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Basic Study

Antioxidant axis Nrf2--keap1--ARE in inhibition of alcoholic liver fibrosis by IL-22

scientific research process

ALF is the turning point of ALD, so timely discovery and treatment of ALF can successfully reverse ALD, however until now there has no effective way to treat ALF. Acetaldehyde, the most harmful metabolite of alcohol, triggers HSC activation and proliferation by inducing oxidative stress, which forms the key factor of ALF. Nrf2 is the key regulatory factor of anti-oxidative response. Under conditions of oxidative stress, the ubiquitination degradation pathway of Nrf2 is inhibited, resulting in cytoplasmic Nrf2 deposition. Free Nrf2, dissociated from keap1, moves into the nucleus, combines with ARE, and serves as a transcriptional factor to regulate the expression of corresponding downstream genes (e.g. *GSH*, and *HO-1*). IL-22, one member of the IL-10 cytokine superfamily, could delay the progression of liver fibrosis via promoting liver progenitor cell/hepatocyte proliferation, inhibiting hepatocyte apoptosis, and upregulating metallothionein (MTI/II) and glutathione (GSH) expression. But does it matter with the activity of the antioxidant axis Nrf2--keap1--ARE in HSCs has not yet been elucidated. Therefore, in our present study we used acetaldehyde as the stimulator of HSC-T6 cells to establish a model of ALF in vitro. Different concentrations of IL-22 were added to the culture, and the proliferation rate and activity of HSCs were detected, as well as nuclear translocation of Nrf2. The specific process is as follows:

1. In our study, passaged and activated HSCs were seeded into 25-cm² sealable flasks with 10% high glucose DMEM complete medium. When the monolayers were

75–80% confluent, cells could be used for the following experiments.

2. HSC-T6 cells were incubated with 25, 50, 100, 200 and 400 $\mu\text{mol/L}$ acetaldehyde. After 24 and 48 h, 3-(4,5-dimethylthiazol-2-yl)-2,5-diphenyltetrazolium bromide (MTT) assay was used to detect proliferation of HSCs to choose the best concentration and action time using for the *in-vitro* model establishment.

3. We used the optimal concentration of acetaldehyde (200 $\mu\text{mol/L}$) to stimulate HSCs for 24 h, and treated the cells with a final concentration of 10, 20 or 50 ng/mL IL-22. Cell proliferation rate was detected by MTT assay; cell cycle was analyzed by flow cytometry; expression of nuclear-factor-related factor (Nrf2) and α -smooth muscle antigen (SMA) was detected by western blotting and immunocytochemistry; and levels of malondialdehyde (MDA) and glutathione (GSH) were measured by spectrophotometry.

4. SPSS version 17.0 was used for all statistical analysis and data were expressed as mean \pm SD. One-way ANOVA was used to assess the significance of differences between the mean values. Multiple pair-wise comparisons were conducted using the least significant difference (LSD). The difference was statistically significant at $P < 0.05$.

From our research, we successfully established an *in-vitro* model of acetaldehyde-induced ALF. We further demonstrated that IL-22 effectively inhibited activation and proliferation of HSCs, followed by delayed disease progression of ALF. This may partly be related to promoting Nrf2 nuclear translocation and enhancing the activity of the antioxidant axis Nrf2--keap1--ARE. These results could provide an experimental and theoretical basis for new drug development for treatment of ALF.



