International Journal of Medicine and Medical Research 2016, Volume 2, Issue 1, p. 44–48 copyright © 2016, TSMU, All Rights Reserved

DOI 10.11603/ijmmr.2413-6077.2016.1.6382

# MOLECULAR APOPTOSIS MECHANISMS WITH UNDERLYING EXPERIMENTAL ACUTE LUNG INJURY

M. I. Marushchak, I. M. Klishch, Yu. I. Bondarenko, L. P. Mazur I. HORBACHEVSKY TERNOPIL STATE MEDICAL UNIVERSITY, TERNOPIL, UKRAINE

**Background.** Current data suggest systemic autoimmune activation in the pathogenesis of bronchopulmonary diseases. The imbalance in the system of pro- and anti-inflammatory cytokines is very important in immunopathogenesis.

**Objective.** The aim of our research was to determine the caspase-3 rate in the dynamics of experimental acute lung injury and to study the relationship between their level and the number of cells carrying membrane binding TNF receptor type 1 to define the main mechanisms of cell death.

**Results.** The analysis of the results of caspase-3 rate in lung homogenate showed that this cysteine proteinase was uniformly increasing in all experimental groups during simulating of ALI induced by administration of hydrochloric acid (p<0.001). When comparing the results of caspase course of apoptosis it was defined that, despite the progressive increase in caspase-3 rate in lung homogenate, cysteine proteinase rate in plasma did not change.

The receptor mechanism of apoptosis was studied by establishing correlation relationships with the number of cells carrying membrane binding TNF type 1 (TNF-R1) receptor. A strong positive correlation relationship between the number of neutrophils with TNF-R1 and caspase-3 rate in lungs of all research groups was determined.

**Conclusions.** The implementation of neutrophils death by apoptosis is caused by change of activity of caspase cascade effector components, such as caspase-3, in cases of ALI induced by intratracheal administration of hydrochloric acid. One of the potential mechanisms responsible for the activation of caspase course is excessive generation of active forms of oxygen and increase in the number of neutrophils carrying membrane binding TNF receptor type 1.

KEY WORDS: caspase-3, tumour necrosis factor alpha receptor 1, acute lung injury

#### Introduction

Current data suggest systemic autoimmune activation in the pathogenesis of bronchopulmonary diseases. The imbalance in the system of pro- and anti-inflammatory cytokines is very important in immunopathogenesis. Acute lung injury is manifested by acute inflammatory response in the lung parenchyma that is associated with the severity of damage to the epithelial and endothelial barriers [1]. The latest researches have proved that cytokines, such as tumour necrosis factor alpha (TNF), are the signal molecules of the beginning, development and progression of inflammatory response at local and systemic levels. TNF antagonists are soluble forms sTNF-RI and sTNF-RII, which

Corresponding author: Marya Marushchak, Department of Functional Diagnostics and Clinical Pathophysiology, I. Horbachevsky Ternopil State Medical University, 1 Maidan Voli, Ternopil, Ukraine, 46001

Tel.: +380979901202

E-mail: marushchak@tdmu.edu.ua

are formed by separation of active receptor extracellular part from cell membrane [2, 3]. Currently some rather contradictory evidence was published on the effect of cytokines on the programmed cell death. Cytokine rate can be determined by its dose, type of target cells, their functional state and lesions [4].

Two courses of apoptosis are: internal or mitochondrial by Bcl-2 protein family, cytochrome C and caspase-9; and external by caspase-8 activation upon binding of specific Fas cells receptor – and soluble receptors of tumour necrosis factor on the cell surface [5]. Caspases, or cysteine asparagine-protease can be considered a critical effector molecules of programmed cell death, in this case caspase-3 is important for the implementation of both mitochondrial and receptor apoptosis activating [6].

The aim of our research was to determine the caspase-3 rate in the dynamics of experimental acute lung injury and to study the relationship between their level and the number of cells carrying membrane binding TNF receptor type 1 to define the main mechanisms of cell death.

#### **Materials and Methods**

The experiments were performed on 54 white nonlinear mature male rats 200-220g in weight, which were kept on a standard diet at the vivarium of Ternopil State Medical University. The animals were kept and experiments were conducted in accordance with the "European Convention for the Protection of vertebrate animals used for experimental and other scientific purposes" [7]. The animals were divided into 5 groups: the 1st - control group (n=6), the 2<sup>nd</sup> - animals affected by hydrochloric acid for 2 hours (n=12), the 3<sup>rd</sup> - animals affected by hydrochloric acid for 6 hours (n=12), the 4th animals affected by hydrochloric acid for 12 hours (n=12), the 5th - animals affected by hydrochloric acid for 24 hours (n=12).

Anaesthesia for the rats was administrated intraperitoneally with sodium thiopental, 40 mg/kg of animal weight. The ventral side of the neck was treated with chlorhexidine and a 0.5 cm medisection was made to visualize the trachea. Animals were placed in horizontal position at an angle of 45°, HCl, pH 1.2, 1.0 ml/kg was injected by insulin syringe into the trachea at inhale. Physiologic saline, 1.0 ml/kg was administered to the animals of the control group.

In 2, 6, 12 and 24 hours euthanasia was performed for rats by administration of sodium thiopental, 90 mg/kg of the animal weight, following the principles of humane treatment of animals. After their death chest was prosected and cardiopulmonary complex was separated. Heparinized whole blood, lung homogenates and bronchoalveolar lavage (BAL) was used for the research. The standard technique was performed to obtain BAL from lungs [8].

To determine caspase rate in lung homogenate supernatant and leukocyte-lymphocyte blood fractions, 0.25 ml of buffer and 50 mcl of 2 mM DEVD-p-NA was added to 0.7 ml of the test liquid and it was incubated for 2 hours at 37°C; the intensity of light absorbance was measured at 405 Nm, which is directly proportional to the product of hydrolysis of acetyl-Asp-Glu-Val-Asp n-nitroanilide caspase – 3-n-nitroanilide [9].

The number of BAL neutrophils that keep membrane binding TNF receptor type 1 (TNF-R1) was evaluated by the method of flow laser cytometry by means on flow cytometer Epics XL (Beckman Coulter, USA) using radio-labeled monoclonal antibodies to TNF-R1 (CD120a) (Hycult biotech, Netherlands) [10].

Statistical analysis was conducted using the software STATISTICA 6.0. To compare the differences between groups we used t-test in cases of a parametric distribution of alternatives, for calculating other data – one-way ANOVA (Fisher LCD post-hoc test), nonparametric analysis (Mann-Whitney test). The values are presented as Mean±SD, where Mean denotes the mean rate, SD – standard mean error. P<0.05 was considered statistically significant.

Correlation analysis was performed between all the studied rates. Coefficient of linear correlation (r) and its fidelity (p) was calculated that was accordingly denoted in the tables (correlation matrices). The correlation coefficient was significant at p<0.05.

## **Results**

Caspase-3, which cleaves proteins important for maintaining of cellular homeostasis, is considered to be the main effector molecule of the 'executive' stage in many models of apoptosis. So it was reasonable to determine its rate during apoptosis induced by hydrochloric acid when simulating ALI. Our research on caspase-3 rate showed that the content of this proteinase in blood of the experimental animals suffering from ALI did not change if compared with the data of the control and experimental groups (p>0.05) (Table 1).

The analysis of the results of caspase-3 rate in lung homogenate showed that this cysteine proteinase was uniformly increasing in all experimental groups during simulating of ALI induced by administration of hydrochloric acid (p<0.001). So, in 2 hours after the beginning of the experiment the caspase-3 rate increased by 49.33% in comparison with the control, in 6 hours – by 26.94% if compared to the second experimental group, in 12 hours – by 23.67% if compared to the third experimental group and in 24 hours – by 28.66% if compared to the previous group (Table 1).

When comparing the results of caspase course of apoptosis it was defined that, despite the progressive increase in caspase-3 rate in lung homogenate, cysteine proteinase rate in plasma did not change. This evidenced the difference in the implementation of programmed cell death, which could be caused by: 1. the varying levels pro-apoptotic signals in blood and lungs; 2. different amount of cells bearing apoptogenic receptors.

Table 1. Rates of caspase-3 in blood plasma and lung homogenate of rats with underlying experimental acute lung injury (M±m)

	Control	Experimental groups			
Rate	group n=6	2 n=6	3 n=6	4 n=6	5 n=6
	_				-
caspase-3, pmol/mg of protein (blood)	19,43±0,88	18,50±1,45	16,65±1,64	15,98±1,41	16,23±1,36
р		p₁>0,05	p <sub>1,2</sub> >0,05	p <sub>1,2</sub> >0,05	p <sub>1,2</sub> >0,05
caspase-3, pmol/mg of protein (BAL)	23,96±4,40	35,78±2,54	45,42±2,72	56,17±3,42	72,27±4,71
р		p <sub>1</sub> <0,001	p <sub>1,2</sub> <0,001	p <sub>1,2</sub> <0,001	p <sub>1,2</sub> <0,001

Legends:  $p_1$  – significant difference if compared to the control animals;  $p_2$  – significant difference if compared to the affected animals.

It was established that all populations of white blood cells, which are involved in the inflammatory process of ALI such as neutrophils, secrete cytokines, and vascular endothelium is their main target [11]. The recent researches have proved that cytokines, such as tumour necrosis factor alpha (TNF), are signal molecules of the beginning, development and progression of inflammatory response at local and systemic levels. The bioactivity of TNF depends on the

content of cytokine corresponding receptors on the surface of target cells and the number of circulating antagonists [12]. So, the receptor mechanism of apoptosis was studied by establishing correlation relationships with the number of cells carrying membrane binding TNF type 1 (TNF-R1) receptor. A strong positive correlation relationship between the number of neutrophils with TNF-R1 and caspase-3 rate in lungs of all research groups (Table. 2) was determined.

Table 2. Possible relationships between caspase-3 rate and the number of cells carrying membrane binding TNF type 1 receptor in cases of acute lung injury

Rate		Experimental groups	Correlation coefficient, rxy	Correlation relationship probability, p
TNF-R1 rate	Caspase-3 rate in lung	2	0,88	<0,01
in ronchoalveolar	homogenate, pmol/mg of protein	3	0,90	<0,001
lavage, %		4	0,95	<0,001
		5	0,81	<0,01

## **Discussion**

A significant increase in caspase-3 rate could be caused by involvement of mitochondrial course of apoptosis, which was associated with the pro-apoptotic signals from inside the cells, such as active forms of oxygen. Previously we proved that intensification of free radical peroxidation processes happened in cases of ALI, and active forms of oxygen were the main cause of that [13]. The generation of oxygen radicals stimulated apoptosis by decrease in mitochondrial membrane potential that verified the mitochondria cell membrane poration and depolarization [14].

Caspase-8, which is activated by the interaction of tumour necrosis factor-α and membrane binding receptor of this interleukin, contribute to pores formation. As a result, mitochondrial matrix swelling developed; internal mitochondrial membrane ruptured; and cytochrome c, AIF (apoptosis inducing factor),

which stimulated caspase-3, secondary activator of caspases of mitochondrial origin and other pro-apoptotic proteins released from the intermembranous space into cytosol [15, 16] (Figure 1).

Caspase-3 rate is regulated by both external and internal TNF receptor mediated mechanisms of apoptosis. Currently, it is established that most of the cytotoxic effects of TNF are mediated by TNF-R1 due to its interaction with TRADD (death domains caused by TNF-R1) [17]. Our research also proved it. We evidenced a significant increase in caspase-3 rate with increase in percentage of neutrophils carrying TNF-R1 in cases of ALI induced by intratracheal administration of hydrochloric acid.

## **Conclusions**

The implementation of neutrophils death by apoptosis is caused by change of activity of caspase cascade effector components, such as

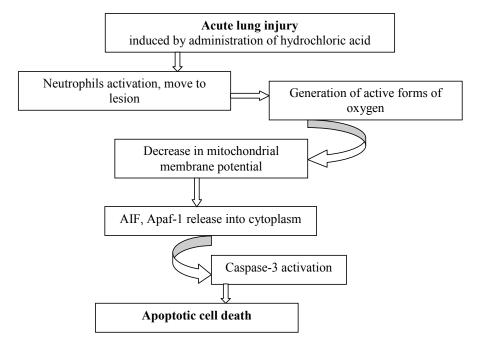


Figure 1. Pathogenic justification of mitochondrial course of apoptosis in cases of acute lung injury.

caspase-3, in cases of ALI induced by intratracheal administration of hydrochloric acid. One of the potential mechanisms responsible for the activation of caspase course is excessive generation of active forms of oxygen and increase in the number of neutrophils carrying membrane binding TNF receptor type 1.

## **Future Prospects of the Research**

In the further research, for pathogenetic study of programmed cell death course we plan to conduct a comparative analysis of the correlation relationships between the early apoptosis level and mitochondrial transmembrane potential rates, active forms of oxygen and caspase rate in blood and bronchoalveolar lavage in rats to detect additional pathogenetic mechanisms of acute lung injury development.

#### References

- 1. Mitchell RS, Martin TR. Lung Cytokines and ARDS. Chest 1999; 116: 2–8.
- 2. Schneider-Brachert W, Tchikov V, Neumeyer J et al. Compartmentalization of TNF receptor 1 signaling; internalized TNF receptosomes as death vesicles. J. Immunity 2004; 21 (3): 415–428.
- 3. MacEwan DJ. TNF ligand and receptors a matter of life and death. British Jour. of Pharm 2002; 135: 855–875.
- 4. Roth Z'graggen B, Tornic J, Müller-Edenborn B et al. Acute lung injury: apoptosis in effector and target cells of the upper and lower airway compartment. Clinical and Experimental Immunology 2010; 161: 324–331.
- 5. Kaminski M, Kiebling M, Suss D et al. Novel Role for Mitochondria: Protein Kinase Cθ-Dependent Oxidative Signaling Organelles in Activation-Induced T-Cell Death. Mol Cell Biol 2007; 27 (10): 3625-3639.
- 6. Глумчер ФС, Березняков ИГ, Решедько ГК. 1 Украинский конгресс по вопросам антимикроб-

- ной терапии: событие для отечественного здравоохранения. Здоров'я України 2007; 2 (1): 16–18.
- 7. European convention for the protection of vertebrate animals used for experimental and other scientific purposes. Council of Europe. Strasbourg 1986; 123: 52.
- 8. Гудима АА, Марущак МІ, Габор ГГ, Куліцька МІ. Патогенетична роль нейтрофільних гранулоцитів у розвитку гострого ураження легень. Буковинський медичний вісник 2011; 3: 82–86.
- 9. Bonomini M, Dottori S, Amoroso L et al. Increased platelet phosphatidylserine exposure and caspase activation in chronic uremia. J Thromb Haemost 2004; 2(8): 1275–1281.
- 10. Часовских НЮ. Роль протеинкиназ JNK и р38 в регуляции апоптоза мононуклеарных лей-коцитов крови при окислительном стрессе. Бюллетень сибирской медицины 2008; 3: 38–43.
- 11. Пасечник АВ, Фролов ВА. Апоптоз нейтрофилов как параметр воспалительной реакции

- при патологии. Вестник РУДН. Серия Медицина 2004; 25 (1): 103.
- 12. Mann DL. Recent insights into the role of tumor necrosis factor in the failing heart. Heart Fail Rev 2001; 6(2): 71–80.
- 13. Грищук ЛА, Марущак МІ. Динаміка перекисного окиснення ліпідів та антиоксидантного захисту в щурів за умов гострого ураження легень. Туберкульоз, легеневі хвороби, ВІЛ-інфекція 2011; 2 (05): 16–20.
- 14. Мишуніна ТМ, Тронько МД. Основні молекулярні механізми апоптозу та їх порушення при канцерогенезі щитоподібної залози (огляд літератури). Журн АМН України 2006; 12 (4): 611–633.
- 15. Райхлин НТ, Райхлин АН. Регуляция и проявление апоптоза в физиологических условиях и в опухолях. Вопр онкол 2002; 48 (2): 159–171.
- 16. Мишуніна ТМ, Калініченко ОВ, Тронько МД, Зурнаджи ЛЮ. Характеристика змін проникності мембран мітохондрій з тканини папілярних карцином щитоподібної залози та з її тканини за інвазії пухлинних клітин. Журн АМН України 2010; 16 (1): 5–22.
- 17. Chopra M, Reuben JS, Sharma AC. Acute Lung Injury: Apoptosis and Signaling Mechanisms. Experimental Biology and Medicine 2009; 234: 361–371.

Received: 2016-02-02