



Contents lists available at ScienceDirect

Biochemical and Biophysical Research Communications

journal homepage: [www.elsevier.com/locate/ybbrc](http://www.elsevier.com/locate/ybbrc)

## Myeloid sirtuin1 deficiency aggravates hippocampal inflammation in mice fed high-fat diets

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### ARTICLE INFO

#### Article history:

Received 17 March 2018

Accepted 6 April 2018

Available online xxx

#### Keywords:

Obesity

SIRT1

Lipocalin-2

Insulin resistance

Inflammation

Hippocampus

### ABSTRACT

Chronic low-grade inflammation-induced insulin resistance is associated with neuroinflammation. Myeloid sirtuin1 (SIRT1) deficiency aggravates high-fat diet (HFD)-induced insulin resistance. However, the function of myeloid-specific SIRT1 in the hippocampus of obese mice is largely unknown. To address this question, we fed myeloid SIRT1 knockout (KO) mice a HFD for 40 weeks. We found that HFD-fed SIRT1 KO mice had increased insulin resistance and macrophage infiltration in adipose tissue than wild type (WT) mice. Levels of HFD-induced lipocalin-2 (LCN2) were lower in SIRT1 KO mice than in WT. HFD-induced hippocampal LCN2 expression was lower in HFD-fed SIRT1 KO mice than in WT. Hippocampal acetylation of nuclear factor- $\kappa$ B (NF- $\kappa$ B) and amyloid precursor protein levels were higher in HFD-fed SIRT1 KO mice than in HFD-fed WT mice. Taken together, our results suggest that targeted induction of the anti-inflammatory effects of SIRT1 and LCN2 may help prevent obesity-associated insulin resistance and neuroinflammation.

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### 1. Introduction

A chronic high-fat diet (HFD) induces low-grade peripheral inflammation that promotes age-related pathologies (e.g., obesity, insulin resistance, and type 2 diabetes) and hippocampal inflammation that is associated with the development of neurodegenerative diseases, including Alzheimer's disease [1]. Nuclear factor- $\kappa$ B (NF- $\kappa$ B)-mediated signaling contributes to the development of insulin resistance and systemic inflammation [2]. It is unknown if a chronic HFD has a direct role in neuroinflammation development.

Sirtuin 1 (SIRT1), a member of the sirtuin family, participates in key cellular processes, including cellular survival, biological aging, and inflammation [3]. SIRT1 is also important for neuronal

plasticity, cognitive function, and protection against aging-associated neuronal degeneration and cognitive decline [4,5]. Myeloid SIRT1 deletion promotes macrophage infiltration into insulin-sensitive organs and aggravates adipose tissue inflammation [6]. SIRT1 overexpression results in RelA/p65 deacetylation and reduced microglia-dependent amyloid-beta accumulation [7]. Resveratrol reverses metabolic derangement and hippocampal inflammation and corrects memory deficits in a HFD-fed mice [8]. However, it remains unclear whether myeloid-specific SIRT1 deletion in NF- $\kappa$ B signaling contributes to HFD-induced hippocampal inflammation.

Lipocalin-2 (LCN2) and other inflammatory factors such as cytokines and chemokines are released during neuroinflammation and obesity [9]. LCN2 has been found in the tissues of brains injured by ischemic stroke, spinal trauma, and neuroinflammation [10,11]. Without this inflammatory effect, LCN2-null mice experience increased disease severity and rapid progression to sepsis [12]. Because LCN2 deficiency is pro- or anti-inflammatory depending on the animal model [10,13], whether LCN2 is associated with chronic HFD-induced neuroinflammation remains unclear. Thus,

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we sought to determine the role of a chronic HFD in neuro-inflammation, in the context of SIRT1 and LCN2 function.

## 2. Materials and methods

### 2.1. Animals

SIRT1loxP/loxPLysM-Cre<sup>+</sup> (KO) and SIRT1loxP/loxPLysM-Cre<sup>-</sup> (wild type, WT) mice were generated. Selective SIRT1 deletion in myeloid cells was confirmed, as previously described [14,15]. WT (n = 28) and KO mice (n = 28) of at least 6 weeks of age were fed (ad libitum) a standard laboratory chow diet (normal diet, ND) or a HFD (D12079B; Research Diets, New Brunswick, NJ, USA) for a total of 40 weeks. Experimental procedures were approved by the Animal Care Committee for Animal Research of Gyeongsang National University (approved study protocol GLA-150116-M0002) and performed in accordance with the National Institutes of Health Guidelines on the Use of Laboratory Animals.

### 2.2. Metabolic assessments

We performed glucose tolerance tests as previously described [16]. Immediately before each mouse was humanely sacrificed at 46 weeks old, we measured fat mass using magnetic resonance imaging (EchoMRI; Echo Medical Systems, Houston, USA).

### 2.3. Measurement of metabolic parameters

We measured fasting glucose levels in serum samples using an enzymatic colorimetric assay (Green Cross Reference Laboratory, Yongin-si, South Korea). The homeostatic model assessment for insulin resistance (HOMA-IR) was calculated from the fasting serum glucose and insulin concentration. The serum insulin and LCN2 concentrations were measured using mouse insulin (Shibayagi Co., Gunma, Japan) and LCN2 (R&D Systems, MN, USA) enzyme-linked immunosorbent assay kits.

### 2.4. Real-time polymerase chain reaction

Total RNA (n = 4 mice/group) from the epididymal fat pad and hippocampus was isolated using TRIzol reagent (Invitrogen, CA, USA). Complementary DNA was then synthesized using a reverse transcription kit (Thermo Scientific, USA) according to the manufacturer's instructions. Real-time polymerase chain reaction (RT-PCR) was performed using the LightCycler 480 Instrument II (Roche, Mannheim, Germany) with TOPreal™ qPCR 2X PreMix (Enzynomics, Daejeon, Korea) and iQ™ SYBR Green Supermix (BIO-RAD, CA, USA). The PCR primers used for this study are presented in [Supplementary Table 1](#). Expression was normalized to glyceraldehyde 3-phosphate dehydrogenase (GAPDH).

### 2.5. Histological analyses

For histological studies, samples of epididymal fat pad and pancreas tissues (n = 4 mice/group) were embedded in paraffin and cut into 5- $\mu$ m sections. We performed terminal deoxynucleotidyl transferase dUTP nick-end labeling (TUNEL) to measure the degree of adipose tissue apoptosis using an *in-situ* cell death detection kit (Roche Molecular Biochemicals, Mannheim, Germany), according to the manufacturer's instructions. For immunohistochemistry, sections of de-paraffinized epididymal fat and pancreas tissue were incubated (4 °C) overnight with the primary antibodies diluted in blocking solution ([Supplementary Table 2](#)). The histological staining and immunohistochemistry procedures were performed as previously described [15,16].

### 2.6. Protein extraction and Western blot analyses

To extract total proteins from frozen hippocampi, epididymal fat pads, and pancreata (n = 6 mice/group), tissues were homogenized in lysis buffer (#78510, Thermo Scientific, USA). Western blot analyses were performed using standard methods. The membranes were probed with primary antibodies ([Supplementary Table 2](#)). The protein bands were detected using enhanced chemiluminescence substrates (Pierce). The Multi-Gauge image analysis program (version 3.0; Fujifilm, Tokyo, Japan) was used for densitometric analyses of immunoblots. To normalize the protein level values, we used  $\beta$ -actin and  $\alpha$ -tubulin as internal controls.

### 2.7. Statistical analyses

Between-group differences were assessed using one- or two-way analysis of variance (ANOVA) followed by post hoc analysis using the Bonferroni test (GraphPad Software Inc., San Diego, CA, USA). The results were expressed as mean  $\pm$  standard error of the mean. A p-value <0.05 was considered statistically significant.

## 3. Results

### 3.1. Effects of a long-term HFD on body weights and insulin resistance in KO mice

To determine the role of myeloid-specific SIRT1 in the development of HFD-induced obesity, mice were fed either the ND or HFD for 40 weeks. Body weight gradually increased in HFD-fed WT and ND-fed or HFD-fed KO mice, compared with ND-fed WT mice ([Supplementary Fig. 1A](#)). Consistent with changes in body weight, we found that at 40 weeks, the fat mass was greater in ND-fed KO mice than in ND-fed WT mice. However, there was no difference between HFD-fed WT and KO mice ([Supplementary Fig. 1B](#)). During the development of chronic HFD-induced obesity, fasting blood glucose levels were higher in HFD-fed KO mice than in HFD-fed WT mice ([Supplementary Fig. 1C](#)). Compared with HFD-fed WT mice, HFD-fed KO mice had higher blood glucose levels in the glucose tolerance tests ([Supplementary Figs. 1D and E](#)). We observed a statistically significant increase in insulin resistance with reduced serum insulin levels and HOMA-IR in HFD-fed KO mice. This result indicated that development of insulin resistance was secondary to defective insulin secretion in the HFD-fed KO mice ([Supplementary Figs. 1F–H](#)). Taken together, these results indicate that myeloid SIRT1 deficiency aggravated insulin resistance after a 40-week HFD.

### 3.2. Effects of myeloid SIRT1 deficiency on macrophage infiltration in HFD-fed mice

Increased macrophage infiltration in adipose tissue is a hallmark of obesity-induced tissue inflammation and insulin resistance [6]. Myeloid SIRT1 promotes macrophage infiltration in adipose tissues after 12 or 24 weeks of HFD feeding [15,16]. The present findings also indicate that a chronic HFD promoted increased adipocyte size in HFD-fed WT mice. However, the adipocyte sizes were smaller in HFD-fed KO mice than HFD-fed WT mice ([Fig. 1A and B](#)). Because adipose tissue macrophages often surround and ingest dying or dead adipocytes to form crown-like structures (CLSs), we assessed macrophage infiltration into adipocytes by performing TUNEL analysis and counting CD68-positive CLSs ([Fig. 1C–E](#)). We found greater CLS and TUNEL-positive cell numbers in HFD-fed KO mice than HFD-fed WT mice. These results indicated that after 40 weeks of HFD feeding, myeloid SIRT1 deletion promoted massive macrophage infiltration in adipose tissues.

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