

Eryptosis triggered by bismuth

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Abstract Bismuth is used for multiple industrial purposes and in the treatment of several gastrointestinal diseases. Untoward effects of bismuth include anemia, which could, in theory, result from suicidal erythrocyte death or eryptosis. Hallmarks of eryptosis are cell shrinkage and cell membrane scrambling with phosphatidylserine exposure at the cell surface. Phosphatidylserine-exposing cells are rapidly cleared from circulating blood. Signaling leading to eryptosis includes increase in cytosolic Ca^{2+} activity and formation of ceramide. The present experiments explored whether bismuth elicits eryptosis. To this end, phosphatidylserine exposure was estimated from annexin V-binding, cell shrinkage from decrease of

forward scatter in FACS analysis, cytosolic Ca^{2+} activity from Fluo3 fluorescence and ceramide abundance from binding of fluorescent antibodies. A 48 h exposure to bismuth ($\geq 500 \mu\text{g/l BiCl}_3$) enhanced the percentage of annexin V-binding cells and decreased forward scatter, increased cytosolic Ca^{2+} activity, and stimulated ceramide formation. In conclusion, bismuth stimulates eryptosis, the suicidal death of erythrocytes. The effect may contribute to or even account for the development of anemia during bismuth treatment. Moreover, ceramide formation in intestinal cells may participate in the therapeutic efficacy of bismuth preparations.

Keywords Cell volume · Annexin · Eryptosis · Calcium · Phosphatidylserine

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Introduction

Bismuth is used in industry (Larsen et al. 2005; Lee and Gillies 1986; Pamphlett et al. 2000) and as a first-line treatment option in several gastrointestinal diseases (Chey and Wong 2007; Moayyedi et al. 2006; Wagstaff et al. 1988; Zhang et al. 2006). Untoward effects of bismuth include anemia (Moeschlin 1975), which could at least in theory result from stimulation of suicidal erythrocyte death or eryptosis (Lang et al. 2005). Eryptosis is triggered by several anemia-inducing endogenous substances and xenobiotics (Zappulla 2008), such as cordycepin

(Lui et al. 2007), methylglyoxal (Nicolay et al. 2006), amyloid peptides (Nicolay et al. 2007), paclitaxel (Lang et al. 2006), amantadine (Foller et al. 2008), chlorpromazine (Akel et al. 2006), cyclosporine (Niemoeller et al. 2006a), Bay-5884 (Shumilina et al. 2006), curcumin (Bentzen et al. 2007), valinomycin (Schneider et al. 2007), haemolysin (Lang et al. 2004b), listeriolysin (Foller et al. 2007), aluminum (Niemoeller et al. 2006b), lead (Kempe et al. 2005), mercury (Eisele et al. 2006), copper (Lang et al. 2007), and gold (Sopjani et al. 2008).

Eryptosis is characterized by phosphatidylserine-exposure at the erythrocyte surface (Berg et al. 2001; Brand et al. 2003; Bratosin et al. 2001; Daugas et al. 2001; Lang et al. 2003c). Phosphatidylserine-exposing erythrocytes are rapidly cleared from circulating blood (Kempe et al. 2006). Phosphatidylserine-exposure results from phospholipid scrambling of the cell membrane (Dekkers et al. 2002; Woon et al. 1999).

Stimulators of cell membrane scrambling include increase in the cytosolic Ca^{2+} concentration (Berg et al. 2001; Bratosin et al. 2001; Daugas et al. 2001), which may be secondary to Ca^{2+} entry through Ca^{2+} -permeable cation channels (Duranton et al. 2002, 2003; Huber et al. 2001; Lang et al. 2003a). Besides stimulating cell membrane scrambling, Ca^{2+} activates Ca^{2+} -sensitive K^{+} channels (Bookchin et al. 1987; Brugnara et al. 1993) with subsequent exit of KCl and osmotically obliged water leading to cell shrinkage (Lang et al. 2003b). Furthermore, eryptosis was shown to be stimulated by ceramide, which enhances the Ca^{2+} sensitivity of phospholipid scrambling (Lang et al. 2004a) and by oxidative stress (Cimen 2008), which stimulates Ca^{2+} entry and activates caspases (Kriebardis et al. 2007).

The present study tested, whether bismuth stimulates eryptosis. We demonstrate that exposure of human erythrocytes to bismuth chloride triggered eryptosis by increasing intra-erythrocyte Ca^{2+} and by release of ceramide.

Materials and methods

Volunteers

Erythrocytes were drawn from healthy volunteers, who kindly provided informed consent. The study has

been approved by the Ethical commission of the University of Tübingen.

Solutions

The experiments were performed at 37°C in Ringer solution containing (in mM) 125 NaCl , 5 KCl , 1 MgSO_4 , 32 *N*-2-hydroxyethylpiperazine-*N*-2-ethanesulfonic acid (HEPES)/ NaOH (pH 7.4), 5 glucose, 1 CaCl_2 . Where indicated, BiCl_3 (Sigma, Schnellendorf, Germany; dissolved in methanol) was added to the NaCl Ringer at final concentrations ranging from 150 to 2,000 $\mu\text{g/l}$. The solvent methanol did not elicit eryptosis at the applied concentrations. In Ca^{2+} -free Ringer solution, 1 mM CaCl_2 was substituted for 1 mM glycol-bis(2-aminoethylether)-*N,N,N',N'*-tetraacetic acid (EGTA).

Measurement of hemolysis

After 48 h of incubation at 37°C, the samples were centrifuged (3 min at 400g, RT) and the supernatants were harvested. As a measure of hemolysis, the hemoglobin (Hb) concentration of the supernatant was determined photometrically at 405 nm. The absorption of the supernatant of erythrocytes lysed in distilled water was defined as 100% hemolysis.

Phosphatidylserine exposure and forward scatter

Erythrocytes were washed once in Ringer solution supplemented with 4 mM CaCl_2 . The cells were then stained with Annexin V-Fluos (Roche, Mannheim, Germany) at a 1:500 dilution. After 20 min, samples were measured by flow cytometric analysis (FACS-Calibur from Becton Dickinson; Heidelberg, Germany). Cells were analyzed by forward scatter, and annexin V-fluorescence intensity was measured in fluorescence channel FL-1 with an excitation wavelength of 488 nm and an emission wavelength of 530 nm.

Measurement of intracellular Ca^{2+}

Erythrocytes were washed in Ringer solution and then loaded with Fluo-3/AM (Calbiochem, Bad Soden, Germany) in Ringer solution containing 5 mM CaCl_2 and 2 μM Fluo-3/AM. The cells were incubated at 37°C for 20 min and washed twice in Ringer solution containing 5 mM CaCl_2 . The Fluo-3/AM-loaded

erythrocytes were resuspended in 200 μ l Ringer. Then, Ca^{2+} -dependent fluorescence intensity was measured in fluorescence channel FL-1 in FACS analysis.

Determination of ceramide formation

To determine ceramide, a monoclonal antibody-based assay was used. After incubation, cells were stained for 1 h at 37°C with 1 μ g/ml anti-ceramide antibody (clone MID 15B4; Alexis, Grünberg, Germany) in PBS containing 0.1% bovine serum albumin (BSA) at a dilution of 1:5. After two washing steps with PBS-BSA, cells were stained for 30 min with polyclonal fluorescein-isothiocyanate (FITC)-conjugated goat anti-mouse IgG and IgM specific antibody (Pharmingen, Hamburg, Germany) diluted 1:50 in PBS-BSA. Unbound secondary antibody was removed by repeated washing with PBS-BSA. Samples were then analyzed by flow cytometric analysis in FL-1.

Statistics

Data are expressed as arithmetic means $\pm$ SEM and statistical analysis was made by paired *t*-test or ANOVA, as appropriate, $P < 0.05$ was considered as statistically significant.

Results

A hallmark of eryptosis is scrambling of cell membrane phospholipids with subsequent exposure of

phosphatidylserine at the erythrocyte surface (Lang et al. 2005). Annexin V-binding was utilized to detect phosphatidylserine at the erythrocyte surface. As shown in Fig. 1a, b, treatment of erythrocytes with bismuth (≥ 500 μ g/l BiCl_3) resulted in a significant increase in annexin V-binding. Despite the cell membrane scrambling, bismuth did not disrupt the integrity of the cell membrane (Fig. 2a) and did not induce marked hemolysis (Fig. 2b).

Another hallmark of eryptosis is cell shrinkage (Lang et al. 2005). Forward scatter was determined as an estimate of cell volume. As shown in Fig. 3, exposure to bismuth (≥ 500 μ g/l BiCl_3) significantly decreased the forward scatter, pointing to a decrease of cell volume.

Cell membrane scrambling (Berg et al. 2001; Brand et al. 2003; Bratosin et al. 2001; Daugas et al. 2001; Lang et al. 2003c) and cell shrinkage (Lang et al. 2003b) could be triggered by an increase in the cytosolic Ca^{2+} activity. Fluo3 fluorescence was employed to determine, whether bismuth influences the Ca^{2+} concentration of erythrocytes. As illustrated in Fig. 4, bismuth exposure led to a slight increase in Fluo3 fluorescence, an effect requiring $\geq 2,000$ μ g/l BiCl_3 for statistical significance. Thus, bismuth leads to a moderate increase in intracellular Ca^{2+} activity.

Eryptosis is further stimulated by the formation of ceramide (Lang et al. 2004a). Fluorescent antibodies were utilized to determine ceramide formation prior to and following bismuth exposure. As illustrated in Fig. 5, exposure to bismuth (2,000 μ g/l) resulted in a strong stimulation of ceramide formation.

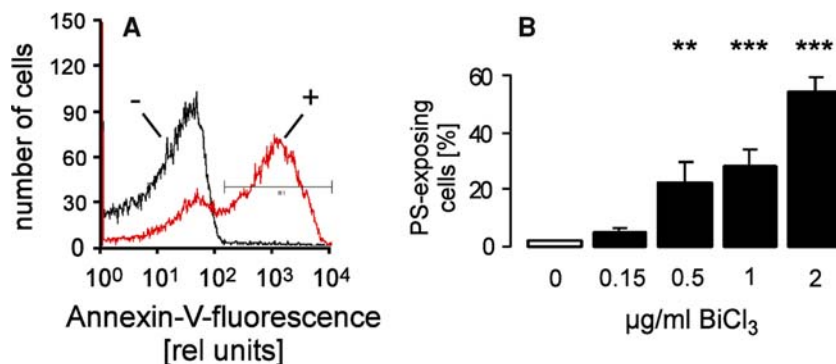


Fig. 1 Stimulation of phosphatidylserine exposure at the erythrocyte surface by bismuth. **a** Histogram of annexin V-binding in a representative experiment of erythrocytes incubated for 48 h in plain Ringer solution (–, black line) or in Ringer solution containing 2,000 μ g/l BiCl_3 (+, red line). **b** Arithmetic means $\pm$ SEM ($n = 12$ –28) of the percentage of

annexin V-binding erythrocytes after a 48 h treatment with Ringer solution without (white bar) or with (black bars) bismuth (BiCl_3) at the indicated concentrations. **, *** indicate significant difference ($P < 0.01$, $P < 0.001$) from control (absence of bismuth, ANOVA)

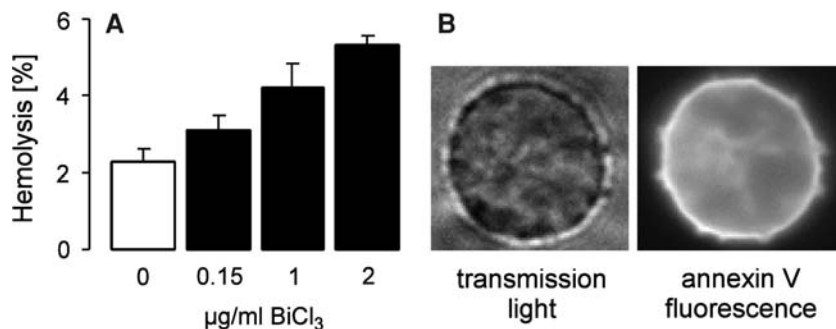


Fig. 2 Integrity of the erythrocyte membrane under the influence of bismuth. **a** Arithmetic means $\pm$ SEM ($n = 8$) of the percentage of hemolysed erythrocytes exposed for 48 h to Ringer solution without (white bar) or with (black bars) bismuth (BiCl₃) at the indicated concentrations. **b**

Transmission microphotograph (left panel) and fluorescence microphotograph (right panel) of an erythrocyte stained with fluorescent annexin V. Prior to microscopy, the erythrocyte was exposed for 48 h to bismuth (2,000 μ g/l BiCl₃) in Ringer solution

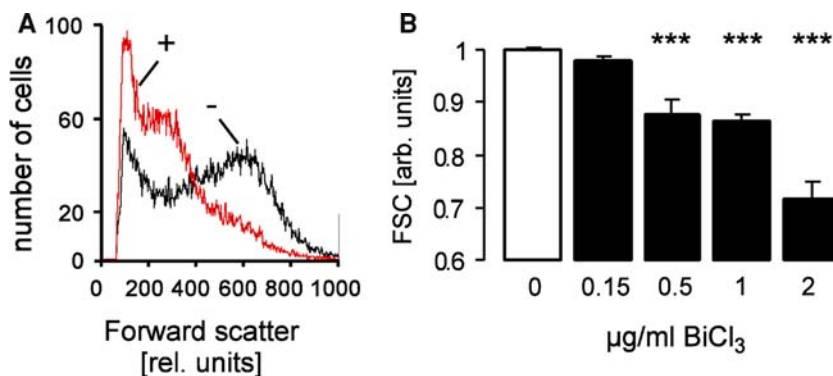


Fig. 3 Erythrocyte forward scatter following exposure to bismuth. **a** Histogram of forward scatter in a representative experiment of erythrocytes incubated for 48 h in plain Ringer solution (–, black line) or in Ringer solution containing 2,000 μ g/l BiCl₃ (+, red line). **b** Arithmetic means $\pm$ SEM

($n = 12$ –20) of the normalized forward scatter of erythrocytes after a 48 h treatment with Ringer solution without (white bar) or with (black bars) bismuth (BiCl₃) at the indicated concentrations. *** indicates significant difference ($P < 0.001$) from control (absence of bismuth, ANOVA)

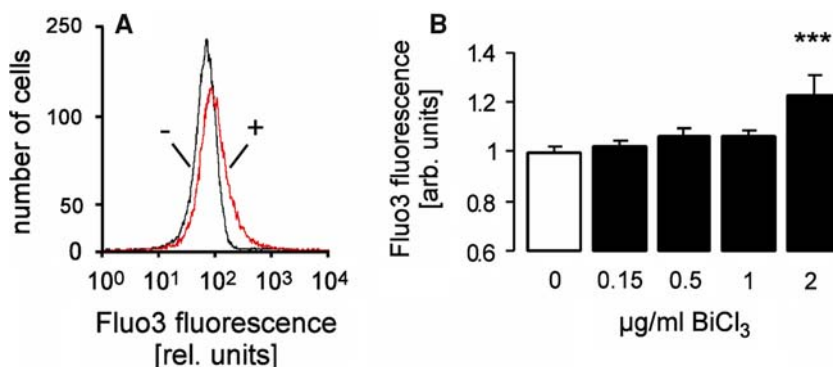


Fig. 4 Increase in the cytosolic Ca²⁺ concentration in erythrocytes following exposure to bismuth. **a** Histogram of Fluo3 fluorescence in a representative experiment of erythrocytes exposed for 48 h to Ringer without (–, black line) and with (+, red line) 2,000 μ g/l BiCl₃. **b** Arithmetic

means $\pm$ SEM ($n = 12$ –32) of the normalized Fluo3 fluorescence in erythrocytes exposed for 48 h to Ringer without (white bar) or with (black bars) bismuth (BiCl₃) at the indicated concentrations. *** indicates significant difference from the absence of bismuth (ANOVA, $P < 0.001$)

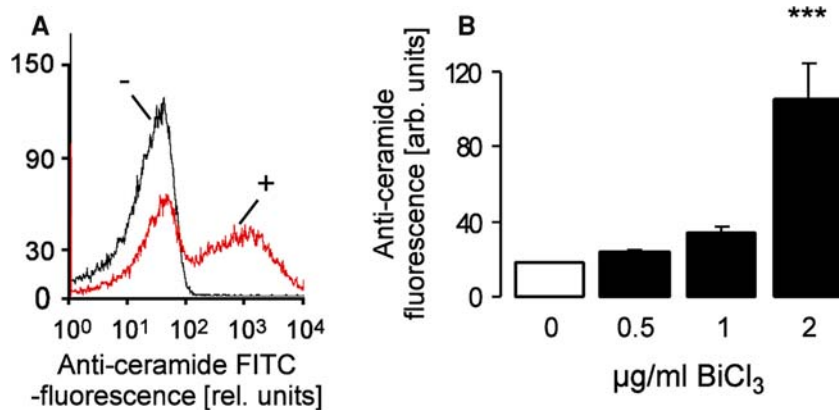


Fig. 5 Influence of bismuth on ceramide formation. **a** Histogram of ceramide abundance in a representative experiment of erythrocytes from healthy volunteers exposed for 48 h to Ringer solution without (–, black line) or with (+, red line) 2,000 µg/l BiCl₃. **b** Arithmetic means ± SEM (*n* = 8) of

ceramide abundance in erythrocytes exposed for 48 h to Ringer solution without (white bar) or with (black bars) bismuth (BiCl₃) at the indicated concentrations. *** indicates significant difference from values in control Ringer solution (ANOVA, *P* < 0.001)

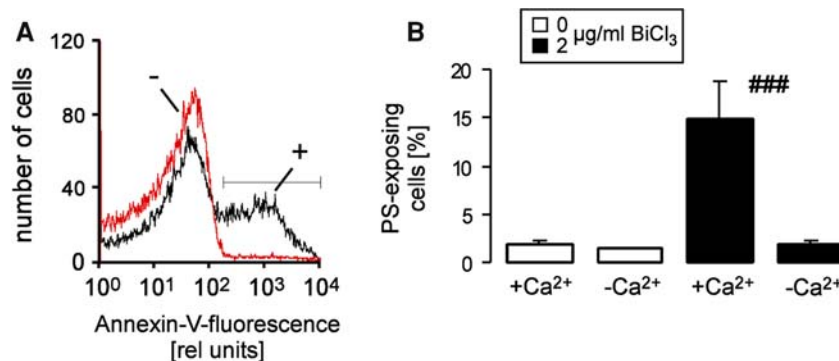


Fig. 6 Stimulation of phosphatidylserine exposure at the erythrocyte surface by bismuth in the presence or absence of extracellular Ca²⁺. **a** Histogram of annexin V-binding in a representative experiment of erythrocytes incubated for 48 h in Ringer solution containing 2,000 µg/l BiCl₃ in the presence (+, black line) or absence (–, red line) of Ca²⁺. **b** Arithmetic

means ± SEM (*n* = 12) of the percentage of annexin V-binding erythrocytes after a 48 h treatment with Ringer solution without (white bars) or with (black bars) 2,000 µg/l BiCl₃ in the presence (+Ca²⁺) or absence (–Ca²⁺) of calcium. ### indicates significant difference (*P* < 0.001, ANOVA) from the respective values in the presence of Ca²⁺

Further experiments explored whether bismuth-induced cell membrane scrambling was dependent on the presence of Ca²⁺. As shown in Fig. 6, the effect of bismuth on annexin V-binding was blunted in the nominal absence of Ca²⁺. Similarly, the effect of bismuth on forward scatter was blunted in the nominal absence of Ca²⁺ (Fig. 7).

Discussion

The present study demonstrates that exposure of human erythrocytes to bismuth triggers eryptosis, characterized

by stimulation of cell membrane scrambling and cell shrinkage. The concentrations required to elicit this effect are well in the range of plasma concentrations encountered in vivo (Caravati 2004; Krachler et al. 2000; Wagstaff et al. 1988). Phosphatidylserine-exposing erythrocytes are bound to PS-receptors on macrophages (Fadok et al. 2000), which engulf phosphatidylserine-exposing cells (Boas et al. 1998). Phosphatidylserine-exposing erythrocytes are thus cleared from circulating blood (Kempe et al. 2006). Accordingly, stimulation of eryptosis leads to anemia.

The effect on cell membrane scrambling may in part be due to an increase in the cytosolic Ca²⁺

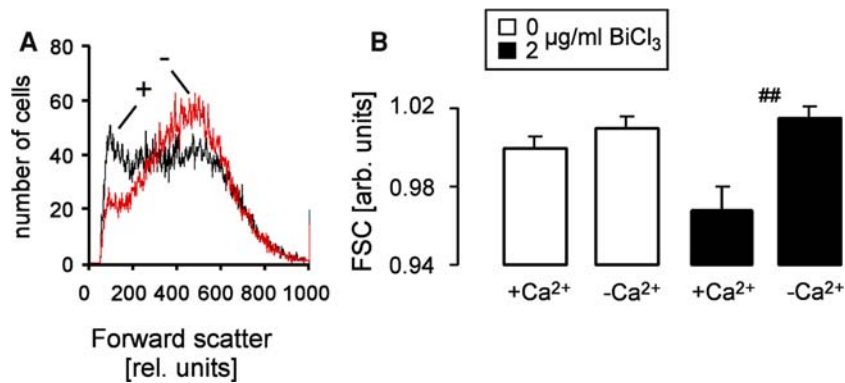


Fig. 7 Decrease of erythrocyte forward scatter by bismuth in the presence or absence of extracellular Ca^{2+} . **a** Histogram of forward scatter in a representative experiment of erythrocytes incubated for 48 h in Ringer solution containing 2,000 $\mu\text{g/l}$ BiCl_3 in the presence (+, black line) or absence (-, red line) of Ca^{2+} . **b** Arithmetic means $\pm$ SEM ($n = 12$) of the normalized

erythrocyte forward scatter after a 48 h treatment with Ringer solution without (white bars) or with (black bars) 2,000 $\mu\text{g/l}$ BiCl_3 in the presence (+ Ca^{2+}) or absence (- Ca^{2+}) of calcium. ## indicates significant difference ($P < 0.01$, ANOVA) from the respective values in the presence of Ca^{2+}

concentration. As shown earlier (Berg et al. 2001; Bratosin et al. 2001; Daugas et al. 2001), an increase in the cytosolic Ca^{2+} activity stimulates phospholipid scrambling of the erythrocyte cell membrane. Ca^{2+} further activates Ca^{2+} -sensitive K^+ channels (Bookchin et al. 1987; Brugnara et al. 1993). Activation of those channels leads to exit of positively charged K^+ , hyperpolarisation of the cell membrane and thus increased driving force for Cl^- exit. The cellular loss of K^+ and Cl^- is paralleled by a similar loss of osmotically obliged water. The result is cell shrinkage.

The effect of bismuth may further be due to stimulation of ceramide formation. The strong stimulating effect of ceramide on eryptosis has been observed earlier (Lang et al. 2004a). Ceramide may be formed by activation of a sphingomyelinase (Lang et al. 2007).

The present observations in erythrocytes raise the question, whether similar mechanisms are effective in the favorable influence of bismuth on gastrointestinal disease. Sphingomyelinase has previously been shown to play a critical role in host pathogen interaction (Dreschers et al. 2007; Grassme et al. 1997, 2003, 2005; Gulbins et al. 2004; Kempe et al. 2007), and it is seducing to speculate that the powerful stimulation of ceramide formation by bismuth contributes to or even accounts for the therapeutic efficacy of bismuth. *Helicobacter* has previously been shown to express sphingomyelinase

(Lin et al. 1998), but an influence of bismuth on sphingomyelinase activity and its putative role in its therapeutic action has never been explored.

In conclusion, exposure of erythrocytes to bismuth triggers phospholipid scrambling with phosphatidylserine-exposure at the surface of the cell membrane and activation of K^+ channels with subsequent cell shrinkage. The effects are at least in part due to increased cytosolic Ca^{2+} activity and formation of ceramide. Enhanced eryptosis may contribute to the development of anemia following bismuth treatment. On the other hand, the novel cellular mechanisms disclosed here may contribute to the beneficial effects of bismuth in gastrointestinal disease.

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