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**Lipidomic analysis of epithelial corneal cells following hyperosmolarity and benzalkonium  
chloride exposure: new insights in dry eye disease**

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## Abstract

Dry eye disease (DED) is a multifactorial chronic inflammatory disease of the ocular surface characterized by tear film instability, hyperosmolarity, cell damage and inflammation. Hyperosmolarity is strongly established as the core mechanism of the DED. Benzalkonium chloride (BAK) - a quaternary ammonium salt commonly used in eye drops for its microbicidal properties - is well known to favor the onset of DED. Currently, little data are available regarding lipid metabolism alteration in ocular surface epithelial cells in the course of DED. Our aim was to explore the effects of benzalkonium chloride or hyperosmolarity exposure on the human corneal epithelial (HCE) cell lipidome, two different conditions used as *in vitro* models of DED. For this purpose, we performed a lipidomic analysis using UPLC-HRMS-ESI+/- . Our results demonstrated that BAK or hyperosmolarity induced important modifications in HCE lipidome including major changes in sphingolipids, glycerolipids and glycerophospholipids. For both exposures, an increase in ceramide was especially exhibited. Hyperosmolarity specifically induced triglyceride accumulation resulting in lipid droplet formation. Conversely, BAK induced an increase in lysophospholipids and a decrease in phospholipids. This lipidomic study highlights the lipid changes involved in inflammatory responses following BAK or hyperosmolarity exposures. Thereby, lipid research appears of great interest, as it could lead to the discovery of new biomarkers and therapeutic targets for the diagnosis and treatment of dry eye disease.

**Key words:** Dry eye, lipidomic analysis, benzalkonium chloride, hyperosmolarity stress, UPLC-HRMS

36        **Highlights**

- 37        • BAK and HO profoundly affect the lipidome of epithelial corneal cells
- 38        • Cell levels of bioactive lipids involved in inflammatory pathways are modified
- 39        • Both BAK and HO increase levels of ceramide species
- 40        • HO induces lipid droplets and increases phospholipid biosynthesis
- 41        • BAK decreases cell phospholipid levels in favor of their lysophosphatidic forms

## 1. Introduction

Dry eye disease (DED) is a multifactorial chronic inflammatory disease of the ocular surface, affecting 20% of the population [1]. Its incidence is in constant growth, affecting millions of people worldwide. DED results in visual disorders and neurosensory abnormalities - discomfort sensations, burning, itching and pain - and alters occupational performances and quality of life. DED has been defined as “*a multifactorial disease of the ocular surface characterized by a loss of homeostasis of the tear film, and accompanied by ocular symptoms, in which tear film instability and hyperosmolarity, ocular surface inflammation and damage, and neurosensory abnormalities play etiological roles*” [2]. DED is furthermore self-maintained by a vicious circle, enclosing alteration of tear film, hyperosmolarity, inflammation of the ocular surface leading to release of pro-inflammatory cytokines such as IFN $\gamma$ , TNF $\alpha$ , IL-1 $\beta$  or IL-6 [3–7].

Hyperosmolarity (HO), known to be the core mechanism of DED, contributes to promoting and/or nurturing the pathology [2,5]. DED etiology includes autoimmune origin such as in Sjögren syndrome and also exogenous causes such as exposure to environmental toxics or iatrogenic agents [8]. DED onset may also be related to the toxic effect of preservatives required by the pharmacopeia guidelines as excipients in multidose eyedrops, the most common of them being benzalkonium chloride (BAK) [8,9]. BAK is a quaternary ammonium salt with detergent and microbicidal properties and quaternary ammonium compounds are widely found in disinfecting sprays both at home and at work [10]. Initially described in glaucomatous patients who are constrained to a chronic eyedrop administration [9,11], BAK toxicity impacts the different structures of the ocular surface, the conjunctiva, the cornea but also deeper structures such as the trabecular meshwork, the lens or even the retina [12,13]. In addition, because of its pro-inflammatory, pro-apoptotic and pro-oxidative effects, BAK may be responsible for DED or worsen it [14–16].

The ocular surface epithelial cells represent a physiological barrier playing a key role in the protection of the eye. Indeed, corneal and conjunctival cells are the first impacted during the alteration of the tear film contributing to the pathophysiology of DED. Many molecular mediators involved in

DED pathophysiology have been widely described in *in vitro* models [2,6,17]. Indeed, corneal and conjunctival cells exposed to BAK or HO undergo deleterious effects, especially apoptosis and oxidative stress [18–22]. In addition, an increase in cytokines such as IL-1 $\beta$ , TNF $\alpha$ , IL-6, chemokines such as CCL2 or matrix metalloproteases (MMP) such as MMP9, which are all pro-inflammatory molecular features of the DED pathology, was reported in these models [21,23,24].

Both inflammatory processes and cell death phenomena may involve second messengers derived from lipids. Indeed, lipids are not only the key components of biological cell membranes as well as sources of energy, they are also key mediators of intercellular and intracellular processes [25–27]. During the last two decades, some of them have been described as “bioactive lipids” tightly associated with several chronic diseases including diabetes, inflammatory bowel disease, multiple sclerosis, atherosclerosis [28,29]. Several studies have been dedicated to the role of lipids in ocular pathologies. An increase in sphingolipid abundance was thus reported in the cornea of diabetic patients [30]. In addition, Robciuc *et al.* reported the role of lipids in ocular pathologies highlighting the importance of sphingolipid homeostasis [31]. During DED, lipid composition of the tear film, which is under control of the meibomius gland secretion, is altered as it was previously shown by several studies focusing on its lipid characterization [32–35]. In contrast, to our knowledge, no study aimed at describing the modulation of epithelial cell lipids, involved in cell death process and promoting inflammatory cell recruitment, and its pathophysiological consequences in DED.

The purpose of this study was to characterize the changes of the lipid composition in a human epithelial corneal cell line following BAK or HO exposure, two well-known distinct stressors acting on cell membranes [36,37]. The aim was also to understand their differential effects on cell-membrane lipids and *in fine*, to identify lipid species as possible key markers of DED. Based on cytotoxicity assay and on gene expression of proinflammatory cytokines, we first determined the osmolarity levels and BAK concentrations to be used for cell exposures. We then performed a comprehensive lipidomic analysis to characterize qualitatively and quantitatively the changes occurring in the cellular lipid

93 profile resulting either from HO or BAK exposures. Finally, to support lipidomic analysis results, we  
94 assessed the gene expression of enzymes involved in the modulated lipid biosynthesis.

## **2. Material and Methods**

### **2.1. Cell line and culture conditions**

Human corneal epithelial cell line (HCE) was obtained from the RIKEN biobank (Tsukuba, Japan) [38]. HCE cells were grown in culture flasks using DMEM/F12 (1/1), 10% fetal bovine serum (FBS), 2 mM glutamine, 100 U/mL penicillin and 100 µg/mL streptomycin all from Gibco (Paisley, UK). At confluence, every 3 days, cells were harvested with trypsin-EDTA 0.05% in dubelco phosphate-buffered saline (DPBS). Cells were used in this study from passages 3 to 12.

### **2.2. Exposure solutions**

A stock solution of 0.1% (w/v) BAK (Sigma, Saint Quentin Fallavier, France) corresponding to 2.65 mM was used to prepare the 10<sup>-4</sup>% BAK exposure solution, one hundred times lesser than the average concentration used in standard eye drop formulations. The 500 mOsM solutions were obtained after dilution of a 1000 mOsM stock solution prepared by overloading the culture medium with sodium chloride (Sigma-Aldrich, Saint Quentin Fallavier, France). Medium osmolarity was controlled using an osmometer Roebling 13DR (Roebling, Berlin, Germany).

### **2.3. Cell viability assay**

Neutral Red (NR) uptake assay is based on the lysosome staining of viable cells after uptake of the dye through an active transport. To assess viability of HCE cells after exposure to HO or BAK, a solution of NR at 50 µg/mL was added to the cells grown at subconfluence in a 96-wells plate (20.000 cells/well), we performed NR assay, in accordance with previously published data [39]. The solution of NR was left to incubate for 3h at 37°C. Cells were washed with DPBS, then lysed using a mixture containing water, ethanol, acetic acid (49.5/49.5/1, v/v/v) and finally homogenized at room temperature for 15 minutes on a stirring plate. Fluorescence intensity was measured using a spectrofluorometer Infinite® 1000 (TECAN, Neuville-Sur-Oise, France) at 540 nm excitation and 600 nm emission wavelengths.

### **2.4. Reactive oxygen species production**



ROS production was determined using 2',7'-Dichlorohydrofluorescein diacetate (H<sub>2</sub>DCFDA) assay. The H<sub>2</sub>DCFDA 0.1 M stock solution in DMSO (Thermo Fisher Scientific, Saint-Quentin-Fallavier, France) was used to prepare a 20 µM solution in DPBS. Cells were incubated for 24 hours with BAK or under HO condition on a 96 well plate, then washed with DPBS and a volume of 200 µL of the H<sub>2</sub>DCFDA solution was distributed in each well. Following a 30-minute incubation at 37°C in the dark under a 5% CO<sub>2</sub> atmosphere, cells were washed with DPBS and fluorescence intensity was measured at 485 nm excitation and 535 nm emission wavelengths using a spectrofluorometer Infinite 1000® (TECAN, Neuville-Sur-Oise, France).

## **2.5. Lipid droplet staining**

Cells were seeded on glass slide in 12-well plate at 50,000 cells/well. After a 24-hour exposure to BAK or HO, cells were washed with DPBS and fixed with 4% paraformaldehyde solution in water.

Oil Red O (OR) staining was performed using a 0.5% OR stock solution (Sigma-Aldrich, Saint-Quentin Fallavier, France) diluted to 3/2 (v/v) in distilled water. This solution was distributed in each well. Following a 15-minute incubation, the cells were washed three times in DPBS.

Nile Red (NiR) staining was performed using a stock solution (Thermo Fisher Scientific, Saint-Quentin-Fallavier, France) diluted to 1/1000 (v/v) in a Mowiol® mounting medium. Nuclei were counterstained with DAPI. Glass slides were subsequently mounted under a cover glass in a Mowiol® mounting medium and were observed by epifluorescence microscopy. Quantification of area and size of lipid droplet was performed using imageJ® software (National Institutes of Health).

## **2.6. Lipidomic analysis**

### **2.6.1. Chemicals and reagents**

Chloroform (Carlo Erba Reactifs SDS, Val-de-Reuil, France), acetonitrile, methanol, isopropanol of LC-MS grade (J.T. Baker, Phillipsburg, NJ, USA), 3,5-di-tert-4-butylhydroxytoluene (Sigma Aldrich, Saint-Quentin Fallavier, France) and methyl-tertbutyl-ether (Acros Organics Thermo Fisher Scientific, Villebon-sur-Yvette, France) were used to prepare cell lipid extracts and mobile

phase for reverse phase liquid chromatography. LC-MS grade water (Sigma Aldrich, Saint-Quentin Fallavier, France) was used in sample preparation and analysis. All standard lipids were purchased from Avanti Polar Lipids, Inc. (Alabaster, AL, USA) and are listed in the Table S1 of Supplementary Information.

### 2.6.2. Sample preparation for lipidomic analysis

Lipidomic analysis was performed as previously described [40,41]. Briefly, cells were harvested using trypsin-EDTA 0.05%, washed with DPBS, centrifuged at 2000 rpm for 10 min. Dry cell pellets were adjusted to 3 million cells and stored at -80°C until analytical process. After thawing, the cell pellets were resuspended in ultra-pure water (1mL) containing a mixture of lipid internal standards (Suppl. Inform. S2) at a final concentration of 1  $\mu$ M and were sonicated for 5 minutes. Lipids were extracted using a chloroform/methanol/water (5:5:2, v/v/v) mixture containing 3,5-di-tert-4-butylhydroxytoluene 0.01% (w/v) as antioxidant agent. Samples were subsequently centrifuged at 3000 rpm for 10 min, supernatants were collected, and solvents evaporated under reduced pressure at 45 °C. Dry residues were resuspended in an acetonitrile/isopropanol/chloroform/water (35:35:20:10 v/v/v/v) mixture before injection into the UPLC-MS system. Liquid chromatography-electrospray ionization mass spectrometry analysis of lipid extracts was performed on a Synapt<sup>®</sup>G2 High Definition MS<sup>™</sup> (Q-TOF) mass spectrometer (Waters<sup>®</sup>) combined with a UPLC system (Waters<sup>®</sup>). Chromatographic separation was performed on an Acquity<sup>®</sup> CSH C18 column (100× 2.1 mm; 1.7  $\mu$ m) set at 50°C. Lipids were eluted using a binary gradient system consisting in 10 mM ammonium acetate in an acetonitrile/water mixture (40:60, v/v) as solvent A and 10 mM ammonium acetate in an acetonitrile/isopropanol mixture (10:90, v/v) as solvent B. The eluent increased from 40% B to 100% B in 10 min and was held at 100% B for 2 min before a return to 40% B followed by an equilibration period of 2.5 min. The flow rate was kept at 0.4 mL/min for 15 min. Data were collected in the full scan mode at  $m/z$  50–1200 in both positive (ESI +) and negative (ESI–) ion modes. The source parameters were as follows: capillary voltage 3,000 V (ESI +) and 2,400 V (ESI–), cone voltage 30 V (ESI +) and 45 V (ESI–), source temperature 120°C, desolvation temperature 550°C, cone gas flow 20 L/h, and desolvation gas flow 1,000 L/h. Leucine enkephalin (2 ng/mL) was used as the external

reference compound (Lock-Spray™) for mass correction. Data were acquired in the so-called resolution mode (20,000 FWHM a  $m/z$  500) with a scan time of 0.1 s. Data acquisition was managed using Waters MassLynx™ software (version 4.1; Waters MS Technologies).

### **2.6.3. Data pre-processing**

Raw data files (.raw format) acquired on UPLC-ESI-MS were processed using XCMS set up with parameters suitable for high resolution LC-MS, to generate in both ESI+ and ESI-, a matrix listing peak areas associated to a unique  $m/z$  and retention time. These matrixes were normalized and filtered as previously described [41].

### **2.6.4. Lipid structure assignment**

The structure assignment of lipids was based on the following criteria. An annotation of lipid species was first performed through the use of the online databases LIPID MAPS and METLIN using the mass accuracy with a tolerance window of 5 ppm. The annotation was confirmed using retention time. Indeed, by using the UPLC-ESI-MS analysis of the standard lipid mixture, each lipid class can be determined by the linear relationship between retention time and equivalent carbon number [41]. Finally, MS/MS fragmentation data was used to provide structural information on the annotated lipid structure.

### **2.6.5. Lipid amount estimation**

The lipid quantities, expressed as mol%, were estimated using internal standard lipid mixture spiked in cell suspension samples before extraction, according to procedure in agreement to current guideline [42]. Indeed, lipid species intensities were individually normalized to the one of the corresponding internal standards chosen in the same subclass. The standard lipid mixture includes one lipid species representative of each investigated subclass (Suppl. Inform. S2). Lipid species used as internal standard contain fatty acid side chain with total odd carbon number or are deuteriated derivatives and thus cannot overlap with endogenous lipid species.

## **2.7. Gene expression analysis by RT-qPCR**

Dry cell pellets were stored at -80°C until analysis. Total RNAs were extracted from cells using Nucleospin® RNA kit (Macherey Nagel, Neumann-Neander, Germany). RNA content was measured using a Nanodrop Detector (ND-1000 spectrophotometer, ThermoFischer Scientific). Reverse transcription was performed with 600 ng RNA using Multiscribe reverse transcriptase (TaqMan Reverse Transcription Reagents, Applied Biosystems, Life Technologies). Concentrations of each sample were adjusted to 5 ng/μL of cDNA. The reaction mixture was preheated at 50°C for 2 min, followed by 40 cycles (95°C for 15 s and 60°C for 1 min). Target cDNA was amplified using the 7300 Real-Time PCR system (Applied Biosystems, Life Technologies) with Taqman® probes for *IL1B* (Hs015554136), *IL6* (Hs00174131), *CCL2* (Hs00234140), *CerS2* (Hs00371958), *SMPD2* (Hs00906924), *ASAH2* (Hs01015655), *DGAT1* (Hs01020362), *PLA1* (Hs01056915) (Thermo Fisher Scientific, Saint-Quentin-Fallavier, France). Each assay was normalized by amplifying the housekeeping cDNA HPRT (Hs02800695). Changes in mRNA expression were calculated according to the  $2^{-\Delta\Delta CT}$  method (CT, cycle threshold), with  $\Delta CT = CT_{\text{target gene}} - CT_{\text{HPRT}}$  and  $\Delta\Delta CT = \Delta CT_{\text{stimulated}} - \Delta CT_{\text{control}}$ .

## 2.8. PLA<sub>2</sub> activity assay

PLA<sub>2</sub> activity was determined using Red/Green BODIPY based EnzCheck Phospholipase A<sub>2</sub> assay kit according to manufacturer procedure. Briefly, cells were incubated for 24 hours with BAK or HO in 6-well plates. Culture media was removed, and cells were washed with DPBS. Harvested cells were centrifuged, DPBS removed and cell pellet was suspended in 100 μL of PLA<sub>2</sub> reaction buffer with protease inhibitor and finally sonicated for 10 sec. A volume of 50 μL of cell lysate were then transferred in a 96 well plate and mixed with liposomes prepared with the EnzChek Phospholipase A<sub>2</sub> substrate at a ratio of 1:1. Following a 30-minute incubation at 37°C in the dark, PLA<sub>2</sub> activity was determined as a FRET ratio ( $\lambda_{\text{ex}} = 460 \text{ nm}$   $\lambda_{\text{em}} = 515/575 \text{ nm}$ ). Fluorescence were measured using a spectrofluorometer Spark® (TECAN, Neuville-Sur-Oise, France).

## 2.9. Statistical analysis

Unsupervised and supervised multivariate analyses were performed using SIMCA-P+ software version 13.0.3 (Umetrics, Umeå, Sweden) as previously described [40,41,43]. Briefly, a Pareto scaling was applied to the variables prior to unsupervised principal component analyses (PCA) and supervised partial least squares-discriminant analyses (PLS-DA). Permutation tests on the class labels were conducted to assess over-fitting of models. Orthogonal partial least squares discriminant analyses (OPLS-DA) model was subsequently built based on the corresponding selected PLS-DA models. S-plot was generated from each OPLS-DA model to investigate the lipids involved in the statistically significant differences between control cells and exposed cells. A cross-validated analysis of variance (CV-ANOVA) was carried out on each supervised model to assess the statistical significance of group separation. Finally, a misclassification test was performed to validate the models. Univariate data analysis (Wilcoxon) with a false discovery rate [(FDR)-adjusted  $p < 0.01$ ] controlling the false-positive rate associated with multiple comparisons, was performed to assess the whole lipids identified and the statistical significance of the difference in BAK- or HO-treated cells vs control cells.

Each experiment was performed independently at least three times. Results are expressed in percentage compared to control and are presented as means  $\pm$  standard deviation (SD). The statistical analyses were performed using GraphPad Prism 7 software (GraphPad Software, La Jolla, CA). Verification of the normality assumption with an Agostino-Pearson test was first performed. The comparison of the means of more than two groups was then performed using ANOVA test followed by a Dunnet multiple comparison test with a risk set at 0.05. Comparisons of two averages were done using a Student t-test and after normality assessment. The significance thresholds compared to control were: \* $p < 0.05$ , \*\* $p < 0.01$ , \*\*\* $p < 0.001$ .

### 3. Results

#### 3.1. Cell viability, reactive oxygen species and inflammatory cytokine production following exposure of HCE cells to BAK or HO

Human corneal epithelial cells were exposed for 24 h to BAK concentrations ranging from  $10^{-6}\%$  to  $10^{-3}\%$  or to HO values ranging from 350 to 600 mOsM respectively. Both BAK and HO led to a significant decrease in viability (data not shown). For subsequent experiments, cells were exposed to  $10^{-4}\%$  BAK concentrations, and 500 mOsM HO corresponding to a decrease in viability of 40% ( $p < 0.001$ ), and 35% ( $p < 0.001$ ) (Figure 1A) respectively. A 24-hour exposure of HCE to BAK  $10^{-4}\%$  led to a ROS production increase of 190% (Figure 1B). In contrast, HO 500 mOsM did not induce any change in ROS production (Figure 1B). While BAK led to an increase in gene expression of *IL1B* ( $p < 0.05$ ) and *IL6* ( $p < 0.01$ ), HO induced a significant enhancement of the *CCL2* ( $p < 0.01$ ) and *IL6* ( $p < 0.001$ ) gene expressions (Figure 1C).

#### 3.2. Lipid distribution

HO led to the formation of lipid droplets in the cytoplasm of HCE cells (Figure 2A). Indeed, size area (Figure 2B) and number of lipid droplets (Figure 2C) were significantly increased after HO exposure. In contrast, BAK did not induce any change in neutral lipids. It is noteworthy that following HO exposure, the number of LD per HCE cell is lower when staining is performed using Red Oil O than in Red Nil. This discrepancy is related to the fact that droplet fusion specifically occurs in Red Oil O staining protocol [44].

#### 3.3. Changes in lipid composition of HCE cells exposed to BAK or HO

To investigate the impact of BAK or HO exposure on the lipid composition of HCE cells, we performed an untargeted lipidomic analysis using liquid chromatography coupled to mass spectrometry (UPLC-MS). Typical UPLC-ESI-MS in positive (ESI+) and negative (ESI-) ion mode chromatograms of cell lipid extracts from HCE cells are displayed in Figure 3. In positive ion mode, lysophospholipids (LP) and monoacylglycerols (MG) appear between 1.8 and 3 min, phospholipids

(Phosphatidylcholine PC, Phosphatidylethanolamine PE, Phosphatidylinositol PI, phosphatidylglycerol PG and phosphatidylserine PS) and sphingolipids (Sphingomyelin SM and Ceramide Cer) between 5 and 8 min, Diacylglycerol (DG) between 6 and 9 min and Triacylglycerol (TG) between 8 and 11 min. In negative ion mode, fatty acid (FA) are first eluted before 6 min, followed by Cers and phospholipids (PE, PI, PA, PG, and PS) between 6 and 9 min.

Validation of the lipidomic analysis was performed as previously described [40,41]. Briefly, an unsupervised principal component analysis (PCA) was performed based on three quality controls (QCs) dilutions (QC 1/1, 1/3 and 1/6). The built PCA model for the ESI+ and ESI- analysis showed compact clusters of replicates for each QC levels ((Suppl. Inform. S1) thus confirming that differences between biological samples were not related to analytical variations.

Unsupervised analysis (PCA) comparing BAK-exposed and control cells was first performed. Both in ESI+ and ESI-, the score plots corresponding to the PCA model which had been created clearly exhibited two clusters ascribed to BAK-exposed and control cells (Figure 3B). The percentage of explained and predicted variances generated exhibited a moderated value for data acquired in ESI+ ( $R^2 = 0.42$ ,  $Q^2 = 0.32$ ) and a quite high one for data acquired in ESI- ( $R^2 = 0.62$ ,  $Q^2 = 0.52$ ). Unsupervised analysis was also performed to compare the lipidomes of HO-exposed and control cells. Separation between the HO-exposed and control groups was clearly displayed in the score plots (Figure 3B). The percentage of explained and predicted variances generated showed a moderated value for data acquired in ESI+ ( $R^2 = 0.47$ ,  $Q^2 = 0.43$ ) and a good one for data acquired in ESI- ( $R^2 = 0.77$ ,  $Q^2 = 0.67$ ).

The analysis of the data set corresponding to BAK exposure led to the selection of 1200 variables exhibiting a  $p(\text{corr})$  value  $> 0.7$  from the S-Plot (Figure 3C). Among these discriminant variables, 168 were identified as lipids, 120 species were increased and 48 were decreased. Accordingly, exposing HCE cells to BAK led to an increase of sphingolipids including 13 Cer and 10 SM species while 4 hexosylceramides were decreased (Figure 4A). Moreover, the cell level of 17 PC and 14 PE species was significantly decreased while three LPC and two LPE species were enhanced.

Finally, seven DG species were decreased, among which three compounds contained saturated or mono-unsaturated fatty acid (Figure 4A).

Exposure of HCE cells to 500 mOsM HO made it possible to select 1102 variables with a  $p(\text{corr}) > 0.7$  on the corresponding S-Plots (Figure 3C). A total of 132 lipids were identified, 87 lipids being increased and 45 decreased. Results show an increase in sphingolipid species, including 7 Cer and 5 SM (Figure 4). Among glycerophospholipids, only one LPC species decreased while 2 increased and 6 PC and 9 PE increased. Finally, 56 TG species exhibited an increased cell level (Figure 4A).

The Venn diagram displayed the lipid species modulated in a common and specific manner following exposure of the HCE cells to BAK or HO (Figure 4B). At the lipid class levels, both BAK and HO respectively increased and decreased the total sphingolipid and phospholipid cell level (Figure 4C). In contrast, following exposure of HCE cells to HO, the level of glycerolipids was strikingly increased while fatty acid content was decreased.

### 3.4. Gene expression and activity of enzymes involved in lipid metabolism

To investigate the origins of the lipidome changes of HCE cells exposed to BAK or HO, we assessed the gene expression of several key enzymes involved in lipid metabolism. Regarding metabolism of sphingolipids (Figure 5A), the total cell level of Cer and SM was increased following exposure to BAK or HO (Figure 5B). The gene expression study showed that *ASAH2*, *CerS2* and *SMPD2* were significantly up regulated after exposure to HO ( $p < 0.01$ ) while incubation with BAK induced no change in expression of these genes (Figure 5C). As total TG cell level was increased following exposure to HO (Figure 6A), enzymes involved in TG biosynthesis (Figure 6B) were also investigated. Results showed an increase in *DGAT1* gene expression ( $p < 0.01$ ) following HO exposure. In contrast, no *DGAT1* modulation was observed after BAK exposure (Figure 6C). Phospholipid metabolism (Figure 7B) was also as BAK and HO induced an increase and a decrease of LPC species, respectively (Figure 7A). Indeed, HO exposure led to an increase in gene expression of *PLA1* ( $p < 0.01$ ) while BAK did not induce such change (Figure 7C). Exposure of HCE cells to BAK



320 and HO induced an increase of PLA2 activity of 35% ( $p < 0.05$ ) and 31% ( $p < 0.05$ ), respectively  
321 (Figure 7D).

#### 4. Discussion

Dry eye disease is a chronic inflammatory pathology of the ocular surface with significant impact on everyday life for patients. Despite its high prevalence, only few treatments are available. It is thus important to better understand molecular mechanisms of the pathology in order to develop new targeted treatments and to find new markers to improve patient monitoring. Lipids are now recognized as mediators of the signal transduction with molecular impact on cell homeostasis and with an important role in inflammatory process. Our purpose was therefore to investigate the lipid changes in an *in vitro* model of human epithelial corneal cell line, exposed to BAK or hyperosmolarity (HO). These both cell stress, HO, key feature in the pathophysiology of DED and BAK, common eye drop excipient, are known to be contributing factor of this eye disease [9].

BAK concentration and HO value were chosen according to eye drop concentration for BAK and HO value determined in the context of DED and also using HCE cell viability assays and previously published reports. Indeed, a 24-hour exposure to BAK 10<sup>-4</sup>% or HO 500 mOsM leads to a significant decrease in cell viability associated to an increase in gene expression of pro-inflammatory cytokines as previously described in DED patients [45,46]. Our results are in accordance with previous studies investigating BAK and HO [20,47,48]. It must be emphasized, that the aforementioned BAK concentration is 1/50 to 1/200 times that used in commercially available eye-drops (0.005% – 0.02%). Regarding HO, in DED patients, mean HO levels range from 310 to 330 mOsM [5] and values up to 800 mOsM have been previously reported in tears of DED patients [49]. In addition, a HO level of 500 mOsM has been widely used in *in vitro* models of DED [21,23,24,50].

In order to exhaustively list the lipid species which level is modified following BAK or HO exposure in HCE, we performed an untargeted lipidomic analysis involving UPLC-ESI-HRMS as well as supervised and unsupervised multivariate analyses. Indeed, this analytical approach is recognized to be able to extensively characterize qualitative and quantitative changes in lipid composition without *a priori*, especially in cells [40,51]. In HCE incubated either to BAK 10<sup>-4</sup>% or to HO 500 mOsM, three main lipid classes display marked alterations: sphingolipids, glycerolipids and glycerophospholipids.

In HCE exposed to BAK or HO, a major change in sphingolipid level was observed. Changes involving this lipid subclass was previously reported in a 3D-reconstructed human-cornea-like epithelium exposed to 0.1% BAK and in a human corneal cell line exposed to HO [52,53]. In our study, both BAK and HO also increased ceramide species levels, especially Cer (44:2), Cer (42:2), Cer (36:2) and Cer (34:1). HO mainly increased long chain ceramides. This result is consistent with an increase in gene expression of *CerS2* also only confirmed in HCE cells exposed to HO. Indeed, *CerS2* catalyzes acetylation of sphinganine or sphingosine by C20 to C26 fatty acid to form dihydroceramides and ceramides, respectively [26]. In contrast, BAK mainly increasing short chain ceramides is therefore not expected to change in *CerS2* gene expression. It would be of interest to investigate gene expression of *CerS6*, an enzyme specifically catalyzing short chain ceramide biosynthesis. Beside *de novo* synthesis, ceramides are produced through the cleavage of sphingomyelins by sphingomyelinase enzymes. *nSMase2* gene expression was increased following HO exposure, suggesting that ceramide accumulation could be due to sphingomyelin hydrolysis, as previously reported after a 2 hour-HO exposure in corneal cells [52]. Metabolism of ceramides also includes degradation into sphingosines via a ceramidase, especially *ASAH2*, an enzyme whose gene exhibited an increased expression in HCE exposed to HO. Mechanisms of Cer accumulation involve different metabolic pathways related to specific cell locations. On one hand, *de novo* synthesis of ceramides take place in the endoplasmic reticulum and involves enzymes such as serine palmitoyl transferase and ceramide synthase. On the other hand, the hydrolysis of SM into Cer can be achieved at the plasma membrane by neutral SMase but also in lysosomes by acid SMase. In dry eye disease models, a global profiling of the enzymes involved in the synthesis of ceramides could be of particular interest to target one or more enzymes to be investigated in subsequent pharmacological studies.

Ceramides promote inflammation through IL-1 $\beta$  release, induce apoptosis and alter cell survival through PKC $\zeta$  and PP2A activation [27,54,55]. Ceramides thus play key roles in various cell processes, and the dysregulation of ceramide metabolism is involved in many inflammatory diseases such as atherosclerosis, inflammatory bowel disease or multiple sclerosis [28,56,57]. Our results show that HO leads to an increase in both *CerS2* and *CCL2* gene expression. On one hand, *de novo* synthesis

of ceramide was shown to induce a CCL2 release in a macrophage cell line [58] and on the other hand, HO is a well-known inducer of CCL2, stimulating gene expression and protein release [22,24,48]. *De novo* synthesis of ceramide may thus stimulate CCL2 release leading to the recruitment of macrophages which, in turn, triggers inflammatory pathways. In contrast to HO, incubation with BAK did not modify CerS2 and CCL2 gene expression in HCE.

The increase in ceramide levels, described in our study, following a 24-hour incubation of HCE with BAK or HO, previously reported by Robciuc et al. but following a shorter exposure of 2 hours, indicates effect during at least 24 hours. In a short time exposure, Cer is produced through the action of SMase, a well-known mechanism occurring in the acute phase of apoptosis, while our study indicates that following a 24-hours exposure, *de novo* synthesis pathway is also involved. Regarding apoptosis and inflammatory process induced by this lipid subclass [59], ceramides may be regarded as important mediators of the deleterious effects due to HO or BAK.

The present untargeted lipidomic analysis indicates a striking increase in TG species induced by HO exposure. This result is supported by lipid droplet (LD) formation and by *DGAT1* gene overexpression in the HCE cells. HO is known to induce LD formation in renal as well as corneal epithelial cells [52,60] and DGAT1 is one of the main enzymes involved in TG biosynthesis. LD are an active field of research because their role has been described as either protective or deleterious [61,62]. Indeed, LD are involved in free fatty acids storage playing a protective role against cell lipotoxicity [62,63]. However, LD are also known to be deleterious to cells as they are key effectors of inflammation [64], especially through the COX2 activity, an enzyme located in LD catalyzing synthesis of pro-inflammatory eicosanoids [64]. We may thus hypothesize that HO leads to eicosanoid formation. A target lipidomic analysis would therefore be valuable to assess eicosanoid level changes after BAK and HO exposure. In consistency with our results, an increase in COX2 protein was reported in primary epithelial corneal cells and in a conjunctival cell line after HO exposure [21,65]. LD could therefore be explored as a cell marker of hyperosmolarity of the ocular surface.

*In vitro* BAK exposure led to both a striking decrease in PC and PE associated to an increase in LPC and LPE. These results are in complete agreement with the increase of PLA<sub>2</sub> activity, the enzyme responsible for the sn<sub>2</sub> acyl chain hydrolysis of phospholipids. Furthermore, an important decrease in PC-O (36:4) level which contain arachidonic acid in sn<sub>2</sub> position was especially observed. This result may be expected since PC containing arachidonic acid in sn<sub>2</sub> position is a key substrate of PLA<sub>2</sub> enzyme. As PUFA are mainly targeted by PLA<sub>2</sub>, the decrease in PC (O-18:0/22:6) level may also be related to the increase of DHA rate which could constitute a cell response against BAK exposure. As an increase of PLA<sub>2</sub> has been previously reported in tears of DED patients [66], this enzyme could thus promote BAK toxicity in human corneal epithelial cells. Indeed, it was demonstrated that in a macrophage cell line, LPC promote inflammation through IL-6 and TNF $\alpha$  release [67,68]. In addition, *in vitro*, LPC triggers signaling pathways of TLR-4, a major lipopolysaccharide pattern recognition receptor widely described in DED pathophysiology [2,69,70]. LPC may thus contribute to inflammation mediated by BAK and hence, play a role in its toxicity.

In contrast, HO exposure induced a marked increase in PE levels. A similar change has been previously described in renal cells exposed to HO [60]. A slight decrease in LPC levels associated to an increase in *PLA1* gene expression was also exhibited. PLA<sub>1</sub> catalyzes LPC conversion to glycerylphosphorylcholines, known to be osmoprotective compounds. Our results are compatible with the previously reported increase in glycerylphosphorylcholine level in the IOBA-NHC conjunctival cell line exposed to HO [65]. Furthermore, a metabolomic study on DED patient serum exhibited glycerylphosphorylcholine and lysolipid changes [71] indicating an alteration of this lipid subclass, in consistency with our results. Increase in catabolism of PC may thus be regarded as a self-protective mechanism of cells to osmotic stress via osmoprotective glycerylphosphorylcholine [72].

In addition, numerous PC, PE and PI plasmalogen species are strikingly decreased in HCE cells under BAK or HO exposure. This result may be explained by the fact that vinyl ether located in sn<sub>1</sub> position is very sensitive to oxidative stress [73,74]. Oxidative stress is known to be part of the mechanisms explaining deleterious effect observed under BAK and HO exposure [20,75,76]. An

increase in ROS production observed in HCE cells following a 24-hour exposure of BAK reinforced the above observations. In contrast, HO exposure did not lead to any ROS production after 24 hours. Nevertheless, it has been shown that HO lead to oxidative stress but only following 1 to 3 hours exposure [21]. Regarding oxidative stress in DED pathophysiology, plasmalogen species may finally be regarded as cell marker.

In summary, exposure of HCE to BAK or HO highlights a large set of lipid mediator modulation. Interestingly, these two *in vitro* models showed common and specific alterations in the cell lipidome. An overview of major lipid alterations reported in this study is displayed in the Figure 8. While ceramides were increased both after BAK or HO exposure, changes in glycerolipids and phospholipids depend on the type of the stressor involved. Indeed, TG accumulation and LD formation were specifically induced by HO while a slight TG decrease arose following BAK exposure. Moreover, LPE and LPC drastically decreased following HO exposure, while BAK induces an increase in these two lipid subclasses. Using epithelial corneal cells exposed to BAK, a microbicidal, detergent and pro-oxidative agent, or HO, a pathophysiological feature of DED, this untargeted lipidomic investigation showed common and contrasted cell lipid alterations. It also underlines the weight of lipid metabolism in cell death and inflammation processes. Finally, all the impacted lipid species could be tightly intricated in a metabolic network underlying specific regulation pathways in addition to other biological processes.

## 5. Conclusion

From a clinical point of view, the lipid changes specific to BAK or HO observed with this human corneal cell line provide new insights in DED diagnosis. Our study also highlights alterations in the metabolism of sphingolipids, an important bioactive lipid class involved in inflammatory processes, thus opening a new way to consider their role in the DED pathophysiology. Moreover, this study provides new perspectives in the research of biomarkers and therapeutic targets involving cellular lipids in DED.

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456           **Conflict of interest**

457           The authors declare that they have no conflicts of interest.

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## Figures

**Figure 1: Effects of BAK or HO on corneal epithelial cells viability.** Viability (A) and reactive oxygen species (B) assay were performed following a 24-hour exposure to BAK or hyperosmolarity. Markers of inflammation (C) were assessed by RT-qPCR for both exposures. Results are expressed as mean  $\pm$  SD of fold change compared of control (ANOVA with Tukey's multiple comparisons test. n=4. \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001).

**Figure 2: Lipid staining following BAK or HO exposure.** HO induces lipid droplet formation (A) in the cytoplasm of HCE cells with an increase of their size and area (B). Results are expressed as mean  $\pm$  SD (ANOVA with Tukey's multiple comparisons test. n=4. \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001).

**Figure 3: Liquid chromatography time-of-flight mass spectrometry-based lipidomics analysis following BAK or HO exposure.** Chromatograms (A) and PCA built models (B) of control and exposed HCE cells. Variable selections for lipid annotation were based on S-Plot (C). Score plots of BAK-exposed and control cells are presented in both ESI+ (B1) and ESI- (B3). Metabolites with significant changes in cellular level between BAK-exposed and control cells are presented in ESI+ (C1) and ESI- (C3) S-plots (orange boxes delimited the variables of interest). Score plots of HO-exposed and control cells are presented in both ESI+ (B2) and ESI- (B4) ion mode. Metabolites with significant changes in cellular level between HO-exposed and control cells are presented in ESI+ (C2) and ESI- (C4) S-plots (orange boxes delimited the variables of interest).

**Figure 4: Comparative cell lipid levels in HCE exposed to BAK or HO.** (A) Change in discriminant lipid species in HCE cells exposed to BAK or HO. Results are expressed as fold changes compared to control (FDR-adjusted p < 0.01). Blue color corresponds to a decrease in the cell lipid level compared to control while red color indicates an increase. (B) Venn diagram displays common and specific modulated lipid species to BAK or HO HCE exposure. (C) Distribution of the total lipid classes between control, BAK and HO exposed HCE cells.



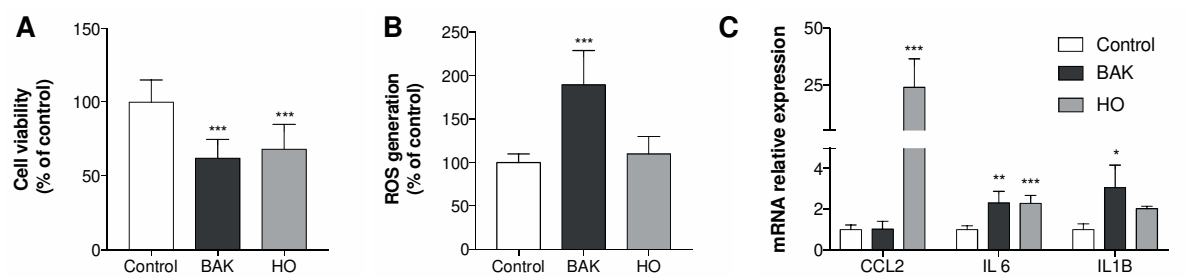
**Figure 5: Alteration of sphingolipid metabolism.** (A) Total ceramide and sphingomyelin level change following BAK or HO exposure (B) Metabolic pathways of sphingolipids. (C) Gene expression of enzyme involved in sphingolipid metabolism. Results are expressed as mean  $\pm$  SD (ANOVA with Tukey's multiple comparisons test. n=5. \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001).

**Figure 6: Alteration of glycerolipid metabolism.** (A) Change in total DG and TG levels following BAK or HO exposure. (B) Metabolic pathways of glycerolipids. (C) Gene expression of *DGAT1*, enzyme involved in TG biosynthesis. Results are expressed as mean  $\pm$  SD (ANOVA with Tukey's multiple comparisons test. n=5. \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001).

**Figure 7: Alteration of glycerophospholipid metabolism.** (A) Change in total PC and LPC levels following BAK or HO exposure. (B) Metabolic pathways of lipids containing choline head group. (C) Gene expression of *PLA1* which is implicated in LPC degradation to glycerylphosphorylcholine. (D) PLA2 activity change following BAK or HO exposure. Results are expressed as mean  $\pm$  SD (ANOVA with Tukey's multiple comparisons test. n=5. \*p < 0.05; \*\*p < 0.01; \*\*\*p < 0.001).

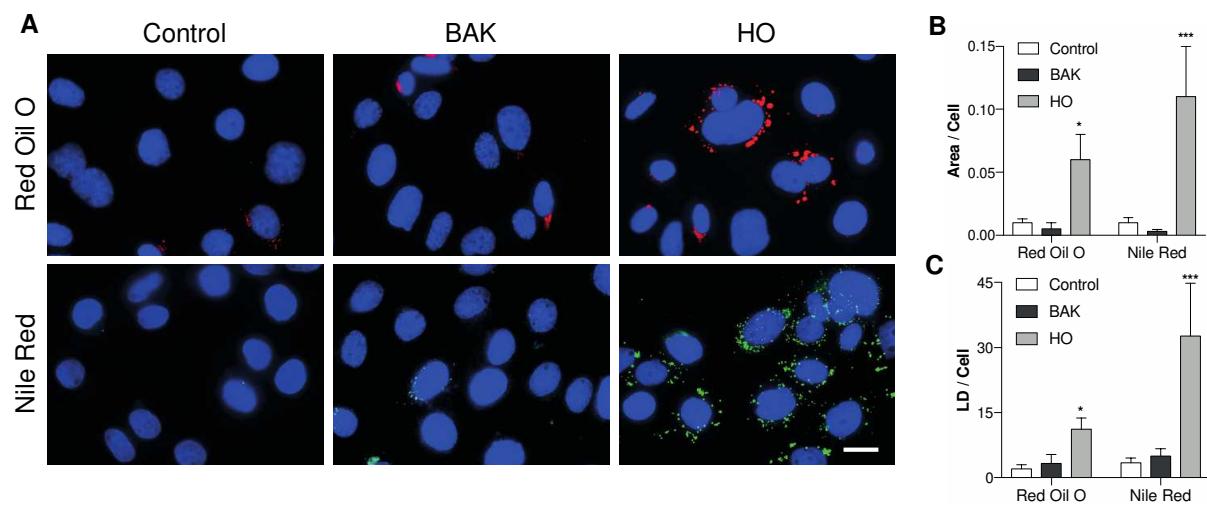
**Figure 8: Synopsis highlighting the main changes in lipid subclasses related to BAK and HO exposure.** BAK and HO shared alterations are displayed in the white box at the center. Those specific to BAK and HO are respectively shown on the left and right side of the diagram.

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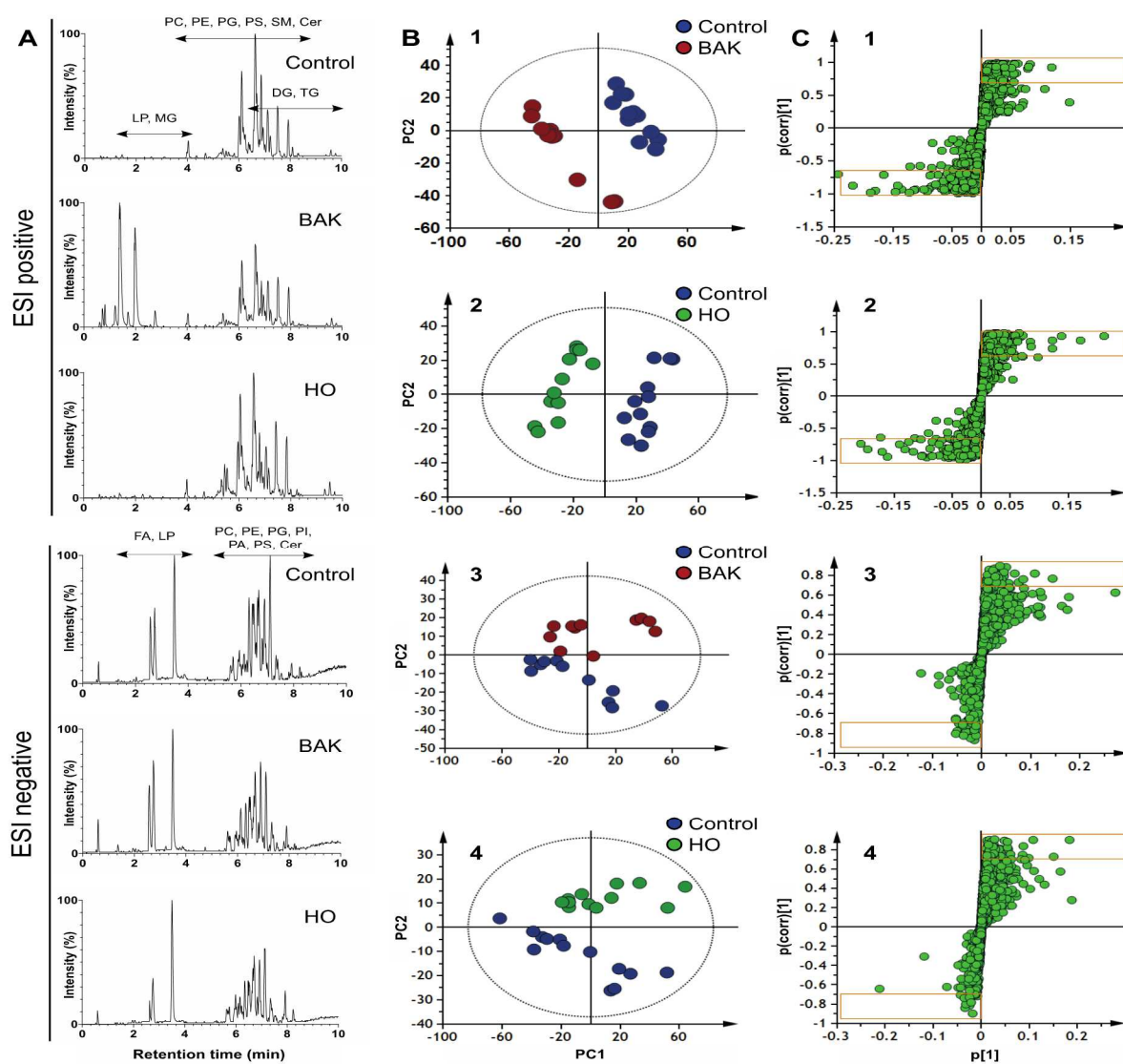


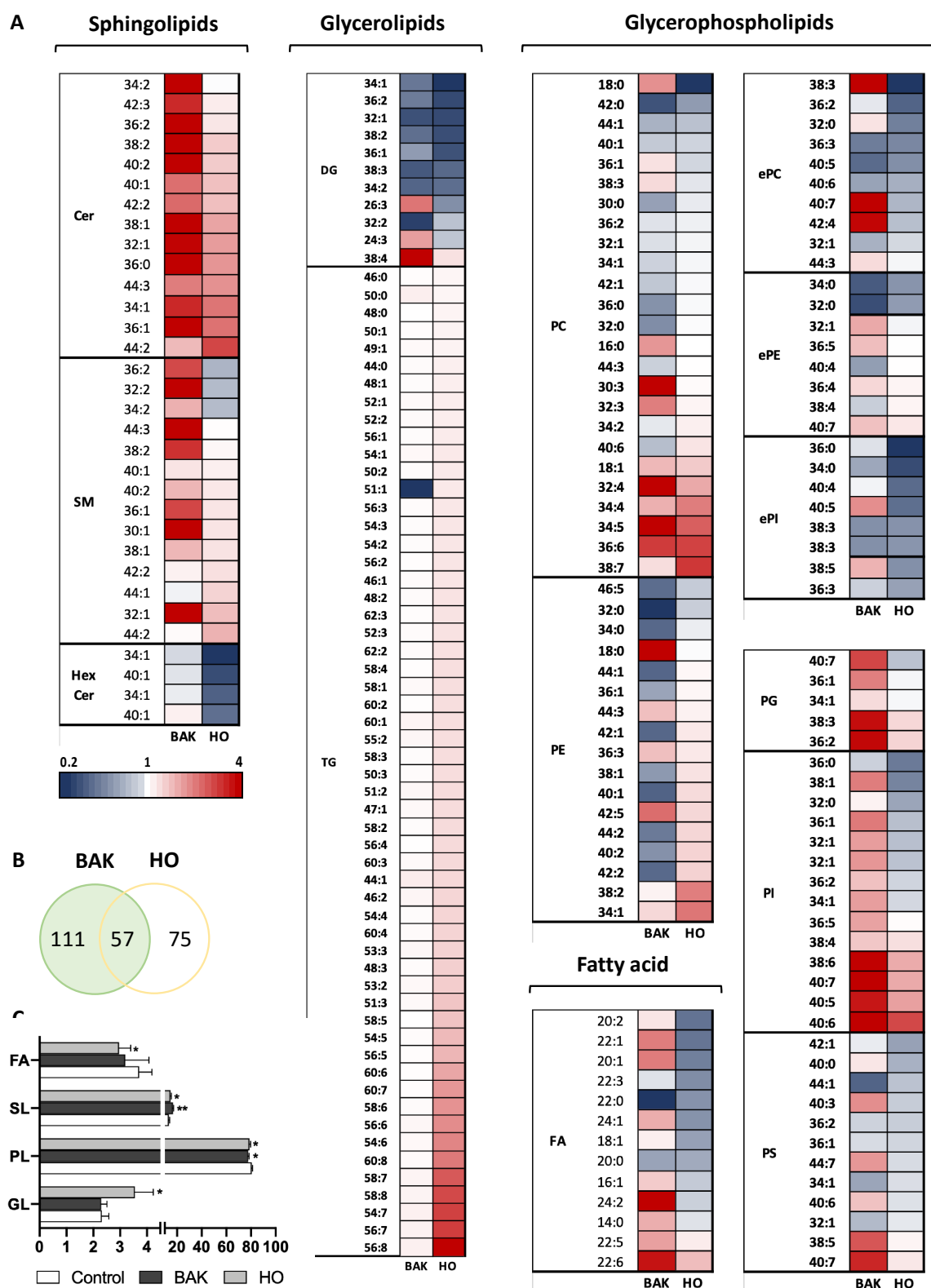
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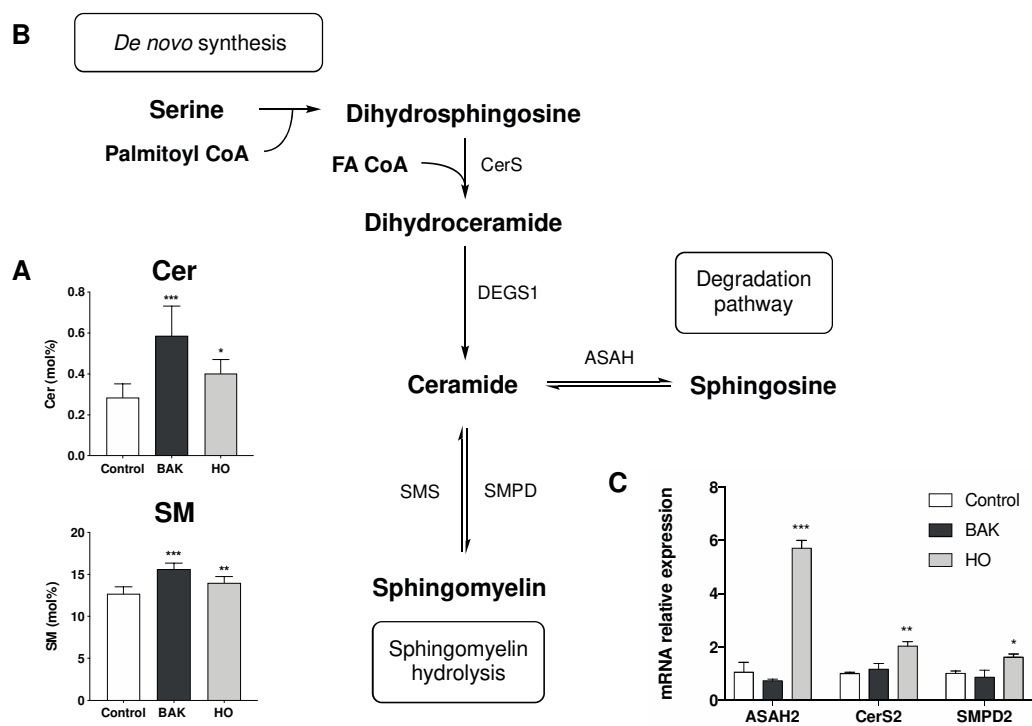
740 **Figure 2**

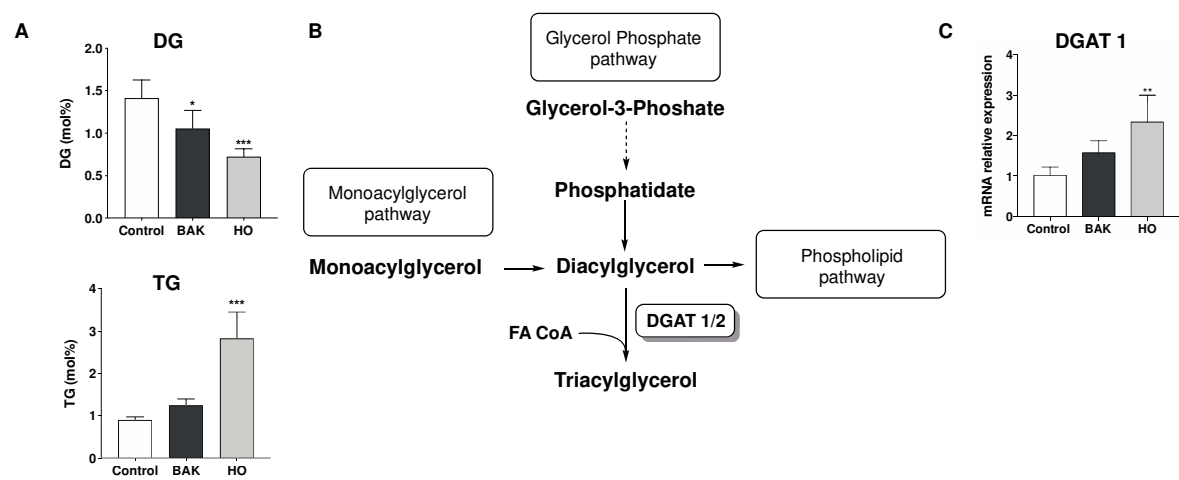


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