

# Bacterial Endotoxins: Biological Properties and Mechanisms (Review)

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**Received:** 2025, 13, Jun

**Accepted:** 2025, 14, Jul

**Published:** 2025, 15, Aug

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**Abstract:** Gram-negative bacteria produce endotoxins (lipopolysaccharides, or LPS), which are pathogenic chemicals linked to the onset of Gram-negative shock. When endotoxins interact with the cells that are susceptible to lipopolysaccharides, they produce endogenous mediators such as tumor necrosis factor alpha (TNF $\alpha$ ). TNF $\alpha$  is the main mediator of the fatal impact of endotoxins, while macrophages are cells that mediate the hazardous actions of LPS. The several processes with endotoxin are bacterially sensitized and would be covered in this review article.

**Key words:** Bacterial endotoxins, Carnitine congeners, Lipopolysaccharide (LPS), Tumour necrosis factor alpha (TNF $\alpha$ )

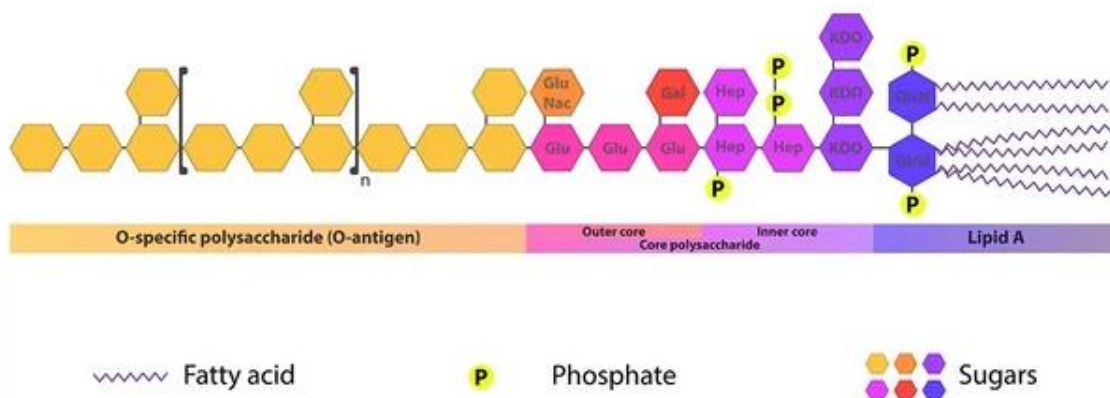
## I. Introduction

Gram-negative bacteria's outer membrane is made up of endotoxins. When given to experimental animals, thus the isolated endotoxins cause a wide range of physiologic reactions, some of which are also seen in Gram-negative septic shock [1]. The Gram-negative bacterial disease could be

noticed using the endotoxins as an important biomarker and the disease therapy consist on this diagnostic [2].

For the safety and quality of pharmaceutical and medical products, the endotoxin identification is also important, such in medical implants, biological (like insulin), and parenteral and injectable medications need to be sterile [3]. However, if Gram-negative bacteria are present and killed during the sterilization process, endotoxins may be released [4]. The organ failure and fever were caused by endotoxins if they enter the bloodstream, as well as at least one mg of endotoxins could be lethal [5]. To the safety of product, it must be tested for the existence of endotoxins. The chemical makeup of endotoxins, which are amphiphilic compounds, varies greatly throughout bacterial strains. A lipid component comprising disaccharide phosphates, fatty acids, and a core polysaccharide chain make up the typical structure of endotoxins, which weigh about 10 kDa (fig. 1) [6].

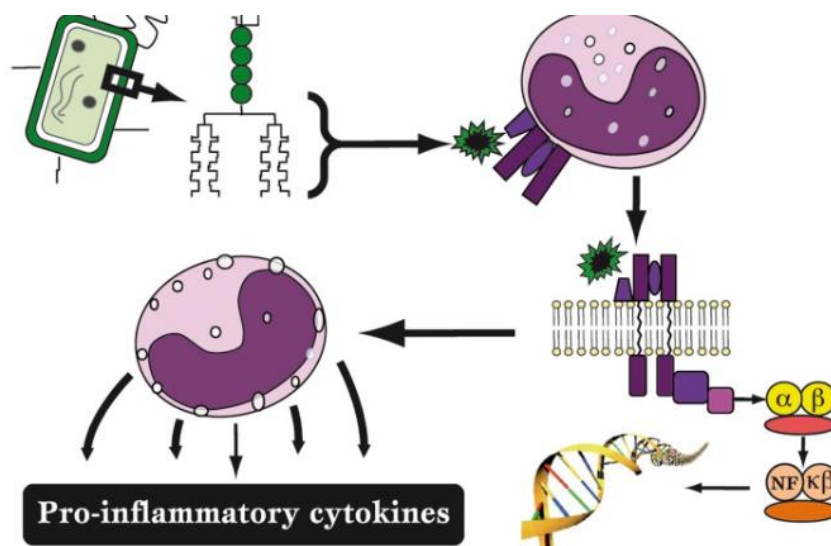
## Structure of LPS - Lipopolysaccharide



**Fig. 1: General structure of LPS endotoxins.**

### II. Endotoxins are lipopolysaccharides (LPS).

The lipid A, the core oligosaccharide, and the O-specific polysaccharide—make up LPS were connected covalently in Enterobacteriaceae and many other Gram-negative bacteria [7]. The parent bacterial strain's serological specificity is determined by the structure and composition of its O-polysaccharide, which varies greatly across Gram-negative bacteria. Because a certain core structure is shared by many bacterial species, the structure and composition of the core oligosaccharide are less varied [8]. Since many Gram-negative bacteria share a similar structure and makeup, the lipid A is the physically component of the lipopolysaccharide molecule. Each of the three immunogenic components of it could causes the production of antibodies that engage selectively with unique epitopes in the corresponding region [9]. The lipid A is the only component of LPS that has biological activity; the polysaccharide has no harmful properties [5]. Some endotoxins, such those that induce the tumor could be advantageous to the host, although they are not necessarily toxic [6]. Instead of being direct impacts of the LPS molecule, some LPS activity are indirectly generated by endogenous mediators that are created after endotoxins contact with cells that are susceptible to LPS. Turnout necrosis factor alpha (TNF) is a key mediator of the activity of endotoxins that mediate the actions of LPS [7].



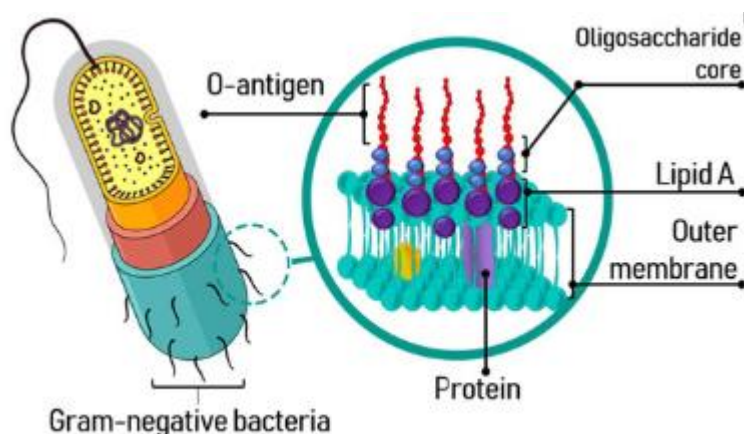
**Figure 2 The pathophysiology of lipopolysaccharide**

Figure 2 shows the pathophysiology of lipopolysaccharide (LPS) "endotoxin." Beyond the peptidoglycan layer, gram-negative bacteria have a lipopolysaccharide (LPS) membrane [8].

The bacterial membrane continuously shears LPS, also known as "endotoxin," into the surrounding serum and interstitial fluid. The Lipid-A, which is very pro-inflammatory, and the O-antigen and Core protein, which have minimal immunogenic effect, are produced when LPS breaks down [9]. As the Lipid-A initiates intracellular pathways by binding to tissue macrophages' and serum monocytes' CD14/TLR4/MD2 receptor, a complicated, multi-step intracellular mechanism activates the NF- $\kappa$ B protein family, which then moves to the nucleus and starts the synthesis of cytokines [10].

### III. The activity of endotoxin

There are several host plasma proteins that can bind LPS, which can affect (increase or decrease) the action of endotoxins. These consist of LPS-binding protein (LBP)lb, lipoproteins (HDL and LDL), and, additionally, certain antibodies that may exist in the particular host [11]. Bacterial proteins (like Omp A) that the released LPS may impact on the harmful microorganism in the event of endotoxin brought on by inflammation [12]. Endotoxin sensitivity is genetically determined; humans and rabbits are extremely sensitive, whereas guinea pigs, mice and rats were significantly less effective [13].



**Figure 3 Endotoxin of Gram-negative bacteria [14].**

### IV. The hypersensitivity of Endotoxin

The endotoxin sensitivity has long been recognized that several experimental settings can significantly increase the sensitivity of healthy, normal animals [15]. Therefore, giving

hepatotoxic substances like D-galactosamine to the experimental animals will make them more susceptible to the deadly effects of endotoxins. [16]. When the mice treated with muramyl dipeptide (MDP), a partial peptidoglycan structure, may similarly have a notable level of sensitization [17]. Additionally, the hyperthermic environment, hypophysectomy, or adrenalectomy will all significantly increase the susceptibility to endotoxins [18]. Several developing tumors were also observed to increase the sensitivity of mice to endotoxins, thus, it was demonstrated that the EMT6 sarcoma developing in BALB/C mice and Lewis lung cancer in C57BL/6 mice significantly increased the animals' sensitivity to endotoxins [19]. It has been demonstrated that both Gram-positive and Gram-negative microorganisms make mice more vulnerable to the deadly effects of endotoxins. Particularly noteworthy is the bacterial sensitization [20].

## V. Mechanisms of endotoxin

The ability of bacteria to increase the sensitivity to endotoxins is not exclusive to *S. typhimurium*; it is a widespread phenomenon seen in both live and dead Gram-positive and Gram-negative bacteria [21]. It is discovered that bacterially hypersensitive mice release significantly more TNF $\alpha$  than healthy animals, when it is demonstrated that giving mice *Propionibacterium* aches or *S. typhimurium* causes their TNF production to increase by 1,500 and 200 times, respectively, in response to an LPS challenge [22]. The TNF is the main mediator of LPS's fatal action, hypersensitivity in animals sensitized to bacteria might be explained only by LPS's overproduction of TNF $\alpha$  [23]. However, an excess of TNF $\alpha$  is not the only reason why mice treated with bacteria have a high endotoxin sensitivity [22]. Mice exposed to the lethal defect of bacteria are also shown to be hypersensitive to TNF $\alpha$ 's activities. Therefore, an excess of TNF $\alpha$  are the starter of hypersensitivity which observed in mice [23]. Since Gram-negative bacteria also produce endotoxins, their ability to induce hypersensitivity is particularly interesting. The current findings provide for a better understanding of the dangerous effects of Gram-negative infections by demonstrating that these bacteria not only create endotoxins but also sensitize the harmful action [24]. When the processed with bacteria become sensitized to the deadly activity of LPS through the mediation of IFN $\gamma$ . Consequently, giving the animals more pre-treated with bacteria anti-IFN $\gamma$  monoclonal antibodies prevented the higher producing of TNF $\alpha$  and eliminated the emergence of sensitization to the deadly action of LPS [25].

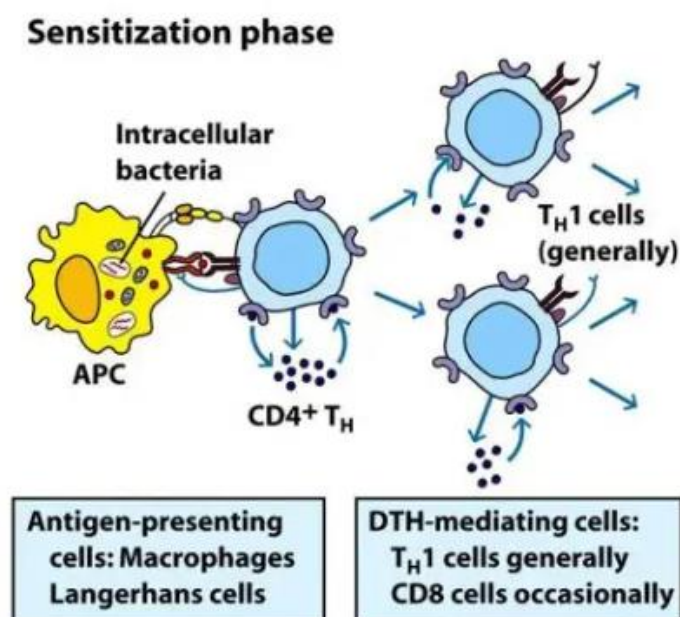


Figure 4 Type IV Hypersensitivity (Sensitization Phase) [24]

## VI. The sensitization of endotoxin

One of the mediators of the bacterial sensitization is interferon gamma: The process by which bacteria make an organism more sensitive to endotoxins has lately become better understood [25]. Significant levels of interferon gamma (IFN) have been observed in the serum of mice treated with Gram-positive or Gram-negative bacteria [26]. All mouse strains that are susceptible to endotoxins produce IFN $\gamma$  after being treated with bacteria. However, it was noted that IFN $\gamma$  production is not triggered by a comparable bacterial infection of mice with LPS-resistant (lpsd) strains [27]. This finding implied that the lack of IFN $\gamma$  production in lpsd mice may be the cause of their incapacity to get sensitized to germs. This possibility was thoroughly examined, and it was shown that IFN $\gamma$  mediates the sensitization of bacterially treated animals to the deadly activity of LPS [28]. In order to prevent endotoxin shock, anti-IFN $\gamma$  monoclonal antibodies were administered to mice that had previously received bacterial treatment [29]. This prevented the overproduction of TNF $\alpha$  and eliminated the development of LPS activity. Some research have been looking for effective treatments and preventative measures for endotoxin shock ever before LPS was identified as the primary damage component of Gram-negative bacteria [30]. The antibodies that target specific regions of the LPS molecule that are shared by medicinally significant Gram-negative bacteria have drawn particular attention. Additional strategies include the LPS uses the receptor antagonists and antibodies to the LPS receptor [31].

## VII. Conclusion

According to this review, an endotoxin is a complex lipopolysaccharide that is present in the outer cell wall of gram-negative bacteria. It is composed of three primary regions: lipid A, core polysaccharide, and O-specific antigen. It causes toxic effects such sepsis, septic shock, fever, and multi-organ failure.

## References

1. Mohammadi Z. Endotoxin in endodontic infections: a review. *J Calif Dent Assoc.* 2011;39(3):153-61.
2. Martinho FC, Chiesa WM, Zaia AA, Ferraz CC, Almeida JF, Souza- Filho FJ, et al. Comparison of endotoxin levels in previous studies on primary endodontic infections. *J Endod.* 2011;37(2):163-7. doi: 10.1016/j.joen.2010.11.020.
3. Gomes BP, Endo MS, Martinho FC. Comparison of endotoxin levels found in primary and secondary endodontic infections. *J Endod.* 2012;38(8):1082-6. doi: 10.1016/j.joen.2012.04.021.
4. Oliveira LD, Carvalho CA, Carvalho AS, Alves JS, Valera MC, Jorge AO. Efficacy of endodontic treatment for endotoxin reduction in primarily infected root canals and evaluation of cytotoxic effects. *J Endod.* 2012;38(8):1053-7. doi: 10.1016/j.joen.2012.04.015 .
5. da Silva RA, Ferreira PD, De Rossi A, Nelson-Filho P, Silva LA. Toll-like receptor 2 knockout mice showed increased periapical lesion size and osteoclast number. *J Endod.* 2012;38(6):803-13. doi: 10.1016/j.joen.2012.03.017 .
6. Miyake K, Nagai Y, Akashi S, Nagafuku M, Ogata M, Kosugi A. Essential role of MD-2 in B-cell responses to lipopolysaccharide and Toll-like receptor 4 distribution. *J Endotoxin Res.* 2002;8(6):449-52. doi: 10.1177/09680519020080061401 .
7. Salomao R, Brunialti MK, Rapozo MM, Baggio-Zappia GL, Galanos C, Freudenberg M. Bacterial sensing, cell signaling, and modulation of the immune response during sepsis. *Shock.* 2012;38(3):227-42. doi: 10.1097/SHK.0b013e318262c4b0 .
8. Miyake K. Endotoxin recognition molecules, Toll-like receptor 4-MD-2. *Seminars in Immunology.* 2004;16(1):11-6.

9. Paula-Silva FW, da Silva LA, Kapila YL. Matriz metalloproteinase expression in teeth with periapical periodontitis is differentially modulated by the modality of root canal treatment. *J Endod.* 2010;36(2):231-7. doi: 10.1016/j.joen.2009.10.030.
10. Anas A, van der Pol T, de Vos AF. Role of CD14 in lung inflammation and infection. *Critical Care.* 2010;14:209.
11. Chapter <85> Bacterial Endotoxins Test. In *The United States Pharmacopeia 40*; The United States Pharmacopeial Convention: Rockville, MD, 2017, 163–169.
12. Evaluation and Recommendation of Pharmacopoeial Tests for Use in the ICH Regions on Bacterial Endotoxins Test General Chapter Q4B Annex 14, ICH Harmonised Tripartite Guideline, ICH Expert Working Group, 2012.
13. Galanos C., Luderitz O. Lipopolysaccharide: Properties of an Amphipathic Molecule. In *Handbook of Endotoxin: Chemistry of Endotoxin*; Rietschel E. T., Ed.; Elsevier Science Publishers B. V.: Amsterdam, 1984; **Vol. 1**, pp 46–58.
14. Poole S., Dawson P., Gaines Das R. E. Second International Standard for Endotoxin: Calibration in an International Collaborative Study. *J. Endotoxin Res.* 1997, **4** (3), 221–231.
15. Nowtony A. Molecular Aspects of Endotoxic Reactions. *Bacteriol. Rev.* 1969, **33** (1), 72–98.
16. Gutschmann T., Schromm A. B., Brandenburg K. The Physicochemistry of Endotoxins in Relation to Bioactivity. *Int. J. Med. Microbiol.* 2007, **297** (5), 341–352.
17. Mueller M., Lindner B., Kusumoto S., Fukase K., Schromm A. B., Seydel U. Aggregates Are the Biologically Active Units of Endotoxin. *J. Biol. Chem.* 2004, **279** (25), 26307–26313.
18. Eaton J. LER: The Challenge of Meeting Regulatory Expectations. *PDA Lett.* 2015, **51** (10), 22.
19. Chen J., Vinther A. Low Endotoxin Recovery in Common Biologics Products. Presented at the 2013 PDA Annual Meeting, Orlando, FL, April 2013.
20. Guidance for Industry. Pyrogen and Endotoxins Testing: Questions and Answers; Food and Drug Administration: Washington, DC, 2012.
21. Hughes P.F., Thomas C., Suvarna K., Chi B., Candau-Chacon R., Gomez-Broughton C., Narasimhan L. R. Low Endotoxin Recovery: An FDA Perspective. *BioPharma Asia* 2015, **4** (2), 14–25.
22. Fujita Y., Tokunaga T., Kataoka H. Saline and Buffers Minimize the Action of Interfering Factors in the Bacterial Endotoxins Test. *Anal. Biochem.* 2011, **409** (1), 46–53.
23. Bolden J., Platco C., Dubczak J., Cooper J. F., McCullough K. Z. The Use of Endotoxin as an Analyte in Biopharmaceutical Product Hold-Time Study. *United States Pharmacopeia: Stimuli to the Revision Process* 41 (5), United States Pharmacopeial Convention, Rockville, MD, 2015.
24. Tsuchiya M. Possible Mechanism of Low Endotoxin Recovery. *Am. Pharm. Rev.* 2014, **17** (7), 18–23.
25. Reich J., Lang P., Grallert H., Motschmann H. Masking of Endotoxin in Surfactant Samples: Effects on Limulus-based Detection Systems. *Biologicals* 2016, **44** (5), 417–422.
26. Bolden J., Warburton R. E., Phelan R., Murphy M., Smith K. R., De Felippis M. R., Chen D. Endotoxin Recovery Using *Limulus* Amebocyte Lysate (LAL) Assay. *Biologicals* 2016, **44** (5), 434–440.

27. Bolden J., Claerbout M. E., Miner M. K., Murphy M. A., Smith K. R., Warburton R. E. Evidence Against a Bacterial Endotoxin Masking Effect in Biologic Drug Products by *Limulus* Amebocyte Lysate Detection. PDA J. Pharm. Sci. Technol. 2014, **68** (5), 472–477.
28. Dubczak J. A. Comparative In-Vitro and In-Vivo Low Endotoxin Recovery (LER) Assessment. Presented at the PDA 9th Annual Global Conference on Pharmaceutical Microbiology, Bethesda, MD, October 2014.
29. Salomao R, Brunialti MK, Rapozo MM, Baggio-Zappia GL, Galanos C, Freudenberg M. Bacterial sensing, cell signaling, and modulation of the immune response during sepsis. Shock. 2012;38(3):227-42.
30. Landmann R, Müller B, Zimmerli W. CD14, new aspects of ligand and signal diversity. Microbes Infect. 2000;2(3):295-304.
31. Orstavik D, Ford TP. Apical periodontitis: microbial infection and host responses. In: Orstavik D, Ford TP. Essential endodontology. Oxford: Blackwell; 2008.