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Caracterização de produtos finais de glicação avançada (AGEs) em modelo
animal de infarto agudo do miocárdio

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Caracterização de produtos finais de glicação avançada (AGEs) em modelo animal de infarto agudo do miocárdio

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Resumo

Produtos finais de glicação avançada (AGEs) são continuamente gerados pelo organismo e sua produção pode ser estimulada em algumas enfermidades tendo impacto no processo inflamatório. A formação dos AGEs esta aumentada na insuficiência cardíaca e no infarto agudo do miocárdio (IAM) mas ainda faltam estudos de caracterização em modelos animais representativos dessas condições. A partir disso, o objetivo deste trabalho é caracterizar a formação de AGEs em ratos submetidos ao IAM e acompanhados por 28 dias. Ratos Wistar machos foram randomizados para receber cirurgia *sham* (n=8) ou de indução de IAM (n=9). Coletou-se sangue nas primeiras 12 e 48 horas e 7, 14 e 28 dias após a cirurgia. Análises foram realizadas pelas técnicas de formação de *browning*, fluorescência e imunodeteção por dot blot. Os resultados encontrados não mostraram diferença significativa nos níveis de AGEs entre o grupo *sham* e o grupo IAM quando comparados dentro de cada tempo. Entretanto, o grupo IAM apresentou aumento progressivo na fluorescência plasmática ao longo do tempo, diferente do grupo *sham* que apresentou retorno ao nível de AGEs no baseline (P < 0,05). Usando imunodeteção, encontramos aumento de AGEs no grupo IAM tanto 12 horas (99,6 ± 4,1 vs. 126,9 ± 9,2, *sham* e IAM, respectivamente; P < 0,05) quanto 48 horas (92,7 ± 5,0 vs. 135,5 ± 10,1, *sham* e IAM, respectivamente; P < 0,01). Os nossos resultados sugerem que o modelo da indução de IAM por ligadura da artéria coronária descendente anterior promove um aumento transitório precocemente de AGEs que não é sustentado ao final dos 28 dias de seguimento.

Palavras-chave: AGEs, glicação, infarto agudo do miocárdio, insuficiência cardíaca

1 INTRODUÇÃO

Produtos finais de glicação avançada (AGE - do Inglês *Advanced Glycation End-Products*) são continuamente gerados pelos organismos saudáveis, principalmente no metabolismo energético. Além das fontes endógenas, os AGEs podem ser adquiridos na dieta, principalmente em alimentos assados ou fritos [1]. Sua produção também é estimulada em condições pró-inflamatórias ou hiperglicêmicas [2, 3].

A glicação inicia com a formação de uma base de Schiff entre uma amina primária (presente nas proteínas) com grupamentos carbonil, encontrados na glicose ou em pequenos aldeídos reativos, derivados do estresse oxidativo (ex. metilglioxal) [4]. Após rearranjos moleculares, é formado o Produto de Amadori, estrutura estável, que poderá sofrer alterações pela presença de compostos oxidantes formando os AGEs. A sigla AGE não determina uma molécula específica e sim um grupo heterogêneo de moléculas. Dentre essas, algumas com importante função biológica já foram descritas, como a carboximetil lisina [5].

A formação de AGEs no organismo pode ter impacto funcional importante, gerando ligações cruzadas intra- e entre moléculas e alterando a meia-vida e função de proteínas [6, 7]. Além disso, os AGEs têm propriedades sinalizadora de cascatas pró-inflamatórias [8]. Já foi visto que pacientes com *Diabetes Mellitus* (DM) ou Insuficiência Renal Crônica (IRC) apresentam níveis elevados de AGEs em tecido e essa concentração tem correlação com a piora do prognóstico da doença [9, 10]. A partir disso, vem sendo estudada a presença desses compostos em outras enfermidades e eventos patológicos.

A insuficiência cardíaca (IC) é uma condição clínica caracterizada pela incapacidade do coração de suprir o organismo com quantidades de sangue suficientes

para as atividades normais. A sua principal causa é o infarto agudo do miocárdio (IAM), onde uma área de necrose ocorre após a interrupção do fluxo sanguíneo das artérias coronárias [11]. Já foi demonstrado que os AGEs estão aumentados após o IAM e que sua concentração plasmática é preditora independente no desenvolvimento da IC [12]. Sabe-se que os níveis plasmáticos aumentados de dois tipos importantes de AGEs, a carboximetil lisina (CML) e a pentosidina, estão associados à maior chance de hospitalização em pacientes com IC, sendo que a CML também apresenta associação com um maior risco de mortalidade nesse grupo de indivíduos [13]. Esses resultados abrem a possibilidade de testes com drogas anti-AGEs [14-17], porém, até o presente momento não existe a caracterização dos AGEs em um modelo pré-clínico de IC. A partir disso, o objetivo deste trabalho é caracterizar a formação de AGEs em ratos submetidos ao IAM e acompanhados por 28 dias.

2 MATERIAIS E MÉTODOS

Ratos Wistar machos (60 dias) foram randomizados para receber cirurgia *sham* (n=8) ou de indução do IAM (n=9). A indução do IAM foi realizada pela técnica de ligadura da coronária descendente anterior esquerda [18]. Para a cirurgia *sham* foram realizados todos os procedimentos da cirurgia para indução do IAM, mas sem a ligadura da coronária. Os animais foram mantidos com comida e bebida à vontade, em caixas com 5 animais em ambiente com temperatura controlada (21 ± 1 °C).

Após as cirurgias, os animais foram avaliados por ecocardiografia (Philips Systems – HD7, Andover, MA, EUA, transdutor 3-12 MHz e profundidade de 2 centímetros) por operador treinado e cegado nos dias 2 e 28 para confirmação do IAM. O sangue para as análises foi coletado (1 mL) por punção do plexo retro-orbital com capilar heparinizado nos seguintes momentos após a cirurgia: 12 e 48 horas, 7, 14 e 28 dias, centrifugado (1000 xg por 10 minutos) e o plasma foi armazenado em freezer -80 °C.

2.1 Identificação de AGEs

O plasma foi utilizado para dosar a concentração de AGEs por três técnicas: fluorescência [19], formação de *browning* [20] e método de dot blot (imunodeteção).

As amostras (20 µL) foram pipetadas em triplicata em placa opaca de 96 poços e diluídas com 180 µL de água destilada. Após, as amostras foram excitadas (340 nm) e a emissão (440 nm) foi registrada, de acordo com Munch et al. (1997). Paralelamente, as amostras foram pipetadas em placa transparente Greiner® e a absorbância em 340 nm foi registrada como um indicativo de *browning*, conforme descrito por Valencia et al. (2004).

A metodologia anterior foi alterada para verificar a quantidade de AGEs das amostras de acordo com o peso molecular da proteína formada. As amostras foram preparadas com ácido tricloroacético (TCA) 0,15 M e clorofórmio [21]. Em seguida, foram centrifugadas e o sobrenadante foi pipetado em triplicata tanto na placa opaca como na transparente. As placas foram analisadas conforme as técnicas e os comprimentos de ondas utilizados anteriormente.

Para o dot blot, os plasmas foram diluídos com Tris 0,1M, pH 6,8, e as proteínas foram desnaturadas com o Tampão de Laemmli 4x (Tris 250 mM, SDS 8%, Glicerol 40%, azul de bromofenol 0,008%, β -mercaptoetanol 20%, pH 6,8) obtendo uma alíquota de 200 μ L numa concentração de 2 μ g/ μ L de proteína [22]. As amostras foram aquecidas em banho-maria por 15 min em temperatura de 70 °C e pipetadas (3 μ L) em membrana de PVDF previamente ativada com metanol, água e tampão (Tris 48 mM, Glicina 39 mM, metanol 20%, pH 9,1). Após secagem, a membrana foi incubada com o anticorpo monoclonal específico para CML (6D12, cedido por Ryoji Nagai, Tokai University; 1:10.000) em TTBS (Tris 20 mM, NaCl 150 mM, Tween20 0,1%, pH 7,6) suplementado com BSA 1% por 2 horas, sob agitação, à temperatura ambiente. Em seguida, foram realizadas 4 lavagens de 10 min com TTBS e preparada a solução com o anticorpo secundário conjugado com peroxidase (Sigma-Aldrich®, código A4416, 1:10.000) com TTBS por 1 hora, sob agitação, à temperatura ambiente. Após lavagens (4 x 10 min) com TTBS, a membrana foi incubada com Reagente de Revelação (Bio-Rad, código WBKLSO500) por 3 minutos e as bandas foram observadas em fotodocumentor (L-Pix Chemi Molecular Imaging - Loccus biotecnologia, Cotia, São Paulo, Brasil). As imagens obtidas foram medidas no programa ImageJ.

2.2 Considerações éticas na utilização dos animais

O estudo desenvolvido seguiu a Lei 11.794 de 8 de outubro de 2008, que estabelece procedimentos para o uso científico de animais e as Diretrizes da Prática de Eutanásia do CONCEA (2013). O projeto foi aprovado na Comissão de Ética no Uso de Animais do Hospital de Clínicas de Porto Alegre sob o número 11-0202.

2.3 Análise Estatística

A distribuição das variáveis foi avaliada pelo teste de Kolmogorov-Smirnov e o teste-t foi aplicado na comparação entre os grupos. O teste ANOVA foi utilizado para análise de medidas repetidas com o pós-teste de Tukey. Um $P < 0,05$ foi considerado significativo.

3 RESULTADOS

Nos dados adquiridos pelo ecocardiograma nos 28 dias de acompanhamento foi possível identificar diferença estatisticamente significativa entre o diâmetro do ventrículo esquerdo em sístole e diástole, fração de encurtamento, fração de ejeção e tamanho do infarto entre os grupos (Tabela 1).

Tabela 1 – Dados do ecocardiograma do grupo sham e IAM em 28 dias.

	Sham (n=8)	IAM (n=9)	p
DS (mm)	3,98 ± 0,09	8,66 ± 0,09	<0,001
DD (mm)	7,45 ± 0,05	9,98 ± 0,08	<0,001
PP (mm)	1,66 ± 0,04	1,63 ± 0,04	0,904
FS (%)	46,99 ± 10,35	13,4 ± 3,76	<0,001
FE (%)	83,4 ± 9,21	34,7 ± 8,16	<0,001
IAM (%)	0 ± 0	34,5 ± 6,55	<0,001

Valores expressos em média ± desvio padrão. DS, diâmetro do ventrículo esquerdo em sístole; DD, diâmetro do ventrículo esquerdo em diástole; PP, espessura da parede posterior; FS, fração de encurtamento; FE, Fração de ejeção; IAM (%), tamanho da área do IAM.

3.1 Browning e Fluorescência

Não foi encontrada diferença significativa nos níveis de AGEs entre o grupo *sham* e o grupo IAM ao longo do tempo de seguimento comparando os valores obtidos tanto na formação de *browning* quanto na fluorescência (Figura 1- A e C). Com o objetivo de corrigir eventuais variações individuais, os valores obtidos nos tempos 2 (48h), 7 e 28 dias foram ponderados pelo valor obtido no plasma coletados 12 horas após a cirurgia. Ainda assim, os níveis de AGEs não diferiram entre os grupos *sham* e IAM em nenhum tempo avaliado (Figura 1 – B e D). Entretanto, encontrou-se um aumento persistente no *browning* do plasma do grupo IAM (Figura 1A e 1B).

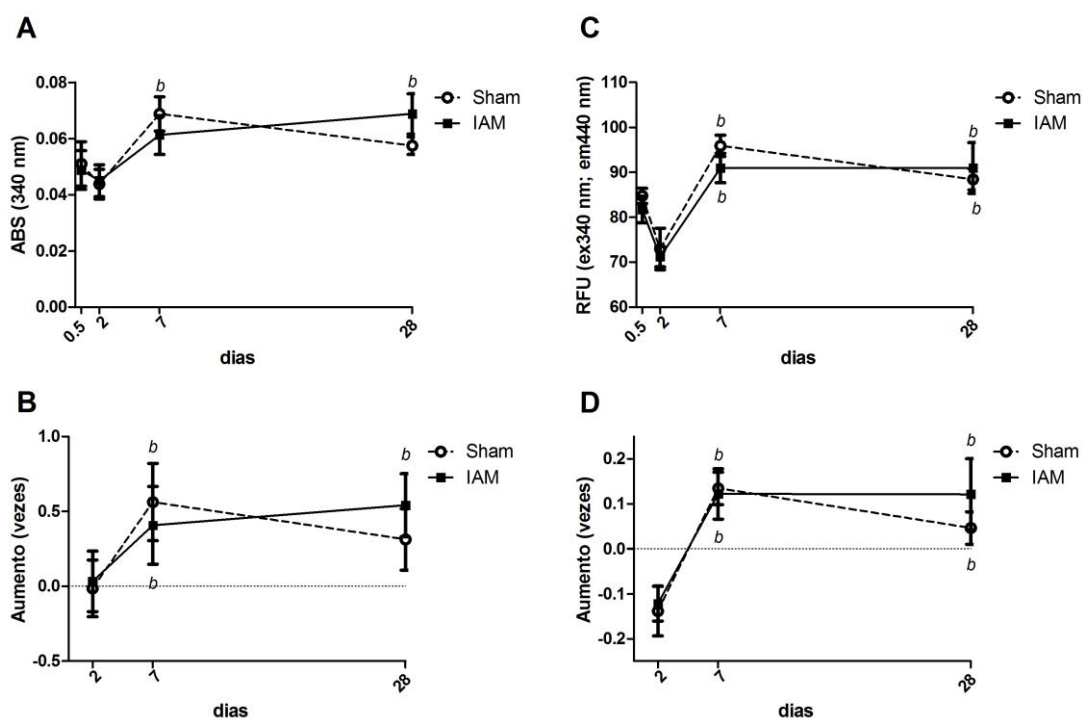


Figura 1 - Cinética de formação de AGEs plasmáticos. A - Valores de absorvância em 340 nm no plasma completo; B - Mudança (em vezes) da absorvância em relação aos valores obtidos para o plasma coletado 12 horas após a cirurgia (indicado pela linha pontilhada) ; C - Valores de fluorescência no plasma completo ; D - Mudança (em vezes) da fluorescência em relação aos valores obtidos para o plasma coletado 12 horas após a cirurgia (indicado pela linha pontilhada) . *Sham*, n = 8; IAM, n = 8. ; a, b indicam comparações entre os tempos e dentro do grupo, sendo: a - diferença em relação ao valor no tempo 0,5 dias; b - diferença em relação ao valor no tempo 2 dias; P < 0,05. Valores de Média ± Erro Padrão.

3.2 Browning e Fluorescência na fração de baixo peso molecular

A avaliação do *browning* na fração de baixo peso molecular não apresentou leituras, possivelmente devido à baixa sensibilidade da técnica (dados não mostrados). A avaliação da fluorescência na fração de baixo peso molecular mostrou que não há diferença nas quantidades de AGEs entre os grupos *sham* e IAM (Figura 2), mas há diferença estatística ao longo do tempo nos dois grupos.

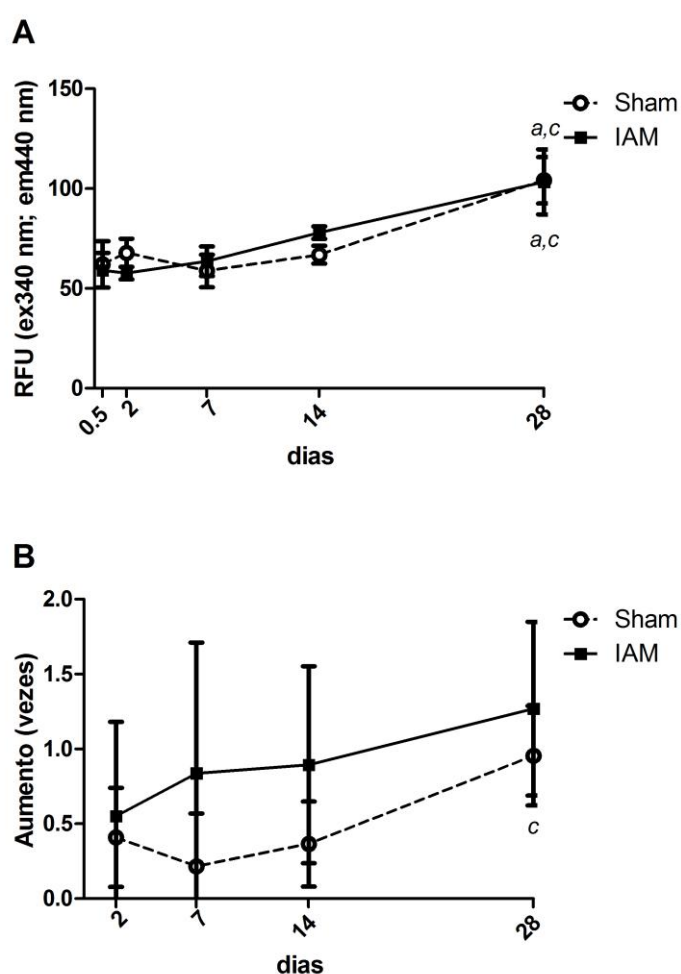


Figura 2 - Cinética de formação de AGEs em plasma desproteínizado. A - Valores de fluorescência em plasma desproteínizado; B - Mudança (em vezes) da fluorescência em relação aos valores obtidos com o plasma coletado em 12 horas. *Sham*, n = 8; IAM, n = 8. a, c indicam comparações entre os tempos e dentro do grupo, sendo: a - diferença em relação ao valor no tempo 0,5 dias; c - diferença em relação ao valor no tempo 7 dias; P < 0,05. Valores de Média ± Erro Padrão.

3.3 Imunodeteção de AGEs – dot blot

Utilizando uma técnica de imunodeteção para a CML, encontramos diferença significativa entre os grupos *sham* e IAM 12 horas e 2 dias após a cirurgia (Figura 3). Apesar desse aumento inicial, os grupos não diferiram nos tempos mais tardios.

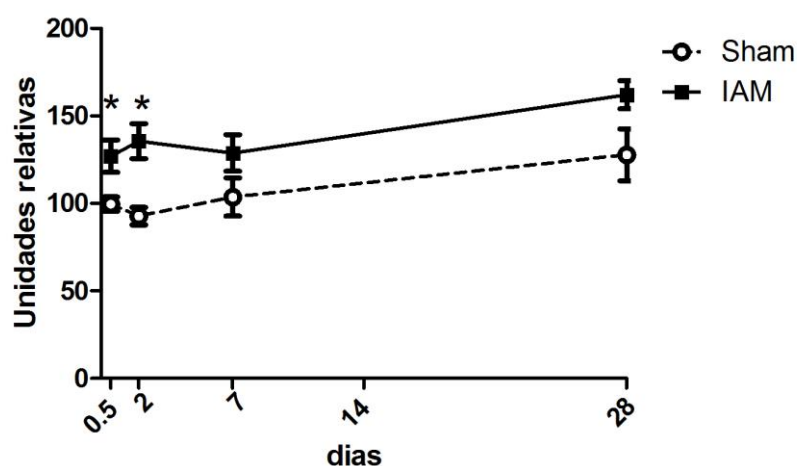


Figura 3 – Cinética de formação de AGEs plasmáticos por dot blot usando anticorpo anti-CML. Valores do dot blot do plasma, comparação entre os grupos. *Sham*, n = 8; IAM, n = 9. * $p < 0,05$, em relação ao *sham* no mesmo tempo. Valores de Média \pm Erro Padrão.

4 DISCUSSÃO

A utilização de modelos experimentais na área de cardiologia, especialmente do modelo utilizado nesse estudo, tem fornecido informações importantes sobre a morfologia, bioquímica, fisiologia e propriedades mecânicas do miocárdio infartado [23]. O presente trabalho descreve, pela primeira vez, o comportamento de formação de AGEs em um modelo animal representativo de isquemia do miocárdio que leva ao estabelecimento da IC. Apesar de preliminar, as nossas análises apontam para um perfil diferente de AGEs no plasma de ratos Wistar infartados em relação ao grupo *sham*.

O modelo animal mais empregado nos estudos de IC é feito pela interrupção cirúrgica do fluxo sanguíneo nas coronárias. Esse modelo encontra-se paralelo em todos os passos da doença no ser humano, pois apresenta necrose, inflamação, remodelamento ventricular (hipertrofia compensatória seguida de afinamento das paredes do ventrículo) e, finalmente, insuficiência cardíaca [24]. O modelo empregado nesse estudo mimetiza o processo de remodelamento ventricular desencadeado pelo IAM, gerando uma extensa área de fibrose, com afinamento parietal, alargamento ventricular e fração de ejeção prejudicada, conforme descrito anteriormente [18]. Com isso as modificações funcionais e morfológicas ocorridas nos animais infartados podem caracterizar o desenvolvimento de IC [25].

O processo de remodelamento que se segue a um evento isquêmico do coração envolve ativação de metaloproteinase de matriz, ativação inflamatória via NF- κ B e fibrose, processos ligados à sinalização por AGEs [4, 26]. Nesse sentido, já foi descrito que camundongos submetidos à lesão por isquemia-reperfusão apresentaram aumento de CML e do receptor para AGE (RAGE) no tecido cardíaco [27]. A concentração dos AGEs após a ocorrência de um IAM e no curso da IC tem se mostrado importante, inclusive sendo preditora de eventos adversos [4, 12], indicando que abordagens farmacológicas anti-AGE podem ter papel terapêutico importante.

Os AGEs são formados a partir de moléculas variadas e vias distintas. Por isso, deve ser utilizado mais de um tipo de técnica para identificar a presença dessas substâncias. A formação de *browning*, realizado através da absorvância, é utilizada devido à característica dessas moléculas de adquirir coloração amarronzada quando formadas [20, 28]. Entretanto, essa técnica é mais utilizada na mensuração de *browning* em alimentos [29-31] e pouco explorada em amostras biológicas [32].

Monier et al. (1984) demonstrou que os valores de fluorescência e *browning* no colágeno de diabéticos eram o dobro daqueles encontrados em pessoas saudias. No nosso trabalho, apesar de não detectarmos diferença nos níveis de AGEs entre os grupos *sham* e IAM utilizando a técnica de *browning*, observamos que a quantidade de AGEs no grupo *sham* está retornando aos valores basais no 28º dia, enquanto que o grupo IAM aumenta progressivamente com diferença significativa ao longo do tempo.

A fluorescência é outro método também utilizado para detecção de AGEs e mais difundido do que o *browning*. Um estudo comparando a presença de AGEs em pacientes em tratamento com hemodiálise e indivíduos saudáveis, por meio da fluorescência e por ELISA, mostrou que o grupo controle tinha níveis de AGEs menores do que o grupo com o tratamento [19]. Apesar disso, no nosso estudo não foi evidenciada diferença significativa nos níveis de AGEs entre os grupos no tempo de seguimento. No entanto, as medidas adquiridas com a fluorescência apresentaram o mesmo perfil que os resultados do *browning*, ocorrendo aumento dos níveis no IAM e retorno aos valores basais (12h) no grupo *sham*.

Para maiores comparações também foi aplicado o método de imunodeteção por dot blot. Nesta técnica utilizou-se o anticorpo monoclonal para a molécula carboximetil lisina (CML). A CML é o AGE melhor caracterizado na literatura [33], possui relação com diversos episódios patológicos, mas não emite fluorescência. A presença de CML já foi encontrada em placas de aterosclerose em aorta de humanos [34], está associado com a vasoconstrição de artérias coronarianas [35] e sua concentração se encontra aumentada em diabéticos, sendo relacionado com piora de prognóstico da doença causando rigidez vascular [36] e auxiliando no desenvolvimento de doenças cardíacas [37]. Em Hartog et al. 2007 [38], foi relacionado o aumento da

concentração de CML plasmática com piora do quadro clínico do paciente de acordo com a classe funcional de IC. Além disso, no mesmo estudo, foi relatada diminuição da sobrevivência dos pacientes com maiores níveis de CML. Pacientes infartados também apresentam níveis elevados de CML tanto no tecido cardíaco como em pequenos vasos sanguíneos intramiocárdicos em relação a indivíduos normais [39]. No modelo animal avaliado no nosso estudo verificamos apenas um aumento transitório de CML plasmática em 12 e 48 horas após o IAM.

Algumas limitações devem ser consideradas. Primeiro, as avaliações apresentadas aqui não são definitivas. As técnicas de fluorescência e *browning* não são capazes de detectar toda a variedade de AGEs existentes, apesar de serem amplamente utilizadas e encontrarem correlação com outras técnicas de avaliação [19, 20, 40]. Segundo, a detecção de moléculas fluorescentes utiliza parâmetros ótimos para a excitação/emissão de AGEs, mas não podemos excluir a interferência de outras moléculas fluorescentes que mascarem uma diferença entre os grupos. Por fim, o nosso estudo avaliou apenas AGEs plasmáticos. Apesar de a IC apresentar-se como uma condição sistêmica, não podemos excluir que haja uma modulação mais acentuada no tecido cardíaco. Portanto, a avaliação tecidual deve ser considerada em um próximo estudo. Além disso, provavelmente o motivo de não haver diferença nos níveis de AGEs plasmáticos entre os grupos estudados no trabalho seja ao fato do grupo *sham* também ser submetido a um trauma cirúrgico e esse processo irá estimular a produção dos AGEs, uma vez que os produtos finais de glicação avançada estão relacionados com vias pró-inflamatórias.

5 CONCLUSÃO

O modelo de ligadura da artéria coronária descendente anterior em rato Wistar é um modelo representativo de desenvolvimento de IC por evento isquêmico onde há um aumento transitório de CML plasmática precocemente. Técnicas de avaliação de AGEs, como a detecção de *browning* e fluorescência plasmática não são capazes de identificar diferença entre os grupos *sham* e IAM em um seguimento de 28 dias. Considerando em conjunto, os resultados sugerem que o modelo empregado aqui pode ser adequado para o estudo de terapias anti-AGE. Contudo, a mensuração dos AGEs deve ser avaliada em tempos maiores do que 28 dias.

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