

Keratinocytes cultured from human chronic wound specimens demonstrate delayed wound closure and differences in apoptosis in *in vitro* scratch assay

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Abstract

Wound healing is a critically important physiologic process which restores the normal epidermal barrier function of the skin after injury. Chronic wounds that have failed to heal affect approximately 6.5 million people in the US with a prevalence of 1% and costs estimated at \$25 billion per year. The purpose of this study was to utilize a keratinocyte scratch assay to investigate molecular mechanisms of human wound healing.

Introduction

Keratinocytes are programmed to maintain skin integrity. Wounding induces keratinocyte migration and activation^{1,2}. Keratinocyte function is critical to normal wound healing,³ and thus it makes sense to investigate differences in function between keratinocytes harvested from normal skin those from chronic wound specimens. Defective keratinocyte function is also thought to play a crucial role in the chronic inflammatory skin disease hidradenitis suppurativa (HS)⁴.

The purpose of the current study was to demonstrate that primary cultured keratinocytes isolated from skin of patients with chronic wounds and HS demonstrate differences in migration and viability compared to keratinocytes isolated from normal human skin.

Methods

Research was conducted through the Wound Etiology and Healing (WEH) study, a biospecimen and data repository designed for studying chronic wounds and hidradenitis suppurativa, approved by the George Washington University Institutional Review Board (041408).

Primary epidermal keratinocytes were cultured at 2×10^5 cells/well in a 6 well plate (Eppendorf, NY). Cells were allowed to reach 80% confluence before a scratch was made according to established methods⁵ with a sterile 1 mL pipette tip. Individual wells were photographed at pre-scratch, 0, 24, 48, 72, and 96 hours using an inverted phase contrast microscope at 50x magnification (DM IRB, Leica Microsystems, Germany). Total scratch surface area was assessed using ImageJ software (National Institutes of Health, Bethesda, MD).

Cell viability was assessed using the ReadyProbes® Cell Viability Imaging Kit (Life Technologies, ThermoFisher, CA). Viable cells were detected with a Nuc-Blue reagent through a standard DAPI filter. Non-viable cells were detected with a green reagent through a FITC/GFP filter. Images were captured using a fluorescence microscope at 100x (Nikon Eclipse TE300, Nikon Instruments, NY) and merged to get a composite image of viable/non-viable cells at each time point. Two representative images from each well were assessed by two independent observers blinded as to clinical group.

Results

Scratch Assay

Normal keratinocytes demonstrate faster closure of the scratch than chronic wound keratinocytes (Figure 1).

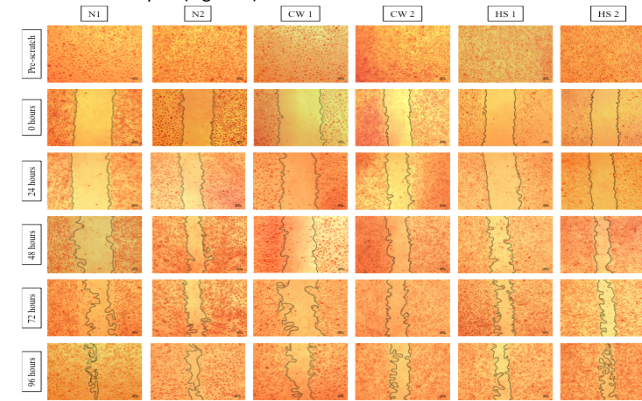


Figure 1: Keratinocyte scratch migration assay in normal (N) chronic wound (CW) and hidradenitis suppurativa (HS) keratinocytes.

Random effects mixed model was used to examine whether the pattern of change in scratch surface area differed between diagnostic groups over time. In the model predicting wound size, error bars show 95% confidence interval (CI) for normal group. Group x time interaction was significant for chronic wound at 72 and 96 hours ($p < 0.05$) and trending towards significant for HS group at 96 hours ($p = 0.063$).

Figure 2: Change in scratch surface area over time. Error bars show 95% CI for normal group.

Viability Assay

Cell viability was assessed at 96 hours using the ratio of viable (blue) to non viable (green) cells.

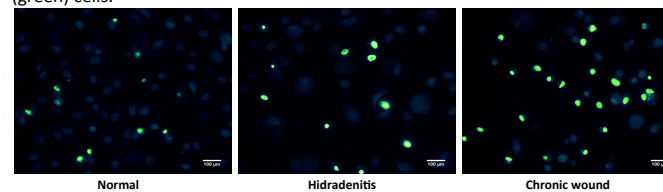


Figure 3: Representative fluorescence microscopy images of normal, chronic wound and hidradenitis suppurativa specimens.

The viability ratio (%) was significantly higher in normal compared to chronic wound keratinocytes (86.15 ± 4.13 vs. 59.94 ± 11.68 , $p = 0.0055$). There were no significant differences between hidradenitis suppurativa and normal keratinocytes (86.15 ± 4.13 vs. 81.16 ± 2.24 , $p = 0.077$).

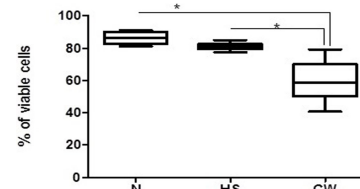


Figure 4: Cell viability ratio (%) at 96 hours for normal (N), hidradenitis (HS), and chronic wounds (CW).

Discussion

Primary cultured keratinocytes isolated from the skin of subjects with chronic wounds and hidradenitis suppurativa show significant differences in migration and viability. The keratinocyte scratch assay is a useful *in vitro* method for studying human keratinocyte function in chronic wounds and HS.

Cell viability assay found that keratinocytes from normal skin had higher viability than chronic wound keratinocytes. Defective keratinocyte viability may account for the differences in rate of scratch closure between the clinical groups. This is clinically important since it suggests, that even when removed from the chronic inflammatory milieu that contributes to delayed healing in chronic wounds, an inherent difference in keratinocyte behavior is seen.

This study has several limitations that merit discussion. The sample size was small because keratinocyte isolation and culture is time consuming and expensive. We have only been able to culture a small number of samples thus, we cannot anticipate that as workflows and systems improve we will be able to validate these findings in additional independent samples.

The next step for this work will be to investigate cytokine profiles in the culture effluent at various time points to see if there are measurable differences in keratinocyte cytokine production that correlate with the scratch closure and viability assay findings.

Conclusion

Primary cultured keratinocytes from chronic wound and hidradenitis suppurativa demonstrate differences in migration and viability compared to keratinocytes isolated from normal human skin. Keratinocyte dysfunction may contribute to delayed healing in chronic wounds. This study merits further investigation.

References

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