ORIGINAL ARTICLE

Effects of erythromycin on γ-glutamyl cysteine synthetase and interleukin-1β in hyperoxia-exposed lung tissue of premature newborn rats

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KEYWORDS
Erythromycin; Hyperoxia; Lung injury; Glutathione; Interleukin-1-beta

Abstract
Objective: To explore the effect of erythromycin on hyperoxia-induced lung injury.
Methods: One-day-old preterm offspring Sprague-Dawley (SD) rats were randomly divided into four groups: group 1, air + sodium chloride; group 2, air + erythromycin; group 3, hyperoxia + sodium chloride; and group 4, hyperoxia + erythromycin. At one, seven, and 14 days of exposure, glutathione (GSH) and interleukin-1 beta (IL-1 beta) were detected by double-antibody sandwich enzyme-linked immunosorbent assay (ELISA), and bicinchoninic acid (BCA) was used to detect GSH protein. γ-glutamine-cysteine synthetase (γ-GCS) mRNA was detected by reverse transcription-polymerase chain reaction (RT-PCR).
Results: Compared with group 1, expressions of GSH and γ-GCS mRNA in group 3 were significantly increased at one and seven days of exposure (p < 0.05), but expression of γ-GCS mRNA was significantly reduced at 14 days; expression of IL-1 beta in group 3 was significantly increased at seven days of exposure (p < 0.05), and was significantly reduced at 14 days. Compared with group 3, expressions of GSH and γ-GCS mRNA in group 4 were significantly increased at one, seven, and 14 days of exposure (p < 0.05), but expressions of GSH showed a downward trend at 14 days; expression of IL-1 beta in group 4 was significantly reduced at one and seven days of exposure (p < 0.05).
Conclusions: Changes in oxidant-mediated IL-1 beta and GSH are involved in the development of hyperoxia-induced lung injury. Erythromycin may up-regulate the activity of γ-GCS, increasing the expression of GSH, inhibiting the levels of oxidant-mediated IL-1 beta and alleviating hyperoxia-induced lung injury via an antioxidant effect.

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Introduction

With the rapid development of maternal health technology and perinatology, the survival rate of premature infants is increasing, especially in very low birth weight infants (VLBW). However, the lungs of premature infants are often immature and in direct contact with oxygen, and they are one of the most sensitive organs to oxygen toxicity. Moreover, premature infants need to receive various oxygen therapies for a long time after birth. Unfortunately, this undoubtedly aggravates oxidative stress in the immature lungs of premature infants, which may lead to acute and chronic lung injury.

Hyperoxia-induced lung injury is a major cause of chronic respiratory disease from infancy to adulthood, and has become one of the most difficult problems in the neonatal intensive care unit. However, its etiology and pathogenesis are not fully understood. Nowadays, most researchers believe that immature lung tissue directly exposed to the hyperoxic environment results in oxidative stress, which has a crucial role in the development of hyperoxia-induced lung injury. Oxidative stress can disturb the oxidant/antioxidant balance, and is one of the primary pathogenic factors. Glutathione (GSH) is an important intracellular antioxidant and has a key role in maintaining integrity and preventing oxidative damage in alveolar epithelial cells. γ-glutamyl-cysteine synthetase (γ-GCS) is the rate-limiting enzyme of GSH protein synthesis, and regulates intracellular levels of GSH. IL-1 beta is present in the early phase of bronchopulmonary dysplasia (BPD) in premature infants, and may have an important role in the development of BPD. However, the exact pathogenesis of BPD remains unclear, and clinically effective treatments remain limited.

The non-antibacterial effect of erythromycin has gradually attracted the attention of several researchers. It exhibits many important physiological functions, including: effective antibacterial activity, non-specific anti-inflammatory effects in asthma, immune regulation, induced chemical adhesion, promoted gastrointestinal motility, and an anti-tumor effect. Erythromycin effectively treats many non-bacterial, infective chronic inflammatory diseases, some of which show imbalanced redox reactions. However, it remains unclear how the expression levels of GSH, γ-GCS, and IL-1 beta are affected in hyperoxia-exposed lung tissue. In the present study, the authors explored the effect of erythromycin on hyperoxia-induced lung injury in premature rats and examined the expression levels of GSH, γ-GCS, and IL-1 beta in premature rat pulmonary tissues.

Materials and methods

Experimental animal models and grouping

Adult Sprague-Dawley (SD) rats (weighing 200-250 g, and including 100 females and 35 males) were provided by the Experimental Animal Center of the Chinese Minority Ethnic Groups Traditional Medicine Research Center of the Central
University for Nationalities, Beijing, China. The first day of pregnancy was recorded when sperm was detected in the vaginal sections of female rats by microscopic examination. On day 21 of gestation (term = 22 days) fetuses were delivered by hysterectomy. The one-day-old preterm SD rats were randomly divided into four groups (eight pups in each group): group 1 received air (21% O<sub>2</sub> + sodium chloride; group 2, air + erythromycin; group 3, hyperoxia + sodium chloride; and group 4, hyperoxia + erythromycin. Rats in the air groups were exposed to room air, whereas those in the hyperoxia groups were exposed to O<sub>2</sub> concentrations > 85% and CO<sub>2</sub> < 0.5%. Temperatures were kept at 25-26°C and humidity at 60-70%, and the oxygen and CO<sub>2</sub> levels in the chamber were monitored continuously with gas analyzers. The caudal vein of the preterm rats was injected with sodium chloride (0.15 mL/kg) in the sodium chloride groups, and erythromycin (50 mg/kg) in the erythromycin groups. At one, seven, and 14 days of exposure, eight pups from each group were anesthetized and euthanized. Protein was extracted from the left lung, and the right lung was frozen and stored at -70°C in a refrigerator for RT-PCR.

The study was approved by the experimental animal welfare management and ethics committee of Shanghai Children’s Hospital, Shanghai Jiao Tong University, Shanghai, China.

Detection of GSH and IL-1 beta in pulmonary tissue homogenates by ELISA

Lung tissues were collected, and total proteins were extracted using a protein extraction kit. Protein concentration was measured using the Bradford method (Bio-Rad - California, USA). GSH and IL-1 beta in pulmonary tissue homogenates were detected by ELISA kits obtained from Nanjing Jiancheng Biological Technology Co. Ltd., Nanjing, China and Wuhan Huamei Cusabio Biological Technology Co. Ltd., Wuhan, China, respectively.

All reagents were allowed to reach room temperature. The required number of strips were arranged and labeled. 100 µL of reagents were added to wells of polystyrene ELISA plates, and the wells were thoroughly washed with phosphate buffered saline (PBS) containing 0.1% Tween-20 (PBS-Tween) (Bio-Rad Laboratories, CA, EUA) after each incubation step. All reagents were prepared, including working standards and samples. 100 µL of standards, controls, or samples were added to the wells and were incubated for two hours at 37°C. After the wells were washed, 100 µL of goat anti-mouse GSH (or IL-1 beta) polyclonal antibody was added to each well (incubation, 37°C, 30 min). After extensive wash, 100 µL of rabbit anti-goat immunoglobulin G (IgG) was added to each well for one hour at 37°C. After substrate solution and stop solution incubation, the optical density of each well was read within 30 minutes, using a microplate reader set to 450 nm.

Detecting of GSH protein concentrations in pulmonary tissue homogenates through bicinchoninic acid (BCA)

Following the standard protocol for the Micro BCA Protein Assay Kit (Beijing Baitaike Biological Technology Co., Beijing, China), the working solution consisted of 1 volume reagent C mixed with 25 volumes of reagent B; then, 26 volumes of reagent A were added to the C/B mixture. The pH value of the working solution was 11.16 ± 0.06, measured with an Orion 310 (Thermo Scientific, MA, EUA) pH meter. Completely dissolved protein standard (5 mg/mL), 10 µL diluted to 100 µL, so that the final concentration was 0.5 mg/mL, would be diluted standards according to 0.1, 2, 4, 8, 12, 16, 20 µL respectively to 96-well plate, and ultra pure water would all standard up to 20 µL, and 10 µL samples to 96-well plates, plus ultra pure water release liquid to 20 µL, the hole added with 200 µL BCA the working solution, gently tap the plate to ensure thorough mixing with a sample adding gun, cooling the samples to room temperature from 37°C for 30-60 min. Each measurement was performed in duplicate. All the absorbances were corrected by the corresponding blank replicate. The absorbance of the blank solution was 0.048 ± 0.006. Absorbance at 562 nm was measured by spectrophotometer using glass cuvettes with optical path length of 0.1 cm.

Expression of γ-GCS mRNA detected by RT-PCR

Total RNA was extracted using the RNAgent Total RNA Isolation System (Promega Corporation, WI, EUA) according to the manufacturer’s instructions. The purity and yield of total RNA were determined spectrophotometrically by measuring the absorbance of an aliquot at 260 nm and 280 nm. RNA (4 µg) was reverse-transcribed into 50 µL of complementary DNA (cDNA) using the M-MLV Reverse Transcriptase system (Jingmei Biotech Ltd., Shenzhen, China). The primer sequences were designed by Shanghai Biology Engineering Co., China, in accordance with the literature: γ-GCS, forward: 5′-TTTGGCAGCTT CCTGATTTC-3′, reverse: 5′-AACCTCTCCACACCTTCTG-3′, product size 78 bp; β-actin, forward: 5′-AAC GCAGCTCAGTAACGT-3′, reverse: 5′-ATCCGT AAA AGCGTCTATGC -3′, product size 280 bp. γ-GCS and β-actin PCR reaction mixtures were subjected to incubation for 5 min at 94°C, followed by 35 cycles of 94°C for 45 s, 50°C for one min, and 72°C for 30 s. A final extension was carried out at 72°C for ten min. PCR products were separated by electrophoresis on 2% agarose gels, stained with ethidium bromide (0.5 µg/mL), and observed using a UV transilluminator and evaluated using a GDS-8000 gel image system (UVP Co., Cambridge, United Kingdom) by comparing the intensity of target product bands with that of β-actin used as the internal standard.

Statistical Analysis

Data were analyzed using the statistical software package SPSS, version 16.0 (IBM, Armonk, NY, USA). All data were presented as means ± standard deviation. Statistical differences between the groups were tested by ANOVA, and data between two groups were analyzed using the q-test. A p-value less than 0.05 was considered to be statistically significant.
Results

Effect of erythromycin on GSH in hyperoxia-exposed lung tissue

Compared with group 1, expression of GSH in group 3 was significantly increased ($p < 0.05$) at one and seven days of exposure, but showed no significant reduction ($p > 0.05$) at 14 days. Compared with group 3, expression of GSH in group 4 was significantly increased at one, seven, and 14 days of exposure ($p < 0.05$); the general tendency decreased after 14 days (Figs. 1 and 2).

Effect of erythromycin on IL-1 beta in hyperoxia-exposed lung tissue

Compared with group 1, expression of IL-1 beta in group 3 was significantly increased ($p < 0.05$) at seven days of exposure; its expression was significantly reduced ($p < 0.05$) at 14 days of exposure. Compared with group 3, expression of IL-1 beta in group 4 became significantly reduced at one and seven days of exposure ($p < 0.05$) (Fig. 3).

Effect of erythromycin on $\gamma$-GCS in hyperoxia-exposed lung tissue

Compared with group 1, expression of $\gamma$-GCS mRNA in group 3 was significantly increased ($p < 0.05$) at one and seven days of exposure; its expression was significantly reduced ($p < 0.05$) at 14 days of exposure. Compared with group 3, expression of $\gamma$-GCS mRNA in group 4 was significantly increased at one, seven, and 14 days of exposure ($p < 0.05$) (Fig. 4). Erythromycin intervention up-regulated the activity of $\gamma$-GCS mRNA particularly in the hyperoxia-exposed lung tissues.

Discussion

Based on the histological features, rat fetal lung development can be divided into four periods: the embryonic period (zero to 13 days), gland period (14 to 18 days), canalicular stage (19 to 20 days), and saccular period (21 to 22 days). The saccular period during the development of human lung corresponds to 28 to 34 weeks of gestational age, the age of birth of most preterm neonates. The postnatal rat lung development is divided into three periods: the expansion...
Moreover, GSH plays a significant role in maintaining the airway epithelial cell integrity and resisting lung injury and inflammation.

In the present study, compared with the air + sodium chloride group, GSH expression in lung tissues of premature rats...
was significantly enhanced after erythromycin intervention on day one, seven, and 14 in the erythromycin + sodium chloride group (p < 0.05); its expression was significantly enhanced on day one and seven after exposure to hyperoxia in the hyperoxia + sodium chloride group, and decreased significantly on day 14. GSH expression in the hyperoxia + erythromycin groups was significantly enhanced under the exposure to hyperoxia and erythromycin intervention on day one, seven, and 14, but showed a significant downward trend on day 14. GSH expression detecting by BCA confirmed the ELISA results. After exposure to hyperoxia on day one and seven, GSH expression was significantly enhanced. The body may have some mechanism for self-protection and can resist hyperoxic injury. As intracellular ROS increases, the sulfur groups of cysteine in GSH have a strong affinity activity, and can be used as electrophilic targets that combine with ROS. They also have a role in eliminating ROS and lipid peroxidation, thus avoiding alveolar cell membrane damage. However, exposure to hyperoxia caused GSH protein in alveolar epithelial cells to be severely damaged by oxidative stress on day 14, and GSH expression showed no significant reduction.

γ-glutamine-cysteine synthetase is the rate-limiting enzyme of GSH protein synthesis, which regulates intracellular levels of GSH. Present study demonstrated that the intervention of erythromycin can inhibit up-regulation of GCS protein levels in lung tissues by hyperoxia exposure on day one and seven (p < 0.05); the intervention of erythromycin had no obvious influence on hyperoxia exposure on day 14, but γ-GCS mRNA expression was significantly enhanced on day seven and 14 (p < 0.05), which may be related to relevant regulatory proteins after γ-GCS mRNA transcription because of hyperoxia exposure damage, resulting in erythromycin inhibiting the up-regulation of GCS protein levels by hyperoxia exposure.

Infection and inflammatory reactions are key factors in the pathogenesis of BPD in preterm infants, which has been confirmed by animal and clinical studies. It has been reported that IL-1 beta as a proinflammatory cytokine has a central position in the pathogenesis of BPD and has an important pathogenic role in acute and chronic lung injury in preterm infants. In the present study, it was found that, compared to the air groups, the expression of IL-1 beta in the lung tissue of premature rats of hyperoxia groups was significantly increased on day seven and reduced on day 14. Moreover, compared with the sodium chloride groups, the expression of IL-1 beta was significantly reduced in the erythromycin groups on day one and seven. By contrast, the expression of GSH in the lung tissues was enhanced after the intervention of erythromycin on day one, seven, and 14. These results demonstrated that the primary role of erythromycin may be related to inhibiting the oxidative burst of neutrophils and the release of inflammatory mediators. Thus, one of the main mechanisms of MAs in treating BPD in the preterm infants may be the inhibition of neutrophil oxidative outbreak and the release of inflammatory mediators.

In summary, erythromycin can inhibit the oxidative outbreak of neutral granulocytes in lung tissue, improve the antioxidant role of GSH, inhibit the release of the inflammatory cytokine IL-1 beta, and thus has an important role in reducing oxidative stress in the development of hyperoxia-induced lung injury, which may provide a new theoretical basis for the clinical treatment of hyperoxia-induced lung injury.

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**Conflicts of interest**

The authors declare no conflicts of interest.

**References**