Protective Effect of Lutein on Ischemia-Reperfusion Injury in Rat Small Intestine

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Lutein is a carotenoid and it has antioxidant effects. Lutein may have a protective effect on ischemia reperfusion (I/R) injury induced by free radical species. However, little is known about the protective effect of lutein on I/R injury in vivo. The present study was undertaken to clarify the protective effects of lutein on I/R injuries in the rat small intestine. Administration of lutein before intestinal I/R attenuated the damage to villi and deciliation of enterocytes and suppressed the increase in lipid peroxide.

Key words: lutein; ischemia-reperfusion; carotenoid; antioxidant

Lutein is a carotenoid that is present in deep-yellow vegetables such as spinach and kale. It has a structure similar to that of beta-carotene, which is the forerunner material of vitamin A. Vitamin C and vitamin E have received much attention recently due to their antioxidant activities. It has been reported that lutein modulates cellular oxidative status. Since lutein has maximum absorption at 445 nm, it can act as a blue-light filter (400-460 nm). It is well known that carotenoids, such as lutein and zeaxanthin, are macular pigments that are located in the macula lutea, yellow spots, between incoming photons and photoreceptors. Since yellow spots contribute to eyesight, the lack of the macular pigments has been reported that lutein modulates cellular oxidative status.

MATERIALS AND METHODS

Chemicals Lutein was kindly supplied by Kemin Foods, L.C. (Tokyo, Japan) and by Koyo Mercantile Co., Ltd. (Kyoto, Japan). All other reagents were of the highest grade available and used without further purification.

Animals Male Wistar rats, aged 7 to 9 weeks (250-350 g in weight), were obtained from NRC Haruna (Gunma, Japan). The housing conditions were the same as those described previously. The experimental protocols were reviewed and approved by the Hokkaido University Animal Care Committee in accordance with the "Guide for the Care and Use of Laboratory Animals".

Intestinal I/R Model Surgical procedures were carried out as described in a previous report with some modification. Rats were not fed for 16 h prior to the experiments but were allowed free access to water. The animals were anesthetized with sodium pentobarbital (30 mg/kg body weight, i.p. injection). Through a midline laparotomy, each rat was subjected to 30 min of ischemia by occluding the superior mesenteric artery (SMA), and reperfusion was produced by removing the clamp. The abdomen was then covered with a sterile plastic wrap. Experimental rats were killed at 1 h after reperfusion, at this time tissue samples were excised. Lutein was administered in emulsion as a 0.2% liquid solution (0.5 mg/kg body weight).

Tissue Sampling The 15-cm-long portion of the intestine was excised to measure the protein and lipid peroxide contents and the amounts of lutein that accumulated in the intestine. The intestine was cleansed in ice-cold saline and then homogenized in 2.0 ml distilled water using a glass Teflon homogenizer with 20 strokes. Protein content was measured by the method of Lowry et al. The amount of lipid peroxide in the intestine was determined as that of malondialdehyde (MDA) by the method of Ohkawa et al. with some modification. Thiobarbituric acid (TBA) solution consisted of 2.6 nm TBA, 918 mM trichloroacetic acid, 0.3 mM HCl, and 1.8 mM 2,6-di-tert-butyl-4-methylphenol (BHT) in 22% ethanol. The mixture reaction contained 0.2 ml of tissue homogenate, 0.2 ml of 8.1% sodium dodecyl sulfate (SDS), 1.5 ml of 20%
this study, we investigated the antioxidative activity of lutein facilitated and involves the scavenger receptor SR-BI.

In the first part of this study, we investigated the time course of the effect of lutein on the protein content and the amount of MDA in the small intestine after i.v. administration. Treatment with lutein by i.v. injection 6 h before ischemia prevented the decrease in protein in the small intestine (Fig. 1A). Moreover, the increase in lipid peroxide after I/R was significantly inhibited by the treatment with lutein (Fig. 1B). These findings suggest that lutein that accumulated in the small intestine reduced the tissue peroxidation and loss of villi following I/R of the small intestine.

In the second part of this study, we investigated the protective effect of oral administration of lutein on I/R injury in the rat small intestine. Treatment with lutein by oral administration 3 h before ischemia prevented the decrease in protein in the small intestine (Fig. 2A). The increase in lipid peroxide after I/R was significantly inhibited by the treatment with lutein (Fig. 2B).

Multiple erosions were observed microscopically after I/R injury. Damage to the crypt and shortening of the villi are typical histological findings after I/R injury. Although pretreatment with lutein prevented damage to the crypt, the loss of the villi was not attenuated by pretreatment with lutein (Fig. 3). The recovery of intestinal mucosa starts on the crypt layers. Thus, crypt layers play an important role in tissue regeneration. Intestinal mucosa is sensitive to I/R. In the case of intestinal I/R, the crypt has high reproduction ability in order to keep intestinal mucosa normal. It is possible that administration of lutein strengthens the tissue reproduction.

In the first part of this study, we investigated the antioxidative activity of lutein using a rat I/R injury model.
In this study, pretreatment with lutein could not prevent the loss of villi but could prevent IIR injury of crypt layers. Since intestinal mucosa has an extremely high reproduction ability, pretreatment with lutein advances the regeneration of intestine, and decreases the tissue injury from IIR.

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REFERENCES AND NOTES