

Comment

Comment on Hurley, J.C. Towards Clinical Application of Anti-endotoxin Antibodies; A Re-Appraisal of the Disconnect. *Toxins* 2013, 5, 2589-2620

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I have read with interest James C. Hurley's very good review [1]. I totally agree that a reappraisal of the use of anti-endotoxin antibodies in Gram negative infections is warranted. In a study [2] we showed the possible association between endotoxin (LPS) and morbidity and mortality in septic shock. This was a study in healthy primates (vervet monkeys). We found, when these anesthetized primates received an LD100 iv infusion of *Echerichia coli* (*E. coli*) over one hour, both *E. coli* and endotoxin concentration significantly increased during the *E. coli* infusion. The anti-endotoxin (anti-LPS) on the other hand decreased significantly. Interestingly, when the animals succumbed, their LPS concentration was still raised, but there were no viable *E. coli*. There was also only a small amount of anti-LPS present. Hence, endotoxin concentration rather than circulating *E. coli* bacteria may be an important pathogen responsible for the high mortality experienced during *E. coli* shock. This is in agreement with Spink *et al.* [3] and now Hurley [1] who suggested that endotoxin which forms an integral part of the outer cellular membrane of gram negative bacteria (GNB) participates in the genesis of shock.

In our review [4] and some of the other papers we published in this field [5–9], we refer to successful preliminary studies using anti-lipopolysaccharide IgG (anti-LPS). The anti-LPS both present prior to the insult or given after the insult, would seem to inactivate plasma endotoxins and combat Gram-negative bacteria in sepsis. Thereby, as Hurley [1] suggests, may form part of a possible new form of therapy.

The question that needs to be addressed is: how best to accomplice this? What part of the endotoxin should be attacked, the O-specific chain or the smaller Lipid-A, or even, if possible, both?

Conflicts of Interests

The author declares no conflict of interest.

References

1. Hurley, J.C. Towards Clinical applications of anti-endotoxin antibodies; A re-appraisal of the disconnect. *Toxins* **2013**, *5*, 2589–2620.
2. Wessels, B.C.; Wells, M.T.; Gaffin, S.L.; Brock-Utne, J.G.; Gathiram, P.; Hinshaw, L.B. Plasma endotoxin concentration in healthy primates and during E. coli-induced shock. *Crit. Care Med.* **1998**, *16*, 601–605.
3. Spink, W.; Braude, A.I.; Castaneda, M.R. Aureomycin therapy in human brucellosis due to *Brucella melitensis*. *JAMA* **1948**, *138*, 1145–1147.
4. Brock-Utne, J.G.; Gaffin, S.L. Endotoxins and anti-endotoxins. (Their relevance to the anaesthetist and the intensive care specialist). *Anaesth. Intens. Care* **1989**, *17*, 49–55.
5. Wells, M.T.; Gaffin, S.L.; Wessels, B.C.; Brock-Utne, J.G.; Jordaan, J.P.; Van den Ende, J. Anti-LPS antibodies reduce endotoxemia in whole body 60 Co irradiated primates. A preliminary report. *Aviat. Space Environ. Med.* **1990**, *61*, 802–806.
6. Brock-Utne, J.G.; Gaffin, S.L.; Wells, M.T.; Gathiram, P.; Sohar, E.; James, M.F.; Morrell, D.F.; Norman, R.J. Endotoxaemia in exhausted runners following a long distance race. (Comrades Marathon 1986). *S. Afr. Med. J.* **1988**, *73*, 533–536.
7. Gathiram, P.; Wells, M.T.; Brock-Utne, J.G.; Gaffin, S.L. Anti-lipopolysaccharide improves survival in primates subjected to heat stroke. *Circ. Shock* **1987**, *23*, 157–164.
8. Gathiram, P.; Gaffin, S.L.; Wells, M.T.; Brock-Utne, J.G. Superior mesenteric artery occlusion shock in cats. Modification of the endotoxemia by anti-lipopolysaccharide antibodies (Anti-LPS). *Circ. Shock* **1986**, *19*, 231–237.
9. Gaffin, S.L.; Brock-Utne, J.G.; Zanotti, A.; Wells, M.T. Hypoxia induced endotoxemia in primates. Role of RES function and anti-lipopolysaccharide plasma. *Aviat. Space Environ. Med.* **1986**, *57*, 1044–1049.

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