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Lactotetraosylceramide, a Novel Glycosphingolipid Receptor for Helicobacter pylori, Present in Human Gastric Epithelium*  

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The binding of Helicobacter pylori to glycosphingolipids was examined by binding of 35S-labeled bacteria to glycosphingolipids on thin-layer chromatograms. In addition to previously reported binding specificities, a selective binding to a non-acid tetraglycosylceramide of human meconium was found. This H. pylori binding glycosphingolipid was isolated and, on the basis of mass spectrometry, proton NMR spectroscopy, and degradation studies, were identified as Galβ3GlcNAcβ3Galβ4Glcβ1Cer (lactotetraosylceramide). When using non-acid glycosphingolipid preparations from human gastric epithelial cells, an identical binding of H. pylori to the tetraglycosylceramide interval was obtained in one of seven samples. Evidence for the presence of lactotetraosylceramide in the binding-active interval was obtained by proton NMR spectroscopy of intact glycosphingolipids and by gas chromatography-electron ionization mass spectrometry of permethylated tetrascarbohydrates obtained by ceramide glycanase hydrolysis. The lactotetraosylceramide binding property was detected in 65 of 74 H. pylori isolates (88%). Binding of H. pylori to lactotetraosylceramide on thin-layer chromatograms was inhibited by preincubation with lactotetraose but not with lactose. Removal of the terminal galactose of lactotetraosylceramide by galactosidase hydrolysis abolished the binding as did hydrazinolysis of the acetamido group of the N-acetylgalactosamine. Therefore, Galβ3GlcNAc is an essential part of the binding epitope.

Adhesion of microorganisms to target cells is regarded as a first step in pathogenesis of infections, where the specificity of the adhesins of the infectious agent on the one hand and the receptor structures expressed by the epithelial cells of the host target organ on the other are important determinants of the host range and the tissue tropism of the pathogen (1).

The human gastric pathogen Helicobacter pylori is an etiologic agent of chronic active gastritis, peptic ulcer disease, and gastric adenocarcinoma (2, 3). This Gram-negative bacterium has a very distinct host range and tissue tropism, i.e. it requires human gastric epithelium for colonization (4). In the human stomach most of the bacteria are found in the mucus layer (5), but selective association of the bacteria to surface mucous cells has also been shown (4, 6).

Several different binding specificities of H. pylori have previously been demonstrated. Thus, the binding of the bacterium to such diverse compounds as phosphatidylethanolamine and gangliotetraosylceramide (7), the Leb blood group determinant (8), heparan sulfate (9), the GM3 ganglioside and sulfatide (10, 11), and lactosylceramide (12), has been reported. A sialic acid-dependent binding of H. pylori to large complex glycosphingolipids (polyglycosylceramides) has also been documented (13). However, only one H. pylori adhesin, the Leb binding BabA adhesin, has been identified to date (14).

In the present study a number of different H. pylori strains were labeled with 35S-methionine and examined for binding to a panel of different naturally occurring glycosphingolipids separated on thin-layer plates. Two distinct binding specificities were repeatedly detected by autoradiography. As previously described in detail, H. pylori bound to lactosylceramide, gangliotetraosylceramide, and gangliotetraosylceramide (12). The only binding activity initially detected in human gastrointestinal material was to a compound in the tetraglycosylceramide region of the non-acid fraction of human meconium. The isolation and structural characterization of this H. pylori binding glycosphingolipid and the identification of the same compound in human gastric epithelial cells are described in the present paper.

MATERIALS AND METHODS

Bacterial Strains, Culture Conditions, and Labeling—The bacteria used and their sources are described in Table I. In most of the experiments four strains, the type strains CCUG 17874 and 17875 (obtained from Culture Collection, University of Göteborg, (CCUG), Sweden, and the clinical isolates S-002, and S-032, were used in parallel.

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†† Present address: School of Information Science, Computer and Electronic Engineering, Halmstad University, Sweden.

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1 The glycosphingolipid nomenclature follows the recommendations by the IUPAC-IUB Commission on Biochemical Nomenclature (CBN for Lipids: Eur. J. Biochem. (1977) 79, 11–21; J. Biol. Chem. (1982) 257, 3347–3351; and J. Biol. Chem. (1987) 262, 13–18). It is assumed that Gal, Glc, GlcNAc, GalNAc, NeuAc, and NeuGc are of the D-configuration, Fuc of the L-configuration, and all sugars present in the pyranose form. In the shorthand nomenclature for fatty acids and bases, the number before the colon refers to the carbon chain length, and the number after the colon gives the total number of double bonds in the molecule. Fatty acids with a 2-hydroxy group are denoted by the prefix h before the abbreviation, e.g. h16:0. For long chain bases, d denotes dihydroxy, and t denotes trihydroxy. Thus d18:1 designates sphingosine (1,3-dihydroxy-2-aminooctadecane), and t18:0 designates phytosphingosine (1,3,4-trihydroxy-2-aminoctadecane).
TABLE I
Heliobacter pylori isolates used in binding assays

<table>
<thead>
<tr>
<th>Strains</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>I.</td>
<td>Strains were obtained from the Culture Collection University of Göteborg (CCUG), Sweden.</td>
</tr>
<tr>
<td>II.</td>
<td>Strains were obtained from the Department of Medical Microbiology and Immunology, Örebro Medical Centre Hospital, Sweden.</td>
</tr>
<tr>
<td>III.</td>
<td>Strains were obtained from the Department of Medical Microbiology, University of Lund, Sweden.</td>
</tr>
<tr>
<td>IV.</td>
<td>Strains were obtained from the Department of Medical Microbiology, Medical University of Wroclaw, Poland.</td>
</tr>
<tr>
<td>V.</td>
<td>Strains were a kind gift of Dr. Thomas Bore, Göteborg University, Sweden.</td>
</tr>
<tr>
<td>VI.</td>
<td>Strains were a kind gift of Dr. Ingrid Bo, University, Sweden.</td>
</tr>
<tr>
<td>VII.</td>
<td>These strains were a kind gift of Dr. Rainer Haas, Ludwig-Maximilians-Universität, Munich, Germany.</td>
</tr>
</tbody>
</table>

Bacterial strains

<table>
<thead>
<tr>
<th>Strains</th>
<th>Sources</th>
</tr>
</thead>
<tbody>
<tr>
<td>I. 15816, 17135, 17874, 17875, 18430, 18943, 20649, 30985, 30986, 30988, 30990, 30991, 30993, 41936</td>
<td></td>
</tr>
<tr>
<td>II. S-002, S-005, S-032, F6, O10, C7050</td>
<td></td>
</tr>
<tr>
<td>IV. 1, 177, 604, 608, 609</td>
<td></td>
</tr>
<tr>
<td>V. PA68, MO19, J99, 1775/babA2–</td>
<td></td>
</tr>
<tr>
<td>VI. P1, P1-140</td>
<td></td>
</tr>
<tr>
<td>VII. SS1, SS1 (AbpA)</td>
<td></td>
</tr>
</tbody>
</table>

*No binding to lactotetraosylceramide was obtained with these strains.*

The conditions used for culture and 35S-labeling of the bacteria have been described previously (12). For binding assays, the bacteria were suspended to 1 × 108 colony forming units/ml in phosphate-buffered saline (PBS), pH 7.4. The specific activities of the suspensions were ~1 cpmp/100 H. pylori organisms.

**Thin-layer Chromatography**—Thin-layer chromatography was performed on glass- or aluminum-backed silica gel 60 high performance thin-layer chromatography plates (Merck) using chloroform/methanol/water (60:35:8, by volume) as the solvent system. Chemical detection was accomplished by anisaldehyde (15).

**Chromatogram Binding Assay**—The chromatogram binding assays were done as described (16). Mixtures of glycosphingolipids (20–80 µg/lane) or pure compounds (1–4 µg/lane) were separated on aluminum-backed silica gel plates. The dried chromatograms were soaked for 1 min in diethyl ether/n-hexane (1:5, by volume) to remove 0.5% (w/v) polyvinylpyrrolidone (Avicel). After drying, the chromatograms were coated to block unspecific binding sites. Initially different coating conditions were tested, e.g. 1% polyvinylpyrrolidone (w/v) in PBS (Solution 1), 2% gelatin (w/v) in PBS (Solution 2), 2% bovine serum albumin (w/v) in PBS (Solution 3), 2% bovine serum albumin (w/v) and 0.1% Tween 20 in PBS (Solution 4), or 2% bovine serum albumin (w/v) and 0.2% (w/v) deoxycholic acid in PBS (Solution 5). The most consistent results were obtained with Solution 4, which subsequently was used as the standard condition. Coating was done for 2 h at room temperature. Thereafter, a suspension of 35S-labeled bacteria (diluted in PBS to 1 × 108 colony forming units/ml) was gently sprinkled over the chromatograms and incubated for 2 h at room temperature. After washing six times with PBS and drying, the thin-layer plates were autoradiographed for 3–120 h using XAR-5 x-ray films (Eastman Kodak Co.).

**Reference Glycosphingolipids**—Acid and non-acid glycosphingolipid fractions from the sources given in the legend of Fig. 1 and in Table III were obtained by standard procedures (17). The individual glycosphingolipids were isolated by acetylation of the total glycosphingolipid fractions and repeated chromatography on silicic acid columns. The identity of the purified glycosphingolipids was confirmed by mass spectrometry (18), proton NMR spectroscopy (19), and degradation studies (20, 21). Galβ3GlcNAcβ3Galβ4Glc3Cer (No. 3 of Table III) was generated from Galβ3GlcNAcβ3Galβ4Glc3Cer (No. 2) by treatment with anhydrous hydrazine, as described (12).

**Isolation of the H. pylori Binding Tetraglycosylceramide from Human Meconium**—A total non-acid glycosphingolipid fraction (262 mg) was obtained from 17 pooled meconia by standard methods (17). The non-acid glycosphingolipids (240 mg) were first separated by HPLC on a 2.2 × 30-cm silica column (YMC SH-044–10, 10 µm particles; Skandiviska Genetec, Kungsbacka, Sweden) eluted with a linear gradient of chloroform/methanol/water 65:25:4 to 40:40:12 (by volume) for 180 min and with a flow of 2 ml/min. Aliquots of each 2-ml fraction were analyzed by thin-layer chromatography, and the fractions positive for anisaldehyde staining were further tested for binding of H. pylori using the chromatogram binding assay. The H. pylori binding fractions were collected in tubes 78–88, and after pooling of these fractions, 14.2 mg were obtained. This material was acetylated and further separated by HPLC on a YMC SH-044–10 column eluted with a linear gradient of chloroform/methanol (95:5, by volume) in chloroform for 90 min and with a flow of 2 ml/min. After deacetylation, aliquots from each 1-ml fraction were analyzed by anisaldehyde staining on thin-layer chromatograms, and the glycosphingolipid-containing fractions were examined for H. pylori binding activity. Most of the H. pylori binding glycosphingolipid was collected in tube 62, and this fraction (2.4 mg) was used for structural characterization.

**Isolation of Non-acid Glycosphingolipids from Human Gastric Epithelium**—Stomach tissue (10 × 10 cm pieces) were obtained from the fundus region from patients undergoing elective surgery for morbid obesity. After washing with 0.9% NaCl (w/v), the mucosal cells were gently scraped off and kept at –70 °C. The material was lyophilized, and acid and non-acid glycosphingolipids were isolated as described (17). The non-acid glycosphingolipids were also isolated from non-mucosal residues. The blood group of the patients and the amounts of glycosphingolipids obtained from each specimen are given in Table II.

**Protein NMR Spectroscopy**—Proton NMR spectra were acquired at 11.75 Tesla (500 MHz) on a JEOL Alpha-500 (JEOL, Tokyo, Japan). The Hewlett Packard 5890A gas chromatograph was equipped with an in-beam technique (23). Analytical conditions were electron energy 45 eV, trap current 500 µA, and acceleration voltage 8 kV. Starting at 250 °C, the temperature was increased by 6 °C/min.

**Degradation Studies**—The permethylated glycosphingolipid from human meconium was hydrolyzed, reduced, and acetylated (20, 21), and the partially methylated alditol and hexosaminol acetates obtained were analyzed by gas chromatography-EI mass spectrometry on a Trio-2 quadrupole mass spectrometer (VG Masslab, Altrincham, UK).
TABLE II

Blood group data and amounts of glycosphingolipids isolated from human stomach specimens

<table>
<thead>
<tr>
<th>Case No. blood group</th>
<th>Tissue</th>
<th>Non-acid glycosphingolipids</th>
<th>Acid glycosphingolipids</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. ORh</td>
<td>Mucosal cells</td>
<td>7.0* (11.9)*</td>
<td>8.5* (14.4)*</td>
</tr>
<tr>
<td>2. ARh</td>
<td>Mucosal cells</td>
<td>2.7 (6.0)</td>
<td>22.0 (48.8)</td>
</tr>
<tr>
<td>3. ARh</td>
<td>Mucosal cells</td>
<td>3.6 (18.0)</td>
<td>10.5 (53.5)</td>
</tr>
<tr>
<td>4. ARh</td>
<td>Mucosal cells</td>
<td>6.4 (14.5)</td>
<td>2.9 (6.6)</td>
</tr>
<tr>
<td>5. ARh</td>
<td>Mucosal cells</td>
<td>6.0 (24.0)</td>
<td>4.8 (19.2)</td>
</tr>
<tr>
<td>6. ARh</td>
<td>Mucosal cells</td>
<td>23.0 (38.0)</td>
<td>5.5 (9.2)</td>
</tr>
<tr>
<td>7. Unknown</td>
<td>Mucosal cells</td>
<td>4.9 (18.1)</td>
<td>8.2 (30.4)</td>
</tr>
<tr>
<td></td>
<td>Non-mucosal residue</td>
<td>2.5 (15.6)</td>
<td>7.5 (46.8)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4.3 (8.7)</td>
<td>7.6 (15.5)</td>
</tr>
</tbody>
</table>

*a The weight is given in mg.  
*b Expressed as mg/g dry tissue weight.

TABLE I

Chemical Structure of the H. pylori Binding Glycosphingolipid from Human Meconium—The binding-active tetracylglycosylceramide was isolated from 240 mg of total non-acid glycosphingolipids. By HPLC of the native glycosphingolipid fraction, 14.2 mg of tetracylglycosylceramides were obtained. The tetracylglycosylceramide fraction was acetylated and further separated by HPLC, giving 2.4 mg of pure binding-active glycosphingolipid. Each step during the preparative procedure was monitored by binding of radiolabeled H. pylori on thin-layer chromatograms.

Structural characterization identified lacto(-)tetraosylceramide (Galβ3GlcNAcβ3Galβ4Glcβ1Cer) as the binding-active component. This conclusion was based on the following observations.

El mass spectrometry of the permethylated tetraacylglycosylceramide (Fig. 2) demonstrated a carbohydrate chain with HexHexNAc-Hex-Hex sequence and d18:1 and t18:0 long chain fatty acids of mainly 22 and 24 carbon atoms. A type 1 chain (Hexβ3HexNAc) was indicated by the absence of a fragment ion at m/z 182, which is a dominating ion in the case of 4-substituted HexNAc (30, 31).

The binding positions between the carbohydrate residues were obtained by degradation of the permethylated tetracylglycosylceramide, i.e. the sample was subjected to acid hydrolysis followed by reduction and acetylation. The resulting partially methylated alditol acetates were analyzed by gas chromatography-El mass spectrometry. The reconstructed ion chromatogram thus obtained had four carbohydrate peaks (a-d shown). The acetate of 2,3,4,6-tetramethylgalactitol identified a terminal galactose, whereas the presence of the acetate of 4,6-di- methyl-2-N-methylacetamidogalactitol (3-substituted N-acetylglucosamine) indicated a type 1 chain. The two remaining peaks, acetates of 2,4,6-trimethylgalactitol and 2,3,6-trimethylgalactitol, were derived from 3-substituted galactose and 4-substituted glucose, respectively. In combination with the data used for binding of 35S-labeled H. pylori. By subsequent autoradiography only a few bands were visualized, as shown in Fig. 1B. The binding in lane 4 (gangliotriaosylceramide) and lane 7 (gangliotetraosylceramide) was judged to correspond to the "ganglio binding specificity" of H. pylori described previously in detail (12).

In addition, selective binding of H. pylori to a compound migrating in the tetracylglycosylceramide region in the non-acid glycosphingolipid fraction of human meconium was detected (Fig. 1B, lane 6). This binding was only obtained when detergent (Twee 20 or deoxycholic acid) was present in the coating buffer. Solution 4 (2% bovine serum albumin and 0.1% Tween 20 in PBS) was therefore subsequently utilized as standard coating procedure. The binding-active tetracylglycosylceramide from human meconium was isolated by HPLC and characterized by mass spectrometry, proton NMR, and gas chromatography-El mass spectrometry after degradation as follows.

High Temperature Gas Chromatography and Gas Chromatography-EI Mass Spectrometry of the Permethylated Oligosaccharides—The analytical conditions were essentially the same as described in Karlsson et al. (27). Capillary gas chromatography was performed on a Hewlett Packard 5890A gas chromatograph using a fused silica column (10 m x 0.25-mm internal diameter) coated with 0.25 μm of cross-linked PS 264 (Fluka, Buchs, Switzerland) and with hydrogen as carrier gas. The permethylated oligosaccharides were dissolved in ethyl acetate, and 1 μl of sample was injected on-column at 70 °C (1 min). A two-step temperature program was used, 70 °C to 200 °C at 50 °C/min followed by 10 °C/min up to 350 °C.

Gas Chromatography-EI mass spectrometry was performed on a Hewlett Packard 5890-II gas chromatograph coupled to a JEOL SX-102A mass spectrometer. The chromatographic conditions as well as the capillary column were the same as for the analyses by gas chromatography, and the conditions for mass spectrometry were interface temperature 350 °C, ion source temperature 330 °C, electron energy 70 eV, trap current 300 μA, and acceleration voltage 10 kV.

Inhibition with Soluble Oligosaccharides—As a test for possible inhibition of binding by soluble sugars 35S-labeled H. pylori strains S-002 and S-032 were incubated for 1 h at room temperature with various concentrations (0.05, 0.1, and 0.2 mg/ml) of lactotetraose (Accurate Chem. and Sci. Corp., Westbury, NY) or lactose (J. T. Baker Inc.) in PBS. Thereafter the chromatogram binding assay was performed as described above.

Molecular Modeling—Minimum energy conformations of the various glycosphingolipids listed in Table III were calculated within the Biograf Molecular Modeling Program (Molecular Simulations Inc., Waltham, MA) using the Dreiding-II force field (28) on a Silicon Graphics4D/35TG工作站。Charges were generated using the charge equilibration method (29), and a distance-dependent dielectric constant of 3.5 was used for the Coulomb interactions. In addition, a special hydrogen bonding term was used in which D_{hb} was set to −4 kcal/mol (28).

RESULTS

Binding to Mixtures of Reference Glycosphingolipids—A number of well characterized glycosphingolipid mixtures representing a large variety of carbohydrate sequences were separated by thin-layer chromatography. One chromatogram was stained with anisaldehyde, and duplicate chromatograms were used for binding of 35S-labeled H. pylori. By subsequent autoradiography only a few bands were visualized, as shown in Fig. 1B. The binding in lane 4 (gangliotriaosylceramide) and lane 7 (gangliotetraosylceramide) was judged to correspond to the "ganglio binding specificity" of H. pylori described previously in detail (12).

In addition, selective binding of H. pylori to a compound migrating in the tetracylglycosylceramide region in the non-acid glycosphingolipid fraction of human meconium was detected (Fig. 1B, lane 6). This binding was only obtained when detergent (Twee 20 or deoxycholic acid) was present in the coating buffer. Solution 4 (2% bovine serum albumin and 0.1% Tween 20 in PBS) was therefore subsequently utilized as standard coating procedure. The binding-active tetracylglycosylceramide from human meconium was isolated by HPLC and characterized by mass spectrometry, proton NMR, and gas chromatography-EI mass spectrometry after degradation as follows.

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Novel H. pylori Binding Glycosphingolipid

Table III
Results from binding of Helicobacter pylori to pure glycosphingolipids on thin-layer plates

<table>
<thead>
<tr>
<th>No. trivial name</th>
<th>Glycosphingolipid structure*</th>
<th>Binding†</th>
<th>Source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Lactotri</td>
<td>GlcNacβ3Galβ4Glcβ1Cer</td>
<td>–</td>
<td>Malignant melanoma</td>
</tr>
<tr>
<td>2. Lactotetra</td>
<td>Galβ3GlcNacβ3Galβ4Glcβ1Cer</td>
<td>+</td>
<td>Human meconium</td>
</tr>
<tr>
<td>3.</td>
<td>Galβ3GlcNHβ3Galβ4Glcβ1Cer</td>
<td>–</td>
<td>Human meconium</td>
</tr>
<tr>
<td>4. H5–1</td>
<td>Fuc2Galβ3GlcNacβ3Galβ4Glcβ1Cer</td>
<td>–</td>
<td>Human meconium</td>
</tr>
<tr>
<td>5. Le–5</td>
<td>Galβ3/Fuc4GlcNacβ3Galβ4Glcβ1Cer</td>
<td>–</td>
<td>Human intestine</td>
</tr>
<tr>
<td>6.</td>
<td>Galβ3Galβ3GlcNacβ3Galβ4Glcβ1Cer</td>
<td>–</td>
<td>Monkey intestine*</td>
</tr>
<tr>
<td>7.</td>
<td>NeuGcβ3Galβ3GlcNacβ3Galβ4Glcβ1Cer</td>
<td>–</td>
<td>Rabbit thymus</td>
</tr>
<tr>
<td>8.</td>
<td>NeuAcoβ3Galβ3GlcNacβ3Galβ4Glcβ1Cer</td>
<td>–</td>
<td>Commercial*</td>
</tr>
<tr>
<td>9. Globoside</td>
<td>GalNacβ3Galαβ4Glcβ1Cer</td>
<td>–</td>
<td>Human erythrocytes</td>
</tr>
</tbody>
</table>

*The Galβ3GlcNacβ parts have been underlined.
† marks a significant darkening on the autoradiogram when 2 μg was applied on the thin-layer plate, while – marks no darkening.
* Glycosphingolipid No. 3 was produced from Galβ3GlcNacβ3Galβ4Glcβ1Cer from human meconium (No. 2) by treatment with anhydrous hydrazine (12).
* Glycosphingolipid No. 6 was generated from Galα3/Fuc2/Galβ3GlcNacβ3Galβ4Glcβ1Cer from monkey intestine by incubation in 0.05 M HCl at 80 °C for 2 h.
* Glycosphingolipid No. 8 was purchased from Wako Chemicals GmbH, Neuss, Germany.

Fig. 1. Detection of a H. pylori binding glycosphingolipid in the non-acid glycosphingolipid fraction of human meconium. A, glycosphingolipids detected with anisaldehyde. B, glycosphingolipids detected by autoradiography after binding of radiolabeled H. pylori strain CCUG17875. The glycosphingolipids were separated on aluminum-backed silica gel plates using chloroform/methanol/water (60:35:8, by volume) as the solvent system, and the binding assay was performed as described under "Materials and Methods." The autoradiogram in B was obtained after coating of the thin-layer chromatogram with 2% BSA and 0.1% Tween 20 in PBS. The lanes contained non-acid glycosphingolipids of human blood group A erythrocytes, 40 μg (lane 1); non-acid glycosphingolipids of dog small intestine, 40 μg (lane 2); non-acid glycosphingolipids of guinea pig small intestine, 40 μg (lane 3); non-acid glycosphingolipids of guinea pig erythrocytes, 40 μg (lane 4); non-acid glycosphingolipids of rat small intestinal epithelium, 40 μg (lane 5); non-acid glycosphingolipids of human meconium, 40 μg (lane 6); non-acid glycosphingolipids of mouse feces, 40 μg (lane 7); acid glycosphingolipids of human blood group O erythrocytes, 40 μg (lane 8); bovine brain gangliosides, 40 μg (lane 9). Autoradiography was for 12 h.

from mass spectrometry, a carbohydrate chain with the sequence Gal1–3GlcNAc1–3Gal1–4Glc1 was deduced.

The anomeric region of the proton NMR spectrum (Fig. 3) contained five large β-doubles (J1,2 ~ 8 Hz). The glucose anomeric proton signal (4.20 ppm, J1,2 = 7.2 Hz) was split into two signals, as is often the case due to addition of an amino group. At 4.28 ppm (J1,2 = 7.2 Hz), the Galβ4 anomeric proton appeared, which is indicative of a substitution at the 3-position. The internal GlcNAcβ anomer was seen at 4.79 ppm (J1,2 = 8.0 Hz) with its acetamido methyl protons resonating at 1.82 ppm. Finally, the terminal Galβ3 signal was found at 4.15 ppm (J1,2 = 6.6 Hz), indicating a 1-→3 linkage. All anomeric chemical shifts were thus in agreement with published results for lactotetraosylceramide (32).

Thus, the H. pylori binding glycosphingolipid from human meconium was identified as Galβ3GlcNacβ3Galβ4Glcβ1Cer, i.e. lactotetraosylceramide, which has previously been described from the same source (33).

Comparison with Isoreceptors—Several pure glycosphingolipids structurally related to lactotetraosylceramide were examined for H. pylori binding activity using the chromatogram binding assay (exemplified in Fig. 4). The results are summarized in Table III. The only binding-active glycosphingolipid was lactotetraosylceramide (No. 2; Fig. 4, lane 2), whereas all the substitutions tested abolished the binding. Thus, the addition of an α-fucose in the 2-position (No. 4; Fig. 4, lane 3), an α-galactose (No. 6), or an α-N-glycolyneraminic acid (No. 7) in 3-position, or an α-N-acetyleraminic acid in 6-position of the terminal galactose or an α-fucose in 4-position of the N-acetylgalactosamine (No. 5; Fig. 4, lane 4) was not tolerated. No binding to GlcNacβ3Galβ4Glcβ1Cer (No. 1; Fig. 4, lane 1) was obtained, demonstrating the importance of the Galβ3GlcNacβ part. The acetamido group at 2-position of the penultimate N-acetylgalactosamine contributed substantially to the interaction, since removal of this moiety (No. 3) completely abolished the binding.

Inhibition Experiments—The ability of soluble oligosaccharides to interfere with the binding of H. pylori to glycosphingolipids on thin-layer plates was examined by incubating the bacteria with free lactotetraose or lactose before binding on chromatograms. The results are shown in Fig. 5. Thus, incubation with lactotetraose (0.1 mg/ml) inhibited the binding of H. pylori to lactotetraosylceramide, whereas incubation with lactose had no inhibitory effect.

Binding of H. pylori to Non-Acid Glycosphingolipids of Whole Human Stomach—To examine the expression of binding-active glycosphingolipids in the target tissue of the bacteria, the binding of H. pylori to glycosphingolipids isolated from whole human stomach was first investigated. The tetraglycosylceramide region of these non-acid fractions was dominated by globoside (Fig. 6A, lane 4), which at least for human small (34) and large intestine (35), is derived from the non-epithelial part. No bind-
When using the non-acid glycosphingolipid fraction isolated from the stomach of a blood group A(Rh+/H11001) individual (36), which lacked the galactosyltransferase responsible for the conversion of lactosylceramide to globotriaosylceramide (37) and consequently was devoid of globoside (Fig. 6A, lane 3), a binding of *H. pylori* in the tetraglycosylceramide region was detected (Fig. 6B, lane 3). The tissue in this case was obtained after surgery for peptic ulcer disease. Because of limited amounts available, no chemical characterization of this binding-active tetraglycosylceramide was possible.

**Binding of *H. pylori* to Glycosphingolipids of Human Gastric Epithelium**—Next we examined the binding of *H. pylori* to glycosphingolipids isolated from the epithelial cells of human
Novel H. pylori Binding Glycosphingolipid

FIG. 3. The anomeric region of a 300-MHz proton NMR spectrum of the H. pylori binding glycosphingolipid from human meconium. 4000 scans were collected at a probe temperature of 30 °C. The large dispersion-like signal at 5.04 ppm is an instrumental artifact.

FIG. 4. Binding of H. pylori to pure glycosphingolipids separated on thin-layer plates. A, chemical detection by anisaldehyde. B–D, autoradiograms obtained by binding of 35S-labeled H. pylori strain CCUG 41936 (B), P1–140 (C), and the babA2 mutant strain (D). The glycosphingolipids were separated on aluminum-backed silica gel plates using chloroform/methanol/water (60:35:8, by volume) as the solvent system, and the binding assay was performed as described under “Materials and Methods” using 2% BSA and 0.1% Tween 20 in PBS as the coating buffer. The lanes were GlcNAcβ3Galβ4Glcβ1Cer (lactotetraosylceramide), 4 µg (lane 1); Galβ3GlcNAcβ3Galβ4Glcβ1Cer (lactotetraosylceramide), 4 µg (lane 2); Fucβ2Galβ3GlcNAcβ3Galβ4Glcβ1Cer (H5 type 1 glycosphingolipid), 4 µg (lane 3); Galβ3(Fucoβ4GlcNAcβ3Galβ4Glcβ1Cer (Leβ5-glycosphingolipid), 4 µg (lane 4); and Fucoβ2Galβ4(Fucoβ3-GlcNAcβ3Galβ4Glcβ1Cer (Y6-glycosphingolipid), 4 µg (lane 5). Autoradiography was for 12 h.

stomach. Because non-neoplastic tissue rarely is excised during normal surgical procedures, glycosphingolipids were isolated from specimens from the fundus region obtained from patients undergoing surgery for obesity. In total, glycosphingolipids were isolated from mucosal scrapings from seven individuals and, in two cases, also from the non-mucosal residues.

The major compounds of acid glycosphingolipid fractions migrated on thin-layer chromatograms as sulfatide and the GM3 ganglioside. No binding of H. pylori to these acid glycosphingolipids was obtained (not shown). No binding of the bacteria to the non-acid glycosphingolipids from the non-epithelial stroma was observed.

The non-acid glycosphingolipid fractions isolated from the gastric epithelial cells from five of the seven individuals are shown in Fig. 7A. In one of the seven samples a binding of H. pylori in the tetraglycosylceramide region was obtained (Fig. 7B). The fraction containing the binding-active tetraglycosylceramide (case 4) and one non-binding fraction (case 5) were separated by HPLC, and the isolated tetraglycosylceramides from each case (shown in Fig. 8) were characterized by 1H NMR, EI mass spectrometry, and gas chromatography-EI mass spectrometry of permethylated tetrasaccharides obtained by ceramide glycanase hydrolysis as follows.
Novel *H. pylori* Binding Glycosphingolipid

**EI-Mass Spectrometry of the Tetracytosylceramide Fractions from Human Gastric Epithelium**—The mass spectra (not shown) obtained by direct inlet EI mass spectrometry of the permethylated derivatives of fraction 4-II and 5-II from cases 4 and 5, respectively, were very similar. In both spectra the ions at *m/z* 260 and 228 (260 minus 32) were prominent, demonstrating a terminal HexNAc, whereas no ion indicating a terminal Hex at *m/z* 219 was found. Terminal HexNAc-Hex was shown by an ion at *m/z* 464. A fragment ion at *m/z* 945 (944 + 1) containing the whole carbohydrate chain and part of the ceramide indicated a HexNAc-Hex-Hex carbohydrate sequence.

Thus, by EI mass spectrometry only the major compound of the two samples, most likely globoside, was identified, whereas the minor compounds of the fractions indicated by the proton NMR experiments could not be discerned. However, the increased resolution obtained by combining chromatographic methods and mass spectrometry permitted the identification of these minor compounds, as described in the following paragraph.

**High Temperature Gas Chromatography-EI Mass Spectrometry of Permethylated Tetrasaccharides from Human Gastric Epithelium**—Fraction 4-II from case 4 and fraction 5-II from case 5 were hydrolyzed with ceramide hydrolase, and the released tetrasaccharides were permethylated and analyzed by gas chromatography and gas chromatography-EI mass spectrometry. The results are summarized in Figs. 9 and 10. Each chromatographic peak was resolved in α- and β-conformer.

The tetrasaccharides of the stomach epithelium of the *H. pylori* binding case 4 were resolved into two peaks, as shown in Fig. 9, Run B. The dominating peak eluted at the same retention time as the saccharide from reference globoside, whereas the minor peak eluted at the retention time of the saccharide from reference lactotetraosylceramide.

The tetrasaccharides of the stomach epithelium of the non-binding case 5 (Fig. 9, Run C) were also resolved into two peaks, with the major peak at the same retention time as the saccharide from reference globoside. The smaller peak in this case eluted at the retention time of the saccharide from reference lactotetraosylceramide.

To further substantiate the differences in the tetracytosylceramide fractions from the *H. pylori* binding case 4 and the non-binding case 5, mass spectra of the permethylated oligosaccharides were obtained (Fig. 10).

The spectra of the dominant peaks of both cases were in agreement with that of standard globoside (not shown). However, the spectra of the minor tetrasaccharides of the *H. pylori* binding case 4 (Fig. 10, III) and the non-binding case 5 (Fig. 10, IV) showed some dissimilarities. Fragment ions demonstrating a terminal Hex-HexNAc-Hex carbohydrate sequence were seen at *m/z* 187 (219 – 32), 219, 432 (464 – 32), 464, and 668 in both spectra. However, in the spectrum of the late-eluting peak of case 5, the fragment ion at *m/z* 182 was prominent, as it was in the reference spectrum Fig. 10, II. In contrast, this ion was absent in the spectrum of the late-eluting peak of case 4 as well as in the reference spectrum Fig. 10, I. The fragment ion at *m/z* 182 is characteristic for type 2 carbohydrate chains, Gal4GlcNAcβ (30, 31). The fragment ion at *m/z* 432 (464 minus 32) was also prominent in the spectrum of the saccharide from case 5 as in the spectrum of reference lactotetraosylceramide (Fig. 10, II), indicating that methanol is more readily eliminated from Gal4GlcNAcβ chains than from Gal3GlcNAcβ chains, most probably from C2-C3. The saccharide from case 4 gave a strong fragment ion at *m/z* 228. This ion was also predominant in the spectrum of reference lactotetraosylceramide (38).

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Thus, by EI mass spectrometry only the major compound of the two samples, most likely globoside, was identified, whereas the minor compounds of the fractions indicated by the proton NMR experiments could not be discerned. However, the increased resolution obtained by combining chromatographic methods and mass spectrometry permitted the identification of these minor compounds, as described in the following paragraph.

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The glycosphingolipid composition of the human gastric epithelium has not been well characterized. In a study of glycosphingolipids of the mucosal cells and submucosal tissue of the human gastrointestinal tract (40), an enrichment of sulfatides in the fundic and antral mucosa of the stomach was reported. The major non-acid glycosphingolipids migrated as gangliosides, lactosylceramide, globotriaosylceramide, and globoside on thin-layer plates, whereas the main gangliosides migrated as GM3, GM1, and GD3. *H. pylori* binding lactosylceramide with phytosphingosine and hydroxy fatty acids has also been characterized in the human gastric epithelium (12). In addition, the blood group Cad-active ganglioside (GalNAc-β4[NeuAcα3]Galβ4GlcNAcβ3Galβ4Glcβ1Cer) has been identified in the fundus region of human stomach (41), whereas it was not found in the pyloric region (42), indicating a differential expression of glycosphingolipids in different regions of the human stomach.

Because of limited access to human gastric tissue, we initially concentrated on the *H. pylori* binding glycosphingolipid detected in human meconium, which is the first sterile feces of the newborn and consists mainly of extruded mucosal cells from the developing gastrointestinal tract. After isolation, this *H. pylori* binding glycosphingolipid was characterized by mass spectrometry, proton NMR, and methylation analysis as Galβ3GlcNAcβ3Galβ4Glcβ1Cer (lactotetraosylceramide). The tissue distribution of this glycosphingolipid is very limited.

Until recently lactotetraosylceramide had only been identified in human meconium (33) in the small intestine of an individual non-secretor (44) coinciding with the localization of the blood group OLe(a−) protein in the small intestine of non-secretor individuals (44), which was coincident with the localization of the blood group OLe(a−b−) non-secretor individuals and also of one individual with the blood group OLe(a−b−) non-secretor (45).

The relevance of the lactotetraosylceramide binding specific-ity was substantiated by the binding of *H. pylori* to the tetraglycosylceramide region of the non-acid glycosphingolipids isolated from the target epithelial cells of human stomach. By proton NMR and gas chromatography-mass spectrometry of permethylated tetrasaccharides obtained by ceramide glycosylceramide region of the non-acid glycosphingolipids isola-ted from the target epithelial cells of human stomach. By proton NMR and gas chromatography-mass spectrometry of permethylated tetrasaccharides obtained by ceramide glycosylceramide region of the non-acid glycosphingolipids isolated from the target epithelial cells of human stomach. By proton NMR and gas chromatography-mass spectrometry of permethylated tetrasaccharides obtained by ceramide glycosylceramide the binding-active fraction contained lactotetraosylceramide. This binding-active lactotetraosylceramide was only found in one of seven individ-uals analyzed, which is suggestive in view of the fact that although infection with *H. pylori* and the associated chronic gastritis are very common, only a small fraction of those infected develops any further consequences such as peptic ulcer or gastric adenocarcinoma (46). The presence of lactotetraosylceramide on the gastric epithelial cells may be one of the
co-factors necessary for the development of the severe consequences of the infection. An interesting notation in this context is that the stomach of the blood group A(Rh+/H11001) individual, where \( H. pylori \) binding in the tetraglycosylceramide region was observed, was obtained after surgery for peptic ulcer disease.

Serologic typing using erythrocytes and saliva demonstrated that the blood group status of case 4 was ALe(a+/H11001b+/H11002) non-secretor (data not shown), and this is in agreement with the presence of \( H. pylori \) binding unsubstituted lactotetraosylceramide in the gastric epithelium of this individual. The non-secretor status of this individual is interesting in view of the increased prevalence of duodenal ulcer among non-secretors (47–49). One study (50) has demonstrated that non-secretion is not associated with increased susceptibility to infection with \( H. pylori \). However, one may speculate that the secretor status determines the outcome of the colonization, i.e. that the increased liability of non-secretors to develop peptic ulcer disease may be due to the presence of the \( H. pylori \) binding lactotetraosylceramide on the gastric epithelium of these individuals.

Lactotetraosylceramide is also known as the Le\(^a\) antigen, present in red cell Lewis-negative ABH non-secretors (for review, see Ref. 51). However, to our knowledge no studies of the frequency of \( H. pylori \) infection among Le(a+b−) non-secretor individuals have been reported.

Among the 74 \( H. pylori \) isolates analyzed in this study, 65 strains (88%) were found to express the lactotetraosylceramide binding specificity, whereas 9 strains were non-binding. The high prevalence of the lactotetraosylceramide binding property among the \( H. pylori \) isolates demonstrates that it is a conserved property of this gastric pathogen and may, thus, represent an important virulence factor.

Under the experimental conditions of the present study, \( H. pylori \) did not bind to the glycosphingolipids tentatively identified as sulfatide and the GM3 ganglioside in the acid fractions from human gastric epithelium. The binding of \( H. pylori \) to lactotetraosylceramide was not affected by changing the growth conditions, since this binding was obtained both when the bacteria were grown on agar and in broth. Also, binding to lactotetraosylceramide was obtained both with bacteria grown for 12 and 120 h. The binding to lactotetraosylceramide was inhibited by incubating the bacteria with free univalent lactotetraose but not with lactose.
**Novel H. pylori Binding Glycosphingolipid**

**Fig. 11.** Minimum energy conformers of the H. pylori binding lactotetraosylceramide (Galβ3GlcNAcβ3Galβ4Glcβ1Cer, left) and the Leb-6 glycosphingolipid (Fucβ2Galβ3(Fucα4GlcNAcβ3Galβ4Glcβ1Cer, right) (B). The top charts (A) show the same structures viewed from above. The Glcβ1Cer linkage is shown in an extended conformation. A detailed comparison between these two structures is made in the text.

Huesca *et al.* (52) report that upon treatment of *H. pylori* with acidic pH or heat the binding of this bacterium to sulfatide is induced. In our hands, when the chromatogram binding assay was conducted at pH 5, the bacteria failed to bind to any glycosphingolipid, including gangliotetraosylceramide, sulfatide, lactotetraosylceramide, and the Leb hexaglycosylceramide (data not reproduced). Alternatively, a binding to a multitude of glycosphingolipids with diverse sequences was observed. However, the pH gradient of the human gastric mucus layer ranges from pH 2 on the luminal side to almost pH 7 on the epithelial cell surface (53), suggesting that binding assays conducted at pH 7.3 may be of relevance for attachment of *H. pylori* to epithelial receptors.

The Leb determinant (Fucβ2Galβ3(Fucα4GlcNAcβ3Galβ4Glcβ1Cer) is based on the type 1 disaccharide unit, which is the terminal part of lactotetraosylceramide. Binding to lactotetraosylceramide was, however, also obtained with strains devoid of Leb binding activity, as e.g. the CCUG 41936 strain (identical to the 26695 strain) and the MO19 strain (14). Furthermore, inactivation of the babA gene coding for the Leb binding adhesin (14) did not abolish the binding of lactotetraosylceramide. Thus, the binding of *H. pylori* to the Leb determinant and to lactotetraosylceramide represents two separate binding specificities and not a cross-binding.

This was further substantiated by inspection of the minimum energy molecular model of lactotetraosylceramide in comparison with the Leb glycosphingolipid, as shown in Fig. 11. In trying to discern the important parts making up the binding epitope of lactotetraosylceramide, two observations, the non-binding of lactotetraosylceramide (GlcNAcβ3Galβ4Glcβ1Cer) and of lactotetraosylceramide in which the acetamido moiety had been converted to an amine (Galβ3GlcNHβ3Galβ4Glcβ1Cer), indicate that the terminal disaccharide Galβ3GlcNAcβ3 constitutes the epitope. The non-binding of the latter structure further indicates either that an intact acetamido group is essential for binding to occur or that an altered conformation results since an amine no longer may participate in hydrogen bond interactions with the 2-OH group of the internal Galβ4. A combination of these two effects is also possible. Moreover, extension of the terminal Gal of lactotetraosylceramide by Galα3 or Fucα2 or substitution of the penultimate GlcNAc by Fucα4 yields structures that are inactive, suggesting that the major part of the terminal disaccharide Galβ3GlcNAcβ3 is directly involved in interactions with the adhesin responsible for binding. In the Leb structure, the GlcNAcβ3 residue is inaccessible, and the penultimate Galβ3 partly so since they are covered by the two fucoses, as seen in the top view of Fig. 11. Furthermore, since the binding of *H. pylori* to Leb is inhibited by the free oligosaccharide of the Leb isostructure (8), the GlcNAcβ3 residue of Leb is not essential for binding to this compound. Alignment of the minimum energy structures of the terminal tetrasaccharide part of Leb-6 and Leb shows that the only difference is an ~180° turn of the GlcNAcβ3 residue, thus proving the non-requirement of the acetamido moiety of the GlcNAcβ3 residue (or even more likely the whole residue) in the Leb structure, whereas in lactotetraosylceramide the opposite is true. It may be further noted that the angle between the ring plane of the terminal Galβ3 in lactotetraosylceramide and the corresponding plane in the Leb structure is close to 40°, due to the crowding caused by the two additional fucose units, affording an additional reason as to why these structures should be regarded as separate receptors for *H. pylori*.

In summary, the adherence of *H. pylori* to the mucosal cells of human stomach appears to be a multicomponent system where several bacterial adhesins recognize and bind to different receptors in the target tissue. This study identifies yet another *H. pylori* binding compound, i.e. lactotetraosylceramide. The distribution of this glycosphingolipid is very limited, and hitherto it has only been found in the human gastrointestinal tract. In other human tissues lactotetraosylceramide is substituted with fucose or sialic acid and thereby non-binding under the assay conditions used.
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REFERENCES