

BACKGROUND

- 70% of eye drops contain Benzalkonium chloride (BAK) as preservative.¹
- 50% of glaucoma patients treated with BAK-preserved antiglaucomatous eyedrops develop ocular surface disease (OSD) after 2 years of treatment.²
- OSD is triggered by BAK toxicity and decreases both quality of life and treatment compliance of glaucoma patients.^{3,4}
- Sodium hyaluronate (SH) has been postulated as a potential neutralizing agent of BAK-induced toxicity.⁵

PURPOSE

The goal of this work was to evaluate the protective effect of different concentrations of SH on BAK-induced toxicity using an *in vitro* model.

METHODS

The NAV14 cell line (SV40-Immortalized murine conjunctival epithelium) was used. Cell monolayers were exposed to different combinations of BAK (0.001%; 0.005%; 0.01%) and SH (0.2%; 0.3%; 0.4%) for 15 minutes; then, cells were washed, and fresh culture media was added.

Cell viability was evaluated after 2 h by resazurin reduction and lactate dehydrogenase (LDH) enzyme release. Also, cell migration and proliferation over 24 hours were determined by the scratch wound-healing assay.

Data were analyzed by two-way ANOVA and are shown as mean±SD of two independent experiments with 4–6 replicates each.

METHODS

Cell viability

BAK induced a concentration-dependent decrease on cell viability ($p<0.001$) and an increase in LDH release ($p<0.001$). Conversely, SH neutralized these effects also in a concentration-dependent manner ($p<0.001$).

In the presence of SH 0.4% (highest effect), cell viability was for BAK 0.001%: $104\pm22\%$, for BAK 0.005%: $109\pm9\%$ and for BAK 0.01%: $75\pm13\%$ of control cells ($p<0.001$ for BAK 0.005–0.01%) while LDH release was for no BAK: 0.24 ± 0.03 , for BAK 0.001%: 0.26 ± 0.01 , for BAK 0.005%: 0.37 ± 0.02 and for BAK 0.01%: 0.49 ± 0.22 , (vs no SH: $p<0.001$ for BAK 0.005–0.01%).

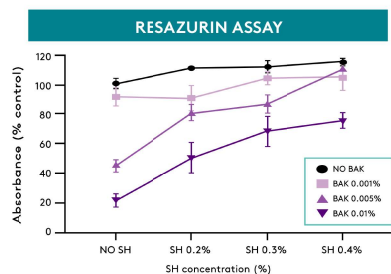


Figure 1. Metabolic activity by sodium hyaluronate concentration.

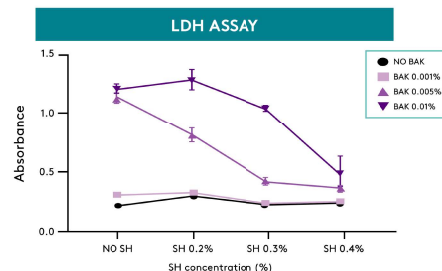


Figure 2. Cell death by sodium hyaluronate concentration.

Cell migration and proliferation

BAK also reduced *in vitro* wound closure ($p<0.001$). Conversely, SH neutralized this effect in a concentration-dependent fashion ($p<0.001$).

In the presence of SH 0.4% (highest effect), wound closure at 24 h was: for no BAK: $81\pm15\%$, for BAK 0.001%: $58\pm6\%$, for BAK 0.005%: $63\pm10\%$, for BAK 0.01%: $60\pm8\%$ (vs no SH: $p<0.001$ for BAK 0.005–0.01%).



Figure 3. Wound healing of cell monolayers exposed to BAK 0.01% by time.

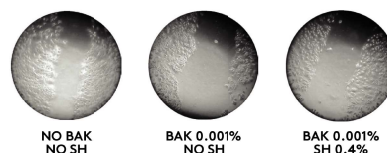


Figure 4. Representative photographs of wound healing assay at 1 h, obtained by electron microscopy.

CONCLUSIONS

- SH neutralized BAK toxicity on conjunctival epithelial cells in a concentration-dependent manner.
- SH 0.4% was even protective at the highest preservative concentration.
- These findings support the use of SH to mitigate BAK toxicity in long-term anti-glaucomatous medication treatment, although more studies are needed.

