Effect of the Treatment with Alpha-Macroprotein on the Development of Experimental Pancreatitis

Abstract

Alpha-macroprotein are protease inhibitors. Monofluorophosphate increases alpha-macroprotein levels in plasma, inducing a higher survival rate and lower pancreatic damage in rats with pancreatitis. The aim of this study was to evaluate the effect of alpha-macroprotein on the development of pancreatitis. Pancreatitis was surgically induced in Sprague-Dawley rats divided into groups of 16 rats each and subjected to the following intravenous treatments for 3 days: Controls: pancreatitis without treatment, Enriched plasma: pancreatitis + alpha-macroprotein-enriched plasma, Normal plasma: pancreatitis + plasma with normal levels of alpha-macroprotein, Saline Solution: pancreatitis + saline solution, Purified alpha-macroprotein: pancreatitis + purified alpha-macroprotein. After 14 days pancreatic damage was assessed using a score that measures: edema, fibrin, neutrophils, mononuclear leukocytes, necrosis, vascular congestion, thrombosis, hemorrhage and fibrosis. Pancreatic damage decreased and the percentage of animals with pancreatitis was lower in enriched-plasma and purified alpha-macroprotein groups. We conclude that the intravenous administration of alpha-macroprotein causes a reduction in the histological damage produced by pancreatitis.

Introduction

Acute pancreatitis is an inflammatory disease of the pancreas characterized by auto-digestion of the gland as a consequence of a release and premature activation of pancreatic enzymes [1]. The development of pancreatitis depends partially on the balance between proteinases and their inhibitors [2]; the pathogenic mechanisms involved in the development of the disease are not well understood. Alpha-macroprotein (AM) are a family of plasma proteins whose main function is the inactivation of proteinases [3]. The binding of AM to trypsin determines the fragmentation and clearance of the AM-trypsin complex [4]. The fragmentation process is detected in human pancreatitis and correlates with the degree of progression to multiple organ failure [5]. Studies using antiproteolytic agents in animal models have shown an improvement in the course of the disease. But whether this is effective for treatment of acute pancreatitis in humans remains unclear [6]. Several studies are being conducted where anti-cytokine therapy is used as damage control strategy in order to modulate the inflammatory response and so, mitigate systemic effects and organ failure [7].

Sodium monofluorophosphate (MFP) is a drug used for the treatment of osteoporosis [8] that binds to plasma AM [9]. It has been demonstrated that the administration of MFP for 30 days increases plasma levels of AM in rats [10, 11] and modifies the course of pancreatitis [11]. The administration of MFP before the induction of pancreatitis showed a protective effect on the pancreatic parenchyma. Moreover, those animals that received MFP after the surgical induction of acute pancreatitis showed less pancreatic damage than rats that did not receive MFP [12]. Animals pre-treated with MFP showed an increase in the concentration of AM, so it could be assumed that the protective role of the drug could be due to a change in the homeostasis of AM that favors the inactivation of the proteinases. There is a direct association between the reduced pancreatic injury, the greater survival rate of MFP treated animals and the increase in plasma AM levels. However, there is no strong evidence that this change in the homeostasis of AM is the cause of the observed effects.

The present study was designed to assess the effect of AM on the development of experimental pancreatitis in rats.
Materials and Methods
The study was carried out on 7-week-old male Sprague-Dawley rats. All experiments were performed in accordance with the international ethical guidelines for animal care [13]. Acute pancreatitis was induced by incomplete closed duodenal loop (ICDL) [12, 14] in 80 rats. After induction of pancreatitis, the animals were randomly divided into groups of 16 animals each. Information about pain was analyzed and rats euthanized when pain and suffering were excessive. Amylase, AM concentration and the histological damage score shown in this work belong to those animals that survived 14 days after induction of pancreatitis; for this reason the number of rats initially assigned to each group (n = 16) is not the same as that indicated below for each group.

1) Controls (C, n = 10): rats received no treatment after ICDL.
2) Pancreatitis + NaCl 0.9% (SS, n = 14): Rats received an intravenous (iv) injection of 0.5 ml of saline solution in the tail vein daily for 72 h after ICDL [15].
3) Pancreatitis + normal AM plasma levels (ANP, n = 14): Rats received an iv injection of 0.5 ml of plasma with normal AM levels daily for 72 h after ICDL.
4) Pancreatitis + AM enriched plasma (AEP, n = 16): Rats received daily for 72 h after ICDL an iv injection of 0.5 ml of plasma with levels higher than normal AM.
5) Pancreatitis + purified AM (PAM, n = 14): Rats received an iv injection of 0.5 ml with purified AM daily for 72 h after ICDL.
6) A group of 16 rats underwent the same experimental conditions described before but with only a median laparotomy and suture of the abdominal wall, without ICDL procedure (Sham group).

Histo-pathological Score
Pancreatic damage was evaluated using a numerical scoring system [17]. Interstitial edema, fibrin deposition, infiltration of neutrophils and mononuclear cells, fatty tissue and parenchymal necrosis, congestive blood vessels, hemorrhage, vascular thrombosis and fibrosis were all assessed. These parameters were considered markers of injury [18] and they were graded independently with a qualitative scale. Number 0 was assigned if there were no changes, 1 to minimum changes, 2 to moderate, 3 to severe. The final score for each rat was calculated by adding the value of the score of each parameter studied.

Production of AM enriched plasma
Blood samples of 8 rats were taken in order to determine the baseline levels of AM [11]. One group (n = 4) was given 80 μmol MFP/day orally for 30 days in order to obtain plasma with higher concentrations of AM than normal (AM-enriched plasma: AEP). Previous studies have shown that 30 days is enough time to produce increased levels of AM in plasma [10, 11]. The other group received distilled water orally during the same period of time (normal AM plasma levels ANP). At the end of this period, blood was drawn by cardiac puncture and levels of AM in plasma were measured to confirm the effect of MFP (data not shown).

AM purification from rat plasma
Plasma from rats was chromatographed on a column of Sephadex® G100 (Pharmacia Fine Chemical, Uppsala, Sweden). Fractions of 0.5 ml were collected and AM content was analyzed by western blot [19] in order to select the fraction of the S column containing AM.

Statistical analysis
Statistical analysis was performed with R 2.14.0 (R Development Core Team. 2011. R: A language and environment for statistical computing. R Foundation for Statistical Computing, Vienna, Austria). Differences were considered significant if p < 0.05.

Results
Amylase increased significantly 24 h after surgery in all groups (Table 1). However, the values did not correlate with score. As a consequence it has not been used for the classification in rats with and without pancreatitis. Histological evaluation showed that animals with pancreatitis treated with AM enriched plasma (AEP) or purified alpha-macroglobulin (PAM) had less damage to the pancreatic parenchyma compared to groups with pancreatitis receiving no treatment (C). A decrease of approximately 3 units in the score was observed in groups treated with AEP and PAM compared with animals without treatment (Table 2). In addition, the percentage or rats with pancreatitis was determined for each group. A value of the histological score higher than 4 and the death as a consequence of pancreatitis were considered to classify the animals as with pancreatitis. The value of 4 was selected considering the value of the mean of Sham group plus 2 standard deviations. An important decrease in the percentage of rats with pancreatitis was observed in animals

<table>
<thead>
<tr>
<th>Basal</th>
<th>24h</th>
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<tbody>
<tr>
<td>Sham</td>
<td>22.9±2.8</td>
</tr>
<tr>
<td>C</td>
<td>23.7±2.2</td>
</tr>
<tr>
<td>SS</td>
<td>26.1±3.4</td>
</tr>
<tr>
<td>ANP</td>
<td>30.4±3.9</td>
</tr>
<tr>
<td>AEP</td>
<td>26.9±6.3</td>
</tr>
<tr>
<td>PAM</td>
<td>29.1±4.0</td>
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</table>

* indicates difference compared to basal value, p<0.05 paired Student T test
Discussion

Drug therapy of acute pancreatitis has not produced satisfactory results, and treatments meant to inhibit the self-digestive process have been ineffective mainly because the early pathophysiology of the disease is poorly understood. It has previously been shown that MFP administered before the surgical induction of pancreatitis is able to increase the survival of rats, attenuates the experimental course of acute pancreatitis, and reverses its histological signs. Moreover, when animals receive MFP after the induction of pancreatitis, the pancreatic damage is lower. Previous studies from our laboratory showed that the administration of MFP disturbs the homeostasis of AM increasing its plasma levels [10,11]. The inhibitory effect of AM on proteinases suggests for it a protective role in the development of pancreatitis. This effect could be due to the AM injection. The effect of AM may not be the consequence of MFP, because AM has been obtained after 24 h of the last dose, when MFP has completely cleared from plasma. The fact that the SS group had the same level of damage and percentage of disease than controls rules out a possible beneficial effect of volume replacement on the progression of pancreatitis. The similarity of score values between groups C, ANP and SS, all with the greater pancreatic damage, further supports this conclusion. While previous results support the hypothesis that the administration of AM could be responsible for a less aggressive evolution of the disease, it is not possible to exclude the presence of other factors in the plasma enriched with AM as the cause of this effect. The score of pancreatic damage and the percentage of animals with pancreatitis in the group treated with purified AM were similar to the sham group, a result that guarantees that AM may have an important role in the prevention of pancreatic damage.

Conclusions

The administration of autologous plasma enriched with AM or purified AM attenuates the development of pancreatic damage in rats with experimental pancreatitis. Thus AM could affect, in a beneficial manner, the evolution of acute pancreatitis and its systemic complications.

Conflict of Interest Statement

The authors state no conflict of interest.

References


Table 3  Number and percentage of rats with pancreatitis.

<table>
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<tr>
<th></th>
<th>Sham</th>
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<th>AEP</th>
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<td>12</td>
<td>12</td>
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<td>5</td>
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<tr>
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<td>4</td>
<td>4</td>
<td>12</td>
<td>11</td>
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<tr>
<td>% of rats with pancreatitis</td>
<td>25*</td>
<td>88</td>
<td>75</td>
<td>75</td>
<td>25*</td>
<td>31*</td>
</tr>
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</table>

* indicates difference compared to C. See material and methods for acronyms. p<0.05. Test for equality of proportions

Table 4  Plasma levels of alpha-macroglobulin. See material and methods for acronyms. Results are shown as mean ± SEM. Repeated measures ANOVA, p>0.05.

<table>
<thead>
<tr>
<th></th>
<th>0 h</th>
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<th>48 h</th>
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<td>Sham</td>
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<td>22.6 ± 4.4</td>
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<tr>
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<td>23.0 ± 4.0</td>
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<td>15.1 ± 2.3</td>
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<td>12.5 ± 2.2</td>
<td>17.1 ± 4.2</td>
</tr>
<tr>
<td>PAM</td>
<td>21.6 ± 1.0</td>
<td>20.1 ± 3.2</td>
<td>21.9 ± 3.4</td>
<td>25.0 ± 2.9</td>
</tr>
</tbody>
</table>


