

Original Research Article

Abietic acid attenuates LPS-induced acute lung injury by restoring Th17/Treg balance

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Abstract

Purpose: To investigate the mechanism of action and effects of abietic acid (AA) in a mouse acute lung injury (ALI) model.

Methods: A mouse ALI model was established by lipopolysaccharide (LPS) induction. Lung tissues were examined for histological alterations and scored based on the degree of injury. Myeloperoxidase (MPO), IL-6, IL-1 β , and TNF- α levels were measured by enzyme-linked immunosorbent assay (ELISA) while the numbers of Th17 and Treg cells were assessed by immunofluorescence. Protein expression levels of p-STAT3, p-STAT5, ROR γ t, and FOXP3 were analyzed by immunoblot assay. Expression of peroxisome proliferator-activated receptor γ (PPAR γ) was assessed by immunoblot.

Results: AA ameliorated LPS-induced lung injury in mice. Furthermore, AA ameliorated LPS-induced pneumonia in mice ($p < 0.05$) and restored Th17/Treg balance and Th17/Treg transcription factor expression that was altered by LPS induction. AA also activated PPAR γ expression to restore Th17/Treg balance ($p < 0.05$).

Conclusion: The results indicate that AA attenuates LPS-induced ALI in mice by restoring Th17/Treg balance. Thus, AA is a potential drug for the management of ALI; however, AA must first be evaluated in clinical studies.

Keywords: Acute lung injury, Abietic acid, Lipopolysaccharide, Peroxisome proliferators-activated receptor γ (PPAR γ)

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INTRODUCTION

Acute lung injury (ALI) is a leading cause of death in patients with respiratory failure [1]. ALI may occur as a result of pneumonia, inhalation of harmful substances, or indirect injuries such as ischemia-reperfusion. ALI induces damaging hypoxic and ischemic stress and the release of lipopolysaccharide (LPS), a bacterial endotoxin.

LPS stimulates the release of severe inflammatory signals, leading to lung injury by inflammatory leukocyte infiltration [2]. Therefore, it is important to identify drugs that suppress the inflammatory response in ALI.

Immune homeostasis *in vivo* depends on a balance among T-helper lymphocyte subsets, including Th1, Th2, Th17, and Treg cells. Th17

cells secrete IL-17, which induces the production of pro-inflammatory cytokines such as TNF- α , IL-6, and IL-1 β , thereby exacerbating the inflammatory response [3]. In contrast, Tregs secrete anti-inflammatory mediators such as IL-10 and TGF- β to mediate immune homeostasis. Imbalance between Th17 cells and Treg cells contributes to the development of various diseases [4]. Mediation of the balance of Th17 cells and Treg cells can improve sepsis-induced ALI. Peroxisome proliferator-activated receptor γ (PPAR γ) is a member of the nuclear hormone receptor family and one of the PPAR isotypes [5]. PPAR γ activation plays anti-inflammatory and anti-apoptotic roles in several inflammatory diseases, including ALI. There is growing evidence that nuclear receptors, especially PPAR γ , play crucial roles in regulating the Th17/Treg balance.

Abietic acid (AA) is an abietic diterpene compound, mainly derived from *Pimenta racemosa* var *grisea* [6], that has been reported to have anti-allergy, anti-inflammation, anti-obesity, anti-convulsion, and anti-tumor effects. Rosinic acid inhibits IL-1 β -induced inflammation in human osteoarthritis chondrocytes by activating PPAR- γ and has a protective effect on allergic asthma in mice induced by OVA [7]. In this study, the effect of AA on the treatment of ALI was investigated.

EXPERIMENTAL

Animals and treatments

Male C57BL/6 mice (~8 weeks old) were obtained from SLAC (Shanghai, China) and kept in a sterile environment. All experimental procedures in this study were approved by the Ethics Committee of Ankang Central Hospital (approval no. 2021-021) and conducted in accordance with the National Institutes of Health Laboratory Animal Care and Use Guidelines [8]. The mice were anesthetized by injection of 4 % chloral hydrate (CIHy, 0.1 ml/10 g) and instilled with sterile PBS (control group) or 3 mg/kg LPS (Sigma, *Escherichia coli* 0111:B4) dissolved in 50 μ L PBS. AA (10, 20, or 40 mg/kg) was administered by oral gavage 1 h after LPS treatment. Bronchoalveolar lavage fluid (BALF) and lung tissue samples were collected, and pathological changes such as cytokine production, total cells, and neutrophils were assessed.

Histological examination

Lung tissues were fixed with 5 % PFA, embedded in paraffin, and sectioned. The

sections were counterstained with hematoxylin and eosin (H&E).

Lung injury scores

Lung injuries were scored based on hemorrhage, alveolar wall thickness, inflammatory infiltration, alveolar congestion, and hyaline membrane formation. A score of 0 represents no damage, 1 represents mild damage, 2 represents moderate damage, 3 represents severe damage, and 4 represents very severe histological alterations.

Evaluation of wet-to-dry (W/D) lung weight ratio

Mice were sacrificed by neck breakage, and their lungs were removed and weighed immediately. The lungs were dried in an oven until they reached a constant weight. The wet/dry weight ratios of the lungs were calculated.

Enzyme-linked immunosorbent assay (ELISA)

IL-1 β , TNF- α , and IL-6 levels in BALF samples were assessed using ELISA kits (Beyotime, Beijing, China) according to the manufacturer's instructions. Briefly, samples were aspirated into wells and incubated with biotin-conjugated primary antibodies. Then, avidin-conjugated horseradish peroxidase (HRP) was added to each well. Determination was performed by the addition of substrate, and absorbance was measured at 350 nm using a microplate reader.

Immunofluorescence

Lung tissues were fixed with 5 % PFA, embedded in OCT, and sectioned. Sections were incubated with primary antibodies to CD4, IL-10, and IL-17A at 4°C overnight. After rinsing with PBS, sections were incubated with the respective secondary antibodies and counterstained with DAPI. Images were captured using a fluorescence microscope.

Western blotting

Lysates were collected from tissue samples using RIPA buffer, and protein concentrations were determined using a BCA protein assay kit (Beyotime Biotechnology, Shanghai, China). Proteins were separated by 10% SDS-PAGE and transferred onto polyvinylidene difluoride (PVDF) membranes. Then, the membranes were blocked in 5 % BSA and incubated with primary antibodies to p-STAT3 (1:1000, Thermo Scientific, Waltham, MA, USA), STAT3 (1:1000, Abcam, Cambridge, UK), p-STAT5 (1:1000, Abcam), STAT5 (1:1000, Abcam), ROR γ t

(1:1000, Abcam), FOXP3 (1:1000, Abcam), PPAR γ (1:1000, Abcam), and GAPDH (1:10000, Abcam). The membranes were rinsed with TBST for 15 min and then incubated with HRP-conjugated secondary antibodies (1:1000) for 2 h. Detection was performed using an ECL detection kit.

Statistical analysis

Statistical analysis was performed using GraphPad 7.0. Data are presented as mean \pm SEM. $P < 0.05$ was considered statistically significant.

RESULTS

AA relieved LPS-induced lung injury in mice

After induction of ALI by LPS, lung tissues were examined histologically. Mice in the LPS group displayed tissue injury characterized by irregular alveolar integrity and size, partial collapse of alveoli, enlarged spaces between alveoli, and inflammatory cell infiltration. However, these injuries were reversed after the administration of AA (Figures 1 A and B). In addition, the wet/dry ratio of lung tissue increased in the LPS group, but this increase was reversed upon AA treatment (Figure 1 C). These results suggested that AA may ameliorate lung injury.

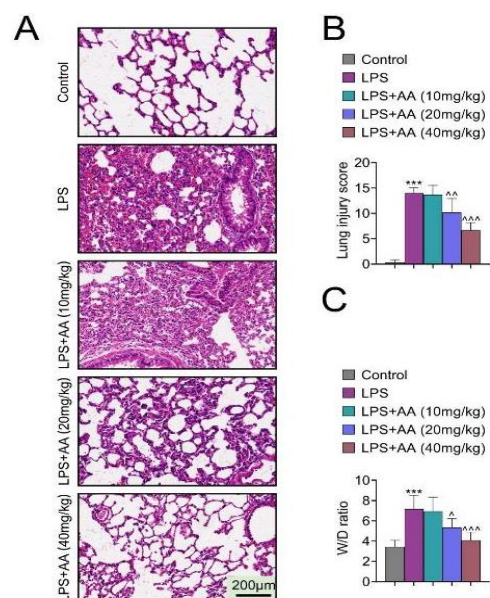


Figure 1: AA relieved lung injury in mice induced with LPS. A, Histological analysis of lung tissues in control, LPS, and LPS+AA mice. B, Injury scores of lung tissues in control, LPS, and LPS+AA mice. C, W/D ratios of lungs in control, LPS, and LPS+AA mice. *** $P < 0.001$ vs control; $\wedge p < 0.05$, $\wedge\wedge p < 0.01$, and $\wedge\wedge\wedge p < 0.001$ vs LPS

AA inhibited inflammatory cytokine production in mice

Total cells and neutrophils in the BALF samples from each group were evaluated. Total cell and neutrophil numbers in the BALF samples from LPS-induced mice increased significantly compared with those in control samples, and AA treatment reversed these increases (Figure 2 A). MPO activity reflects neutrophil infiltration into damaged tissue. The MPO level increased in LPS-induced mice, and this increase was reversed by AA treatment (Figure 2 B). Levels of the inflammatory cytokines IL-6, IL-1 β , and TNF- α also increased in LPS-induced mice, and this increase was reversed by AA treatment (Figure 2 C).

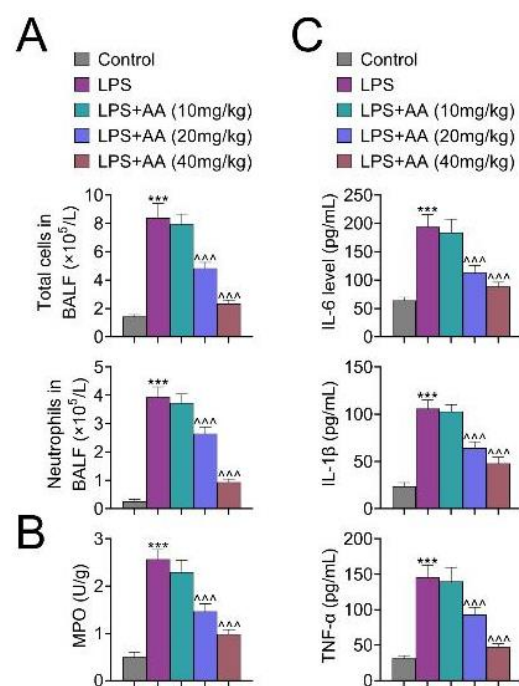


Figure 2: AA inhibited inflammatory cytokine production in LPS-induced mice. A, Total cells and neutrophils in BALFs from control, LPS, and LPS+AA mice. B, MPO levels in control, LPS, and LPS+AA mice. C, Levels of IL-1 β , TNF- α , and IL-6 in control, LPS, LPS+AA mice. *** $P < 0.001$ vs control; $\wedge p < 0.05$, $\wedge\wedge p < 0.01$, and $\wedge\wedge\wedge p < 0.001$ vs LPS

AA restored TH17/Treg balance in mice

Differentiated Th17 and Treg cells in the lungs of control, LPS, and LPS+AA mice were evaluated by immunofluorescence. The number of IL-17A and IL-10 T cells increased in the lungs of LPS-induced mice (Figure 3). AA treatment decreased the number of IL-17A cells and increased the numbers of CD4 and IL-10 cells (Figure 3). Thus, AA restored the balance of TH17/Treg cells in LPS-induced mice.

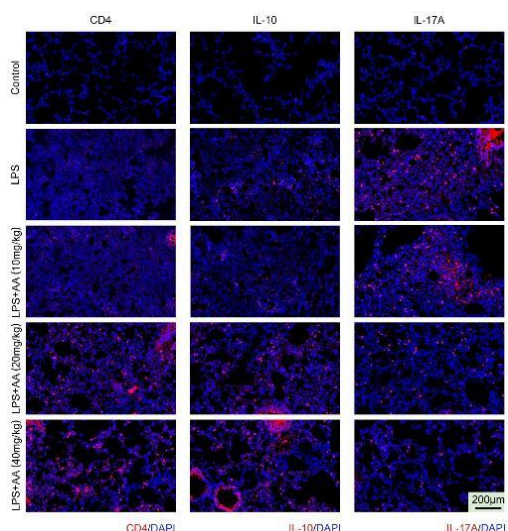


Figure 3: CD4, IL-10, and IL-17A cells in the lungs of control, LPS, and LPS+AA mice

AA mediated the Th17/Treg balance via the STAT pathway

To unravel the mechanism of action of AA, the effects of AA on molecules in the STAT pathway were investigated. AA treatment increased p-STAT5, RORrt, and FOXP3 levels and decreased the level of p-STAT3 in LPS-induced mice (Figure 4). These data confirmed that AA restores the Th17/Treg balance by modulating the STAT pathway.

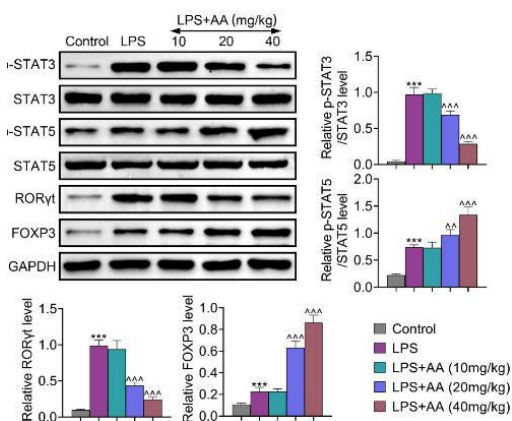


Figure 4: AA modulated the Th17/Treg balance via the STAT pathway. p-STAT3, p-STAT5, RORrt, and FOXP3 protein levels in control, LPS, and LPS+AA mice are shown. *** $P < 0.001$ vs. control; $^{\wedge}p < 0.05$, $^{\wedge\wedge}p < 0.01$, and $^{\wedge\wedge\wedge}p < 0.001$ vs. LPS

AA modulated Th17/Treg balance by activating PPAR γ

To further understand the molecular mechanism of AA, the effect of AA on PPAR γ was examined. The level of PPAR γ decreased in LPS-induced mice, and this decrease was reversed with AA

treatment (Figure 5 A). To verify the effect of AA on PPAR γ , the PPAR γ inhibitor GW9662 was used. As shown above, levels of p-STAT5 and FOXP3 increased and levels of p-STAT3 and RORrt decreased in LPS+AA mice, and these alterations were reversed with administration of GW9662 (Figure 5 B). Thus, AA modulated the Th17/Treg balance by activating PPAR γ .

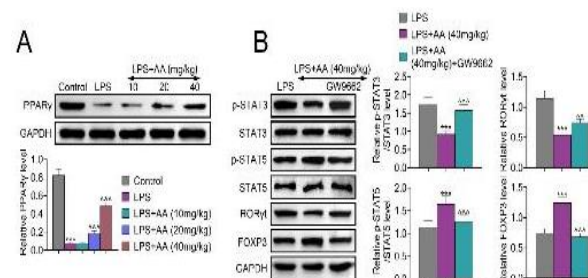


Figure 5: AA modulated the Th17/Treg balance by activating PPAR γ . A, PPAR γ protein levels in control, LPS, and LPS+AA mice. B: p-STAT3, STAT3, p-STAT5, STAT5, RORrt, and FOXP3 protein levels in control, LPS, LPS+AA, and LPS+AA+ GW9662 mice. *** $P < 0.001$ vs. control; $^{\wedge}p < 0.05$, $^{\wedge\wedge}p < 0.01$, and $^{\wedge\wedge\wedge}p < 0.001$ vs. LPS

DISCUSSION

ALI is characterized by acute hypoxic respiratory failure caused by injury of alveolar epithelial cells [9]. ALI is caused by inflammation; however, understanding the pathogenesis of ALI requires further study [10]. Currently, there are no effective treatments for the severe stage of ALI (oxygenation index < 200). In this study, it was found that AA, an abietic diterpene compound, may be an effective treatment for ALI.

H&E staining and lung injury scoring showed that AA ameliorated LPS-induced lung injury in mice. Furthermore, ELISA and FCM assays revealed that AA ameliorated LPS-induced pneumonia and restored LPS-induced Th17/Treg imbalance in mice. Immunoblot assays revealed that AA activated PPAR γ and affected the expression of transcription factors that contribute to Th17 and Treg cell differentiation. It was previously shown that AA ameliorates psoriasis-like inflammation and modulates the gut microbiota in mice. In addition, AA suppressed non-small-cell lung cancer (NSCLC) cell growth by suppressing the IKK β /NF- κ B pathway. Similarly, AA ameliorated inflammation in our ALI mouse model. In this study, AA activated PPAR γ and mediated the Th17/Treg balance, thus attenuating inflammation in the ALI model; however, the precise mechanism of AA requires further study.

AA modulated the Th17/Treg balance in the ALI mice model. Immune homeostasis depends on

the balance between lymphocyte subsets and Treg cells [11]. Th17 cells secrete IL-17 and induce production of pro-inflammatory cytokines, thereby exacerbating the inflammatory response [12]. Tregs secrete anti-inflammatory mediators to maintain immune homeostasis [13]. Imbalances in Th and Treg cells contribute to the development of various diseases [14]. Restoration of the balance of Th17 cells and Treg cells has been shown to improve ALI [15]. Mechanistically, we suggest that AA attenuates ALI by modulating the Th17/Treg balance.

PPAR γ is a key member of the PPAR family [16], and PPAR γ activation plays anti-inflammatory and anti-apoptotic roles in many inflammatory disease models. PPAR γ also plays a crucial role in regulating the Th17/Treg balance [17]. In this study, LPS induced a Th17/Treg imbalance, and AA treatment restored the Th17/Treg balance by promoting the expression of transcription factors. In addition, AA activated PPAR γ to regulate the Th17/Treg balance. Hence, PPAR γ may serve as a target for the treatment of ALI and other inflammatory diseases.

CONCLUSION

The findings of this study show that AA attenuates LPS-induced ALI by activating PPAR γ and restoring Th17/Treg balance. Thus, AA is a potential drug for the treatment of ALI.

DECLARATIONS

Acknowledgements

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Competing interests

There is no conflict of interest to disclose.

Data availability

The authors declare that all data supporting the findings of this study are available within the paper, and any raw data can be obtained from the corresponding author upon reasonable request.

Contribution of authors

We declare that this work was done by the authors named in this article, and all liabilities pertaining to claims relating to the content of this article will be borne by the authors.

Contribution of authors

Xiang Li, Bo Liao, Rongming Liu, and Yanli Ma designed and carried out the study, supervised the data collection, analyzed and interpreted the data, prepared the manuscript for publication, and reviewed the draft of the manuscript. All authors read and approved the manuscript.

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