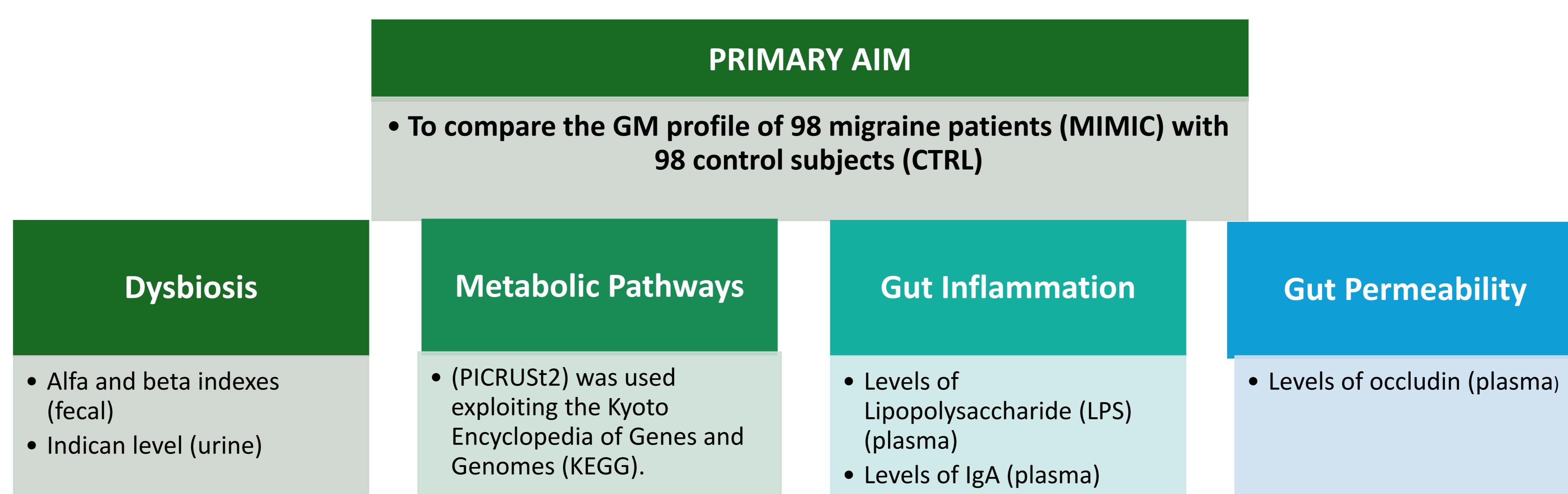




Gut microbiota ecosystem in pediatric migraine. How are dysbiosis, inflammation and intestinal metabolites involved?

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Total Patients:	98
Age: mean (median \pm SD; range)	12.24 years (12.5 \pm 2.87; 6-17)
Female: male (%)	64:34 (females 65.3% - males 34.7%)
Headache diagnosis	
Migraine without aura	91 (92.9%)
Migraine with aura	7 (7.1%)
Migraine Features	
Mean (median \pm SD; range) age at onset	9.35 (9 \pm 3.2; 6-17)
Early Onset (\leq 10 years of age)	61 (62%)
Late Onset ($>$ 11 years of age)	37 (38%)
MMD	
Low frequency ($<$ 4/m)	54 (55.1%)
High Frequency ($>$ 4/m)	44 (44.9%)
Nausea/Vomiting	70 (71.4%)
Photophobia	74 (75.5%)
Phonophobia	74 (75.5%)

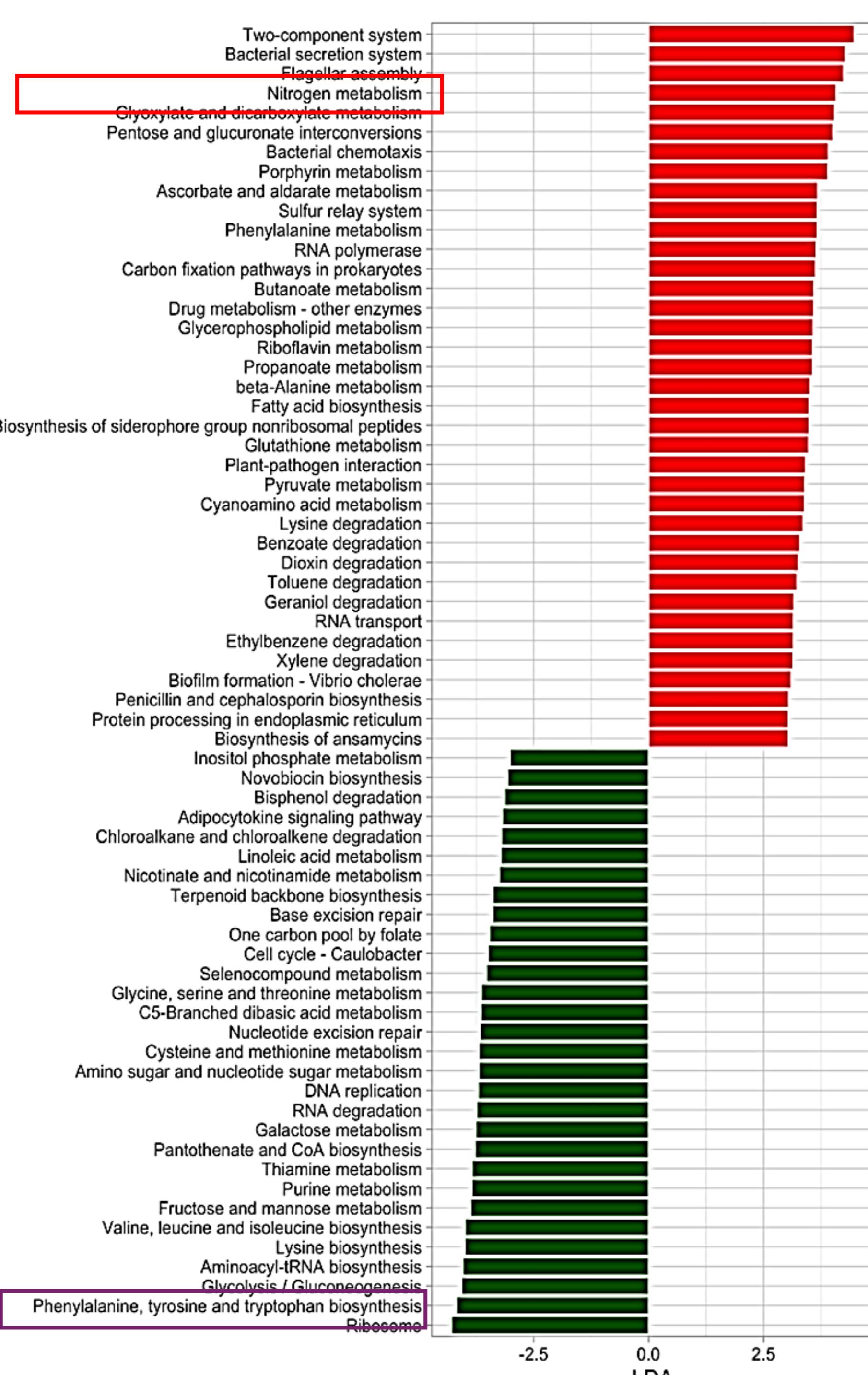


Figure 2. Predicted metabolic pathways statistically associated to MIMIC and CTRL. Red bars represent pathways increased in MIMIC; green bars represent pathways increased in CTRL. LDA, linear discriminant analysis.

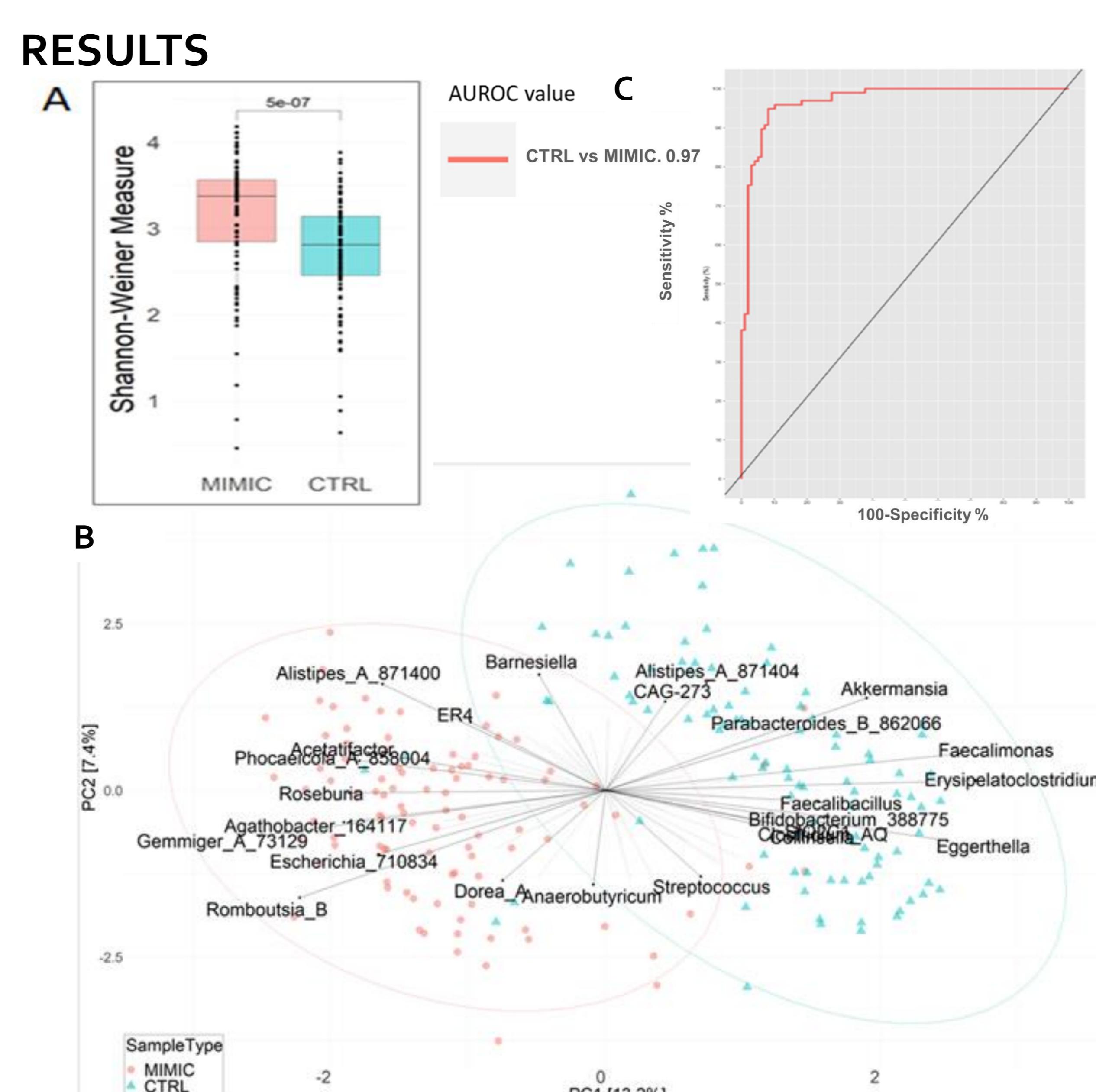


Figure 1. Altered gut microbiota biodiversity in MIMIC. A: α -diversity analysis based on the Shannon-Weiner, Simpson and Chao1 indexes. B: β -diversity was calculated by the Bray-Curtis algorithm and presented by PCoA plots. PERMANOVA test results are statistically significant, p-value = 0.001; C: receiver operating characteristic (ROC) analysis of the PLS-DA model. The value of AUROC=0.969 indicates a high accuracy of the prediction model.

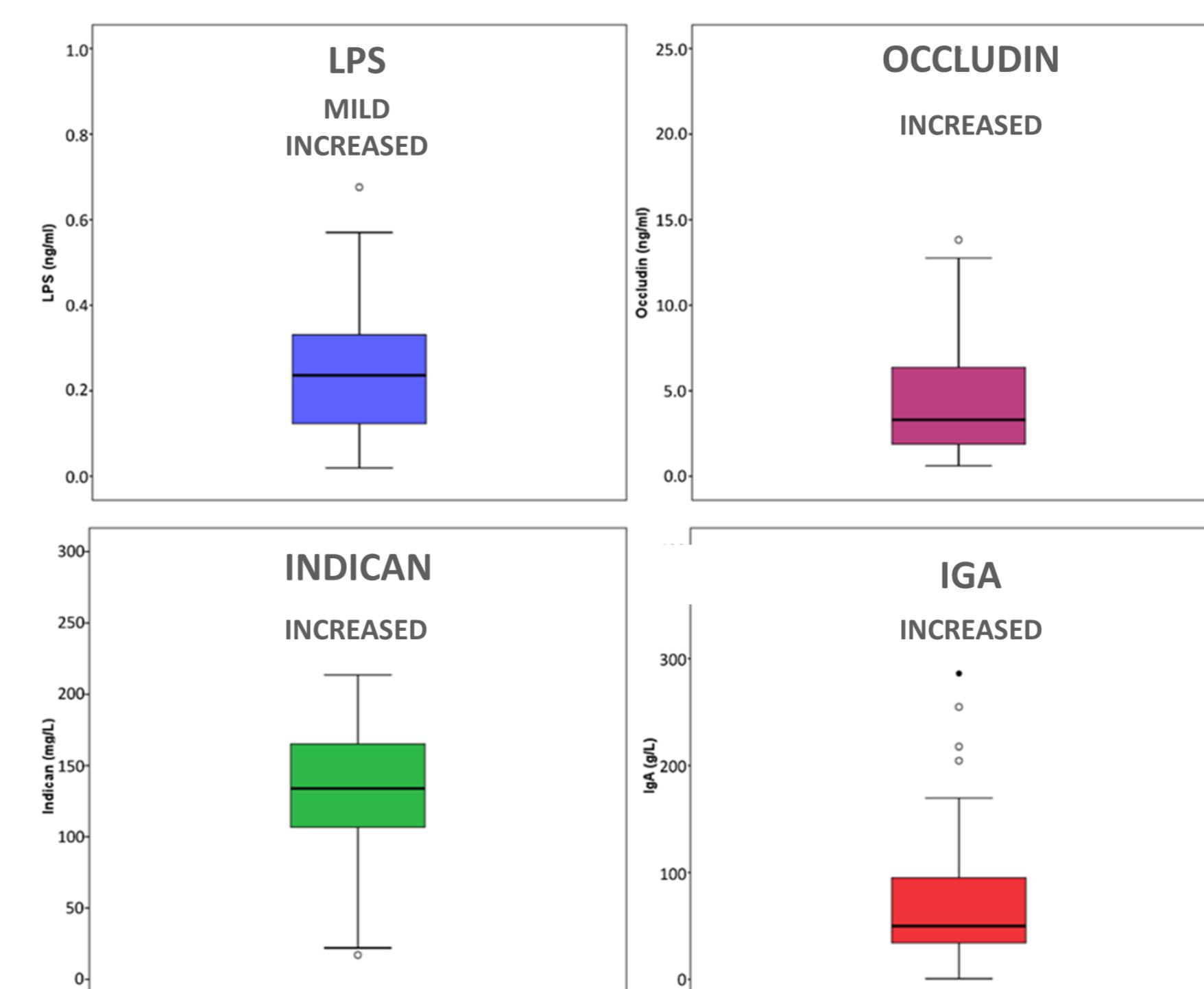


Figure 3. Plasmatic levels of LPS, occludin and IgA and urinary level of indican. Bar plots of LPS (ng/ml), occludin (ng/ml) and IgA (g/L) plasmatic concentrations and of urinary indican concentration (mg/dL).

CONCLUSIONS

- MIMIC patients present different GM profiles than CTRLs.
- These profiles are connected with metabolic pathways important for migraine.
- The low levels of intestinal inflammation associated with increased intestinal permeability suggest that the products of these metabolic pathways should play a role in the onset of migraine more than intestinal inflammatory mediators.