

An Acad Bras Cienc (2022) 94(2): e20200561 DOI 10.1590/0001-3765202220200561 Anais da Academia Brasileira de Ciências | Annals of the Brazilian Academy of Sciences Printed ISSN 0001-3765 | Online ISSN 1678-2690 www.scielo.br/aabc | www.fb.com/aabcjournal

MICROBIOLOGY

Physical activity reduces intradermal bacterial load in a murine model submitted to forced swim training – a pilot study

MARIA P.L. GALANTINI, LORENA S. LEAL, KARINE B. RODRIGUES, ISRAEL S. RIBEIRO, ITALO S. PEREIRA, CAROLINE V. GONÇALVES, STÉFANO P.M. CALADO, DENISAR P. DOS SANTOS, IGOR P.R. MUNIZ & ROBSON A.A. DA SILVA

Abstract: Regular exercise is beneficial to health. This study evaluated the effects of moderate and intense physical exercise modalities on intradermal infection by *Staphylococcus aureus* in a murine model. Mice that practiced moderate exercise had lower bacterial load on lymph nodes and less inflammatory infiltrate in dermis. They presented greater weight, however, less amount of epididymal fat: the weight was increased while they had fat diminished. A positive correlation was observed between lipid content and bacterial load in mice trained at moderate intensity. Animals that were under high intensity exercises presented superior bacterial load on the lymph nodes, increased neutrophil count and circulating lymphocytes, and had leukocyte recruitment to the dermis augmented, when compared to the ones in moderate exercise. These findings suggest that moderate physical activity modulates the immune response in dermal infection caused by *S. aureus* in a murine model.

Key words: infection, mice, physical exercise, Staphylococcus aureus.

INTRODUCTION

Moderate physical exercise represents a resistance factor for the onset of infections by stimulating the immune system protective response (Viana et al. 2014). However, high intensity exercises may lead to increased susceptibility to infectious conditions (Nieman 2007, Priebe et al. 2009). The duration, intensity, and frequency of exercise can directly influence the formulation of a protective response by modulating the number of circulating or recruited leukocytes to the infectious site (Nieman & Nehlsen-Cannarella 1994, Matthews et al. 2002, Escribano et al. 2005, Nieman et al. 2011, Araneda et al. 2016, Lu et al. 2017).

The fluctuation in leukocyte concentration in different body regions is determined by

pathophysiological reactions (Natale et al. 2003). Chronic moderate physical exercise has been associated with an increment in the proliferative response of T lymphocytes and in the number of neutrophils, thus, intensifying antimicrobial and phagocytosis functions (Malm 2004, Yeh et al. 2014, Gomes et al. 2016).

Neutrophils and lymphocytes are key cells in control of infections caused by *Staphylococcus aureus* (Harrington et al. 2005, Sladek & Rysanek 2006, Hill & Imai 2016). Neutrophil recruitment and abscess formation are characteristic of *S. aureus* infections and are required for the pathogen elimination (Kobayashi et al. 2015).

S. aureus is a gram-positive bacteria and catalase-positive cocci. This pathogen generally is an unencapsulated bacteria, has approximately 0.5 to 1.5 µm in diameter, is immobile, and non-sporulated (Kloos & Wolfshohl 1982). Among bacterial microorganisms, *S. aureus* has extreme importance nowadays (Lowy 1998, Wertheim et al. 2004, Daum & Spellberg 2014).

Besides its high prevalence, *S. aureus* is well known for its ability to acquire resistance to antibiotics (Kobayashi et al. 2015, Boswihi & Udo 2018). The methicillin-resistant *S. aureus* (MRSA) was reported in the early 1960s and then spread throughout the world, being currently endemic in hospitals and communities (CA-MRSA) (Rigby & DeLeo 2012).

This pathogen is associated with a significant diversity of diseases and syndromes, including bacteremia, pneumonia, and osteomyelitis; most of the infections occurs in skin and soft tissues (Malachowa et al. 2016). In order to develop more effective strategies on prevent or treat the infections, it is crucial to understand why the immune response is unable to eradicate this bacterium.

Intradermal infection by *S. aureus* in rodents display of many inflammatory features like those observed in humans (Asai et al. 2010, Alabi et al. 2013). Dermis and epidermis are regions rich in antigen presenting cells. This factor guarantees to the intradermal infection model a more efficient antigen delivery, even though using a smaller dose (Miller et al. 2007, Miller & Cho 2016, Santana et al. 2016).

Little is known about the influence of exercise and its execution in different intensities on experimental intradermal infection in rodents. In this regard, the objective of this study was to evaluate the effects of moderate and high intensity physical exercises on intradermal infection by *Staphylococcus aureus* in a murine model.

MATERIALS AND METHODS

Animals

Male mice, aged 6 to 8 weeks old, were obtained from the laboratory of Universidade Federal da Bahia, Instituto Multidisciplinar em Saúde, Campus Anísio Teixeira (UFBA/IMS-CAT), and maintained in a controlled temperature room, 12-hours photoperiod, and free access to water and food. This project was submitted and approved by the Ethics Committee on Animal Use (Comitê de Ética no Uso de Animais - CEUA) of IMS-CAT (Protocol No. 031/2015).

Experimental design

Animals were randomly divided into 6 groups with 8 to 10 animals per group. Two sedentary groups (SC- sedentary control, SI- sedentary infected by *S. aureus*) and four exercise groups (MIC- moderate intensity control, MII- moderate intensity infected, HIC - high intensity control, HII- high intensity infected) were submitted to 2 weeks of pre-training and 8 weeks of swimming training. Both sedentary and exercise groups were considered able to swim, however, only the exercise groups performed the swimming training.

Training protocol

Animals submitted to the exercises performed swimming sessions for adaptation, for 2 weeks long. These training sessions lasted 5 minutes each one without adding a load into animal's back. In order to carry out high intensity exercises, additional load weighing 5% of the animal body mass was coupled in its dorsal region; for moderate intensity exercise the load was of 2.5% of body mass. After adaptation period, mice started swimming five times a week with a minimum interval of 24 hours between sessions for eight weeks, with a training session time of 10 minutes for the animals in moderate intensity group and 15 minutes for the ones in the high intensity group. The weight attached to the animal's back was a pre-weighed heavy ball. The application of mass attached to animal body was used so that the level of effort was greater and proportional to the intensity intended to reach. The swimming protocol utilized was adapted from Gobatto et al. (2001).

Bacterial culture

Staphylococcus aureus ATCC 43300 (MRSA) strain obtained from Laboratório de Histopatologia at Universidade Federal da Bahia, Instituto Multidisciplinar em Saúde, Campus Anísio Teixeira (UFBA/IMS-CAT), were reactivated and cultured in brain-heart infusion agar (BHI) for 24 hours at 37°C. After growth, colonies of bacteria were collected, diluted in sterile saline, and the number of colony forming unit (CFU) was determined based on analysis of spectrophotometric absorbance at 660nm (value equivalent to 10⁸ CFUs in McFarland scale).

Preparation of anesthetic, challenge, and euthanasia

After the training period, animals were anesthetized with 50 mg/kg of ketamine and 10 mg/kg of xylazine, intraperitoneally. Later, they were challenged intradermally (right ear) with 10 μ L of saline solution or *S. aureus*, according to the experimental design. Mice were euthanized 72 hours after challenge by intraperitoneal injection with lethal dose of xylazine and ketamine (40 mg/kg and 400 mg/ kg, respectively).

Hematological analysis

Blood Samples were collected by opening peritoneal cavity and through incision of a large-caliber blood vessel. Total and differential numbers of leukocytes were determined. Twenty microliters of blood were solubilized in 380 µL of Turk blue for total cell count in Neubauer's chamber.

Blood smears were made with 10 μ L of blood and differential leukocyte count were carried out. Serum was obtained after centrifugation of total blood for 10 min at 300g.

Histopathological analysis

Following euthanasia, a fragment of the infected ear region was cut off for fixation in 10% formalin. After dehydration in alcohol solution and diaphanization in xylol (60°C in an oven), tissue was included in histological paraffin, and sections of 4 µm were done by microtomy. Sections were stained with hematoxylin-eosin. Inflammatory infiltrate cells and epithelial architecture were analyzed. Photomicrographs were acquired and evaluated by two pathologists who were blinded to the experiment, through Image J-SisGET IT Image capture system (Olympus Soft Imaging Solutions, GmbH, Münster, Germany). Total count of tissue infiltrated cells was performed with the mean counts of twenty fields in two magnification levels: 4X and 20X.

Determination of bacterial load

Retromaxillary lymph nodes were removed 72 hours post-infection and macerated in a sterile Petri dish in 500 μ L saline solution. Fifty microliters of the supernatant were collected and spread in Petri dish with BHI medium by the pour plate method and conditioned in a bacteriological oven at 37°C for 24 hours, and after that, the colony forming units (CFUs) were quantified.

Epididymal adipose tissue

Throughout the project, the animal weight was weekly monitored. After euthanasia, epididymal adipose tissue was removed and immediately weighed to avoid dehydration. This tissue was applied as an indicator of lipid content in these animals. The epididymal fat weight was divided by animal body weight, obtained before euthanasia, and multiplied by 100 to provide the relative value and relative percentage of this tissue in the assessed animals (Bueno et al. 2005).

Statistical analysis

In order to evaluate statistical differences among the groups, Kruskal Wallis test was used with Duns' test for non-parametric samples. ANOVA test was applied for parametric samples. Pearson's test was utilized for the nonparametric correlations, being considered a significant difference when p<0.05, with a 95% confidence interval.

RESULTS

Physical exercise promotes bacterial load reduction in lymph nodes

In order to analyze if different intensity exercises change bacterial clearance pattern after infection, colony forming units (CFU) were quantified in lymph node macerates. CFUs count are shown in Figure 1. In infected exercised mice, there was lower growth in number of CFUs when compared to the infected sedentary group. No bacterial growth was observed in control groups.

Trained animals have lower lipid content ratio by animal weight

Sedentary groups animals showed lower average of body weight when compared to exercised groups (Figure 2). In contrast, Figures 3a and 3b brings that, despite having a lower gross weight, when the epididymal fat weight and the epididymal fat/weight ratio of the mice were evaluated, sedentary groups presented higher epididymal fat weight and greater epididymal/ weight of the mice, for both the sedentary control group (SC) and for the sedentary infected group

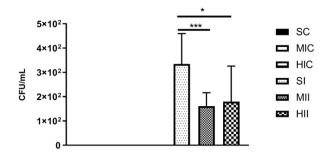


Figure 1. Bacterial load on exercised and sedentary animals. A / J mice were challenged with the number of 10⁸ CFU of MRSA strains. Animals were euthanized 72 hours post-infection. Animals had the lymph nodes macerated and cultured in BHI medium (Brain Heart Infusion). CFUs were quantified after 24 hours of culture; (MRSA: Methicillin-resistant *Staphylococcus aureus*). CFU- colony forming unit; SCsedentary control; MIC- moderate intensity control; HIC- high intensity control; SI- sedentary infected; MII- moderate intensity infected; HII- high intensity infected. n = 8 to 10 / group. *p<0.05; *** p<0.001.

(SI). The groups in moderate intensity exercise, controls and infected, despite presenting the highest gross weight, exhibited lower epididymal fat weight and epididymal fat/weight ratio when compared to the other groups.

Animals exercised in high intensity present neutrophilia and lymphocytosis

Aiming to assess the absolute number of neutrophils and lymphocytes in peripheral blood, a differential count of leukocytes was performed through light microscopy. Figure 4 illustrates the main cell types observed. It is possible to notice that there were quantitative differences in the number of neutrophils and lymphocytes in *S. aureus* infected animals belonging to the HIC and HII groups.

Animals infected with *S. aureus* present inflammatory infiltrate in the ear

The number of inflammatory cells was determined by histopathological evaluation of the ears where the intradermal challenge was performed. In this model, cellular populations

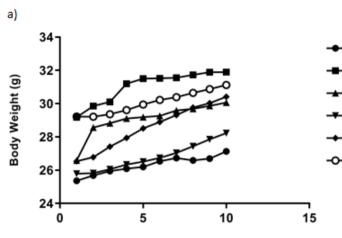
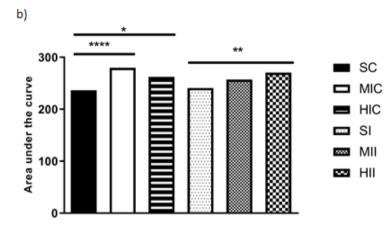


Figure 2. Determination of mice weight variation during training period. a) Weight SC mean of all animals in the MIC group, b) Area under the curve corresponding to the HIC Figure 2a. SC- sedentary SI control: MIC- moderate intensity control; HIC-MII high intensity control; HII SI- sedentary infected; MIImoderate intensity infected; HII- high intensity infected. n

= 8 to 10 / group. * p<0.05; **

p<0.01; **** p<0.0001.



were observed and quantified through total cell count. Figure 5 outlines the six groups analyzed, revealing superior cellular infiltrate in infected sedentary group, followed by the infected group in high intensity exercise.

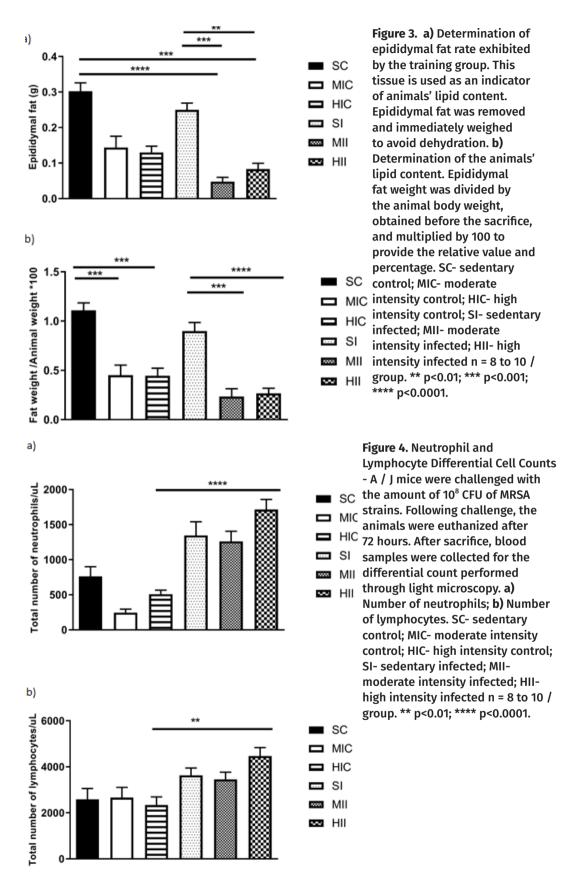
Sedentary animals have more intense inflammatory infiltrate than those exercised

Figure 6 indicates that animals infected with *S. aureus* had intense infiltration in the ear, however, in the previously exercised animals, this infiltrate was smaller than the number of cells presented in the sedentary group. Thus, it was also possible to observe that the animals that exercised in high intensity exhibited

superior infiltration than those from the group that were in moderate intensity.

Lipid content positively correlated with the bacterial load in moderate exercise

Using the correlations, it could be observed that the higher the lipid content in animals that practiced moderate intensity exercises the greater the bacterial load presented by them. A positive correlation was also observed between the number of total leukocyte counts of the infected group in moderate exercise (MII) with its number of neutrophils. The same occurred between the total count of leukocytes and the number of neutrophils in the sedentary control group (Table I).



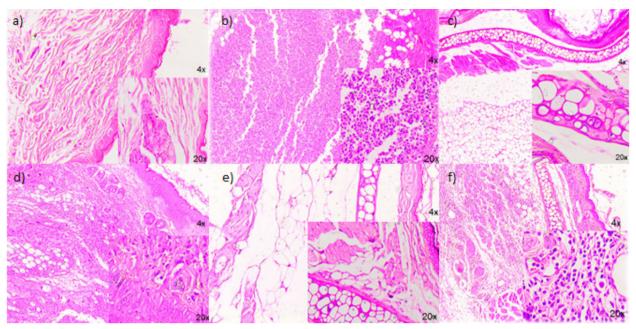


Figure 5. Leukocyte recruitment to the right ear dermis of A / J mice. Mice trained in moderate intensity, high intensity exercise, or the sedentaries, were infected with 10⁸ methicillin resistant *Staphylococcus aureus* (MRSA). Animals were euthanized 72 hours after infection. Animals had excision of the right ear and histopathological slides were analyzed through light microscopy (MRSA: Methicillin-resistant *Staphylococcus aureus*) n = 8 to 10. Magnification 20X. a) SC (Sedentary control); b) MIC (Moderate intensity control); c) HIC (High intensity control); d) SI (Sedentary infected); e) MII (Moderate intensity infected); f) HII (High intensity infected).

DISCUSSION

S. aureus is responsible for several skin infections. Complications from these infections are an important and constant health problem. The present study investigated in an unprecedented way the effects of physical exercise in moderate and high intensities on intradermal infection by *Staphylococcus aureus* in a murine model. Here we demonstrate for the first time that exercise contributes not only to the bacterial load control, but also, to the reduction of dermis inflammation induced by this pathogen.

Skin is the body site most affected by S. aureus infections (Hill & Imai 2016). Thus, by intradermally infecting the mice, we can observe the cell migration to draining lymph nodes (Almeida et al. 2017). In our work, when quantifying the bacterial load in infected animals exercised or not, it was revealed that the exercise, regardless of the intensity, can decrease the bacterial load in mice dermis.

In *S. aureus* infections, the host initiates an innate immune response primarily mediated by neutrophils (Rigby & DeLeo 2012, dos Santos et al. 2018a, b), which is responsible for destroying and phagocytizing the bacteria, and migrating to the draining lymph node for antigen presentation (Hermida et al. 2014, Muniz et al. 2021). It is also known that the fluctuation of the number of circulating neutrophils in response to exercise depends on training intensity. Different reports have demonstrated that moderate exercise leads to an increase in the number of these cells, which is maintained even in rest (Nieman & Nehlsen-Cannarella 1994, Pereira et al. 1994, Mockinnon 1997, Rosa & Vaisberg 1998).

High intensity exercise has been correlated with intensified leukocytosis, sustained by the presence of neutrophils (Natale et al. 2003,

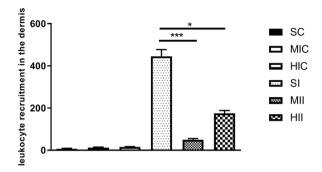


Figure 6. Leukocyte recruitment in the ear dermis (μm^2) – Sedentary A / J mice or previously trained in moderate intensity or high intensity exercise were infected with 10⁸ strains of methicillin resistant *Staphylococcus aureus* (MRSA). Animals were euthanized 72 hours after infection. Animals had excision of the right ear and histopathological slides were prepared and analyzed through light microscopy. SC- sedentary control; MIC- moderate intensity control; HIC- high intensity control; SI- sedentary infected; MII- moderate intensity infected; HII- high intensity infected n = 8 to 10. *p<0,05; *** p<0.001.

Neves et al. 2015). We observed that animals trained in a high intensity level exhibited an increment in the number of leukocytes, corroborating with the previous studies. An endogenous inflammatory process is known to trigger the mobilization of mature neutrophils and more immature populations from bone marrow and blood to inflammatory sites, in this way, it is still necessary to analyze and characterize the different cell types present in the inflammatory site (Zhou et al. 2010, Cuenca et al. 2011, Nakamura & Ushigome 2018).

Physical training may promote loss of body fat mass (Stanford et al. 2015), however, in our study, the groups exercised presented greater weight than the sedentary groups. On the other hand, it was observed that the exercised groups had lower epididymal fat weight as well as the weight/fat weight ratio. This finding suggests that physical exercise changed mice body composition, increasing the lean mass index and decreasing fat mass. This result can be correlated with previous studies reporting that, in general, physical exercises promote diminution of body fat, increase of muscle mass, and then, augment the strength, besides being important in muscle regeneration process (Foschini et al. 2004, Redman et al. 2007).

It was observed that, animals that were infected and were also practicing physical activity presented lower amount of adipose tissue than exercised control animals. Therefore, it is seen the positive correlation between the bacterial load and mouse weight/fat ratio, in both groups trained in moderated intensity. Different studies have shown that in situations of excessive fat accumulation, such as in obesity, the susceptibility to infections in animals and humans is increased (Ramírez-Orozco et al. 2018, Ramos-Muniz et al. 2018). The animals in this group presented lower weight/fat ratio and had lower bacterial loads than the other mice.

Studies have described the importance of the intradermal pathway for understanding the formulation of a protective immunity against infection by different pathogens (Lambert & Laurent 2008). In *S. aureus* infection, researches on cells recruited to the inflammatory site have collaborated to understand the inflammation associated with this microorganism (Santana et al. 2016). In our study it was possible to analyze that lesions in the dermis were characterized

Table I. Bacterial load correlate with lipid content in
exercise mice.

CORRELATIONS BETWEEN GROUPS	р	r
Lipid content MII X Bacterial load MII	0,0220	0,7079
MII total count X Neutrophils MII	0,0017	0,8531
Total score SC X Neutrophils SC	0,0004	0,9453

SC - sedentary control; MII - moderate intensity infected; p - $p\mbox{-value}$ (p<0.05); r - Pearson correlation coefficient; n = 8 to 10. by intense inflammatory infiltrate. Although, in pre-exercised animals there was a smaller inflammatory infiltrate when compared to sedentary ones. Some studies have shown the regulatory role of Tregs in maintaining immune homeostasis, showing a cross-talk between Treg and neutrophils, limiting inflammation and inhibiting neutrophils accumulation (Richards et al. 2010, Okeke & Uzonna 2019). Understanding the association between Treg cells with neutrophils and macrophages can provide new insights into how the immune response is orchestrated in our model.

Several studies have reported that moderate intensity exercise is associated with decreased episodes of infection and improved immune response, probably associated with better neutrophil, macrophages, and T cell function (Matsudo & Matsudo 1992, Martin et al. 2009, Campos-Rodriguez et al. 2016, Lucchetti et al. 2017) . On the other hand, exercise, when practiced beyond a certain limit, is associated with an increase in cases of infectious diseases of the upper airways (Nieman 2007). These works convey that the number of cells at the inflammatory site was lower in the animals that practiced moderate intensity exercise. This lower infiltrate correlated with a lower bacterial load on the draining lymph node. These data allow us to infer that exercise may be interfering with the activation and the inflammatory profile of the cells recruited in the dermis.

This work corroborates to some existing studies that affirm that the moderate intensity exercise acts modulating a response against infections. Although, to date we are not aware of any other work that shows the influence of forced swimming training on *S. aureus* intradermal infections in mice. We have shown that both moderate and high intensity exercises may help reduce bacterial load on lymph nodes of animals intradermally infected with *S. aureus*. However, moderate exercise has a greater effect in reducing the infiltrate of cells at the infectious site.

The study is a pioneer in clarifying the cell recruitment and the reduction in intradermal bacterial load in a murine model submitted to forced swim. However, the characterization of the inflammatory cells influx and a more detailed evaluation of the influence of body composition on bacterial load in this model are still missing. In this regard, more studies are needed to bring new approaches to the different mechanisms that may be involved in this type of response.

Acknowledgments

We would like to thank the collaboration of the technicians and members of the Laboratório de Histopatologia, Universidade Federal da Bahia, Instituto Multidisciplinar em Saúde, Campus Anísio Teixeira (UFBA-IMS-CAT) and the funding granted by Conselho Nacional de Desenvolvimento Científico e Tecnológico (CNPq, Brazil) and Fundação de Amparo à Pesquisa do Estado da Bahia (FAPESB, Brazil) through scientific initiation fellowships.

REFERENCES

ALABIAS ETAL. 2013. Retrospective analysis of antimicrobial resistance and bacterial spectrum of infection in Gabon, Central Africa. BMC Infect Dis 13: 2-7.

ALMEIDA PP, PEREIRA IS, RODRIGUES KB, LEAL LS, MARQUES AS, ROSA LP, DA SILVA FC & DA SILVA RAA. 2017. Photodynamic therapy controls of Staphylococcus aureus intradermal infection in mice. Lasers Med Sci 32: 1337-1342.

ARANEDA OF, CARBONELL T & TUESTA M. 2016. Update on the Mechanisms of Pulmonary Inflammation and Oxidative Imbalance Induced by Exercise. Oxid Med Cell Longev 2016: 4868536.

ASAI A, TSUDA Y, KOBAYASHI M, HANAFUSA T, HERNDON DN & SUZUKI F. 2010. Pathogenic role of macrophages in intradermal infection of methicillin-resistant Staphylococcus aureus in thermally injured mice. Infect Immun 78: 4311-4319.

BOSWIHI SS & UDO EE. 2018. Methicillin-resistant Staphylococcus aureus : An update on the epidemiology,

treatment options and infection control. Curr Med Res Pract 8: 18-24.

BUENO AA, OYAMA LM, ESTADELLA D, HABITANTE CA, BERNARDES BSS, RIBEIRO EB & OLLER DO NASCIMENTO CM. 2005. Lipid metabolism of monosodium glutamate obese rats after partial removal of adipose tissue. Physiol Res 54: 57-65.

CAMPOS-RODRIGUEZ R, GODINEZ-VICTORIA M, ARCINIEGA-MARTINEZ IM, RESENDIZ-ALBOR AA, REYNA-GARFIAS H, CRUZ-HERNANDEZ TR & DRAGO-SERRANO ME. 2016. Protective Effect of Moderate Exercise for BALB/c Mice with Salmonella Typhimurium Infection. Int J Sports Med 37: 63-70.

CUENCA AG, DELANO MJ, KELLY-SCUMPIA KM, MORENO C, SCUMPIA PO, LAFACE DM, HEYWORTH PG, EFRON PA & MOLDAWER LL. 2011. A paradoxical role for myeloid-derived suppressor cells in sepsis and trauma. Mol Med 17(3-4): 281-292.

DAUM R & SPELLBERG B. 2014. Development of a vaccine against Staphylococcus aureus. Semin Immunopathol 34: 335-348.

DOS SANTOS DP, LOPES DPS, CALADO SP, GONÇALVES CV, MUNIZ IPR, RIBEIRO IS, GALANTINI MPL & DA SILVA RAA. 2018a. Efficacy of photoactivated Myrciaria cauliflora extract against Staphylococcus aureus infection – A pilot study. J Photochem Photobiol B Biol 191: 107-115.

DOS SANTOS DP ET AL. 2018b. Individual variation is the key to the development of a vaccine against staphylococcus aureus: A comparative study between mice lineages. Braz J Med Biol Res 51: 1-12.

ESCRIBANO BM, CASTEJÓN FM, VIVO R, AGÜERA S, AGÜERA EI & RUBIO MD. 2005. Nonspecific immune response of peripheral blood neutrophils in two horse breeds (Anglo-Arabian and Spanish-Arabian): Response to exercise. Comp Immunol Microbiol Infect Dis 28: 145-154.

FOSCHINI RMSA, RAMALHO FS & BICAS HEA. 2004. Myogenic satellite cells. Arq Bras Oftalmol 67: 681-687.

GOBATTO CA, DE MELLO MAR, SIBUYA CY, DE AZEVEDO JRM, DOS SANTOS LA & KOKUBUN E. 2001. Maximal lactate steady state in rats submitted to swimming exercise. Comp Biochem Physiol Part A Mol Integr Physiol 130: 21-27.

GOMES WF, LACERDA ACR, BRITO-MELO GEA, FONSECA SF, ROCHA-VIEIRA E, LEOPOLDINO AAO, AMORIM MR & MENDONÇA VA. 2016. Aerobic training modulates T cell activation in elderly women with knee osteoarthritis. Braz J Med Biol Res 49: 1-9.

HARRINGTON LE, HATTON RD, MANGAN PR, TURNER H, MURPHY TL, MURPHY KM & WEAVER CT. 2005. Interleukin 17-producing CD4+effector T cells develop via a lineage distinct from the T helper type 1 and 2 lineages. Nat Immunol 6: 1123-1132. HERMIDA MDR, DORIA PG, TAGUCHI AMP, MENGEL JO & DOS-SANTOS WLC. 2014. Leishmania amazonensis infection impairs dendritic cell migration from the inflammatory site to the draining lymph node. BMC Infect Dis 14: 1-8.

HILL PB & IMAI A. 2016. The immunopathogenesis of staphylococcal skin infections – A review. Comp Immunol Microbiol Infect Dis 49: 8-28.

KLOOS WE & WOLFSHOHL JF. 1982. Identification of Staphylococcus species of bovine origin with the API staph-ident system. J Clin Microbiol 16: 509-516.

KOBAYASHI SD, MALACHOWA N & DELEO FR. 2015. Pathogenesis of Staphylococcus aureus abscesses. Am J Pathol 185: 1518-1527.

LAMBERT PH & LAURENT PE. 2008. Intradermal vaccine delivery: Will new delivery systems transform vaccine administration? Vaccine 26: 3197-3208.

LOWY FD. 1998. Staphylococcus aureus infections. N Engl J Med 339: 520-532.

LU KD, COOPER D, HADDAD F, ZALDIVAR F, KRAFT M & RADOM-ALZIK S. 2017. Glucocorticoid receptor expression on circulating leukocytes in healthy and ashtmatic adolescents in responde to exercise. Pediatr Res 82: 261-271.

LUCCHETTI BFC ET AL. 2017. Moderate treadmill exercise training improves cardiovascular and nitrergic response and resistance to Trypanosoma cruzi infection in mice. Front Physiol 8: 1-11.

MALACHOWA N, KOBAYASHI SD, PORTER AR, BRAUGHTON KR, SCOTT DP, GARDNER DJ, MISSIAKAS DM, SCHNEEWIND O & DELEO FR. 2016. Contribution of staphylococcus aureus coagulases and clumping factor a to abscess formation in a rabbit model of skin and soft tissue infection. PLoS ONE 11: 1-14.

MALM C. 2004. The Current State of Man and Mouse. Sports Med 34: 555-566.

MARTIN SA, PENCE BD & WOODS JA. 2009. Exercise and Respiratory tract viral infections. Exerc Sport Sci Rev 37: 157-164.

MATSUDO VHR & MATSUDO SMM. 1992. Câncer e exercício: Uma revisão. Rev Bras Cienc Mov 6(2): 41-46.

MATTHEWS CE, OCKENE IRAS, FREEDSON PS, ROSAL MC, MERRIAM PA & HEBERT JR. 2002. Moderate to vigorous physical activity and risk of upper-respiratory tract infection. Med Sci Sports Exerc 1242-1248.

MILLER LS & CHO JS. 2016. Immunity against Staphylococcus aureus cutaneous infections. Nat Rev Immunol 15: 477-491. MILLER LS ET AL. 2007. Inflammasome-Mediated Production of IL-1 Is Required for Neutrophil Recruitment against Staphylococcus aureus In Vivo. J Immunol 179: 6933-6942.

MOCKINNON T. 1997. Immunity in Athletes. Int J Sports Med 18: 562-568.

MUNIZ IPR ET AL. 2021. Antimicrobial photodynamic therapy (aPDT) with curcumin controls intradermal infection by Staphylococcus aureus in mice with type 1 diabetes mellitus: a pilot study. J Photochem Photobiol 224: 112325.

NAKAMURA T & USHIGOME H. 2018. Myeloid-Derived Suppressor Cells as a Regulator of Immunity in Organ Transplantation. Int J Mol Sci 19(8): 2357.

NATALE VM, BRENNER IK, MOLDOVEANU AL, VASILIOU P, SHEK P & SHEPARD RJ. 2003. Effects of three Different Types of exercise on blood leukocyte count during and following exercise. Sao Paulo Med Journal 121: 9-14.

NEVES PRDS, TENÓRIO TRDS, LINS TA, MUNIZ MTC, PITHON-CURI TC, BOTERO JP & DO PRADO WL. 2015. Acute effects of highand low-intensity exercise bouts on leukocyte counts. J Exerc Sci Fit 13: 24-28.

NIEMAN DC. 2007. Marathon training and immune function. Sports Med 37: 412-415.

NIEMAN DC, HENSON DA, AUSTIN MD & SHA W. 2011. Upper respiratory tract infection is reduced in physically fit and active adults. Br J Sports Med 45: 987-992.

NIEMAN D & NEHLSEN-CANNARELLA S. 1994. The immune response to exercise. Semin Hematol 31: 166-179.

OKEKE EB & UZONNA JE. 2019. The Pivotal Role of Regulatory T Cells in the Regulation of Innate Immune Cells. Front Immunol 10: 680.

PEREIRA B, COSTA ROSA LFB, SAFI DA, BECHARA EJH & CURI R. 1994. Superoxide dismutase, catalase and glutathione peroxidase activities in the lymphoid organs of diabetic rats. J Endocrinol 142: 161-165.

PRIEBE GP, WALSH RL, CEDERROTH TA, KAMEI A, YAMARA S, GOLDBERG JB & PIER GB. 2009. IL-17 is a critical component of vaccine-induces protection against lung infection by LPS-heterologous strains of Pseudomonas aeruginosa. J Immunol 181: 4965-4975.

RAMÍREZ-OROZCO RE, FRANCO ROBLES E, PÉREZ-VÁZQUEZ V, RAMÍREZ EMILIANO J, HERNÁNDEZ LUNA MA & LÓPEZ BRIONES S. 2018. Diet-induced obese mice exhibit altered immune responses to early Salmonella Typhimurium oral infection. J Microbiol 56: 673-682.

RAMOS-MUNIZ MG, PALFREEMAN M, SETZU N, SANCHEZ MA, SAENZ PORTILLO P, GARZA KM, GOSSELINK KL & SPENCER CT.

2018. Obesity exacerbates the cytokine storm elicited by francisella tularensis infection of females and is associated with increased mortality. BioMed Res Int 2018: 26-30.

REDMAN LM, HEILBRONN LK, MARTIN CK, ALFONSO A, SMITH SR & RAVUSSIN E. 2007. Effect of Calorie Restriction with or without Exercise on Body Composition and Fat Distribution. J Clin Endocrinol Metab 9(3): 865-872.

RICHARDS H, WILLIAMS A, JONES E, HINDLEY J, GODKIN A, SIMON AK & GALLIMORE A. 2010. Novel role of regulatory T cells in limiting early neutrophil responses in skin. Immunology 131: 583-592.

RIGBY KM & DELEO FR. 2012. Neutrophils in innate host defense against Staphylococcus aureus infections. Semin Immunopathol 34: 237-259.

ROSA LFPBC & VAISBERG MW. 1998. Influências do exercicio na resposta imune. Res Bras Med Esporte 8: 167-172.

SANTANA H, FERREIRA LFAA, PEREIRA IS, MARQUES LM, FIQUEIREDO TB & SILVA RAA. 2016. Distinct strains of Staphylococcus aureus lead to different inflammatory response patterns in a murine model of intradermal infection. Acta Sci Biol Sci 38: 457-464.

SLADEK Z & RYSANEK D. 2006. The role of CD14 during resolution of experimentally induced Staphylococcus aureus and Streptococcus uberis mastitis. Comp Immunol Microbiol Infect Dis 29: 243-262.

STANFORD KI, MIDDELBEEK RJW & GOODYEAR LJ. 2015. Exercise effects on white adipose tissue: Beiging and metabolic adaptations. Diabetes 64: 2361-2368.

VIANA JL, KOSMADAKIS GC, WATSON EL, BEVINGTON A, FEEHALLY J, BISHOP NC & SMITH AC. 2014. Evidence for Anti-Inflammatory Effects of Exercise in CKD. J Am Soc Nephrol 25: 2121-2130.

WERTHEIM HFL ET AL. 2004. Risk and outcome of nosocomial Staphylococcus aureus bacteraemia in nasal carriers versus non-carriers. Lancet 364: 703-705.

YEH SH, LAI HL, HSIAO CY, LIN LW, CHUANG YK, YANG YY & YANG KD. 2014. Moderate Physical Activity of Music Aerobic Exercise Increases Lymphocyte Counts, Specific Subsets, and Differentiation. J Phys Act Health 11: 1386-1392.

ZHOU Z ET AL. 2010. Development and function of myeloid-derived suppressor cells generated from mouse embryonic and hematopoietic stem cells. Stem Cells 28(3): 620-632.

How to cite

GALANTINI MPL, LEAL LS, RODRIGUES KB, RIBEIRO IS, PEREIRA IS, GONÇALVES CV, CALADO SPM, DOS SANTOS DP, MUNIZ IPR & DA SILVA RAA. 2022. Physical activity reduces intradermal bacterial load in a murine model submitted to forced swim training – a pilot study. An Acad Bras Cienc 94: e20200561. DOI 10.1590/0001-3765202220200561.

Manuscript received on April 15, 2020; accepted for publication on July 15, 2020

MARIA P.L. GALANTINI¹

https://orcid.org/0000-0001-9423-5334

LORENA S. LEAL¹

https://orcid.org/0000-0003-0059-9378

KARINE B. RODRIGUES¹

https://orcid.org/0000-0003-1465-5895

ISRAEL S. RIBEIRO¹ https://orcid.org/0000-0002-1262-1387

ITALO S. PEREIRA² https://orcid.org/0000-0001-5697-5673

CAROLINE V. GONÇALVES¹ https://orcid.org/0000-0003-0895-1583

STÉFANO P.M. CALADO¹

https://orcid.org/0000-0003-3458-1328

DENISAR P. DOS SANTOS¹

https://orcid.org/0000-0002-3930-9510

IGOR P.R. MUNIZ¹

https://orcid.org/0000-0003-1842-6432

ROBSON A.A. DA SILVA¹

https://orcid.org/0000-0003-1361-1591

¹Universidade Federal da Bahia (UFBA), Instituto Multidisciplinar em Saúde (IMS), Campus Anísio Teixeira (CAT), Rua Hormindo Barros, 58, 45029-094 Vitória da Conquista, BA, Brazil

² Universidade de São Paulo (USP), Faculdade de Medicina de Ribeirão Preto (FMRP), Departamento de Bioquímica e Imunologia, Avenida Bandeirantes, 3900, 14049-900 Ribeirão Preto, SP, Brazil

Correspondence to: **Robson Amaro Augusto da Silva**

E-mail: robson.amaro@gmail.com

Author contributions

RAAS conceived the idea. MPLG, LSL, KBR, ISR, DPS, ISP and IPRM contributed with the interpretation of data, carried out the analysis of the data and the preparation of figures. LSL, KBR, CVG, SPMC contributed with the maintenance, weighing of the animals and assisted in swimming. MPLG, LSL anad IPRM contributed developing the discussion section and writing the manuscript. All authors are involved in interpreting the results and contributed reviewing the manuscript. RAAS, and MPLG supervised the final version. All authors read and approved the final manuscript.

