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Exploring heme and iron acquisition strategies of Porphyromonas gingivalis—current facts and hypotheses

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Abstract

Iron and heme are crucial for pathogenic bacteria living in the human host but are not available in free form due to their binding by iron- and heme-sequestering proteins. *Porphyromonas gingivalis* causes dysbiosis in the oral microbiome and is considered a keystone pathogen in the onset and progression of periodontal diseases. Its ability to infect and multiply in host cells and its presence in distant tissues and fluids highlights its pathogenic versatility and explains the relationship between periodontal diseases and systemic or neurodegenerative diseases. *Porphyromonas gingivalis* has evolved specialized mechanisms that allow it to thrive in the host under adverse nutrient-limited conditions. This review presents the updated summary of the mechanisms of iron and heme acquisition by *P. gingivalis*, with a central role played by gingipains and the unique Hmu system. The potential role of other iron and heme acquisition systems, such as Hus and Iht, indicates the importance of the partially conserved heme biosynthesis pathway, involving homologs of the HemN, HemG, and HemH proteins. In light of increasing antibiotic resistance, difficulties with diagnosis, and drug administration, targeting the mechanisms of heme and iron acquisition of *P. gingivalis* represents a promising target for developing diagnostic tests, preventive or therapeutic strategies.

Keywords: Porphyromonas gingivalis; periodontal disease; heme; iron; gingipain; Hmu

Abbreviations

ATP: Adenosine triphosphate
FeoB: Ferrous iron transport protein B

GCF: Gingival crevicular fluid GTP: Guanosine triphosphate

HA: Hemagglutinin/adhesin domain

Hb: Hemoglobin

 $\begin{array}{lll} \text{heme:} & \text{Fe}^{2+}/\text{Fe}^{3+} \text{ protoporphyrin IX} \\ \text{Kg:} & \text{Dissociation constant} \\ \text{Kgp:} & \text{Lysine-specific gingipain} \end{array}$

metHb: Methemoglobin

OMVs: Outer membrane vesicles

oxyHb: Oxyhemoglobin PPIX: Protoporphyrin IX

RgpA and RgpB: Arginine-specific gingipains

TDR: TonB-dependent outer membrane receptor

Introduction

Porphyromonas gingivalis—a human opportunistic pathogen

The human body is inhabited by microbiota, creating multispecies consortia, with the oral microbiome being among the most diverse (Dewhirst et al. 2010). In healthy humans, the oral microbiome consists mainly of Gram-positive, aerobic bacteria, with the species of *Streptococcus* occupying a broad range of oral habi-

tats (Verma et al. 2018, Baty et al. 2022). However, numerous factors such as poor oral hygiene, smoking, genetic predispositions, and comorbidities can disrupt the balance in the oral cavity and develop environmental conditions with reduced oxygen content within the periodontal pockets. The development of periodontal diseases is associated with an ecological shift in the oral microbiome and dysbiosis, resulting in the predominance of anaerobic, Gram-negative late colonizers over aerobic, commensal, Grampositive early colonizers (reviewed in Socransky et al. 1998, Holt and Ebersole 2005, Cai et al. 2021, Boyapati et al. 2024, Lamont and Kuboniwa 2024). The most frequent late colonizers are Porphyromonas gingivalis, Tannerella forsythia, and Treponema denticola (Fig. 1). Other bacteria, mainly Prevotella intermedia and Fusobacterium nucleatum, serve as bridging species with late colonizers. Bacteria, especially those with pathogenic potential, cooperatively interact to establish anaerobic and reduced environments and exchange metabolic byproducts. This drives community maturation, dysbiosis, and subverting host immune defenses, resulting in periodontal diseases (reviewed in Hajishengallis et al. 2012, Hajishengallis 2015, Kuboniwa et al. 2017, Hajishengallis and Diaz 2020).

Periodontal diseases affect 20%–50% of the human population, with over 10% experiencing its most severe form, periodontitis (Hugoson et al. 2008, Kassebaum et al. 2014, Tonetti et al. 2018, Chen et al. 2021, Siddiqui et al. 2023, Nascimento et al. 2024). An inflammatory response in the adjacent gingiva is triggered in a suitable host environment, resulting in gingivitis, charac-

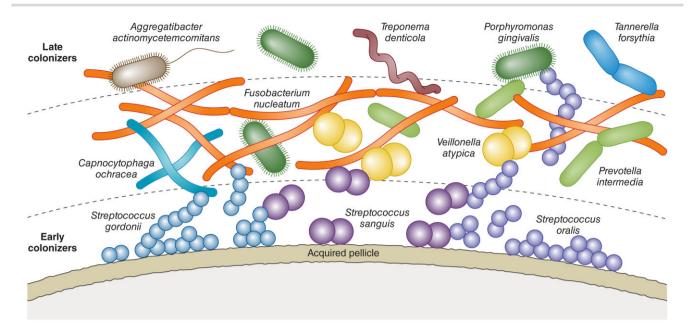


Figure 1. Schematic presentation of the oral biofilm with the key bacterial species involved in developing periodontal diseases. The formation of oral biofilm begins with the deposition of organic molecules on the surfaces of teeth and soft tissues, leading to the development of an acquired pellicle. This layer serves as a substrate for the initial adhesion of early bacterial colonizers, predominantly species from the Streptococcus genus, such as S. oralis, S. sanguis, and S. gordonii. These early colonizers help establish a multispecies microbial community through coaggregation and metabolic interactions. With environmental change and shift into more anaerobic and reduced conditions, colonization by late colonizers occurs, including anaerobic bacteria such as P. gingivalis, T. forsythia, and T. denticola. Other bacteria, including P. intermedia and F. nucleatum, are bridging species between early and late colonizers.

terized by redness, swelling, and bleeding of the gums. This mild, reversible periodontal disease is nondestructive to the tooth-supporting tissues (Philstrom et al. 2005, Schincaglia et al. 2017). When the microbial community undergoes further shifts in composition, resulting in the overgrowth of more pathogenic species, mainly P. gingivalis, T. forsythia, T. denticola, and P. intermedia (Fig. 1), irreversible periodontitis is developed (Flemming 1999, Kinane 2001, Philstrom et al. 2005, Hajishengallis and Diaz 2020). Periodontitis results in inflammation within tooth-supporting tissues, deepening of the periodontal pockets, gum bleeding, the loss of alveolar bone and connective tissue attachment to the tooth, and tooth loss. The severity of bleeding depends on the intensity of the gingival inflammation (Page and Schroeder 1976), partly caused by an exaggerated proinflammatory response of the host cells against bacterial virulence factors (Darveau et al. 2012, Olsen et al. 2017, Hajishengallis and Diaz 2020, Hajishengallis and Lamont 2021).

Porphyromonas gingivalis is recognized as the keystone pathogen responsible for dysbiosis in the oral microbiome and developing periodontitis in humans. It produces several virulence factors that participate in the destruction of tooth-supporting tissues. The main role in this process is played by proteases (Hocevar et al. 2018), described in more detail below. Some bacterial components induce macrophages to secrete proinflammatory cytokines and chemokines (Huang and Gibson 2014, Gmiterek et al. 2016), which recruit neutrophils and lymphocytes to infected sites, the latter producing additional proinflammatory mediators (Carvalho-Filho et al. 2016, Olsen and Yilmaz 2016, Suarez et al. 2020). As an outcome, these processes cause an exaggerated proinflammatory host immune response resulting in connective tissue destruction and alveolar bone loss. Importantly, as a part of the pathogenic process, P. gingivalis infects host cells, including gingival epithelial cells, endothelial cells, keratinocytes, fibroblasts, and cells of the immune system, multiplies within, and propagates between them, allowing spreading throughout the body and evading the host immune response (Dorn et al. 2001, Yilmaz et al. 2006, Mao et al. 2007, Kuboniwa et al. 2008, Wang and Hajishengallis 2008, Irshad et al. 2012, Olczak et al. 2015, Gmiterek et al. 2016, Sakanaka et al. 2016, Yang et al. 2020, de Jongh et al. 2023, Smiga et al. 2024a). The bacterium can also invade and modify the properties of periodontal ligament stem cells (Pan et al. 2017), which are used to differentiate into mature periodontal fibroblasts, cementoblasts, and osteoblasts, enabling proper regeneration and repair of the periodontium (Bartold et al. 2000).

The presence of P. gingivalis, its outer membrane vesicles (OMVs), or DNA was detected in host niches other than the oral cavity, such as plasma, synovial fluid, atherosclerotic plaque, or even the brain (Figuero et al. 2011, Dominy et al. 2019, Bregaint et al. 2022). Therefore it is not surprising that in addition to its role in the development of periodontal diseases, increasing evidence shows that P. gingivalis is considered one of the factors influencing the risk of development and progression of concomitant human diseases. Diabetes, osteoporosis, cardiovascular and respiratory diseases, rheumatoid arthritis, and cancer are among such comorbidities (Tunney et al. 2008, Benedyk et al. 2015, Mei et al. 2020, Hajishengallis and Chavakis 2021, Zhang et al. 2021b, Baima et al. 2024, Butler et al. 2024, Lu et al. 2024, Villoria et al. 2024). Porphyromonas gingivalis may also invade and colonize the gastrointestinal tract through mouth-gut transmission, resulting in participation in gut-related systemic diseases and gastrointestinal cancers (du Teil Espina et al. 2018, Baima et al. 2024). Growing evidence suggests that infection-based backgrounds, including periodontal diseases, may heighten the risk of neurodegenerative diseases, including Alzheimer's and Parkinson's diseases (Dominy et al. 2019, Kanagasingam et al. 2020, Ermini et al. 2024, Li et al. 2024). Although P. gingivalis cells do not cross the

blood-brain barrier, OMVs with their highly proteolytic cargo (Veith et al. 2014) may invade microvascular endothelial cells and their components degrade tight junction proteins, leading to increased barrier permeability (Nonaka et al. 2022).

Porphyromonas gingivalis lifestyles and general growth requirements

The high bacterial density in the oral cavity causes intense competition among microbiota to acquire nutrients. Although direct interspecies cell-to-cell contact is not an absolute requirement for the interaction of P. gingivalis with other bacteria, close distance facilitates their communication and biofilm formation by delivering growth-promoting nutrients and signals (Kuboniwa and Lamont 2010, Marsh et al. 2011, Hoare et al. 2021). Although P. gingivalis is an anaerobic bacterium, it can also grow in microbiome regions exposed to aerobic conditions (Zijnge et al. 2010, Mark Welch et al. 2016). Therefore, colocalization with early colonizers, such as Streptococcus gordonii and P. intermedia (Fig. 1), benefits P. gingivalis under a range of higher oxygen levels (Brown et al. 2018, Bielecki et al. 2020, Slezak et al. 2020).

Bacteria prefer to live in biofilm structures rather than choose a planktonic lifestyle. The formation of oral biofilm is initiated by the salivary pellicle, which serves as a base for bacterial adhesion, colonization, and proliferation (Enax et al. 2023). Residents of oral biofilm differ depending on the niche they occupy (i.e. saliva, the surface of the tongue, dental enamel, and supra- and subgingival surfaces) and the biofilm layer they form (Marsh et al. 2011). Stages of biofilm formation comprise coaggregation, coadhesion, maturation, and dispersion, and require physical and metabolic relationships between bacteria (Wang et al. 2023, Zeineldin et al. 2023). Bacteria first attach reversibly to teeth through van der Waals and hydrophobic interactions and form colonies to stabilize attachment. They are surrounded by an extracellular polymeric matrix produced by bacteria, predominantly containing anionic bacterial exopolymers, such as polysaccharides, and by other bacterial or environmental components, including proteins, nucleic acids, lipids, teichoic acids, and organic molecules (Flemming et al. 2016, Dragos and Kovacs 2017). Channels and pores within the biofilm structure allow nutrient access and circulation. Living within a biofilm protects bacteria from environmental stresses, including mechanical and chemical forces and the host immune response (Takahashi 2015). It also limits the penetration of antibiotics and other antibacterial agents and reduces the metabolic activity of biofilm-embedded bacteria, resulting in their lower sensitivity to antibiotics (Marsh et al. 2011). Altogether, the biofilm lifestyle decreases the chance of their eradication and successful infection treatment. The maturation and accumulation of biofilm cause the formation of dental plaque (Rosan and Lamont 2000). If untreated, dental plaque undergoes mineralization, resulting in dental calculus, which consists of an organic matrix derived from saliva, gingival crevicular fluid (GCF), bacterial products, and inorganic components (D'Souza et al. 2023, Wei et al. 2024). Interestingly, dental calculus can persist even on ancient skeletal remains, allowing the identification of bacterial species. Among oral pathogens, P. gingivalis and T. forsythia were identified in ancient calcified dental plaque dating back even thousands of years (Adler et al. 2013, Bravo-Lopez et al. 2020).

Porphyromonas gingivalis is an asaccharolytic bacterium that acquires energy through the fermentation of amino acids (Ohara-Nemoto et al. 2011, Nemoto and Ohara-Nemoto 2016, Miller and Scott 2021). Since it cannot utilize free amino acids, it relies on peptides as its primary carbon and nitrogen source (Milner et al. 1996). Porphyromonas gingivalis is an extremely proteolytically active bacterium. Among the most important endopeptidases are gingipains, which are responsible for ~80% of its total proteolytic activity (Hocevar et al. 2018, Kadowaki 2021). By degrading host proteins, gingipains facilitate the acquisition of short peptides via the RagA/RagB transport system (Potempa et al. 2021). Peptides are then further degraded by the intracellular activity of oligopeptidases, and di- and tripeptidyl peptidases (Otogoto and Kuramitsu 1993, Lu and McBride 1998, Veillard et al. 2012, Nemoto and Ohara-Nemoto 2016, 2021, Shimoyama et al. 2023). Porphyromonas gingivalis becomes more proteolytic (mainly by increased gingipain expression) in response to increasing heme levels (Marsh et al. 1994). An increase in pH, which is correlated with inflammation, also causes higher gingipain expression (McDermid et al. 1998). Moreover, inflammation enhances endogenous proteolytic activity since neutrophils infiltrating into inflamed periodontal tissues deliver serine proteases (elastase, cathepsin G, and protease 3) and metalloproteases (MMP-8 and MMP-9) (Scott and Krauss 2012, Bondy-Carey et al. 2013, Benedyk et al. 2015, Bernaerts et al. 2024). In addition, the inactivation of protease inhibitors by gingipains increases P. gingivalis proteolytic activity and nutrient availability (Andrian et al. 2007, Plaza et al. 2016).

Porphyromonas gingivalis heme requirements

Bacteria synthesize heme from glutamate using the protoporphyrin IX (PPIX)-dependent pathway or may use the coproporphyrin III-dependent pathway (Fig. 2A), or other alternative pathways (Jacobs et al. 1971, Dailey et al. 2017, Layer 2021, Mingers et al. 2024). Like many members of the Bacteroidota (formerly Bacteroidetes) phylum, P. gingivalis is a heme auxotroph lacking the full heme biosynthesis pathway (Roper et al. 2000, Kusaba et al. 2002, Nelson et al. 2003, Rocha et al. 2019). Porphyromonas gingivalis encodes only four proteins of the final steps of the PPIX-dependent heme biosynthesis pathway: uroporphyrinogen III synthase (HemD), coproporphyrinogen III oxidase (HemN), protoporphyrinogen IX dehydrogenase (HemG), and ferrochelatase (HemH) (Fig. 2B). Porphyromonas gingivalis can grow in culture media without added heme but supplemented with PPIX and inorganic iron (Olczak et al. 2012, Gao et al. 2018, Smiga et al. 2024a). One of the explanations of this property is the hypothesis that heme can be formed from PPIX and iron due to preserved HemH ferrochelatase activity. In vitro studies showed that the hemG gene is not essential for P. gingivalis, since deletion of the hemG gene did not influence its phenotype (Szczesniak et al. 2023). However, the P. gingivalis hemG gene may be functional as it restored the phenotype of an Escherichia coli hemG deletion mutant strain (Kusaba et al. 2002). Nevertheless, studies on the partially preserved heme biosynthesis pathway in P. gingivalis are limited and its role should be elucidated.

Heme is a limiting growth factor for P. gingivalis, and its deficiency decreases its pathogenic potential (McKee et al. 1986, Guo et al. 2020). Heme requirements for P. gingivalis are also strainspecific (Ohya et al. 2016), with some strains more sensitive to fluctuations in heme concentration (Ohya et al. 2016, Smiga et al. 2024b). This may explain the presence of more invasive, encapsulated, poorly fimbriated strains (e.g. W83 and A7436) with greater resistance to high heme and hemoglobin (Hb) concentrations in periodontal pockets of patients with periodontitis, especially in advanced stages of the disease characterized by gum bleeding

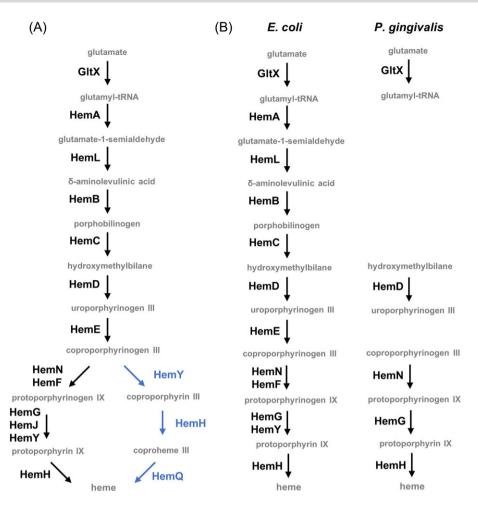


Figure 2. Heme biosynthesis pathways in bacteria. (A) Key proteins and reactions involved in bacterial heme biosynthesis. An alternative coproporphyrin-dependent heme biosynthesis pathway is shown in blue. (B) Comparison of the E. coli heme biosynthesis pathway and the residual heme biosynthesis pathway in P. gingivalis. Due to the preservation of the hemN, hemG, and hemH gene homologs, P. gingivalis theoretically can synthesize heme from coproporphyrinogen III. GltX—glutamyl-tRNA synthetase; HemA—glutamyl-tRNA reductase;
HemL—glutamate-1-semialdehyde-2,1-aminomutase; HemB—porphobilinogen synthase; HemC—porphobilinogen deaminase;
HemD—uroporphyrinogen III synthase; HemE—uroporphyrinogen decarboxylase; HemN—oxygen-independent coproporphyrinogen III oxidase;
HemF—oxygen-dependent coproporphyrinogen III oxidase; HemG—oxygen-independent protoporphyrinogen IX dehydrogenase;
HemY—oxygen-dependant coproporphyrinogen III oxidase (can convert protoporphyrinogen IX to protoporphyrin IX); HemJ—oxygen-independent protoporphyrinogen IX oxidase; HemH—ferrochelatase; and HemQ—coproheme decarboxylase.

(Griffen et al. 1998, Gmiterek et al. 2013). In contrast, less invasive, nonencapsulated, highly fimbriated strains (e.g. ATCC 33277), found mainly in healthy periodontium, are less resistant to high heme and Hb concentrations (Griffen et al. 1998, Gmiterek et al. 2013). Iron and heme availability influence the expression of several P. gingivalis genes through different mechanisms (Olczak et al. 2005, 2024, Lewis 2010, Ciuraszkiewicz et al. 2014, Smiga et al. 2019a), including DNA methylation (Costeira et al. 2023). Moreover, heme concentration in the growth medium modulates the lipopolysaccharide lipid A structural content (Champagne et al. 1996, Cutler et al. 1996, Al-Qutub et al. 2006). At low heme concentrations, one major penta-acylated lipid A structure is present, whereas at high heme concentrations, multiple tetra- and pentaacylated lipid A structures are found. Since these lipid A structures have opposite effects on TLR-4 activation, the alteration of its structure may differentially influence the host immune response to this bacterium (Wang and Ohura 2002, Darveau et al. 2004).

Iron and heme acquisition strategies used by Gram-negative bacteria

Iron is indispensable for life and only some lactic acid bacteria and Borrelia burgdorferi use manganese and cobalt instead of iron (Weinberg 1997, Posey and Gherardini 2000). The redox potential of Fe²⁺/Fe³⁺ allows its versatility when bound to proteins as a catalytic center or electron carrier. Therefore, iron is required for many biological processes, including respiration, tricarboxylic acid cycle, oxygen transport, gene regulation, and DNA biosynthesis. However, ferric iron is insoluble under aerobic conditions, and ferrous iron is toxic due to hydroxyl radicals formation from hydrogen peroxide (Fenton reaction) or superoxide and hydrogen peroxide (Harber-Weiss reaction) (Halliwell and Gutteridge 1992, Kehrer 2000). Also heme, often used by pathogens as a source of iron, is essential for various cellular processes, including transport and storage of oxygen, electron transfer, aerobic respiration, or gas sensing (Choby and Skaar 2016). Similar to ferrous iron, heme is also toxic. Therefore, iron and heme acquisition mechanisms are

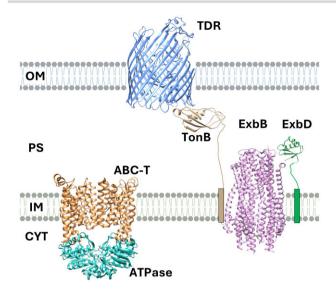


Figure 3. Classical iron or heme transport system of Gram-negative bacteria based on the TDR and the ABC transporter, delivering ligands into the cytoplasm. The transport of iron or heme through the outer membrane performed by the TDR is powered by the TonB-ExbB-ExbD complex. In the periplasmic space, the periplasmic binding protein delivers iron or heme to an ABC transporter. Further transport of ligands through the inner membrane is carried out by a typical ABC transporter, composed of a transmembrane domain (ABC-T) and powered by ATP hydrolysis occurring within the ATP-binding domain of the ATPase. Structures representing TDR (FhuA; PBD ID: 1BY3), TonB (AlphaFold ID: AF-P02929-F1), ExbB (PBD ID: 5SV0), ExbD (AlphaFold ID: AF-P0ABV2-F1), and ABC transporter (complex of E. coli BtuC2D2; PDB ID: 1L7V) were visualized with UCSF Chimera (https://www.cgl.ucsf.edu/chimera/) (Pettersen et al. 2004). OM—outer membrane; PS -periplasmic space; IM—inner membrane; and CYT—cytoplasm.

precisely regulated (Clarke et al. 2001, Noinaj et al. 2010, Bradley et al. 2020).

Although the human body contains ~4 g of iron, most of this element is bound to Hb and ferritin. As part of the innate immune response, iron-sequestering proteins such as transferrin in the serum and lactoferrin in mucous secretions are produced (Andrews 1999, Cheravil 2011, Sheldon et al. 2016). As a result, free iron concentration is about 10^{-18} M (Bullen et al. 1978, Cherayil 2011, Sheldon et al. 2016), which is far below the levels required to support bacterial growth (10⁻⁸-10⁻⁶ M) (Guerinot 1994). Similarly, the concentration of free heme in the serum is at a negligible level (Khan and Quigley 2011), primarily due to the production of heme-sequestering proteins, albumin and hemopexin, and heme detoxification by the liver (Chiabrando et al. 2014). In addition, Hb released from erythrocytes is rapidly sequestered by haptoglobin (Kristiansen et al. 2001). Therefore, to obtain iron and heme from the host, bacteria have developed several sophisticated mechanisms.

Gram-negative bacteria rely on the TonB-dependent outer membrane receptor (TDR) and the TonB-ExbB-ExbD protein complex localized in the inner membrane and periplasmic space (Fig. 3). TDRs form the β -barrel structure composed of 22 antiparallel β strands and an N-terminal plug domain, regardless of the ligand transported (Ferguson and Deisenhofer 2002). Although their amino acid identity is relatively low, they exhibit high structural similarity. TDRs differ in the length and orientation of external loops, which are engaged in ligand recognition, and the length of the plug domain (Ferguson and Deisenhofer 2002, Noinaj et al. 2010). Substrate transport through TDR is powered by the electrochemical potential (proton motive force). The interaction of the TonB protein with TDR via a specific TonB box region of the TonB-ExbB-ExbD complex provides energy for substrate transport through TDR (Pawelek et al. 2006, Celia et al. 2016).

Iron acquisition mechanisms in Gram-negative bacteria

To acquire iron, many bacteria synthesize and secrete siderophores or utilize xenosiderophores produced by other microorganisms (Stinzi et al. 2000). Siderophores, belonging mainly to catecholates (e.g. enterobactin), hydroxycaboxylates (e.g. citrate), and hydroxymates (e.g. ferrichrome), chelate ferric iron (Fe³⁺) with high affinity ($K_d \sim 10^{-10}-10^{-7} M$) (Stinzi et al. 2000, Klebba et al. 2021). Siderophore-iron complexes are bound to and transported through the outer membrane by TDRs (Fig. 4) (Braun and Killmann 1999, Ferguson and Deisenhofer 2002, Krewulak and Vogel 2008). Some examples are diferric citrate receptor FecA from E. coli (PDB ID: 1KMO) (Ferguson et al. 2002), pyochelin receptor FptA from Pseudomonas aeruginosa (PDB ID: 1XKW) (Cobessi et al. 2005), enterobactin receptor FepA from E. coli (Buchanan et al. 1999), E. coli FhuA (1BY3) or FhuA receptor in complex with ferrichrome (1BY5) (Locher et al. 1998), as well as E. coli FhuA (1QJQ) (Ferguson et al. 2000) or FhuA in complex with albomycin (1QKC) (Ferguson et al. 2000) or rifamycin (PDB ID: 1FI1) (Ferguson et al. 2001). Determination of the structure of FhuA in complex with TonB (PDB ID: 2GRX) (Pawelek et al. 2006) shows the interaction between both partners. The ability of siderophore TDRs to transport antibiotics was employed to construct antibacterial drugs by conjugation of siderophores with antibiotics, resulting in higher treatment efficiency compared to antibiotics alone (Braun and Braun 2002, Luscher et al. 2018).

Other TDRs can recognize transferrin or lactoferrin and bind iron for subsequent transport into the periplasmic space (Fig. 4) (Perkins-Balding et al. 2004, Noinaj et al. 2013, Pogoutse and Moraes 2017, Ostan et al. 2021, Chan et al. 2023). Among them is TbpA from Neisseria meningitidis (PDB ID: 3V89) or TbpA from Neisseria gonorrhoeae (Noinaj et al. 2012, Chan et al. 2023). TbpA cooperates with outer membrane-associated lipoprotein TbpB (PDB ID: 3V8U) (Noinaj et al. 2012, Chan et al. 2023), which binds transferrin ($K_d \sim 10^{-8}-10^{-7} M$) and delivers iron to TbpA, resulting in more efficient iron transport (Anderson et al. 1994, Moraes et al. 2009).

After transport of siderophore-iron complex or iron into the periplasmic space, they are shuttled by periplasmic-binding proteins and transported into the cytoplasm by inner membrane ABC (ATP-binding cassette) transporters, powered by adenosine triphosphate (ATP) (Velayudhan et al. 2000, Krewulak and Vogel 2008, Chu and Vogel 2011). After reduction, ferrous iron (Fe²⁺) is transported from the periplasmic space into the cytoplasm by a FeoB (ferrous iron transport protein B) whose function is powered by guanosine triphosphate (GTP) (Fig. 4) (Lau et al. 2016). In the cytoplasm, the reduction of ferric iron by cytosolic or inner membrane-associated reductases facilitates its release from siderophores (Fischer et al. 1990, Josts et al. 2021). Aposiderophores are then inactivated and excreted (Hartmann and Braun 1980). If not used, the iron excess is stored mainly in bacterioferritin, which, in contrast to mammalian ferritin, also binds heme (Ratnayake et al. 2000, Bradley et al. 2020).

Iron acquisition systems

Heme acquisition systems

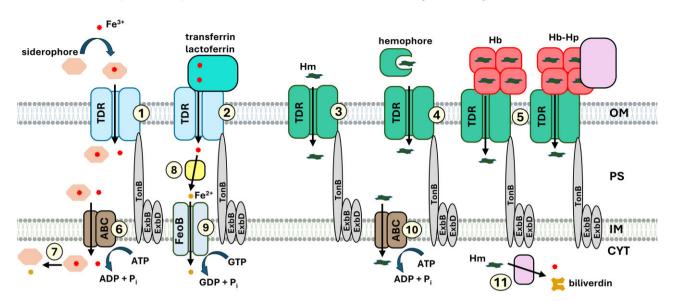


Figure 4. Iron and heme acquisition strategies used by Gram-negative bacteria. Iron (1 and 2) and heme (3-5) uptake occurs through TDRs, powered by the TonB-ExbB-ExbD complex. (1) In the siderophore-dependent mechanism, bacteria secrete and utilize siderophores or utilize xenosiderophores produced by other bacteria to chelate Fe³⁺ ions and deliver them to TDRs, which transport the iron-siderophore complex into the periplasm. (2) Some bacteria use transferrin or lactoferrin as an iron source. Iron-carrying proteins are recognized by TDRs or TDR-associated proteins. TDRs bind and transport iron into the periplasmic space. Iron or iron-siderophore complexes are transported from the periplasmic space to the cytoplasm via inner membrane ABC transporters powered by ATP hydrolysis (6). In the cytoplasm, ferric iron (Fe³⁺) is reduced and released from the siderophores (7). Alternatively, after reduction in the periplasmic space (8), ferrous iron (Fe²⁺) is transported by the FeoB protein, powered by GTP hydrolysis (9). Free heme (3) or heme delivered by hemophore or hemophore-like proteins (4) is bound to TDR and transported to the periplasmic space. Hb or hemoglobin-haptoglobin (Hb-Hp) complex may be a direct heme source from which heme is uptaken by TDRs (5). Heme is transported from the periplasmic space to the cytoplasm via inner membrane ABC transporters powered by ATP hydrolysis (10). Iron is released from heme by heme oxygenases or other iron-releasing mechanisms (11). Fe—iron; Hm—heme; ABC—ATP-binding cassette transporter; OM—outer membrane; PS—periplasmic space; IM—inner membrane; and CYT—cytoplasm.

Heme acquisition mechanisms in Gram-negative bacteria

A typical heme uptake system of Gram-negative bacteria is the Hmu system of Yersinia pestis (HmuRSTUV) (Hornung et al. 1996, Thompson et al. 1999) or the Hem system of Yersinia enterocolitica (Stojiljkovic and Hantke 1992). Heme is transported from the external environment across the outer membrane through TDRs (Fig. 4) (e.g. Y. pestis HemR or Y. enterocolitica HmuR) (Higgs et al. 2002, Ferguson et al. 2007, Contreras et al. 2014, Silale and van den Berg 2023). Depending on the bacterium, TDRs recognize Hb, Hb-haptoglobin complex, heme alone, or heme transferred by hemophores or hemophore-like proteins, and then transport released heme into the periplasmic space (Burkhard and Wilks 2007, Ascenzi et al. 2015). Neisseria meningitidis and N. gonorrhoeae utilize a two-component HpuA/HpuB system to acquire heme from Hb and Hb bound to haptoglobin (Lewis et al. 1998, Awate et al. 2024). HpuA is a typical TDR, and HpuB is an outer membraneassociated lipoprotein, different from hemophores or hemophorelike proteins, facilitating heme transfer to TDRs. Some bacteria possess multiple heme-transporting TDRs, including Vibrio cholerae (HutA, HutR, and HasR) (Mey and Payne 2001), N. meningitidis (HmbR and HpuB), Serratia marcescens (HemR and HasR), which are part of heme uptake systems utilized under different heme availability (Richardson and Stojiljkovic 1999, Benevides-Matos and Biville 2010). Heme binding and transport through TDR engage conserved histidine residues (e.g. His128 and His461 in Y. enterocolitica HemR, His⁸⁶ and His⁴²⁰ in S. dysenteriae ShuA, or His¹⁸⁹ and His⁶⁰³ in S. marcescens HasR) (Bracken et al. 1999, Burkhard and Wilks 2007, Brillet et al. 2009, Cobessi et al. 2010).

In the periplasmic space, heme is shuttled by periplasmic binding proteins (e.g. Y. pestis HmuT or Y. enterocolitica HemT) and transported into the cytoplasm by inner membrane ABC transporters (Fig. 4) (e.g. Y. pestis HmuU and HmuV or Y. enterocolitica HemU and HemV) powered by ATP (Wyckoff et al. 1998, Ho et al. 2007, Chu and Vogel 2011). In the cytoplasm, proteins such as HmuS and HemS transfer heme to enzymes that either utilize heme or break heme down to release iron from heme (e.g. heme oxygenases) (Schneider and Paoli 2005, Lansky et al. 2006, Schneider et al. 2006).

Primary sources of heme for periodontopathogens

In the primary niche, the periodontal pocket, heme availability changes during the progression of periodontitis. Heme is extremely limited in healthy individuals and at the early stages of gum inflammation. The main potential source of heme, aside from dietary intake, comes from the lysis of bacteria residing in the periodontal pocket and building the biofilm structures (Perry et al. 2009, Ibanez de Aldecoa et al 2017, Campoccia et al. 2021). For example, heme-synthesizing bacteria, such as Veillonella atypica, can support the growth of P. gingivalis (Zhou et al. 2016). Besides bacterial heme sources, at this stage of infection, periodontopathogens utilize proteins from the GCF, which is a complex mixture comprising substances derived from serum, leukocytes, structural cells of the periodontium, and oral bacteria (Khurshid et al. 2017). In the healthy periodontium, GCF volume in periodontal pockets is low and its flow rate is slow (Curtis et al. 1990, Hanioka et al. 2005). Although serum may contain free Hb at an

average level of 0.1 mg/ml (1.5 µM) and its concentration up to 0.25 mg/ml (3.85 µM) is considered normal (Lippi et al. 2014), in healthy individuals Hb level in GCF is much lower than in more advanced stages of gingival inflammation (Ito et al. 2016, Ito et al. 2021, Ito et al. 2024). Therefore, at the initial stage of gingival infection, albumin present in GCF is the main heme source, at concentrations comparable to those found in serum (~40 mg/ml; ~600 μM) (Bang and Cimasoni 1971, Muller-Eberhard and Morgan 1975, Morgan et al. 1976, Makela et al. 1991, Taketani et al. 1998, Miller and Shaklai 1999). Albumin possesses 1 high-affinity and at least 10 lower-affinity heme-binding sites for heme ($K_d \sim 10^{-8} M$) (Beaven et al. 1974, Ascenzi et al. 2005, Kamal and Behere 2005, Ascenzi and Fasano 2009, De Simone et al. 2023). However, under the physiological conditions, only ~0.018% of albumin molecules bind heme; therefore, albumin-heme complex concentration in the serum is about 7.3 μ g/ml (\sim 0.11 μ M) (Miller and Shaklai 1999, Graca-Souza et al. 2002). As inflammation increases, the GCF flow and volume increase, and protein concentration, including albumin is higher (Bickel et al. 1985, Bostanci and Belibasakis 2018, Ito et al. 2021). Hemopexin, with 0.4–1.5 mg/ml (\sim 6–24 μ M) concentration in normal serum (Muller-Eberhard et al. 1968), begins to be delivered to the GCF at higher levels with the development of inflammation (Delanghe and Langlois 2001). It also has a much higher affinity for heme ($K_d \sim 10^{-13}-10^{-14}$ M) than albumin (Morgan 1976, Paoli et al. 1999, Morgan et al. 1976, Tolosano and Altruda 2002, Ascenzi and Fasano 2007, Detzel et al. 2021). With the development of periodontal disease, Hb becomes the main source of heme for periodontopathogens, which is associated with the deepening of the periodontal pockets, weakening of the toothsupporting tissues, and bleeding.

Heme acquisition strategies of P. gingivalis Porphyromonas gingivalis gingipains facilitate heme acquisition from host hemoproteins

Due to the inability of the de novo heme biosynthesis, P. gingivalis is a heme auxotroph. Therefore, heme uptake fulfills both heme and iron requirements of this bacterium (Olczak et al. 2005, Smalley and Olczak 2017). In addition to heme uptake performed by TDRs, P. gingivalis developed specialized accessory mechanisms that facilitate heme acquisition from Hb present in erythrocytes and other hemoproteins. Porphyromonas gingivalis exhibits hemagglutinating and hemolytic activities due to the production of hemolysins and hemagglutinins (Chu et al. 1991, Lewis et al. 1999, Shi et al. 1999). The key role in this process is played by gingipains that belong to the peptidase family C25 (Eichinger et al. 1999). Interestingly, homologs of these cysteine proteases have been identified only in two other Porphyromonas species, Porphyromonas gulae and Porphyromonas loveana, which are canine and marsupial pathogens, respectively (Morales-Olavarria et al. 2023, Smiga and Olczak 2025). Therefore, in the human oral microbiome, gingipains are characteristic of P. gingivalis only.

Gingipains function in soluble and membrane-associated forms (Potempa et al. 2003, Guo et al. 2010). Porphyromonas gingivalis uses a type IX secretion system (T9SS) to transport gingipains to the surface of bacterial cells and secrete them. Proteins transported by this system (~30) are conjugated with an A-lipopolysaccharide (A-LPS) anchor, thus forming the electrondense surface layer. At least 19 proteins have been identified to form T9SS system including PorE, PorF, PorG, PorK/GldK, PorL/GldL, PorM/GldM, PorN/GldN, PorP, PorQ, PorT/SprT, PorU, PorV, PorW/SprE, PorZ, Sov/SprA, and Plug, PorA, and PGN_1783, and 3 proteins involved in its regulation (PorX, PorY, and SigP) (Lasica et al. 2017, Veith et al. 2017, Gorasia et al. 2020, Paillat et al. 2023). Cargo proteins have an N-terminal signal peptide for transport across the inner membrane by the Sec system. They are targeted to the outer membrane translocon via their conserved Cterminal domain signal (CTD) composed of about 80 amino acid residues (Seers et al. 2006, Shoji et al. 2011, Veith et al. 2013, Mizgalska et al. 2024).

Porphyromonas gingivalis produces two types of gingipains: two arginine-specific (RgpA and RgpB) gingipains and one lysinespecific (Kgp) gingipain. Gingipains are multidomain protein complexes formed by proteolytic processing of the nascent translated polypeptides, resulting in noncovalently associated regions (Fig. 5A) (Han et al. 1996, Bhogal et al. 1997, Li and Collyer 2011). RgpB contains a catalytic domain, whereas Kgp and RgpA comprise a catalytic domain and carboxy-terminal hemagglutinin/adhesin (HA) domains (Potempa et al. 2003, Li and Collyer 2011, Dashper et al. 2017). Although RgpA and Kgp catalytic domains are divergent, their HA domains are similar, with high similarity also to the hemagglutinin A (HagA) (Fig. 5A) (Pavloff et al. 1995, 1997, Han et al. 1996, Nakayama et al. 1998, Shi et al. 1999, Sakai et al. 2007, Li and Collyer 2011). However, recent findings revealed strain-dependent differences in HA domains of Kgp (Li and Collyer 2011, Dashper et al. 2017).

Intact P. gingivalis cells and gingipains, including monomeric Kgp or RgpA and the heterodimeric Kgp/RgpA complex, purified from cell membranes or growth cultures, can agglutinate and lyse erythrocytes (Fig. 5B). Hemolytic and hemagglutinating activities of Kgp, RgpA, and HagA are performed mainly by their HA domains (Nakayama et al. 1998, Okamoto et al. 1998, DeCarlo et al. 1999, Shi et al. 1999, Olczak et al. 2001, Paramaesvaran et al. 2003, Sztukowska et al. 2004, Sakai et al. 2007, Nhien et al. 2010). The HA domains of Kgp and RgpA and their HA2 regions (RgpA15 and Kgp15 regions) (Fig. 5A) bind Hb. The determined affinity of the binding slightly differs depending on the particular region examined: RgpA ($K_d \sim 10^{-9}$ M), Kgp ($K_d \sim 10^{-9}$ M), and the RgpA/Kgp complex ($K_d \sim 10^{-9}$ M) (Pike et al. 1994, Pathirana et al. 2006). Others showed that recombinant Kgp15 ($K_d \sim 10^{-8}$ M) (Nakayama et al. 1998) and recombinant RgpA15 ($K_d \sim 10^{-9}$ M) bind Hb ($K_d \sim 10^{-8}$ M) and also heme, the latter with lower affinity (DeCarlo et al. 1999). In addition, other HA regions, such as Kgp44/HA3/HA4 (Kgp14, Kgp13, and Kgp20) or Rgp17/HA3 and Rgp27/HA4 can be engaged in Hb/heme binding (Fig. 5A) (Nakayama et al. 1998, DeCarlo et al. 1999, Nakayama 2010, Nhien et al. 2010).

More in-depth experiments showed that processed recombinant Rgp44 (aa 720-1081), but not unprocessed Rgp44 (aa 720-1138), is responsible for hemagglutinating activity due to the interaction of this domain with glycophorin A and more efficiently with asialoglycophorin A ($K_d \sim 10^{-7}$ M) (Sakai et al. 2007). Degradation of glycophorin A by RgpB sensitizes erythrocytes to the hemolytic activity (Li et al. 2010). This causes a rapid local increase in the concentration of free Hb. Although free Hb is neutralized by binding to haptoglobin, gingipains can degrade haptoglobin and bind released Hb, resulting in P. gingivalis growth (Shizukuishi et al. 1995, Sroka et al. 2001).

In vivo, oxyhemoglobin (oxyHb) is resistant to degradation by Kgp (Smalley et al. 2008). Moreover, the heme in oxyHb is in the ferrous state (Fe²⁺PPIX) ($K_d \sim 10^{-15} - 10^{-12}$ M) (Hargrove et al. 1996), making heme inaccessible to pathogens. However, the proteolytic activity of Rgps (mainly RgpA) significantly accelerates the process of Hb oxidation, resulting in the conversion of oxyHb to methemoglobin (metHb), rendering the Hb more susceptible to degradation by Kgp (Smalley et al. 2007). Hb monomers contain 11

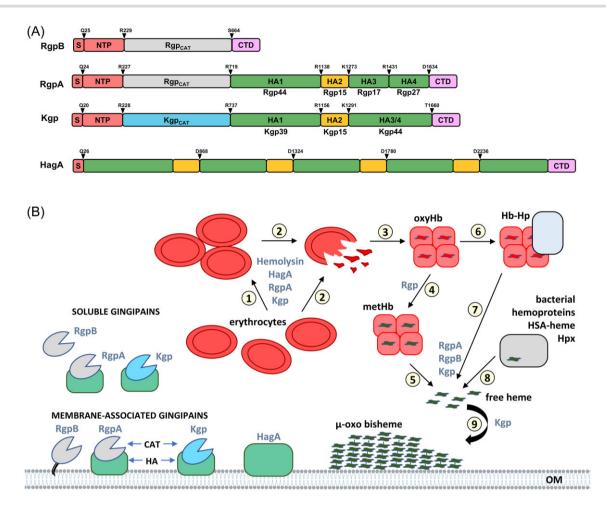


Figure 5. Involvement of gingipains in heme acquisition by *P. gingivalis*. (A) Schematic presentation of typical unprocessed preforms of RgpB, RgpA, Kgp gingipains, and hemagglutinin A (HagA) produced by the *P. gingivalis* W83 strain. RgpA and Kgp, in contrast to RgpB, besides the catalytic domain (CAT), possess the hemagglutinin/adhesin domains (HA) homologous to HagA. The arrows indicate the N-terminal amino acid residues of the processed regions formed during protein maturation. The HA2 domain binds Hb and heme. Domains showing a high degree of homology between gingipains and HagA are marked with the same color. S—signal peptide; NTP—N-terminal propeptide; Rgp_{CAT}—Rgp catalytic domain; Kgp_{CAT}—Kgp catalytic domain; HA1, HA2, HA3, and HA4—hemagglutinin/adhesin domains of gingipains; and CTD—C-terminal domain. (B) Gingipains are produced as membrane-associated proteins that can be spread in the host as associated with OMVs or in a secreted, soluble form. In cooperation with hemolysins and hemagglutinins (mainly HagA), RgpA and Kgp gingipains take part in the agglutination of erythrocytes (1) and their lysis (2), resulting in the release of Hb (3). Oxyhemoglobin (oxyHb) with the heme iron in the ferrous state (Fe²⁺) is proteolytically processed by Rgp, resulting in Hb oxidation to metHb with heme iron in the ferric state (Fe³⁺) (4). Due to the structural relaxation of metHb, lysine and arginine residues become more exposed and readily available, allowing gingipains to degrade metHb and release heme (5). Free Hb is bound to haptoglobin, forming the Hb–Hp complex (6), which can be degraded by gingipains, leading to heme release (7). Gingipains can also degrade albumin-heme (HSA-heme), hemopexin (Hpx), and various bacterial hemoproteins, releasing heme (8). Due to the Kgp activity, excess heme is deposited on the *P. gingivalis* surface, mainly in the form of μ-oxo bisheme (9), acting as its reservoir and protecting against the harmful effects of oxidative stress. OM—outer membrane.

lysine residues, which in metHb are more exposed and susceptible to degradation by Kgp (Smalley et al. 2008). The oxidation of oxyHb to metHb with iron in heme at a ferric state (Fe³+PPIX) causes a decrease in the affinity of Hb for heme. Therefore, the synergism of Rgp and Kgp activity allows P. gingivalis to release heme from Hb. This cooperation is facilitated by the modification of host hemoproteins, an example of which is the glycation of Hb in diabetic patients, resulting in greater susceptibility of Hb to degradation and heme capture by the HmuY protein (Smiga et al. 2021), the process described below.

In addition to participating in the acquisition of essential nutrients, gingipains contribute to the maturation of proteins, including autoprocessing (Kadowaki et al. 1998). Their important role is also ascribed to pathogenicity by degrading or inactivating proteins critical to the host's immune defense (e.g. complement system proteins, cytokines, and integrins), deregulating signaling pathways, destroying connective tissue integrity due to the degra-

dation of components of cell-to-cell contacts and detachment of epithelial cells from connective tissues of the gingiva. This aspect has been reported or reviewed by others (e.g. Baba et al. 2001, O'Brien-Simpson et al. 2001, Takii et al. 2005, Hocevar et al. 2018, Widziolek et al. 2025).

Hmu system as the main P. gingivalis heme uptake strategy

The main and best-characterized heme acquisition mechanism in P. gingivalis is the Hmu system encoded on the hmu operon (Fig. 6). It is a novel heme uptake mechanism characteristic of the Bacteroidota phylum (Olczak et al. 2024, Smiga and Olczak 2024, 2025). In P. gingivalis, the Hmu system consists of six proteins: HmuY, HmuR, and four additional proteins (HmuS, HmuT, HmuU, and HmuV) (Fig. 7) (Lewis et al. 2006, Olczak et al. 2008, 2024). In contrast to typical Hmu systems in other bacteria, this

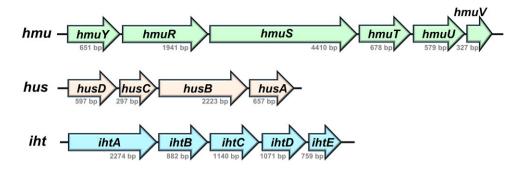


Figure 6. Schematic presentation of operons encoding Hmu, Hus, and Iht systems of P. gingivalis.

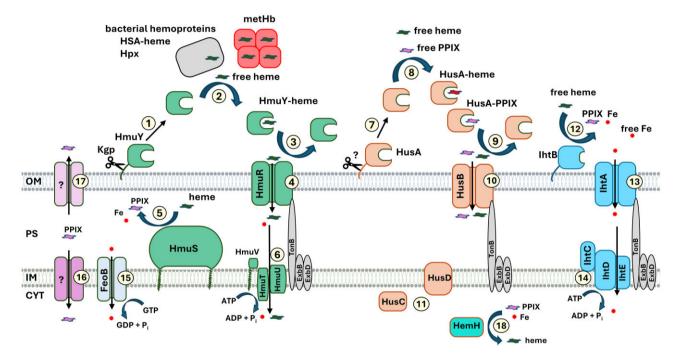


Figure 7. Heme and iron acquisition strategies used by P. qinqivalis. The Hmu system is the main heme uptake mechanism used by P. qinqivalis. HmuY protein is a hemophore-like protein produced as a lipoprotein anchored to the outer membrane, which can be released to the extracellular environment by limited proteolysis with Kgp (1). HmuY binds free heme and sequesters heme from methemoglobin (metHb), serum albumin-heme (HSA-heme), hemopexin (Hpx), and bacterial hemoproteins (2). Heme is transferred from HmuY to HmuR (3), a TDR (driven by TonB/ExbB/ExbD proteins), responsible for heme transfer into the periplasmic space (4). HmuS protein is a putative reverse ferrochelatase/dechelatase that removes iron from heme (5). HmuT, HmuU, and HmuV proteins most likely play a role in the transport of heme or iron through the inner membrane into the cytoplasm (6). Hus system may be involved in the acquisition of heme, noniron metalloporphyrins, or PPIX. HusA is a hemophore-like protein associated with the outer membrane, also found in the external environment (7). HusA binds free heme or PPIX (8) and transfers it to HusB, a TDR (9). HusB transfers heme/noniron metalloporphyrin/PPIX into the periplasmic space (10). HusC is a putative transcription factor, whereas HusD is a membrane protein with an unknown function (11). The putative role of the lht system is connected with iron acquisition from heme. IhtB is a putative reverse ferrochelatase associated with the outer membrane and exposed to the external environment (12). Iron removed from heme by IhtB may be transferred into the periplasmic space by IhtA, a TDR (13). From the periplasmic space, iron can be transferred into the cytoplasm by IhtC, IhtD, and IhtE proteins (14). Porphyromonas gingivalis expresses a homolog of FeoB protein, which can transport iron from the periplasmic space into the cytoplasm (15). PPIX transported by the Hus system or derived from heme after iron removal performed by HmuS may be further transferred into the cytoplasm (16). PPIX excess could be exported from the bacterial cell (17), but the proteins responsible for this process have not been identified (potential exporters are listed in Table 1). Under heme-depleted conditions, HemH could synthesize heme using the intracellular pool of PPIX and iron (18). OM—outer membrane; PS—periplasmic space; IM—inner membrane; and CYT—cytoplasm.

system is slightly different in P. gingivalis. HmuR is a typical TDR, enabling heme transport across the outer membrane. HmuY is a unique hemophore-like heme-binding protein that transfers heme from the external environment to HmuR. The third gene in the hmu operon encodes HmuS, an inner membrane-associated protein homologous to CobN chelatase with putative reverse ferrochelatase/dechelatase activity. The following two genes encode proteins homologous to ATPase (HmuT) and proton channel MotA/TolQ/ExbB domain-containing permease (HmuU). The sixth gene of the hmu operon encodes a HmuV protein with no homology to any known protein family. While the roles of HmuY and HmuR are well-defined, the functions of the other proteins encoded on the hmu operon remain unclear. However, it is hypothesized that they may play a role in heme transport through the inner membrane to the cytoplasm and/or in iron release from heme (Fig. 7).

HmuY is a lipoprotein associated with the outer membrane, which can be released into the external environment as a component of OMV or as a soluble protein after specific shedding from the cell surface due to the limited proteolytic activity of Kgp (Wojtowicz et al. 2009a, Olczak et al. 2010). HmuY binds free heme released from hemoproteins by gingipains, but importantly, sequesters heme directly from albumin-heme and hemopexin in both oxidative and reducing environments. Moreover, in contrast to other members of the HmuY family, it can directly sequester heme from metHb (Smalley et al. 2011, Smiga and Olczak 2024). HmuY protein production significantly increases under iron- and heme-limited conditions (Bielecki et al. 2020, Smiga and Olczak 2024, Smiga et al. 2024a). Additionally, elevated expression of the hmuY gene occurs when P. qinqivalis grows within a biofilm or in cocultures with other bacteria (Olczak et al. 2010, Slezak et al. 2020). The expression of HmuY is also correlated with the expression of Kgp and RgpA (Liu et al. 2006, Smiga et al. 2023a). Metatranscriptomic analyses have further revealed that genes encoding the Hmu system and gingipains are highly expressed in individuals with periodontitis (Szafranski et al. 2015, Deng et al. 2018). Hence, gingipains and the HmuY protein are expressed and function synergistically to optimize heme acquisition for P. gingivalis. Moreover, their presence in the soluble forms and OMVs carrying HmuY and gingipains as the main cargo facilitates spreading in the host and reaching niches other than the oral cavity (Veith et al. 2014, Dominy et al. 2019).

HmuY protein is the first representative of a novel family of hemophore-like proteins with a unique all- β -fold structure (Wojtowicz et al. 2009a, Olczak et al. 2024). In P. gingivalis HmuY, heme is bound by the coordination of heme-iron by two histidines, His¹³⁴ and His166. The structure of the HmuY protein in both hemebound (PDB ID: 3H8T) and apo-form (PDB ID: 6EWM) shows that the apo-HmuY has a relaxed heme-binding pocket, which closes upon heme binding (Fig. 8A and B) (Wojtowicz et al. 2009a, Bielecki et al. 2018). Heme-iron coordination is a two-step process employing His¹³⁴ and His¹⁶⁶(Fig. 8C). This process is supported by other amino acids, including Tyr48, Arg79, Tyr89, Thr124, Met136, Tyr127, and Tyr173, which facilitate heme binding, mostly by hydrophobic interactions with PPIX side chains (Wojtowicz et al. 2009a,b). Porphyromonas gingivalis HmuY binds heme in a 1:1 molar ratio under oxidative and reducing conditions with $K_d \sim 10^{-8}-10^{-9} \,\mathrm{M}$ for ferrous and $K_{\rm d} < 10^{-9}\,{\rm M}$ for ferric heme-iron forms (Bielecki et al. 2018, Olczak et al. 2024). The coordination of heme-iron and heme sequestration ability of proteins belonging to the HmuY family differ (Bielecki et al. 2018, 2020, Sieminska et al. 2021, Antonyuk et al. 2023, Smiga and Olczak 2024). Importantly, P. gingivalis HmuY exhibits a superior ability to gain heme regardless of environmental conditions, resulting in the P. gingivalis advantage over cohabitating oral pathogens. A detailed description of HmuY family proteins is presented in the recent review (Olczak et al. 2024).

Porphyromonas gingivalis HmuR is structurally similar to vitamin B₁₂/cyanocobalamin receptor BtuB from E. coli (PDB ID: 1NQE) (Chimento et al. 2003) and other TDRs (Antonyuk et al. 2023). To bind heme, HmuR uses two histidines, His⁴³⁴ located in the extracellular loop, and His⁹⁵ located in the plug domain (Fig. 8D) (Liu et al. 2006). Additionally, two motifs, Tyr⁴²⁰-Arg⁴²¹-Ala⁴²²-Pro⁴²³ and Asn⁴⁴²-Pro⁴⁴³-Asp⁴⁴⁴-Leu⁴⁴⁵, and conserved glutamic acids are involved in heme transport (Liu et al. 2006, Olczak 2006). HmuR delivers heme to P. gingivalis directly, but cooperation with HmuY facilitates heme uptake, which is particularly important under conditions where heme is present at very low levels or bound to host or bacterial hemoproteins. Although the transfer of heme from HmuY to HmuR occurs, there is a dissonance because the affinity of HmuR for heme is much lower ($K_d \sim 10^{-5}$ – 10^{-6} M) (Olczak et al. 2001) than that of HmuY (K_d < 10^{-9} M) (Bielecki et al. 2018). It is believed that the HmuY-heme complex interacts specifically with the HmuR region exposed to the external environment, which results in conformational changes in the HmuY heme-binding pocket. A similar mechanism has been documented for HasA (a classical hemophore) and HasR (typical TDR) from S. marcescens (Izadi-Pruneyre et al. 2006, Caillet-Saguy et al. 2009, Krieg et al. 2009). Therefore, physical contact of HmuY with HmuR may disrupt the heme-iron coordinating bond with His¹⁶⁶ of the HmuY, heme transfer to His⁴³⁴ of the HmuR, followed by dissociation of the heme-iron coordinating bond from His¹³⁴ of the HmuY, and heme transfer to His⁹⁵ of the HmuR. This step-by-step process may enable the sequential transfer of heme from HmuY to HmuR (Fig. 8E). Preliminary studies of binding of gaseous ligands, nitric oxide (NO) and carbon monoxide (CO), to the HmuY-heme complex (Exertier et al. 2025), as well as crystallographic data of apo- and holo-HmuY protein structures (Wojtowicz et al. 2009a, Bielecki et al. 2018) suggest the possibility of heme release from HmuY following conformational changes of the heme-binding pocket. From the theoretical perspective, the influence of gaseous ligands demonstrates potential bases for the step-by-step mechanism of heme release from HmuY (Exertier et al. 2025). Taking into account biological implications, higher levels of NO and CO in periodontitis caused by inflammation and smoking may improve heme release from HmuY for subsequent transfer to HmuR (Reher et al. 2007, Wadhwa et al. 2013, Parwani and Parwani 2015).

Hus system as a second heme or metal-free porphyrin uptake mechanism

Hus system consists of 4 proteins (HusA, HusB, HusC, and HusD) and is encoded on the hus operon (Fig. 6). HusA is a hemophorelike protein not belonging to the HmuY family or classical hemophores, and HusB is a typical TDR. Both proteins, like HmuY and HmuR, form a two-component heme/PPIX uptake system (Fig. 7) (Gao et al. 2010, 2018). HusC has a winged-helix DNAbinding domain and is a putative transcription regulator from the MarR family, whereas HusD is a putative membrane protein (Gao et al. 2010).

HusA is a lipoprotein associated with the outer membrane and can be found extracellularly as a soluble protein or associated with OMV; however, its detailed localization is unclear (Gao et al. 2010, 2018b). Veith et al. (2014) showed that HusA is present in the OMV lumen, suggesting that it could be associated with the outer membrane and exposed to the periplasmic space, as its contents are enclosed in the lumen during the formation of OMVs (Zhang et al. 2021a). It could also be hypothesized that this protein may be secreted in an atypical way via OMVs. However, this remains speculative, and determining the exact localization of HusA is essential to fully understand its role and the function of the Hus

HusA exhibits a hemophore-like function; however, differences exist compared to HmuY (Gao et al. 2018, Smiga et al. 2023a). HusA binds free heme or heme bound in the ferrous form to albumin only. Following the dissociation constant of the HusA-heme complex ($K_d \sim 10^{-6}$ M), HmuY extracts heme bound to HusA (Smiga et al. 2024a). Moreover, gingipains can degrade the soluble form of HusA, releasing heme (Smiga et al. 2023a), which is in contrast to the high resistance to proteolysis of HmuY (Wojtowicz et al. 2009a, Byrne et al. 2013, Benedyk et al. 2015). Similar to HmuY (Wojaczynski et al. 2011, Wojtowicz et al. 2013), HusA binds

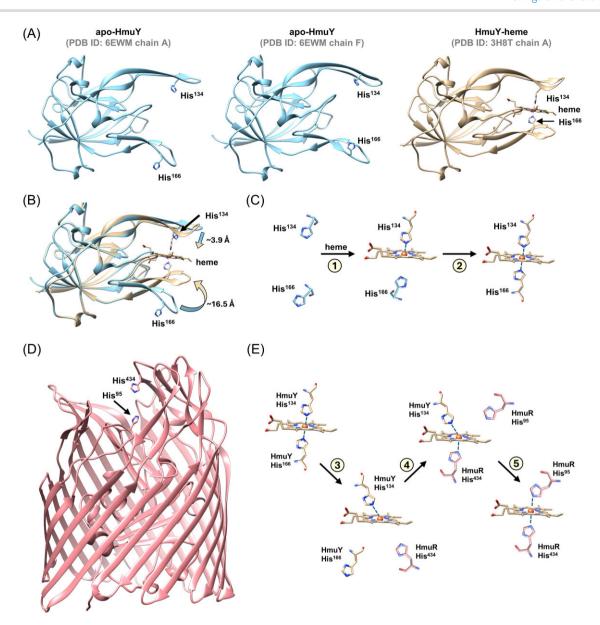


Figure 8. Heme binding and release in the P. gingivalis Hmu system. (A) Analysis of the three-dimensional HmuY structures reveals its differences in the spatial position of the heme iron-coordinating histidines. The apo-HmuY has a more open heme-binding pocket compared to the HmuY-heme complex and (B) heme binding by HmuY results in the closing of the ligand-binding pocket and movement of the His¹³⁴NE2 and His¹⁶⁶NE2 atoms approximately by 3.9 Å and 16.5 Å, respectively. (C) Heme binding by HmuY likely occurs in a two-step process: (1) heme iron is first coordinated by His 134, which results in (2) conformational changes and movement of the heme-binding pocket loop containing His 166. (D) HmuR (AlphaFold ID: AF-Q/MUG9-F1) is a β -barrel, TonB-dependent heme receptor that binds heme with His⁹⁵ and His⁴³⁴. (E) The exact mechanism of heme transfer from HmuY to HmuR remains to be specified, but it is hypothesized that it involves at least three steps: The proximity of HmuY and HmuR induces conformational changes in both proteins, leading to the dissociation of HmuY His166 from heme iron (3). This allows His434 to associate with the heme iron (4). Further conformational changes facilitate the exchange of HmuY His¹³⁴ with HmuR His⁹⁵(5). HmuY and HmuR proteins structures were visualized with UCSF Chimera (https://www.cgl.ucsf.edu/chimera/) (Pettersen et al. 2004).

Fe(III)deuteroporphyrin IX ($K_d \sim 10^{-7}$ M) and noniron metalloporphyrins, including $\rm Zn^{2+}PPIX$ ($\rm K_d \sim 10^{-6}~M$). However, in contrast to HmuY, HusA more efficiently binds PPIX (K $_{\!d}$ $\sim\!10^{-6}$ M) and deuteroporphyrin IX ($K_d \sim 10^{-7}$ M) (Gao et al. 2018, Smiga and Olczak 2025) and binds noniron metalloporphyrins regardless of the oxidation state (Smiga and Olczak 2025). The HusA properties can be attributed to its structure. The protein is built of 9 $\alpha\text{-helices}$ that form a binding pocket predominantly made up of neutral or hydrophobic amino acid residues. Its mutational studies have identified Leu 123 , Val 124 , Trp 130 , and Tyr 164 as potentially involved in the binding of heme and other porphyrins, likely through interactions with the porphyrin ring rather than direct metal coordination (Gao et al. 2018, Smiga and Olczak 2025).

The analysis of the husA gene (Δ husA) or husA and husB genes (Δ hus $A\Delta$ husB) P. gingivalis deletion mutant strains did not reveal a major role for the Hus system in heme uptake or heme and iron homeostasis (Smiga et al. 2023a,b). However, a significant reduction in infection of host cells by $\Delta husA$ and $\Delta husA\Delta husB$ mutant strains was observed, with a significantly more pronounced effect in the case of the double deletion mutant strain (Gao et al. 2018, Smiga et al. 2023a, 5). Unlike HmuY, the production of HusA is not strongly dependent on the concentration of iron and heme

in the external environment (Smiga et al. 2023a, b). Its production increases when P. gingivalis is a biofilm constituent or enters host cells (Zainal-Abidin et al. 2012, Gao et al. 2018). This may indicate that the Hus system functions under different conditions than the Hmu system, where alternative heme sources are available, as mentioned below.

As suggested by Gao et al. (2018) and taking into account the properties of the HusA protein and the effect of husA and husB genes deletion on the phenotype of P. gingivalis, it can be assumed that the Hus system may be involved in the acquisition of heme precursors, including coproporphyrinogen III or PPIX. These compounds are present in the cytoplasm (Sachar et al. 2016), and their amount may be elevated in some human disorders (Kiening and Lange 2022), leading to the disruption of homeostasis of heme precursors. Excess PPIX may be accumulated inside erythrocytes or released into the intercellular space, and therefore present in the serum. Additionally, under iron deficiency, PPIX can be converted to $Zn^{2+}PPIX$ (Sachar et al. 2016). In periods of heme deficiency, coproporphyrinogen III, PPIX, or Zn²⁺PPIX could be acquired by the Hus system and used as substrates for the proteins of the final steps of the heme biosynthesis pathway preserved in P. gingivalis (HemN, HemG, and HemH), thus constituting an alternative strategy for obtaining heme by this bacterium. However, this remains a theoretical hypothesis and requires experimental validation.

Heme pirating or synergism between periodontopathogens—P. gingivalis alternative heme sources

In the oral cavity, P. gingivalis must compete for heme with other members of the multispecies oral biofilm. In vitro studies showed that P. gingivalis HmuY utilizes hemoproteins produced by other periodontopathogens to acquire heme. Streptococcus gordonii is an early colonizer of the oral plaque, and by direct interactions, it is one of the factors involved in recruiting P. gingivalis to the biofilm structures (Kuboniwa and Lamont 2010). Streptococcus gordonii exhibits $\alpha\text{-hemolytic}$ activity by production of hydrogen peroxide and oxidizes oxyHb to metHb, which allows heme sequestration by P. gingivalis HmuY even in the presence of hydrogen peroxide (Brown et al. 2018, Slezak et al. 2020). Bacteria belonging to the Streptococcus genus secrete the glyceraldehyde 3-phosphate dehydrogenase (GAPDH) into the external environment. Interestingly, GAPDH produced by many bacterial species, including S. gordonii, bind heme, and P. gingivalis and other periodontopathogens sequester heme from GAPDH using HmuY proteins (Slezak et al. 2020). This mechanism represents a novel adaptive strategy employed by P. gingivalis to obtain heme during the initial stages of

Porphyromonas gingivalis utilizes heme uptake strategies to compete for heme also with other colonizers of the oral microbiome. Prevotella intermedia produces interpain A (InpA), a cysteine protease that is unrelated to P. gingivalis gingipains. Through its proteolytic activity, similar to P. gingivalis RgpA (Smalley et al. 2011), InpA facilitates the conversion of oxyHb to metHb, enabling HmuY to extract heme from metHb (Byrne et al. 2013). Notably, P. intermedia produces two HmuY homologs, (HmuYPi-1, former name PinO and HmuYPi-2, former name PinA), and P. gingivalis HmuY sequesters heme from both proteins (Bielecki et al. 2020), as well as from HmuY homologs produced by other periodontopathogens, such as T. forsythia (HmuYTf, former name Tfo) and Porphyromonas endodontalis (HmuYPe) (Bielecki et al. 2018, Smiga and Olczak 2024). Porphyromonas gingivalis HmuY is characterized by high resistance to proteases produced by many periodontopathogens, such as

P. gingivalis (including gingipains), T. forsythia, P. intermedia (including InpA), P endodontalis, and host immune cells (Wojtowicz et al. 2009a, Smalley et al. 2011, Byrne et al. 2013, Benedyk et al. 2015). Moreover, P. gingivalis can degrade hemophore-like proteins produced by cohabitating bacteria (Bielecki et al. 2018, 2020, Slezak et al. 2020, Smiga and Olczak 2024), which gives it an additional advantage in obtaining heme over other bacteria residing in the oral microbiome.

Iron acquisition strategies of P. gingivalis

It is worth mentioning that in contrast to P. gingivalis, some Bacteroidota members utilize siderophores for iron acquisition. For example, Bacteroides fragilis utilizes hydroxymate Fe(III)ferrichrome, whereas Bacteroides vulgatus and Bacteroides thetaiotaomicron utilize catecholates enterobactin and salmochelin S4 (Rocha and Krykunivsky 2017). Porphyromonas gingivalis does not produce/utilize siderophores/xenosiderophores (Nelson et al. 2003); therefore, other iron acquisition mechanisms may fulfill its requirements for this element during periods of heme deficiency, or when PPIX is not needed. Porphyromonas gingivalis may utilize iron released by degradation of host transferrin by gingipains (Goulet et al. 2004). Porphyromonas gingivalis encodes two FeoB protein homologs participating in iron and manganese transport (Fig. 7). They are homologous to E. coli and B. fragilis FeoB proteins (Nelson et al. 2003, Dashper et al. 2005, He et al. 2006, Anaya-Bergman et al. 2010, Lewis 2010, Zhang et al 2016, Rocha et al. 2019). Expression of both P. gingivalis feoB genes increases under heme- and iron-limited conditions (Smiga et al. 2024a, b), suggesting their role in the acquisition of iron/manganese to support bacterial survival and growth in heme-restricted environments.

Although P. gingivalis does not encode classical proteins involved in iron transport through the outer membrane (Nelson et al. 2003, Klebba et al. 2021), it is postulated that the Iht system may be involved in this process. This system consists of five proteins (IhtA-E) encoded on the iht operon (Fig. 6). IhtB (also known as FetB) is a heme-binding lipoprotein with homology to cobaltochelatase CbiK (Dashper et al. 2000). IhtB most likely acts as a reverse ferrochelatase/dechelatase, which can remove iron from heme and potentially other metals from noniron metalloporphyrins (Yukitake et al. 2011). Once released from heme, iron can be transferred to the periplasmic space through IhtA, a typical TDR. Then, using IhtC (putative lipoprotein), IhtD (permease, iron compound ABC transporter), and IhtE (ATP-binding protein), iron can be transported into the cytoplasm (Fig. 7). Global transcriptomic analyses revealed that the expression of the iht operon genes remains unchanged in P. gingivalis under iron and heme starvation (Dashper et al. 2009, Anaya-Bergman et al. 2015, Smiga et al. 2024a, b). However, it has been shown that IhtB production increases when the wild-type A7436 strain is grown in media depleted of iron and heme (Smiga et al. 2024b). Interestingly, in the wild-type ATCC 33277 strain, IhtB production remains unchanged regardless of iron and heme availability (Smiga et al. 2024b). This phenomenon can be explained by differences in maintaining iron and heme homeostasis between both strains (Smiga et al. 2024b).

In most aerobic bacteria, after heme internalization, ferric iron is released from heme by cleavage of the PPIX ring with heme oxygenases, producing biliverdin and carbon monoxide (Frankenberg-Dinkel 2004, Unno et al. 2007, Matsui et al. 2010, Wilks and Heinzl 2014, Wilks and Ikeda-Saito 2014, Lyles and Eichenbaum 2018, Richard et al. 2019). An example is HemO from N. meningitidis. Another group of enzymes comprises hemebinding, noncanonical heme-degrading proteins, including HemS

from Y. enterocolitica, HmuS from Yersinia pseudotuberculosis, and ChuS from pathogenic enterohemorrhagic E. coli O157:H7 strain (Onzuka et al. 2017, Lyles and Eichenbaum 2018, Matthew et al. 2019, Keith et al. 2024). These proteins function as hemedegrading and iron-releasing enzymes under aerobic iron-deplete conditions but also participate in intracellular heme shuttling or protecting from oxidative stress as heme chaperones under anaerobic iron-replete conditions (Mathew et al. 2019). Some bacteria remove iron and preserve the PPIX ring intact, examples being E. coli K-12 YfeX and EfeB (Letoffe et al. 2009) or Staphylococcus aureus FepB (Turlin et al. 2013). However, it was later shown that YfeX functions as a porphyrinogen oxidase, not a heme dechelatase (Dailey et al. 2011).

The knowledge of iron release from heme under anaerobic conditions is limited. Data gained from research on E. coli O157:H7 strain demonstrated engagement of proteins encoded on the chu operon in anaerobic iron release and heme degradation (ChuS in cooperation with ChuXWY), resulting in the production of anaerobilin (Suits et al. 2005, 2006, LaMattina et al. 2016, 2017, Mathew et al. 2019). ChuW, an S-adenosylmethionine methyltransferase, degrades heme in the absence of oxygen using alternate electron donors (e.g. flavodoxin) and produces anaerobilin instead of biliverdin (LaMattina et al. 2016, 2017, Mathew et al. 2019). Anaerobilin is then shuttled by ChuX from ChuW to ChuY for further breakdown. Similar to E. coli ChuS, also HemS from Y. pestis and HmuS from Y. enterocolitica can degrade heme under anaerobic conditions using a NADH-dependent hydride transfer mechanism (Schneider and Paoli 2005, Suits et al. 2005, Schneider et al. 2006, Keith et al. 2024). Interestingly, both ChuS and HmuS degrade heme under low heme availability, but at higher heme concentrations serve as heme chaperones/heme storage proteins.

Porphyromonas gingivalis does not express proteins belonging to the heme oxygenase classes (Nelson et al. 2003), and the exact mechanism of iron extraction from heme is not yet understood. Among proteins potentially responsible for iron release from heme is the HmuS (Fig. 7) (our unpublished data), a protein similar to its close homolog BtuS2 from B. fragilis (Rocha et al. 2019). Since this protein is anchored to the inner membrane and localized in the periplasmic space (our unpublished data), it may function differently to cytosolic heme oxygenases, ChuS, or HemS/HmuS proteins, but similarly to BtuS2.

Heme and iron homeostasis in P. gingivalis

Iron and heme starvation of P. gingivalis induces changes in the expression of up to 500 genes, constituting \sim 23% of the total genes (Smiga et al. 2024a). Among them are genes responsible for heme and iron uptake, their homeostasis, energy metabolism, virulence, and response to oxidative stress, which indicates a global and diverse response to iron and heme starvation (Dashper et al. 2009, Anaya-Bergman et al. 2015, Smiga et al. 2024a, b). Efficient regulation of heme homeostasis is crucial for all organisms and is maintained through heme synthesis, heme uptake, and heme degradation, processes described above. Porphyromonas gingivalis utilizes several regulatory proteins to control the expression of the Hmu system, such as the Fur protein homolog (PgFur) (Butler et al. 2014, 2015, Ciuraszkiewicz et al. 2014, Smiga et al. 2019a, b), LuxR/CdhR (Wu et al. 2009, Boutrin et al. 2023), PgRsp (Smiga and Olczak 2019), the HaeSR two-component system (Scott et al. 2013), and others which were summed up in more detail in the recent review (Olczak et al. 2024).

From the other side, high heme levels, occurring in various pathophysiological conditions, can be toxic via prooxidant, proinflammatory, and cytotoxic effects, mainly by triggering radical chain reactions to generate reactive oxygen species, resulting in oxidative injury, inflammation, and immune dysfunction (Choby and Skaar 2016, Vallelian et al. 2022). Due to a lipophilic nature, heme intercalates and aggregates in the cell membrane, leading to lipid oxidation, causing increased membrane permeability and cell lysis (Chou and Fitch 1980, 1981, Fitch et al. 1983, Aft and Mueller 1984, Liu et al. 1985, Vincent 1989). Free heme also oxidizes proteins, triggering their cross-linking, aggregation, and degradation (Vincent 1989). Free heme concentration above 50 µM inhibits the growth of P. gingivalis (Smalley et al. 2000). Therefore, bacteria have developed efficient strategies to neutralize the toxic effect of an excess of free heme.

Bacteria can use systems capable of exporting iron and heme out of the cell. Heme efflux systems were identified in Grampositive (e.g. S. aureus HrtAB system composed of ATPase and permease) and Gram-negative (e.g. Neisseria MtrCDE system) bacteria (Stauff et al. 2008, Fernandez et al. 2010, Turlin et al. 2014). Some bacteria can also export PPIX, an example being E. coli MacAB-TolC pump (Turlin et al. 2014), or can export both heme and PPIX, such as Staphylococcus agalactiae which uses PefAB and PefCD, respectively (Fernandez et al. 2010). Although such mechanisms are not characterized in P. gingivalis, this bacterium encodes potential efflux systems summed up in Table 1. Moreover, two systems (locus IDs in W83 strain: PG0280-PG0283/PG_RS01255-PG_RS01270 and PG1662-PG1667/PG_RS07305-PG_RS07330) show high similarity to E. coli MacAB-TolC system (Fig. 9) but their involvement in heme/PPIX export is only hypothetical. Some bacteria also utilize iron efflux systems, such as E. coli FieF and E. coli FetA/FetB iron exporters (Grass et al. 2005, Nicolau et al. 2013). However, no such mechanisms have been identified in P. gingivalis.

Nevertheless, there are known mechanisms used by P. gingivalis for heme detoxification. One of them is performed by gingipains (Smalley et al. 1999, 2004). Gingipains function as a receptor for heme and Hb and serve as a template to transiently bind monomeric heme, which facilitates reacting with other heme monomers either free or bound to proteins (Nakayama et al. 1998, DeCarlo et al. 1999, Smalley et al. 2006, Nhien et al. 2010). This process leads to the formation of u-oxo bisheme, the major component of the green-black pigment deposited on the bacterial cell surface (Smalley et al. 1998, 2000, 2004, 2006, Smalley and Olczak 2017). Heme monomers are released proteolytically (mainly by Kgp) from deoxyhemoglobin containing Fe²⁺PPIX but more efficiently from metHb containing Fe³⁺PPIX. In the generation of μ-oxo bisheme and its aggregation through weak π-bonding interactions and porphyrin stacking participate Kgp, RgpA, and isolated HA domains (Smalley et al. 2006). A detailed description of this process was reported in the recent review (Smalley and Olczak 2017). Deleting the kgp gene or constructing the mutant with reduced Kgp activity results in lower pigmentation (Ishida et al. 2008, Smiga et al. 2023a). The accumulated heme pigment functions as heme storage but also as an oxidative buffer that can catalytically degrade hydrogen peroxide, thus protecting from reactive oxygen species generated by neutrophils and by-products of the breakdown of molecular oxygen (Smalley et al. 1998, 2000, 2004).

Porphyromonas gingivalis also uses another mechanism to protect against excess heme, involving a homolog of DNA-protective protein from starved cells (Dps) (Ueshima et al. 2003, Gao et al. 2012). Dps, a cytoplasmic ferritin-like protein, is composed of 12 identical monomeric subunits that assemble into a spherical

 Table 1. Potential efflux systems encoded in P. gingivalis W83 strain.

PG0679-PG068S PG0679 TolC family prot PG0680 Efflux RND trans PG0681 Efflux RND trans PG0681 PG0682 ABC transporter PG0683 ABC transporter PG0683 ABC transporter PG0684 ABC transporter PG1662 PG1667 PG1662 ABC transporter PG1663 ABC transporter PG1664 ABC transporter PG0280-PG0283 PG1664 ABC transporter PG1665 ABC transporter PG0280-PG0283 PG0280 ABC transporter PG1665 ABC transporter PG0280 PG0280 ABC transporter PG0280 ABC transporter PG0281 PG0282 ABC transporter PG0283 Efflux RND trans PG0282 PG0541 PG0283 Efflux RND trans PG0583 Efflux RND trans PG0583 PG0065 PG0063 PG0064 Efflux RND trans PG0064 PG0065 PG0064 Efflux RND trans	TolC family protein Efflux RND transporter periplasmic adaptor subunit Hypothetical protein ABC transporter permease ABC transporter permease ABC transporter permease ABC transporter ATP-binding protein DUF6249 domain-containing protein	Mtr (25/36) ^e MacA (22/87) ^f HrtA (39/91) ^a ; MacB (42/34) ^g HrtA (37/93) ^a ; MacB (50/34) ^g MacB (25/59) ^g MacB (24/48) ^g Mtr (24/72) ^c ; MacA (22/94) ^f
PG0681 PG0681 PG0683 PG0684 PG0685 PG1663 PG1664 PG1666 PG1666 PG1666 PG1665 PG1666 PG0280 PG0280 PG0280 PG0281 PG0283 PG0283 PG0539 PG0540 PG0541 PG064	daptor subunit	MacA (22/87) [§] HrtA (39/91) ^a ; MacB (42/34) ⁸ HrtA (37/93) ^a ; MacB (50/34) ⁸ MacB (25/59) ⁸ MacB (24/48) ⁸ MtrC (24/72) ^c ; MacA (22/94) [§]
PG0681 PG0683 PG0684 PG0685 PG1662 PG1663 PG1665 PG1666 PG1667 PG0281 PG0282 PG0283 PG0283 PG0583 PG0583 PG0540 PG0540 PG0540 PG0540 PG0540		HrtA (39/91) ³ ; MacB (42/34) ⁸ HrtA (37/93) ³ ; MacB (50/34) ⁸ MacB (25/59) ⁸ MacB (24/48) ⁸ MtrC (24/72) ^c ; MacA (22/94) ^f
PG0683 PG0684 PG0685 PG1662 PG1664 PG1665 PG1666 PG1665 PG0280 PG0281 PG0282 PG0283 PG0539 PG0539 PG0540 PG0540 PG0540		HrtA (39/91) ^a ; MacB (42/34) ^g HrtA (37/93) ^a ; MacB (50/34) ^g MacB (25/59) ^g MacB (24/48) ^g MtrC (24/72) ^c ; MacA (22/94) ^f
PG0683 PG0684 PG0685 PG1662 PG1663 PG1664 PG1665 PG1666 PG1667 PG0280 PG0282 PG0283 PG0583 PG0583 PG0540 PG0540 PG0540 PG0540 PG0540 PG0540		HrtA (39/91) ^a ; MacB (42/34) ^g HrtA (37/93) ^a ; MacB (50/34) ^g MacB (25/59) ^g MacB (24/48) ^g MtrC (24/72) ^c ; MacA (22/94) ^f
PG0684 PG0685 PG1663 PG1664 PG1665 PG1666 PG1667 PG0280 PG0282 PG0283 PG0283 PG0583 PG0540 PG0540 PG0540 PG0540 PG0540		HrtA (39/91) ^a ; MacB (42/34) ^g HrtA (37/93) ^a ; MacB (50/34) ^g MacB (25/59) ^g MacB (24/48) ^g MtrC (24/72) ^c ; MacA (22/94) ^f
PG0685 PG1663 PG1664 PG1665 PG1666 PG1667 PG0280 PG0282 PG0283 PG0283 PG0539 PG0539 PG0540 PG0540 PG0540 PG0540		HrtA (39/91) ^a ; MacB (42/34) ^g HrtA (37/93) ^a ; MacB (50/34) ^g MacB (25/59) ^g MacB (24/48) ^g MtrC (24/72) ^c ; MacA (22/94) ^f
PG1663 PG1664 PG1665 PG1666 PG1666 PG1667 PG0280 PG0281 PG0283 PG0539 PG0540 PG0540 PG0541 PG064		HrtA (37/93)ª; MacB (50/34)8 MacB (25/59)8 MacB (24/48)8 MtrC (24/72)¢; MacA (22/94)f
PG1663 PG1664 PG1665 PG1666 PG1667 PG0280 PG0281 PG0283 PG0539 PG0540 PG0541 PG064		HrtA (37/93) ³ ; MacB (50/34) ⁸ MacB (25/59) ⁸ MacB (24/48) ⁸ MtrC (24/72) ^c ; MacA (22/94) ^f
PG1664 PG1665 PG1666 PG1667 PG0280 PG0282 PG0283 PG0539 PG0540 PG0540 PG0541 PG064		MacB (25/59) ^g MacB (24/48) ^g MttC (24/72) ^c ; MacA (22/94) ^f
PG1665 PG1666 PG1667 PG0280 PG0281 PG0283 PG0539 PG0540 PG0541 PG064	ABC transporter permease	MacB (24/48)§ MtrC (24/72)°; MacA (22/94) [§]
PG1666 PG1667 PG0280 PG0281 PG0283 PG0538 PG0539 PG0540 PG0541 PG0664		MtrC (24/72) ^c ; MacA (22/94) ^f
PG1667 PG0280 PG0281 PG0283 PG0538 PG0539 PG0540 PG0541 PG0664	iplasmic adaptor subunit	
PG0280 PG0281 PG0283 PG0538 PG0539 PG0540 PG0541 PG0663	TolC family protein	MtrE (24/61) ^e
PG0281 PG0283 PG0283 PG0538 PG0539 PG0540 PG0541 PG064	ABC transporter permease	HrtB (22/33) ^b
PG0281 PG0283 PG0538 PG0539 PG0540 PG0541 PG0663		
PG0282 PG0283 PG0538 PG0539 PG0540 PG0541 PG0663		MacB (22/46) ^g
PG0283 PG0538 PG0539 PG0540 PG0541 PG0063	ABC transporter ATP-binding protein	HrtA (37/98) ^a ; MacB (42/34) ^g
PG0538 PG0539 PG0540 PG0541 PG0063	Efflux RND transporter periplasmic adaptor subunit	MacA (26/51) ^f
PG0539 PG0540 PG0541 PG0663		
PG0539 PG0540 PG0541 PG0063		
PG0540 PG0541 PG0063 PG0064	Efflux RND transporter periplasmic adaptor subunit	MtrC (24/88) ^c ; MacA (24/88) ^f
PG0063 PG0064	Efflux RND transporter permease subunit	MtrD (27/97) ^d
PG0063 PG0064	Transporter-associated protein	
PG0064	TolC family protein	
	Efflux RND transporter permease subunit	MtrD (26/87) ^d
PG0065 Efflux RND trans	Efflux RND transporter periplasmic adaptor subunit	MtrC (24/83) ^c ; MacA (24/48) ^f
PG0091–PG0094 PG0091 ABC transporter	ABC transporter permease	
(PG_RS00410-PG_RS00425)		
PG0092 ABC transporter	ABC transporter permease	
PG0093 HlyD family sect	HlyD family secretion protein	MacA (25/43) ^f
PG0094 TolC family prot		MtrE (24/40) ^e

^aHomology to S. aureus HrtA protein (NCBI accession ID: AIU86285.1).

^bHomology to S. aureus HrtB protein (NCBI accession ID: AIU86642.1).

^cHomology to N. gonorrhoeae MrtC protein (NCBI accession ID: XCC31532.1).

^dHomology to N. gonorrhoeae MrtD protein (NCBI accession ID: WP-404523989.1).

^eHomology to N. gonorrhoeae MrtD protein (NCBI accession ID: WP-371360591.1).

^fHomology to E. coli MacA protein (NCBI accession ID: QPD58655.1).

^gHomology to E. coli MacB protein (NCBI accession ID: QPD58655.1).

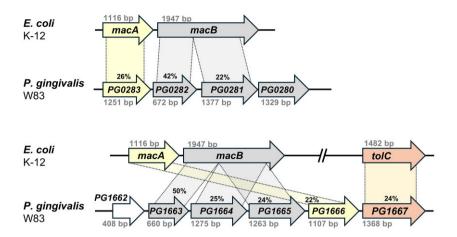


Figure 9. Schematic presentation of P. gingivalis PG0280–PG0283 and PG1662–PG1667 operons encoding potential efflux systems similar to the E. coli MacAB-TolC efflux system (listed in Table 1). Genes encoding homologous proteins are marked with the same color. The amino acid sequence identity of proteins or protein fragments is shown in %.

shape with a hollow core exhibiting iron sequestration and ferroxidase activity of ferritins. It also exhibits properties of bacterioferritin due to ferric heme binding ($K_d \sim 10^{-8}$ M). A single surfacelocated cysteine (Cys101) coordinates heme-iron at the fifth axial ligand. Dps improves the efficiency of heme utilization at low heme concentrations, and at high heme concentrations, it prevents heme toxicity.

Porphyromonas gingivalis heme uptake mechanisms as targets for developing diagnostic tests, preventive or therapeutic strategies

Diagnosing periodontal diseases is based mainly on clinical measurements and radiographic methods (Tonetti et al. 2018, Heitz-Mayfield 2024, Jacobs et al. 2024, Ramseier 2024). However, there is a need for supplemental diagnostic methods not only to diagnose periodontitis but also to monitor its treatment progress. Tests based on microbial analytical methods include high-throughput sequencing of 16S rRNA genes, shotgun metagenomic sequencing, or quantitative PCR (qPCR), which allow the identification and determination of periodontopathogens' load (e.g. Hortz and Conrads 2007, Hyvarinen et al. 2009, Arweiler et al. 2020, Claesson et al. 2022, Manoil et al. 2024). Using qPCR, the detection of unique P. gingivalis genes in the oral microbiome or other host niches (e.g. the brain and cerebrospinal fluid), such as the hmuY gene, may be more specific than the employment of the 16S rRNA gene (Gmiterek et al. 2013, Dominy et al. 2019). Therapy of periodontal diseases is mostly based on scaling and root planning with adjunctive therapies. However, rising concerns highlight the inefficiency of the antiseptics and antibiotics applied to treat P. gingivalis-related infections, especially in light of increasing antibiotic resistance (Conrads et al. 2021, Abe et al. 2022, Ng et al. 2023, Rams et al. 2023).

Detection of P. gingivalis is not a specific biomarker of periodontitis because the bacterium is found in low numbers in healthy individuals (Griffen et al. 1998). However, the determination of serum antibodies against P. gingivalis can be used as a general biomarker of periodontitis, reflecting bacterial load because the serum anti-P. gingivalis IgG antibody titer correlates with the detection frequency of P. gingivalis (Kojima et al. 1997, Franca et al. 2007, Dye et al. 2009, Kudo et al. 2012, Ebersole et al. 2020, Massarenti et al. 2024). Screening periodontitis by the determination of serum IgG antibodies against total P. qinqivalis antigens derived

from the crude bacterial extract or heat-killed P. gingivalis cells using an enzyme-linked immunosorbent assay showed a diagnostic potential (Kudo et al. 2012, Trindade et al. 2012, Nobre dos Santos-Lima et al. 2020, Massarenti et al. 2024). However, different immunogenicity of particular P. gingivalis strains causes low specificity of such tests (Ebersole et al. 2020, Seers et al. 2020). Nevertheless, immunization with killed P. gingivalis reduced the progression of periodontitis in a nonhuman primate model (Persson et al. 1994). Therefore, vaccination using P. gingivalis virulence factors as antigens has been proposed (Grover et al. 2014, Wilensky et al. 2017, Zhu et al. 2018, Huang et al. 2019, Liao et al. 2024, Wang et al. 2024).

Response to P. gingivalis gingipains and their hemagglutinin/adhesin domains results in the production of serum IgG antibodies (O'Brien-Simpson et al. 2000a, Inagaki et al. 2003), and patients with periodontitis produce more IgG antibodies reacting with the HA2 domain than individuals with healthy periodontium (DeCarlo et al. 2004, Nguyen et al. 2004). Modified recombinant gingipains with decreased proteolytic activity, mainly RgpA and its N-terminal region, showed promise as a specific antigen to determine serum IgG levels (Hirai et al. 2020). Recombinant HA2 domains of RgpA and Kgp or synthetic peptides derived from HA2 domains protected against P. gingivalis-induced alveolar bone loss and attenuated P. gingivalis infection in murine and rat periodontitis models, suggesting a potential for vaccine development (O'Brien-Simpson et al. 2000b, Rajapakse et al. 2002, Frazer et al. 2006). The DHYAVMISK peptide derived from the HA2 domain inhibits heme binding (Yang et al. 2015, Zhu et al. 2018) and the vaccination with DGFPG-DHYAVMISK peptide in a rat infection model resulted in higher serum anti-peptide IgG and saliva IgA antibody levels, demonstrating a potential protective effect of the immunization (Zhu et al. 2018). The treatment with monoclonal antibodies raised against synthetic DGFPG-DHYAVMISK peptide conjugated with KLH reduced bone loss in mice (An et al. 2021). Also, immunization of mice with HagA domain in fusion with maltose-binding protein resulted in higher levels of IgG and IgA antibodies in serum and higher IgA secretion in saliva eliciting a protective immune effect against P. gingivalis (Yuzawa et al. 2012). An example of a potential therapeutic target is also nicotinamide, a vitamin B₃ derivative, which inhibits P. gingivalis growth due to decreased gingipain activity manifested by decreased hemagglutination and hemolysis capacity (Lei et al. 2024). Treatment with this compound caused decreased heme acquisition,

preventing alveolar bone loss and reducing inflammatory cell infiltration.

On the contrary, while levels of antibodies against recombinant RgpA and RgpB are elevated in periodontitis patients, they have proven to be poor indicators of disease severity or P. gingivalis load (Massarenti et al. 2024). Therefore, there is still a need to search for specific biomarkers. Such a possibility for a diagnostic test is the determination of serum anti-HmuY IgG antibodies, which specifically recognize P. qinqivalis HmuY protein, exhibit high levels in periodontitis patients, and do not cross-react with HmuY homologs produced by other bacteria (Trindade et al. 2012, Smiga et al. 2015, 2023b, Smiga and Olczak 2024, Nobre dos Santos-Lima et al. 2020).

Increased P. gingivalis resistance to antibiotics (Conrads et al. 2021, Abe et al. 2022, Ng et al. 2023, Rams et al. 2023) forces the search for alternative periodontitis treatment methods. Antibiotics such as metronidazole act against anaerobic bacteria and are used to treat periodontal diseases (Lofmark et al. 2010). Porphyromonas gingivalis susceptibility to metronidazole depends on heme availability since some strains displayed differential expression of iron and heme uptake systems (Li et al. 2018, Seers et al. 2020). Therefore, elaborating diagnostic and treatment methods using components of heme uptake as a target appears promising (Grover et al. 2014, Wang et al. 2024). For example, noniron metalloporphyrins, exploiting heme uptake systems due to the Trojan horse strategy, exhibit potent antibacterial activity (Stojiljkovic et al. 1999, Wojaczynski et al. 2011, Yukitake et al. 2011, Olczak et al. 2012, Wojtowicz et al. 2013). Porphyrin-antibiotic conjugates, such as deuteroporphyrin-metronidazole or deuteroporphyrinnitroimidazole, targeting HA2 domains reduce P. gingivalis growth more efficiently, including intracellular bacteria (Yap et al. 2009, Dingsdag et al. 2015, Ye et al. 2017, Gao et al. 2018). Assuming the ability of erythrocyte binding to P. gingivalis and the Trojan horse strategy, erythrocyte-mimicking nanovesicles loaded with gallium porphyrins were constructed (Tang et al. 2024). Their utilization by P. gingivalis reduced its growth and invasion of epithelial cells, resulting in a decreased proportion of P. gingivalis in subgingival plaque, alleviating periodontitis progression in a rat experimental model.

Porphyrin- or metalloporphyrin-based photothermal and photodynamic therapies can be used as alternative antibacterial methods (Soukos et al. 2005, Imran et al. 2018). Therapy based on endogenous porphyrins and applying antimicrobial blue light seems to be a promising tool since it dysregulates the expression of genes engaged in P. gingivalis in heme acquisition (mainly those encoding gingipains and HmuR) and causes oxidative damage in bacterial cells (Yuan et al. 2023). However, these methods are not specific and are less effective under anaerobic conditions. Therefore, modified nanophotosensitizers were constructed, oxyHb@IR820 being an example (Bai et al. 2023). A natural oxygen-binding protein, oxyHb, is a better carrier for photosensitizers. Due to the binding to the HA2 domain of Kgp, RgpA, and HagA, oxyHb@IR820 after laser irradiation augmented antibacterial therapies in an experimental hamster model (Bai et al. 2023).

A summary of studies exploring microbiome-derived biomarkers showed that P. gingivalis and its virulence factors, including components of heme acquisition mechanisms as targets, could be considered reliable for differentiating between healthy individuals and periodontitis patients (Dong et al. 2025). As a result of research in this area, a growing number of patents propose new strategies to combat P. gingivalis-mediated infections (Bernardoni et al. 2024). Many attempts have been made to develop successful inhibitors of gingipain proteolytic activity. This aspect has been reported or reviewed extensively by others (e.g. Travis and

Potempa 2000, Kataoka et al. 2014, Ho et al. 2018, Dominy et al. 2019, Guevara et al. 2019, Sabbagh and Decourt 2022). The compound COR388 was designed to block the activity of Kgp gingipain (Dominy et al. 2019). It effectively reduced the oral P. gingivalis load and improved gum conditions (Arastu-Kapur et al. 2020). Importantly, it reduced neuroinflammation, blocked $A\beta$ accumulation, and rescued hippocampal neurons in an Alzheimer's disease mouse model (Dominy et al. 2019). Since preclinical studies were promising (Costa et al. 2021), the safety, tolerance, and efficiency of orally administered COR388 (Atuzaginstat) were examined under study in Phase II/III clinical trials (NCT03823404). Although this drug and its derivative (COR588) reduced the oral load of P. gingivalis and improved cognitive functions, they caused liver abnormalities. Therefore, no treatment method based on them has been introduced so far.

Concluding remarks

Unraveling the fundamental mechanisms within pathogenic bacteria is essential for understanding how they influence host health and cause disease. Besides classical strategies of pathogens used to avoid the host immune response (Hitzler et al. 2025), P. gingivalis developed additional mechanisms to persist in host cells and evade host immune response, with gingipains being unique for this bacterium (e.g. Bostanci and Belibasakis 2012, Hocevar et al. 2018, Hajishengallis and Diaz 2020, Hajishengallis and Lamont 2021, Widziolek et al. 2025). Although like other Gram-negative bacteria, P. gingivalis relies on TDRs for heme acquisition, it has developed sophisticated strategies allowing more efficient utilization of various heme sources in hostile environments, and efficient competition with cohabitating bacteria. This includes a unique accessory gingipain-Hmu system-based mechanism that facilitates heme acquisition from erythrocytes and hemoproteins. While many aspects of P. gingivalis heme uptake and homeostasis remain unclear, in recent years, significant progress has been made in uncovering its heme and iron acquisition strategies, which can be leveraged to combat this pathogen. Ongoing research could pave the way for groundbreaking therapies against P. gingivalis and innovative diagnostic tools to assess the severity of periodontal diseases.

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