

Introduction

- Intra-cochlear gene therapy, especially with adeno-associated virus (AAV), is a promising solution for correcting genetic hearing loss.
- An innovative 100 μ m-mironeedle designed to significantly reduce potential trauma to the round window membrane (RWM) has been developed in our laboratory².
- Tested in guinea pigs³ and human temporal bone⁴, this technique separates fibers without tearing them. Complete healing occurs in 48h with no hearing loss⁵.

The use of a microneedle for the administration of viral vectors could be a minimally invasive alternative for intra-cochlear gene therapy.

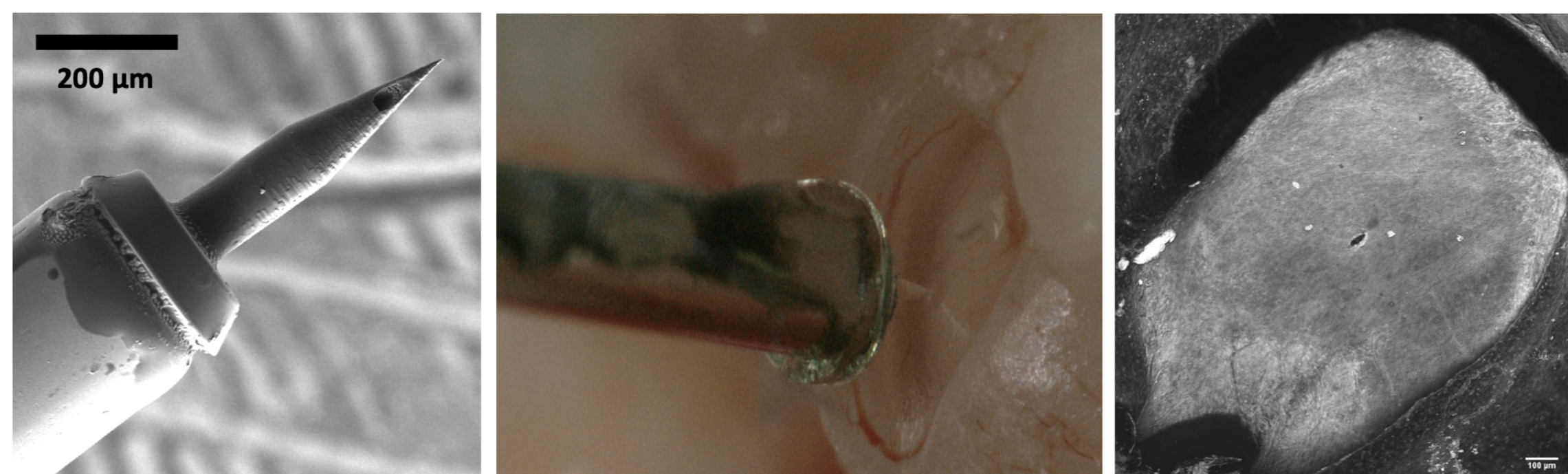


Fig.1: A. Scanning electron microscopy of 3D-printed hollow microneedle fabricated via 2-photon polymerization lithography. B. Digital microscopic image of a microneedle in contact with a harvested guinea pig RWM. C. Confocal image of the entire guinea pig RWM with a perforation made by the microneedle.

Aims

To study tropism and tolerance of microneedle-mediated intracochlear injection of AAV through the round window membrane in guinea pigs.

Methods

- An intracochlear delivery of 5 μ L of 3 vectors (AAV2 (n=5), AAV8 (n=5), AAV-PHP (n=5), and artificial perilymph (n=5) with the 100 μ m-diameter hollow microneedle at a rate of 1 μ L/min, through the RWM of young guinea pigs (n=20).
- Distortion product otoacoustic emissions (DPOAE) and auditory brainstem response (ABR) were performed prior to, immediately after injection, and at one month follow-up.
- Cochleae were fixed and decalcified for hair cell analysis with confocal microscopy.

Results

For all three vectors with no significant difference :

- Successful hair cells transduction within all cochlear turns
- On average half of all inner hair cells transduced
- Decreasing gradient from base to apex

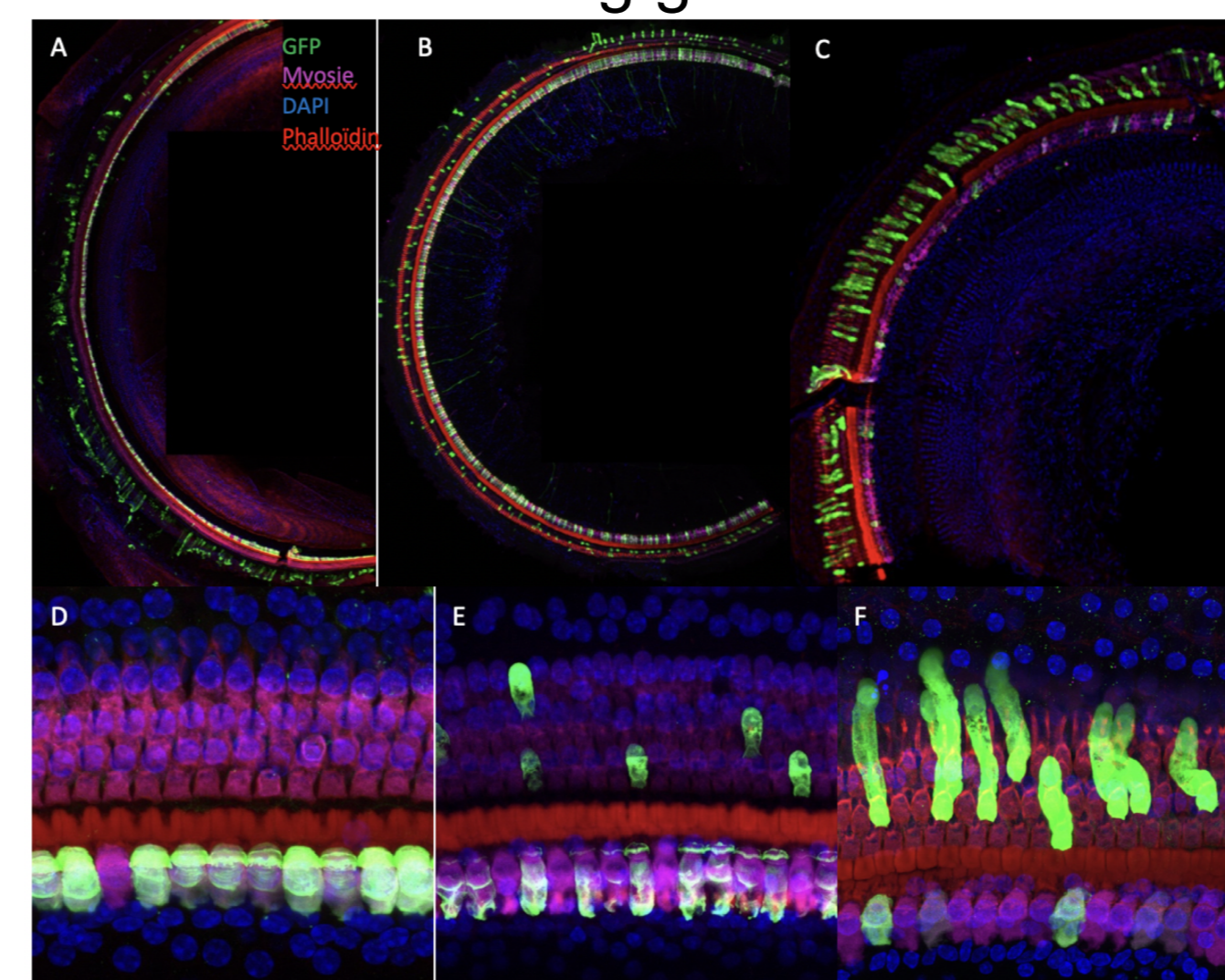


Fig2: transduction profile of the cochlea after microneedle-injection of AAV2-CAG-GFP. Immunostaining by GFP (green), myosin VIIa (magenta), phalloidin (red) and DAPI (blue). Base (A/D), middle turn (B/E) and apex (C/F) of the cochlea at x20/x40 magnification observed by confocal microscopy.

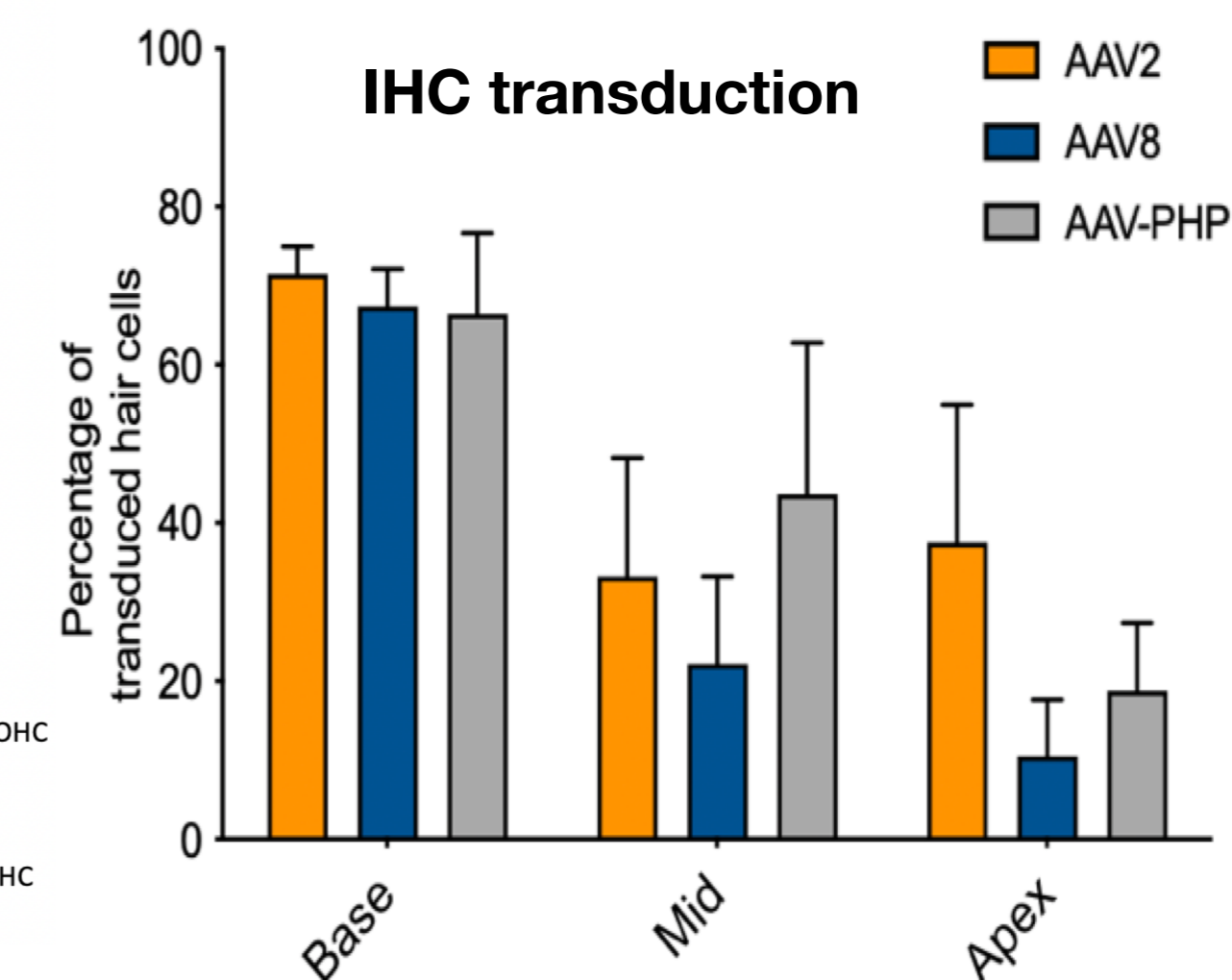


Fig3: percentage of cell transduction for the 3 AAV serotypes, according to the cochlear region (base, middle turn and apex) for inner hair cells (IHC)

No significant hearing loss before perforation, immediately after perforation and at one month follow-up.

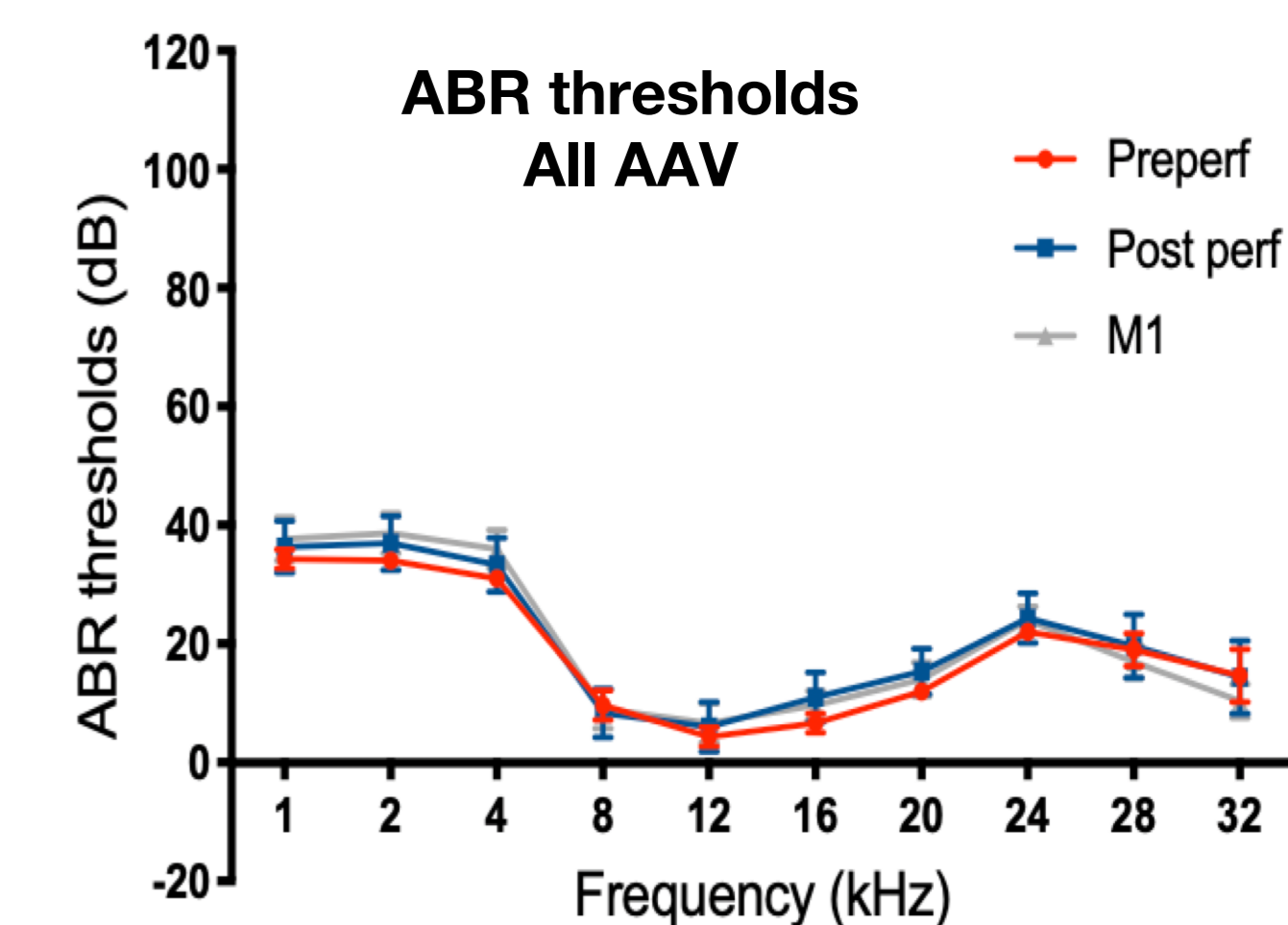


Fig4: Average ABR thresholds and SD of right ears after injection with 3 different serotypes of AAV (n=15) before perforation of the RWM (red curve), immediately after perforation (blue curve) and at 1 month follow-up (grey curve).

Conclusion

The microneedle is a safe, reliable, and effective tool for AAV administration in guinea pigs, enabling successful hair cells transduction and preserved hearing thresholds at one month after perforation of the RWM, paving the way for atraumatic cochlear gene therapy.

References

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