Bacterial metabolic signatures in MASLD predicted through gene-centric studies in stool metagenomes

Juan Manuel Medina-Méndez[1,2], Paula Iruzubieta[2], Raúl Fernández-López[1], Javier Crespo[2], Fernando de la Cruz[1,*]

Author affiliations

[1] Instituto de Biomedicina y Biotecnología de Cantabria (IBBTEC), Universidad de Cantabria-CSIC, Santander, Spain

[2] Servicio de Gastroenterología y Hepatología. Grupo de Investigación Clínica y Traslacional en Enfermedades Digestivas. Instituto de Investigación Valdecilla (IDIVAL). Hospital Universitario Marqués de Valdecilla, Santander, Spain

[*] Corresponding author: delacruz@unican.es; Tel.: +34-942-201942

Abstract

Metabolic dysfunction-associated steatotic liver disease (MASLD) is a multifactorial condition influenced by the gut microbiome (GM). While previous studies have reported inconsistent associations between MASLD and key microbial clades using low-resolution 16S rRNA profiling, we employed high-resolution metagenomic sequencing and multi-marker taxonomic classification across three independent cohorts to identify robust microbial and functional signatures of MASLD. We consistently detected a depletion of *Agathobacter rectalis*, a known butyrate producer, in MASLD patients. Functionally, MASLD was characterized by a depletion of genes involved in butyrate and methane biosynthesis -particularly within the crotonyl-butyryl-CoA axis- alongside an enrichment of genes

driving the production of endogenous alcohols such as ethanol and 1-propanol. Genes encoding these

fermentative pathways, often organized in operons like *pdu* and *tor*, were more abundant in MASLD

samples, indicating a potential shift toward alcohol-producing metabolism. These geno-metabolic

changes were accompanied by a broader displacement of beneficial taxa and an increase in accessory

gene content across the GM, underscoring the limitations of taxonomy-based disease associations.

Many of the differentially abundant genes were also found on plasmids, suggesting that horizontal gene

transfer contributes to strain-level metabolic variability relevant to MASLD progression. Our findings

support a model in which GM-driven metabolic shifts -rather than taxonomic changes alone- play a

central role in MASLD pathogenesis, highlighting the importance of functional and mobile genetic

element (MGEs) profiling for uncovering mechanistic links between the microbiome and liver disease.

Keywords

MASLD, gut microbiome, metagenomic sample, metabolic gene, RPKSM, differential gene abundance

1. Introduction

Metabolic dysfunction-associated steatotic liver disease (MASLD) is the most common liver

disease worldwide, affecting approximately one quarter of the global population[1]. Clinically, MASLD is

defined by the presence of steatosis (i.e., accumulation of intrahepatic triglycerides) in more than 5%

of hepatocytes in association with metabolic risk factors (particularly, obesity and type 2 diabetes) and

in the absence of excessive alcohol consumption (≥30 g per day for men and ≥20 g per day for women)

or other chronic liver diseases[2]. However, the term encompasses a spectrum of pathological situations,

ranging from simple steatosis to metabolic dysfunction-associated steatohepatitis (MASH), which can

further progress to fibrosis, cirrhosis and hepatocellular carcinoma[3]. MASLD also significantly increases

the risk of cardiovascular disease, extrahepatic malignancies (e.g., colorectal or breast cancer), liver-

related complications or chronic kidney disease[4]. The pathogenesis of MASLD is multifactorial, involving

genetic, environmental, inflammatory and metabolic factors, and it has a bidirectional association with

components of the metabolic syndrome, particularly insulin resistance[5].

The gut microbiome (GM) interacts with the liver via the gut-liver axis (GLA) through the portal

vein, which transports GM-derived metabolites towards the liver. This axis can be disrupted by multiple

interconnected factors, affecting the progression of MASLD and fibrosis[6]. An alteration of the GM

composition and/or their associated metabolic production can lead to an increased production of

harmful metabolites such as pathogen-associated molecular patterns, which induce inflammatory

responses in the liver when they reach it through the bloodstream, leading to liver injury[7,8]. The

transient of these endotoxins into portal circulation is facilitated by an increased intestinal permeability

caused by a disruption of tight junction proteins in the intestinal membrane[9]. Also, an alteration of the

bile acid composition and circulation affects liver metabolism and function. Because they play a role in

the regulation of glucose and lipid metabolism, their dysregulation contributes to gut inflammation and

MASLD[10,11].

Several studies have tried to establish a causal link between bacterial metabolism and

MASLD[12,13]. However, metabolic levels can also be influenced by host metabolism, diet or

environmental factors. Similarly, metataxonomic analysis have explored the relationship between GM

composition and MASLD[14,15]. Although 16S rRNA gene sequencing provides taxonomic resolution at the

genus or species level, it fails to capture strain-level metabolic variability. Bacterial genomic plasticity

allows key metabolic genes, such as those potentially relevant to MASLD pathogenesis, to be encoded

in their accessory genome, including MGEs, further complicating the association between taxonomy

and metabolic function[16]. In this study, we used the genes encoding metabolic enzymes involved in the

final steps of microbial pathways leading to the production of butyrate, short-chain alcohols (SCAs)

ethanol and propanol, methane trimethylamine (TMA) and trimethylamine N-oxide (TMAO) as proxies

to determine their abundance in MASLD. To achieve this, we isolated these gene families and quantified

them in over 550 whole metagenomes obtained from fecal samples of MASLD and healthy patients,

stratified across three cohorts. We also explored taxonomic signatures to gain a comprehensive view

of bacterial diversity and abundance. Finally, we assessed the presence of these genes within the

human GM genomes and plasmids. This approach provided insights into the role of microbial pathways

in MASLD progression and highlighted key genetic signatures in both healthy and MASLD patients.

2. Results

***Agathobacter rectalis* is depleted in MASLD**

Certain bacterial clades have been positively correlated with MASLD progression, including

Enterobacteriaceae[15,17] such as *Escherichia / Shigella spp.*[17,18], *Bacteroidaceae* like *Bacteroides spp.*[18,19],

Veillonellaceae[15] or *Streptococcus spp.*[20]. Conversely, other clades have been reported to exhibit an

inverse correlation with MASLD progression, including *Ruminococcaceae*[15] such as *Faecalibacterium*

prausnitzii[18,21], *Lachnospiraceae* like *Eubacterium rectale*[18,21] or *Dorea longicatena*[21], *Clostridiaceae* like

Clostridium spp.[17], or even *Pseudomonas spp.*[20]. However, these studies often yield conflicting results.

For example, a reported a positive correlation between *Ruminoccocus spp.* abundance and MASLD

progression[19] contradicts one of the main findings in two posterior studies[18,21]. Similarly, *Prevotella spp.*

was found to decrease with MASLD development[22] and fibrosis stage[19], yet another study reported an

increase in this genus in MASLD patients[20]. Additional examples of discordant taxonomic signatures in

MASLD, such as *Blautia spp.* or *Roseburia spp.,* are reviewed elsewhere[23].

To investigate whether any bacterial genera is systematically altered in MASLD, we profiled the

taxonomic composition of the GM communities across all samples from the three cohorts using

MetaPhlAn[24], as detailed in Materials and Methods. This analysis identified 28 bacterial genera shared

across all three cohorts (Fig. 1A) that accounted for 59%, 31.5% and 49% of the GM fraction in each

cohort, respectively (Fig. 1B). Thus, nearly half of the bacterial genera identified in at least one cohort

were shared across all cohorts (28 out of 63), comprising between one and two-thirds of their total GM

abundance.

Among these shared genera, *Gemmiger*, *Streptococcus*, *Mediterraneibacter*, *Ruminococcus* and

Agathobacter exhibited a consistent differential abundance pattern between groups across every

cohort statistically significant in at least two cohorts (Fig. 1D). This exclusion criterion was applied to

enhance the reliability of the results, ensuring that differentially abundant genera were not solely

driven by heterogeneous demographic variables (e.g. geographical location, age, sex, or ethnicity) or

environmental factors (e.g. diet, physical activity, comorbidities, or drug exposure), rather than being

directly related to the MASLD phenotype[25,26]. However, this threshold was not applied to Cohort 2

because all patients in this group have MASLD, and applying it could have been overly restrictive,

masking potential taxonomic differences associated with the disease. From these five genera, only

Agathobacter spp. showed statistically significant differences across the three cohorts (Fig. 1D). Note

that *Agathobacter*, as well as *Ruminococcocus* and *Mediterraneibacter*, belong to the fraction of the

highest abundant GM bacterial genera (Fig. 1C), highlighting their potential contribution to the

phenotype in specific patient cohorts.

Analogously, the highest abundant bacterial species within the GM were interrogated for

differences in abundances between groups across the three cohorts (Fig. 1E). Only *Agathobacter*

rectalis and *Bacteroides uniformis*, two of the most abundant GM bacterial species (Supplementary Fig.

1), exhibited a consistent pattern of differential abundance across all cohorts, with statistical

significance in at least two. However, only *A. rectalis* showed a significant difference between groups

in all cohorts, identifying it as a robust taxonomic marker depleted in MASLD.

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Figure 1 (cont. next page). Taxonomic profiling of GM in MASLD. (A) Number of bacterial genera common to the three
cohorts. **(B)** Average relative abundance of bacterial genera predicted by MetaPhlAn in the three cohorts of study. The blue
section of the pie charts reflects the average relative abundance of bacterial genera common to the three cohorts (n=28),
whereas the grey and green sections reflect, respectively, the abundances of non-common and minor genera (i.e., with an
average relative abundance = 0 in at least one of the cohorts). **(C)** Top abundant GM genera (average absolute abundance
>0.5%) **(D-E)** Relative abundance of bacterial genera **(D)** and species **(E)** in the metagenomes of the fecal samples, in
logarithmic scale. Each facet represents a cohort of study. Differences in abundances were evaluated using a pairwise Mann-
Whitney test with a Benjamini-Hochberg adjustment for multiple testing. Horizontal bars represent median levels, while
boxes and whiskers represent the data from first to third quartiles and from the quartiles to the minimum and maximum,
respectively. Clades depicted in green across the x-axis have a consistent differential abundance pattern between groups
over the three cohorts. Only *Agathobacter rectalis* depicted in red, has a consistent and statistically significant increase
between groups across cohorts. (*) p<0.05, (**) p<0.01, (***) p<0.001, (****) p<0.0001. Non-starred genera present non-
significant differences in abundance between groups.
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Butyrate-producing genes are depleted in MASLD

The identification of *A. rectalis* as a consistent taxonomic signature across multiple MASLD cohorts underscores its potential protective role in MASLD development. However, taxonomy alone may not fully capture GM functional contributions. Certain microbial metabolites regulate GLA integrity and have been suggested to influence MASLD progression[27–29]. These compounds are catabolized from dietary carbohydrates and proteins that escape upper gastrointestinal digestion by the GM through fermentative pathways that are predominant in the anaerobic environment of the colon[30,31]. Once absorbed into the bloodstream, they are transported to the liver via the portal vein, where they can exert both beneficial and detrimental effects[32,33].

The most well-characterized metabolic family are short chain fatty acids, which are produced by the GM through the colonic fermentation of complex carbohydrates present in dietary fiber that escape digestion in the small intestine. These metabolic pathways have been relatively well understood for nearly thirty years[34] and their impact on GM homeostasis has been reviewed in several articles[35–37]. For this reason, we interrogated the metagenomic fecal samples from the patient cohorts for metabolic signatures that could explain the MASLD phenotype. First, we focused on the genes encoding enzymes involved in butyrate formation as a proxy for the bacteria that carry them, independently of their taxa. To validate our hypothesis, we analyzed the genic abundance of the final enzymes in butyrate production.

We selected butyrate as a target because it is crucial for maintaining GLA homeostasis by supporting the colonic epithelial barrier[38,39]. It also promotes lipid oxidation[40,41], induces hepatic gluconeogenesis[42], and prevents insulin resistance[43], all of which are key factors in MASLD. In mice, both butyrate-producing probiotics[44] and sodium butyrate administration[45–47] have been shown to

prevent steatosis and slow MASLD progression. Additionally, fecal microbiota transplantation (FMT)

from healthy to MASH mice increased cecal butyrate levels and reduced steatosis[48].

Bacterial butyrate can be formed through two different terminal reactions (Fig. 2A). The first is

a dephosphorylation of butyryl-P that yields one ATP through an energetically favorable reaction that

is catalyzed by a butyrate kinase encoded by *buk.* In the precursor reaction, butyryl-P is formed through

a phosphorylation of butyryl-CoA catalyzed by a phosphate butyryl transferase encoded by *ptb*.

Butyrate also accumulates after the transference of a CoA cofactor from butyryl-CoA to acetate through

butyryl-CoA:acetate CoA transferase, encoded by *but*. This CoA-transferase route also conserves the

energy of the CoA bond in the newly formed CoA-moiety of the co-substrate. Butyryl-CoA is produced

from crotonyl-CoA through two different enzymes: butyryl--CoA trans-2-oxidorreductase, encoded by

fabV, and butyryl--CoA dehydrogenase, encoded by *bcd.* This pathway is further reviewed in the human

GM elsewhere[49].

We quantified the abundance of these genes in the metagenomic fecal samples of the two

groups across the three MASLD cohorts, as described in Materials and Methods. Genes involved in the

production of butyrate and its precursors, butyryl-P and butyryl-CoA, were significantly depleted in the

GM of cirrhosis MASLD patients compared to the healthy group, and they also decreased significantly

with MASLD progression (Fig. 2B). Precursor gene *fabV* was nearly an order of magnitude less abundant

than *ptb* and *bcd* in both cohorts, underscoring the greater prevalence of *bcd* over *fabV* in the CoA-

transferase route. Additionally, *ptb* did not exhibit significant differences in Cohort 2. *but* was

significantly depleted in the control group in both cohorts, whereas *buk* showed no differences in

Cohort 2 either. Notably, the depletion of butyrate genes did not replicate in MASLD patients from

Cohort 1.

Figure 2. Abundance of butyrate-producing genes in patient cohorts. (A) Characterization of the terminal reactions
involved in the formation of bacterial butyrate from crotonyl-CoA. Enzymes, EC numbers, coding genes and KOs, as well as
the reaction type, are indicated for each metabolic step according to the annexed legend. **(B)** Abundance of butyrate-
producing genes in Cohorts 2 and 3, in logarithmic scale. Boxplots represent the genic abundance from the metagenomic
measures of the fecal samples, and differences in abundances were evaluated using a pairwise Mann-Whitney test with a
Benjamini-Hochberg adjustment for multiple testing. Upper and lower facets represent abundances in Cohorts 2 and 3,
respectively. Left and right facets represent abundances of precursor and terminal coding genes, respectively, as described
in (A). RPKSM: reads per kilobase per genic size per million reads. (*) p<0.05, (**) p<0.01, (***) p<0.001, (****) p<0.0001,
ns: non-significant.

SCA-producing genes are increased in MASLD

SCAs are a metabolic family also suggested to regulate GLA integrity, with several studies linking GM endogenous alcohol production to MASLD. The first, published over a decade ago, reported elevated peripheral blood ethanol and fecal *Escherichia* spp. 16S-rRNA levels in MASH patients[50]. Similar findings were reported in a pediatric cohort, where children with MASLD exhibited higher levels of fecal ethanol, *Prevotella* spp., and *Gammaproteobacteria* 16S rRNA[51]. A more recent study showed that postprandial peripheral blood ethanol and fecal *Lactobacillaceae* 16S-rRNA levels increased in MASH patients after selective inhibition of host ADH, an effect that was reversed with broad-spectrum antibiotic treatment[52]. In 2019, Yuan and colleagues identified a high-alcohol-producing strain of *Klebsiella pneumoniae* capable of causing MASLD through ethanol production[53]. Specifically, they found that FMT from a MASH patient containing this strain induced MASLD in healthy mice, whereas removing the strain before FMT prevented the disease. Furthermore, ethanol produced by this *K. pneumoniae* strain was shown to disrupt fat homeostasis in hepatic cells and cause mitochondrial dysfunction, oxidative stress, and the accumulation of reactive oxygen species[54], which are critical to MASH development as they drive lipid peroxidation and inflammation[55]. Additionally, a recent computational study identified a positive correlation between the abundance of two fermentative pathways in certain *Clostridia* families and fatty-liver disease in patients. These pathways include the production of ethanol from pyruvate and the heterolactic fermentative pathway[56].

With this ample evidence, we hypothesized that genes encoding the enzymes involved in the formation of endogenous SCAs could be another metabolic mechanism involved in MASLD pathology. We focused on ethanol and propanol, which are produced by the reduction of their respective aldehydes through ethanol and propanol dehydrogenases. These enzymes help to reduce the levels of

toxic aldehydes in the GM[57,58] and replenish NAD^+ levels to maintain fermentative growth. Bacterial

ethanol is formed from acetaldehyde through a fermentative reaction that can be catalyzed by an

NADH-dependent, bifunctional acetaldehyde-ethanol dehydrogenase encoded by *adhE*, an NADPH-

dependent alcohol dehydrogenase encoded by *adhB*[59,60] and a NADPH-dependent aldehyde reductase

encoded by two different genes: *ahr* and *yahK*, with the corresponding liberation of phosphorylated

reducing power in form of $NADP^+$ [61,62]. Precursor acetaldehyde can be formed from 1) ethanolamine

degradation, through a reaction catalyzed by ethanolamine ammonia-lyase which is encoded by *eutB*

and *eutC* genes and liberates ammonia as a by-product[63], 2) acetyl-CoA, through a fermentative

reaction catalyzed by bifunctional AdhE and by a CoA-acetylating acetaldehyde dehydrogenase

encoded by *mhpF*[64,65] and 3) acetate, through a dehydration catalyzed by aldehyde dehydrogenase B,

encoded by *aldB*[66] (Fig. 3A, top). Bacterial 1-propanol is formed from propionaldehyde through a

fermentative reaction catalyzed by a propanol dehydrogenase encoded by two different genes: *adhP*

(a propanol-preferring alcohol dehydrogenase) and *pduQ.* Propionaldehyde can be generated through

two distinct reactions: a CoA transference from propionyl-CoA catalyzed by a propionaldehyde

dehydrogenase encoded by *pduP*; and a dehydration of 1,2 propanediol catalyzed by a propanediol

dehydratase composed by three subunits encoded by *pduC*, *pduD* and *pduE.* These genes are co-located

within the same operon and encode the corresponding enzymes responsible for the metabolism of 1,2-

propanediol within the propanediol-utilizing (Pdu) microcompartment, a specialized bacterial structure

found in certain enteric species[67,68] (Fig. 3A, bottom).

We quantified the abundance of genes involved in bacterial SCA formation in the metagenomic

samples of the three cohorts as described above. *mhpF* and *aldB*, involved in ethanol production, and

yahK and *ahr*, involved in acetaldehyde production, were significantly enriched in the GM of MASLD

patients from Cohort 1 and Cohort 3 compared to healthy groups. Their abundance also increased with

MASLD progression (Fig. 3B). *mhpF* and *ahr* were depleted compared to *aldB* and *yahK* respectively in

all three cohorts. All genes involved in the formation of 1-propanol and propionaldehyde were also

significantly enriched in MASLD patients by more than half order of magnitude, increasing with MASLD

progression (Fig. 3C). These findings reveal a systematic increase of SCA-producing genes in MASLD.

Figure 3. Abundance of SCA-producing genes in patient cohorts. (A) Characterization of the terminal reactions involved in
the formation of bacterial ethanol (up) and propanol (down). Enzymes, EC numbers, coding genes and KOs, as well as the
reaction type, are indicated for each metabolic step according to the annexed legend in Fig. 2A. Non-candidate genes are
colored in grey. **(B)** Abundance of *mhpF, aldB, yahK* and *ahr* genes involved in the last two reactions from pyruvate to ethanol
in the three cohorts. **(C)** Abundance of *pduC-E, pduP, pduQ* and *adhP* genes, involved in the last two reactions from 1,2-
propanediol and propionyl-CoA to 1-propanol in the three cohorts. Boxplot organization and distribution in facets, as well
as statistical tests, were elaborated analogously as Fig. 2C.

Genes involved in methane production are decreased in MASLD, whereas *tor* operons driving TMA

accumulation are elevated

Circulating TMAO levels have also been linked to MASLD severity[69] and all-cause mortality in

MASLD patients[70]. Higher plasmatic TMAO levels also increase cardiovascular disease risk -a condition

associated with MASLD- in both mice[71] and clinical patients[72]. Therefore, we investigated whether

bacterial TMAO could be another metabolic mechanism involved in MASLD.

Methane production in the GM occurs through a two-step process: a simultaneous TMA

demethylation and CoM methylation, followed by the reduction of methyl-CoM (Fig. 4A). TMA

originates from choline degradation via the *cut* operon[73] and is oxidized in the liver to TMAO[74] or

reduced back to TMA under anaerobic conditions via the *torCAD* and *torZY* operons. Specifically, *torA*

and *torZ* encode two TMAO reductases, whose molecular mechanisms are reviewed elsewhere[75]. CoM

methylation occurs through two well-characterized enzymatic systems: a TMA-specific (composed of

mttC, *mtbA* and *mttB*) and a methanol-specific pathway (composed of *mtaC, mtaA* and *mtaB*)[76]. The

final reduction of methyl-CoM to methane is catalyzed by methyl-CoM reductase (MCR) I, which is

encoded by the *mcrBDCGA* operon[77]. MCR I has an alternative isozyme termed MCR II, encoded by

mrtBGA operon[78]. The resulting heterodisulfide (CoB-S-S-CoM) is then reduced to CoM and CoB by a

heterodisulfide reductase encoded by operon *hdrABC*, which regenerate both cofactors[79]. Additionally,

methyl-CoM is replenished through tetrahydromethanopterin CoM-methyltransferase (encoded by

operon *mtrABCDEFGH*), which methylates CoM[80].

We measured the abundance of these genes in the samples of the three MASLD cohorts as

described above. The MCR I and II coding genes, involved in reducing methyl-CoM to methane,

significantly decreased in the GM of MASLD patients. Their abundance also declined with MASLD

progression (Fig. 4B). Concordantly, *hdr* and *mtr* genes, responsible for replenishing CoM and

transferring it to a methyl group to form precursor methyl-CoM, were significantly decreased in MASLD

and showed a further decrease with MASLD progression (Fig. 4C). Interestingly perhaps, *hdrA* was two

orders of magnitude more abundant than the rest of the genes from the operon. *mtbA, mttB, mtaA*

and *mtaB* were significantly decreased in MASLD. However, they did not exhibit differences between

the initial and advanced stages of MASLD (Supplementary Fig. 2). Notably, the higher abundance of

methane-producing genes observed in the healthy group was not replicated in Cohort 3. In contrast,

bacterial genes involved in TMA regeneration showed the opposite trend. The *torCAD* and *torZY*

operons were significantly increased in the GM of MASLD patients, and their abundance increased with

MASLD progression (Fig. 4D). These findings suggest that methane production from TMA and methanol

that naturally occurs in a healthy state is disrupted in MASLD, revealing another potential microbial

pathway involved in MASLD pathogenesis.

Finally, we measured the abundance of five universal single-copy genes (USCGs), as described

in Material and Methods, to confirm that observed differences in genic abundance between sample

groups were truly due to MASLD phenotype and not influenced by other biological factors nor spurious

technical artifacts derived from the quantification method. We found no differences in gene abundance

between groups for any USCGs in any of the cohorts (Supplementary Fig. 1).

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Figure 4. Abundance of methane and TMA-producing genes in patient cohorts. (A) Characterization of the terminal reactions involved in the formation of microbial methane. Enzymes, EC numbers, coding genes and KOs, as well as the reaction type, are indicated for each metabolic step according to the annexed legend in Fig. 2A. **(B)** Abundance of genes coding for methyl-coM reductase I (*mcr*) and methyl-CoM reductase II (*mrt*). **(C)** Abundance of genes coding for CoB-CoM heterodisulfide reductase (*hdr*) and tetrahydromethanopterin S-methyltransferase (*mtr*). **(D)** Abundance of *tor* operons. Facets represent genic operons. Boxplot organization and statistical tests were elaborated analogously as Fig. 2C.

Candidate metabolic genes are accessory in the GM

Although this analysis identifies *A. rectalis* and multiple metabolic genes involved in the formation of butyrate, SCAs, TMAO and methane as consistent taxonomic and functional signatures associated with MASLD, these markers alone are not sufficiently robust to establish a causal link between GM composition and MASLD phenotype. GM bacterial species have pleomorphic genomes, consisting of up to thousands of genomically distinct strains that share a conserved genetic core but possess an accessory genome that is highly variable among them[81,82]. This accessory genome is often encoded in plasmids and other MGEs which are subject to frequent changes and can readily transfer between different bacterial strains[16,83].

To test this hypothesis, we assessed whether candidate metabolic genes involved in MASLD were core or accessory across some of the most abundant human GM genomes. Selection of genomes and genic presence were determined as described in Materials and Methods. Briefly, we defined the presence of a target gene in a clade as the percentage of strains encoding it, classifying it as core if present in >80% of congeneric or conspecific genomes, as accessory if present in 20-80%, and as highly accessory if present in <20% genomes. Most of the selected GM genera (n=24) belong to class Clostridia, specifically to orders *Lachnospirales* and *Oscillospirales* (Fig. 5A). Butyrate-producing genes from the butyryl-CoA pathway (*bcd* and *but*) were core in nearly half of these genera, while those from the butyryl-P pathway (*ptb* and *buk*) were core only in *Flavonifractor, Clostridium* and *Coprococcus.* Notably, butyrate-producing genes were highly accessory across several genera, including *Lachnospira,*

Ruminococcus_B and *E, Ruthenibacterium, Blautia, Fusicatenibacter, Dorea,* and *Mediterraneibacter*,

and were completely absent in *Ruminococcus_C* and *D*. In contrast, acetaldehyde and ethanol-

producing genes were highly accessory across all genera except *Streptococcus*, an heterolactic genus

that constitutively encoded *aldhB* in all its genomes (specifically in *S. epidermis, S. salivarius* and *S.*

thermophilus, Fig. 5B) and exhibited moderated presence (20-80%) of *yahK*/*ahr*. The acetaldehyde-

producing gene *mhpF* was nearly absent in the GM, except for a few genomes of *Flavonifractor* and

Agathobacter. Propanaldehyde and propanol-producing genes from the *pdu* operon were core in three

genera: *Ruminococcus_B* (*R_B. gnavus*), *Anaerobutyricum* (*A. hallii*) and *Flavonifractor* (*F. plautii*),

though *pduE* was unexpectedly absent in *Ruminococcus_B*. These genes were highly accessory in

Blautia (*B. wexlerae*), *Streptococcus*, *Medierraneibacter* or *Agathobacter* (*A. rectalis*). Notably, *A. hallii*

and *F. plautii* were the only species encoding both core butyrate and propanol-producing genes.

Beyond their accessory nature within GM pangenomes, candidate metabolic genes were also

encoded in plasmids (Fig. 5C). Genes involved in ethanol formation such as *aldhB, yahK* and *ahr* were

among the most widely distributed, being present in hundreds of different plasmids. In contrast,

butyrate-producing genes (*fabV, but, ptb,* and *buk*) and propanol-related genes (*pduC, pduD, pduE,*

pduP, and *pduQ*) were detected in fewer plasmids, further supporting their variable presence across

GM genomes. A notable exception was *bcd*, which exhibited a broader presence across both

chromosomal and plasmid-encoded sequences. These findings reinforce the idea that non-essential

metabolic functions, especially ethanol production, are encoded in MGEs, contributing to their

accessory nature within the GM.

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Gene	HMM size (aa)	N gene (+) plasmids
fabV	394	46
bcd	379	819
but	446	36
ptb	303	120
buk	358	3
mhpF	312	144
aldhB	512	1,203
yahK	350	871
ahr	339	538
pduC	553	31
pduD	224	2
pduE	174	2
pduP	461	6
pduQ	370	290
adhP	336	1,007

Figure 5. Presence profile of candidate metabolic genes in the human GM. (A-B) Heatmap showing the presence of candidate genes involved in MASLD across some of the most abundant clades in the human GM. The x-axis represents genes associated with butyrate and SCAs production, as well as USCGs. The y-axis lists the bacterial clades inspected. Genic presence is expressed as the percentage of **(A)** congeneric and **(B)** conspecific genomes encoding each target gene, with colors indicating classification: black for core genes (>80% of genomes), dark blue for accessory genes (20-80% genomes), light blue for highly accessory genes (<20% genomes) and white for genes completely absent in the clade. Hierarchical clustering was applied to the y-axis to group genera (top) based on genic presence similarity. **(C)** Presence of candidate genes in RefSeq200 annotated plasmids. Column 3 represents the number of different plasmids that encode at least one copy of each gene

3. Discussion

MASLD is a liver pathology influenced by multiple contributing factors, one of which is the GM. Numerous studies have tried to ascribe a causality between GM composition and MASLD. However, taxonomic signatures in key GM clades, such as *Blautia* and *Roseburia* spp., have been inconsistently associated with MASLD progression, with studies reporting both positive and negative correlations[23]. These issues are normally linked to the use of 16S rRNA-based profiling in metataxonomic studies, which often lacks resolution at species and strain level[84]. To address this limitation and assess if there is indeed a specific clade robustly associated with MASLD, we utilized multiple marker genes for taxonomic classification, in an attempt to provide a more comprehensive view of microbial abundances

in health and disease states. Using MetaPhlan, we profiled the taxonomic composition of the GM in

metagenomic fecal samples of healthy and MASLD donors across three independent cohorts. We

identified 28 bacterial genera shared across all cohorts (Fig. 1A), collectively accounting for 30-60% of

the total GM abundance (Fig. 1B). Among these, five candidate genera -*Gemmiger*, *Streptococcus*,

Mediterraneibacter, *Ruminococcus* and *Agathobacter* (Fig. 1C)- and two species, *Agathobacter rectalis*

and *Bacteroides uniformis* (Fig. 1E), exhibited consistent differences in their relative abundance

between groups across all the cohorts. These taxa rank among the most abundant clades in the GM

(Fig. 1C, Supplementary Fig. 1). However, only *Agathobacter rectalis* showed statistically significant

differences. Given its high abundance in the GM, its coherent abundance trend at both genus and

species level, and its consistent depletion in MASLD, *A. rectalis* emerges as a robust taxonomic marker

for the disease.

Although this observation has been previously reported[18,21], this result should be interpreted

with caution due to ongoing debates in bacterial nomenclature, as *A. rectalis* is a newer designation

that has replaced *Eubacterium rectale*[85]. Updates in taxonomic assignments pose challenges, as newer

species or genera may not be consistently reflected across different databases or studies[86,87]. Also,

taxonomic classifications themselves, whether based solely on 16S rRNA or on multiple markers, limit

our ability to reliably infer GM changes. Bacterial genome plasticity, driven by MGEs, can blur the lines

of taxonomy-phenotype associations, as they contribute to a vast strain-level diversity[81] that remains

undetected by taxonomic profiling methods. In fact, we have previously reported that geno-metabolic

shifts in GM propionate production associated with inflammatory bowel disease do not align with

species-level variations[88].

GM associated metabolism contributes to MASLD by disrupting the integrity of the GLA. For this

reason, we focused on identifying abundance differences in the genes responsible for producing

metabolites potentially implicated in MASLD across several patient cohorts, i.e. butyrate, SCAs, TMA

and methane. We isolated the GM gene families encoding the enzymes involved in the biosynthesis of

these metabolites and aligned them against the metagenomic samples to quantify their abundance.

We found that butyrate-producing genes are depleted in the GM of MASLD patients (Fig. 2B),

particularly those involved in the crotonyl-butyryl CoA axis: *fabV* (butyryl-CoA oxidoreductase), *bcd*

(butyryl-CoA dehydrogenase) and *but* (butyryl-CoA:acetate-CoA transferase) (Fig. 2A). While *ptb* and

buk were also higher in both healthy subcohorts, their levels did not differ significantly between initial

and advanced MASLD groups within Cohort 2. This suggests that CoA transfer is the predominant

pathway for butyrate production in the GM, as previously reported[89]. The smaller differences in *ptb*

and *buk* in Cohort 2 may reflect a common MASLD phenotype across different fibrosis stages, along

with the limited sample size of this cohort compared to Cohort 3. Additionally, two other enzymes -

structured as two-subunit systems-, can transfer CoA from different cofactors to butyrate to produce

butyryl-CoA: butyryl-CoA:acetoacetate-CoA transferase (encoded by *atoD* and *atoA*) and acetate CoA-

transferase (encoded by *ctfA* and *ctfB*). These were not included in this study as they catalyze the

reverse reaction, consuming butyrate to form butyryl-CoA[90]. Notably, the depletion of butyrate genes

was not observed in MASLD patients from Cohort 1.

Contrarily, genes involved in the formation of ethanol and propanol through connected

fermentative reactions are increased in MASLD (Fig. 3). Genes *mhpF* and *aldB* -encoding two aldehyde

dehydrogenases that produce ethanol-, and *yahK* and *ahr* -encoding two NADPH-dependent aldehyde

reductases that form acetaldehyde- are significantly increased in the GM of MASLD patients compared

to the healthy groups (Fig. 3B). Genes involved in the production of 1-propanol structured in operon

pdu are also increased in MASLD (Fig. 3C). Specifically, *pduCDE* -encoding a propanediol dehydratase-,

pduP -encoding a propionaldehyde dehydrogenase- and *pduQ* and *adhP* -encoding two distinct

propanol dehydrogenases-. The marked differential abundances of propanol-producing genes,

organized in the *pdu* operon and *adhP*, which have been largely unexplored in the context of liver

disease, suggests that 1-propanol produced in bacterial microcompartments may play an even more

critical role than ethanol in MASLD onset and progression.

The abundance of genes in the TMA-methane metabolic axis is also disrupted in MASLD. Genes

involved in methane formation (Fig. 4A) are depleted in the pathology, including both MCR I and II

coding-genes (Fig. 4B), which reduce methyl-CoM to methane and *mtr*, *hdr* (Fig. 4C), and Mtb / Mta-

coding genes (Supplementary Fig. 2), dedicated to regenerating methyl-CoM. In contrast, TMAO-

reductive genes, organized in *torCAD* and *torZY* operons and responsible for regenerating TMA, are

increased in MASLD (Fig. 3D). These results suggest that methane production is impaired in MASLD. The

opposing trend in the abundance of *tor* operons further indicates that this impairment stems from a

metabolic bottleneck that leads to TMA accumulation instead of its conversion to methyl-CoM, effect

that is driven by TMAO reductases I and II.

Taken together, these results reveal a geno-metabolic alteration associated with MASLD,

characterized by an increase in genes involved in the production of SCAs and TMA, and a concurrent

depletion of genes responsible for butyrate and methane production (Fig. 6). We confirmed that genic

abundance differences were driven by the MASLD phenotype by showing no differences in USCG

abundance between groups (Supplementary Fig. 3). These findings support the hypothesis that the

accumulation of endogenous alcohols may represent a key metabolic feature of MASLD, occurring

alongside the displacement of butyrate-producing taxa, as previously proposed[33]. Moreover, the

observed decrease in *A. rectalis* abundance partially explain the reduction in butyrate levels, as this

organism is a known GM butyrate producer[85].

Figure 6. Geno-metabolic scheme involved in MASLD. Proposed scheme showing the GM genic alterations related to butyrate, SCAs, TMA and methane production in MASLD. Ethanol, propanol and TMA-producing genes are increased in the pathology (top), whereas butyrate and methane-producing genes are decreased (bottom). Blue boxes indicate the catalyzing genes whose abundance is altered in each metabolic step.

Importantly, we found that metabolic genes associated with MASLD exhibit a highly accessory

profile within the GM (Fig. 5). Butyrate-producing genes are highly accessory in nearly half of the most

abundant GM genera, while SCA-producing genes display an even more pronounced accessory pattern.

Among the two main butyrate biosynthesis routes, genes from the butyryl-CoA pathway are more

pervasive in the GM than those from the butyryl-P pathway. Notably, *Phocaeicola* and *Bacteroides* -the

two most abundant GM genera- were excluded from this analysis due to a limited number of high-

quality genomes passing our completeness filters, despite their extensive genomic representation in

the UHGG. Interestingly, the two key genes in the butyryl-CoA pathway (*bcd* and *but*) are core in *A.*

rectalis. Nonetheless, some strains of this known butyrate-producing species also harbor genes for

ethanol and propanol production, which our findings suggest may contribute to MASLD onset. This

highlights a critical point: taxonomic signatures alone are insufficient for associating bacterial clades

with disease. Genome plasticity introduces substantial strain-level metabolic variability in the GM,

leading to distinct phenotypic traits even within the same species: an effect well-documented in both

pathogenic and commensal *E. coli* strains[91,92].

Further supporting their mobility, candidate genes are frequently encoded in plasmids (Fig. 5C)

with ethanol formation genes (*aldhB*, *yahK*, and *ahr*) being the most widely distributed, while butyrate

and propanol-related genes are present to a lesser extent. Since non-essential, adaptive metabolic

pathways are often encoded in plasmids across many bacterial species[92–94], their presence likely drives

phenotypic differences in MASLD without altering the overall species composition detected by

conventional metataxonomic marker genes. Given that MASLD is partially driven by bacterial

metabolism, strains from different species probably may produce similar liver-impacting metabolites,

potentially contributing to MASLD pathogenesis.

4. Conclusions

Our study reveals that MASLD is marked by distinct geno-metabolic alterations in the GM that

are not captured by conventional taxonomic profiling. Specifically, we observed an increase in genes

involved in the production of SCAs and TMA, coupled with a depletion of genes responsible for butyrate

and methane production. These results confirm multiple previous findings and suggest a broader

metabolic shift that may contribute to the pathogenesis of MASLD, with the displacement of beneficial

butyrate-producing taxa such as *Agathobacter rectalis*. Importantly, our work underscores the value of

analyzing metagenomes at gene level to extract additional phenotypic signatures beyond what 16S

rRNA or marker gene-based approaches can offer. By integrating metabolic pathway analysis with the

isolation of specific gene families, and by examining gene abundance, accessory gene profiles and

plasmid-mediated gene mobilization, we have significantly advanced our understanding of bacterial

metabolism in MASLD. This comprehensive approach not only enhances our vision of the microbial

etiology of MASLD, but also paves the way for improved bacterial analysis in clinical settings, offering

new avenues for diagnosis and therapeutic intervention in liver pathologies.

Materials and Methods

Figure 7. Computational workflow used in this study. This diagram summarizes the full computational methodology for
processing whole paired-end metagenomic samples, including data retrieval from the SRA, read quality control and
taxonomic profiling. Target gene families were isolated and their abundance quantified by alignment against the sequencing
libraries. Additionally, the genic presence of target genes was examined across GM genomes and annotated plasmids was
inspected. Blue arrows indicate the progression between workflow steps, with the corresponding software shown in black
beneath each arrow. Filtering steps are highlighted in pink boxes.

Downloading of sequencing metagenomic data

A total of 554 metagenomic libraries generated from the fecal samples of MASLD and healthy subjects were downloaded from the SRA using the accession numbers corresponding to five different studies with SRA Toolkit´s fastq-dump[95]. These samples were retrieved using the accession numbers corresponding to five different studies, and they were stratified in three MASLD cohorts, as detailed in Table 1. and they were stratified in three MASLD cohorts as detailed in Table 1. Information on the collection and processing of fecal samples, bacterial DNA extraction and sequencing protocols can be found in the original studies. Additionally, we retrieved the medical metadata associated with each sample donor to confirm their MASLD status and classify samples into two phenotypic groups of comparison within each cohort. Samples lacking a clearly defined MASLD status were excluded from this study. All data was downloaded between March 2022 and March 2024

Cohort	Phenotypic group	N samples	Reference	Accession number
1	Healthy control	117	96	PRJNA544527
	MASLD, initial fibrosis (F0-F2)	73	97	PRJEB14215
		48	98	PRJNA420817
2	MASLD, initial fibrosis (F0-F2)	72	18	PRJNA373901
	MASLD, advanced fibrosis (F3-F4)	14		
3	Healthy control	105	99	PRJEB6337
	Cirrhosis MASLD	125		

Table 1: MASLD patient cohorts analyzed in this study.

Each cohort (column 1) was divided into two phenotypic comparison groups: control vs. disease (column 2). The cohorts include *N* MASLD patients and corresponding whole-metagenomic stool samples derived from them (column 3). The disease group in Cohort 1 consists of 73 and 48 MASLD patients with initial fibrosis from[97,98]. Cohort 2 was divided into initial fibrosis (control) and advanced fibrosis. Patients were originally recruited in the listed studies (column 4), with metagenomic data and medical metadata downloaded from the indicated BioProject accession numbers (column 5).

Description of MASLD patient cohorts

Cohort 1 consists of two sets of European, obese MASLD patients aged 20-64 years with initial fibrosis (F0-F2) and varying degrees of steatosis: 73 patients from [97] and 10 patients from [98]. In the latter group, 48 fecal samples were collected at five time points during the study (two samples from day 1 were not obtained). Diagnoses were confirmed through hepatic biopsy performed during obesity surgery, and none of the subjects had alcoholic liver disease, hepatitis or diabetes. The control group for comparison includes 117 healthy patients from [96]. Cohort 2 comprises 86 American MASLD patients from [18], including 72 with initial (F0-F2) and 14 with advanced fibrosis (F3-F4). Diagnoses were confirmed through hepatic biopsy and magnetic resonance imaging, and none of the patients had alcoholic liver disease, hepatitis or diabetes. Note that in this study, the initial fibrosis group is referred to as "healthy" for group comparison purposes, despite including patients with early-stage MASLD. Cohort 3 includes 230 Han Chinese patients from [99]: 125 diagnosed with cirrhotic MASLD and 105 with no hepatic pathology. None of these subjects had hepatitis. All cohorts consist of one metagenomic stool sample per patient, except for the 48 samples collected at multiple time points from 10 patients in [98].

Quality control of metagenomic reads

Sequencing reads were trimmed to remove Illumina adapter remnants and low-quality regions (<Q25) using BBDuk from the BBTools suite (version 37.62)[100]. Read quality was assessed with FastQC (version 0.12.1)[101] and summarized using MultiQC (version 1.22.3)[102].

Taxonomic signatures associated with MASLD

To determine whether any bacterial clade is systematically increased or decreased in MASLD

across the three cohorts, we profiled the taxonomic composition of GM communities in fecal samples

using MetaPhlAn (version 4.0.6)[24]. Briefly, MetaPhlAn estimates the relative abundance of bacterial

taxa by aligning the metagenomic reads against a curated database of 5 million unique clade-specific

marker genes derived from 1 million microbial genomes spanning 26,970 species-level genome bins.

These marker genes include a range of taxonomically informative sequences, such as those from rRNA

genes (16S, 23S), RNA polymerase subunit genes (*rpoB*), DNA gyrase subunits (*gyrB*), and chaperone

proteins (*dnaK*), which are present in most prokaryotic genomes. The diversity of these markers allows

MetaPhlAn to provide highly accurate taxonomic classification across a wide spectrum of bacterial

clades, from the species level to broader taxonomic ranks, without being limited to 16S rRNA alone.

For this study, we used the database version *mpa_vOct22_CHOCOPhlAnSGB_202212*,

downloaded on August 22, 2023, and added the *--ignore_eukaryotes* flag to skip profiling eukaryotic

organisms. Post-processing of the MetaPhlAn output involved a) removing low-abundant clades (i.e.,

those with an average relative abundance of 0 in at least one cohort), b) excluding taxa predicted as

"unclassified", and c) verifying that excluded clades were not solely present in only one of the

comparison groups, in order to avoid what could be very clear taxonomic markers. To identify the most

abundant clades present in the GM, we selected genera with an average relative abundance above

0.5% (Fig. 1C) and species above 0.2% (Fig. 1E). Notedly, in this step we faced an issue regarding the

status of taxonomic assignments, as several species required manual updates to their nomenclature

assigned by MetaPhlAn. Specifically, *Eubacterium rectale* was reassigned to *Agathobacter rectalis*[85],

Ruminococcus torques to *Mediterraneibacter torques*[103] and *Roseburia faecis* to *Agathobacter faecis*[104].

Isolation of target gene families in the GM

We constructed families of the human GM-metabolic genes encoding the enzymes involved in the

production of butyrate, ethanol, propanol, TMA, methane and their precursor metabolites, as

represented in Figs. 2A, 3A and 4A. The Unified Human Gastrointestinal Genome (UHGG, version

2.0.2)[81] served as the reference database for this purpose. This resource, comprising 289,232 bacterial

and archaeal genomes and more than 665 million proteins, represents the most comprehensive

collection of characterized human GM genes to date. Each gene family was built by retrieving a seed of

sequences based on gene and protein annotation from the UHGG, assessing their similarity with lab-

validated enzymatic sequences when available. Validated gene sequences were retrieved from

MetaCyc[105] and used as controls to assess their phylogenetic proximity to the retrieved gene seeds.

Gene families were aligned using MAFFT (version 7.271)[106] and phylogenetic trees were constructed

with IQ-TREE (version 2.0.3)[107]. Low phylogenetic distances between control and retrieved sequences

served as a criterion for defining gene families. Duplicated sequences, gene fragments and

phylogenetically distant genes were excluded after inspecting the trees. To improve gene identification

and classification, we then built Hidden Markov Model (HMM) profiles for each target gene family using

HMMER hmpress (version 3.4)[108]. MetaCyc[105] and KEGG[109] were also used to validate gene and enzyme

names, KEGG Orthology (KOs) groups, the biochemical reactions involved in the formation of each

metabolite, and their enzyme commission (EC) numbers. The same protocol was applied to isolate five

USCGs, used as controls. These USCGs and their encoded proteins were: *argS* (arginyl-tRNA synthetase),

dnaA (chromosomal replication initiator protein DnaA), *rpoA*, *rpoB* and *rpoC* (alpha, beta and gamma

subunits of the DNA-directed RNA polymerase, respectively).

Analysis of gene abundance by read-based metagenomic quantification

We quantified the abundance of target genes in the metagenomic samples from the three cohorts

by aligning the quality-controlled reads against the isolated gene families using DIAMOND (version

2.0.14)[110]. Alignments were filtered to retain only the best match for each read and gene family

sequence by using the *"--max-hsps 1"* option, with an E-value threshold <1E-10. These parameters were

based on experimentally validated recommendations for detecting genes in fecal metagenomic

samples with DIAMOND[111]. The total number of aligned reads for each gene family was normalized

using a modified RPKM formula, referred to as RPKSM (reads per kilobase per size per million reads).

This measure was used as an indicator of gene abundance (Figs. 2B, 3B-C and 4B-D; and Supplementary

Figs. 1 and 2), and it is defined as the number of aligned reads per kilobase per gene family size per

million reads, to account for variations in gene length, gene family size (i.e., the number of sequences

within each gene family) and library size, respectively.

Presence of candidate metabolic genes across the human GM genomes and annotated plasmids

To determine whether candidate metabolic genes involved in MASLD were core or accessory across

the human GM, we analyzed their presence in both UHGG genomes and curated RefSeq200 plasmids[112].

Curation consisted in eliminating sequences that corresponded to partial plasmid DNA sequences,

unassignable hosts, or PacBio internal control sequences, as detailed previously[16]. Since many UHGG

genomes originate from metagenome-assembled or single-cell-amplified genomes, they may be

incomplete, potentially leading to false positive annotations. To minimize this risk, we included only

UHGG genomes with >95% completeness and containing the five USCGs described above. ORFs were

predicted using Prodigal (version 2.6.3)[113], retaining only those >90% of the HMM size. We then used

HMMER *hmmscan* with the following parameters: protein-pHMM coverage threshold >90%, E-value

<0.01 and independent E-value (i-E value) <0.01, strictly enforcing the 90% threshold to avoid capturing

ORFs with similar protein domains. This approach yielded 31,227 genomes classified as complete and

containing the five USCGs.

To classify genes as core or accessory, we defined their presence as the percentage of strains within

a given genus and species that encode the gene, considering only the most abundant clades in the GM

with >100 genomes meeting the completeness criteria. Genes were categorized as core if present in

>80% of congeneric (Fig. 5A) or conspecific (Fig. 5B) genomes, as accessory if present in 20-80%, and as

highly accessory if present in <20% genomes. Additionally, we assessed whether these genes could be

encoded in annotated plasmids. Using the same constraints, we predicted ORFs from the RefSeq200

plasmid collection, which includes 23,309 plasmids encoding over 2 million ORFs. ORFS were retained

if they met the >90% HMM size threshold, with *hmmscan* parameters identical to those applied in the

UHGG genome analysis (Fig. 5C).

R packages and statistical analysis

Data manipulation was performed using R (version 4.1.3) and the *tidyverse* package (version

1.3.2)[114]. Figures were generated with the R packages *ggplot2* (version 3.4.2)[115], *ggpubr* (version

0.6.0)[116] and *pheatmap* (version 1.0.12)[117]. Mann-Whitney tests with a Benjamini-Hochberg adjustment

for multiple testing were applied on the relative abundance of bacterial clades (Figs. 1D and 1E) and

genic abundance (Figs. 2B, 3B-C, 4B-D, and Supplementary Figs. 2 and 3) between phenotypic groups

in the metagenomic fecal samples of each cohort to assess the significance of the differences. The

statistical analysis and its graphic representation was conducted using the R package *rstatix* (version

0.7.2)[118].

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