP activity of the cells would be promoted without affecting cell proliferation rates [25]. Therefore, in our study, 0- 50 kPa, 0-90 kPa and 0-150 kPa were selected as the loading range to simulate the state of normal occlusion, critical occlusion and over occlusion *in vivo*. And the conclusions of this study were accompanied with the previous finding that over loading of pressure would significantly enhance the inflammation and osteoclast effects on LPS-induced inflammatory hPDLCs.

It is well known that PDLCs can be induced to differentiate into osteoblasts and pre- osteoclasts, and participate in the bone remodeling according to different mechanical stimulations. In some orthodontic studies, new bone formation was always found on the tension side while the osteoclasts on the pressure side were extremely active [27]. Studies showed PDLCs under cyclic stretch stress could express higher OCN, ALP and Runx2[28]. While there were few researches about the compression-relative osteoblastic differentiation. It was reported that the expression of osteogenic factors in MC3T3 E1 cells increased significantly after the cyclic pressure applied within a certain range [29]. Therefore, we speculated that appropriate cyclic pressure may promote the osteogenic differentiation in hPDLCs. In the present study, we found an obvious up- regulated expression of *ALP*, *COL-1* and *RUNX2* in healthy hPDLCs under the dynamic cyclic pressure of 0-90 kPa, which suggested the osteogenic differentiated trend of hPDLCs in a certain range of stress. But there was no similar observation in the Western blotting analysis among these groups. The reason for this inconsistency may be related

to the short experimental period and the lack of osteogenic induction medium during the experiment, which still warrants further investigation. In addition, both mRNA and protein level of the osteogenic markers showed no obvious difference among the corresponding LPS(+) groups. This result may indicate that the role of appropriate mechanical stimulation to induce osteogenic differentiation of hPDLCs would be interfered by inflammation.

Otherwise, we found that the expression pattern of pro-osteoclastic cytokines was similar to the pro-inflammatory cytokines among the groups in this present study. After dynamic cyclic pressure and LPS treatment, the osteoclastic and inflammatory effects on the hPDLCs were both aggravated. In our present study, both mRNA and protein expression level of RANKL increased significantly after the LPS plus 0-90 kPa or 0-150 kPa dynamic cyclic pressure treatment. RANKL is an important pre-osteoclastic marker, appearing to be both necessary and sufficient for the complete differentiation of osteoclast precursor cells into mature osteoclasts. Previous studies showed that the expression of RANKL can be up-regulated under compressive force in PDLCs, which is an essential factor for osteoclastogenesis [30]. Hence the results of our study have defined the conditions of osteoclastogenesis, which are over loading on healthy hPDLCs and the critical loading on LPS-induced inflammatory hPDLCs *in vitro*.

Conclusion

Therefore, we conclude that dynamic cyclic pressure can promote the osteogenic differentiation of healthy periodontal ligament cells in the physiological range of force (under 90 kPa). Within this certain range of force, the mechanical effects of bone formation and resorption on the periodontitis abutment teeth have no significant difference from that of the healthy teeth. But the excessive pressure (150 kPa) can

significantly increase the release of inflammatory and pro-osteoclastic factors, which could be further aggravated by LPS. This may suggest that the excessive occlusal force on periodontitis teeth can significantly aggravate the destruction of periodontal tissue and promote the progress of periodontitis ulteriorly. To sum up, according to the present study, 90 kPa could be a reference value to simulate natural occlusal force and 150 kPa may be an extreme loading for hPDLCs *in vitro* in the following biomechanical studies. However, the regulatory mechanism of the interactive effects between LPS and compression on the bone homeostasis of the hPDLCs is still unclear. And the subsequent animal experiments are also needed to confirm the conclusions of this study in the future.

Abbreviations

LPS: lipopolysaccharides; hPDLCs: human periodontal ligament cells; α -MEM: alpha minimum Eagle's medium; hPDLSCs: human periodontal ligament stem cells; PDL: periodontal ligament; PTHrP: parathyroid hormone-related protein; MTT: 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide; DMSO: dimethyl sulfoxide; BCA: bicinchoninic acid; HRP: horseradish peroxidase; ALP: Alkaline phosphatase; COL1: Type I collagen; IL-6: Interleukin-6; PVDF: Polyvinylidene difluoride; qRT-PCR: Quantitative real-time polymerase chain reaction; RUNX2: Runt-related transcription factor 2; TNF- α : Tumor necrosis factor- α

Declarations

Ethics approval and consent to participate

The present study was approved by the Ethics Committee of College of Medicine & Hospital of Stomatology, Xi'an Jiaotong University (approval number No. 2018-134). All patients or their parents have signed the informed consent form.

Consent for publication

Not applicable.

Availability of data and materials

The datasets used and/or analyzed during the current study available from the corresponding author on reasonable request.

Competing interests

The authors declare that they have no competing interests.

Funding

This current work was supported by the Innovation Project of Science and Technology of Shaanxi Province (2016KTCL03-10), and the Fundamental Research Funds for the Central Universities (xzy012019106). The authors declare that the funding bodies did not contribute to the design of the study, collection, analysis and interpretation of data or the writing of the manuscript.

Authors' contributions

RJ and YY performed most of the experiments and wrote the manuscript. JL carried out the Western Blotting experiments. DP participated in the design of the study and performed the statistical analysis. BH and ZW contributed significantly to writing and revising the manuscript. HH and LW participated in the qRT-PCR experiments. YL and XL were the guarantors of this work and, as such, had full access to all of the data in the study and take responsibility for the integrity of the data and the accuracy of the data analysis. All authors have given final approval of this version to be published. All authors agreed to be accountable for all aspects of the work in ensuring that questions related to the accuracy or integrity of any part of the work are appropriately investigated and resolved. All authors have read and approved the final manuscript.

Acknowledgements

Not applicable.

Figure Legends

Figure1. Establishment of LPS-induced periodontitis model *in vitro* After induced by different concentrations of LPS for 24, 48 and 72 h respectively, the proliferation of hPDLCs was detected by MTT (A). mRNA expressions of pro-inflammatory cytokines *IL-1 β* , *IL-6*, *IL-8*, *MCP-1* and *TNF- α* in hPDLCs after 0.1, 1.0 and 10 μ g/ml LPS treatment were detected using real-time PCR (B). Data were represented as means \pm SEM (n=6). The bars with different lowercase letters were significantly different from each other ($P<0.05$), and those with the same letter exhibited no significant difference.

Figure2. Expression of mRNA and protein levels of the inflammatory markers in hPDLCs after different dynamic cyclic stress loading for 5 days. (A) Real-time PCR results of pro-inflammatory markers, including *IL-1 β* , *IL-6*, *IL-8*, *TNF- α* and *MCP-1* mRNA expression in hPDLCs after different cyclic stress loading for 5 days with LPS or not. (B) Western blotting analysis for *IL-1 β* and *TNF- α* using total protein isolated from different groups of hPDLCs. (C) Quantification of Western blotting analysis. Protein content was expressed relative to the control and represented three similar independent experiments with triplicate observations in each experiment. Data were represented as the means \pm S EM (n=6). The bars with different lowercase letters were significantly different from each other ($P<0.05$), and those with the same letter exhibited no significant difference.

Figure3. Expression of mRNA and protein levels of the osteoblastic markers in hPDLCs after different dynamic cyclic stress loading for 5 days. (A) Real-time PCR results of osteoblastic markers *ALP*, *COL-1* and *RUNX-2* mRNA expression in hPDLCs after different cyclic stress loading for 5 days with LPS or not. (B) Western blotting analysis for *COL-1* and *RUNX-2* using total protein isolated from different groups of hPDLCs. (C) Quantification of Western blotting analysis. Protein content was expressed relative to the control and represented three similar independent experiments with triplicate observations in each experiment. Data were represented as means \pm SEM (n=6). The bars with different lowercase letters were significantly different from each other ($P<0.05$), and those with the same letter exhibited no significant difference.

Figure4. Expression of mRNA and protein levels of the pro-osteoclastic markers in hPDLCs after different dynamic cyclic stress loading for 5 days. (A) Real-time PCR results of pro-osteoclastic markers *RANKL*, *CTSK* and *PTH1H* mRNA expression in hPDLCs after different cyclic stress loading for 5 days with LPS or not. (B) Western blotting analysis for *RANKL* using total protein isolated from different groups of hPDLCs. (C) Quantification of Western blotting analysis. Protein content was expressed relative to the control and represented three similar independent experiments with triplicate observations in each experiment. Data were represented as means \pm SEM (n=6). The bars with different lowercase letters were significantly different from each other ($P<0.05$), and those with the same letter exhibited no significant difference.

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Table

Due to technical limitations, table 1 is only available as a download in the supplemental files section.

Figures

Figure 1

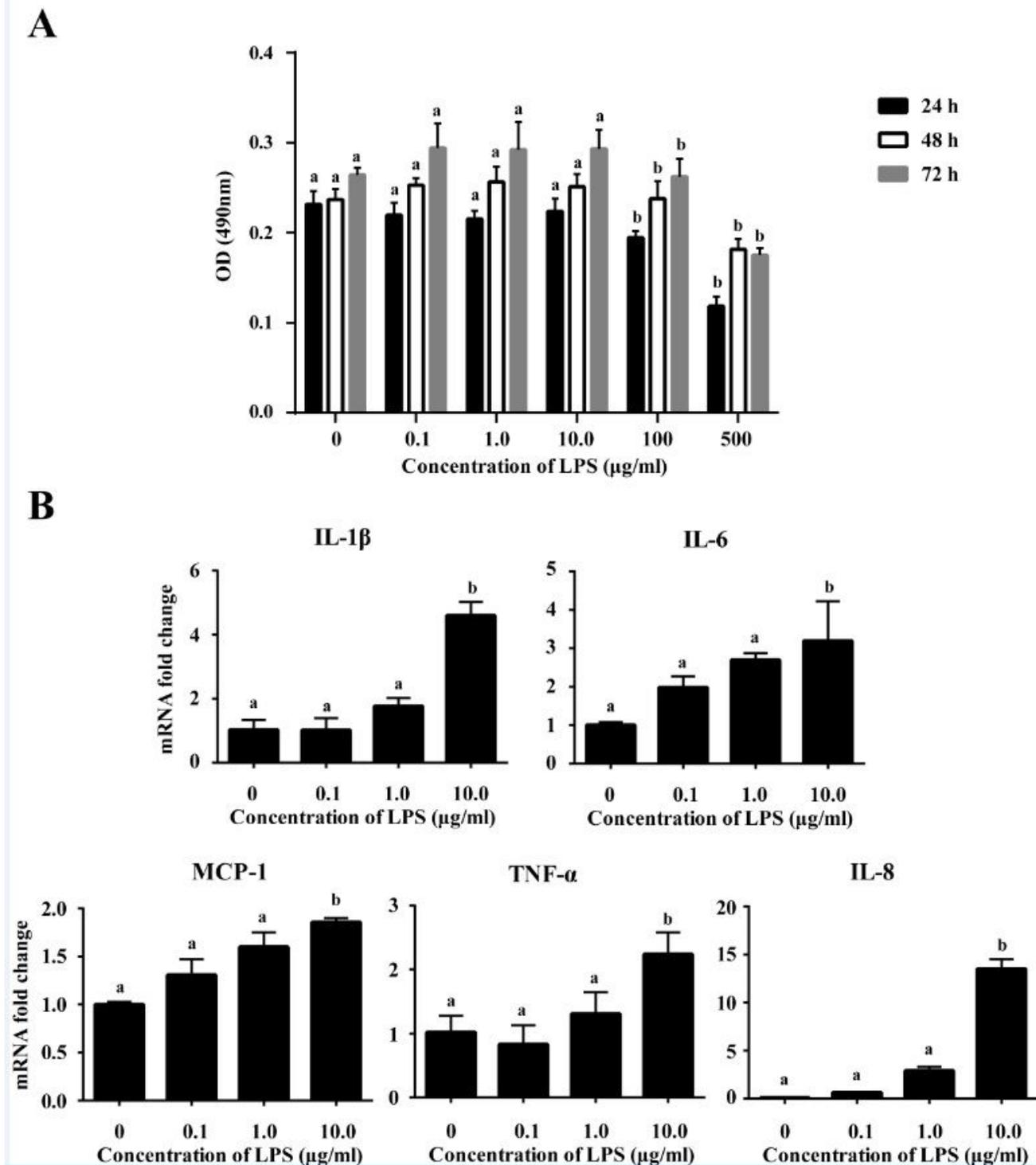


Figure 1

After induced by different concentrations of LPS for 24, 48 and 72 h respectively, the proliferation of hPDLCS was detected by MTT (A). mRNA expressions of pro-inflammatory cytokines IL-1 β , IL-6, IL-8, MCP-1 and TNF- α in hPDLCS after 0.1, 1.0 and 10 μ g/ml LPS treatment were detected using real-time PCR (B). Data were represented as means \pm SEM (n=6). The bars with different lowercase letters were

significantly different from each other ($P < 0.05$), and those with the same letter exhibited no significant difference.

Figure 2

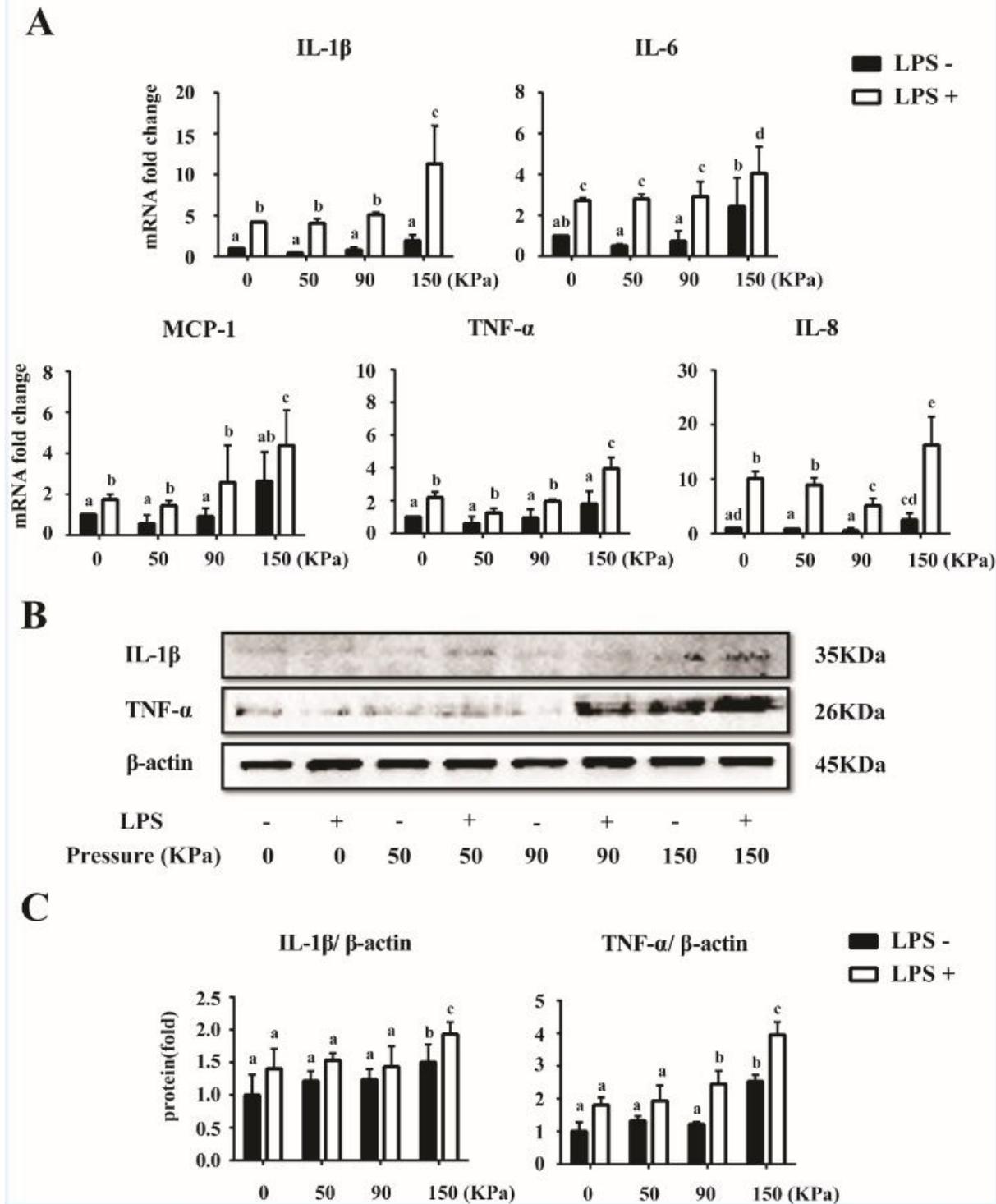


Figure 2

(A) Real-time PCR results of pro-inflammatory markers, including IL-1 β , IL-6, IL-8, TNF- α and MCP-1 mRNA expression in hPDLs after different cyclic stress loading for 5 days with LPS or not. (B) Western blotting analysis for IL-1 β and TNF- α using total protein isolated from different groups of hPDLs. (C)

Quantification of Western blotting analysis. Protein content was expressed relative to the control and represented three similar independent experiments with triplicate observations in each experiment. Data were represented as the means \pm S EM (n=6). The bars with different lowercase letters were significantly different from each other (P<0.05), and those with the same letter exhibited no significant difference.

Figure 3

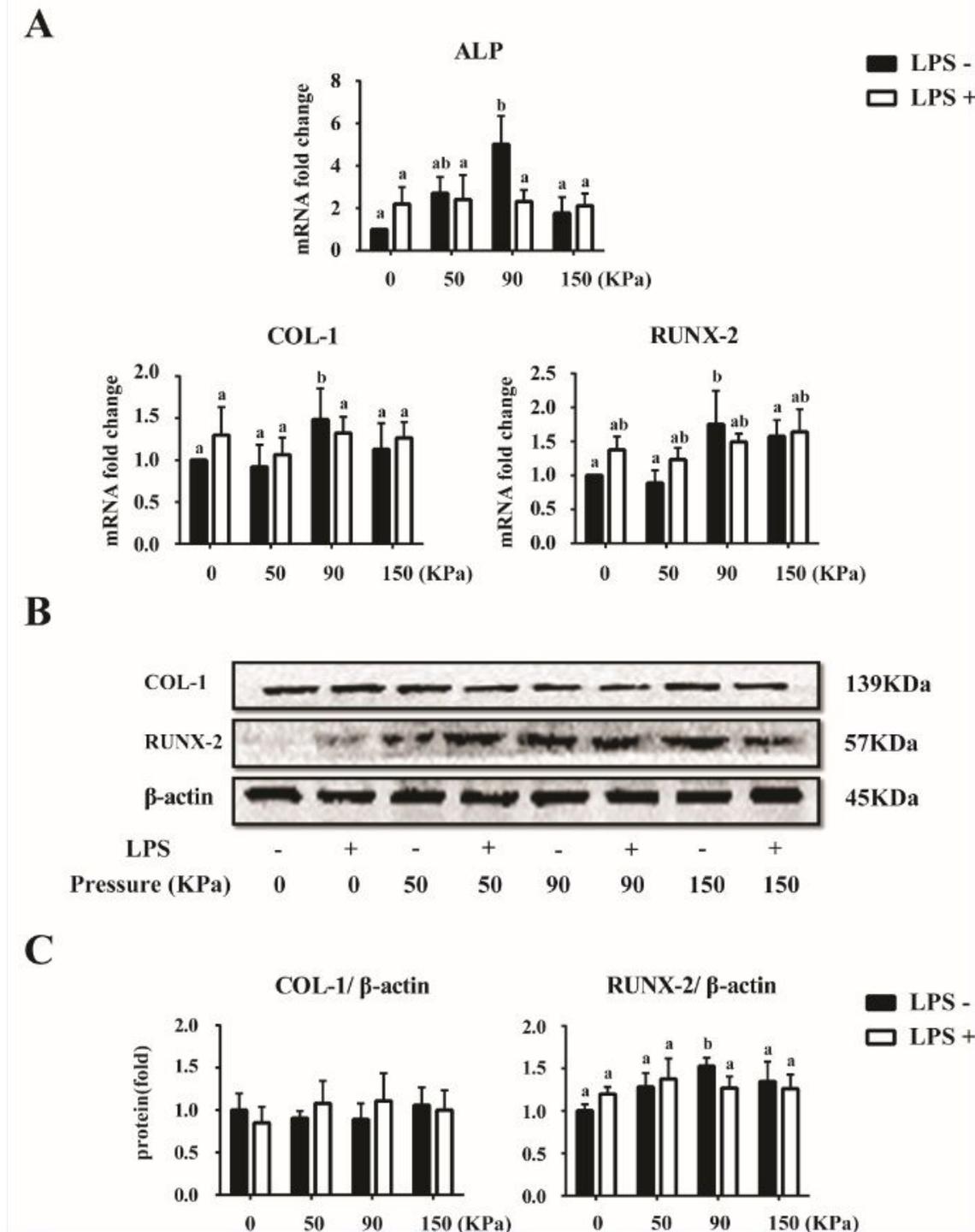


Figure 3

(A) Real-time PCR results of osteoblastic markers ALP, COL-1 and RUNX-2 mRNA expression in hPDLCs after different cyclic stress loading for 5 days with LPS or not. (B) Western blotting analysis for COL-1 and RUNX-2 using total protein isolated from different groups of hPDLCs. (C) Quantification of Western blotting analysis. Protein content was expressed relative to the control and represented three similar independent experiments with triplicate observations in each experiment. Data were represented as means \pm SEM (n=6). The bars with different lowercase letters were significantly different from each other ($P < 0.05$), and those with the same letter exhibited no significant difference.

Figure 4

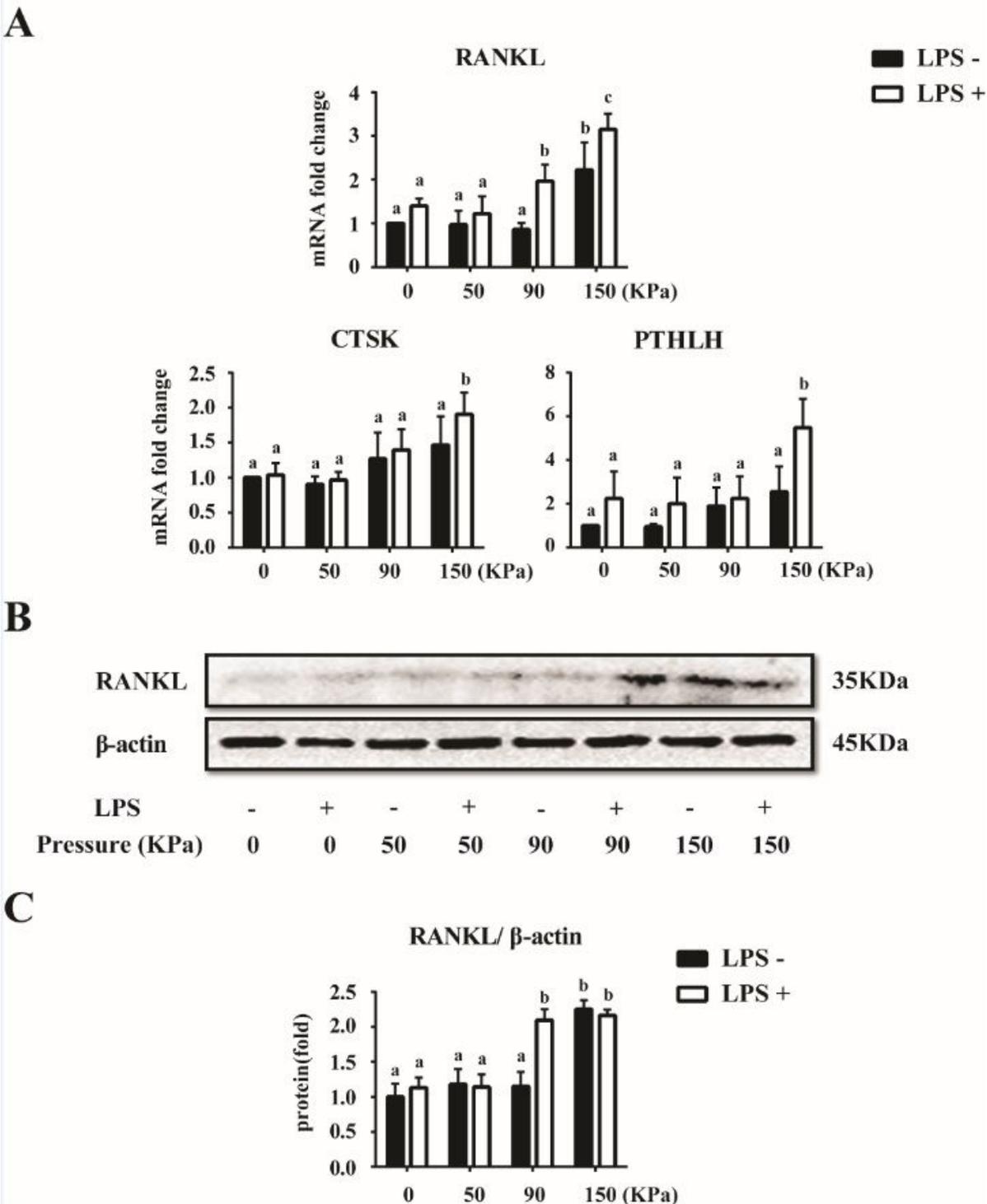


Figure 4

(A) Real-time PCR results of pro-osteoclastic markers RANKL, CTSK and PTHLH mRNA expression in hPDLCs after different cyclic stress loading for 5 days with LPS or not. (B) Western blotting analysis for RANKL using total protein isolated from different groups of hPDLCs. (C) Quantification of Western blotting analysis. Protein content was expressed relative to the control and represented three similar independent experiments with triplicate observations in each experiment. Data were represented as means \pm SEM (n=6). The bars with different lowercase letters were significantly different from each other ($P<0.05$), and those with the same letter exhibited no significant difference.

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