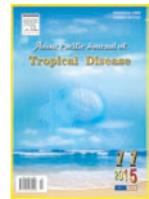




Contents lists available at ScienceDirect

Asian Pacific Journal of Tropical Disease

journal homepage: www.elsevier.com/locate/apjtd



Original article doi: 10.1016/S2222-1808(15)60952-5

©2015 by the Asian Pacific Journal of Tropical Disease. All rights reserved.

The effect of ketamine on the lipopolysaccharide-induced inflammation in *in vitro* culture of HUVEC

Aswoco Andyk Asmoro*, Ramacandra Rakhmatullah, Scarpia Puspitasari, Khairunnisai Tarimah, Siti Chasnak Saleh, Mochammad Aris Widodo, Edi Widjajanto

Medical Faculty, University of Brawijaya, Malang, East Java, Indonesia

ARTICLE INFO

Article history:

Received 21 Aug 2015

Received in revised form 28 Sep 2015,

2nd revised form 19 Oct 2015

Accepted 25 Oct 2015

Available online 9 Nov 2015

Keywords:

Cytokines

HUVEC

Ketamine

Lipopolysaccharide

Sepsis

ABSTRACT

Objective: To report the effect of ketamine treatment on inflammatory cytokines induced by lipopolysaccharide.

Methods: Human umbilical vein endothelial cells culture was used in this research. The measurement of inflammatory cytokines was performed by using ELISA.

Results: The results showed various levels of inflammatory cytokines. The nuclear factor- κ B results were unstable, but interleukin 6 and tumor necrosis factor- α showed similar results. The expressions of interleukin 6 and tumor necrosis factor- α decreased in all observation times.

Conclusions: In general, our results of human umbilical vein endothelial cells culture were supported by other researches related with the effect of ketamine in suppressing inflammatory effect induced by lipopolysaccharide. Ketamine could suppress inflammatory cytokines in all observation times.

1. Introduction

Sepsis is a clinical syndrome which occurs as a manifestation of immunological inflammation process caused by excessive body response to stimulation from microorganisms' products[1]. There are almost 13 million people around the world suffering from sepsis every year and approximately 4 million people died of sepsis. Severe sepsis and septic shock have the highest mortality rate up to 46%[2]. In sepsis, the inflammation process triggers apoptosis[3]. In sepsis and multi-organ dysfunction syndrome, the process is initiated by the release of cytokines such as tumor necrosis factor (TNF)- α and interleukin (IL)-1 β induced by lipopolysaccharide (LPS), and in turn increases the intracellular calcium and free radicals which trigger apoptosis[4]. TNF- α and IL-1 β were released in the first 30–90 min after LPS induction and continued with the activation of inflammation cascade[5-7].

Treatment with ketamine was reported to increase the survival

rate of rats, the animal models for sepsis. The mechanism was suggested as inhibitory effect of ketamine on pro-inflammatory cytokine IL-6[8]. Ketamine was proven to suppress the activation of nuclear factor- κ B (NF- κ B) and TNF- α in the 1, 4, and 6 h of observation time after LPS induction in rats with sepsis condition[9]. Besides, other researches also reported that ketamine could suppress the toll-like receptor 4 and NF- κ B activities in the 1, 3, and 5 h after LPS induction[10].

Herein, we reported the effect of ketamine treatment on inflammatory cytokines induced by LPS. In this research, we used the *in vitro* culture of human umbilical vein endothelial cells (HUVEC) with monocytes.

2. Materials and methods

2.1. Sample preparation

Samples were taken from healthy patients who were already given the informed consent. Immediately after birth by cesarean section, the umbilical cord was cut approximately 20 cm and put directly into the cord solution without washing. Isolation and culture of HUVEC were carried out for less than 4 h after child birth.

*Corresponding author: Aswoco Andyk Asmoro, Medical Faculty, Brawijaya University, Malang, East Java, Indonesia.
Tel: +628123252730
E-mail: aandykasmoro@gmail.com

2.2. Isolation and culture of HUVEC

Isolation of HUVEC culture was performed by using collagenase treatment which was similar to the previous methods with some modifications[11,12]. Isolated endothelial cells were cultured in 24 cm² tissue culture wells with cover glass inside and coated with 0.2% gelatine. Cultures were incubated in 5% of CO₂ incubator under the temperature of 37 °C until cobblestone-like appearances were formed.

2.3. LPS and ketamine treatment

Confluent cultures were induced with 1 µg/mL of LPS. Ketamine was given immediately after LPS induction. The concentration of ketamine used in this research was 50 µmol/L. Observations were conducted in three different incubation times (0, 1 and 3 h). Before LPS and ketamine-induction, HUVEC was co-cultured with monocytes to enhance the triggering mechanism of LPS.

2.4. Cytokines levels analysis

Cytokines levels were analyzed by ELISA. ELISA method was performed based on manufactured protocol. The measurements included several cytokines, such as NF-κB, TNF-α and IL-6.

2.5. Statistical analysis

Statistical analysis was conducted by One-way ANOVA test continued with Duncan test. All measurements were performed with SPSS 19.0 for windows with significance *P* < 0.05.

3. Results

ELISA analyses of NF-κB showed various results of three different treatments (Figure 1). The highest level of NF-κB (20.10%) was obtained after 1 h of LPS induction. The inhibitory effect of ketamine was shown by lowering NF-κB level to 7.16% 1 h after induction. One interesting result was observed in 3 h after induction in which culture induced with ketamine and LPS had significantly higher NF-κB level than that of culture induced with LPS only. Ketamine induction resulted in unstable levels of NF-κB.

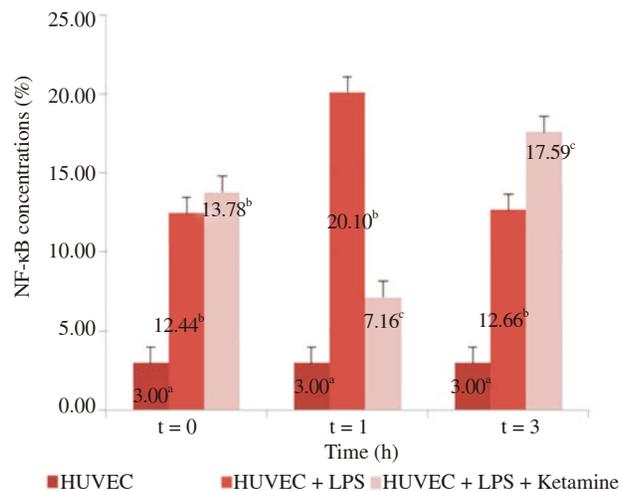


Figure 1. ELISA result of NF-κB measurement. Different letters mean there is a significant difference among groups.

Different result was shown from measurement of IL-6 level (Figure 2). Constant decreasing level of IL-6 was observed at all time of observation in culture induced with LPS and ketamine. The levels of IL-6 after induction with LPS in three observation times resulted in similar results with the highest IL-6 level (1020.14%). IL-6 level was decreased significantly at 1 and 3 h after ketamine induction, with the lowest level (875.02%). This result suggested the inhibitory effect of ketamine on IL-6 level.

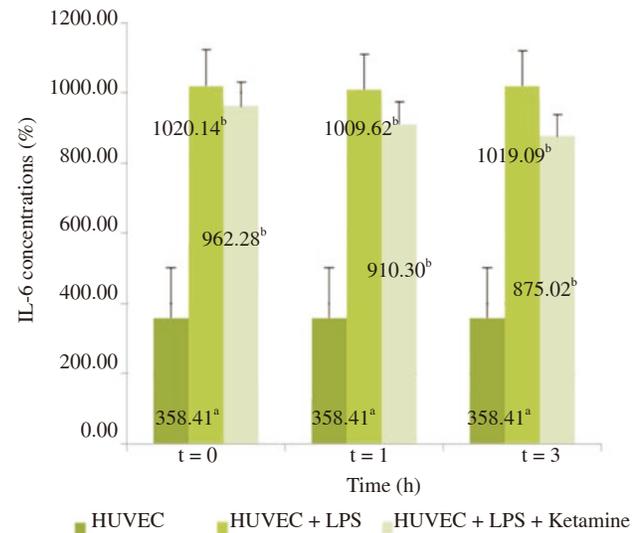


Figure 2. ELISA result of IL-6 measurement. Different letters mean there is a significant difference among groups.

TNF-α measurement showed a similar result with IL-6 (Figure 3). The level of TNF-α was significantly elevated after LPS induction. The highest level of TNF-α level was shown at 1 h of incubation (517.55%). Ketamine induction decreased the expression of TNF-α level in all observation times. There was a slight increase in TNF-α level at every observation time in cultures induced by ketamine. The lowest level of TNF-α after ketamine induction (260.27%) was obtained in the first observation time.

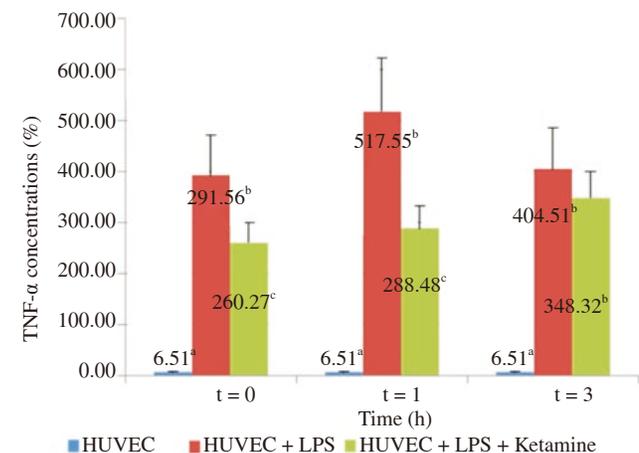


Figure 3. ELISA result of TNF-α measurement. Different letters mean there is a significant difference among groups.

4. Discussion

The levels of all pro-inflammatory cytokines in this research were elevated from the beginning of LPS induction. These results were suggested to be the effects of co-culturing with monocytes.

Monocytes have an important role as inflammatory regulators and among the first component of the immune system activated in the sepsis process by expressing the pro-inflammatory cytokines[13]. Besides, in this research, LPS was used to induce the sepsis condition on culture. LPS is known as the major factor which could induce the occurrence of sepsis condition by increasing the transcription of genes encoding cytokines, chemokines, adhesion molecules, apoptosis factors, and many other inflammation mediators through monocytes[14,15].

In general, our result for NF- κ B levels' measurement was similar to the previous study by Yu *et al.* in which the ketamine induction decreased the NF- κ B level in rats sepsis model after 1 h of incubation[10]. The onset of ketamine is 2–10 min after induction then eliminated until it is below the therapeutic concentration[16-18].

Therefore, in our research, ketamine induction only lowered the NF- κ B level in 1 h after induction. The activation of NF- κ B will be followed by the increasing of IL-6 as one of the pro-inflammatory cytokines[19,20]. The inhibitory effect of ketamine was dose-dependent[21]. Although in other researches[22], the inhibitory effect of ketamine on IL-6 was obtained in high concentration, our research showed that 50 μ mol/L of ketamine could decrease the IL-6 level. This result was suggested as the effect of direct treatment of ketamine after LPS induction. Finally, in the measurement of TNF- α , ketamine also has showed inhibitory effect. In the previous study, it was reported that ketamine could suppress the expression of TNF- α and pro-inflammatory cytokines, such as IL-6 induced by endotoxin in polymicrobial sepsis[23].

At least, in part of our *in vitro* results using HUVEC cultures to support the results of other researches was related with the effect of ketamine in suppressing LPS-induced inflammation. Generally, in our result ketamine suppressed the production of pro-inflammatory cytokines in all observation times. Further researches need to be carried out especially those related with various ketamine doses and its effect in genetic level.

Conflict of interest statement

We declare that we have no conflict of interest.

Acknowledgments

We thank to Saiful Anwar Hospital Malang for the research funding. Besides that, we also thanks Dr. Wiwi Jaya SpAn.KIC., Dr. Djudjuk Rahmad Basuki SpAn.KAKV., and Dr. Karmini Yupono Sp.An.KAP. for the research support. Also, we appreciate all laboratory members in Laboratory Central of Biomedical, Medical Faculty, Brawijaya University for the technical support and all persons who take part in this research.

References

- [1] Rudiger A, Singer M. Mechanisms of sepsis-induced cardiac dysfunction. *Crit Care Med* 2007; **35**(6): 1599-608.
- [2] Tannehill D. Treating severe sepsis and septic shock in 2012. *J Blood Disord Transfus* 2012; doi:10.4172/2155-9864.S4-002.
- [3] Hotchkiss RS, Nicholson DW. Apoptosis and caspases regulate death and inflammation in sepsis. *Nat Rev Immunol* 2006; **6**(11): 813-22.
- [4] Bhattacharyya J, Sayeed MM. Alteration in intercellular calcium during sepsis. *Indian J Physiol Pharmacol* 1997; **41**(4): 344-52.
- [5] Ramnath RD, Weing S, He M, Sun J, Zhang HL, Bawa MS, et al. Inflammatory mediators in sepsis: cytokines, chemokines, adhesion molecules and gases. *J Org Dysfunct* 2006; **2**(2): 80-92.
- [6] Schulte W, Bernhagen J, Bucala R. Cytokines in sepsis: potent immunoregulators and potential therapeutic targets—an updated view. *Mediators Inflamm* 2013; **2013**: 165974. doi: 10.1155/2013/165974.
- [7] Sun J, Zhou ZQ, Lv R, Li WY, Xu JG. Ketamine inhibits LPS-induced calcium elevation and NF-kappa B activation in monocytes. *Inflamm Res* 2004; **53**(7): 304-8.
- [8] Gurfinkel R, Czeiger D, Doufdevani A, Sahpira Y, Artru AA, Sufaro Y, et al. Ketamin improves survival in burn injury followed by sepsis in rats. *Anesth Analg* 2006; **103**(2): 396-402.
- [9] Sun J, Li F, Chen J, Xu JG. Effect of ketamin-hcle on NF-kappa B activity and TNF-alpha production in endotoxin-treated rats. *Ann Clin Lab Sci* 2004; **34**(2): 181-6.
- [10] Yu M, Shao DB, Yang JJ, Feng SW, Xu JG. Ketamine suppresses intestinal TLR4 expression and NF- κ B activity in lipopolysaccharide-treated rats. *Croat Med J* 2006; **47**(6): 825-31.
- [11] Bueno-Betf C, Novella S, Lázaro-Franco M, Pérez-Cremades D, Heras M, Sanchís J, et al. An affordable method to obtain cultured endothelial cells from peripheral blood. *J Cell Mol Med* 2013; **17**(11): 1475-83.
- [12] Sobrino A, Oviedo PJ, Novella S, Laguna-Fernandez A, Bueno C, García-Pérez MA, et al. Estradiol selectively stimulates endothelial prostacyclin production through estrogen receptor- α . *J Mol Endocrinol* 2010; **44**(4): 237-46.
- [13] Abbas AK, Litchman AH. *Cellular and molecular immunology*. 5th ed. Philadelphia: Elsevier; 2004, p. 65-6.
- [14] Abraham E. Nuclear factor-kappaB and its role in sepsis-associated organ failure. *J Infect Dis* 2003; **187**(Suppl 2): S364-9.
- [15] Muszynski JA, Hall MW. Sepsis-induced innate and adaptive immune suppression. *Open Inflamm J* 2011; **4**(Suppl 1-M8): 67-73.
- [16] Hotchkiss RS, Swanson PE, Freeman BD, Tinsley KW, Cobb JP, Matuschak GM, et al. Apoptotic cell death in patients with sepsis, shock and multiple organ dysfunction. *Crit Care Med* 1999; **27**(7): 1230-51.
- [17] Elmore S. Apoptosis: a review of programmed cell death. *Toxicol Pathol* 2007; **35**(4): 495-516.
- [18] Miller RD, Eriksson LI, Fleisher L, Wiener-Kronish JP, Young WL. *Miller's anesthesia*. 7th ed. Philadelphia: Churchill Livingstone; 2009, p. 1067-8.
- [19] Lu YC, Yeh WC, Ohashi PS. LPS/TLR4 signal transduction pathway. *Cytokine* 2008; **42**(2): 145-51.
- [20] Kruttgen A, Rose-John S. Interleukin-6 in sepsis and capillary leakage syndrome. *J Interferon Cytokine Res* 2012; **32**(2): 60-5.
- [21] Danial NN, Korsmeyer SJ. Cell death: critical control points. *Cell* 2004; **116**(2): 205-19.
- [22] Kam PC, Ferch NI. Apoptosis: mechanisms and clinical implications. *Anaesthesia* 2000; **55**(11): 1081-93.
- [23] Stearns-Kurosawa DJ, Osuchowski MF, Valentine C, Kurosawa S, Remick DG. The pathogenesis of sepsis. *Annu Rev Pathol* 2011; **6**: 19-48.