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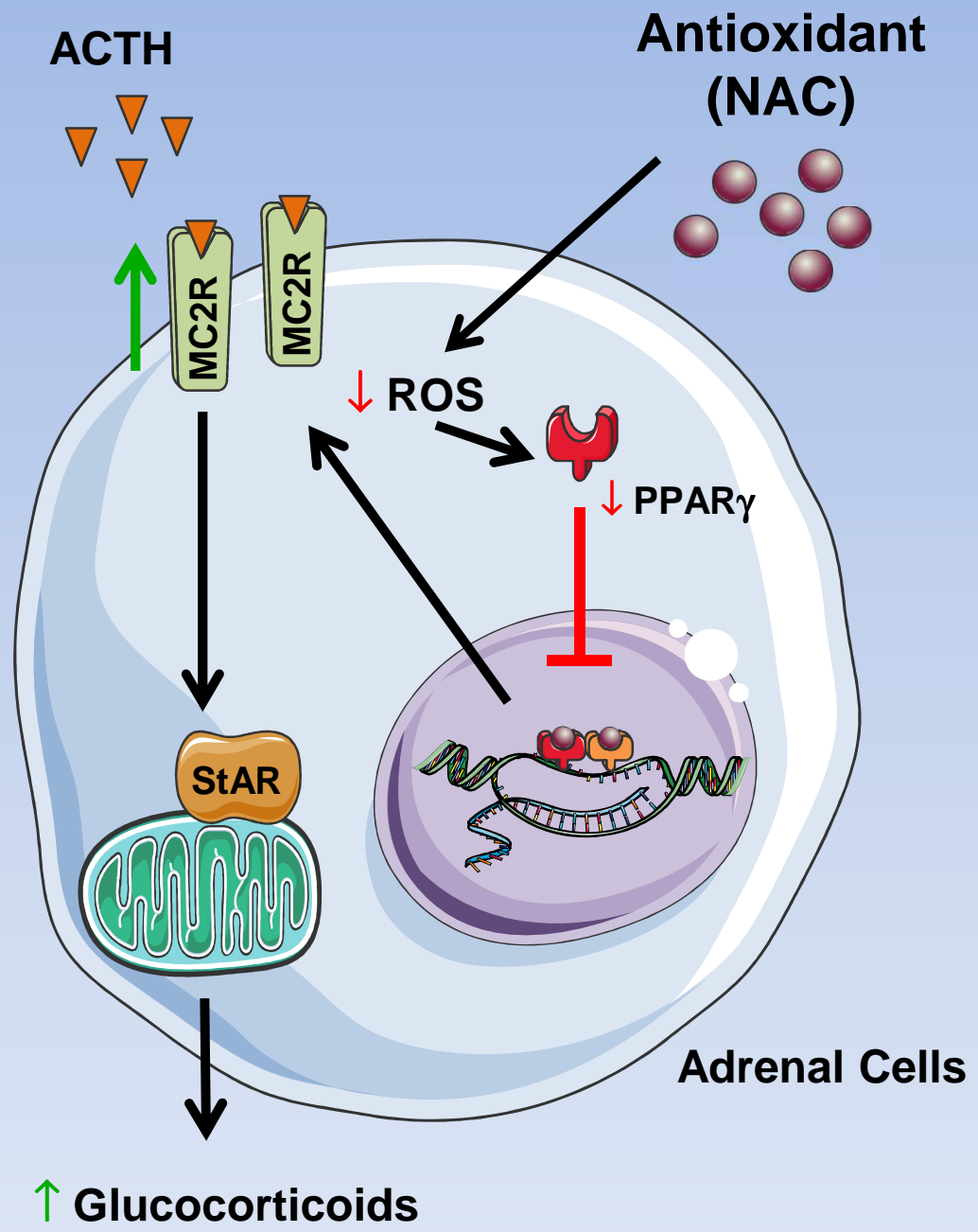
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**Activation of PPAR γ reduces N-acetyl-cysteine-induced hypercorticism
by down-regulating MC2R expression into adrenal glands**

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1 ABSTRACT

2 We previously demonstrated that oral supplementation with antioxidants induced hyperactivity of
3 hypothalamus-pituitary-adrenal (HPA axis), attested by hypercorticism, through an up-regulation
4 of adrenocorticotrophic hormone (ACTH) receptors (MC2R) in adrenal. This study analyzed the role
5 of peroxisome proliferator-activated receptor (PPAR)- γ on HPA axis hyperactivity induced by N-
6 acetyl-cysteine (NAC). Male Swiss-Webster mice were orally treated with NAC for 1, 3, 5, 10, 15, or
7 18 consecutive days. The PPAR- γ agonist rosiglitazone and/or antagonist GW9662 were daily-
8 injected i.p. for 5 consecutive days, starting concomitantly with NAC treatment. Rosiglitazone
9 treatment inhibited NAC-induced adrenal hypertrophy and hypercorticism. Rosiglitazone also
10 significantly reversed the NAC-induced increase in the MC2R expression in adrenal, but not
11 steroidogenic acute regulatory protein (StAR). NAC treatment reduces the expression of PPAR γ in
12 the adrenals, but rosiglitazone did not restore the expression of this cytoprotective gene. In addition,
13 GW9662 blocked the ability of rosiglitazone to decrease plasma corticosterone levels in NAC-treated
14 mice. In conclusion, our findings showed that antioxidant supplementation induced a state of
15 hypercorticism through down-regulation of PPAR γ expression in the adrenals, in a mechanism
16 probably related to a down-regulation of ACTH receptor expression.

17

18 **Keywords:** Antioxidant; Glucocorticoids; HPA axis; PPAR- γ .

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1 INTRODUCTION

2 Reactive oxygen species (ROS) are the initial species generated by oxygen reduction,
3 including superoxide, hydroxyl radical, and hydrogen peroxide [1]. Under physiological conditions,
4 endogenous antioxidant enzymes regulate the overproduction of ROS to prevent undesirable
5 functional collateral damage [2]. The excessive production of ROS occurs when there is an imbalance
6 between cellular antioxidant defense systems and the endogenous or exogenous pro-oxidant burden,
7 leading to DNA cleavage, protein oxidation, and lipid peroxidation, ultimately resulting in cellular
8 dysfunction and apoptosis [3,4]. Despite this, existent evidence highlights the beneficial role of
9 superoxide and hydrogen peroxide in the maintenance of cellular redox homeostasis acting as
10 signaling molecules in a physiological process. Accordingly, the release of reduced amounts of
11 oxidants from the mitochondria or other sources can activate a defensive response that appears to
12 protect the organism from subsequent higher stresses[5–7]. Thereat, the growth of indiscriminate
13 consume of supplements with antioxidants to combat diseases associated with aging by the general
14 people [8,9] can culminate in cellular stress affecting most diverse systems of the body.

15 Indeed, we previously showed that prolonged treatment with two different antioxidants,
16 vitamin E and N-acetylcysteine (NAC), induced a rise in the circulating glucocorticoid levels in rats
17 by a mechanism related to increased expression of both adrenocorticotrophic hormone (ACTH)
18 receptor, known as MC2R, and steroidogenic acute regulatory protein (StAR) in the adrenal gland
19 [10]. Peroxisome proliferator-activated receptor (PPAR) γ is an isoform of the PPAR subset of
20 nuclear receptors, which activate the expression of their target genes by binding to peroxisome
21 proliferator response elements (PPREs) [11]. The PPREs are found in genes that control the
22 expression of endogenous antioxidant enzymes, including SOD, catalase, and heme oxygenase-1, and
23 the activation of PPAR γ induces a transactivation of these genes [12–14]. In addition, we
24 demonstrated that the reduction of PPAR γ expression in adrenals is directly associated with the high
25 expression of MC2R in these glands as so as hypercorticoidism noted in animals with diabetes [15].
26 Thus, NAC-induced hyperactivation of the adrenal cortex could be associated with the interference of

1 signaling pathways mediated by PPAR γ . In this study, we evaluated the contribution of the PPAR γ to
2 the NAC-induced hypercorticism in healthy mice, using a synthetic PPAR γ agonist rosiglitazone.

3

4 **MATERIALS AND METHODS**

5 *Chemicals*

6 Dimethyl sulfoxide (DMSO) was purchased from Sigma Chemical Co. (Saint Louis, MO, USA),
7 rosiglitazone and GW9662 from Cayman Chemicals (Saint Louis, MO, USA), ethanol, methanol and
8 xylene from Merck (Rio de Janeiro, Brazil) and sodium heparin from Roche (São Paulo, Brazil). All
9 solutions were freshly prepared immediately before use.

10 *Animals*

11 In accordance with the guidelines of the Committee on Use of Laboratory Animals of
12 Oswaldo Cruz Institute (CEUA-IOC/Fiocruz, license L-027/2016), male Swiss-Webster mice
13 obtained from Oswaldo Cruz Foundation breeding colony were used. Mice were housed in groups of
14 four in temperature-, humidity-, and light-controlled (12 h light: 12 h darkness cycle) colony room.
15 Mice were given access *ad libitum* to food and water.

16 *Treatments*

17 Forty-two male mice were randomly assigned into 6 experimental groups as follows: control
18 mice (n = 7); NAC-treated mice for 1 day (n = 7); NAC-treated mice for 3 days (n = 7); NAC-treated
19 mice for 5 days (n = 7); NAC-treated mice for 10 days (n = 7); NAC-treated mice for 15 days (n = 7);
20 NAC-treated mice for 18 days (n = 7). In another setting of experiments, 28 male mice were randomly
21 divided into 4 experimental groups: control mice (n = 7); rosiglitazone-treated mice (n = 7); NAC-
22 treated mice (n = 7); mice treated with NAC plus rosiglitazone (n = 7). In a third setting of
23 experiments, 30 male mice were randomly assigned into 5 experimental groups as follows: control
24 mice (n = 6); NAC-treated mice (n = 6); mice treated with NAC plus rosiglitazone (n = 6); mice

1 treated with NAC plus GW9662 (n = 6); mice treated with NAC plus rosiglitazone plus GW9662 (n =
2 6).

3 The mice were treated with antioxidant NAC (150 mg/kg body weight) [10] by gavage once a
4 day, during 1, 3, 5, 10, 15, or 18 consecutive days. Control mice received an equal volume of vehicle
5 (sterile saline 0.9%). In some experiments, the mice were treated concomitantly with NAC (150
6 mg/kg body weight), PPAR γ agonist rosiglitazone (0.5 mg/kg, i.p.), and/or PPAR γ antagonist
7 GW9662 (0.5 mg/kg, i.p.) [16] daily for 5 consecutive days. Untreated mice received an equal volume
8 of vehicle (DMSO 0.1%, i.p.). All analyzes were performed 24h after last treatment with NAC.

9 ***Determination of micro and macroscopic adrenal hypertrophy indexes***

10 Adrenal glands were quickly removed from mice and cleaned of surrounding fat in ice.
11 Instantly after dissection, the adrenal glands were fixed in Milloning fixative solution for 24h and,
12 then, embedded in paraffin. Paraffin-embedded sections of 3 μ m were deparaffinized with xylene,
13 rehydrated by a graded series of ethanol washes, and stained with hematoxylin and eosin (H&E). The
14 tissue sections were mounted in aqueous medium and images digitized via scanner microscope
15 (Pannoramic SCAN150, 3D Histech, Budapest, Hungary) using a 20x objective lens. Images obtained
16 from the *zona fasciculata* of the adrenal cortex were analyzed with Image Pro Plus 6.2 software
17 (Media Cybernetics, Rockville, MD, USA) to determine the mean area of cells. We analyzed at least
18 ten different fields from *zona fasciculata* of each adrenal gland section. To assess adrenal gland
19 hypertrophy macroscopically, the ratio between adrenal weight and body weight was determined.

20 ***Evaluation of mRNA expression of MC2R, PPAR γ and StAR by real-time PCR***

21 Total RNA was isolated from adrenal glands using TRI Reagent® and reverse-transcribed to
22 cDNA using the RevertAid Reverse Transcriptase (Thermo Fisher Scientific, Waltham, MA, USA).
23 Real-time PCR was performed with the StepOnePlus Real Time PCR System (Applied Biosystems,
24 Foster City, CA, USA) using a Mix (5x HOT FIREPol® EvaGreen® qPCR Mix Plus (ROX); Solis
25 BioDyne, Tartu, Estonia) according to the manufacturer's instructions. The amplification program
26 included an initial activation step at 95°C for 15min, followed by denaturation at 95°C for 15s,

1 annealing between 59°-62°C and finally elongation at 72°C for 20s, for 40 cycles. Fluorescence was
 2 measured after each extension step, and the specificity of amplification was evaluated by melting
 3 curve analysis. The house-keeping gene GAPDH was used as a control to normalize RNA samples.
 4 Relative gene expression levels were calculated using a standard curve for each gene. Amplification
 5 efficiencies were identical or similar between genes of interest and controls. Primers (Table 1) and
 6 probes were designed in our laboratory and purchased from Eurofins Genomics (Louisville, KY,
 7 USA) or Invitrogen (Carlsbad, CA, USA).

8

9 Table 1: Primer sequences used for RT-qPCR

Gene	Primer Sequence (5'-3')
GAPDH	Forward: GAAGGTCGGTGTGAACGGAT
	Reverse: CGTTGAATTTGCCGTGAGTGGA
MC2R	Forward: GACCTTCTGCCCAAATAACCCTT
	Reverse: CGGTTGCAGAAGAGCATCCTTT
PPAR γ	Forward: AGACCACTCGCATTTCCTTTGACAT
	Reverse: TCCCCACAGACTCGGCACTCAATG
StAR	Forward: TCACTTGGCTGCTCAGTATTGAC
	Reverse: GCGATAGGACCTGGTTGATGA

10

11 ***Corticosterone quantification***

12 Mice were euthanized (ketamine 140 mg/Kg and xylazine 20 mg/Kg i.p.), during the nadir
 13 (08:00 h) of the circadian rhythm as described previously [17], and blood was immediately collected
 14 from abdominal aorta using heparin (40 U/ml) for corticosterone quantification. Plasma was obtained
 15 after sample centrifugation for 10 min at 1,000 \times g and stored at -20°C until use. Plasma
 16 corticosterone levels were quantified by radioimmunoassay or ELISA, following manufacturer's

1 guidelines (MP Biomedicals, Solon, USA, and Cayman Chemicals, Ann Arbor, MI, USA,
2 respectively).

3 *Statistical analysis*

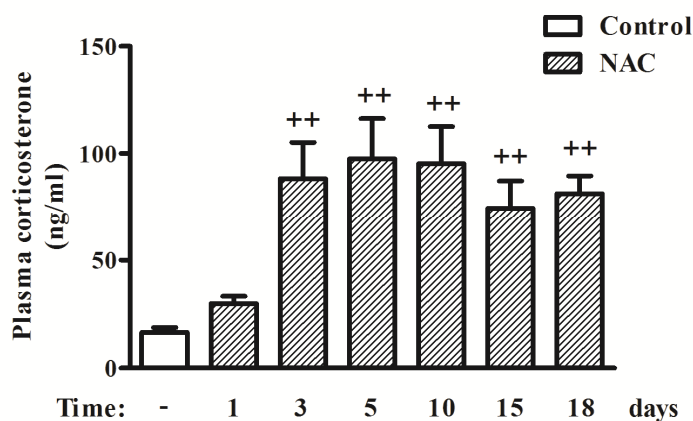
4 Data are reported as mean \pm Standard Error of the Mean (S.E.M.). The data were evaluated to
5 ensure normal distribution and statistically analyzed by one-way ANOVA followed by a Student-
6 Newman–Keuls post-hoc test. In the case of real-time PCR, the data were assessed by non-parametric
7 test Kruskal-Wallis followed by U de Mann Whitney. Probability values (p) of 0.05 or less were
8 considered significant.

9

10 **RESULTS**

11 **NAC increases plasma corticosterone levels in Swiss-Webster mice**

12 We observed that NAC induced an increase in the circulating levels of corticosterone when
13 used for 3, 5, 10, 15, or 18 consecutive days compared to controls, however, a single administration of
14 the antioxidant was unable to significantly alter circulating hormone levels (Figure 1). Based on these
15 data, we chose the scheme of 5-day NAC treatment to evaluate the role of the nuclear receptor PPAR γ
16 on antioxidant-induced hypercorticism.



17

1 **Figure 1: Kinetics of NAC-induced hypercorticism in mice.** NAC (150 mg/kg, oral route) and
2 was given daily for 1, 3, 5, 10, 15 or 18 consecutive days. Untreated animals received an equal
3 amount of vehicle (0.9% saline). Data are expressed as the mean \pm SEM. This result is a
4 representative of two independent assays. $^{++}p < 0.01$ compared to control mice.

5

6 **Rosiglitazone reduces adrenal hypertrophy and hypercorticism induced by NAC treatment**

7 NAC-induced adrenal hypertrophy as evidenced by an increase in the mean area of cells in
8 *zona fasciculata* of adrenal cortex (Figures 2C and 2E) and in the ratio between adrenal and body
9 weight (Figure 2F) compared to untreated mice (Figures 2A, 2E, and 2F). Remarkably, all of these
10 changes were clearly sensitive to rosiglitazone treatment (Figures 2D, 2E, and 2F), as evidenced by
11 conditions in which the rosiglitazone did not alter these parameters in untreated mice (Figures 2B, 2E,
12 and 2F). In addition, rosiglitazone significantly reduced the increase in plasma corticosterone levels
13 induced by treatment with NAC, without modify the baseline levels of this hormone in the circulation
14 (Figure 2G).

15

16 **Rosiglitazone reduces adrenal overexpression of MC2R induced by the NAC treatment**

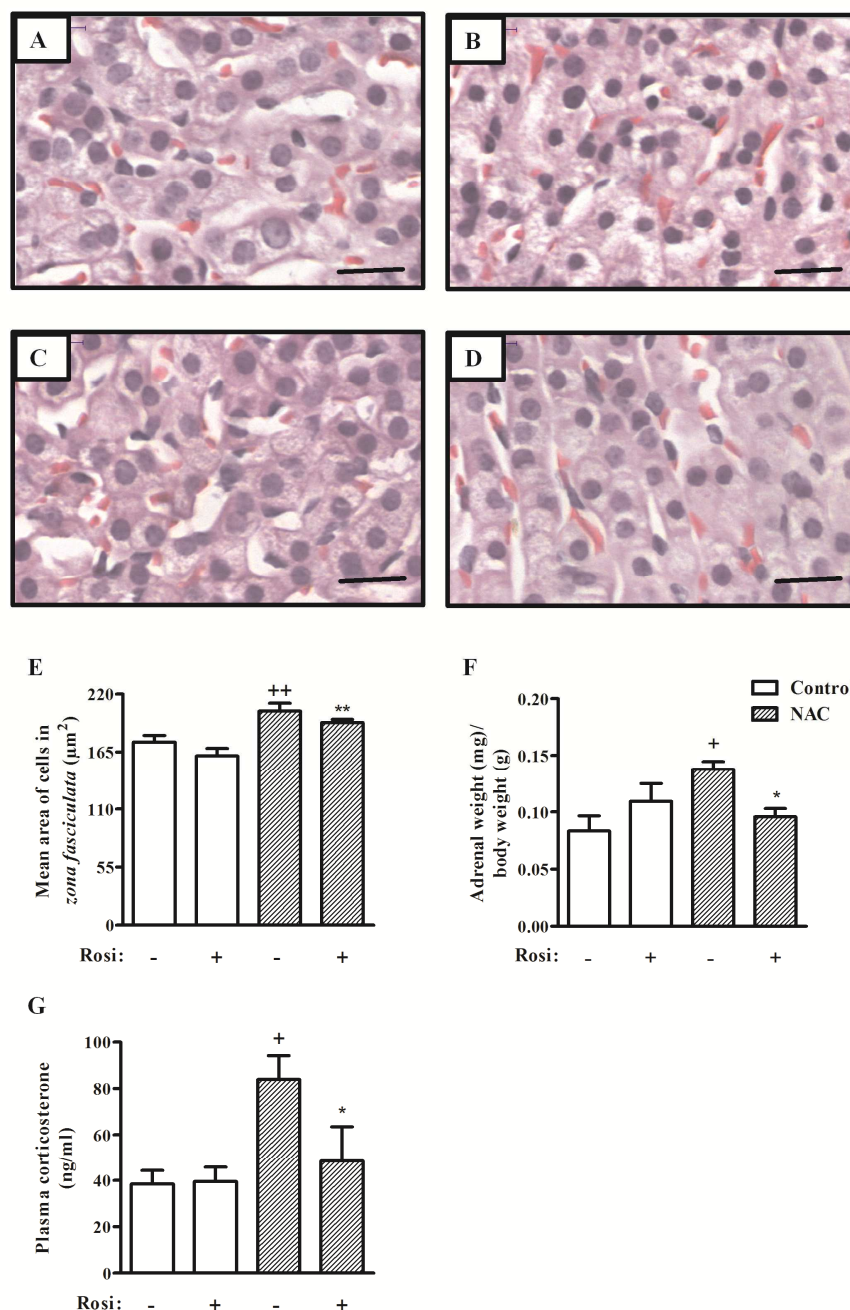
17 We noted that mice treated with NAC increased the adrenal expression of both ACTH
18 receptor (MC2R) (Figure 3A) and steroidogenic enzyme StAR (Figure 3A) in comparison to control
19 mice. Rosiglitazone significantly reduced NAC-induced upregulation of MC2R expression without
20 interfering with StAR expression (Figure 3A and 3B, respectively), under conditions where the
21 baseline levels of these receptors remained unaltered (Figure 3).

22

23 **Rosiglitazone reduces hypercorticism induced by NAC treatment through PPAR γ activation**

24 Treatment with NAC reduced PPAR γ expression in adrenal glands compared to untreated mice. It is
25 of interest note that rosiglitazone did not enhance the PPAR γ RNAm expression in both untreated and
26 NAC-treated mice (Figure 4A). Likewise, the pre-treatment with PPAR γ antagonist GW9662 blocked

- 1 the inhibitory properties of rosiglitazone on NAC-induced hypercorticism, indicating that PPAR γ
 2 negatively regulates corticosterone production. Furthermore, the treatment with GW9662 did not alter
 3 NAC-induced upregulation in plasma corticosterone levels in this model (Figure 4B).

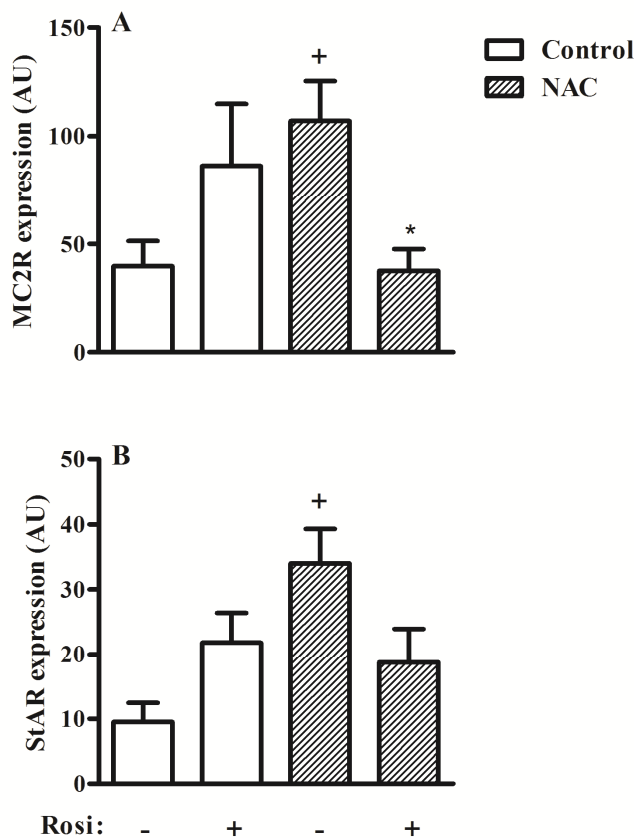


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5 **Figure 2: Rosiglitazone reduces adrenal hypertrophy and plasma corticosterone levels observed**
 6 **in NAC-treated mice.** Mice were treated concomitantly with NAC (150 mg/kg, oral route) and
 7 rosiglitazone (0.5 mg/kg, i.p.) once daily for 5 consecutive days. Control animals were treated daily
 8 with rosiglitazone for 5 consecutive days. Untreated animals received an equal amount of vehicle
 9 (DMSO 0.05 %, i.p.), and analyses were performed 24 hours after treatments. Representative
 10 photomicrographs of *zona fasciculata* of adrenal glands stained with Hematoxylin & Eosin of naive

1 mice (A), rosiglitazone treated mice (B), NAC treated mice (C) and NAC plus rosiglitazone treated
 2 mice (D). (E) Quantification of the mean area of *zona fasciculata* cells. (F) The ratio between adrenal
 3 and body weight. (G) Plasma quantification of corticosterone levels. Data are expressed as the mean \pm
 4 SEM. ⁺ $P < 0.05$ compared to control mice. ⁺⁺ $P < 0.01$ compared to control mice. ^{*} $P < 0.05$ compared to
 5 NAC-treated mice. ^{**} $P < 0.01$ compared to NAC-treated mice. Scale bar = 50 μm . NAC = N-
 6 acetylcysteine. Rosi = Rosiglitazone.

7



8

9 **Figure 3: Rosiglitazone reduces MC2R expression but not StAR in the adrenals of NAC-treated**
 10 **mice.** Mice were treated concomitantly with NAC (150 mg/kg, oral route) and rosiglitazone (0.5
 11 mg/kg, i.p.) once daily for 5 consecutive days. Control animals were treated daily with rosiglitazone
 12 for 5 consecutive days. Untreated animals received an equal amount of vehicle (DMSO 0.05 %, i.p.),
 13 and analyses were performed 24 hours after treatments. MC2R (A) and StAR (B) gene expression in
 14 adrenals of mice measured by qPCR. Data are expressed as the mean \pm SEM. ⁺ $P < 0.05$ compared to
 15 control mice. ^{*} $P < 0.05$ compared to NAC-treated mice. NAC = N-acetylcysteine. Rosi =
 16 Rosiglitazone.

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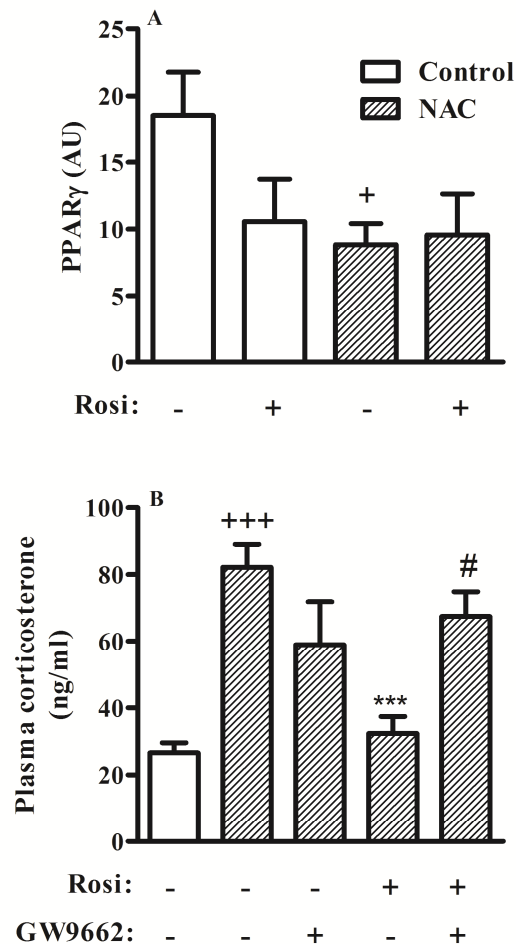
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5 **Figure 4: Blockade of PPAR γ impaired rosiglitazone-mediated reduction of plasma**
6 **corticosterone levels in NAC-treated mice.** Mice were treated concomitantly with NAC (150 mg/kg,
7 oral route), rosiglitazone (0.5 mg/kg, i.p.), and/or GW9662 (0.5 mg/kg, i.p.) once daily for 5
8 consecutive days. Untreated animals received an equal amount of vehicle (DMSO 0.1 %, i.p.), and
9 analyses were performed 24 hours after treatments. (A) PPAR γ gene expression in adrenals of mice
10 measured by qPCR. (B) Plasma quantification of corticosterone levels. Data are expressed as the
11 mean \pm SEM from. ⁺ P <0.05 compared to control mice. ⁺⁺⁺ P <0.001 compared to control mice.
12 ^{***} P <0.001 compared to NAC-treated mice. [#] P <0.05 compared to NAC plus rosiglitazone-treated
13 mice. NAC = N-acetylcysteine. Rosi = Rosiglitazone.

14

15 **DISCUSSION**

1 This study investigated the role of PPAR γ on the NAC treatment-induced hypercorticism.
2 We found that the antioxidant NAC increased plasma levels of corticosterone in mice even in a short
3 time treatment. Furthermore, we showed that the PPAR γ agonist rosiglitazone reversed the
4 hypercorticism and the adrenal hypertrophy caused by NAC treatment. Rosiglitazone also
5 decreased the local expression of MC2R. The reduction in plasma corticosterone levels provoked by
6 rosiglitazone was blocked by GW9662, a PPAR γ antagonist, regardless the level of PPAR γ
7 expression. Our findings indicate that lower expression of PPAR γ in adrenals of NAC-treated mice
8 might account for the hypercorticism observed in these animals, along with up-regulation of
9 ACTH receptor expression.

10 Currently, many people consume antioxidant supplements regularly to avoid developing
11 diseases associated with aging [18,19]. Nevertheless, several clinical trials testing benefits and harms
12 of dietary supplementation with antioxidants found that these drugs have been unable to show helpful
13 effects and pointed that they seemed to induce an augmentation in all-cause mortality [20–23]. We
14 previously demonstrated that the prolonged treatment with two different antioxidants, NAC and
15 vitamin E, which act through distinct mechanisms of action increased plasma corticosterone levels in
16 rats [10], however, the effects of acute use of these drugs on steroidogenesis are unknown. We
17 performed here a treatment kinetics in Swiss-Webster mice and demonstrated that NAC rises the
18 circulating levels of corticosterone after three consecutive days of treatment, remaining high at all
19 subsequent times analyzed. Here, we noted that NAC treatment was able to induce the production of
20 the primary stress hormone in an animal species other than the rat, suggesting that this phenomenon
21 may occur in a larger spectrum of species, including human beings. Furthermore, we demonstrated in
22 this work that even an acute treatment with NAC can increase glucocorticoid production by mice,
23 which makes the indiscriminate use of antioxidant dietary supplementation even more risky.

24 It is currently known that ROS, including superoxide and hydrogen peroxide, generated by
25 normal cell metabolism can act as intracellular signaling being crucial for the maintenance of cellular
26 homeostasis [6,7,24]. In addition, exogenous antioxidants are able to reduce the expression and/or
27 activity of endogenous antioxidant enzymes [25,26] by down-regulation of transcription factors

1 engaged in crosstalk for cytoprotection [10]. PPAR γ is expressed in both murine and human
2 adrenals[15,27,28], but also in cell lines[29], and its activation attenuated cortisol levels in patients
3 with Cushing disease [30], as well as played a significant role in conferring cytoprotection against
4 endogenous oxidative stress [12–14]. Therefore, it could then be hypothesized that NAC could
5 decreasing PPAR γ expression and/or activation in adrenal glands, provoking an enhancement of the
6 steroidogenic pathway. The fact that the rosiglitazone inhibited NAC-induced hypercorticism in
7 parallel to a reduction of adrenal micro and macro hypertrophy, reinforce this hypothesis. Moreover,
8 this idea is consistent with data showing that rosiglitazone treatment inhibited both adrenal
9 hypertrophy and hypercorticism in diabetic animals [15].

10 We previously showed that antioxidant-induced hypercorticism occurred in parallel with
11 an increase in the expression of the ACTH receptor MC2R and the steroidogenic enzyme StAR in the
12 adrenals [10]. Here, we showed that rosiglitazone significantly inhibited NAC-induced
13 overexpression of MC2R in adrenals, but not StAR. The reestablishment of MC2R expression by
14 rosiglitazone may explain the reduction of plasma corticosterone levels induced by NAC, considering
15 that the MC2R signaling pathway is essential to induce steroidogenesis and provoke subsequent
16 adrenal hypertrophy and glucocorticoid secretion [31].

17 We showed in this work that NAC treatment reduced the expression of PPAR γ in adrenal
18 glands, however, treatment with rosiglitazone did not interfere with this effect of NAC. Despite that
19 PPAR γ activation usually induces its own gene transcription, including in adrenal glands [15,32],
20 rosiglitazone could increase PPAR γ activity without up-regulating protein amounts, especially
21 considering the short period of drug administration [33]. Nevertheless, Since rosiglitazone did not
22 increase PPAR γ expression in the adrenal glands of antioxidant-treated mice, one possible explanation
23 would be that this thiazolidinedione could inhibit NAC-induced steroidogenesis through receptor-
24 independent effects [34,35].

25 To understand whether a decrease in the circulating levels of corticosterone by rosiglitazone
26 is PPAR γ -dependent in NAC-treated mice, we performed experiments using a PPAR γ antagonist
27 GW9662. Here, we showed that the effect of rosiglitazone in reducing NAC treatment-induced

1 hypercorticism was completely abolished in mice treated simultaneously with GW9662,
2 suggesting that this effect is dependent on the PPAR γ activation by rosiglitazone. Although we did not
3 observe that rosiglitazone increased the expression of PPAR γ in the adrenal glands of NAC-treated
4 mice, the fact that the PPAR γ antagonist prevents the effect of rosiglitazone on NAC-induced
5 hypercorticism indicates that rosiglitazone is acting by activating this receptor. In addition, the fact
6 that the lower expression of PPAR γ induced by NAC is related directly to the higher expression of
7 MC2R in the adrenals is in line with what was shown by us earlier in diabetic rats [15]. Thus, these
8 findings also suggest that in adrenal glands, PPAR γ is a transcription factor that induces MC2R gene
9 transrepression.

10 In summary, our results indicate that NAC-induced hypercorticism in mice is related to the
11 loss of PPAR γ cytoprotective capacity. This effect seems to be caused by a reduced PPAR γ mRNA
12 transcription, which could lead to a subsequent transactivation of the ACTH receptor (MC2R). In
13 addition, the activation of PPAR γ with rosiglitazone normalizes the dysregulation in adrenal
14 steroidogenesis induced by NAC treatment.

15

16 **DECLARATION OF INTEREST**

17

18 The authors declare that there is no conflict of interest that could be perceived as prejudicing
19 the impartiality of the research reported.

20

21 **AUTHORSHIP**

22 RDV: acquisition of data; analysis and interpretation of data; final approval of the version to be
23 submitted. ASC: acquisition of data; analysis and interpretation of data; final approval of the version
24 to be submitted. NSM: acquisition of data; analysis and interpretation of data; final approval of the
25 version to be submitted. FBG: acquisition of data; analysis and interpretation of data; final approval of
26 the version to be submitted. MFP: acquisition of data; analysis and interpretation of data; final
27 approval of the version to be submitted. ARP: revising the article critically for important intellectual
28 content; analysis and interpretation of data; final approval of the version to be submitted. PMRS:

1 revising the article critically for important intellectual content; final approval of the version to be
2 submitted. MAM: revising the article critically for important intellectual content; final approval of the
3 version to be submitted. VFC: the conception and design of the study; revising the article critically for
4 important intellectual content; analysis and interpretation of data; final approval of the version to be
5 submitted.

6

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12

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Highlights

- Oral supplementation with N-acetyl-cysteine (NAC) induces hypercorticism.
- NAC induces hypercorticism by reduction of PPAR γ expression in adrenals.
- PPAR γ activation reduces NAC-induced ACTH receptor expression in adrenals.