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A single early postnatal estradiol injection affects morphology and gene expression of the ovary and parametrial adipose tissue in adult female rats[☆]

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ABSTRACT

Events during early life can affect reproductive and metabolic functions in adulthood. We evaluated the programming effects of a single early postnatal estradiol injection (within 3 h after birth) in female rats. We assessed ovarian and parametrial adipose tissue morphology, evaluated gene expression related to follicular development and adipose tissue metabolism, and developed a non-invasive volumetric estimation of parametrial adipose tissue by magnetic resonance imaging. Estradiol reduced ovarian weight, increased antral follicle size and number of atretic antral follicles, and decreased theca interna thickness in atretic antral follicles. Adult estradiol-injected rats also had malformed vaginal openings and lacked corpora lutea, confirming anovulation. Estradiol markedly reduced parametrial adipose tissue mass. Adipocyte size was unchanged, suggesting reduced adipocyte number. Parametrial adipose tissue lipoprotein lipase activity was increased. In ovaries, estradiol increased mRNA expression of adiponectin, complement component 3, estrogen receptor α , and glucose transporter 3 and 4; in parametrial adipose tissue, expression of complement component 3 was increased, expression of estrogen receptor α was decreased, and expression of leptin, lipoprotein lipase, and hormone-sensitive lipase was unaffected. These findings suggest that early postnatal estradiol exposure of female rats result in long-lasting effects on the ovary and parametrial adipose tissue at adult age.

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1. Introduction

Events during a hormone-sensitive period in early life can affect physiological functions in adulthood, a process known as programming [1]. Thus, dysregulated reproductive or metabolic function in adulthood may originate from insults such as maternal food

Abbreviations: ASP, acylation-stimulating protein; C3, complement component 3; CL, corpora lutea; DXA, dual energy X-ray absorptiometry; ER α , estrogen receptor alpha; LPL, lipoprotein lipase; MRI, magnetic resonance imaging; TGF β , transforming growth factor beta.

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restriction, inflammation, and hormonal alterations during critical periods in pre- or postnatal life [2–4]. Hormonal alterations in early life may be exemplified by the exposure to numerous chemicals released into the environment. These molecules can disrupt endocrine function in animals and humans since some of them are known to exert estrogenic activity by binding to the estrogen receptor [5]. The developing organism seems to be extremely sensitive to perturbations by chemicals with hormone-like activity. Exposure to these chemicals during critical stages of differentiation have been suggested to have permanent long-lasting consequences, such as obesity [6] and reproductive tract problems [7], but the full extent of the health consequences of hormonal exposure is unknown.

Sex hormone programming in animals has been shown to affect adipose tissue, insulin sensitivity, and ovarian morphology and function [8–11]. We have recently reported that a single early postnatal injection of testosterone or estradiol benzoate, but not of dihydrotestosterone, resulted in insulin resistance and increased mesenteric adipose tissue mass and adipocyte size in adult female rats, suggesting that postnatal estrogen receptor activation exerts stronger programming effects on metabolic indices than androgen

receptor activation [9]. Furthermore, we have extended these findings by showing that estradiol exposure affected gene expression in skeletal muscle; expression of inflammation markers was increased while expression of genes involved in glucose and lipid metabolism was decreased [11]. This suggests that estradiol may exert an early programming effect on insulin sensitivity in adult organism partly by inducing low-grade chronic inflammation. These rats also displayed an increased amount of subcutaneous adipose tissue without affecting adipocyte size, suggesting adipocyte hyperplasia. Since both human and animal preadipocytes and adipocytes express estrogen receptors, estradiol may influence adipose tissue mass and cellularity [12]. A recent publication shows that adipocyte number is set during childhood and adolescence [13], emphasizing the importance of elucidating different actors in early life able to influence adipose tissue development.

In adult humans and animals, estradiol has profound effects on adipose tissue distribution and metabolism, including lipoprotein lipase (LPL) activity [12,14]. Parametrial adipose tissue is of special interest in this context. Owing to its proximity to the ovary, it is exposed to locally produced ovarian hormones [15,16]. In parametrial adipose tissue, changes in adipocyte size or LPL activity due to modulations in ovarian steroid hormones seem to be more pronounced than in other fat depots [17–19]. Estrogen receptor gene expression and estradiol binding site concentrations are higher in parametrial adipose tissue compared with other depots [20,21]. Johnson et al. used magnetic resonance imaging (MRI) to quantify subcutaneous and visceral adipose tissue volume in rat [22], but the parametrial depot has not been evaluated using this technique.

In the rat ovary, cellular differentiation begins around the time of birth and is morphologically identified by the emergence of follicles [23,24]. In newborn rats, estrogen levels are normally low; high estrogen levels due to neonatal administration of synthetic estrogen (e.g., estradiol benzoate and estradiol valerate) cause a polycystic ovarian morphology without corpora lutea (CL) in rodents [25,26]. Several factors are thought to be involved [27,28], but the mechanisms and molecular events that control ovarian differentiation and development remain to be explained.

In this study, we investigated for the first time the effects of one early postnatal (within 3 h after birth) estradiol injection on ovarian morphology and parametrial adipose tissue mass, adipocyte size, and LPL activity in adulthood. We also assessed ovarian and parametrial adipose tissue expression of genes related to follicular development and adipose tissue metabolism. Finally, we developed and tested a technique for estimating rat parametrial adipose tissue volume using MRI.

2. Materials and methods

2.1. Animals

Time-mated Wistar female rats (Scanbur BK, Sollentuna, Sweden) were maintained under controlled noise-free conditions (light from 0700 to 1900 h; temperature $21 \pm 2^\circ\text{C}$; humidity 55–65%) with one rat per cage until parturition. Pups were raised with a lactating mother until 21 d of age. The rats were then housed four to five per cage and fed standard rat pellets *ad libitum*.

The local animal ethics committee at the University of Gothenburg, Gothenburg, Sweden approved the experiments.

2.2. Study procedures

Within 3 h after birth, female pups were weighed and injected once with 0.35 mg (modified from Ref. [9]) of estradiol benzoate (Apoteksbolaget, Stockholm, Sweden) dissolved in a sesame oil vehicle ($n = 14$). Controls ($n = 19$) received sesame oil only. Rats

treated in early postnatal life with estradiol benzoate are hereafter called estradiol rats. Tail samples were collected for analyses of plasma testosterone, estradiol, and progesterone at 9 wk of age. At 12 wk, the estradiol rats were divided into two groups. In one group, the rats were decapitated and parametrial adipose tissue was dissected, weighed, snap-frozen in liquid nitrogen, and stored at -80°C for analysis of LPL activity; in the other group, the rats underwent MRI examination of parametrial adipose tissue. When the controls were in estrus (age 13–16 wk), they were decapitated, and parametrial adipose tissue and ovaries were dissected and weighed. Part of the adipose tissue was placed in 4 v/v% formaldehyde and embedded in paraffin for analysis of adipocyte size. The rest was snap-frozen in liquid nitrogen and stored at -80°C before RNA isolation. One ovary was fixed in neutral buffered 4 v/v% formaldehyde for 24 h, placed in 70 v/v% ethanol, dehydrated, and embedded in paraffin for morphological analysis. The other ovary was snap-frozen in liquid nitrogen and stored at -80°C before RNA isolation.

2.3. Vaginal smears

Estrous status was determined from vaginal smears taken daily from 8 to 9 wk of age. An estrous cycle (estrus, diestrus 1, diestrus 2, and proestrus) lasting about 4–5 d with a characteristically clear ovulation—evidenced as a rich amount of epithelial cells without leukocytes in the smears—was considered normal [29]. Blood samples for sex hormone analyses were taken in the estrus phase of controls.

2.4. Magnetic resonance imaging (MRI) of parametrial adipose tissue

Before scanning, rats were anesthetized by inhalation of isoflurane (2% in 1:1 mixture of oxygen and air; Abbott Scandinavia, Solna, Sweden). MRI was performed with a 7-Tesla Bruker BioSpec system (Bruker BioSpin MRI, Ettlingen, Germany). A T1-weighted spin echo sequence was used (TR 1000 ms, TE 10.25 ms, slice thickness 1 mm, field of view 65 mm \times 65 mm, image matrix 256 \times 256). Forty-six axial slices 1 mm apart were acquired from the proximal part of the tail to the liver. Image acquisition was triggered by a respiratory pressure sensor to minimize motion artifacts.

An experienced operator estimated adipose tissue volume in a blinded fashion on the MR images using manual segmentation and ImageJ software (version 1.32j, <http://rsb.info.nih.gov/ij/index.html>). Adipose tissue was segmented slice-wise per manually determined intensity thresholds. Slice-dependent thresholds compensated for signal intensity variation in image data. Visceral and subcutaneous adipose tissues were separated by manual delineation using slice-wise regions of interest.

To distinguish parametrial adipose tissue from the remaining intra-abdominal adipose tissue, an axial level was defined that served as a border between the two depots. After localization of the pelvic girdle, vertebrae L5 were set as the skeletal reference for this level. Visceral adipose tissue caudal to the axial level served as a proxy measure of parametrial adipose tissue. Motion artifacts were sometimes seen in the upper abdominal region. When seen, only every second slice was affected, so volume data from the previous slice were doubled. On average, 3.4 slices were affected per animal (maximum 8).

2.5. Dual energy X-ray absorptiometry (DXA)

Body composition was analyzed by dual-emission X-ray absorptiometry (DXA) at 12 wk of age with a whole-body DEXA instrument (QDR-1000/W, Hologic Inc., Waltham, MA). Rats were anesthetized by inhalation of isoflurane (Abbott Scandinavia AB, Solna, Sweden;

2% in 1:1 mixture of oxygen and air) before scanning. Calibration of the instrument was conducted with an aluminum/lucite phantom daily before measurements in animals. Animals were placed on the imaging-positioning tray in a prostrate fashion and all scans were analyzed using the software provided by the manufacturer.

2.6. Parametrial adipocyte size

One adipose tissue section from each rat was mounted on a glass slide and stained with hematoxylin and eosin. Mean cell size was determined by computerized image analysis (KS400 software, Carl Zeiss, Oberkochen, Germany) in a blinded fashion. In brief, the glass slide was transferred to the microscope stage and nine visual fields were photographed with a charge-coupled device (CCD) camera (Axiocam, Carl Zeiss). Three fields displaying intact cell morphology were selected, and adipocyte areas were measured by manual delineation.

2.7. LPL activity in parametrial adipose tissue

Food was withdrawn at 0700 a.m., 3–4 h before decapitation and adipose tissue dissection. LPL activity was measured in parametrial adipose tissue as described by Peterson et al. [30]. In brief, frozen tissue was homogenized in detergent-containing buffer. The homogenate was centrifuged, and the clear solution between the sediment and the floating fat layer was used to assay LPL activity. The substrate emulsion was Intralipid (10%, Kabi Pharmacia, Stockholm, Sweden) labeled with [³H] triolein (gift of Dr. L. Krabisch, Lund University, Lund, Sweden); specific radioactivity was about 950 dpm/nmol fatty acid. The samples (5 μl) were incubated in triplicate in a total volume of 200 μl at 25 °C for 60 min. Fatty acids were extracted for counting, as described by Spooner et al. [31]. The intra-assay coefficient of variation was 5.4%. Bovine skim milk was used as a standard to correct for inter-assay variation. Activity was expressed as mU per g tissue (1 mU = 1 nmol fatty acid released/min).

2.8. Descriptive analysis of ovarian morphology

One ovary per rat was longitudinally and serially sectioned at 4 μm; six sections per ovary were mounted on a glass slide, stained with hematoxylin and eosin, and examined under a conventional birefringence microscope by two persons blinded to the origin of the sections. Each slide was scanned with ScanScope (Aperio Technologies, Vista, CA), measured and photographed, and further analyzed with ImageScope virtual microscopy software (Aperio Technologies). The diameter of the ovaries in the section with the largest ovarian cross-section was assessed with a calibrated scale tool in the virtual microscope. The diameter of the largest follicle was assessed similarly. Antral follicles, defined as follicles with an antrum and CL, were counted by two persons to avoid counting errors and classified as atretic or healthy. Primordial and primary follicles were not counted due to the risk of double-counting. Follicles were considered atretic if at least two pycnotic granulosa cells were observed or if the oocyte showed obvious signs of degeneration [32]. A calibrated scale tool was used to measure the thickness of the thickest theca interna cell layer in the largest healthy follicle and in the largest atretic follicle.

2.9. RNA isolation and cDNA synthesis

Total RNA was extracted from ovaries with an RNeasy Fibrous Tissue Mini Kit and from parametrial adipose tissue with an RNeasy Lipid Tissue Mini Kit according to the manufacturer's protocol (Qiagen, Hilden, Germany). A DNase I (Qiagen) digestion step

was included to eliminate DNA contamination. RNA concentration was determined spectrophotometrically (NanoDrop ND-1000, NanoDrop Technologies, Wilmington, DE) and RNA integrity was checked with an Agilent Bioanalyzer 2100 and an RNA 6000 Nano LabChip Kit (Agilent Technologies, Santa Clara, CA). First-strand cDNA was synthesized from 1 μg of total RNA with a High-Capacity cDNA Reverse Transcription Kits (PE Applied Biosystems, Stockholm, Sweden) per the manufacturer's protocol.

2.10. Real-time RT-PCR

Real-time RT-PCR analysis was performed with custom TaqMan low density arrays (Applied Biosystems). Primers and probes for rat genes corresponding to TaqMan Gene Expression Assay numbers and GenBank accession numbers (Table 1) were spotted onto each array. Eight samples were randomly analyzed per card in one run. Duplicates were run on different cards to confirm the reproducibility of the method. cDNA (100 ng) was mixed with TaqMan Universal PCR Master Mix and No AmpErase UNG (Applied Biosystems) in a total volume of 100 μl and loaded into each sample loading port. Thermal cycling and fluorescence detection were performed with an ABI Prism 7900HT Sequence Detection System with ABI Prism 7900HT SDS Software 2.1 (Applied Biosystems). Thermal cycling conditions were 2 min at 50 °C and 10 min at 94.5 °C, followed by 40 cycles of 30 s at 97 °C and 1 min at 59.7 °C.

The NormFinder algorithm [33] was used to calculate expression stability of four putative reference genes—18S ribosomal RNA (18S), glyceraldehyde-3-phosphate dehydrogenase (*Gapdh*), peptidylprolyl isomerase A (*Ppia*), and hypoxanthine guanine phosphoribosyl transferase (*Hprt*)—for normalization in adipose tissue. According to the NormFinder algorithm, the reference gene that showed the lowest variability in parametrial adipose tissue was *Hprt*. In the ovaries, none of the traditional genes were stable, so a wider range of putative reference genes was analyzed with the NormFinder algorithm. Variability was lowest with the combination of *Ncoa2* and *Rela*. Gene expression values were calculated per the $2^{-\Delta\Delta Ct}$ method [34]. The ΔCt value of each sample was determined by subtracting the average Ct value of the reference gene from the average Ct value of the target gene. The $\Delta\Delta Ct$ value was then calculated by subtracting the ΔCt value of the sample with highest expression (i.e., the sample with lowest ΔCt value) from the sample ΔCt value. The target gene expression level relative to the sample with highest expression was then estimated as $2^{-\Delta\Delta Ct}$.

2.11. Analytical methods

Plasma testosterone, estradiol, and progesterone were determined with RIA kits (Testosterone RIA kit, DSL-4100; 3rd Generation Estradiol RIA, DSL-39100; Progesterone RIA kit, DSL-3400, Diagnostic Systems Laboratories, Webster, TX). Intra- and inter-assay coefficients of variation and sensitivity were, respectively, 7.5%, 8.1%, and 0.05 ng/ml (testosterone); 3.6%, 6.0%, and 0.6 pg/ml (estradiol); and 5.1%, 2.5%, and 0.1 ng/ml (progesterone).

2.12. Statistical analyses

Results are expressed as mean ± SEM. Intergroup differences in parametrial adipose tissue volume, weight, and adipocyte size and in ovarian weight, area, and morphology were analyzed with unpaired *t*-tests. Differences in weight development were analyzed with General Linear Model with repeated-measures ANOVA. Differences in gene expression between groups were tested with the Mann–Whitney test. Relationships between numeric variables were investigated by partial correlation analysis. $p < 0.05$ was considered significant.

Table 1

Genes presented on the TaqMan low density array with their respective TaqMan gene expression assay numbers and GenBank accession numbers.

| Gene symbol | Gene description | TaqMan gene expression assay no. | GenBank accession no. |
|-----------------------------------|---|----------------------------------|-----------------------|
| <i>18S</i> (reference gene) | 18S ribosomal RNA | Hs99999901.s1 | X03205 |
| <i>Gapdh</i> (reference gene) | Glyceraldehyde-3-phosphate dehydrogenase | Rn99999916.s1 | NM.017008.3 |
| <i>Hprt</i> (reference gene) | Hypoxanthine guanine phosphoribosyl transferase | Rn01527840.m1 | NM.012583.2 |
| <i>Ncoa2</i> (reference gene) | Nuclear receptor coactivator 2 | Rn00582729.m1 | NM.031822.1 |
| <i>Ppia</i> (reference gene) | Peptidylprolyl isomerase A | Rn00690933.m1 | NM.017101.1 |
| <i>Rela</i> (reference gene) | V-rel reticuloendotheliosis viral oncogene homolog A (avian) | Rn01502266.m1 | NM.199267.2 |
| <i>Adipoq</i> | Adiponectin | Rn00595250.m1 | NM.144744.2 |
| <i>AR</i> | Androgen receptor | Rn00560747.m1 | NM.012502.1 |
| <i>C3</i> | Complement component 3 | Rn00566466.m1 | NM.016994.1 |
| <i>Esr1/ERα</i> | Estrogen receptor 1/Estrogen receptor alpha | Rn00562166.m1 | NM.012689.1 |
| <i>Igf1r</i> | Insulin-like growth factor 1 receptor | Rn00583837.m1 | NM.052807.1 |
| <i>Lep</i> | Leptin | Rn00565158.m1 | NM.013076.1 |
| <i>Lipe/Hsl</i> | Hormone stimulating lipase | Rn00563444.m1 | NM.012859.1 |
| <i>Lpl</i> | Lipoprotein lipase | Rn00561482.m1 | NM.012598.1 |
| <i>Slc2a3/Glut3</i> | Solute carrier family 2 (facilitated glucose transporter), member 3/glucose transporter 3 | Rn00567331.m1 | NM.017102.1 |
| <i>Slc2a4/Glut4</i> | Solute carrier family 2 (facilitated glucose transporter), member 4/glucose transporter 4 | Rn00562597.m1 | NM.012751.1 |
| <i>Tgfb1</i> | Transforming growth factor beta 1 | Rn00572010.m1 | NM.021578.1 |

Table 2

Proxy MRI-estimated parametrial adipose tissue volume at age 12 wk and dissected parametrial adipose tissue weight and adipocyte size at age 13–16 wk in early postnatal estradiol-exposed and control female rats.

| Group | Volume (cm ³) | Weight (g) | Weight (g/kg BW) | Adipocyte size (μm^2) |
|-----------|------------------------------------|------------------------------------|------------------------------------|---|
| Controls | 5.5 \pm 0.9 (n = 7) | 5.5 \pm 0.4 (n = 11) | 21.4 \pm 1.5 (n = 11) | 4.3 \times 10 ³ \pm 478 (n = 10) |
| Estradiol | 3.1 \pm 0.5 ^a (n = 9) | 1.2 \pm 0.2 ^b (n = 9) | 4.0 \pm 0.5 ^b (n = 9) | 4.4 \times 10 ³ \pm 510 (n = 9) |

Values are mean \pm SEM. BW, body weight.^a $p < 0.05$ vs. control (unpaired t -test).^b $p < 0.001$ vs. control (unpaired t -test).

3. Results

3.1. Growth and body composition

There were no difference in weight development during the first 12 wk of the study period or in body composition (lean body mass and fat body mass) measured with DXA at 12 wk of age between the two groups (results not shown).

3.2. Parametrial adipose tissue weight, volume, adipocyte size, and LPL activity

Parametrial fat depots were smaller in the estradiol group than in controls, as shown by dissection, weighing, and volumetric MRI estimation (Table 2). MRI estimates of adipose tissue volume correlated positively with dissected tissue weights (Fig. 1). Parametrial adipocyte size was similar in the two groups (Table 2). In each sample, 130–240 adipocytes (mean 187.8 \pm 5.9) were analyzed. LPL activity in parametrial adipose tissue was higher in the estradiol rats ($p < 0.01$) (Fig. 2).

3.3. Vaginal smears

All control rats had a normal estrous cycle of 4 d. Estradiol rats were acyclic and had malformed vaginal openings.

3.4. Ovarian morphology

Ovarian weight and area were lower in the estradiol group than in the controls (Table 3). Morphologically, control rat ovaries presented follicles in various stages of development, from primordial follicles to mature preovulatory follicles (Fig. 3A), and several CL, many of which had resulted from recent ovulation (Fig. 3B and C). Some follicles were moderately atretic with pycnotic granulosa cells. But in the ovarian sections (six sections per ovary and rat)

of the estradiol rats, CL were absent and antral follicle area was increased (Table 3), owing to large, fluid-filled follicles (Fig. 3D). Although the number of antral follicles was similar in the two groups, the estradiol group had a higher proportion of atretic antral follicles (Fig. 3E and F), in which the thickness of the theca interna cell layer was decreased (Fig. 3F, Table 3).

3.5. Gene expression in the ovary and parametrial adipose tissue

Fig. 4A and B shows the relative mRNA expression levels of selected genes in the ovary and parametrial adipose tissue, respectively. Estradiol exposure increased adiponectin (*Adipoq*) expression in the ovary but not in parametrial adipose tissue. Estra-

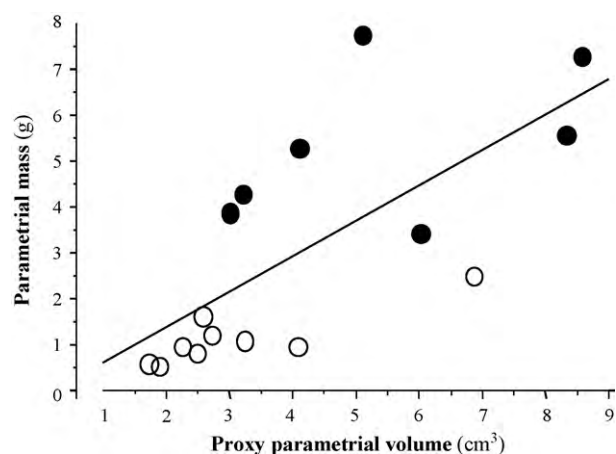


Fig. 1. Correlation between proxy MRI-estimated parametrial adipose tissue volume and dissected parametrial adipose tissue mass. Correlation between adipose tissue volume at 12 wk of age and dissected adipose tissue mass at 13–16 wk of age in early postnatal estradiol-exposed (n = 9, open circles) and control (n = 7, filled circles) female rats. $p < 0.01$, $R = 0.70$ (simple regression).

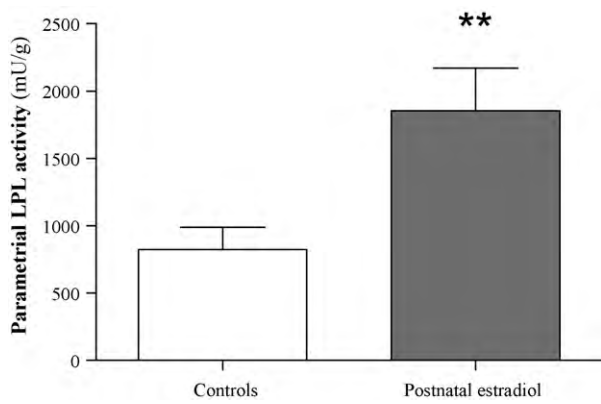


Fig. 2. Parametrial adipose tissue LPL activity. Comparison between early postnatal estradiol-exposed ($n=5$) and control ($n=8$) female rats aged 12 wk. Values are mean \pm SEM. ** $p < 0.01$ vs. controls (unpaired t -test).

Table 3
Ovarian morphology in early postnatal estradiol-exposed and control female rats at age 13–16 wk.

| Parameter | Controls ($n=9$) | Estradiol ($n=8$) |
|---|--------------------|------------------------------|
| Ovarian area (mm^2) | 23.9 \pm 1.6 | 8.2 \pm 0.8 ^c |
| Ovarian weight (mg) | 81.5 \pm 4.9 | 25.7 \pm 1.6 ^c |
| Corpora lutea (n) | 20.2 \pm 2.3 | 0 \pm 0 ^c |
| Antral follicles (n) | 17.3 \pm 3.0 | 17.5 \pm 2.2 |
| No. of antral follicles | | |
| Atretic | 1.9 \pm 0.6 | 6.3 \pm 1.3 ^b |
| Healthy | 15.4 \pm 2.9 | 11.1 \pm 1.8 |
| Ratio healthy/atretic follicles | 10.1 \pm 2.4 | 2.3 \pm 0.6 ^b |
| Antral follicle area (mm^2) | 0.28 \pm 0.06 | 0.75 \pm 0.06 ^c |
| Theca interna thickness (μm) | | |
| Healthy antral follicle | 24.5 \pm 1.2 | 23.0 \pm 1.4 |
| Atretic antral follicle | 26.8 \pm 1.9 | 21.3 \pm 0.8 ^a |

Values are mean \pm SEM.

^a $p < 0.05$ vs. controls (unpaired t -test).

^b $p < 0.01$ vs. controls (unpaired t -test).

^c $p < 0.001$ vs. controls (unpaired t -test).

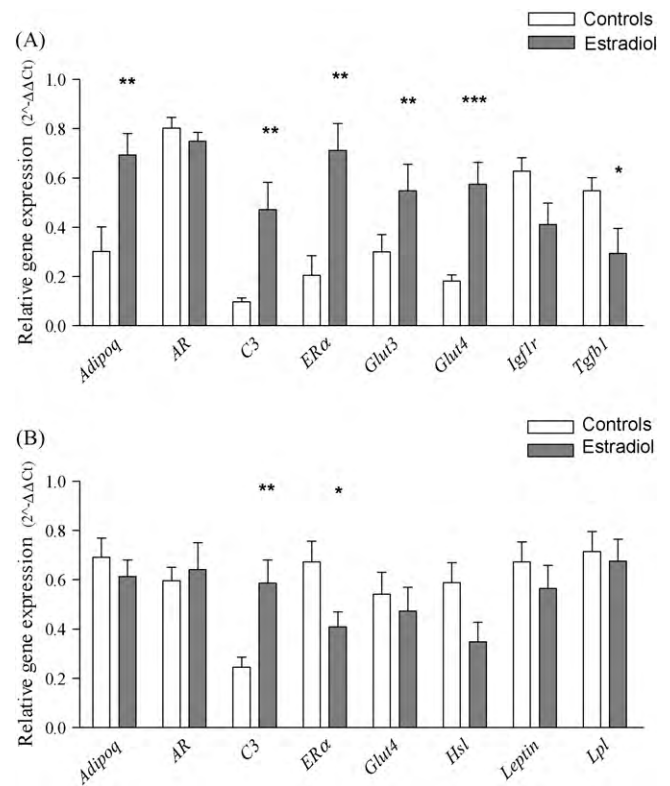


Fig. 4. (A) Ovarian mRNA expression. Expression of *Adipoq*, *AR*, *C3*, *ERα*, *Glut 3*, *Glut 4*, *Igf1r* and *Tgfβ1* mRNA in early postnatal estradiol-exposed ($n=7$) and control ($n=9$) female rats aged 13–16 wk. Values are mean \pm SEM. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ vs. controls (Mann–Whitney). (B) Parametrial adipose tissue mRNA expression. Expression of *Adipoq*, *AR*, *C3*, *ERα*, *Glut 4*, *Hsl*, *Lep* and *Lpl* mRNA in early postnatal estradiol-exposed ($n=7$) and control ($n=9$) female rats aged 13–16 wk. Values are mean \pm SEM. * $p < 0.05$, ** $p < 0.01$, *** $p < 0.001$ vs. controls (Mann–Whitney).

diol also increased expression of complement component 3 (C3) in ovary and parametrial adipose tissue.

Postnatal estradiol exposure had no effect on androgen receptor (*AR*) expression in ovary and parametrial adipose tissue. But in the estradiol rats, *ERα* expression was increased in the ovary and decreased in parametrial adipose tissue. Expression of glucose

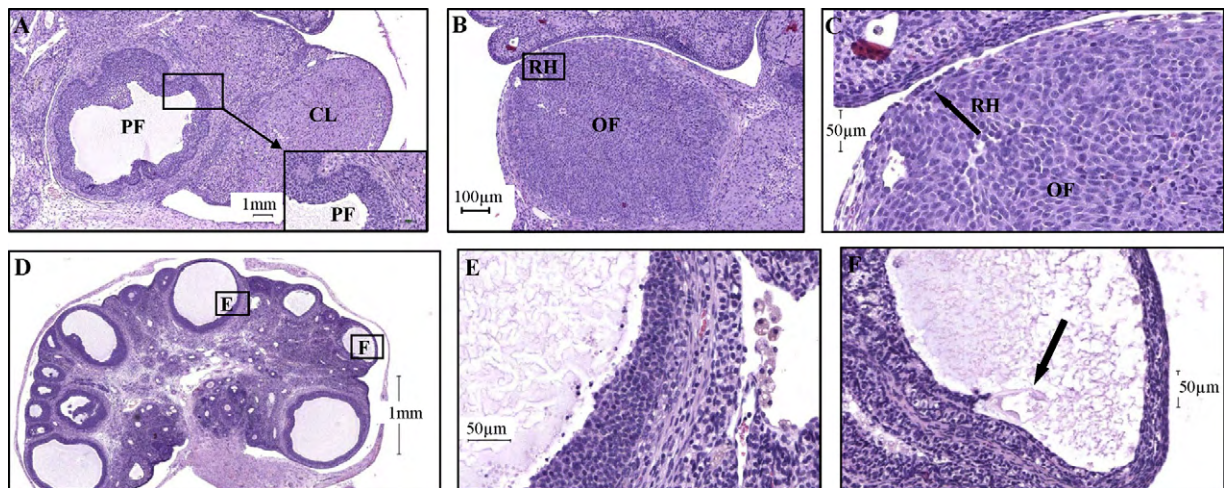


Fig. 3. Ovarian morphology. (A–C) Ovary from a normal cycling control rat, aged 13–16 wk. (A) Ovary slice showing a healthy, slightly wrinkled preovulatory follicle (PF) and a fresh corpora lutea (CL); the magnified boxed inset shows healthy granulosa and theca interna cell layer. (B) Slice of a recently ovulated follicle (OF); the box depicts a rupture hole (RH). (C) Magnified box from (B) with arrow indicating the RH clogged by granulosa cells. (D–F) Ovary from an acyclic early postnatal estradiol-exposed rat, aged 13–16 wk. (D) Ovary with large fluid-filled follicles and no corpora lutea. (E) Magnified box from (D) displays early follicle atresia with scattered pycnotic cells in the antrum. (F) Magnified box from (D) displays more advanced atresia with a degenerated oocyte (arrow) and a thin theca interna cell layer.

Table 4

Estrus phase, plasma sex steroid levels in early postnatal estradiol-exposed and control female rats at age 9 wk.

| Group | Testosterone (nmol/l) | Progesterone (nmol/l) | Estradiol (nmol/l) |
|-------------------|--------------------------|-------------------------|--------------------|
| Controls (n = 12) | 0.48 ± 0.09 | 84.7 ± 6.8 | 0.13 ± 0.03 |
| Estradiol (n = 9) | 0.20 ± 0.02 ^a | 16.7 ± 3.3 ^c | 0.10 ± 0.02 |

Values are mean ± SEM.

^a $p < 0.05$ vs. controls (unpaired t -test).

^c $p < 0.001$ vs. controls (unpaired t -test).

transporter 3 (*Glut 3*) and 4 (*Glut 4*) was increased in estradiol rat ovaries, but *Glut 4* was unaffected in parametrial adipose tissue. Ovarian *Adipoq* expression correlated positively with both ovarian *Glut 3* expression ($R = 0.67$, $p < 0.01$; $n = 16$) and ovarian *Glut 4* expression ($R = 0.57$, $p < 0.05$; $n = 16$) in the pooled groups. Estradiol reduced *Tgfb1* expression in the ovary. Gene expressions of ovarian insulin-like growth factor 1 receptor (*Igf1r*) and parametrial adipose tissue leptin (*Lep*), hormone-sensitive lipase (*Hsl*), and *Lpl* were unaltered.

3.6. Plasma testosterone, estradiol, and progesterone concentrations

Table 4 shows hormone levels. Testosterone concentrations were significantly lower in estradiol-exposed rats than in controls, as were progesterone concentrations. Estradiol concentrations did not differ significantly between control and estradiol rats.

4. Discussion

This study shows for the first time that a single estradiol injection within 3 h after birth alters ovarian morphology associated with alterations in the ovarian expression of genes involved in follicle development. Estradiol exposure also reduced the weight of parametrial adipose tissue and its volume—as shown by a novel MRI approach—increased parametrial adipose tissue LPL activity, and altered the parametrial adipose tissue gene expression of *C3* and *ER α* .

The dose of 0.35 mg estradiol benzoate used in this study has previously been applied by us [11]. We have earlier also evaluated imprinting effects of a single dose of 0.5 mg estradiol benzoate [9]. Since both doses affected insulin sensitivity in adult female rats to a similar extent, the lower dose was chosen in the present study. There is no standardized protocol for how to mimic early life estrogen exposure. Instead, several different doses, time points of administration, and administration regimes are described in the literature [26,35,36].

Investigation of the cross-talk between the ovary and parametrial adipose tissue was not the focus of this study. However, adipose tissue and the ovary interplay in both directions [17–19,37], why it is important to bear in mind that some of the effects seen in the present study might be the result of such cross-talk.

4.1. Programming effects on ovarian morphology and gene expression, and circulating sex steroid levels

The estradiol rats showed decreased ovarian size, increased antral follicle area and number of atretic antral follicles, thinning of the theca interna of atretic antral follicles, and a total absence of CL, determined by descriptive analysis and disrupted cyclicity. Since no CL were found (no ovulation occurs), all follicles will eventually become atretic in subsequent follicular development, which Fig. 3D shows.

Previous studies showed that when female neonates are administered estrogen during the first few days of life, the animals, as adults, enter persistent vaginal estrus with loss of estrous cyclicity and the cyclic release of pituitary gonadotropin [38]. Although not assessed in our study, effects on the hypothalamic-pituitary-gonadal axis might have contributed to the ovarian phenotype in our estradiol-exposed rats.

The ovarian weight of the estradiol rats was decreased by 68.5% compared to controls. Calculating an approximate value of the ovarian volume by using the formula for a perfect circle showed that estradiol rats had an ovarian reduction of 79.5% compared with controls. This suggests that there is no major alteration in ovarian density or shape. We also found decreased testosterone and progesterone levels at 9 wk of age and unaltered estradiol levels. Adrenal production of androgens is low in rodents, and the major source of testosterone in the female rat is the ovary [39]. Since androgens are produced in ovarian theca interna cells [40,41], the reduced thickness of the theca interna may partially explain the lower testosterone levels in the estradiol rats. The increased ovarian expression of *Adipoq* mRNA might also have contributed, because adiponectin may inhibit theca cell production of progesterone and androstenedione, which is regulated by luteinizing hormone and IGF-1 [42]. Since CL produce large quantities of progesterone during the luteal phase, the low progesterone levels in the estradiol rats likely reflect their anovulatory state. The estradiol result is consistent with the findings of another study of neonatal estrogenization [26], which also showed unchanged estradiol levels measured during the estrus phase of adult control rats. Because no significant differences were found when hormone-exposed rats were compared to controls, which were all sampled in the estrus phase, agrees with the notion of neonatally androgenized or estrogenized, anovulatory female rats being in a state of constant estrus [25,38]. This does not rule out the possibility that differences between estradiol rats and controls in our studies could have been found if the controls had been sampled in other phases of the cycle. Furthermore, since this hormone varies during the cycle, it is important to point out that to be able to determine whether serum estradiol levels are actually affected, repeated measurements during the cycle need to be done.

Interestingly, ovarian expression of *Tgfb1* was down-regulated in estradiol rats. TGF β is a key autocrine and paracrine modulator produced by theca and granulosa cells in humans and rodents and plays important intra-ovarian roles during follicular development [43,44]. Studies on several mammalian species, principally rodents, indicate that several ligands, receptors, signaling intermediaries, and binding proteins associated with the TGF β superfamily are expressed by oocytes and ovarian somatic cells in various developmental stages [28,45–48]. A growing body of experimental evidence supports TGF β involvement in multiple aspects of follicle development, including primordial follicle recruitment, granulosa and theca cell proliferation and atresia, steroidogenesis, gonadotropin receptor expression, oocyte maturation, ovulation, luteinization, and corpus luteum formation. The results of functional *in vitro* studies involving ovarian explants indicate positive effects [49,50] but there are also some studies that report an inhibitory effect of TGF β on primary follicle survival and/or progression to later stages [51].

TGF β has also been shown to (1) stimulate FSH receptor expression [52] and (2) amplify FSH-induced aromatase activity, inhibin production, and progesterone production by theca cells and LH receptor induction [53–58]. In addition, TGF β is able to suppress theca P450c17 expression and androgen production in a similar manner as activin A [59,60]. In mice, estradiol exposure on postnatal days 1–5 reduces ovarian weight, inhibits follicular development, and decreases expression of *Tgfb* superfamily genes at day 19 [61]. Thus, decreased *Tgfb1* expression might explain the

absence of CL and the anovulatory state in our estradiol rats, but not the low testosterone levels. Since TGF β seems to suppress androgen production, reduced theca interna thickness is probably a better explanation of the low plasma testosterone levels we observed in our postnatal estradiol rats.

Our estradiol rats also had increased mRNA expression of ER α in the ovaries. Ovaries from adult ER α knock-out mice are characterized by the accumulation of enlarged, cystic follicles accompanied by anovulation [62], and mice that over-express ER α during pre-natal and postnatal life have increased numbers of preantral and antral follicles at postnatal day 90 [63]. These results are evidence for key involvement of this receptor in ovarian function.

The effects of estradiol benzoate on the developing ovary seem to be mediated by ER α in theca and interstitial cells. Ikeda et al. treated rats with estradiol benzoate for 5 d—starting within 24 h after birth—and found ER α expression decreased in ovarian theca and interstitial cells at postnatal day 6 but recovered by day 14 [64]. Discrepancies between this study and ours, such as time point of exposure and age of ER α expression analysis, might explain the difference found in ER α expression. A follow-up of gene expression in the Ikeda et al. study [64] might have revealed an increase in ER α expression, which occurred in our estradiol rats.

Both Tgf β and ER α seem to be targets for estrogen in the early development of the rodent ovary. Thus, changes in their expression and signaling might mediate, at least in part, some effects of early estrogen exposure. The altered expression of Tgf β and ER α might have contributed to dysregulated ovarian development in our estradiol rats.

Upregulated expression levels of *Adipoq* occurred in the estradiol rats. There is abundant evidence that adiponectin has beneficial effects on reproductive processes, and it seems to be involved in ovulation. In rats, adiponectin is produced in theca, granulosa, and luteal cells of the ovary [65]. In granulosa cells *in vitro*, recombinant adiponectin induces ovarian gene expression and expression of proteins associated with ovulation and steroid hormone synthesis [66]. Further, adiponectin interacts with other hormones, in particular with insulin, to increase glucose uptake and lipid oxidation [67] but also to induce target gene expression in ovarian granulosa cells [66]. This might therefore be a compensatory response, an attempt to stimulate follicular development.

Glucose transporters may play a vital part in supplying energy to the developing follicle and oocyte by facilitating glucose uptake [68,69]. Through its insulin-like action, adiponectin is known to increase skeletal muscle *Glut4* translocation [70]. Speculatively, this might also be the case in the ovary since we found a positive correlation between ovarian *Adipoq* expression and expression of the two glucose transporters.

Interestingly, C3 was also upregulated in the ovaries. Several cells synthesize C3 [71], but to our knowledge, C3 synthesis has not been reported in ovarian cells. C3 is the most central protein of the complement system, which is important to immune defense, and provides a link between innate and adaptive immunity. Cleavage of C3 is needed to produce acylation-stimulating protein (ASP). Increased C3 mRNA expression might increase production of ASP [72].

C3 and ASP were also associated with obesity, coronary sclerosis, the metabolic syndrome, fasting, and postprandial triacylglycerols (TAGs) [73]. Moreover, chylomicrons are the strongest stimulators of adipocyte C3 production via activation of the alternative complement cascade [74]. A postprandial C3 increment was observed in healthy subjects, in patients with coronary artery disease, and in patients with familial combined hyperlipidemia [75].

ASP was shown to increase triglyceride synthesis in fat-storing cells by stimulating (1) re-esterification of free fatty acids and (2) glucose transport [72]. In human adipose tissue, ASP stimulates glucose uptake [76] through translocation of glucose transporters,

such as Glut 1, 3, and 4, to the cell surface [77,78]. Not only does ASP increase lipogenesis in adipocytes, but ASP also inhibits hormone-sensitive lipase-mediated lipolysis [72]. It is therefore tempting to speculate that C3 and ASP play a key role in supplying energy to developing follicles.

4.2. Programming effects on parametrial adipose tissue

In parametrial adipose tissue, estradiol exposure markedly reduced weight and volume and increased LPL activity while adipocyte size was unaltered. Further, C3 gene expression was increased while ER α expression was decreased. *Lep*, *Lpl*, and *Hsl* gene expression were unaffected by estradiol exposure. MRI was used to evaluate parametrial adipose tissue volume. The MRI-estimated volume correlated well with the weight of dissected tissue, indicating reliability of this method. Thus, in future studies, changes in parametrial adipose tissue volume may be followed non-invasively.

Neonatal exposure of rats and mice with synthetic estrogens results in large decreases in adipose tissue mass in adulthood without alteration in adipocyte size, suggesting a reduction in number of adipocytes [12]. In our study, estradiol exposure decreased the weight and volume of the parametrial adipose tissue depot without affecting adipocyte size, which is consistent with a reduced number of adipocytes. Consequently, altering normal estradiol or ER signaling, during development seems to induce large changes in adipocyte number. Estrogen may act at multiple stages of adipogenesis to alter adipocyte number, and depending on the stage of adipogenesis, its effect could vary [12].

Hamosh et al. exposed adult female rats to estrogen and observed a direct, inhibitory effect on adipose tissue lipogenesis through inhibition of LPL activity [79]. Contrary to this, we found that early postnatal estrogen exposure increased parametrial adipose tissue LPL activity in adult age, favoring triglyceride storage. Interestingly, this suggests that age of estradiol exposure is an important determinant for the effect of estradiol on adipose tissue LPL activity. Parametrial adipose tissue *Lpl* mRNA expression was not influenced by early postnatal estrogen exposure in the present study. Regulation of LPL activity involves both transcriptional and post-transcriptional mechanisms [80]. Ottosson et al. showed that adipose tissue LPL activity can be affected despite unchanged LPL mRNA levels [81].

Parametrial adipose tissue C3 expression was increased in the estradiol group. In human adipose tissue, ASP (the C3 cleavage product) stimulates glucose uptake and nonesterified fatty acid storage [76,82]. In female mice lacking ASP, adiposity is decreased [83]. The increases in LPL activity and C3 mRNA expression may therefore be consistent with a compensatory mechanism in postnatal estradiol-exposed rats to inhibit further decreases in parametrial adipose tissue.

In this study we found several interesting alterations in ovarian and adipose tissue gene expression. It is important however to bear in mind that changes in specific mRNA expression levels are not always accompanied by corresponding changes at the protein level.

4.3. Conclusions

For the first time, we show that a single dose of estradiol benzoate within 3 h after birth disrupts cyclicity and profoundly affects ovarian morphology, parametrial adipose tissue weight, and LPL activity in adult female rats. It also alters ovarian and adipose tissue expression of genes related to follicle development and adipose tissue metabolism. The decrease in parametrial adipose tissue mass without alteration in adipocyte size is consistent with a reduced number of adipocytes. Furthermore, we developed an MRI approach for studying the volume of parametrial adipose tissue.

The morphological, metabolic and endocrine alterations observed after early postnatal estradiol exposure reflect a complex interplay between many different components and must be further explained. Our data from female rats advance knowledge on the long-standing effects of a single estradiol injection directly after birth. This knowledge contributes to further understanding of the sex steroid environment in early life and its role in adult reproduction and metabolism.

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There is no conflict of interest that could be perceived as prejudicing the impartiality of the research reported.

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