

Effects of *Lacticaseibacillus paracasei* Shirota Supplementation on Growth Performance, Intestinal Health, and Fecal AFB₁ Metabolite in AFB₁-Exposed Rats
(Kesan Pemberian *Lacticaseibacillus paracasei* Shirota terhadap Prestasi Pertumbuhan, Kesihatan Usus dan Metabolit AFB₁ di dalam Najis Tikus Terdedah AFB₁)

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Abstract

Aflatoxin B₁ (AFB₁) is a toxin produced by Aspergillus species of fungi. Findings in the literature has shown the potential of probiotic treatment to alleviate AFB₁ toxicity. This study explores the effects of Lacticaseibacillus paracasei Shirota (LcS) supplementation on the growth performance, intestinal health, and excretion of faecal AFB₁ metabolite of AFB₁-exposed rats. Thirty-two male Sprague Dawley rats were divided into control, AFB₁, AFB₁+LcS and LcS groups. AFB₁ was given at a complete dosage of 25 µg AFB₁/kg body weight, while LcS supplementation at 2×10⁹ CFU/mL per day for four weeks. The average body weight of the AFB₁ group showed no significant increase from week 2 to 4, while other groups had an increment throughout the study. The food intake of the AFB₁ and AFB₁+LcS groups had significantly reduced throughout the treatment period. AFB₁ exposure caused several changes in the histomorphometry parameters but was normalised with LcS supplementation. The AFB₁ group showed mild to moderate inflammation in all intestinal parts, whereas only mild inflammation was observed in the jejunum and ileum of the AFB₁+LcS group. Faecal Bifidobacterium spp. counts showed an increment in three groups, while the AFB₁ group showed a significant reduction. The faecal AFB₁ in the AFB₁ group was significantly lower than in the AFB₁+LcS group. In conclusion, AFB₁ affected growth performance and intestinal health, and wherein the effects were alleviated by LcS supplementation. Further investigation on intestinal permeability and serum and urinary AFB₁ level is suggested to understand the mechanism of probiotic-AFB₁ interaction in alleviating AFB₁ toxicity.

Keywords: Aflatoxin B₁; Probiotics; *Lacticaseibacillus paracasei* Shirota; Intestinal health

Abstrak

Aflatoxin B₁ (AFB₁) ialah toksin yang dihasilkan oleh spesies kulat Aspergillus. Penemuan dalam literatur telah menunjukkan potensi rawatan probiotik untuk mengurangkan ketoksikan AFB₁. Kajian ini meneroka kesan pemberian Lacticaseibacillus paracasei Shirota (LcS) terhadap prestasi pertumbuhan, kesihatan usus, dan perkumuhan metabolit AFB₁ di dalam najis tikus yang terdedah kepada AFB₁. Tiga puluh dua ekor tikus Sprague Dawley jantan dibahagikan kepada kumpulan kawalan, AFB₁, AFB₁+LcS dan LcS. AFB₁ diberikan pada dos lengkap 25 µg AFB₁/kg berat badan, manakala pemberian LcS pada 2×10⁹ CFU/mL sehari

selama empat minggu. Purata berat badan kumpulan AFB₁ tidak menunjukkan peningkatan yang signifikan dari minggu 2 hingga 4, manakala kumpulan lain mengalami peningkatan sepanjang kajian. Selain itu, kumpulan AFB₁ dan AFB₁+LcS mempunyai pengurangan pengambilan makanan yang signifikan sepanjang rawatan. Pendedahan AFB₁ menyebabkan beberapa perubahan dalam parameter histomorfometri tetapi telah dinormalisasi dengan pemberian LcS. Selain itu, semua bahagian usus kumpulan AFB₁ menunjukkan keradangan ringan hingga sederhana, manakala hanya keradangan ringan diperhatikan dalam jejunum dan ileum kumpulan AFB₁+LcS. Kiraan Bifidobacterium spp. di dalam najis menunjukkan peningkatan dalam tiga kumpulan, sebaliknya kumpulan AFB₁ menunjukkan pengurangan yang signifikan. Tambahan pula, AFB₁ di dalam najis bagi kumpulan AFB₁ adalah jauh lebih rendah daripada kumpulan AFB₁+LcS. Kesimpulannya, AFB₁ menjejaskan prestasi pertumbuhan dan kesihatan usus, di mana kesannya telah dikurangkan dengan pemberian LcS. Penyiasatan lanjut terhadap kebolehtelapan usus dan paras AFB₁ di dalam serum dan urin dicadangkan untuk memahami mekanisme interaksi probiotik-AFB₁ untuk mengurangkan ketoksikan AFB₁.

Kata kunci: Aflatoxin B₁; Probiotik; Lacticaseibacillus paracasei Shirota; Kesihatan usus

INTRODUCTION

Aspergillus paraciticus and *Aspergillus flavus* are fungi that produce poisonous compounds named mycotoxins. Several mycotoxins such as aflatoxins, fumonisins, ochratoxin A, patulin, zearalenone, nivalenol/deoxynivalenol, trichothecenes and ergot alkaloids are known to affect human health and livestock (WHO 2018). The International Agency for Research on Cancer (IARC) has classified aflatoxin B₁ (AFB₁) as Group 1 carcinogens. Besides, AFB₁ is linked to the occurrence of liver cancer in humans (IARC 2002). Aflatoxicosis is a foodborne disease associated with aflatoxin exposure, known to affect the organs, especially the liver negatively. Fever, vomiting, and abdominal pain are among the common symptoms experienced by infected hosts (Kumar et al. 2017).

Previous studies have shown the effect of AFB₁ exposure on the development of intestinal tumour-like growth (Liew et al. 2018; Nurul-Adilah et al. 2018) and changes in intestinal morphometry (Galarza-Seeber et al. 2016; Wang et al. 2018). Meanwhile, human AFB₁ exposure has been reported mostly in developing countries, where the screening and detection for fungus and the harvesting and storage practices of food commodities are not as strict as in the developed nations (CDC 2012). Several countries, such as northwest India in 1974, Malaysia in 1988, and Kenya in 1982, 2004 and 2005, had reported deaths due to the consumption of aflatoxin-contaminated foods (Lye et al. 1995; Abraham et al. 2012).

Probiotics are defined as “live microorganisms which, when administered in adequate amounts, confer a health benefit on the host” by the Food and Agriculture Organization of the United Nations/World Health Organization (FAO/WHO) (FAO/WHO 2001), have been reported to be able to alleviate the

harmful effects of AFB₁ exposure. Probiotics can bind to AFB₁ (Hernandez-Mendoza et al. 2009; Liew et al. 2018), reduce the level of AFB₁ and its biomarkers in serum (Hernandez-Mendoza et al. 2009; Nikbakht Nasrabadi et al. 2013), and increase the excretion of AFB₁ and its metabolites via urine (Huang et al. 2017; Liew et al. 2018; Nurul-Adilah et al. 2018) and faeces (Ahlberg et al. 2015). Other than that, the supplementation of probiotics can potentially restore gut microbiota, reverse intestinal dysbiosis and reduce the risk of developing liver cancer (Liew & Mohd-Redzwan 2018).

This study aims to determine the use of probiotic as a biological adsorbent of AFB₁ in alleviating AFB₁ toxicity effects. Indeed, the determination of faecal AFB₁ metabolites and faecal *Lactobacillus* spp., *Bifidobacterium* spp. and *Lacticaseibacillus paracasei* Shirota (LcS) profile would give deeper insight on the role of probiotic-aflatoxin complex formation in reducing the absorption of AFB₁. Due to lack of conclusive evidence, the present study explores the histomorphometry of the small intestine and colon especially in AFB₁-exposed rats, in which the histomorphometric data would reflect the integrity of the intestinal architecture. Finally, the rats' body weight and food consumption are assessed to demonstrate the toxicity effects of AFB₁ effects on the intestinal absorption and appetite regulation, thereby enhance the comprehension on the health effects associated with AFB₁ exposure.

MATERIALS AND METHODS

Animal treatment protocol

The study protocol was approved by the Institutional Animal Care and Use Committee (IACUC) Universiti Putra Malaysia (UPM/IACUC/AUP-R083/2018). A total of 32 male Sprague Dawley rats (Alchemy Supplies Sdn. Bhd.,

Malaysia) aged from 7-8 weeks were divided equally ($n = 8$) into four groups; control, AFB₁, AFB₁+LcS, and LcS (Charan & Kantharia 2013; Nurul-Adilah et al. 2018). AFB₁ was given at a complete dosage of 25 µg AFB₁/ kg body weight, equivalent to the amount of toxin commonly found in AFB₁-contaminated food (Nurul-Adilah et al. 2018). The LcS was given to the rats at 2×10^9 CFU/mL, the minimum concentration reported to remove 50 % aflatoxin significantly (Nikbakht Nasrabadi et al. 2013). After completing the 4-weeks treatment, all rats were injected mixture of Ketamine (75 mg/kg body weight) and Xylazine (5 mg/kg body weight) via intraperitoneal injection, euthanized, and blood and organs were collected. A 4-weeks intervention was chosen based on the methodology proposed by others (Nurul-Adilah et al. 2018, Liew et al. 2018) as the duration is capable of inducing aflatoxicosis. Food intake was calculated by subtracting the initial food given with the leftovers. The body weight of rats was taken weekly and analysed at four points of time, excluding the period of acclimatisation.

Preparation of LcS culture

A probiotic drink containing LcS (purchased from a local store in Serdang, Selangor, Malaysia) was the source of live LcS bacteria. The 16s RNA bacterial sequence was analysed by the First BASE Laboratories Sdn. Bhd. (Seri Kembangan, Malaysia) to confirm the identity of the bacteria (Liew et al. 2022). One hundred microliters (100 µL) were taken from the probiotic drink and spread onto the De Man, Rogosa and Sharpe (MRS) agar (GranuCult™, Sigma-Aldrich). The agar was incubated for 48 hours at 37 °C aerobically. Then, one colony of LcS was transferred into MRS broth and further incubated for 24 hours at 37°C in an incubator shaker at 250 rev/min. The growth of LcS was monitored optically every two hours at 600 nm.

The colony forming unit (CFU) was determined by transferring 100 µL of the broth onto MRS agar and spreading it evenly. The CFU was calculated using the following formula:

$$\text{CFU/mL} = \frac{\text{Number of colonies} \times \text{Dilution factor}}{\text{Volume plated}}$$

The CFU/mL was used in expressing the CFU of LcS culture prepared for the supplementation, while CFU/g was used in expressing the CFU of the *Lactobacillus* spp., *Bifidobacterium* spp. and LcS counts in faecal samples. The LcS supplementation was given daily to the rats in ABB₁+LcS and LcS groups at 2×10^9 CFU/mL via oral gavage.

Preparation of AFB₁ dosage

The AFB₁ (R-Biopharm, Darmstadt, Germany) stock was prepared by dissolving 25 µg AFB₁ in 10 mL PBS solution. An approximately 0.9 µg in 0.35 mL of AFB₁ was given daily for 4 weeks to each rat in the AFB₁ and AFB₁+LcS groups (Oghenesuvwe et al. 2014; Pandey, 2020) via oral gavage to get a complete dosage of 25 µg AFB₁/kg of body weight.

Samples collection

Pooled faecal samples were collected at two points: at baseline (Day 0) and the end of animal treatment (Day 28). Samples for bacteria culture were stored in 50 % (v/v) glycerol solution (Nikbakht Nasrabadi et al. 2013) and kept in the freezer at -80 °C until further analysis. Meanwhile, the samples for analysis of faecal AFB₁ were stored immediately at -80 °C after collection.

The small intestine and colon samples were collected and cut accordingly (Vdoviaková et al. 2016), and treated with 10 % formalin solution, for 3 days at room temperature (37 °C) (Nurul-Adilah et al. 2018).

Histomorphometry of the duodenum, jejunum, ileum, and colon

The tissue samples in formalin solution were washed a few times with 80–95 % ethanol, followed by dehydration in absolute ethanol. Then, the samples were cleared using xylene and embedded in paraffin. Subsequently, the tissues were cut into sections of 4 µm thickness. Lastly, the sections were stained with H&E for qualitative histological analysis (Nurul-Adilah et al. 2018).

The digital images of the samples were captured with a microscope equipped with a camera. Then, the images were analysed using ImageJ software (Wilson et al. 2018) for the villus height, villus width, crypt depth, surface area and villus height to crypt depth ratio (Galarza-Seeber et al. 2016).

Preparation of agar plates and faecal bacteria count

The MRS agar (GranuCult™, Sigma-Aldrich), Bifidobacterium agar (HiMedia Laboratories) and lactitol-LBS-vancomycin (LLV) agar (Yuki et al. 1999) were used to determine *Lactobacillus* spp., *Bifidobacterium* spp. and LcS counts, respectively. The bacterial content in faecal samples was determined by standard bacteria culture (Cappucino & Sherman 2010). The pooled faecal samples were diluted in sterile peptone water using serial dilution method to a total of five dilutions for each sample. The bacteria culture was conducted using spread plate technique on three different selective agars as stated previously. Each sample was repeated in triplicate and expressed in CFU/g. Later, the values were transformed into log CFU/g for further statistical analysis.

Determination of faecal AFB₁

AFB₁ was extracted from faecal samples based on a previous study (Firmin et al.

2011) and concentrated with the immunoaffinity column (IAC) (R-Biopharm Rhône Ltd), before the metabolite was analysed using an enzyme immunoassay, RIDASCREEN®FAST Aflatoxin (Art. No.: R5202, R-Biopharm, Darmstadt, Germany).

Statistical analysis

Body weight, food intake, faecal *Lactobacillus* spp. and faecal *Bifidobacterium* spp. counts were determined by using one-way repeated measure ANOVA with post-hoc test (Tukey) and pairwise comparison test, whereas the morphometric data were analysed using one-way ANOVA. The comparison between faecal AFB₁ and LcS counts were determined using an independent sample t-test. All data were expressed as means and standard deviation (mean ± SD), and significance was assessed with $p < 0.05$. The histological analysis for inflammation and tumour-like growth were reported as descriptive results. Statistical analysis was conducted using IBM SPSS Statistics software (Version 26).

RESULT AND DISCUSSION

Changes in rats' body weight

The difference in body weight can be observed when comparing the AFB₁ group with other groups. Although there were no significant differences ($p > 0.05$) between the groups in week 3 and week 4, a slower increment of body weight was observed in the AFB₁ group compared to others. In addition, there was no significant increase ($p > 0.05$) in body weight from week 2 to week 4 within the AFB₁ group. Some rats in the AFB₁ group experienced weight loss during weeks 2, 3, and 4 of the trial, which significantly reduced the average weight growth of the rats in that group (Figure 1).

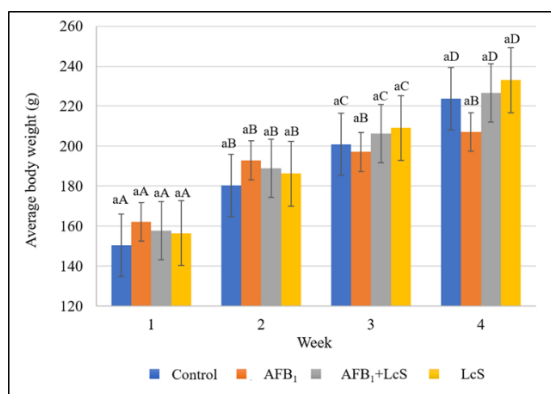


Figure 1 The average body weight of rats in four groups (n = 8). Values with different lowercase superscript (a) indicate significant different ($p < 0.05$) between groups at the same time period. Values with different uppercase superscript (A, B, C, D) indicate significant different ($p < 0.05$) within each group across different time periods from baseline to end. End. Error bars indicate standard deviation.

The AFB₁ exposure impacted the body weight of the rats in the present study, but the average body weight did not significantly decrease, in contrast to earlier studies (Liew et al. 2018; Nurul-Adilah et al. 2018; Nikbakht Nasrabadi et al. 2013). It is clear from the literature that rats exposed to AFB₁ gained much less body weight than those in the control groups, whether fed a normal diet (Liew et al. 2018; Nikbakht Nasrabadi et al. 2013) or a high-protein diet (Nurul-Adilah et al. 2018). This can be due to impaired digestive enzyme activities, which result in the malabsorption of nutrients (Liew et al. 2018) and the change in the metabolic processes such as tricarboxylic acid (TCA) cycle, glucose, and fatty acid synthesis. The supplementation of LcS (Liew et al. 2018; Nurul-Adilah et al. 2018; Nikbakht Nasrabadi et al. 2013) and other probiotics (El-Nezami et al. 2000) in rats exposed with AFB₁, as in the AFB₁+LcS group of the present study showed a substantial weight gain, similar to the trend observed in the control and LcS groups. This is due to the binding capacity of probiotics towards AFB₁ (Liew et al. 2018; Hernandez-Mendoza et al. 2009; Nikbakht Nasrabadi et al. 2013; Awad et al. 2009) which can reduce AFB₁ absorption and damage towards the intestine (Awad et al. 2009),

subsequently mitigate the adverse effects of AFB₁ toxicity on gut health.

The effects of AFB₁-exposure and LcS supplementation on food intake

The AFB₁ group showed a significant reduction ($p < 0.05$) in average food intake throughout the study. A significant reduction ($p < 0.05$) was also observed in the AFB₁+LcS group from Week 1 to Week 3. However, there was a significant increase ($p < 0.05$) in food intake of this group from Week 3 to Week 4, unlike the AFB₁ group which remains to decrease until the end of the study. Other than that, the LcS group had a significant increase ($p < 0.05$) in food intake throughout the study, and only the control group showed no significant changes over the 4-week period (Figure 2).

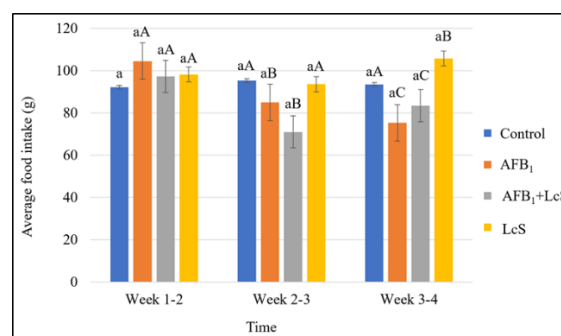


Figure 2 The average food intake of rats for each group (n = 8). Values with different lowercase superscript (a) indicate significant different ($p < 0.05$) between groups at the same time period. Values with different uppercase superscript (A, B, C) indicate significant different ($p < 0.05$) within each group across different time periods from baseline to end. End. Error bars indicate standard deviation.

AFB₁ was associated with its neurodegenerative effect, affecting the expressions of neuropeptide EM66 and its precursors, SgII, which plays an important role in regulating appetite in rats exposed repeatedly to AFB₁ (Trebak et al. 2015). Besides, the binding of AFB₁ towards DNA and RNA produces aflatoxin B2 α , a compound that can reduce enzyme activity required for digestion and absorption by reacting to amino groups of functional protein (Pandey & Chauhan 2007). This may explain the reduced body weight and

food intake of AFB₁-exposed rats. Similar to previous findings, AFB₁ ingestion reduced food intake in chicken (Pandey & Chauhan 2007) and pigs (Rustemeyer et al. 2010). Other hormones that might be affected by AFB₁ exposure are leptin, insulin, adiponectin, resistin, nesfatin-1, adropin, omentin-1, GLP-1, GLP-2 and glucagon (Cabral et al. 2020), even though the findings in existing literature are inconclusive. As reported previously, the binding capacity of LcS towards AFB₁ was able to reduce the AFB₁ absorption, thus preventing any intestinal damage (Awad et al. 2009), toxin translocation (Schoultz & Keita 2020), nutrients malabsorption and metabolism (Nikbakht Nasrabadi et al. 2013), as well as the alteration of hormones, enzymes or neuropeptides production related to appetite, digestion and absorption (Cabral et al. 2020; Trebak et al. 2015; Pandey & Chauhan 2007). Indeed, these were reflected in a higher average food intake in the LcS and AFB₁+LcS groups in comparison with the AFB₁ group, as observed in the present study.

Morphometric analysis of the duodenum, jejunum, and ileum

As shown in Table 1, the villus heights of the duodenum and ileum of the AFB₁ group were significantly reduced ($p < 0.05$) compared to the control group. Meanwhile, the AFB₁+LcS group showed improvement in villus height measurements in the duodenum compared to the AFB₁ group. The villus height of the ileum of the AFB₁+LcS group was slightly higher than that of the AFB₁ group, however, there was no significant difference ($p > 0.05$) between the two groups. The crypt depth of the AFB₁ group was also lower at the duodenum compared to AFB₁+LcS. The ileal crypt depth of the AFB₁ group was significantly lower ($p < 0.05$) in comparison to the AFB₁+LcS group. However, there were no significant differences ($p > 0.05$) in villus height and

crypt depth in the jejunum of rats in all groups.

The villus width and surface area of the duodenum did not show any significant changes ($p > 0.05$) with exposure to AFB₁ and supplementation of LcS compared to the control group. Besides, the villus width of the jejunum in the AFB₁ group was significantly higher ($p < 0.05$), leading to a much bigger surface area than the control group. In the ileum, no significant differences ($p > 0.05$) were found between all groups. However, the surface areas of the AFB₁ and AFB₁+LcS groups were smaller, as the villus height of these groups were significantly reduced ($p < 0.05$) compared to the control and LcS groups. The significant increase ($p < 0.05$) in villus width observed in the jejunum of the AFB₁ group might be contributed by the accumulation of inflammatory cells in the villi.

Previous studies showed inconclusive findings on the morphometric measurements in relation to aflatoxin exposure (Galarza-Seeber et al. 2016). There were no significant changes in villus height of AFB₁-exposed broiler chickens, while a significant reduction in the villus width and crypt depth was reported with probiotic yeast supplementation (Povolini et al. 2019). Other studies reported a decrease in villi height of jejunum with aflatoxin exposure compared to the control group of broiler chicks (Jahanian et al. 2016) and an increase in villus height with AFB₁ exposure (Applegate et al. 2009; Zhang et al., 2014). However, the literature also suggests that supplementing probiotics in animal models is known to improve intestinal morphology. There was a significant increase in villus height, crypt depth and villus width in the duodenum, ileum and cecum (Galosi et al. 2021), a significantly higher villus height, width and surface area in duodenum and jejunum of one-day-old chicken (Sobolewska et al. 2017), and a significant increase in villus

Table 1 Histomorphometric data of duodenum, jejunum, and ileum ($n = 8$)

	Mean \pm SD				
	Villus height (μm)	Crypt depth (μm)	Villus width (μm)	Surface area (mm^2)	VH:CD ratio
Duodenum					
Control	267.95 \pm 27.16 ^a	104.93 \pm 10.16 ^a	74.21 \pm 4.54 ^a	62.46 \pm 7.34 ^a	2.58 \pm 0.39 ^a
AFB ₁	208.64 \pm 23.18 ^b	80.69 \pm 10.28 ^b	79.79 \pm 11.84 ^a	52.74 \pm 12.62 ^a	2.62 \pm 0.45 ^{ab}
AFB ₁ +LcS	246.33 \pm 26.73 ^a	94.32 \pm 16.52 ^{ab}	72.30 \pm 14.00 ^a	56.16 \pm 13.64 ^a	2.70 \pm 0.60 ^{ab}
LcS	250.31 \pm 15.81 ^a	79.48 \pm 7.58 ^b	67.11 \pm 21.79 ^a	53.40 \pm 20.40 ^a	3.17 \pm 0.33 ^b
Jejunum					
Control	203.33 \pm 9.68 ^a	79.38 \pm 8.35 ^a	67.69 \pm 10.02 ^a	43.19 \pm 6.67 ^a	2.59 \pm 0.30 ^a
AFB ₁	200.33 \pm 14.71 ^a	80.99 \pm 5.99 ^a	80.40 \pm 9.67 ^b	50.88 \pm 9.25 ^a	2.49 \pm 0.26 ^a
AFB ₁ +LcS	190.52 \pm 7.78 ^a	78.43 \pm 11.61 ^a	69.58 \pm 6.44 ^{ab}	41.61 \pm 3.68 ^a	2.48 \pm 0.42 ^a
LcS	188.66 \pm 16.50 ^a	75.04 \pm 10.47 ^a	67.26 \pm 11.18 ^a	40.24 \pm 9.35 ^b	2.58 \pm 0.55 ^a
Ileum					
Control	264.67 \pm 49.02 ^a	99.58 \pm 14.78 ^{ac}	73.52 \pm 13.26 ^a	61.28 \pm 18.33 ^{ab}	2.74 \pm 0.82 ^{ab}
AFB ₁	203.16 \pm 15.43 ^b	82.22 \pm 13.99 ^d	73.26 \pm 9.61 ^a	46.83 \pm 5.45 ^b	2.54 \pm 0.52 ^{ac}
AFB ₁ +LcS	209.10 \pm 32.19 ^b	112.81 \pm 8.77 ^{ab}	75.54 \pm 10.53 ^a	49.64 \pm 10.35 ^{ab}	1.88 \pm 0.40 ^c
LcS	265.54 \pm 14.84 ^a	93.53 \pm 6.92 ^c	78.07 \pm 13.70 ^a	65.20 \pm 12.51 ^a	2.86 \pm 0.32 ^{ab}

The values with different superscript letters (a, b, c, d) indicate significant different ($p < 0.05$). VH:CD ratio is the ratio between villus height and crypt depth of the same sample.

height and villus height to crypt depth ratio, while the crypt depth measurement in the ileum was significantly reduced (Awad et al. 2008). The contradicted findings from others and this study might be due to some notable differences in the treatment protocol conducted. The study by Galosi et al. (2021) uses a multi-strain probiotic supplement at 2×10^{11} CFU/L, while Sobolewska et al. (2017) uses synbiotic, a mixture of probiotic and prebiotic in one-day old chicken. Despite the findings of this study contradicting some literature suggesting that probiotic treatment enhances intestinal morphology, it is evident that LcS supplementation in AFB₁-exposed rats alleviates morphological damage to the intestine, albeit without necessarily improving its morphology compared to the control group. Hence, to enhance intestinal morphology through probiotic supplementation in the future, researchers should consider various factors such as dosage, animal's developmental phase or age, and the combination of probiotics or prebiotics utilised.

A healthy small intestine is essential for proper physiology, including nutrient absorption, immune function, and gut microbiota balance. The epithelial barrier, which is comprised of epithelial intercellular junctions, would be altered by alterations in intestinal morphometry. This important structure is responsible for maintaining the intestinal permeability and integrity intact (Bhat et al. 2019; Ducatelle et al. 2018). The atrophy of intestinal structure, especially the villus, would affect the absorptive capability of the intestine (Feng et al. 2017), as it will influence the surface for absorption, the overall nutrients transport system and the expression of the enzyme on the brush border membrane (Awad et al. 2009). In this study, the improvement observed in the AFB₁+LcS group compared to the AFB₁ group in terms of villus height and crypt depth in the duodenum and ileum, underscore the beneficial effects of LcS supplementation

in mitigating AFB₁ exposure, and capable of maintaining the proper intestinal physiology.

Presence of inflammation in the duodenum, ileum, and colon of AFB₁-exposed rats

In contrast to the control group, the AFB₁ group displayed signs of inflammation in all parts of the intestine [Figure 3(A) – (C)] and colon [Figure 3 (D)]. In particular, the jejunum samples [Figure 3 (B)] demonstrated moderate inflammation characterised by dense, highly accumulated pink lymphocyte stains. On the other hand, only mild inflammation was observed in the jejunum and ileum of the AFB₁+LcS group. This observation may indicate the anti-inflammatory activity of LcS against AFB₁ on the intestine. The control and LcS groups showed no sign of inflammation in all parts of the intestines observed. Previous studies have reported similar findings on the accumulation of inflammatory cells (Povolini et al. 2019; Jin et al. 2021), as well as the occurrence of congested blood vessels (Akinrinde et al. 2019) and oedema (Povolini et al. 2019) in small intestines of AFB₁-exposed animals. An increase in pro-inflammatory biomarkers such as toll-like receptor 4 (TLR4), nuclear factor kappa-light-chain-enhancer of activated B cells (NF- κ B), tumour necrosis factor-alpha (TNF- α), interleukin-6 (IL-6), thioredoxin-interacting protein (TXNIP), nucleotide-binding domain-like receptor protein 3 (NLRP3), and interleukin-18 (IL-18) were reported in AFB₁-exposed ducks (Jin et al. 2021).

Elevated production of pro-inflammatory cytokines and the release of free radicals resulting from AFB₁ exposure are expected to induce oxidative stress, potentially compromising the proper physiological functions of the immune system over time (Jin et al. 2021; Dey et al. 2021). The NF- κ B signalling pathway is

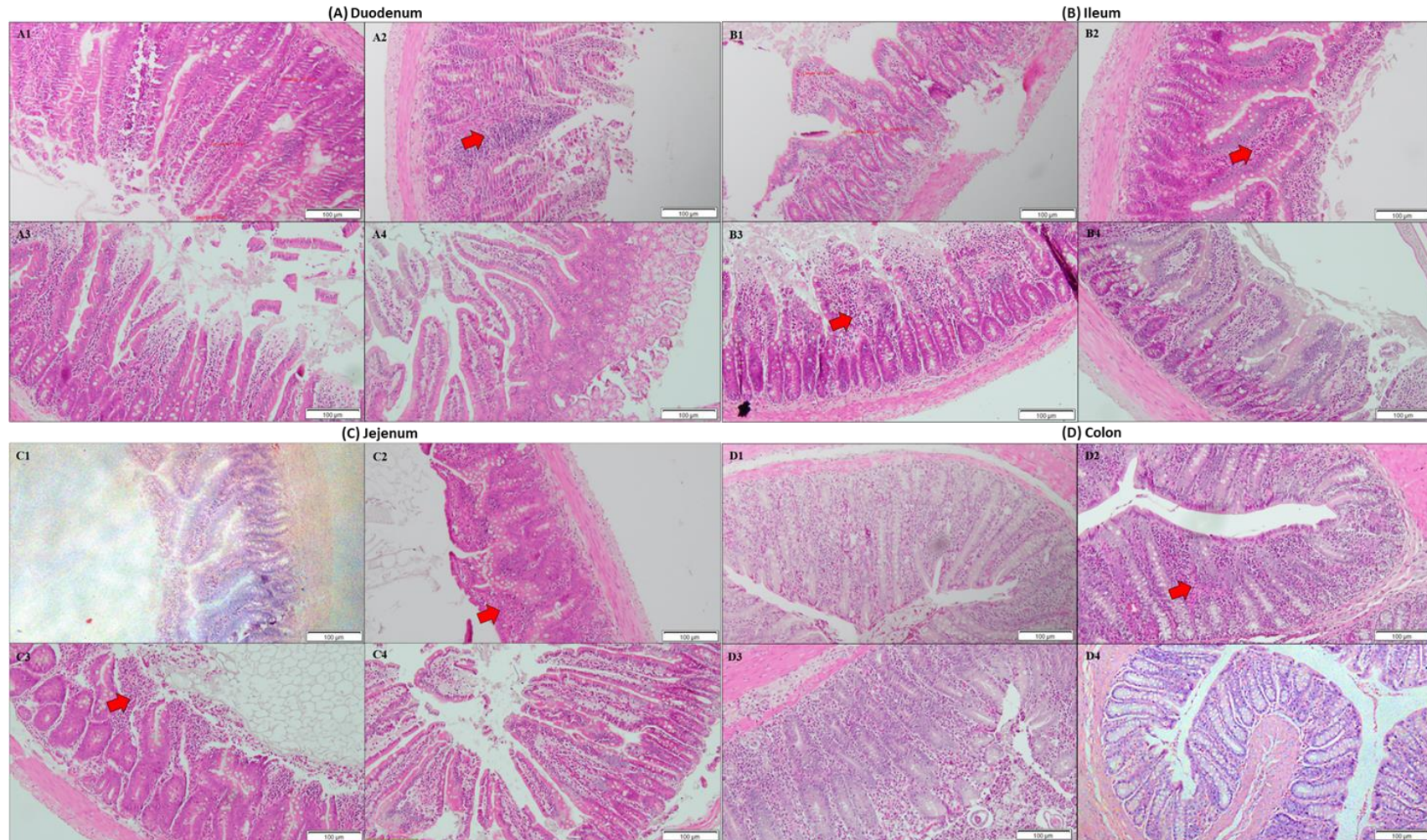


Figure 3. H&E staining of the duodenum (A), jejunum (B), ileum (C) and colon (D). 1: Control group, 2: AFB₁ group, 3: AFB₁+LcS group, 4: LcS group. The arrow indicates inflammation. In the duodenum, mild lymphocyte accumulation (inflammation) was observed in the AFB₁ group, and no inflammation was found in other groups. In the jejunum and ileum, moderate lymphocyte accumulation (inflammation) was observed in the AFB₁ group, while the AFB₁+LcS group showed mild accumulation. The control and LcS groups did not show any inflammation. In the colon, moderate lymphocyte accumulation (inflammation) was observed in the AFB₁ group. There was no inflammation found in other groups.

one of the inflammatory signalling pathways activated by AFB₁-induced oxidative stress (Jin et al. 2021), triggering the production of primarily TNF- α and interleukin-1 (IL-1) that are associated with irritable bowel diseases (IBD), rheumatoid arthritis, chronic obstructive pulmonary disease (COPD) and asthma (Lawrence 2009).

Absence of tumour-like growth in the duodenum, jejunum, ileum and colon in AFB₁-exposed rats

There was no tumour-like growth observed in AFB₁-exposed rats in the present study. This finding contradicts the previous study (Nurul-Adilah et al., 2018), which reported the presence of carcinoma in both the small intestine and colon. Only a few studies have reported AFB₁ toxicity and tumour growth in intestinal tissue, particularly the small intestine. There were reports on AFB₁ exposure on the progression of colorectal cancer (Carvajal-Moreno 2017; Cullen et al. 1987), which were dose-dependent (Cullen et al. 1987), tumour progression in the colon (Ibrahim 2013), and the occurrence of intestinal adenocarcinoma, but none were observed in the lower dosage of AFB₁ (Cullen et al. 1987).

Changes in *Lactobacillus* spp. and *Bifidobacterium* spp. faecal count on selective agar media

There were significant increases ($p < 0.05$) in faecal *Lactobacillus* spp. count from baseline to the end for the control and LcS groups, while there were no significant differences ($p > 0.05$) in the other two groups. On the other hand, there was a significant reduction ($p < 0.05$) in *Bifidobacterium* spp. count in the AFB₁ groups compared to the other groups (Figure 4).

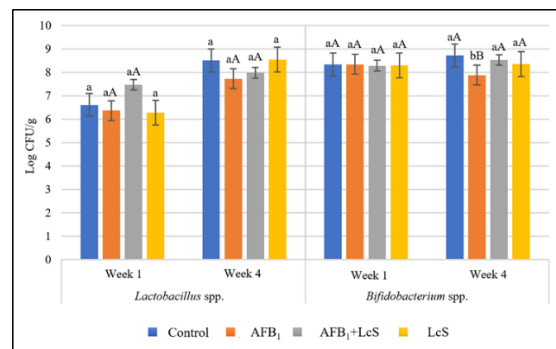


Figure 4 The comparison of rats' faecal *Lactobacillus* spp. and *Bifidobacterium* spp. counts. Values with different lowercase superscript (a, b) indicate significant different ($p < 0.05$) between groups at the same time period. Values with different uppercase superscript (A, B) indicate significant different ($p < 0.05$) within each group across different time periods from baseline to end. Time period; 1) Week 1: Baseline, and 2) Week 4: End. Error bars indicate standard deviations.

The presence of mycotoxin within the gut can disrupt the gut microbiota by diminishing beneficial bacteria and increasing harmful strains (Liew & Mohd-Redzwan 2018; Wang et al. 2015). Interestingly, in this study, there were no significant changes in faecal *Lactobacillus* spp. of AFB₁-exposed rats, while there was a significant reduction in *Bifidobacterium* spp. count in the AFB₁ groups. These findings align with the previous study, suggesting a dose-dependent relationship (He et al. 2018). The significant reduction of *Bifidobacterium* spp. counts in AFB₁-exposed rats might suggest either caused by its direct impact on intestinal dysbiosis (Ducatelle et al. 2018) or by the changes in serum cortisol levels due to stress (Aizawa et al. 2019) associated with AFB₁ exposure.

Presence of AFB₁ and LcS in faeces of AFB₁-exposed rats

Faecal samples of the AFB₁+LcS group were found to have significantly higher ($p < 0.05$) AFB₁ concentration compared to the AFB₁ group (Table 2), and the AFB₁+LcS group had significantly higher ($p < 0.05$) LcS recovered on LLV agar compared to the LcS group (Table 3).

Table 2 Faecal AFB₁ metabolite in AFB₁+LcS and AFB₁ groups

Groups	Mean ± SD (log CFU/g)	t-value	p-value
AFB ₁ +LcS	8.75 ± 0.05	5.092	0.007
LcS	7.79 ± 0.32		

The independent sample t-test of pooled samples of 8 rats per group for the AFB₁+LcS and AFB₁ group. Triplicate analysis was conducted from pooled samples of each group. The means and standard deviations (SD) indicate the measurement of faecal AFB₁. Means are significantly different at $p < 0.05$.

Table 3 LcS recovered from faecal samples of rats in AFB₁+LcS and LcS groups on LLV Agar

Groups	Mean ± SD (µg/L)	t-value	p-value
AFB ₁ +LcS	45.48 ± 0.23	77.319	0.000
AFB ₁	32.21 ± 0.19		

The independent sample t-test of pooled samples of 8 rats per group for the AFB₁+LcS and AFB₁ group. Triplicate analysis was conducted from pooled samples of each group. The means and standard deviations (SD) indicate the measurement of faecal LcS count. Means are significantly different at $p < 0.05$.

Previous studies have reported significantly higher serum AFB₁ in AFB₁-induced rats as compared to those supplemented with LcS (Liew et al. 2018; Nikbakht Nasrabadi et al. 2013), which indicates a higher absorption of AFB₁ in the absence of probiotics. The formation of a probiotic-aflatoxin complex in the gut, which is subsequently excreted together in faeces illustrates the interaction between bacteria and aflatoxin (Ahlberg et al. 2015). The detection of AFB₁ and its metabolites in faecal and urine samples of AFB₁-exposed animals indicates the level of unabsorbed AFB₁ (Gratz et al. 2006). AFB₁ metabolites such as AFM₁ (Nikbakht Nasrabadi et al. 2013) and AFB-N⁷guanine (Huang et al. 2017) were also reduced in the presence of probiotic supplementation. In this study, the higher concentration of AFB₁ and LcS counts recovered from faecal

samples in the AFB₁+LcS group compared to the AFB₁ group suggests an enhanced excretion of AFB₁ via faecal route, facilitated by the formation of a probiotic-aflatoxin complex. As a result, intestinal histomorphometry is preserved against damage caused by AFB₁, ensuring its proper functioning.

The probiotic-aflatoxin complex formation mainly depends on the probiotics' binding efficiency. The viable LcS, cell wall fragments and heat-treated LcS were reported to have 98, 97 and 81 % binding efficiency towards AFB₁ *in vitro* (Liew et al. 2018). Furthermore, eight different *Lactobacillus casei* strains were tested, and the percentage of AFB₁ bound was from 10 to 50 % (Hernandez-Mendoza et al. 2009). In another study, *Lactobacillus rhamnosus* GG, *Lactobacillus rhamnosus* LC-705 and *Propionibacterium freudenreichii* spp. *shermanii* JS reduced AFB₁ absorption in chicken duodenum at one-minute exposure, with 70, 37 and 63 % efficiency, respectively (El-Nezami et al. 2000). In previous studies, probiotics have been employed as supplements due to their ability to bind aflatoxin, aiming to alleviate the detrimental effects of AFB₁ exposure. This study delves deeper into the binding efficiency of LcS, elucidating it through LcS counts recovered from faecal samples. Moreover, the AFB₁+LcS group exhibited higher faecal AFB₁ concentration compared to the LcS group, further underscoring this binding mechanism.

CONCLUSION

The present study shows that with LcS supplementation, the harmful effects of AFB₁ exposure can be alleviated to a degree that is almost similar to the non-exposed rats. The AFB₁+LcS group shows an increase in average body weight throughout the study, while the average food intake showed a significant increase at Week 3 to Week 4, a rebound after experiencing a significant reduction from Week 1 to Week

2 in comparison to the AFB₁ only group. Other than that, the H&E staining of the small intestine and colon only shows a mild to no inflammation with LcS supplementation, whereas a mild to moderate inflammation in the absence of any probiotic supplementation. The histomorphometry of small intestine also shows no significant differences in almost all measurements in the duodenum, jejunum and ileum of the AFB₁+LcS group in comparison to the control group, which indicates the role of LcS in maintaining the integrity of the small intestine. The findings on the increased levels of faecal AFB₁ concentration and elevated counts of faecal LcS in the AFB₁+LcS group provides explanation and reinforcement for the proposed mechanism of AFB₁-LcS binding in the intestine and its subsequent excretion via faecal route. For a deeper comprehension of how LcS supplementation influences AFB₁ excretion, further investigation into aspects such as intestinal permeability, serum and urinary AFB₁ levels, and similar factors is warranted.

ACKNOWLEDGMENT

A gratitude to the staff and postgraduate students of the Faculty of Medicine and Health Sciences, Universiti Putra Malaysia, who helped with the research. The researchers also would like to thank the Ministry of Higher Education Malaysia for the financial support under the Fundamental Research Grant Scheme (FRGS/1/2018/SKK06/UPM/02/2). This manuscript is a part of a Master Science thesis by Muhammad Firdhaus Shaharudin submitted to Universiti Putra Malaysia.

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