

Characterizing Chlamydial Cytotoxins as Inflammatory Modulators: *C. Muridarum* and *C. Trachomatis* Putative Glycosyltransferase Activity and NF-kappa B Regulation

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Chlamydia trachomatis (Ctr) causes over 130 million urogenital infections annually. Despite high genetic similarity, *Chlamydia muridarum* (Cm) exhibits different host tropism. Interspecies divergence may be driven by variation in the cytotoxin (tox) locus (Cm TC0437-0439; Ctr CT166), exhibiting sequence similarity to glycosyltransferases (GTs). Although initially hypothesized to induce immediate cytotoxicity, recent evidence suggests the tox locus instead exacerbates oviduct immunopathology. This study investigated cytotoxin-mediated inflammation by (1) assessing NF-kappa B activation in Cm tox mutant infections, (2) modeling glycosyltransferase activity computationally, and (3) purifying CT166 for antibody development. HeLa cells infected with a wild-type Cm Nigg, a cytotoxin-deletion mutant, and a complemented strain were assessed for NF-kappa B proteins by Western blotting. At 12, 24, and 48 hours post-infection, I-kappa B-alpha phosphorylation and p65 abundance did not vary. The tox locus likely does not directly modulate the proposed oviduct-driven immune pathway. A pivot from host responses to the Chlamydial mechanisms for prospective therapy efficacy was examined with GT activity: predicted TC0438 and CT166 structures were docked with UDP-sugar donors and acceptors. TC0438 complexes displayed higher RMSD and HADDOCK scores than CT166, suggesting greater Ctr dependence on Rho-GTPase inactivation. For GT validation, a cytotoxin antibody is desirable; CT166 production and purification were optimized in an ectopic *E. coli* production model for decreased protein misfolding. Chlamydial cytotoxins likely drive inflammation through GT activity rather than I-kappa B-alpha signaling. GT inhibition strategies should be examined for novel chlamydia-induced infertility therapy.

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