

# Interfacial rheology of lung surfactant: experiments & modelling to explore disruption of breathing by aerosolised compounds



NATIONAL RESEARCH CENTRE  
FOR THE WORKING ENVIRONMENT

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BSR 2023 Mid-Winter Meeting



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- **Lung Surfactant Rheology**
- **Experimental Setup – Constrained Droplet Surfactometer**
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# Context: Assuring inhalation Safety

## Assuring inhalation safety: Inhalation exposure depends on product type and habits & practices

Several consumer goods products lead to an unintentional inhalation exposure :

Can we safely use x% of ingredient y in product z?



Household cleaning products



Hairsprays (pump and aerosol)



Shampoos



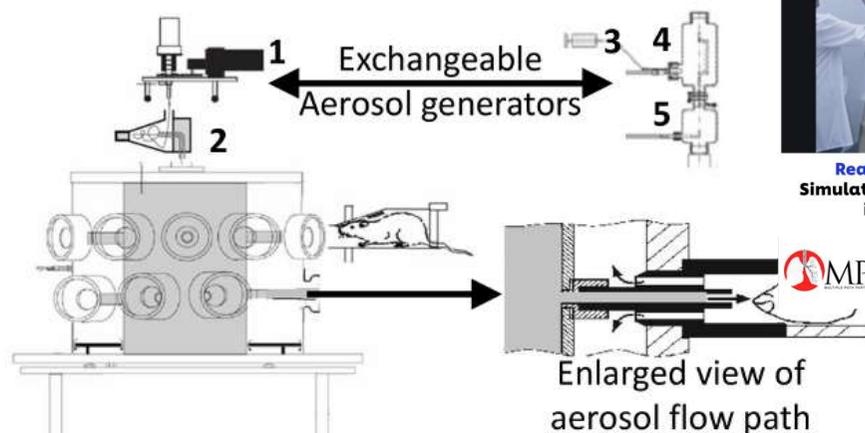
Anti-perspirant/  
deodorant  
aerosols

Need for robust safety assessment of ingredients in consumer products

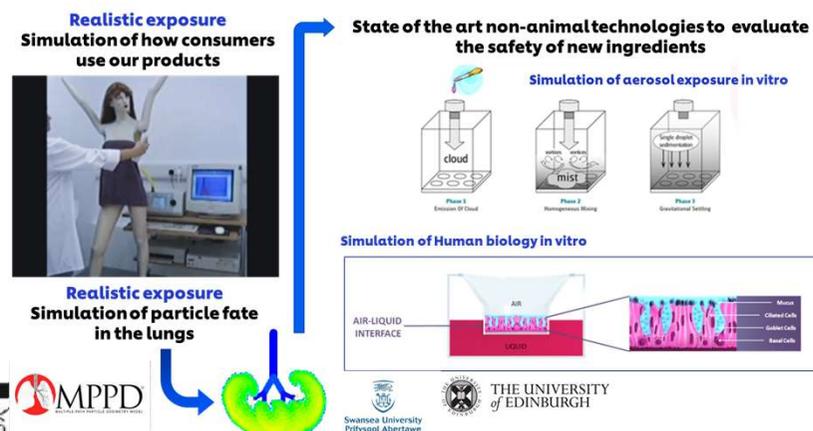
## Assuring inhalation safety without animal testing

'Traditional' Risk Assessment  'Next Generation' Risk Assessment

**Historically** risk assessment of ingredients (xenobiotic) in aerosols and sprays formulations relied on animal tests **in rats exposed to aerosols** for 28 or 90-days, 6h/day



*based on advances in human biology  
and in vitro/computational modelling*



[SEAC Inhalation Safety Science](#)

Philips et al. Journ. Vis. Experiments 2017

## Consumer harm due to lung surfactant inhibition

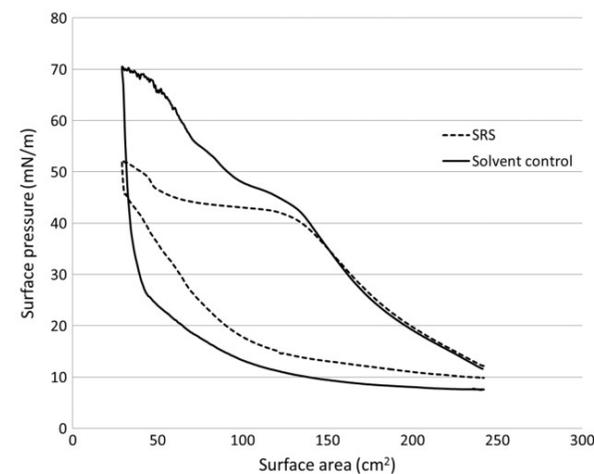
Aerosols of alkylsiloxane polymers produced by US tile coating company used in waterproofing were recalled from sale after they caused hospitalisation.

Injury was shown to be caused by interactions between polymer and lung surfactant

Testing strategy needs to be developed to understand and protect consumers in case of adverse interactions between novel products and lung surfactant



Eric Lipton, New York Times, 2007



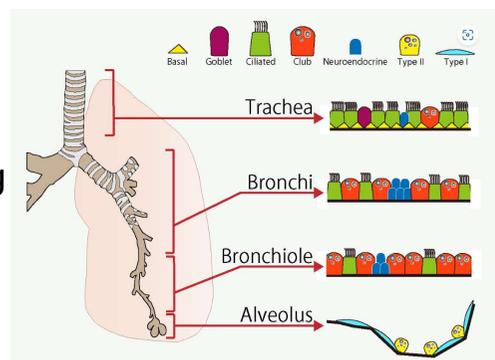
Duch et al, Clin. Tox. 2014

# Lung Surfactant

# Respiratory System Rheology

## Epithelial Tissues

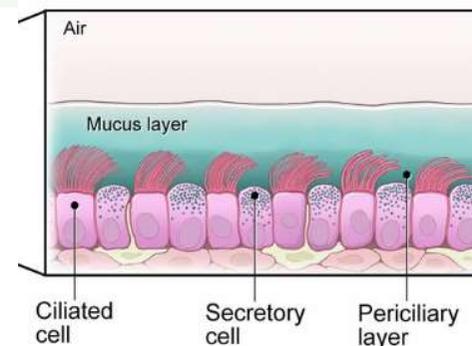
Multiple cell types undergoing stretching and compression



Morimoto, MMCHDPH, 2020

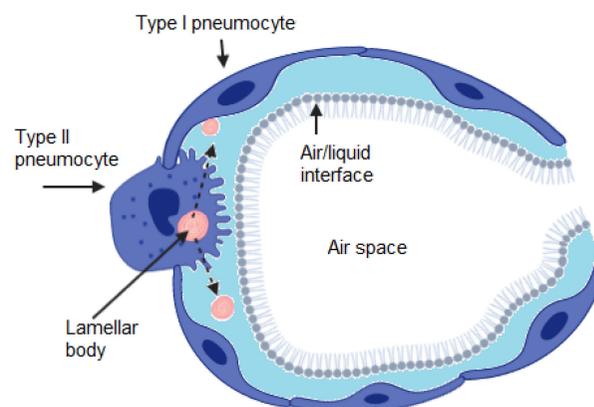
## Lung Mucus

Flows along upper airway to remove pathogens



Dicky. PNAS 2018

## Lung Surfactant

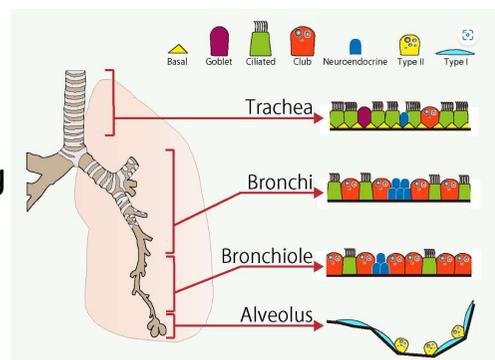


Dziura et al. Symmetry 2021

# Respiratory System Rheology

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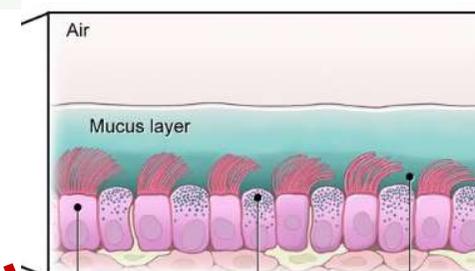
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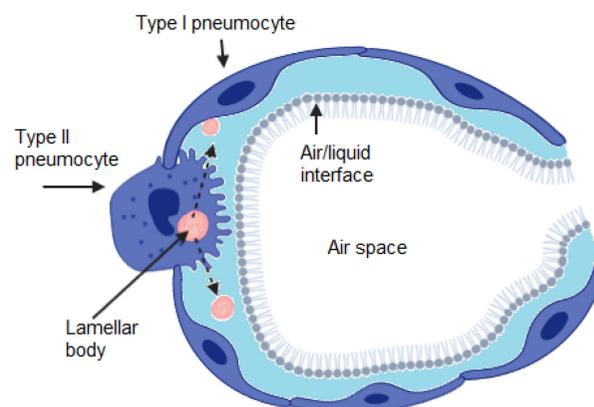
## Lung Mucus

Flows along upper airway to remove pathogens



Ciliated cell  
Secretory cell  
Periciliary layer  
Dicky. PNAS 2018

## Lung Surfactant



Dzura et al. Symmetry 2021

## Lung Surfactant

~80-90% Phospholipids

~10% Surfactant Proteins

Surfactant monolayers form at air/liquid Interface within alveoli

Laplace Pressure

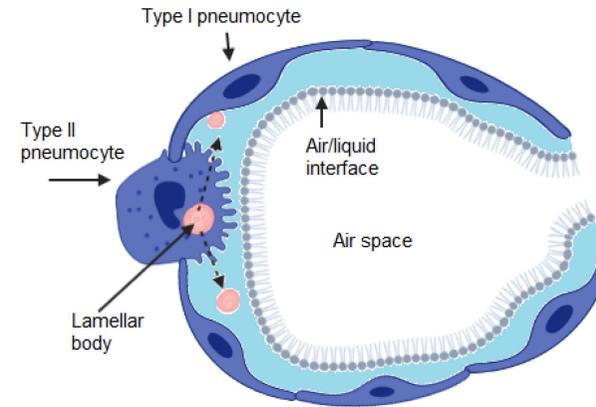
$$\Delta p = \frac{2\gamma}{R}$$

During Breathing the alveoli expand and contract over time

$$\frac{\partial \Delta p}{\partial R} = -\frac{2\gamma}{R^2} + \frac{2}{R} \frac{\partial \gamma}{\partial R} = \frac{2}{R} \left( -\gamma + \frac{\partial \gamma}{\partial \ln A} \right)$$

$$\gamma = \gamma_0 - \Pi$$

$E = -\frac{\partial \Pi}{\partial \ln A}$  where the dilational elasticity of the lung surfactant



Dziura et al. Symmetry 2021

## Lung Surfactant

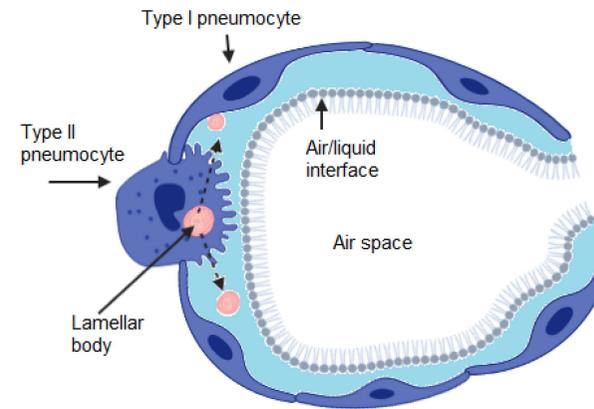
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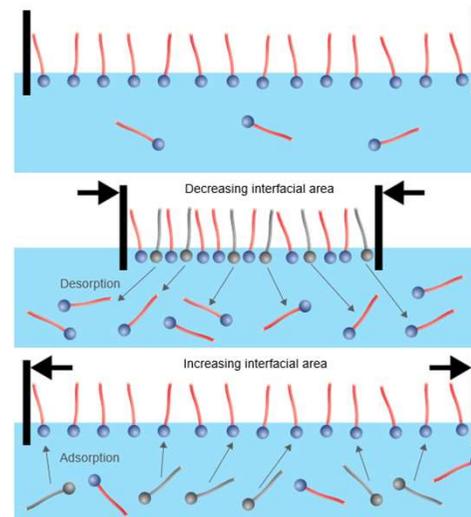
Dziura et al. *Symmetry* 2021

## Surfactant Dilational Rheology

Surface Pressure  $\Pi(\Gamma)$

Surface Concentration  $\Gamma$

As surface expands and contracts molecules migrate between bulk and surface



[dataphysics-instruments.com](http://dataphysics-instruments.com)

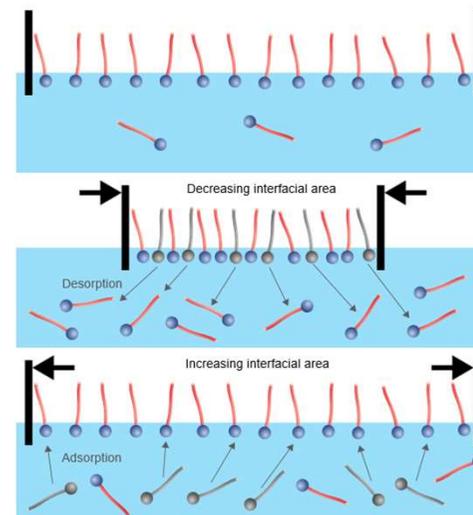
## Surfactant Dilational Rheology

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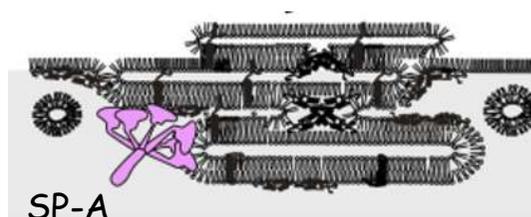
As surface expands and contracts molecules migrate between bulk and surface

Surfactant Proteins modify the process by forming subsurface structures



Increases the rate at which the surfactants re-adsorb during inhalation

[dataphysics-instruments.com](http://dataphysics-instruments.com)

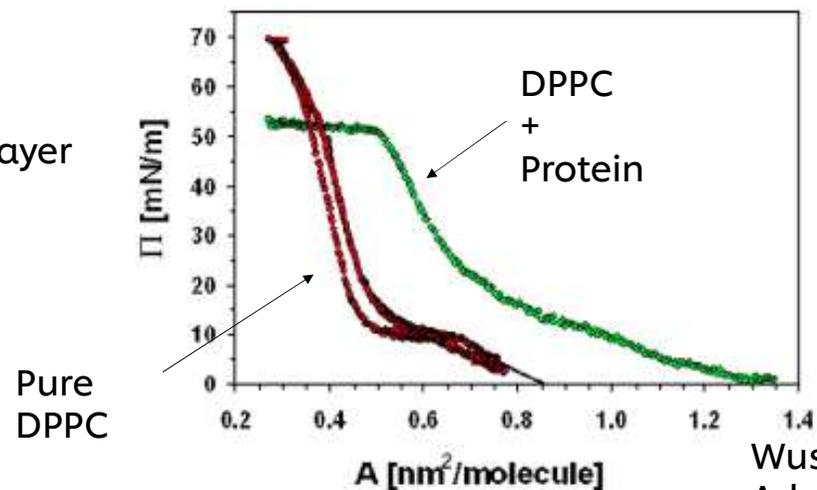


Blanco & Perez-Gil, European Journal of Pharmacology 568 (2007)

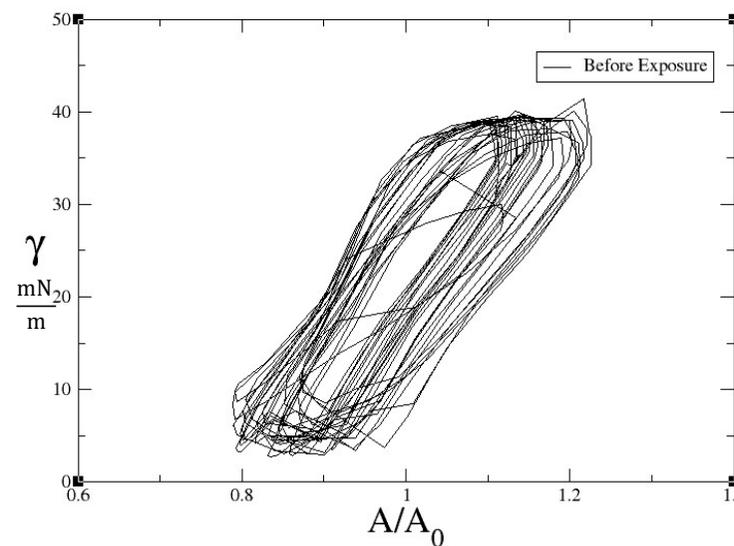
Formation of three dimensional structures increases elasticity of monolayer

Without lung surfactant to modify the elasticity of alveoli collapse during exhalation as seen in pre-term infant

**Can the disruption of breathing due to aerosolised compounds be due to modifications of the Lung surfactant rheology?**



Wustneck et al.  
Adv. Coll. Surf. Sci.2006

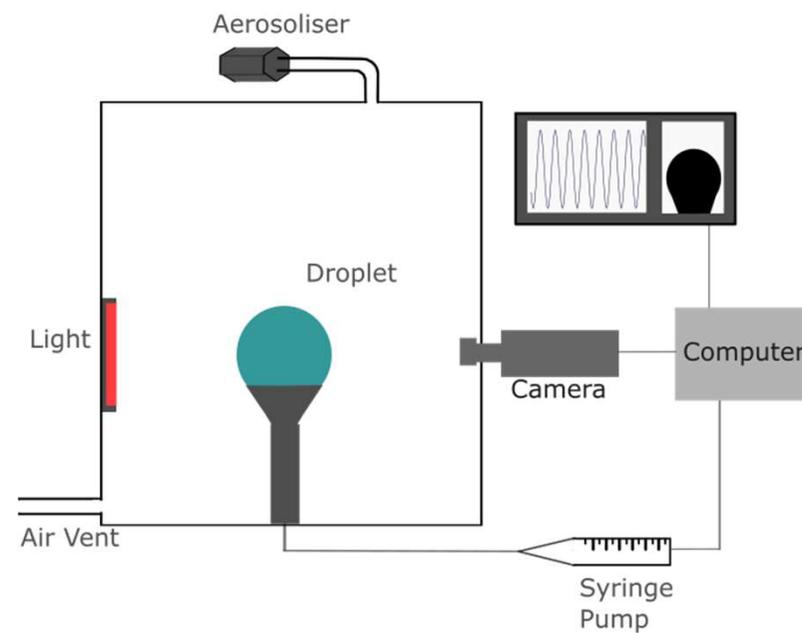


# Experiments

# Experiments

Solution of model lung surfactant (Curosurf®) prepared at fixed concentration

Droplet size is cycled at fixed rate with 20% amplitude

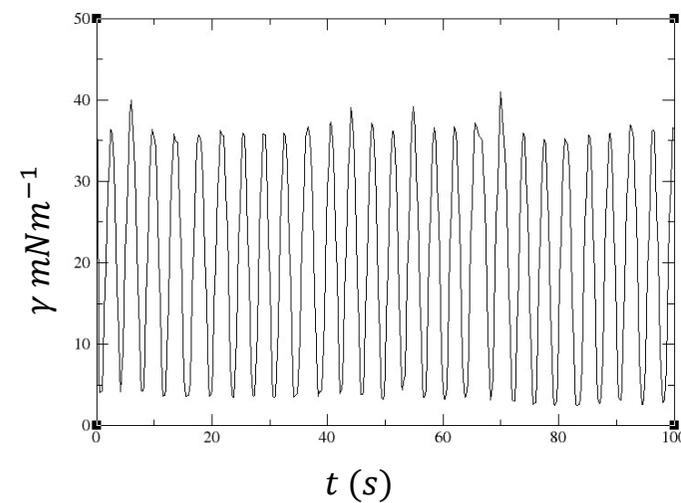
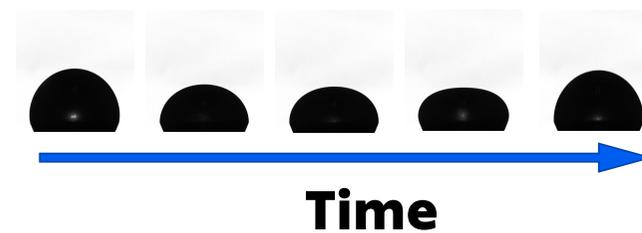


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Images of droplet are processed To measure surface tension



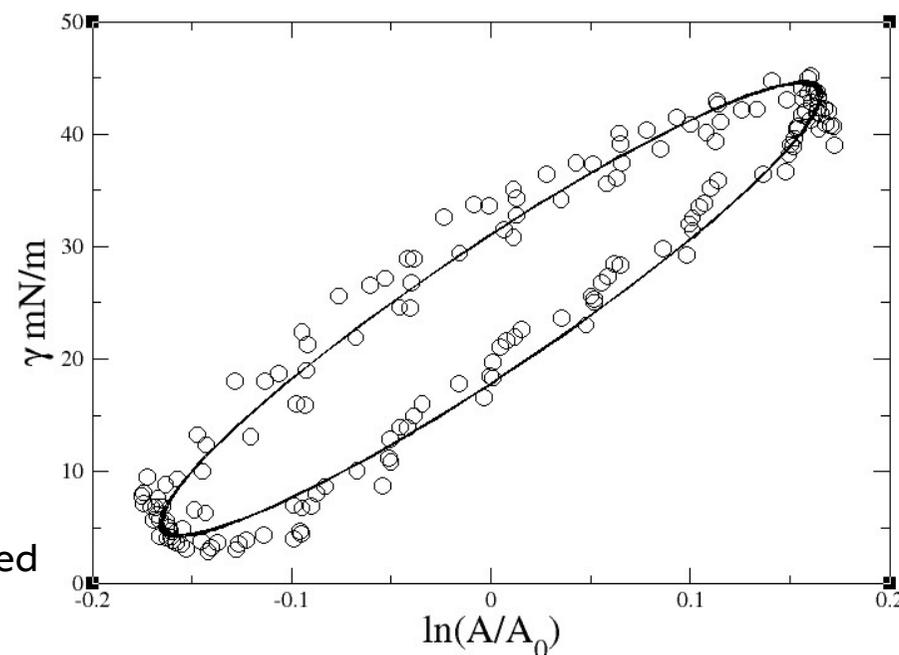
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Complex dilation modulus obtained via Fourier Transform

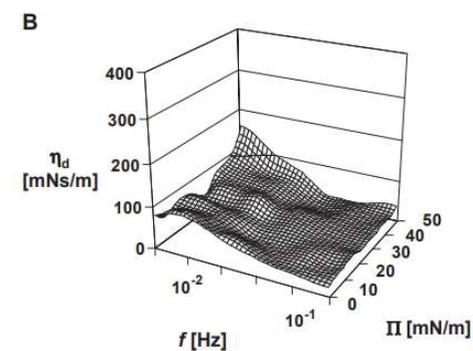
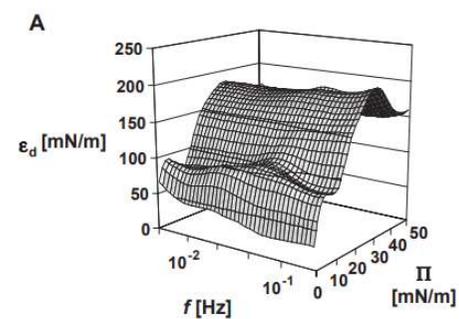
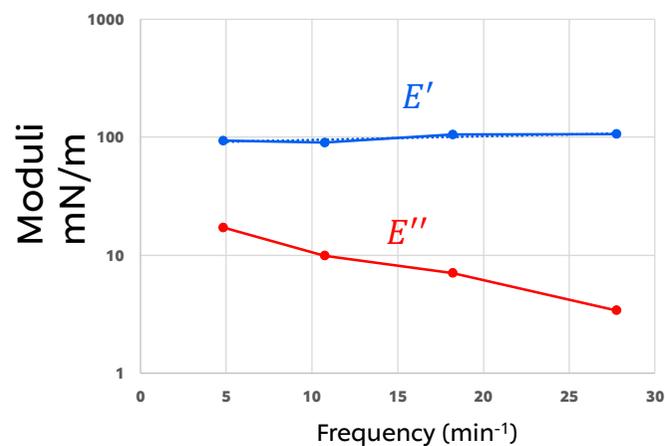


$$E^* = E' + iE'' = \mathfrak{F}(\gamma) / \mathfrak{F}(\ln A/A_0)$$

$$\text{Solid Line } \gamma^2 - 2E' \ln A/A_0 \sigma + \ln A/A_0^2 (E'^2 + E''^2) = E''^2 \ln A_{max}/A_0^2$$

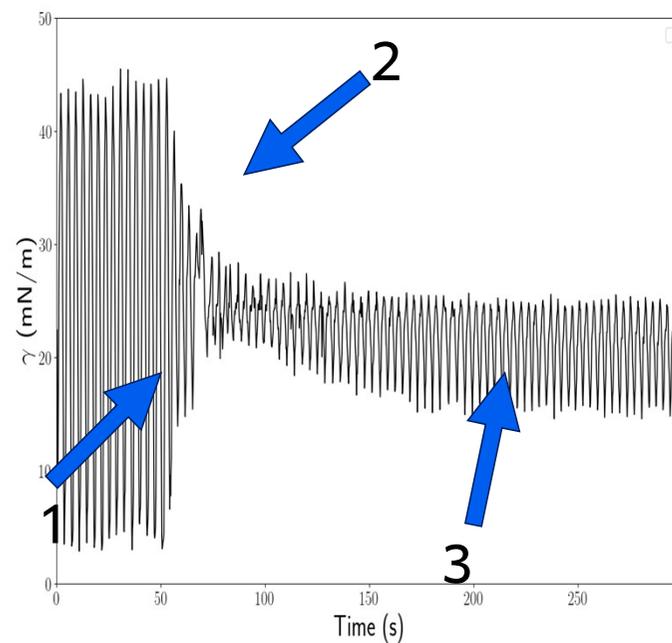
## Experiments – Base Rheology

Storage and loss moduli show reasonable agreement with literature values within range of typical human breathing frequencies



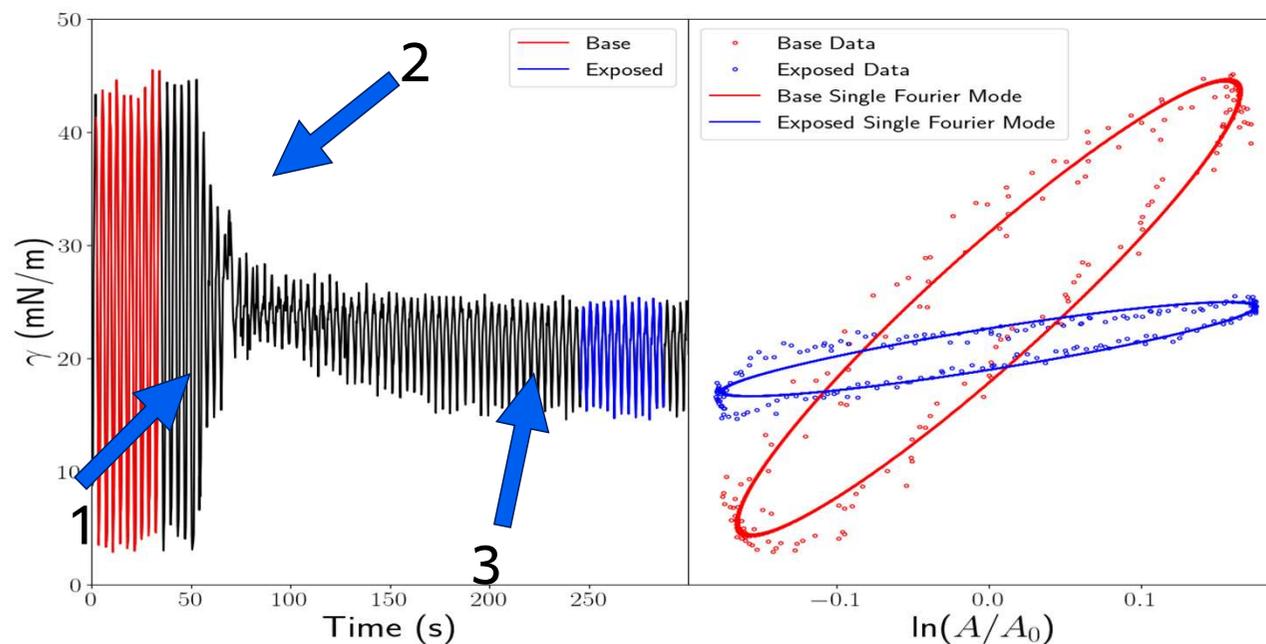
Wuestnec et al. Adv. Coll. & Surf.2005)

## Experiments – (Alkylsiloxane Polymer)



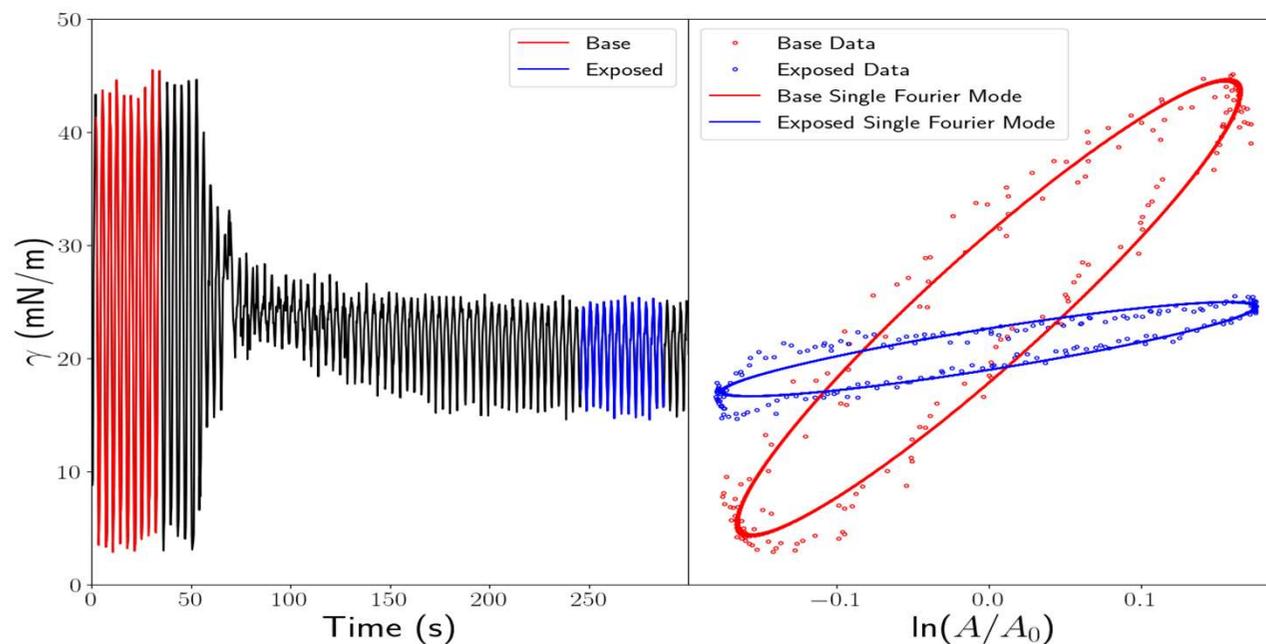
1. Base Response established before infusion
2. Infusion begins at 40s
3. New response appears after short time

## Experiments – (Alkylsiloxane Polymer)



1. Base Response established before aerosol infusion
2. Infusion begins at 40s
3. New response appears after short time

## Experiments – (Alkylsiloxane Polymer)



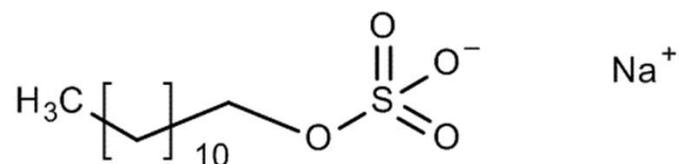
Lissajous curves show significant decreases in elasticity following introduction of xenobiotic

Despite continuous infusion, new steady response is observed

Now to study other compounds

# Experiments

## SDS

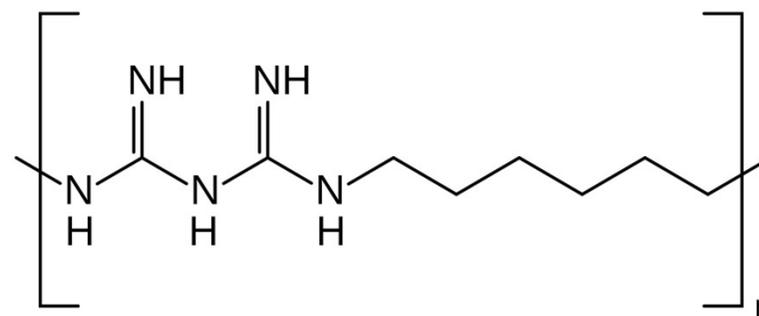


**Description: Anionic Surfactant**

**Toxicology: Known irritant but acceptable for use below known effect levels**

**Commercial use: Cleaning Products**

## Polyhexanide



**Description: Amphiphilic Polymer**

**Toxicology: Not suitable for aerosol use**

**Commercial use: Disinfectant**

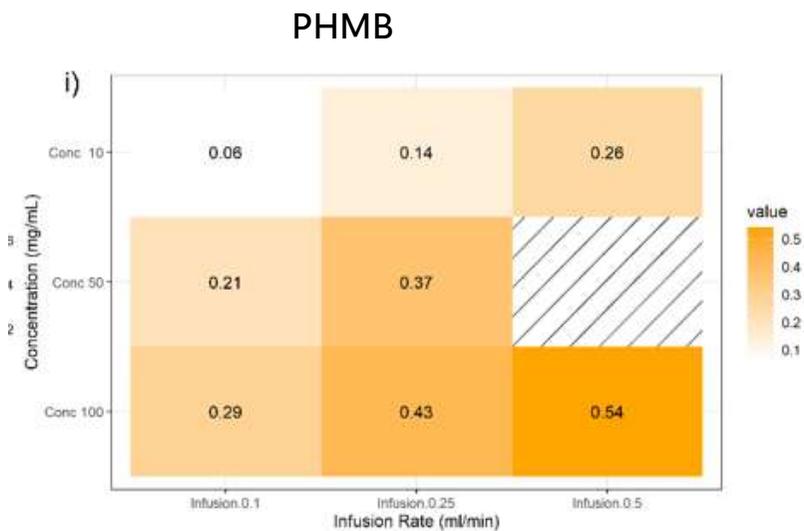
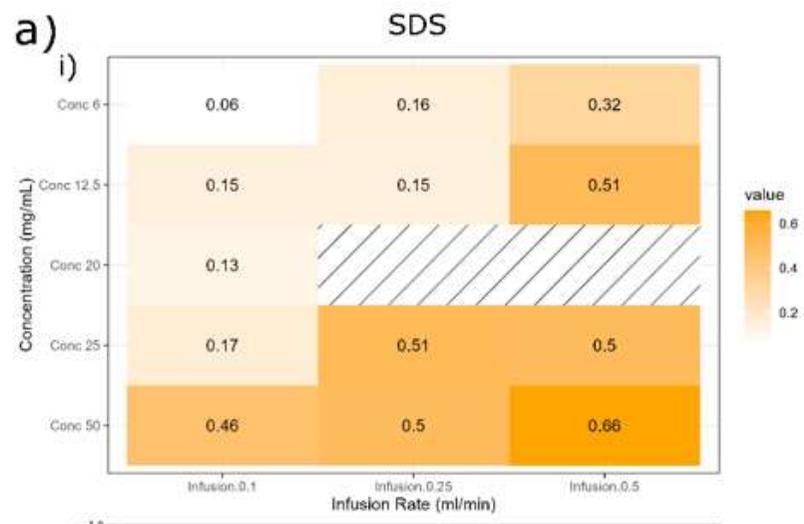
# Experiments

Quantifying change in rheology

$$|E^*| = \sqrt{E'^2 + E''^2}$$

$$\Delta\tilde{E} = \frac{|E_{post}^*| - |E_{pre}^*|}{|E_{pre}^*|}$$

Different concentrations and  
infusion rates confirm  
dose rate hypothesis



# Experiments

In both cases we see reasonable  
Curve collapse

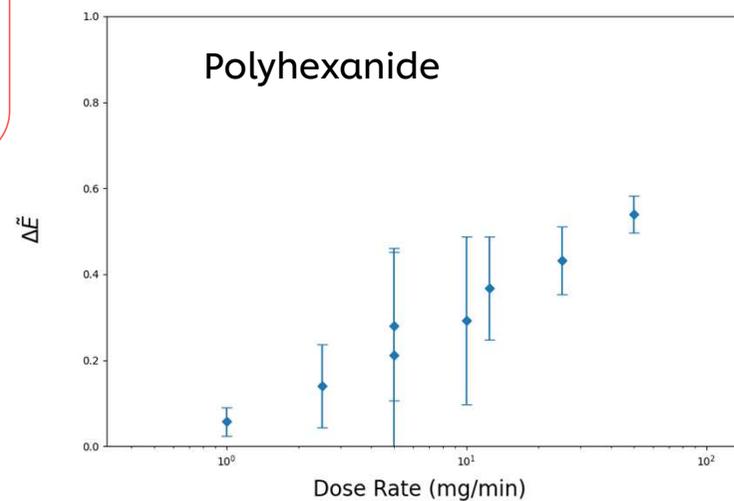
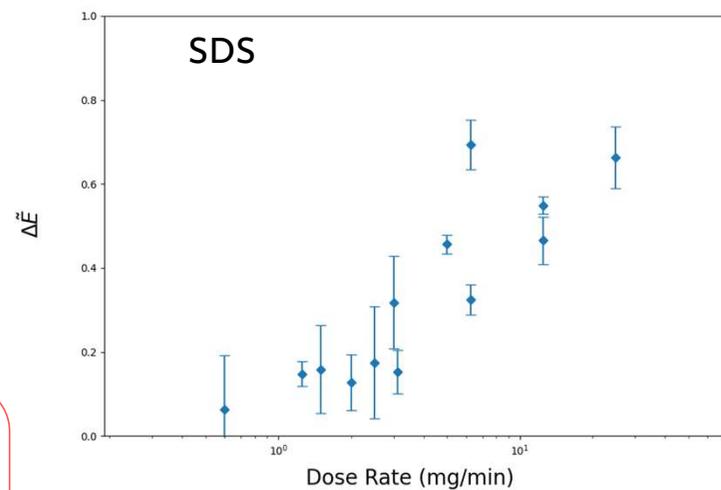
Dose Rate = Concentration X Infusion Rate

This suggests that the *dose rate* rather than  
the *total inhaled dose* of substance is critical  
for the toxic effect.

Duch et al. Clin Toxicol. 2014

Effect agrees with animal studies!!

Can we now understand this in terms  
of surfactant physics?



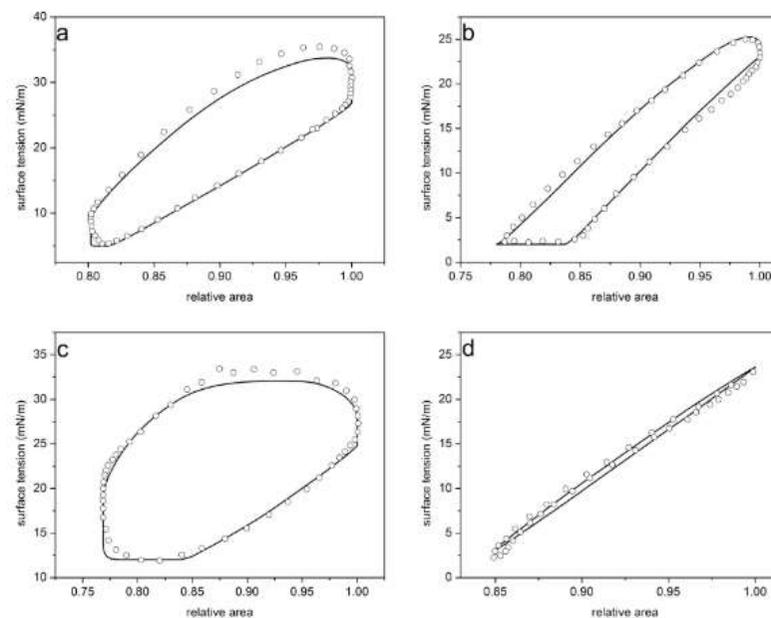
# Modelling

## Modelling Lung Surfactant

Several models have been developed  
To simulate the dynamics of lung  
surfactant

Models tend to be quite complex to  
account for different regimes/pressures  
with many fitting parameters

Our goal here is to construct a minimal  
model that can be used to understand how  
aerosolised compounds are interfering with  
lung surfactant function.



Bouchoris & Bontozoglou  
C&S:A. 2021

## Modelling - Volmer isotherm

Assume that lung surfactant on surface behaves as a two dimensional gas with surface concentration  $\Gamma$  and migrates between bulk and surface continuously

$$\text{Surface Tension} \quad \gamma = \gamma_0 - k_B T \Pi(\Gamma) \quad \text{Surface Pressure} \quad \Pi(\Gamma) = m \frac{\Gamma_\infty \Gamma}{\Gamma_\infty - \Gamma}$$

$$\text{Total Surfactant Flux} \quad Q = \frac{d(\Gamma A)}{dt}$$

$$\text{Rate of change surfactant concentration} \quad \frac{d\Gamma}{dt} = k_a C(\Gamma_\infty - \Gamma) - k_d \Gamma e^{\frac{\xi(\Gamma)}{k_B T}} - \frac{\Gamma}{A} \frac{dA}{dt}$$

$$\text{Non-local Interactions} \quad \xi(\Gamma) = k_B T \frac{m\Gamma}{\Gamma_\infty - \Gamma}$$

$$\text{Rate constants} \quad k_a, k_d \quad \text{Empirical Scaling Parameter} \quad m$$

$$\text{Maximum Concentration} \quad \Gamma_\infty = 50 \text{ \AA}^{-2}$$

Kralchevsky et al.  
Handbook of Surfactant Science  
2008



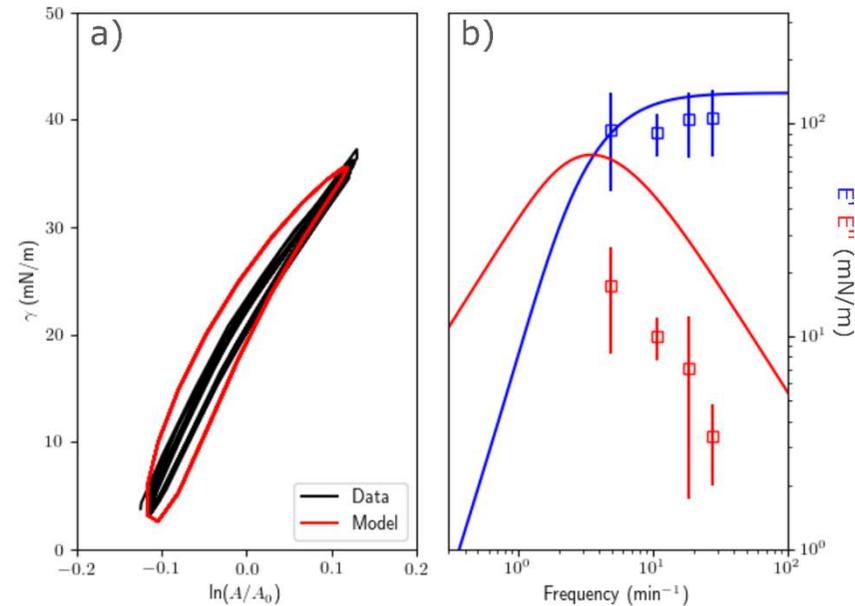
## Model – Base Rheology

$$\gamma = \gamma_0 - k_B T \Pi(\Gamma)$$

$$\Pi(\Gamma) = \frac{m \Gamma_\infty \Gamma}{\Gamma_\infty - \Gamma}$$

$$\frac{d\Gamma}{dt} = k_a C(\Gamma_\infty - \Gamma) - k_d \Gamma e^{\frac{\xi(\Gamma)}{k_B T}} - \frac{\Gamma}{A} \frac{dA}{dt}$$

$$\xi(\Gamma) = k_B T \frac{m\Gamma}{\Gamma_\infty - \Gamma}$$



Model parameters are fit to Lissajous curve for single frequency

Model fails to capture both elastic and viscous behaviour exactly but does capture salient features of unexposed lung surfactant viscoelasticity

## Model – Xenobiotic Effects

Assume that the aerosolised compound is introduced at fixed rate  $\dot{\Gamma}_x$

Desorption rate of compound  $k_{x,d}$

Non-local Interaction xenobiotic parameter  $\beta_x$

$$\dot{\Gamma}_x = \alpha \times \text{Dose Rate}$$

These three parameters are used to fit our model for each chemical studied

$$\gamma = \gamma_0 - k_B T \Gamma_\infty \Pi(\Gamma, \Gamma_x)$$

$$\Pi(\Gamma, \Gamma_x) = m \frac{\Gamma + \Gamma_x}{\Gamma_\infty - \Gamma - \Gamma_x} + \frac{\beta_x}{k_B T} (\Gamma_x / \Gamma_\infty)^2$$

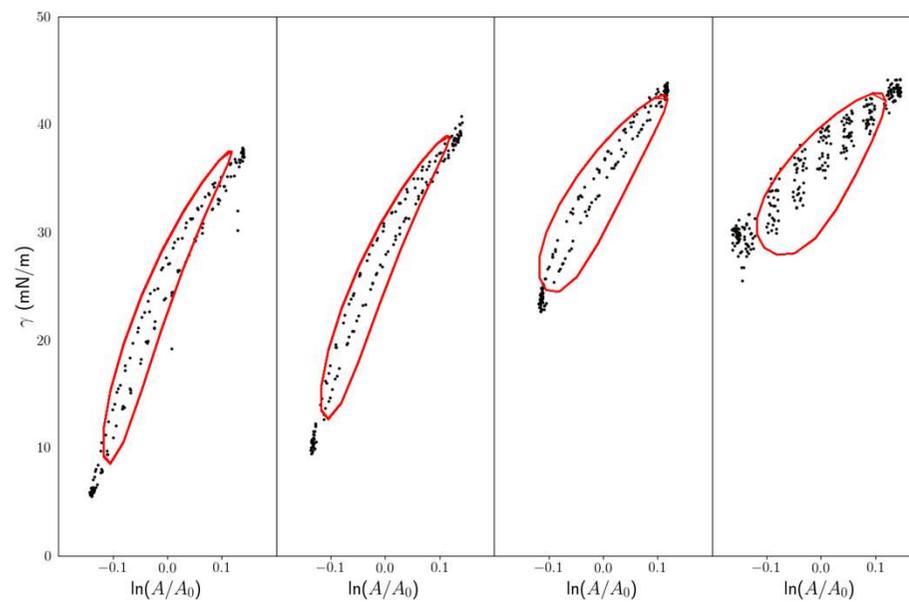
$$\frac{d\Gamma}{dt} = k_a C (\Gamma_\infty - \Gamma - \Gamma_x) - k_d \Gamma e^{\frac{\xi(\Gamma, \Gamma_x)}{k_B T}} \frac{\Gamma}{A} \frac{dA}{dt}$$

$$\frac{d\Gamma_x}{dt} = \dot{\Gamma}_x - k_{x,d} \Gamma_x e^{\frac{\xi(\Gamma, \Gamma_x)}{k_B T}} \frac{\Gamma_x}{A} \frac{dA}{dt}$$

$$\xi(\Gamma, \Gamma_x) = k_B T m \frac{\Gamma + \Gamma_x}{\Gamma_\infty - \Gamma - \Gamma_x} + \beta_x \Gamma_x / \Gamma_\infty$$

## Modelling – Xenobiotic Effects

Model Accurately reproduces observed change in Lissajous curves with increasing dose rate

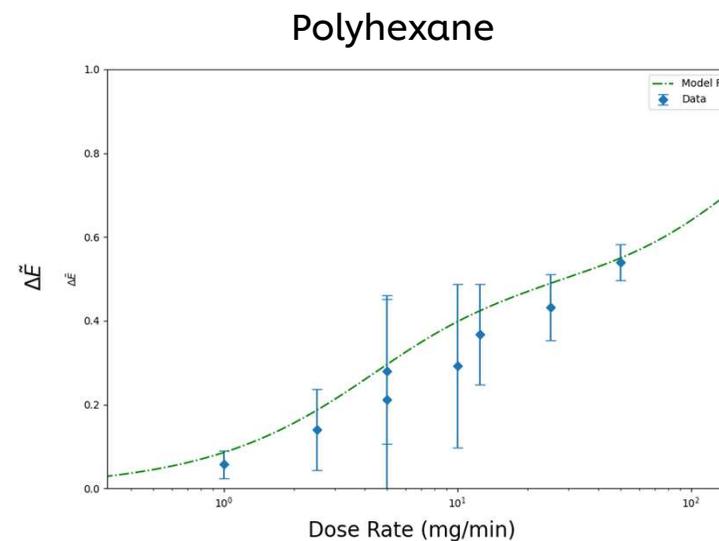


Increasing Dose Rate

## Modelling – Xenobiotic Effects

Model Accurately reproduces observed change in Lissajous curves with increasing dose rate

Model also reproduces observed change in dilational modulus



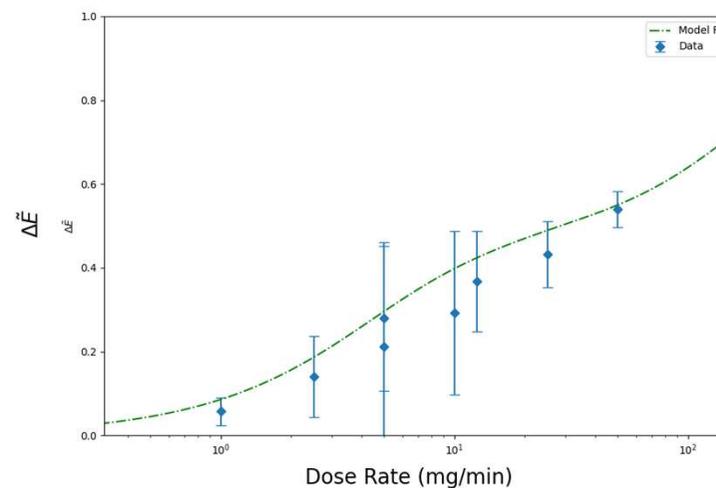
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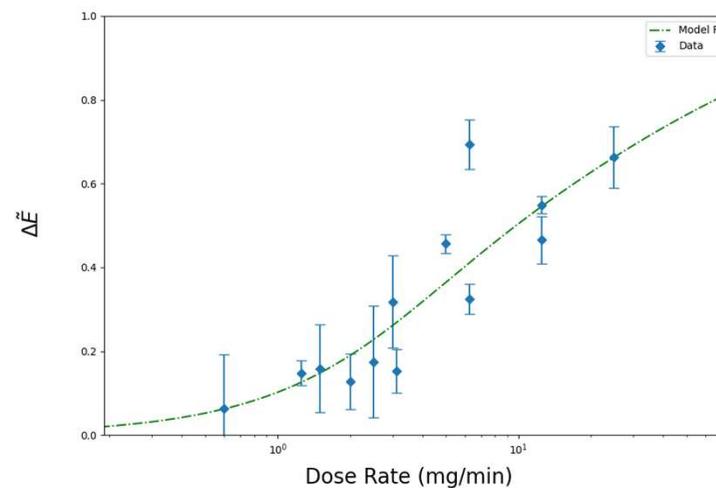
Model also reproduces observed change in dilational modulus

Also fits with SDS curve

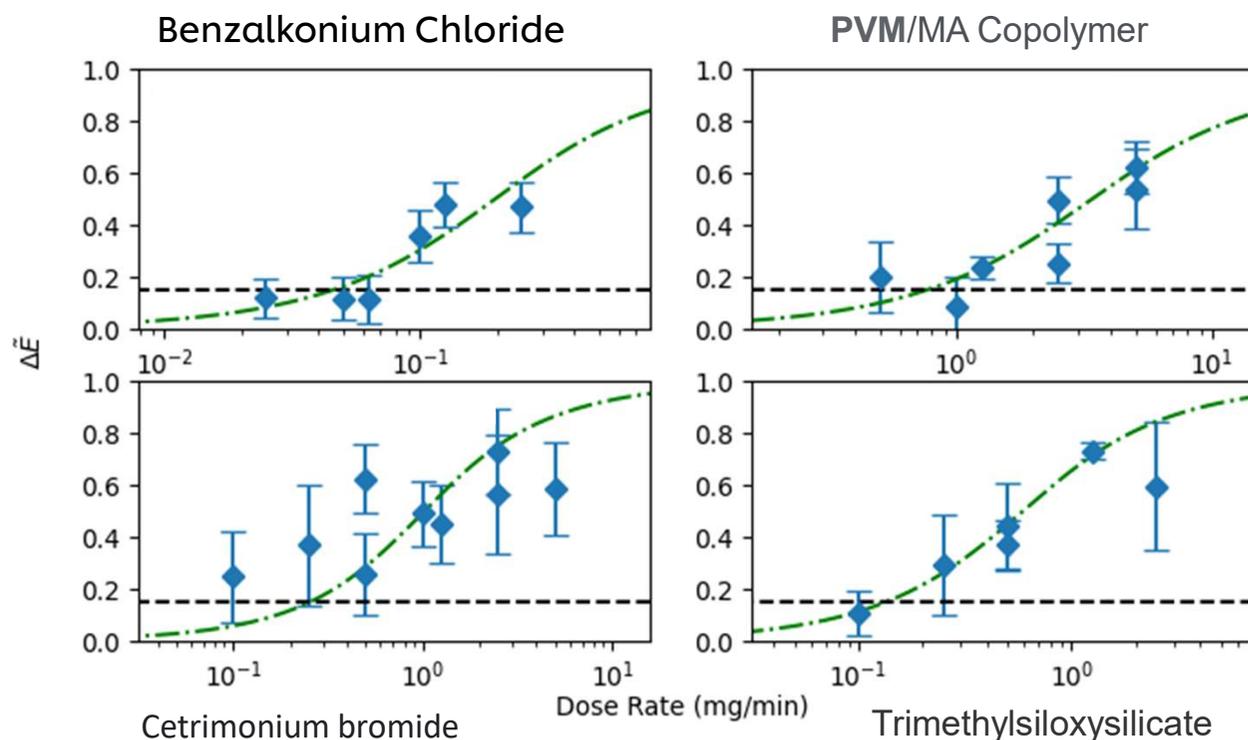
### Polyhexane



### SDS



## Modelling – Xenobiotic Effects



Model can be successfully fit to observed change in rheology across all chemicals studied

Measured relative potencies of each chemical encouragingly agree with literature

Suggests that the mechanism for inhibition is generic and well captured by model

(Larsen et al. B&C P&T 2012)

## Conclusions

- Inhibition of function of lung surfactant function demonstrated to be linked to compound altering dilational rheology
- In vitro study reproduces dose rate dependence/potencies seen in literature
- Modelling successfully fits all data from experiments suggesting mechanism is generic
- Results of this study act as a very encouraging example of how in vitro experiments and modelling are able to replace animal based studies for consumer safety by allowing deeper understanding of mechanisms by which people be harmed thereby better ensuring consumer safety

## Future Work

- What determines the relative potency of each chemical?
- Extend the modelling to include effects of multilayer structures

## Acknowledgements



**Thank you & Questions?**

