

# Electrophysiological effects of anthopleurin-Q on rat hepatocytes

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## Abstract

**AIM:** To study the effects of AP-Q on CCl<sub>4</sub>-induced acute liver injury, delayed outward potassium current ( $I_K$ ), inward rectifier potassium current ( $I_{K1}$ ) and calcium release-activated calcium current ( $I_{CRAC}$ ) in isolated rat hepatocytes.

**METHODS:** A single dose of CCl<sub>4</sub> (10 µg/mL, ip) was injected to induce acute liver injury in rats. Serum aminotransferase activities were determined. Whole cell patch-clamp techniques were used to investigate the effects of AP-Q on delayed outward potassium current ( $I_K$ ), inward rectifier potassium current ( $I_{K1}$ ) and calcium release-activated calcium current ( $I_{CRAC}$ ).

**RESULTS:** AP-Q (3.5 and 7 µg/kg) pretreatment significantly reduced ALT and AST activities. AP-Q 0.1-100 nM produced a concentration-dependent increase of  $I_K$  with EC<sub>50</sub> value of 5.55±1.8 nM ( $n=6$ ). AP-Q 30 nM shifted the  $I$ - $V$  curve of  $I_K$  leftward and upward. CCl<sub>4</sub> 4 mM decreased  $I_K$  current 28.6±6.5% at 140 mV. After exposure to CCl<sub>4</sub> for 5 min, AP-Q 30 nM attenuated the decrease of  $I_K$  induced by CCl<sub>4</sub> close to normal amplitude. AP-Q 0.01-100 nM had no significant effect on either inward or outward components of  $I_{K1}$  at any membrane potential examined. AP-Q 0.1-100 nM had no significant influence on the peak amplitude of  $I_{CRAC}$ , either, and did not affect the shape of its current voltage curve.

**CONCLUSION:** AP-Q has a protective effect on CCl<sub>4</sub>-induced liver injury, probably through selectively increased  $I_K$  in hepatocytes.

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## INTRODUCTION

Anthopleurin-Q (AP-Q) is a newly purified polypeptide toxin extracted from marine invertebrates, Anthopleura. Recently, it was reported that AP-Q had a cardiac antihypertrophy activity in rats<sup>[1]</sup>. It could attenuate the electrophysiological remodeling in rat hypertrophied myocardium. Carbon tetrachloride (CCl<sub>4</sub>) was chosen as the hepatic toxicant to induce liver injury. After single CCl<sub>4</sub> administration, there was a

progressive depolarization in rat liver cells between 3 and 27 h. At 48 h, a definite repolarization occurred. At 72 h, the surviving cells had resting potentials not significantly different from control values<sup>[2,3]</sup>. Hepatocytes isolated from CCl<sub>4</sub>-induced cirrhotic rats had a lower membrane potential than normal healthy hepatocytes<sup>[4]</sup>. From the above, damaged hepatocytes have a depolarized membrane potential, but the mechanisms for maintenance of the resting membrane potential in hepatocytes are not well understood. Previous study showed that CCl<sub>4</sub> inhibited K<sup>+</sup> efflux through K<sup>+</sup> channel<sup>[5]</sup>. We investigated the effects of AP-Q on acute liver injury induced by CCl<sub>4</sub>, and on membrane currents of isolated rat hepatocytes in order to explore the mechanisms against CCl<sub>4</sub>-induced liver injury.

## MATERIALS AND METHODS

### Materials

AP-Q was provided by Qingdao Marine Biology Research Institute. It is a stable and basic polypeptide consisting of 40 amino acid residues, with a molecular weight of 4840 dalton, and a purity >99%. It is easily dissolved in distilled water. CCl<sub>4</sub> was from Beijing Chemical Plant.

### Animals and treatments

Kunming strain mice of either sex weighing 18-22 g were used. The animals were divided into five groups, 12 animals each group. Acute liver injury was induced by intraperitoneal injection of a 0.1% (v/v) CCl<sub>4</sub> solution in olive oil at a dose of 10 mL per kg body weight. The control group was injected intraperitoneally with an equal volume of olive oil. AP-Q (3.5, 7 and 14 µg/kg) dissolved in saline was intraperitoneally injected once every day, for 7 days. CCl<sub>4</sub> treatment was given 1 h after the last dose. The same volume of saline was given to control group in the same manner. Animals of each group were killed by cervical dislocation 16 h after CCl<sub>4</sub> treatment, blood was collected from the orbital plexus and stored in a non-heparinized tube. Serum was separated from blood and stored at -20 °C until use.

### Biochemical determinations

Serum alanine aminotransferase (ALT) and aspartate aminotransferase (AST) were assayed using a commercial assay kit (Jian Cheng Co., Nanjing). Enzyme activities were expressed in Karman units (U/L).

### Isolation of hepatocytes

Hepatocytes were isolated with the modified method reported by Seglen<sup>[6-8]</sup>. Briefly, adult Wistar rats of either sex (175±25 g) were anesthetized by intraperitoneal injection of sodium pentobarbital (50 mg/kg). The portal vein and inferior vena cava were cannulated and perfused with oxygenated Ca<sup>2+</sup>-free Hank's solution 30 mL/min at 37 °C for 4-5 min followed by perfusion with Ca<sup>2+</sup>-free Hank's solution containing collagenase (Type I, Sigma) (0.3 g/L) for 10 min. The liver was chopped in 10 mL Ca<sup>2+</sup>-free Hank's solution. The cell suspension was filtered through a 200 mesh gauze and then centrifuged three times (50 g, 2 min) to separate liver cells. The cells were plated onto the coverslips and incubated in KB medium for 2 h and preserved in DMEM at 4 °C.

### Voltage-clamp recording

Whole-cell recordings were performed using a PC-II patch clamp amplifier (Huazhong University of Science and Technology). The recording chamber (1.5 mL) was perfused with the corresponding external solution. The pipettes were pulled in two stages from hard glass capillaries using a vertical microelectrode puller (Narishige, Japan). The electrode had a resistance of 2–5 M $\Omega$  for whole-cell recording when filled with electrode internal solution. All experiments were conducted at 22 $\pm$ 2  $^{\circ}$ C.

### Solutions

Ca<sup>2+</sup>-free Hank's solution was prepared without Ca<sup>2+</sup> and Mg<sup>2+</sup>, containing (mM) NaCl 137, KCl 5.4, NaH<sub>2</sub>PO<sub>4</sub> 0.5, Na<sub>2</sub>HPO<sub>4</sub> 0.58, NaHCO<sub>3</sub> 4.16, and glucose 5.5 (pH 7.3). KB solution contained (mM) glutamic acid 70, taurine 15, KCl 130, KH<sub>2</sub>PO<sub>4</sub> 10, HEPES 10, glucose 11, egtazic acid 0.5, pH was adjusted to 7.4 with KOH. The external solution for recording I<sub>CRAC</sub> contained (mM) NaCl 140, KCl 2.8, CaCl<sub>2</sub> 10, MgCl<sub>2</sub> 0.5, glucose 11, HEPES 10, pH was adjusted to 7.4 with NaOH. The internal solution for recording I<sub>CRAC</sub> contained (mM) potassium-glutamate 145, NaCl 8, MgCl<sub>2</sub> 1, Mg-ATP 0.5, egtazic acid 10, HEPES 10, pH was adjusted to 7.2 with KOH. The external solution for recording I<sub>K</sub> contained (mM) NaCl 144, KCl 4, CaCl<sub>2</sub> 1.8, MgCl<sub>2</sub> 0.53, NaH<sub>2</sub>PO<sub>4</sub> 0.33, glucose 5.5, HEPES 5, pH was adjusted to 7.4 with NaOH. The internal solution for recording I<sub>K</sub> contained (mM) KCl 130, K<sub>2</sub>ATP 5, creatine phosphate 5, HEPES 5, pH was adjusted to 7.2 with KOH. The same external and internal solutions for recording I<sub>K1</sub> contained (mM) KCl 7, MgCl<sub>2</sub> 2, egtazic acid 1, potassium-glutamate 130, HEPES 10, pH was adjusted to 7.4 with KOH.

### Statistics

The data were expressed as  $\bar{x}\pm s$ . Concentration-response relationship was calculated with Hill equation. Statistical significances were analyzed by Student's *t*-test. *P* value <0.05 was considered significant.

## RESULTS

### Effect of AP-Q on serum ALT and AST activities in CCl<sub>4</sub>-treated mice

Serum ALT and AST activities, indexes of liver cell damage of mice receiving a single CCl<sub>4</sub> injection were markedly increased 16 h after the injection. Pretreatment with AP-Q at various concentrations (3.5, 7  $\mu$ g/kg) significantly reduced ALT and AST levels. By contrast, pretreatment with AP-Q (14  $\mu$ g/kg) increased ALT and AST levels (Table 1), which were probably due to the intrinsic toxicity of AP-Q.

**Table 1** Effects of pretreatment with AP-Q on serum ALT and AST levels in CCl<sub>4</sub>-injected mice (*n*=12)

Drugs	ALT(U/L)	AST(U/L)
Olive oil	26.2 $\pm$ 4.6	30.5 $\pm$ 3.8
CCl <sub>4</sub>	145.5 $\pm$ 25.3 <sup>a</sup>	110.1 $\pm$ 20.6 <sup>a</sup>
CCl <sub>4</sub> +AP-Q 3.5 $\mu$ g/kg	118.7 $\pm$ 36.5 <sup>c</sup>	90.8 $\pm$ 29.2 <sup>c</sup>
CCl <sub>4</sub> +AP-Q 7 $\mu$ g/kg	109.8 $\pm$ 30.7 <sup>c</sup>	88.9 $\pm$ 30.7 <sup>c</sup>
CCl <sub>4</sub> +AP-Q 14 $\mu$ g/kg	157.3 $\pm$ 28.1	130.6 $\pm$ 15.2

<sup>a</sup>*P*<0.05 vs control group, <sup>c</sup>*P*<0.05 vs CCl<sub>4</sub>-treated group.

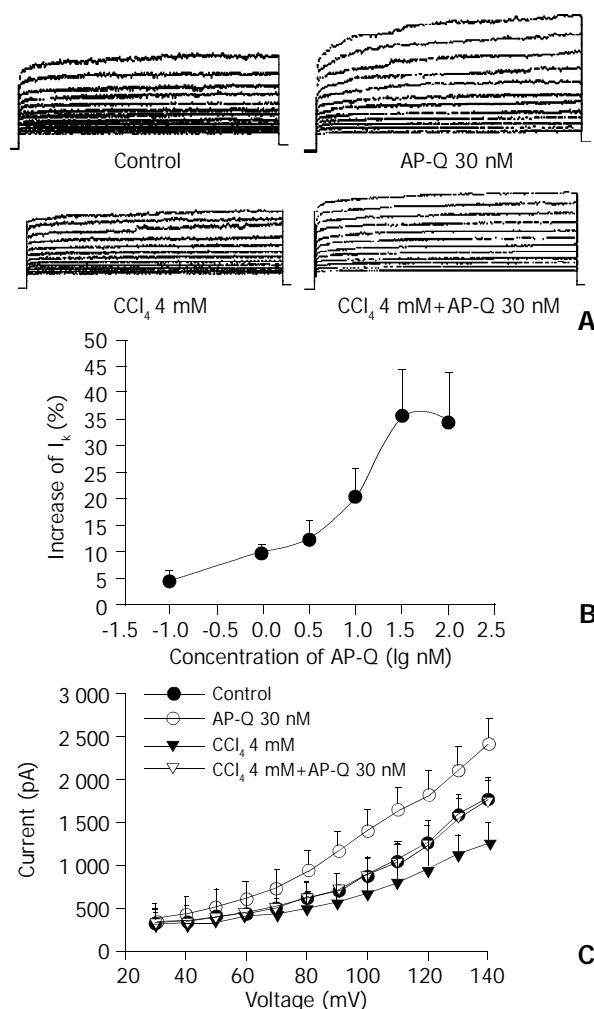
### Effect of AP-Q on I<sub>K</sub>

I<sub>K</sub> was elicited by depolarizing pulse to +140 mV for 900 ms from a holding potential of -50 mV<sup>[9]</sup>. The current at the end of the test pulse was measured as the amplitude of I<sub>K</sub>. At +140 mV, AP-Q 0.1–100 nM produced a concentration-dependent

increase of the current, which was partially reversed after washout. EC<sub>50</sub> value for AP-Q on I<sub>K</sub> was 5.55 $\pm$ 1.8 nM with the maximal increase of I<sub>K</sub> up to 35.8 $\pm$ 8.6% at AP-Q 30 nM (Figure 1B). The maximal increase in peak I<sub>K</sub> did not further enhance when the concentration was raised to 100 nM.

Figure 1C shows the effects of AP-Q 30 nM on the steady-state I-V relationship for I<sub>K</sub> generated by applying depolarizing steps from +30 mV to +140 mV for 900 ms with a 10 mV increment from a holding potential of -50 mV. AP-Q 30 nM shifted the I-V curve of I<sub>K</sub> leftward and upward.

Cells were exposed to CCl<sub>4</sub> (4 mM) by addition of a concentrated aliquot (dissolved in DMSO) to the culture dish. The final concentration of DMSO was less than 0.1% (v/v). Under this condition, DMSO did not affect membrane current. Exposure to CCl<sub>4</sub> led to a significant decrease in I<sub>K</sub>. The gradual decrease in I<sub>K</sub> was detectable 1 min after CCl<sub>4</sub> exposure and the currents remained stable between 5–10 min. CCl<sub>4</sub> 4 mM decreased I<sub>K</sub> current 28.6 $\pm$ 6.5% at 140 mV. After exposure to CCl<sub>4</sub> for 5 min, AP-Q 30 nM attenuated the decrease of I<sub>K</sub> induced by CCl<sub>4</sub> close to normal amplitude (Figure 1. A, C).



**Figure 1** Effects of AP-Q on I<sub>K</sub>. A: Family of I<sub>K</sub> recorded with changes in the absence or presence of AP-Q 30 nM (upper) and family of I<sub>K</sub> recorded with changes after CCl<sub>4</sub> administration in the absence or presence of AP-Q 30 nM (bottom). B: Concentration-response curve for the effects of AP-Q on I<sub>K</sub>. *n*=6. C: I-V relationship of I<sub>K</sub> under control (●), AP-Q 30 nM (○), CCl<sub>4</sub> 4 mM (▼) and AP-Q 30 nM after CCl<sub>4</sub> 4 mM administration (▽). The voltage steps used to elicit I<sub>K</sub> are shown in the inset of panel (B). *n*=6.

### Effect of AP-Q on I<sub>K1</sub>

I<sub>K1</sub> was elicited by a number of step pulses (40 ms) from the

holding potential of 0 mV to test potentials from -200 mV to +175 mV with a step of 10 mV<sup>[10]</sup>. The absolute value at the end of the test pulse was measured as the amplitude of  $I_{K1}$ . AP-Q 0.01-100 nM had no significant effect on either inward or outward components of  $I_{K1}$  at any membrane potential examined.

### Effect of AP-Q on $I_{CRAC}$

$I_{CRAC}$  was elicited for 200 ms from the holding potential of 0 mV to various potentials ranging from -100 mV to +80 mV with the step of 20 mV every 5 s<sup>[11]</sup>. The peak amplitude of  $I_{CRAC}$  was  $-495 \pm 127$  pA ( $n=15$ ) and the reversal potential of  $I_{CRAC}$  was about 0 mV, the current was steady and without run-down in 5 min. AP-Q 0.1-100 nM had no significant influence on the peak amplitude of  $I_{CRAC}$  and did not affect the shape of its current-voltage curve.

## DISCUSSION

The results presented in this study demonstrated that pretreatment with AP-Q 3.5  $\mu$ g/kg and 7  $\mu$ g/kg had a protective effect on CCl<sub>4</sub>-induced acute liver injury, reflected by changes in serum AST and ALT activities. However, pretreatment with AP-Q 14  $\mu$ g/kg aggravated the toxicity of CCl<sub>4</sub>, probably due to the intrinsic toxicity of AP-Q.

On the basis of its liver protective effect, we investigated the effects of AP-Q on membrane potassium and calcium currents of isolated rat hepatocytes to explore its mechanisms against CCl<sub>4</sub>-induced liver injury.

Potassium channels are ubiquitous in eukaryotic cells and play roles in resting membrane potential, frequency of action potential, membrane potential repolarization rates and cell functions. It is noteworthy that small conductance  $Ca^{2+}$ -activated  $K^+$  channel played a fundamental role in liver injury<sup>[12]</sup>. Progesterone induced cholestasis at least in part by inhibition of inwardly rectifying  $K^+$  channel<sup>[13,14]</sup>. ATP-sensitive  $K^+$  channel regulated proliferation of liver cells<sup>[15]</sup>.

We found CCl<sub>4</sub> decreased  $I_K$  in a time dependent manner. The decrease of  $I_K$  might partly contribute to membrane depolarization. CCl<sub>4</sub>-induced hepatocytes injury paralleled with membrane depolarization in damaged hepatocytes<sup>[2-4]</sup>. Similarly, nicotine blocked multiple types of  $K^+$  currents, elevating the risk for cardiovascular disease and sudden coronary death associated with smoking<sup>[16]</sup>. Phenytoin (PHT) blocked  $I_K$  resulting in hypoxia-reoxygenation damage<sup>[17]</sup>.

As cells became depolarized, hepatocellular substrates uptake decreased. Conversely, as cells became hyperpolarized, uptake increased<sup>[14,18,19]</sup>. Similar to vascular tissues where  $K^+$  channels represent a protective and adaptive mechanism, opening of  $K^+$  channels in liver cells could be beneficial at the early stages of injury since membrane hyperpolarization would stimulate electrogenic uptake of substrates important for regeneration of cellular ATP stores<sup>[20]</sup>. In addition,  $K^+$  efflux was necessary for recovery from cell swelling<sup>[21,22]</sup>. Hyperpolarization of the hepatic parenchymal cell membrane played a role in hepatic cytoprotection<sup>[23]</sup>. Glycine has been reported to have several beneficial effects, including protection against hepatic toxicity induced by anoxia, oxidative stress, and various toxic agents at cell, organ, and systemic levels. Glycine activated glycine-sensitive chloride channels could lead to hyperpolarization of hepatic parenchymal cell membranes, block the increase in  $[Ca^{2+}]_i$  due to agonists released during stress to protect against liver injury. Sea anemone toxins were common potassium channel modulators<sup>[24-26]</sup>. In our study, we investigated the effects of AP-Q on  $K^+$  channels. AP-Q increased  $I_K$  in a concentration-dependent manner, resulting in hyperpolarization of hepatic parenchymal cell membranes, and AP-Q attenuated the decrease of  $I_K$  induced by CCl<sub>4</sub> close to normal amplitude of  $I_K$ , which might be

beneficial for CCl<sub>4</sub> induced acute liver injury. AP-Q had no effect on  $I_{K1}$ . It is interesting to note that major sea anemone toxin possessed potassium channel blocking properties except *Bainh* increased  $I_{K1}$ <sup>[26]</sup>.

Calcium has been demonstrated to play an important role in liver damage<sup>[27]</sup>. An early disturbance in hepatocellular  $Ca^{2+}$  homeostasis might be involved in hepatocellular damages induced by CCl<sub>4</sub><sup>[28-30]</sup>. Hepatocytes have been found to be short of voltage-dependent  $Ca^{2+}$  channels<sup>[31]</sup> but to possess  $I_{CRAC}$ <sup>[10, 32-34]</sup>. In our previous study, we found tetrandrine and palmatine could inhibit  $I_{CRAC}$ , protecting hepatocytes from calcium overload<sup>[35,36]</sup>. AP-Q had no influence on  $I_{CRAC}$ , suggesting that AP-Q did not affect the influx of extracellular  $Ca^{2+}$ .

In conclusion, AP-Q has a protective effect on CCl<sub>4</sub>-induced liver injury, probably by selectively increased  $I_K$ , which in part counteracts the membrane depolarization in CCl<sub>4</sub>-induced liver damages.

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