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## The effect of a nutritional model of chronic liver injury on the hepatic glucuronidation of morphine in rats

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**Abstract**—The effect of a choline-deficient diet on the hepatic glucuronidation of morphine was investigated using a rat perfused liver system. Rats fed a choline-deficient diet developed a fatty liver with minimal necrosis. Despite the morphological changes, neither hepatic extraction ratio ( $0.51 \pm 0.02$  in control;  $0.45 \pm 0.04$  in the choline-deficient rats) nor intrinsic clearance ( $0.85 \pm 0.05$  in control;  $0.77 \pm 0.09$  in choline-deficient rats) were affected by this injury model. This finding suggests that glucuronidation is relatively resistant to this chronic liver injury.

The elimination of a number of drugs is impaired in patients with chronic liver injury (Wilkinson & Schenker 1975). The two most important factors responsible for this impairment are decreased hepatic metabolizing enzyme activity and alterations in hepatic circulation.

Several models of chronic liver injury in experimental animals have been established. The most frequently used model involves co-administration of CCl<sub>4</sub> and phenobarbitone to rats (McLean et al 1969). Another model of acute and chronic liver injury involves feeding rats a choline-deficient diet (Murray et al 1986). Both the CCl<sub>4</sub> (Villeneuve et al 1978) and nutritional (Murray et al 1986) models are associated with decreased content of total

cytochrome P450 and reductions in activity of several P450 isozymes. The effect of either model of chronic liver injury on the glucuronidation pathway has received less attention.

The purpose of this study was to examine the effect of a chronic choline-deficient diet on the hepatic elimination of morphine, the major metabolic pathway of which is the formation of 3-*O*-glucuronide.

### Materials and methods

The choline-deficient model of hepatic injury was based on published methods (Murray et al 1986). Rats, initially weighing 150 g, had free access to either a choline-deficient or choline-supplemented diet for 28 weeks. The diet consisted of 12% protein, 58% sucrose, 26% oils and fats, 4% salts and minerals and a vitamin supplement.

A rat non-recirculating isolated perfused liver system was used (Bartosek et al 1973). The perfusion medium was composed of 90% (v/v) Krebs–Henseleit buffer and 10% (v/v) washed human erythrocytes. Bovine serum albumin ( $10 \text{ g L}^{-1}$ ), glucose ( $3 \text{ g L}^{-1}$ ) and sodium taurocholate ( $75 \text{ mg L}^{-1}$ ) were dissolved in the medium. The viability of the preparation was assessed by the lactate/pyruvate ratio, perfusion back-pressure and bile flow. Each preparation was studied over four 30-min periods using perfusion rates of 7, 10 and 12 mL min<sup>-1</sup> in control, and 10, 12 and 15 mL min<sup>-1</sup> in choline-deficient preparations. Morphine was added to the perfusate to give an inflow concentration of

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5  $\mu\text{g mL}^{-1}$ . Four inflow and outflow samples were taken in each period.

Morphine was assayed by HPLC. The HPLC system comprised a single piston pump, system controller and ultraviolet spectrophotometer (LC-6 Series, Shimadzu, Japan). Chromatography was carried out on a reverse-phase Ultrasphere ODS column (4.6  $\times$  250 mm) with 5  $\mu\text{m}$  particle size (Beckman Instruments, USA). The mobile phase was 15% (v/v) acetonitrile in buffer containing 0.046 M  $\text{NaH}_2\text{PO}_4$ , 0.015 M  $\text{H}_3\text{PO}_4$  and 0.5 g  $\text{L}^{-1}$  octane sulphonic acid. The flow rate was 2  $\text{mL min}^{-1}$  and peak detection was by UV absorption at 220 nm. Samples were prepared using a protein-precipitation method. Samples (1 mL) were mixed with 10.5% (w/v) perchloric acid, vortexed and centrifuged at 2000 g for 10 min. The supernatant was cooled to 5°C and 1 mL neutralized with cold 0.7 M  $\text{K}_3\text{PO}_4$  (0.5 mL). This solution was vortexed and then centrifuged at 2000 g for 10 min at 0°C. The supernatant was collected and 20  $\mu\text{L}$  injected onto the column.

Pyruvate and lactate were measured according to published methods (Czok & Lamprecht 1974), using a split beam spectrophotometer (Hitachi 2000, Japan).

All statistical comparisons of sample means were made using the unpaired Student's *t*-test. Histological sections of hepatic tissue were processed by the Department of Anatomical Pathology, St Vincent's Hospital, Australia.

## Results

Total body weight (control  $285 \pm 19$ ; choline-deficient  $323 \pm 12$  g ( $P < 0.01$ )) and liver weights (control  $4.1 \pm 0.6$ , choline-deficient  $5.9 \pm 1.1$  g/100 g ( $P < 0.01$ )) were increased by the choline-deficient diet, but spleen and kidney weights expressed as a proportion of body weight, did not differ from controls. To compare hepatic elimination between the groups, three sets of perfusion rates were employed. Perfusion rates of 7 and 10  $\text{mL min}^{-1}$  in the control group represented normalized rates of approximately 0.5 and 0.8  $\text{mL min}^{-1}$  (g liver) $^{-1}$ , respectively. Similarly rates of 10 and 15  $\text{mL min}^{-1}$  in the choline-deficient group represent approximately 0.5 and 0.8  $\text{mL min}^{-1}$  (g liver) $^{-1}$ , respectively.

Histological sections of livers from choline-deficient rats showed extensive fat accumulation by hepatocytes with displacement of nuclei and cytoplasmic components to the periphery. However, there was no evidence of fibrous septa extending through the parenchyma.

The lactate/pyruvate ratio did not differ between groups at any perfusion rate.

The effects of a choline-deficient diet on hepatic extraction ratio and hepatic clearance of morphine is shown in Table 1. There were no significant differences in either parameter between control and choline-deficient livers. If the data for extraction

ratio (control  $0.55 \pm 0.01$ ; choline-deficient  $0.45 \pm 0.04$   $\text{mL min}^{-1}$  (g liver) $^{-1}$ ) and hepatic clearance (control  $0.46 \pm 0.08$ ; choline-deficient  $0.37 \pm 0.11$   $\text{mL min}^{-1}$  (g liver) $^{-1}$ ) and intrinsic hepatic clearance (control  $0.85 \pm 0.05$ ; choline deficient  $0.77 \pm 0.09$   $\text{mL min}^{-1}$  (g liver) $^{-1}$ ) are normalized for liver weight, by comparing controls at a flow rate of 10  $\text{mL min}^{-1}$  with choline deficient at 15  $\text{mL min}^{-1}$ , there were again no significant differences. Intrinsic hepatic clearance (a measure of hepatic enzyme activity) was calculated on the basis of the venous equilibrium model (Wilkinson & Shand 1975).

When all studies were considered, there was a significant correlation between hepatic clearance and perfusion rate ( $y = 0.41x + 0.106$ ,  $r = 0.726$  for control;  $y = 0.38x + 0.073$ ,  $r = 0.745$  for choline-deficient) and between hepatic clearance and intrinsic clearance ( $y = 0.22x + 0.226$ ,  $r = 0.816$  for control;  $y = 0.39x + 0.074$ ,  $r = 0.901$  for choline-deficient). There was no effect of the liver injury on these relationships.

## Discussion

The choline-deficient diet provides high amounts of fat and eliminates lipotropic agents such as choline and methionine. Consequently, rats fed this diet for prolonged periods accumulate triglycerides in hepatocytes. As the triglycerides accumulate, the hepatocyte cytoplasm becomes distorted and loses its functional capacity. Hepatic necrosis and subsequent replacement with fibrosis tissue has also been previously reported (Murray et al 1986), but was not seen in this study.

Despite these gross morphological changes, hepatic elimination of morphine was not significantly affected. The choline-deficient diet did not alter either extraction ratio or intrinsic clearance of morphine. This suggests that glucuronidation is spared in this nutritional model of chronic liver injury. This is in contrast to the reports of impaired metabolism of several oxidized substrates (Murray et al 1986).

Choline-deficient diet has been shown to alter the structure and composition of microsomal membranes (Tinoco et al 1979); this may be responsible for the preserved glucuronidation of morphine in this model, i.e. reduced enzyme concentration but increased availability of the active site to the substrate.

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Table 1. The effects of a choline-deficient diet on morphine extraction ratio and hepatic clearance at various flow rates.

Flow rate	Control		Choline-deficient	
	Extraction ratio	Hepatic clearance	Extraction ratio	Hepatic clearance
7	0.65 $\pm$ 0.02	4.5 $\pm$ 0.1	N.D.	N.D.
10	0.51 $\pm$ 0.02	5.1 $\pm$ 0.2	0.53 $\pm$ 0.01	5.3 $\pm$ 0.1
12	0.45 $\pm$ 0.03	5.4 $\pm$ 0.4	0.51 $\pm$ 0.04	6.0 $\pm$ 0.5
15	N.D.	N.D.	0.45 $\pm$ 0.04	6.8 $\pm$ 0.6

N.D. = not detectable.