Research paper

Understanding and Controlling Agrobacterium tumefaciens Overgrowth in Plant Transformation: Causes and Solutions

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Abstract:

Various challenges significantly impact the transformation process, both directly and indirectly. One major concern is the overgrowth of Agrobacterium, which can occur after the cocultivation phase of the explant. This issue has been observed in several plant species and can disrupt the entire transformation process. To address this problem, multiple strategies are being employed to prevent the unwanted bacterial growth. Once overgrowth occurs, it becomes extremely difficult to rectify, making prevention crucial. Several factors play a role in regulating this phenomenon, including the nature of the explant, the A. tumefaciens strain, T-DNA vector, co-cultivation conditions (time and environment), the use of acetosyringone, washing medium, and antibiotics (type, concentration, combination, and incubation period). In this article, we review these factors based on available research reports.

Keywords: Agrobacterium tumefaciens, Overgrowth, Plant transformation, Genetic modification, Transformation efficiency, Co-cultivation.

Introduction:

Agrobacterium tumefaciens-mediated transformation is a widely used method for plant genetic manipulation[1], both for producing genetically modified crops and for functional genomic studies [2]. However, a major challenge in such experiments[3] is achieving high transformation efficiency [4], which depends on various factors such as plant species [5], genotype, type of explant, media pH [6], regeneration and co-cultivation conditions, plant growth regulators, antibiotics, temperature, light [7], A. tumefaciens strain, cell density, gene construct, cell competence after wounding, and control of A [8]. tumefaciens overgrowth. A. tumefaciens overgrowth is a serious problem [9] in the transformation process and can lead to unsuccessful transformations or adversely affect the host plant [10]. It is crucial to understand and address this issue through a step-by-step analysis of the entire transformation process [11].

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A graphic representation of standard plant transformation steps is provided, starting from A [12]. tumefaciens inoculation on the explant [13] to be transformed, followed by the cocultivation period [14]. During this process, the host material faces significant stress [15], resulting in an excess population [16] of the bacterium known as A [17]. tumefaciens overgrowth. This overgrowth can persist [18] from co-cultivation to the regeneration stage and requires continuous use of high-dose[19] antibiotics for elimination. To ensure successful[20] transformation and prevent the escape of genetically modified A [21]. tumefaciens into the environment, it is essential to establish a consistent protocol for eradicating viable A. tumefaciens cells[22]. In this article, we discuss A. tumefaciens overgrowth as a consequence of various factors involved in the transformation process, rather than a mere cause of lower transformation efficiency [23].

The issue of Agrobacterium tumefaciens overgrowth in plant genetic transformation studies has been reported frequently and can significantly reduce the efficiency of the transformation process. This problem is not limited to specific plant species [24], A. tumefaciens strains, or types of transformation. Several factors contribute to A. tumefaciens overgrowth, and these factors need to be regulated to prevent this unwanted growth [25].

Explant nature:

The type, size, maturity, regeneration ability, genotype, and handling ease of the explant influence its susceptibility to A [26]. tumefaciens overgrowth. Callus explants are more vulnerable, and dense micro wounds on citrus leaves can lead to bacterial overgrowth [27].

A. tumefaciens strain and T-DNA vector:

Different A. tumefaciens strains have varying virulence and overgrowth potential. Strains like EHA 101 and AGL1 are more prone to overgrowth and may require higher antibiotic doses for suppression [28].

Co-cultivation conditions:

The co-cultivation period is crucial for A. tumefaciens to deliver DNA into the host genome. However, this period can also lead to overgrowth [29]. Proper optimization of co-cultivation time and conditions is necessary to avoid overgrowth [30].

Antibiotics:

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Antibiotics are used to eliminate A [31]. tumefaciens after co-cultivation. However, using the correct type, concentration, and combination of antibiotics is crucial to ensure effective suppression of overgrowth without harming the host plant [32].

Washing medium:

Proper washing of co-cultivated explants with antibiotic solutions can help remove excess A. tumefaciens cells and prevent overgrowth [33].

Temperature and light:

Environmental conditions during the transformation process can influence bacterial growth [34]. Proper control of temperature and light is important to avoid promoting overgrowth [35].

Surface area of infection:

The density of trichomes or micro wounds on the explant's surface can affect bacterial growth [36]. Special attention is needed when dealing with explants with a higher surface area of infection[37].

Genotype variability:

Different genotypes may show variations in infection susceptibility, and choosing the right genotype can play a role in avoiding overgrowth [38].

Overall, an efficient transformation protocol relies on carefully considering and regulating these factors to prevent A [39]. tumefaciens overgrowth during the transformation process. Proper optimization and control of each parameter can help achieve successful plant transformation with high efficiency [40].

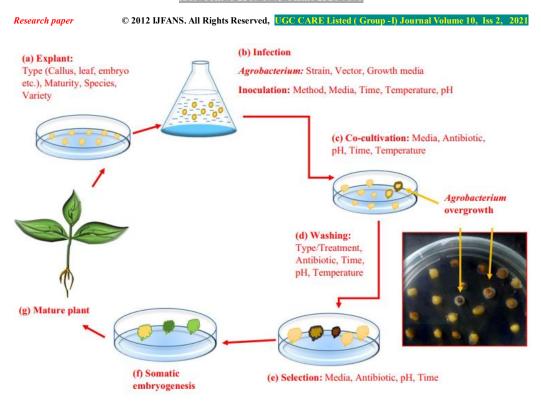


Fig. 1 Factors affecting Agrobacterium overgrowth in explant during plant transformation

Conclusion:

In conclusion, A. tumefaciens overgrowth remains a significant challenge in plant transformation, affecting the efficiency of the process across different plant species and genotypes. Preventative measures are more reliable than cures, and careful attention should be given to various factors during the transformation process to minimize the risk of overgrowth. Explant nature, A. tumefaciens strain, T-DNA vector, co-cultivation conditions, antibiotics, and other environmental factors all play crucial roles in determining the likelihood of overgrowth. Efforts should be made to develop new antibiotics that specifically target A. tumefaciens or explore mutant strains that are easier to eliminate. In-depth research is required to better understand the factors responsible for overgrowth and to develop more effective strategies to prevent and control it. The authors acknowledge the financial support provided by the DBT-JRF fellowship to Monoj Sutradhar for the completion of this study. Apologies are extended to researchers whose works could not be cited here due to space and topic constraints.

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References:

1. Thomas J (2020) Maitri NGO, New Delhi. Widows in India: Invisible women facing invisible problems – About Health and Sustainability. https://joethomas.in > archives > 906

2. Dave R (2020) Widowhood: the problems and challenges faced by widows in India. Int J Adv Res in Commer Manag & Soc Sci (IJARCMSS) 3(4):34–36

3. Sharma BUR (2017) A Comparative Analysis of Widows and Widowers in India. Int J Recent Scientific Res 8(7):69–73. https:// doi.org/10.24327/IJRSR

4. Chen MA, Dreze J (1992) Widows and health in rural North India. Econ Pol Wkly 27(43/44):Ws81-92

5. Anon (2017) Old widows in Vrindavan have hypertension, and other problems find a survey. (sakshi.com), November 26, 2017

6. Valarmathi S, Vijayabhanu R (2020) A review on diabetic retinopathy disease detection and classification using image processing techniques. IRJET 7:546–555

7. Liou GI (2010) Diabetic retinopathy: Role of inflammation and potential therapies for antiinflammation. World J Diabetes 1:12–1

8. Ishtiaq U, Abdul Kareem S, Abdullah ERMF, Mujtaba G, Jahangir R, Ghafoor HY (2020) Diabetic retinopathy detection through artificial intelligent techniques: a review and open issues. Multimed Tools Appl 79:15209–15252

10. Kirkman MS, Briscoe VJ, Clark N, Florez H, Haas LB, Halter JB et al (2012) Diabetes in Older Adults. Diabetes Care 35:2650–2664

11. Agarwal D, Bansal A (2017) Non-invasive techniques for the screening of diabetic retinopathy. J Biomed Imag Bioeng 1(2):25–30

12. Mansour SE, Browning DJ, Wong K, Flynn HW Jr, Bhavsar AR (2020) The evolving treatment of diabetic retinopathy. Clin Ophthalmol 14:653–678

13. Cao J, Wang J, He C, Fang M (2019) Angiosarcoma: a review of diagnosis and current treatment. Am J Cancer Res 9(11):2303–2313

14. Rubio RG, Adamis AP (2016) Ocular Angiogenesis: Vascular Endothelial Growth Factor and Other Factors. Dev Ophthalmol 55:28–37

Research paper

 Martí MJ, Tolosa E, Campdelacreu J (2003) Clinical overview of the synucleinopathies. Mov Disord 18(Suppl 6):S21–S27. doi: <u>https://doi.org/10.1002/mds.10559</u>

16. Bischofberger AS, Konar M, Posthaus H, Pekarkova M, Grzybowski M, Brehm W (2008) Ocular angiosarcoma in a pony - MRI and histopathological appearance. Equine Veterinary Education 207:340–347

17. Rohilla A, Kumar R, Rohilla S, Kushknoor A (2012) Diabetic Retinopathy: origin and complications. Euro J Exp Bio 2012: 88–94

18. Amin J, Sharif M, Yasmin M (2016) A Review on Recent Developments for Detection of Diabetic Retinopathy. Scientifica (Cairo) 2016: 6838976. doi: https://doi.org/10.1155/2016/6838976

19. Shakya A, Chaudary SK, Garabadu D, Bhat HR, Kakoti BB, Ghosh SK (2020) A Comprehensive review on preclinical diabetic models. Curr Diabetes Rev 16:104–116. doi: https://doi.org/10.2174/1573399815666190510112035

20. Dammak A, Huete-Toral F, Carpena-Torres C, Martin-Gil A, Pastrana C, Carracedo G (2021) From Oxidative Stress to Inflammation in the Posterior Ocular Diseases: Diagnosis and Treatment. Pharmaceutics 13(9):1376

21. Shah CP, Chen C (2011) Review of therapeutic advances in diabetic retinopathy. Ther Adv Endocrinol Metab 2:39–53

22. Schmidt-Erfurth U, Garcia-Arumi J, Bandello F, Berg K, Chakravarthy U et al (2017) Guidelines for the Management of Diabetic Macular Edema by the European Society of Retina Specialists (EURETINA). Ophthalmologica 237:185–222

23. Lee R, Wong TY, Sabanayagam C (2015) Epidemiology of diabetic retinopathy, diabetic macular edema and related vision loss. Eye and Vis 2:17

24. Moore PF, Hacker DV, Buyukmihci NC (1986) Ocular angiosarcoma in the horse: morphological and immunohistochemical studies. Vet Pathol 23(3):240–244

25. Zimmerman TS, Edgington TS (1973) Factor VIII coagulant activity and factor VIII-like antigen: independent molecular entities. J Exp Med 138:1015–1020

26. Terraube V, O'Donnell JS, Jenkins PV (2010) Factor VIII and von Willebrand factor interaction: biological, clinical and therapeutic importance. Haemophilia 16(1):3–13

Research paper

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27. Li W, Keller GA (2003) An antibody to VEGF upregulates factor VIII via interleukin-1 in activated adrenal cortex-derived capillary endothelial cells. Int Immunopharmacol 3(4):493–512. doi: https://doi.org/10.1016/S1567-5769(03)00002-X

28. Sobrin L, Liu Z, Monroy DC, Solomon A, Selzer MG, Lokeshwar BL, Pflugfelder SC (2000) Regulation of MMP-9 Activity in Human Tear Fluid and Corneal Epithelial Culture Supernatant. Investig Ophthalmol Vis Sci 41:1703–1709

29. Panda SP, Panigrahy UP, Prasanth D, Gorla US, Guntupalli C, Panda DP (2020) A trimethoxy flavonoid isolated from stem extract of Tabebuia chrysantha suppresses angiogenesis in angiosarcoma. J Pharm Pharmacol 72:990–999. https://doi.org/10.1111/jphp.13272

31. Galletti JG, Guzman M, Giordano MN (2017) Mucosal immune tolerance at the ocular surface in health and disease. Immunology 150:397–407. doi: https://doi.org/10.1111/imm.12716

32. Hovav AH (2018) Mucosal and Skin Langerhans Cells - Nurture Calls. Trends Immunol 39:788–800. doi: https://doi.org/10.1016/j.it.2018.08.007

33. Wang Y, Szretter KJ, Vermi W, Gilfillan S, Rossini C, Cella M et al (2012) IL-34 is a tissuerestricted ligand of CSF1R required for the development of Langerhans cells and microglia. Nat Immunol 13:753–760. doi: <u>https://doi.org/10.1038/ni.2360</u>

34. Foucher ED, Blanchard S, Preisser L, Descamps P, Ifrah N, Delneste Y et al (2015) IL-34and M-CSF-induced macrophages switch memory T cells into Th17 cells via membrane IL-1α. Eur J Immunol 45:1092–1102. doi: https://doi.org/10.1002/ eji.201444606

35. Zhou D, Dai SM, Tong Q (2020) COVID-19: a recommendation to examine the effect of hydroxychloroquine in preventing infection and progression. J Antimicrob Chemother 75:1667–1670. doi: <u>https://doi.org/10.1093/jac/dkaa114</u>

36. Chen N, Zhou M, Dong X, Qu J, Gong F, Han Y et al (2020) Epidemiological and clinical characteristics of 99 cases of 2019 novel coronavirus pneumonia in Wuhan, China: a descriptive study. Lancet 395:507–513. doi: https://doi.org/10.1016/ S0140-6736(20)30211-7

37. Koh YW, Han JH, Yoon DH, Suh C, Huh J (2017) PD-L1 expression correlates with VEGF and microvessel density in patients with uniformly treated classical Hodgkin lymphoma. Ann Hematol 96(11):1883–1890. doi: https://doi.org/10.1007/ s00277-017-3115-6

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© 2012 IJFANS. All Rights Reserved, UGC CARE Listed (Group -I) Journal Volume 10, Iss 2, 2021

39. Nita M, Grzybowski A (2016) The Role of the Reactive Oxygen Species and Oxidative Stress in the Pathomechanism of the Age Related Ocular Diseases and Other Pathologies of the Anterior and Posterior Eye Segments in Adults. Oxid Med Cell Longev 2016: 3164734

40. Tan CS, Chew MC, Lim LW, Sadda SR (2016) Advances in retinal imaging for diabetic retinopathy and diabetic macular edema. Indian J Ophthalmol 64:76–83