Reduction of hemorrhagic shock–induced acute kidney injury by lower limb ischemic preconditioning in rats

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Abstract

Introduction: During hemorrhagic shock (HS), the kidneys are one of the primary target organs involved. Oxidative stress is shown to be enhanced in different models of acute kidney injury (AKI). Remote ischemic preconditioning (RPC) by brief limb ischemia is considered to be a safe method to protect different organs from further damage. In this study, we investigated the effects of brief hind limb occlusion on protection against AKI and whether this protection is related to a reduction in oxidative stress.

Materials and Methods: Twenty-one rats were divided into three groups of seven rats. Sham-operated animals underwent surgical procedures, without hemorrhage. HS was induced by bleeding from a femoral arterial catheter to remove 44% of total blood volume. In RPC group, four cycles of lower limb ischemic preconditioning (5 min ischemia followed by 5 min reperfusion) were performed immediately before HS. Three hours later, plasma and renal tissue samples were collected for renal function monitoring and oxidative stress assessment.

Results: Compared with the sham group, HS resulted in renal dysfunction, significantly increased blood urea nitrogen (BUN), plasma creatinine (Cr) and renal malondialdehyde (MDA) levels as well as decreased superoxide dismutase (SOD) activity in the kidneys (P<0.05). In the RPC group, renal function was significantly improved. Plasma Cr and BUN and renal MDA levels were significantly lower in RPC group comparing to HS group (P<0.05). Renal SOD activity was significantly higher in RPC group compared to HS group (P<0.05).

Conclusion: These results demonstrate that induction of brief periods of lower limb ischemic preconditioning improves kidney function, restores SOD activity and reduces oxidative stress injury caused by hemorrhagic shock.

Introduction

A common outcome of HS is multiple organ failure, which may lead to hemodynamic instability and cause cellular hypoxia, organ damage and death (Yang et al., 2011). The kidneys are one of the most important organs that are particularly sensitive to HS. During
HS, compensatory mechanisms maintain blood flow in favor of vital organs such as brain and heart. These events lead to exacerbated renal damage by diminishing oxygen delivery (Hultstrom, 2013). AKI is a serious complication among hospitalized patients. Despite improvements in the management, incidence of AKI is increasing and in some patients leads to chronic kidney disease and death (Mayeur et al., 2011). Most clinical ischemic AKI occurs as a result of renal hypo perfusion which develops in HS (Onen et al., 2003). In recent years, different animal models have been proposed to simulate and study HS conditions (Mayeur et al., 2011; Ronn et al., 2011). The goal is the development of interventions for restoration of tissue survival during ischemia (Mulier et al., 2012). 

RPC, non-lethal short term episodes of ischemia – reperfusion (IR) in a remote organ, is thought to trigger pathways that confer protection to a target organ against a subsequent lethal prolonged ischemia (Przyklenk et al., 1993). Using transient ischemic upper and lower extremities (hands and feet), instead of more vital organs, we can create protective effects similar to local conditioning models. The limbs are resistant to ischemic damage and are easily accessible (Schmidt et al., 2007). In 2011, Jan et al. showed that bilateral lower limb IR could alleviate lung injury in hemorrhagic shock/resuscitation rats (Jan et al., 2011).

Free radicals are normal metabolic products that are continuously generated during consumption of oxygen in the body. Increases in the generation of free radicals that exceed the capacity of antioxidants, results in oxidative stress (Zheng et al., 2008). In different models of HS in rodents, the production of peroxynitrite (ONOO⁻), a highly reactive product of nitric oxide (NO) and superoxide anion (O₂⁻), is shown. Peroxynitrite starts oxidative reactions and cause lipid peroxidation which leads to degradation of the cytoskeleton (Wang et al., 2012). MDA, a product of lipid peroxidation, is a well-known oxidative stress biomarker (Moore and Roberts, 1998). In normal conditions, reactive oxygen species (ROS) are eliminated by antioxidant defense system. Among them superoxide dismutase (SOD), catalase (CAT) and glutathione peroxidase (GPX) are very important (Scandalios, 2002). The present study was conducted to evaluate the effects of RPC on the improvement of renal ischemic injury following hemorrhagic shock. We then measured the level of the oxidative stress markers in different groups.

Materials and methods

Twenty one male Wistar rats, weighing 250–300 g, were randomly selected. Rats were housed under standard conditions (12 h light–dark cycle; 20–22°C) and were allowed ad libitum access to food and water. All procedures were approved by the Animal Ethics Committee of Tehran University of Medical Sciences.

Experimental protocols

There were three groups (n = 7 in each): (i) Sham group (Anesthesia and surgery without induction of HS) (ii) Hemorrhagic shock group (iii) RPC group (RPC plus HS).

Rats were anesthetized with ketamine (50 mg/kg) and xylazine (10 mg/kg) administered intraperitoneally and maintained with ketamine (20 mg/kg). A sterile cut down was performed in left groin, and cannula was inserted into the left femoral artery. During these experiments, animals were kept warm using a heat pad. In hemorrhagic shock group, experimental animals were bled to 44% of total blood volume (animal weight [g] × 0.03 + 0.7 ml is equal to 50% of total blood volume) using syringes. Sham animals underwent anesthesia and surgery (groin incision and cannulation) without induction of HS. In RPC group, four cycles of lower limb ischemic preconditioning (IP) were performed by applying rubber band tourniquet high around right thigh for 5 min followed by 5 min reperfusion immediately before HS (Ahmadi-Yazdi et al., 2009; Wu et al., 2010).

Renal functional assessments

After three hours, rats were euthanized and blood samples were collected. Plasma creatinine (Cr) and blood urea nitrogen (BUN) were measured by colorimetric methods (Hitachi 704 auto-analyzer,
Japan).

Renal oxidative stress assessments
Kidneys were collected and then washed and dissected. Part of the kidney tissues were immediately snap-frozen in liquid nitrogen and stored at -70°C until further use.

Malondialdehyde levels
MDA levels were determined in kidney tissue samples according to the method of Esterbauer and Cheeseman (Esterbauer and Cheeseman, 1990). MDA reacts with thiobarbituric acid (TBA) to create a pink pigment that has maximum absorption at 532 nm.

Superoxide dismutase activity
Kidney tissue SOD activity was determined according to the method of Paoletti and Mocali (Paoletti and Mocali, 1988). In this assay, superoxide anion is produced from O₂ in the presence of EDTA, mercaptoethanol and manganese chloride. The rate of NADPH Oxidation is related to the availability of superoxide anions in the medium.

Statistical analysis
All results are expressed as the mean ± SEM. One-way ANOVA was used to compare mean values between groups followed by Tukey test. P<0.05 was considered significant.

Results

Effect of RPC on renal function
HS resulted in a significant increase in plasma Cr compared with that in the sham group (1.12 ± 0.09 vs 0.62 ± 0.01 mg/dl, respectively; P<0.05). RPC significantly decreased plasma Cr (0.9 ± 0.04 vs 1.12 ± 0.09 mg/dl, respectively; P<0.05) compared with the shock group (Fig. 1). Furthermore, HS resulted in significant increases in BUN (45.6 ± 2.3 vs 19 ± 0.61 mg/dl, respectively, P<0.05) compared with the sham group. However, RPC significantly decreased BUN level (37.16 ± 1.92 vs 45.6 ± 2.3 mg/dl, respectively; P<0.05) compared with that in the shock group (Fig. 2).

Effects of RPC on HS-induced oxidative stress in the kidney
HS resulted in a significant increase in MDA content compared with the sham group (5.16 ± 0.27 vs 1.98 ± 0.18 µmol/100 mg tissue, respectively; P<0.05). RPC significantly decreased MDA content (3.23 ± 0.24 vs 5.16 ± 0.27 µmol/100 mg tissue, respectively; P<0.05) compared with that in the shock group (Fig. 3). Compared with the sham group, HS resulted in
significant decreases in SOD activity (30.7 ± 1.87 vs 2.24 ± 0.53 U/g tissue, respectively; P<0.05). The activity of SOD was higher in the RPC group (22.34 ± 3.05 U/g tissue vs 2.24 ± 0.53 U/g tissue, respectively; P<0.05) compared with the shock group (Fig.4).

**Discussion**

In this study serum creatinine (Cr) and blood urea nitrogen (BUN) were increased as a result of the AKI induced by HS. These two values are considered as indices of renal function and their elevated plasma concentrations indicate decreased kidney function. In a study of hemorrhagic shock in rats, limb preconditioning before induction of HS mitigates lung injury (Jan et al., 2011). Similarly, in our study, the kidney function parameters were improved by applying RPC before induction of HS. Circulatory shock can lead to heart failure and
multiple organ dysfunctions including damage of the liver, kidney, lung and spleen. HS is one of the biggest causes of death worldwide which is associated with reduced tissue perfusion, activation of immune responses, oxidative damage and cell death (Santry and Alam, 2010). Inadequate perfusion during ischemia plays an important role in the cellular damage after HS. Hypoperfusion diminishes nutrient and adenosine tri-phosphate (ATP) transport and affects intracellular processes such as trans-membrane potential and mitochondrial function. The liver and kidney are particularly sensitive to low energy levels (Zheng et al., 2008).

During IR damage to an organ, IP as a therapeutic strategy may be applied locally or in a place distant from the site of main damage (Hosseniakbari et al., 2008; Murry et al., 1986). For instance, beneficial effects of brief ischemia of liver on renal IR was demonstrated by Ates et al. in 2002 through biochemical, histopathological and ultra-structural indices (Ates et al., 2002). In another study, Lazaris et al. showed that a transient infrarenal aortic occlusion ameliorated renal IR injury (Lazaris et al., 2009). In 2013, Sedaghat et al. reported that the application of remote preconditioning, IR episodes of femoral artery applied at the beginning of renal ischemia, reduced renal injury (Sedaghat et al., 2013). Even in the clinical setting, induction of RPC by brief blood pressure (BP) cuff occlusion of hind limb lowered IR-induced kidney damage (Wever et al., 2011). Jan et al. in 2011, described that bilateral lower limb ischemic preconditioning attenuated acute lung injury induced by HS (Jan et al., 2011). However, the mechanism underlying this protection and its signaling pathways is not clear. Some circulatory humoral, neurogenic and cellular mediators / mechanisms have been implicated. Mediators such as adenosine, nitric oxide, TNF-α and bradykinin are discussed (Schmidt et al., 2007). High levels of oxygen radicals formation and oxidative stress is proposed as an underlying mechanism in these situations (Chandel and Budinger, 2007; Salom et al., 2007). As HS progresses, under -catalytic reaction of xanthine oxidase, superoxide anion occurs and is consequently transformed into hydrogen peroxide which then converts into highly reactive hydroxyl radicals. One of the destructive effects of these oxidative products is the activation of the neutrophils, releasing proteases and finally fatally damaging the cellular organelles (Kirpatovskii et al., 2007; Rodriguez et al., 2013).

Significant increase in tissue nitric oxide concentration occurs during ischemia. Nitric oxide in competition with oxygen may bind to cytochrome oxidase, favouring superoxide formation and inhibition of cellular respiration (Antico Arciuch et al., 2011).
Nitric oxide reacts with superoxide ion to generate peroxynitrite, which is a much more potent oxidant than nitric oxide and superoxide alone (Szabo., 2010). Formation of large amounts of free radicals causes detrimental effects, including lipid peroxidation, DNA and protein oxidative damage which leads to progressive injury to kidney tubular cells (Salom et al., 2007). Overproduction of free radicals and a considerable amount of oxidant stress, demonstrated by lipid peroxidation and increased MDA content, is shown in a study on the acute lung and kidney injury after hemorrhagic shock in rats (Lee et al., 2013). In the present study, we showed that HS increased MDA content in renal tissue and RPC prevented this effect. These data are in agreement with those of Jan et al. suggesting that RPC demonstrates its protective effects by reducing the production of MDA in the pulmonary tissues (Jan et al., 2011). Oxidative stress might result from decreased antioxidant capacity (Rodriguez et al., 2003). Peroxynitrite is able to inhibit a number of crucial molecules in the respiratory chain and antioxidant enzymes such as SOD. Any intervention that diminishes the ROS production induces beneficial effects in different organs during HS. These therapeutic interventions include administration of tocopherol, catalase and SOD, as well as inhibitors of peroxynitrite and nitric oxide synthase (Izumi et al., 2002). Wang et al. reported that SOD activity was decreased by 55% in HS group compared with the sham animals (Wang et al., 2012). Using ROS scavengers inhibited the production of reactive oxygen species and restored superoxide dismutase activities resulting in amelioration of renal dysfunction. In the present study, during hemorrhaging shock SOD activity is reduced and MDA content is elevated. These are two main factors which define the pathological consequences during oxidative stress. Application of RPC was able to reverse these processes.

These results demonstrate that induction of brief periods of lower limb ischemic preconditioning improves kidney function, restores SOD activity and declines oxidative stress injury caused by hemorrhagic shock.

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Conflict of interest

All authors declared that there is no conflict of interest.

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