# SPIN TRAPPING OF FREE RADICALS PRODUCED IN VIVO IN HEART AND LIVER DURING ENDOTOXEMIA\*

DANIEL J. BRACKETT,<sup>a,b</sup> EDWARD K. LAI,<sup>e</sup> MEGAN R. LERNER,<sup>a</sup> MICHAEL F. WILSON,<sup>a,c</sup> and PAUL B. MCCAY<sup>d,e</sup>

Veterans Administration Medical Center<sup>a</sup>, Departments of Anesthesiology,<sup>b</sup> Medicine,<sup>c</sup> and Biochemistry and Molecular Biology,<sup>d</sup> University of Oklahoma Health Sciences Center; Molecular Toxicology Group<sup>e</sup>, Oklahoma Medical Research Foundation; Oklahoma City, OK

Studies using free radical scavengers and measurements of lipid peroxidation have suggested that free radicals are generated during endotoxemia. Conclusions from these studies have implied that free radicals may participate in the sequence of pathologic events following endotoxin challenge in the experimental animal. Current inferences of free radical generation and involvement have been derived from indirect evidence and are therefore inconclusive. To quantitate the generation of free radicals in vivo during endotoxemia this study employed the use of electron paramagnetic resonance spectroscopy (EPR) combined with spin trapping techniques. Five minutes before intraperitoneal endotoxin administration, trimethoxy-a-phenyl-t-butyl-nitrone [(MeO), PBN] was administered intraperitoneally. Experimental animals were always matched with control animals receiving no endotoxin. At either five minutes or twentyfive minutes following endotoxin administration animals were decapitated and hearts and livers were rapidly taken for lipid extraction and EPR evaluation. Analysis of the EPR spectra revealed hyperfine splitting constants that indicated the presence of carbon-centered radical spin adducts in both organ tissues from animals exposed to endotoxin for twenty-five minutes. No signals were present in hearts and livers taken five minutes after endotoxin administration. EPR evaluation did not indicate spin adduct formation in control tissue. These data directly demonstrate that activation of processes in vivo involving free radical generation occur early during endotoxemia, but are not detectable immediately after the endotoxin challenge.

KEY WORDS: Endotoxemia, carbon-centered free radicals, spin traps, electron spin resonance, conscious animals.

## INTRODUCTION

Free radicals are becoming recognized as possible mediators of pathological events occuring during endotoxemia. This concept is of clinical importance since elevated plasma levels of endotoxin have been documented in septic patients<sup>1-3</sup> and administration of antibodies to the core glycolipid region of endotoxin, the portion of the endotoxin molecule associated with toxicity, improves survival during human sepsis.<sup>4.5</sup> Much of the evidence accumulated associating free radical activity with endotoxemia has related to the use of radical scavengers, antioxidants, or trappers and their effect on actions known to be elicited by endotoxin. Superoxide dismutase,<sup>6</sup>



<sup>\*</sup>Dedicated to the memory of Edward K. Lai, friend and colleague.

Send all correspondence to: Daniel J. Brackett, Research Service (151), VA Medical Center, 920 N.E. 13th Street, Oklahoma City, OK 73104.

a-tocopherol,<sup>7</sup> dimethyl sulfoxide,<sup>8</sup> and phenyl-t-butylnitrone<sup>7,9</sup> are reported to improve survival in rats following endotoxin. However it is also reported that there is not a survival effect by either superoxide dismutase<sup>7</sup> or a-tocopherol.<sup>10</sup> Endotoxin-induced lung injury is prevented by dimethyl sulfoxide in rats<sup>8</sup> but not by dimethylt-hiourea in sheep,<sup>11,12</sup> even though both are reported to be hydroxyl radical scavengers. Superoxide dismutase also had no effect on lung injury in sheep.<sup>13</sup> Disseminated intravascular coagulation produced by endotoxin in rats was prevented by superoxide dismutase,<sup>14</sup> catalase,<sup>15</sup> or vitamin E.<sup>16</sup>

Based on studies *in vitro* utilizing superoxide dismutase and catalase, it has been postulated that free radicals contribute to endotoxin-induced depression of myocardial sarcoplasmic reticulum Ca<sup>++</sup> uptake rates and Ca<sup>++</sup> stimulated ATPase activity consequenting in contractile failure and circulatory collapse.<sup>17,18</sup> In contrast the same scavengers had no effect on myocardial function or the course of endotoxemia in the intact dog.<sup>19,20</sup>

These controversies arising between different research groups implicating or eleminating free radicals as significant mediators during endotoxemia are all founded on exogenous intervention to adjust an endogenous imbalance between free radicals and the regulators of their generation and activity. The complexity of biologic free radical systems may preclude the effectiveness of these methods to make definitive conclusions regarding the presence or absence of free radical generation and require a different approach such as measurement *in vivo* to help elucidate the issue.

The conscious, instrumented rat model of endotoxemia used in the study presented here results in disturbance of the cardiovascular system, altered metabolism, and tissue injury.<sup>21-23</sup> Electron microscopic evidence of endotoxin-induced cellular damage in the myocardium has been presented<sup>24-26</sup> that is similar to damage produced by free radical generation systems<sup>27,28</sup> and prevented by free radical scavengers during ischemia-reperfusion of cardiac tissue.<sup>29-34</sup> Further studies in this model have demonstrated that dimethyl sulfoxide prevented the myocardial injury elicited by endotoxin.<sup>24,25</sup> Dimethyl sulfoxide possesses properties that permit scavenging of the hydroxyl radical<sup>35-40</sup> and inhibition of superoxide anion radical release from the neutrophil.<sup>41</sup>

These data suggest that in this model free radicals may be significant mediators in the ultrastructural alterations occurring in the myocardium and possibly other tissue during endotoxemia. However, no work focusing on free radicals is relevant unless there is quantitative documentation that these processes occur in intact animals. The most powerful documentation is direct measurement and there is no evidence in the literature that this has been accomplished during endotoxemia. Free radical generation *in vivo* has been measured in hepatic tissue induced by radiation,<sup>42</sup> ethanol,<sup>43</sup> halothane,<sup>44</sup> carbon tetrachloride,<sup>45</sup> and ischemia-reperfusion<sup>46</sup> using electron paramagnetic resonance spectroscopy combined with spin trap techniques.<sup>47,48</sup> The above methodology has now been applied to this model of endotoxemia to detect endotoxininduced free radical generation *in vivo* and we report here that this occurs in the myocardium and liver of the intact conscious rat.

### METHODS

#### **Experimental** Protocol

Data obtained from ten male Sprague-Dawley rats weighing  $300 \pm 12$  g are presented in this report. Intraperitoneal trimethoxy-a-phenyl-t-butyl-nitrone [(MeO)<sub>3</sub> PBN,

75 mg/kg) was given 5 minutes before 20 mg/kg of *E. coli*. endotoxin (0127:B8, Sigma) was administered by the intraperitoneal route. Twenty-five minutes or five minutes after endotoxin animals were killed by guillotine and the hearts and livers were quickly removed and immediately prepared for analysis. Each study always involved an animal challenged with endotoxin and an animal that received only saline as a matched control.

#### Tissue Preparation and Electron Paramagnetic Resonance Spectroscopy

After the organs were weighed each was homogenized in 15 vol of chloroform/methanol (2:1, vol/vol). To induce phase separation one-fifth volume of 0.9% NaCl was added. Following recovery of the chloroform layer and evaporation to dryness, samples of the lipid extracts were placed in quartz tubes and deoxygenated with  $N_2$ . Samples were placed in an IBM ER-300 EPR spectrometer equipped with an X-band microwave bridge and evaluated for the presence of spin adducts. All spectra were obtained at 25°C. The spectrometer settings are given in the figure legend.

## RESULTS

Figure 1 illustrates an EPR spectrum that is typical of spectra generated from heart and liver tissue lipid extracts of rats challenged with an intraperitoneal injection of endotoxin (A and C respectively). The nitrogen and  $\beta$ -hydrogen splitting constants of these spectra ( $a_N = 15.28 \text{ G}$ ,  $a_{\beta}^{H} = 2.00 \text{ G}$ ) are consistent with the signals of (MeO)<sub>3</sub> PBN spin adducts of carbon centered radicals that have undergone ortho demethylation.<sup>45</sup> These adducts are similar to those found in the heart and liver lipid extracts of rats fed ethanol<sup>43</sup> and those observed during the hepatic metabolism of carbon tetrachloride<sup>45</sup> which is known to initiate lipid peroxidation. Spectra were not detectable for tissue taken five minutes after the endotoxin challenge. The absence of spectra at this early time point indicates that either no adducts were formed or that a sufficient amount to detect had not been produced. Heart and hepatic lipid extracts from rats given (MeO)<sub>3</sub> PBN but not challenged with endotoxin did not produce an EPR signal as demonstrated by typical spectra in B and D of Figure 1.

An additional six animals evaluated *in vivo* in this study (spectra not shown) using the spin trap 5,5 dimethyl-l-pyrroline-N-oxide (DMPO) produced EPR signals from heart and liver lipid extracts 25 minutes following intravenous endotoxin. Each spectrum yielded hyperfine splitting constants of  $a_N = 14.80G$ ,  $a_\beta^H = 20.27G$  and  $a_N = 15.00G$ ,  $a_\beta^H = 23.04G$  that are consistent with carbon-centered radical DMPO adducts. Tissue from matched control animals did not produce detectable spectra. However, we must consider these data to be inconclusive since, recently in our laboratory, tissue from untreated animals has produced EPR signals indicating weak DMPO adduct formation with splitting constants similar to those reported above, raising the possibility of artifacts.

## DISCUSSION

Demonstration of the presence of carbon centered radicals during endotoxemia permits the following important conclusions. Direct evidence has been provided that





FIGURE 1 EPR signals of (MeO)<sub>3</sub>PBN radical adducts formed *in vivo* in the heart and liver of conscious rats. Rats were challenged intraperitoneally with either endotoxin or an equivalent volume of saline 5 minutes following intraperitoneal (MeO)<sub>3</sub>PBN. Twenty-five minutes after the challenge the heart and liver were harvested for lipid extraction. Spectrometer settings for each spectrum, unless noted otherwise, were microwave power, 1.00e + 01 mW; modulation amplitude 0.997G, time constant, 1.28 ms; sweep width, 100.00G; sweep time, 335.544 s; gain, 1.00e + 06; scale, 17. (A) EPR spectrum observed in heart extract of endotoxin rat; modulation amplitude, 1.036G; gain, 1.00e + 5. (B) EPR spectrum from heart extract of control rat; modulation amplitude, 1.036G; gain, 1.00e + 5; scale, 11. (C) EPR spectrum from liver extract of endotoxin rat; modulation amplitude, 1.036G; gain, 1.00e + 5; scale, 18. (D) EPR spectrum from liver extract of control rat; modulation amplitude, 1.036G; gain, 1.00e + 5; scale, 18. (D) EPR spectrum from liver extract of control rat; modulation amplitude, 1.036G; gain, 1.00e + 5; scale, 18. (D) EPR spectrum from liver extract of control rat; modulation amplitude, 1.036G; gain, 1.00e + 5; scale, 18. (D) EPR spectrum from liver extract of control rat; modulation amplitude, 1.036G; gain, 1.00e + 5; scale, 12. Hyperfine splitting constants for heart and liver tissue from endotoxic rats were  $a_n = 15.28G$ ,  $a_B^H = 2.00G$ 

endotoxin has the capacity to stimulate an *in vivo* process involving free radical generation in the conscious rat and that this process occurs early during the development of endotoxemia. Furthermore, since the radicals produced are of the type that are formed during lipid peroxidation these results provide evidence that lipid peroxidation occurs in the heart and liver during endotoxemia. These data are compatible with previous reports providing evidence of lipid peroxidation elicited by endotoxin in experimental animals<sup>6,10,11,49-53</sup> as measured by the thiobarbituric acid assay for malondialdehyde. The presence of lipid peroxidation following endotoxin

using this methodology has been detected in the plasma, lungs, and liver of rats,<sup>6,10,59,52,53</sup> the liver of mice,<sup>50</sup> the blood of rabbits,<sup>51</sup> and the lungs of sheep.<sup>11</sup> This assay has also been applied to detect lipid peroxidation in the plasma of septic patients.<sup>54</sup> The latter observation is important since endotoxin has been shown to be present in the plasma of septic patients,<sup>1-3</sup> and it provides a common factor relating the experimental animal to the human septic patient involving endotoxin and possible tissue injury. This assay measuring an end product of lipid peroxidation is currently used as an index of free radical reactions and inferences concerning free radical generation are derived from results of the assay. However, the detection of malondialdehyde during a situation resulting in cellular damage and tissue injury does not necessarily provide conclusive evidence of free radical production and involvement; such products may occur as a consequence of cell injury and/or cell death. The free radical is a paramagnetic species due to the unpaired electron in the outer orbit and is measurable by electron paramagnetic resonance spectroscopy which is highly selective for paramagnetic species. Therefore, speculation concerning free radical production based on measurement of lipid peroxidation by-products can be confirmed by direct measurement using electron paramagnetic resonance spectroscopy. When combined with spin trapping techniques, electron paramagnetic resonance spectroscopy becomes a tool for the measurement of free radical generation in a biological system in vivo55,56 as has been applied in this study. Even though the data presented here have demonstrated free radical generation in vivo during endotoxemia. conclusive evidence that free radicals are responsible for activation of the lipid peroxidation process and the subsequent cellular damage occuring during endotoxemia remains to be determined.

Possible sources of free radical production during episodes of elevated endotoxin plasma concentrations are abundant. Endotoxin is a potent activator of neutrophils<sup>57-62</sup> eventuating in the release of free radicals.<sup>63-65</sup> In addition to inducing the release of IL-1 and TNF from the macrophage to induce neutrophil activation, <sup>58,66</sup> endotoxin also primes the neutrophil for enhanced release of the superoxide anion as measured by superoxide dismutase-inhibiting reduction of cytochrome c.<sup>67,68</sup> During endotoxemia there are elevated plasma concentrations of cyclooxygenase products<sup>59-71</sup> and catecholamines.<sup>72,73</sup> Highly reactive species identified as free radicals or radical-like substances are generated during the cyclooxygenase pathway of the arachidonic acid cascade<sup>74,75</sup> and during the autooxidative metabolic breakdown of catecholamines.<sup>76-80</sup> Increased metabolic activity of both of these processes may contribute to reactions involving radicals that appear to occur during endotoxemia.

Inadequate tissue perfusion due to vasoconstriction, disseminated intravascular coagulation, and compromised cardiac output occurs during endotoxin shock. Episodes of compromised oxygen supply to the tissue creates two additional sources of free radical generation. Attenuation of oxidative phosphorylation subsequent to deficient oxygen supply and decreased activity of the electron transport chain triggers the xanthine oxidase-hypoxanthine mechanism for the production of the superoxide anion. Additionally when the concentrations of oxygen available to the mitochondrial electron transport chain are reduced, orderly flow of electrons is disrupted and free radicals normally generated at the flavo-protein and coenzyme Q levels<sup>81,82</sup> become disassociated and available for free radical reactions with molecular oxygen. Autooxidative/reductive cycling can then occur resulting in generation of the superoxide anion.<sup>83-85</sup>

The detection of free radical generation in vivo in the heart and liver during

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endotoxemia is compatible with the literature in this area and confirms suggestions of free radical reactions derived from indirect methodology. Therefore during endotoxemia: 1) there are available sources for enhanced free radical generation; 2) processes that involve free radical reactions have been demonstrated; 3) substances known to interfere with free radical activity have demonstrated efficacy; and 4) with this report detection of free radical generation has been achieved *in vivo*. These present findings provide direct evidence for endotoxin-induced free radical generating processes and establish the significance of free radical reactions as a potential factor during known situations of elevated plasma concentrations of endotoxin such as sepsis, <sup>1-3</sup> cirrhosis of the liver,<sup>86</sup> hemorrhagic or traumatic shock,<sup>87</sup> heat stroke,<sup>88</sup> strenuous exercise,<sup>89</sup> acute hypoxia,<sup>90</sup> and compromised splanchnic blood flow.<sup>91,92</sup>

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