

Role of Heme oxygenase-1 activation and Type-5 Phosphodiesterase inhibition in Hepatic Ischemia Reperfusion Injury of Rat

Thesis

Submitted for Partial Fulfillment of Master Degree

In Basic Medical Sciences

(Physiology)

By

Hend Ashour Ahmed Hassan

(M.B., B.Ch. Kasr Elini, Cairo University)

Supervised by

Prof. Dr. Hassan Mohamed Eissa

Head of Physiology department
Faculty of Medicine
Cairo University

Dr. Mohamed E. Saleh

Ass.Professor of Physiology
Faculty of Medicine
Cairo University

Dr. Laila A. Alsayed

Ass.Professor of Physiology
Faculty of Medicine
Cairo University

Faculty of Medicine
Cairo University
2011





"وَعَلَّمَكَ مَا لَمْ تَكُنْ تَعْلَمُ وَكَانَ فَضْلُ اللَّهِ عَلَيْكَ عَظِيمًا"

صدق الله العظيم,,

(سورة النساء - من آية 113)

Contents

	Page
Introduction & Aim of the Work	1
Review of Literature	5
Materials & Methods	44
Results	61
Discussion	85
Summary	97
Conclusion and recommendation	99
References	100
Arabic Summary	

List Of Tables

Tables		Page
1	Summary of the various functions of HO isoforms, their tissue distribution, and gene regulation	19
2	Serum alanine aminotransferase (ALT) in U/l , Nitrite in pmol/mg ptn,Heme oxegenase-1(HO-1) in arbitrary units,and Necrotic index levels in group I (the sham operated group).	62
3	Serum alanine aminotransferase (ALT) in U/l , Nitrite in pmol/mg ptn ,Heme oxegenase-1(HO-1) in arbitrary units ,and Necrotic index levels in group II (I/R).	64
4	Serum alanine aminotransferase (ALT) in U/l , Nitrite in pmol/mg ptn,Heme oxegenase-1(HO-1) in arbitrary units ,and Necrotic index levels in group III (I/R+ CoPP).	65
5	Serum alanine aminotransferase (ALT) in U/l , Nitrite in pmol/mg ptn ,Heme oxegenase-1(HO-1) in arbitrary units,and Necrotic index levels in group IV (I/R+ sildenafil).	67
6	Serum alanine aminotransferase (ALT) in U/l , Nitrite in pmol/mg ptn ,Heme oxegenase-1(HO-1) in arbitrary units ,and Necrotic index levels in group V (I/R+ sildenafil+ CoPP).	68
7	Comparison between the mean values and SD of ALT (U/l) and Nitrite in pmol/mg ptn levels in the different groups.	71
8	Comparison between the mean values and SD of Heme oxegenase-1(HO-1) in arbitrary units,and Necrotic index levels in the different groups.	74
9	Comparison between the mean values and SD of ALT (U/l) , NO (pmol/mg ptn), HO-1(arbitrary units) , and Necrotic index levels in the different groups.	76

List of Figures

Figures		Page
	Figures of review	
1	Liver transplantation surgery .	5
2	The inflammatory pathways in I/R injury.	7
3	Mechanisms of neutrophil-induced parenchymal cell killing.	11
4	The heme-HO system	21
5	Schematic representation of human heme oxygenase-1 gene.	28
6	Nitric oxide and apoptosis.	35
7	The pharmacologic mechanisms involving sildenafil and cGMP at the vascular tissue/platelet interface.	38
8	The potential explanations for the need for HO-1 expression to mediate the protection provided by exogenous CO.	43
	Figures of results	
9	Correlation between the mean level of serum ALT and the mean level of necrotic index.	77
10	Correlation between the mean level of HO-1 gene expression and the mean level of nitrite in liver tissue.	77
11	Comparison between mean value and SD of ALT(U/l) level in different groups.	78
12	Comparison between mean value and SD of nitrite (pmol/mg ptn) level in different groups.	78
13	Comparison between mean value and SD of HO-1 (arbitrary units) level in different groups.	79
14	Comparison between mean value and SD of necrotic index level in different groups.	79
15	Group I slide 1: histological examination was evaluated at ×200 magnification.	80

16	Group I slide 2: histological examination was evaluated at $\times 400$ magnification.	80
17	Group I I slide 1: Histological examination was evaluated at $\times 200$ magnification.	81
18	Group I I slide 2: Histological examination was evaluated at $\times 400$ magnification.	81
19	Group III slide 1: Histological examination was evaluated at $\times 200$ magnification.	82
20	Group III slide 2: Histological examination was evaluated at $\times 400$ magnification.	82
21	Group IV slide 1: Histological examination was evaluated at $\times 200$ magnification.	83
22	Group IV slide 2: Histological examination was evaluated at $\times 400$ magnification .	83
23	Group V slide 1: Histological examination was evaluated at $\times 200$ magnification.	84
24	Group V slide 2: Histological examination was evaluated at $\times 400$ magnification.	84

List of Abberiviations

ALT :alanin transferase

ADP : adenosine diphosphate

AHR : aryl hydrocarbon receptor

ANP : atrial natriuretic peptide

APC : antigen presenting cell

Bcl-2 : B-cell lymphoma 2

BNP : brain/B-type natriuretic peptide

CaM : calmodulin

cAMP : cyclic adenosine monophosphate

CD : cluster differentiation

cGMP :cyclic guanosine monophosphate

cNOS : constitutive NOS

CO : carbon monoxide

CoPP : Cobalt III protoporphyrin IX chloride

CORMs : CO releasing compounds

DAMPs : Danger-Associated Molecular Patterns

ECs : endothelial cells

ED : erectile dysfunction

eNOS : endothelial NO synthase

GP : platelet glycoprotein

HO : heme oxygenase

HOs : Heme oxygenases

hsp : heat-shock proteins

I.P : intraperitoneally

I/R : Ischemia reperfusion

IFN- γ : interferon-gamma

IL : interleukin

iNOS: inducible nitric oxide synthase

IPC : ischemic preconditioning

IRF-3 : interferon regulatory factor-3

IRI : Ischemia reperfusion injury

KATP : adenosine triphosphate-sensitive potassium channels

LDL : low density lipoprotein

LPS : lipopolysaccharide

MAPK : mitogen activated protein kinase

MHC : major histocompatibility complex

MMP : Matrix metalloproteinase

MnP : manganese-porphyrin

MyD88 : myeloid differentiation primary response gene 88

NF- κ B : nuclear factor kappa B

NK : natural killer

nNOS : neuronal NO synthase.

NO : nitric oxide

NOS : nitric oxide synthase

OFRs : Oxygen free radicals

PDE : phospho-diesterase

PKC : protein kinase C

PKG : protein kinase G

PMNs : polymorpho neutrophils

PS : phosphatidyl-serine

PSGL-1 : P-selectin glycoprotein ligand

RANTES : regulated upon activation, normal T-cell
expressed and secreted

ROS : reactive oxygen species

sGC : soluble guanylate cyclase

SOD : superoxide dismutase

TGF- β : transforming growth factor-beta

TLR : Toll-Like receptors

TNF- α : tumor necrosis factor- α

TUNEL : terminal deoxynucleotidyl transferase-
mediated dUTP nick-end labeling

Acknowledgement

الحمد لله رب العالمين

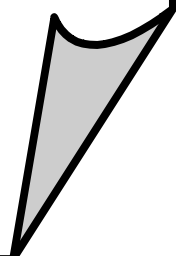
*First and above all , my deepest gratitude and thanks to **Allah** for achieving any work in my life. Blessing on our prophet Mohammed (peace upon him).*

*I would like to express my special cordial thanks, endless gratitude and appreciation to **Prof. Dr. Hassan Eissa** Professor of physiology and chairman of physiology department , Faculty of Medicine ,Cairo University, for giving me the opportunity to work under his meticulous supervision.*

Special thanks to Assistant professor Dr. Mohammed Elsayed Saleh, Assistant Professor of Physiology, Faculty of Medicine, Cairo University, for his help, kind advices and guidance through the work .

*With great pleasure I am also grateful to **Dr. Laila Ahmed Elsaid**, Assistant Professor of physiology , Faculty of Medicine ,Cairo University, for her kind effort and support that made achievement of this work possible. She offered me lot of help and encouragement.*

I would also like to express my deep appreciation to the staff members of Physiology department, Faculty of Medicine, Cairo University, for their valuable psychological support.



*Finally, no words can express my thanks and gratitude to **my dear husband** for his great support and encouragement in every step I take in my life. I really appreciate his valuable advice and his patience with the kids while finishing this work.*

Dedicated to

My husband

My children Hassan & Omar

My family & my husband's family

ABSTRACT

Ischemia/reperfusion induced injury is one of the major preoperative complications in liver surgery, so that this work provides evidence that HO-1 gene over expression, and type 5 PDE inhibitions perform a protective role against injury and there is a correlation between both pathways. It has been reported that both systems, NO producing nitric oxide synthase (NOS) as well as CO releasing heme oxygenase (HO), are capable of modulating each others activity and demonstrate beneficial effects on the cellular level in a model of hepatocyte cell death in mice .

Aim of work : Is to investigate the role of two pathways , HO-1 activation by use of Cobalt (III) protoporphyrin IX chloride (CoPP) and phosphodi-esterase type 5 inhibition by use of sildenafil, on ischemia reperfusion **(I/R)** injury of rat liver. To achieve this, fifty male adult white albino rats of average weight between 160 to 200 grams were used The rats were randomly divided into five main groups in which each group included 10 rats :

Group I(control group):The rats of this group were subjected to laparotomy and liver exposure was performed with no other further surgical manipulations.

Group II: This group underwent induction of hepatic ischemia reperfusion injury as 45 min of ischemia and 2 hours of reperfusion without injection of drugs.

Group III: Rats in this group were subjected to the same procedures as group II, but they were previously injected (I.P) with CoPP 24 hours before operation at a dose of 5 mg/kg body weight.

Group IV: This group underwent the same procedure as group II but Sildenafil citrate {inhibitor of phosphodiesterase type 5 (PDE-5)} administered intravenously at a dose of 10µg/kgbody weight, 15 min after stabilization of surgery

Group V : In this group, the two pathways were examined by injection of Cobalt (III) CoPP I.P and sildenafil citrate dissolved in saline and administered intravenously.

At the end of the experimental period, blood samples were collected to measure serum ALT. The animals were sacrificed and their livers were excised to assess the level of NO and HO-1 gene expression in liver tissues.

Samples were fixed in alcohol–formalin–acetic acid, embedded in paraffin and stained with standard haematoxylin-eosin stain for histological evaluation. Stained sections were examined at $\times 200$ and $\times 400$ magnification for severity of hepatic injury to measure the necrotic index.

Results of the present study showed that the serum ALT level and necrotic index were significantly increased in group II(I/R) compared to group I (control) denoting the presence of liver injury with I/R. The serum ALT level and necrotic index were significantly decreased in groups III (I/R +CoPP) and **Group IV (I/R+ sildenafil)** compared to group II (I/R) denoting a protective from liver injury .In **Group V:** (I/R+CoPP+ sildenafil),there was marked decrease in the serum ALT level and necrotic index compared to group II (I/R), and no significant change compared to the control) .

Key word: ischemia reperfusion, heme oxygenase and sildenafil

Introduction

The insult to an organ after the onset of reperfusion is the result of the interplay between different complex mechanisms. Ischemia reperfusion is a major cause of morbidity and mortality in patients undergoing liver surgery and liver transplantation (*Taniguchi et al., 2004*).

Ischemia reperfusion injury plays an important role in the quality and function of the graft and is a major cause for increased length of hospitalization and decreased long term graft survival (*Mehrabi et al., 2007*). Despite improvements in organ preservation solutions, ischemia- reperfusion damage during the preservation and the implantation of the liver is still a major problem in liver transplantation (*Chattopadhyay and Kumar, 2009*).

A lengthy period of ischemia is required for a number of liver procedures, especially in the setting of hepatic transplantation (*Serracino-Inglott et al., 2001*). Temporary clamping of the portal triad is common strategy to minimize bleeding during liver transplantation. Unfortunately, this method resulted in hepatic ischemia reperfusion and may cause postoperative functional disorder of the liver (*Gujral et al., 2001*).

On restoring the blood, the liver is subjected to further reperfusion insult. A complex multifactorial, pathphysiological process that induces the release of oxygen free radicals, cytokines and endothelins (*Serracino-Inglott et al., 2001*)

The heme oxygenase (HO) system is the rate-limiting step in the oxidative degradation of heme into biliverdin, carbon monoxide (CO) and free iron (*Choi and Alam, 1996*). inducible HO-1, also known as heat shock protein 32. Upregulation of HO-1 is known to be a protective response from cellular stress, following I/R injury, radiation and

inflammation and overexpression of HO-1 exerts a cytoprotective function in a number of I/R injury and liver transplant models (*Kobayashi et al., 2002*).

Thus, HO-1 is an attractive target for anti-inflammatory therapies and potential candidate responsible for cell injury (*Zhong et al., 2010*). Immunochemical studies with specific monoclonal antibodies have revealed the distribution of HO-1 in the rat liver with distinct topographical patterns (*Kobayashi et al., 2002*). HO-1 has been shown to be expressed principally in Kupffer cells (*Kiemer et al., 2003*). However, exact mechanisms by which HO-1 induction may lead to cytoprotection during I/R injury in organ transplantation have not been fully clarified (*Zhong et al., 2010*).

Generally, the cellular mechanisms of HO-1- derived protection including regulation of the inflammatory response, improvement of microvascular flow and the antiapoptotic effects. The beneficial effects of HO-1 may be the result of the ability of the end-products of heme degradation . It was reported that exogenous CO treatment suppressed early proinflammatory gene expression and neutrophil infiltration, and efficiently ameliorated hepatic I/R injury(*Kaizu et al., 2005*).

On the other hand one therapeutic approach, of recent interest, to minimize I-R injury, is the enhancement of nitric oxide (NO) bioavailability. NO is a product of the oxidative conversion of L-arginine to citrulline via the enzyme endothelial NO synthase (eNOS). NO is of physiological importance because of its involvement in cardiovascular homeostasis. NO fulfills many physiological roles including acting as a vasodilator by relaxing vascular smooth muscle cells (*Ignarro et al., 1987*) inhibiting platelet aggregation and leucocyte adhesion (*Radomskiet al., 1987*) and general inflammation (*Laroux et al., 2000*).

Sildenafil is a potent and selective inhibitor of cGMP-phosphodiesterase (PDE) type 5 that exerts its pharmacological effect by increasing