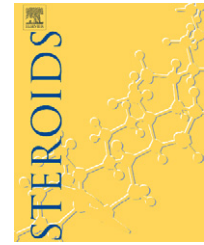


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The identification and simultaneous quantification of neuroactive androstane steroids and their polar conjugates in the serum of adult men, using gas chromatography–mass spectrometry

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ABSTRACT

Certain androstane steroids (AS) modulate ionotropic receptors, as do the pregnane steroids. Whereas women produce significant amounts of neuroactive progesterone metabolites, the steroid neuromodulators in men originate mainly from the 3-oxo-4-ene C₁₉-steroids, which are converted to their 3 α - and 3 β -hydroxy-5 α /5 β -reduced metabolites. The neuromodulating effects of AS prompted us to monitor circulating levels of the steroids to estimate metabolic pathways in the periphery that may influence brain concentrations of AS. Hence, the serum levels of 20 steroids and 16 steroid polar conjugates including 17-oxo- and 17 β -hydroxy-derivatives of 5 α / β -androstane-3 α / β -hydroxy-androstane steroids were quantified in 15 men (16–62 years of age) using GC–MS. The conjugated AS for the most part reached micromolar concentrations, these being two or three orders of magnitude higher than those of the free steroids. The ratios of conjugates to free steroids were one to two orders of magnitude higher than the values for the corresponding pregnane steroids. This data suggested that conjugation may considerably restrain the transport of free AS from the periphery into the central nervous system.

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1. Introduction

Like the pregnane steroids (PS), androstane steroids (AS) are known as modulators of ionotropic receptors [1–4]. The most recognized membrane receptors modulated by AS are the receptors of type A γ -aminobutyric acid (GABA_A-r), responsible for the chloride influx into the neuron [3–6]. The receptors are positively modulated by PS and AS that have a hydroxy group in the 3 α -position [4,6]. Additionally, the 3 β -PS compete with 3 α -PS for the binding sites on the GABA_A-r [7–9], and a similar effect could be expected in the 3-AS. Among

the PS, the 3 α -isomers shorten the period of paradoxical sleep, attenuate the release of acetylcholine in the neo-cortex and hippocampus, suppress neurogenesis and cause the deterioration of the spatial memory. These effects occur due to modulation of GABA_A-r [10]; similar effects are likely in the case of 3 α -AS [3]. The 3 α -androstane steroids, such as androsterone (3 α -hydroxy-5 α -androstane-17-one, A3 α 5 α) and 5 α -androstane-3 α ,17 β -diol (A3 α 5 α 17 β) stimulate GABA_A-r, while the 3 β -isomers are inoperative, as are the isomers with a hydroxy-group in the 17 α -position [6]. The polar conjugates of PS and AS exert the opposite effect via the negative

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modulation of GABA_A-r on specific sites that are different from those binding unconjugated 3 α -PS and 3 α -AS [4].

The experimental data indicates that the nervous system is influenced by two different pools of steroids, the first depending on peripheral glands and the second originating directly in the nervous system [11]. In women, the formation of the most abundant GABA-ergic steroid, allopregnanolone (3 α -hydroxy-5 α -pregnan-20-one, P3 α 5 α), primarily reflects ovarian activity, particularly in pregnancy and in the luteal phase of the menstrual cycle. Women in the follicular phase, postmenopausal women, men and children produce most of the P3 α 5 α precursors in the adrenal cortex [12].

In neuroactive androstane metabolites, a direct adrenal cortical secretion accounts for a minor proportion of the serum level of A3 α 5 α , A3 α 5 α 17 β , and 5 α -dihydrotestosterone (DHT5 α) but serum A3 α 5 α is derived mainly from precursors from the adrenal cortex in both sexes (Fig. 1). As reported in the study of Labrie et al. [13], percutaneously applied DHEA is converted in specific intracrine tissues to 3 α / β 5 α 17-oxo/ β androstane metabolites that are locally metabolized to polar conjugates, which can be measured in relatively high concentrations in the peripheral blood. After DHEA administration, testosterone showed a significant change

in women only. DHT5 α was unchanged in both sexes and A3 α 5 α 17 β showed only a negligible increase. The unconjugated A3 α 5 α showed a slight increase in both sexes but a pronounced increase was observed in unconjugated 5 α -androstane-3 β ,17 β -diol (A3 β 5 α 17 β) and further conjugated 3(α / β)5 α 17-(oxo/ β) androstane metabolites. Meikle et al. [14] suggested that A3 α 5 α 17 β , and DHT5 α originate largely from testicular steroidal precursors in men and from both adrenal and ovarian precursors in women. These authors also indicated that conjugation of androgens in preparation for their excretion into urine occurs extensively in the liver which has high activity of 5 α - and 5 β -reductases. Nevertheless, the splanchnic tissues do not secrete DHT5 α into peripheral blood. Thus it was suggested that extra-splanchnic tissues form a major quantity of circulating unconjugated 5 α -reduced androgens.

It is generally felt that the more lipid-soluble a compound is, the more easily it can gain entry into the cerebrospinal fluid (CSF) space. In spite of this, Marynick et al. [15] reported that the transfer of DHT5 α from serum to CSF was minimal but testosterone and estradiol penetrated the blood-brain barrier (BBB) to a significant degree. The serum/CSF ratios of the sex steroids directly correlated with the respective binding affini-

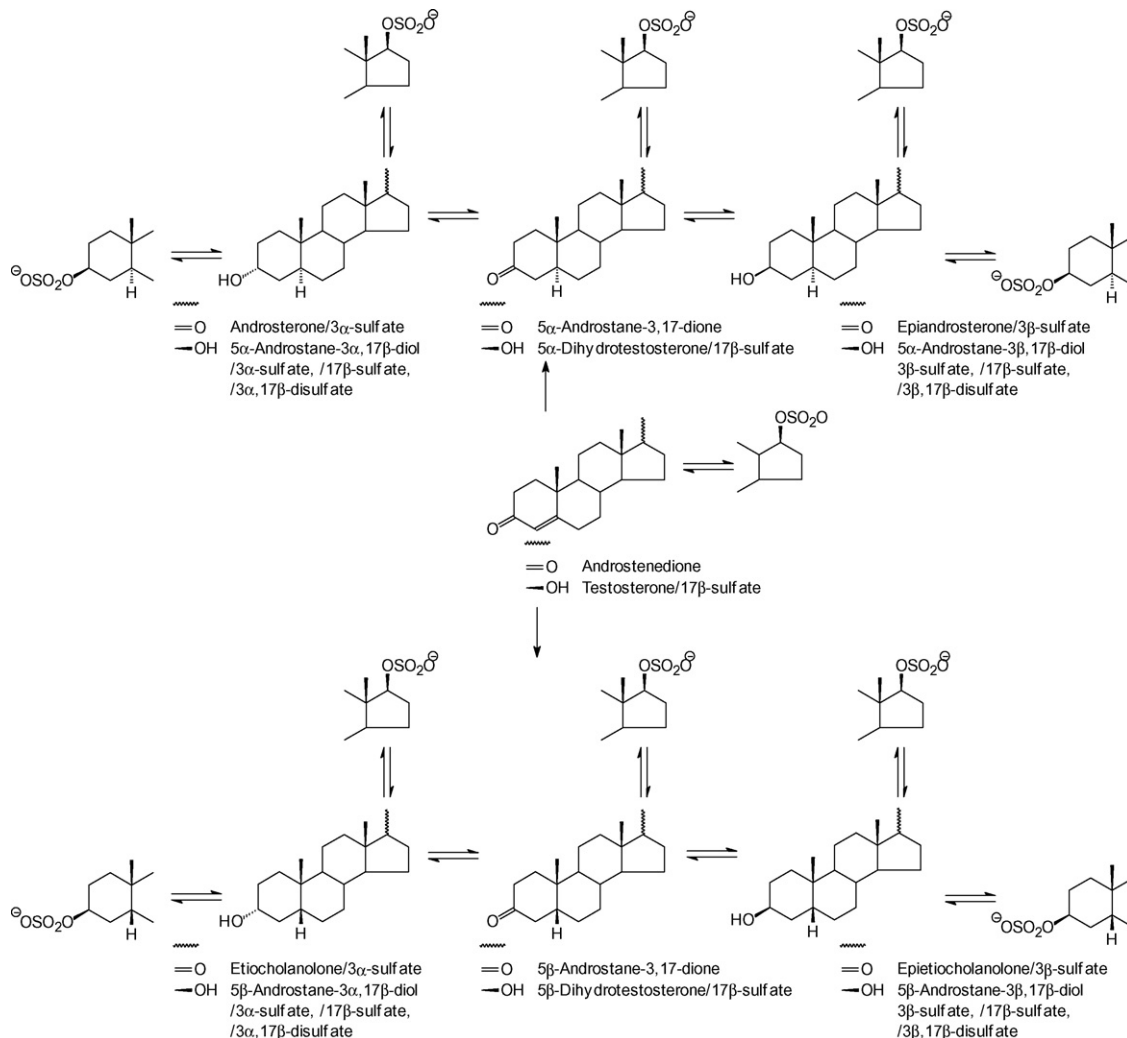


Fig. 1 – The conversion of androstenedione and testosterone to androstane steroids.

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