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QI Peroxisomes compensate hepatic lipid overflow in mice with fatty liver

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ABSTRACT

Major causes of lipid accumulation in liver are increased import or synthesis or decreased catabolism of 20 fatty acids. The latter is caused by dysfunction of cellular organelles controlling energy homeostasis, 21 i.e., mitochondria. Peroxisomes also appear to be an important organelle in lipid metabolism of hepatocytes, 22 but little is known about their role in the development of non-alcoholic fatty liver disease (NAFLD). To investigate 23 the role of peroxisomes alongside mitochondria in excessive hepatic lipid accumulation, we used leptin-resistant 24 db/db mice on C57BLKS background, a mouse model that develops hyperphagia-induced diabetes with obesity 25 and NAFLD. Proteome and gene expression analyses along with lipid analyses in the liver revealed differential 26 expression of genes related to lipid metabolism and β -oxidation, whereas genes for peroxisomal proteins were 27 predominantly regulated. 28

Conclusion: Our investigations show that in fatty liver disease in combination with obesity and diabetes, 29 the hepatocyte-protecting organelle peroxisome is altered. Hence, peroxisomes might indicate a stage of 30 pre-NAFLD play a role in the early development of NAFLD and appear to be a potential target for treatment 31 and prevention of NAFLD. 32

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38 1. Introduction

Increased lipid accumulation in the liver is the clinical hallmark of non-alcoholic fatty liver disease (NAFLD) and is almost always found in patients with a combination of obesity and type 2 diabetes. The clinical spectrum of NAFLD ranges from fatty liver simply due to intracellular lipid accumulation, to fatty liver with inflammatory cell infiltration and signs of inflammation, e.g., steatohepatitis, which might progress to fibrosis and cirrhosis [1,2].

The liver is the key organ that regulates lipid metabolism, especially 4647that of cholesterol and triglycerides. On a cellular level, lipid metabolism is a prominent example that compartmentation of cellular processes al-48 lows efficiency and tight control. The major subcellular compartments 49 50controlling intracellular lipid homeostasis are: cytosol for synthesis; lipid droplets for storage; and mitochondria for degradation, but perox-51 isomes also appear to be responsible. Although the exact mechanisms 5253are unknown, hepatic lipid accumulation is the result of an imbalance

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between syntheses, storage and catabolism of fatty acids (FAs) [3]. 54 One cause of the disturbance is the increased availability of free fatty 55 acids (FFAs) in the serum, which can accumulate in the liver. This overflow causes alterations in de novo lipogenesis, export of lipids or fatty 57 oxidation rates. The decreased oxidative phosphorylation in mitochon-88 dria has been shown to be associated with reduced insulin sensitivity 59 and increased intracellular lipid accumulation in non-diabetic insulin-60 resistant individuals [3–5]. Together, any defect in these processes 61 could result in an increased accumulation of lipids in hepatocytes, 62 which can be either the cause or the result of fatty liver. 63

 β -Oxidation of fatty acids in eukaryotes occurs mainly in mitochon- 64 dria and, to a lesser extent, in peroxisomes. Although there are enzymatic 65 and functional overlaps, both organelles differ in respect to substrate 66 specificities, FA import systems, the amount of reactive oxygen species 67 and net energy (i.e., adenosine triphosphate [ATP] production) from β - 68 oxidation. Even though peroxisomes have specialized substrate specifici- 69 ty and an inefficient β -oxidation energy balance, in contrast to mitochon- 70 dria, the lipid uptake is not restricted by a substrate-inhibited feedback 71 mechanism. Therefore, it is tempting to speculate that peroxisomes appear to be designated to protect the liver from lipotoxicity. 73

Recently, we have shown that the direct, parallel comparison of 74 mitochondria and peroxisomes at a proteomic level allows the dissec-75 tion of functional overlaps and specificities between both organelles 76 [6]. Here, we wanted to test the hypothesis that in the leptin-resistant 77

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Abbreviations: NAFLD, non-alcoholic fatty liver disease; FA, fatty acids; FFA, free fatty acids; TFA, total FFA; mtDNA, mitochondrial deoxyribonucleic acid; RT-PCR, real-time polymerase chain reaction; ANOVA, analysis of covariance; HOMA-IR, homeostatic model assessment of insulin resistance; PUFA, polyunsaturated FFAs; KEGG, Kyoto Encyclopedia of Genes and Genomes; NASH, non-alcoholic steatohepatitis

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diabetic (db/db) mouse model (BKS.Cg-Lepr^{db}) with obesity and diabe-78 79 tes, fatty liver is associated with alterations in both mitochondria and peroxisomes. This mouse model reflects a status of dyslipidemia due 80 81 to increased lipid intake by hyperphagia and decreased lipid catabolism [7,8]. We compared db/db mice and their C57BLKs (BKS) littermates in 82 terms of cytokine patterns, ectopic lipid accumulation in hepatocytes, 83 lipid profiles and mitochondrial and peroxisomal protein or gene ex-84 85 pression profiles in the liver. The results indicate that peroxisomes 86 might play a role in the development of fatty liver disease.

2. Materials and Methods 87

2.1. Animals 88

C57BL/KS^{lepr+/+} (BKS) and BKS.Cg-Lepr^{db} (db/db) mice were bred 89 and maintained in a regular 12 h light/dark cycle under constant tem-90 perature and humidity (22 ± 1 °C, $50 \pm 5\%$ humidity). Genotyping 91 92was performed according to Horvat and Bunger [9]. At 6 weeks of age, male littermates of each genotype (n = 20 of each) were kept under 93 standardized conditions with free access to water and standard labora-94 tory food (Ssniff, Soest, Germany). Weight gain and food intake of male 95 mice were measured once a week and monitored for an observation 96 97 period of 8 weeks. Food uptake per body weight and weight gain per food uptake were determined in each group of mice as the mean of 98 the observation period. Mice were sacrificed by CO₂ asphyxiation at 99 14 weeks of age. Blood samples were collected by left ventricular punc-100 ture, and organ samples were removed. The Animal Care Committee 101 102of the University Duesseldorf approved animal care and procedures (Approval#50.05-240-35/06). 103

2.2. Animal characterization 104

105Phenotypical characterization, serum diagnostics of clinical parame-106 ters, lipid profiling in serum and liver tissue and determination of the cytokine profiles with low-density proteome arrays (Proteome 107Profiler™; R&D Systems, Abingdon, UK) were performed as previously 108 described[10,11]. Triglycerides, cholesterol and liver enzymes (ALT, 109 110 AST, GLDH) were determined on a Hitachie 912 laboratory automat (Roche Diagnostics, Mannheim, Germany). Leptin, insulin and PAI were 111 determined by Multiplex immune assay (BioRad, Munich, Germany) 112Serum FFA and hepatic TFA content and specific fractional composition 113 of FAs were determined by gas chromatography. FA data in the liver 114 were further used to calculate the desaturase index (cC16:1/C16:0), 115 DNL index (C16:0/cC18:2) and elongation index (C18:0/C16:0). 116

2.3. Subcellular fractionation and marker enzyme activity 117

Mitochondria and peroxisomes were prepared as formerly de-118 scribed from 1.5 g freshly isolated liver tissue, and the organelle quality 119 of all preparation steps was monitored by assessing marker enzyme 120activity and electron microscopy [6]. 121

2.4. 2D-DIGE[™] and protein identification by MALDI-MS 122

2D-DIGE™ experiments of subcellular organelles and data analyses 123were performed as previously described [6]. Significantly altered 124protein spots had to be present in all replicate experiments. The analysis 125parameters were set to a standardized average spot volume ratio of 1.7-126fold, p < 0.01 and a coefficient of variation (CV) of 20%. All selected pro-127 tein spots were excised from four separate 2D-DIGE™ gels and analyzed 128by MALDI-MS in a time-of-flight Ultraflex-Tof/Tof (BrukerDaltoniks, 129Bremen, Germany) as previously described⁸. Further analyses for protein 130identification against the mouse sub-set of Swiss-Prot (Sprot_2014) non-131 redundant database and mitochondrial or peroxisomal reference maps 132from our database (http://www.diabesityprot.de/) were performed as 133 134 described [6].

2.5. Quantification of mtDNA

Quantification of mouse mtDNA copy number was performed by 136 quantitative PCR (qPCR) with primers and double-fluorescent probes 137 (Eurogentec, Liège, Belgium) on an ABI Prism 7000 Sequence Detection 138 System (Life Technologies, Darmstadt, Germany) with NADH dehydro- 139 genase subunit 1 gene (ND1) for quantification of mtDNA (forward: 140 5'-CTACAACCATTTGCAGACGC 3', reverse: 5' GGAACTCATAGACTTA 141 ATGC 3', probe: 5' CCAATACGCCCTTTAACAACCTC 3') and lipoprotein 142 lipase (LPL)) as nuclear target (forward: 5' GGTTTGGATCCAGCTGGG 143 CC 3', reverse: 5' GATTCCAATACTTCGACCAGG 3', probe 5' CTTTGAGT 144 ATGCAGAAGCCC 3'. Gene copy numbers were determined in compar- 145 ison to log-linear standard curves determined from both PCR products 146 subcloned into TOP-TA-cloning vectors (Life Technologies, Darmstadt, 147 Germany) to distinct copy numbers for both plasmids. 148

2.6. Gene expression analyses

Table 1

RNA extraction (Qiagen, Hilden, Germany) of biopsies and RT-PCR 150 with gene-specific probes and 18S RNA as internal standard (Assay on 151 Demand[™], Applied Biosystems, Darmstadt, Germany) to determine 152 relative RNA amounts of the specific target was performed as described 153 [12] 154

RNA samples (n = 4 per genotype) for genome-wide gene expres- 155 sion analyses were processed according to the GeneChip One-Cycle 156 eukaryotic Target Labeling Assay manufacturer's recommendations. 157 Synthesis steps were quality controlled and monitored with an 158 RNA 6000 nano kit (Agilent, Taufkirchen, Germany). Complementary 159 RNA (cRNA) samples were hybridized to Affymetrix GeneChip Mouse 160 430_2 (Affymetrix UK Ltd, Lahr, Germany). Detection of probe sets was 161 performed using a GeneChip scanner 3000 7G (GDAS 1.4 package, 162 Affymetrix). Data were analyzed with Genespring 12.0 (Agilent). Volcano 163

	BKS ($n = 20$)	db/db (n = 20)
Body weight (g)	26.7 ± 1.8	$46.2 \pm 6.9^{*}$
Food uptake/bodyweight (kJ/g)	13.2 ± 0.5	$19.4 \pm 1.8^{*}$
Weight gain/food uptake (mg/kJ)	2.0 ± 0.6	$3.1 \pm 0.7^{*}$
Liver weight (g)	1.5 ± 0.2	$3.2 \pm 0.8^{*}$
Blood glucose (mmol/l)	7.0 ± 1.6	$43.5 \pm 12.6^{*}$
Insulin (µU/ml)	1.5 ± 1.1	$2.9 \pm 1.8^{*}$
HOMA-IR (mg µU/ml)	0.5 ± 0.2	$5.7 \pm 3.1^{*}$
Leptin (ng/ml)	2.0 ± 1.8	$26.3 \pm 8.1^{*}$
ALT (U/l)	45.6 ± 18.4	$175.4 \pm 44.3^{*}$
AST (U/l)	49.4 ± 18.3	$257.9 \pm 87.5^{*}$
GLDH (U/I)	14.2 ± 7.6	$128.1 \pm 62.7*$
PAI (ng/ml)	2.9 ± 0.6	$5.7 \pm 1.7^{*}$
Cholesterol (mg/dl)	98.1 ± 14.8	127.0 ± 33.8
Triglyceride (mg/l)	22.7 ± 3.3	$116.2 \pm 27.7^{*}$
sICAM-1/CD54 (ng/ml)#	101.5 ± 5.5	23.7 ± 3.0***
CXCL1 (ng/ml) [#]	7.9 ± 0.4	$2.6 \pm 0.3^{**}$
CSF1 (ng/ml) [#]	66.6 ± 3.6	$25.7 \pm 3.6^{**}$
MCP-1 $(ng/ml)^{\#}$	13.7 ± 0.8	$1.0 \pm 0.1^{***}$
TIMP-1 (ng/ml) [#]	19.0 ± 1.0	$7.6 \pm 1.2^{**}$
TREM-1 (ng/ml) [#]	7.8 ± 0.5	$1.4 \pm 0.2^{***}$

IL-4, IL-5, IL-6, IL-7, IL-10, IL-12-p70, IL-13, IL-16, IL-17, IL-23, IL-27, CXCL-10, CXCL-11, t1.26 MCP-5, CXCL-9, CCR-1a, CCL-4, CCL-2, CCL-5, CXCL-12, CCL-17 or TNF- α were below the t1.27 detection limit in serum for BKS and db/db mice. t1.28 ALT, alanine transaminase; AST, aspartate transaminase; CCL, chemokine (C-C motif) t1.29 ligand: CSF, colony stimulating factor: CXCL, chemokine (C-X-C motif) ligand: GLDH, glu- t1.30 tamate dehydrogenase; HOMA-IR, homeostatic model assessment of insulin resistance; t1.31 IFN, interferon; IL, interleukin; MCP, monocyte chemo attractant protein; PAI, plasminogen t1.32 activator inhibitor; sICAM, soluble intercellular adhesion molecule; TIMP, metalloproteinase; t1.33 TNF, tumor necrosis factor; TREM, triggering receptor expressed on myeloid cells. t1.34 p < 0.01 by Student's t test. t1.35 ** *p* < 0.01. t1.36 t1.37

*** p < 0.001 by 2-way ANOVA.

[#] In six mice of each genotype.

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t1.1

t1.38

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