



Published in final edited form as:

Free Radic Biol Med. 2013 July ; 60: 195–200. doi:10.1016/j.freeradbiomed.2013.02.024.

Microbial Regulation of Host Hydrogen Sulfide Bioavailability and Metabolism

Xingui Shen¹, Mattias Carlström², Sara Borniquel², Cecilia Jädert², Christopher G Kevil^{1,*}, and Jon Lundberg^{2,*}

¹Department of Pathology, Molecular and Cellular Physiology and Cell Biology and Anatomy, LSU Health-Shreveport

²Department of Physiology and Pharmacology, Karolinska Institutet, Stockholm, Sweden

Abstract

Hydrogen sulfide (H₂S), generated through various endogenous enzymatic and non-enzymatic pathways, is emerging as a regulator of physiological and pathological events throughout the body. Bacteria in the gastrointestinal tract also produce significant amounts of H₂S that regulates microflora growth and virulence responses. However, the impact of the microbiota on host global H₂S bioavailability and metabolism remain unknown. To address this question, we examined H₂S bioavailability in its various forms (free, acid labile or bound sulfane sulfur), cystathionine gamma lyase (CSE) activity and cysteine levels in tissues from germ free versus conventionally housed mice. Free H₂S levels were significantly reduced in plasma and gastrointestinal tissues of germ free mice. Bound sulfane sulfur levels were decreased by 50–80% in germ free mouse plasma, adipose and lung tissues. Tissue CSE activity was significantly reduced in many organs from germ free mice, whereas tissue cysteine levels were significantly elevated compared to conventional mice. These data reveal that the microbiota profoundly regulates systemic bioavailability and metabolism of H₂S.

Keywords

sulfide; bacteria; cysteine; microflora; metabolism

Introduction

Hydrogen sulfide has emerged as an important endogenous gasotransmitter in vivo that contributes to numerous physiological and pathological responses of different organs through its ability to modulate oxidative stress, signal transduction and nitric oxide bioavailability (32). Endogenous generation of hydrogen sulfide is complex with enzymatic synthesis occurring through three proteins including cystathionine gamma lyase (CSE) and cystathionine beta synthase (CBS) that use cysteine as a substrate and 3-mercapto-sulfurtransferase (3-MST) using 3-mercaptopyruvate as a substrate (25,32). Once formed, hydrogen sulfide is very reactive resulting in rapid metabolism into one of three major pools

*Correspondence to: Christopher Kevil, PhD, LSU Health-Shreveport, ckevil@lsuhsc.edu or Jon Lundberg, MD, PhD, Karolinska Institutet, Jon.lundberg@ki.se.

including free, acid labile and bound sulfane sulfur forms (28,29). In this way, hydrogen sulfide bioequivalents may be regulated allowing for conversion and use for various cellular biochemical processes.

Hydrogen sulfide production has long been studied in prokaryotic cells with its generation being important for antioxidant defense, energy production, and cell cycle regulation (1,11,17,20,21). Various species of sulfate reducing bacteria (SRB) typically use thiosulfate to generate hydrogen sulfide, although disproportionation of $S_2O_3^-$ to hydrogen sulfide and SO_4^{2-} and decay of S-containing amino acids are also alternative generation pathways (3,17). Studies suggest that gastrointestinal hydrogen sulfide generation plays a critical role in regulating physiological responses such as motility, epithelial cell health and inflammation (4,16,30). Conversely, other reports suggest a pathological role of gastrointestinal hydrogen sulfide generation presumably due to differential microbial colonization contributing to various conditions such as inflammatory bowel disease, colonic nociception and colorectal cancer (18,22). However, the importance of microflora on host hydrogen sulfide formation, bioavailability and metabolism remains unknown, as examination of tissue H_2S synthesis has only been performed using conventional mice (13,29). Here we report that the normal microflora profoundly alters H_2S bioavailability along with alterations in synthesis enzyme activity and substrate availability.

Materials and Methods

Animals and tissue collection

All animal experiments were approved by the Ethics Committee in Stockholm, Sweden. Eleven to twelve weeks old male germ free C57BL/6J mice ($n = 10$) and specific pathogen free (conventional) C57BL/6J mice ($n = 10$) were used. All mice were maintained on autoclaved standard chow (R36; Lactamin, Stockholm, Sweden) and water ad libitum, and kept under controlled 12-h light-dark cycle in 12 h light cycles. The germ free status was checked weekly by culturing faecal samples, both aerobically and anaerobically at +20 and +37 °C for up to 4 weeks (10).

At the day of the experiment, animals were anesthetized by inhalation of 2.2% isoflurane (Forene®, Abbot Scandinavia AB, Kista, Sweden) in air. After blood sampling (inferior vena cava) the animals were sacrificed and tissues rapidly collected. Plasma and tissue samples were immediately homogenized in a stabilization buffer (degassed 100 mM Tris-HCl buffer pH 9.5, 0.1 mM DTPA) to preserve the bioavailable pools of H_2S and metabolic proteins. Samples were snap frozen and stored in liquid nitrogen until analyzed.

Detection of free sulfide, acid-labile sulfide, bound sulfide and cysteine

Concentrations of sulfide and cysteine were measured by RP-HPLC after derivatization with excess monobromobimane (MBB) as stable Sulfide-dibimane and cysteine-S-bimane as we have previously reported (23). Briefly, 30 μ l of samples was added into to 70 μ l of 100 mM Tris-HCl buffer (pH 9.5, 0.1 mM DTPA), followed by addition of 50 μ l of 10 mM MBB and incubated for 30 minutes. The reaction was terminated with 50 μ l of 200 mM 5-sulfosalicylic acid and the mixture centrifuged. The resulting supernatant was analyzed by

RP-HPLC equipped with a fluorescence detector (λ_{ex} : 390 nm and λ_{em} :475 nm) and an eclipse XDB-C18 column (4.6×250 mm). Typical retention times for biman adducts of hydrogen sulfide and cysteine were 15.75 and 10.12 min, respectively.

Hydrogen sulfide can exist in many biochemical forms as illustrated in figure 1. Acid-labile sulfide and bound sulfane sulfur was measured as we have previously reported (24). Acid-labile sulfide was released by incubating samples in an acidic solution (pH 2.6, 100 mM phosphate buffer, 0.1 mM DTPA), in an enclosed system to contain volatilized hydrogen sulfide. Volatilized hydrogen sulfide was then trapped in 100 mM Tris-HCl buffer (pH 9.5, 0.1 mM DTPA). The bound sulfane sulfur pool was measured by incubating the sample with 1 mM TCEP in the 100 mM phosphate buffer at pH 2.6 with 0.1 mM DTPA and sulfide measurement performed in a manner analogous to the one described above. The acid-labile pool was determined by subtracting the free hydrogen sulfide value from the value obtained by the acid-liberation protocol. The bound sulfane sulfur pool was determined by subtracting the hydrogen sulfide measurement from the acid-liberation protocol alone compared to that of TCEP plus acidic conditions.

Cystathionine γ -lyase (CSE) activity measurement

CSE activity was measured as previously reported (12,36). Tissue lysates were incubated with 2 mM cystathionine, 0.25 mM pyridoxal 5'-phosphate in 100 mM Tris-HCl buffer (pH 8.3) for 60 min at 37°C. 10% Trichloroacetic acid was added into reaction mixture. After centrifugation, the supernatant was mixed completely with 1% ninhydrin reagent and incubated for 5 min in a boiling-water bath. After heating, the solution was cooled on ice for 2 minutes and color reaction development measured 20 minutes at 455 nm using a smartSpect Plus spectrophotometer (Bio-Rad). CSE activity was assessed by cystathionine consumption and enzyme activity expressed as nanomoles of cystathionine consumed per mg of total protein per hour of incubation.

Statistical analysis

Resulting hydrogen sulfide species measurements, cysteine and CSE activity levels were statistically compared with Prism software (Graphpad Inc) using an unpaired students t-test between conventional versus germ free mice per organ examined. Distribution of tissue H₂S metabolite levels and CSE enzyme activity was also compared within each subject group using one-way ANOVA with Neuman-Keuls multiple comparison test to identify tissues with the most significant differences. A minimum $p < 0.05$ was necessary for significance.

Results

Plasma H₂S bioavailability in conventional versus germ free mice

Bioavailable H₂S can be compartmentalized in various biochemical forms as illustrated in figure 1 (28). Therefore, we employed specific analytical methods that we have developed to measure these various H₂S pools between conventional versus germ free mice. Figure 2 illustrates the amount of plasma free H₂S, acid labile sulfide and bound sulfane sulfur in conventional and germ free mice (panels A–C, respectively). Germ free mice had

significantly reduced plasma free H₂S and bound sulfane sulfur levels compared to conventional mice.

Tissue free H₂S levels in conventional versus germ free mice

Figure 3 shows distinct differences regarding the amount of freely available H₂S in different organs. In conventional mice, the kidney, stomach and heart showed the highest levels of free H₂S while lung and fat tissues were found to have the lowest levels. Germ free mice had significantly less free H₂S in cecum and colon compared to conventional mice. These data indicate that the presence of an intestinal microflora significantly contributes to plasma and gastrointestinal organ free H₂S levels.

Tissue acid labile sulfide and bound sulfane sulfur levels in conventional versus germ free mice

Experiments were performed to measure tissue levels of acid labile sulfide and bound sulfane sulfur. Figure 4, panel A reports various tissue levels of acid labile sulfide in conventional and germ free mice. The absence of a microflora did not significantly affect acid labile H₂S pools in any of the organs examined. Although comparisons of tissue acid labile H₂S levels in conventional and germ free mice revealed significantly higher amounts in fat and aorta. Figure 4, panel B shows the various tissue levels of bound sulfane sulfur levels (i.e. polysulfides) in conventional and germ free mice. Interestingly, fat and aorta tissues of conventional mice contained the greatest amounts of bound sulfane sulfur pools similar to that of acid labile H₂S measurements. However, fat and lung tissue bound sulfane sulfur levels were significantly decreased in germ free mice. These data highlight that the microflora significantly impacts bound sulfane sulfur bioavailability in discrete tissue compartments.

CSE activity and cysteine levels in conventional versus germ free mice

Figure 5, panel A, reports the amount of CSE activity amongst various tissues in conventional and germ free mice. Comparison of tissue CSE activity in conventional mice revealed that aorta, fat and muscle tissue contain the most abundant enzyme activity. Absence of a microflora elicited a significant decrease in tissue CSE activity in multiple organs including the cecum, colon, small intestine, kidney, liver, aorta, heart and brain; although, the aorta, fat and muscle tissues still displayed the greatest CSE activity. Figure 5, panel B, illustrates the amount of cysteine measured in various tissues from conventional and germ free mice. In germ free mice, cysteine levels were significantly increased in the plasma, cecum, colon, small intestine, kidney, liver, fat and muscle compared with conventional mice. Interestingly, only aorta tissue from germ free mice showed a significant decrease in cysteine levels. These data reveal that the presence of a microflora significantly impacts CSE activity and cysteine bioavailability.

Discussion

It is increasingly apparent that the gut microbiota plays a key role in modulating health and disease of its host (2). Numerous studies demonstrate that gut commensal bacteria participate in regulating gastrointestinal neurophysiology, mucosal immunity, epithelial

health and survival as well as overall metabolic activity (5,26). These responses are most likely due to the copious amount of bacterial products that are produced and released within the host that influence various physiological and pathological responses involving chronic inflammation and metabolic dysfunction (8,19,31,33). Of these metabolites, sulfur/sulfate reducing bacteria generate significant amounts of H₂S luminally that has been posited to be involved in gastrointestinal pathophysiology (18,22). However, other findings suggest that the role of microbial H₂S production may not be completely deleterious with possible benefits conveyed to the host (16,30).

The contribution of the microbiota to host H₂S metabolism and regulation of its bioavailability in different biochemical forms is poorly understood. A recent study by Flannigan and colleagues found no differences in colonic tissue H₂S synthesis rates between germ free mice versus mice colonized with altered Schaedler flora (6). However, in our study we found significant differences in H₂S biochemical pool bioavailability coupled with altered synthesis enzyme activity and substrate levels using sensitive analytical HPLC based methods that allow for accurate measurement of H₂S metabolism compared to the methylene blue detection method that we and others have reported to be subject to experimental artifact (9,23,24). Our findings highlight the importance of the microbiota in contributing to the regulation of H₂S metabolism and synthesis that was hereto unknown. Intriguingly, our results demonstrate that the gut microbiota regulates H₂S homeostasis not only locally in the gut but also systemically in various tissues.

The physiological and pathological importance of the various H₂S biochemical pools (free, acid labile and bound sulfane sulfur) remains poorly understood (24,28). Our detailed examination of these different pools in the major organs reveals new information regarding basal and microbial modulation of tissue H₂S bioavailability and synthesis rates. Interestingly, we found that aorta and adipose tissue contained the highest amount of H₂S bioavailable equivalents primarily due to large greater amounts of acid labile and bound sulfane sulfur forms. Our observation of abundant aortic H₂S bioavailability affirms recent findings from Levitt et al that found the aorta contained the largest amount of H₂S (free and acid labile forms) as measured using gas chromatography-chemiluminescent techniques (13). With the use of our selective H₂S pool liberation methods coupled with HPLC analysis, we further identified adipose tissue as an equally important biological reservoir for H₂S bioequivalents that was not previously examined (13). These observations are consistent with numerous studies documenting the importance of H₂S for cardiovascular health and endocrine and metabolic disease such as diabetes (32).

It is particularly interesting that the presence of a microbiota significantly altered adipose tissue bound sulfane sulfur, CSE enzyme activity and cysteine levels given the fact that germ free mice have lesser fat mass compared to conventional mice, and that the type of enteric flora significantly impacts fat pad mass (7,27). It is possible that the presence of a microflora differentially effects distal H₂S metabolism in the adipocyte that modulates subsequent adipose metabolism responses. This notion is supported by two reports demonstrating 1) alterations in plasma H₂S levels in obese patients, and 2) that the H₂S donor diallyl trisulfide can suppress 3T3-L1 adipogenesis stimulation (15,34). Additional

studies are clearly needed to determine whether the microbiota may contribute to adipocyte function and obesity due to alterations in H₂S metabolism.

To our surprise, the absence of a microflora was associated with a significantly reduced CSE enzyme activity in numerous tissues and coincident with an increase in tissue cysteine levels. These observations suggest an interesting hypothesis that bacterial products could possibly influence CSE activity or expression. Alternatively, calcium/calmodulin has been reported to modulate CSE activity, and the enzyme may also be targeted for sumoylation, both of which might be altered in germ free animals (25,35). Tissue cysteine levels were found to be significantly elevated in many of the same tissues with blunted CSE activity. This may simply reflect less utilization of substrate due to decreased enzyme activity or it could indicate enhanced cellular cysteine uptake and shunting of H₂S synthesis through cystathione beta synthase activity or altered regulation of redox status as many of these tissues did not manifest abundant deficiency of H₂S bioavailability. While a clear explanation for these differences is not readily apparent, future studies will address these questions in greater detail. It will also be necessary to better understand exact mechanistic and signaling pathways involved in induction of systemic H₂S synthesis by the gut microbiota. One possibility is that bacterial products leak into the blood stream and induce H₂S generating enzymes systemically. Indeed, bacterial lipopolysaccharide (LPS) has been shown to up regulate CSE in certain cell types (14). It is also possible that a portion of H₂S bioequivalents found in blood and tissues of conventional mice come from gut lumen by sulphur metabolizing bacteria.

In conclusion, we have shown that the host microbiota serves an important role in controlling host tissue H₂S bioavailability and metabolism. These data highlight the possibility that several effects of the microflora on physiological or pathological responses could involve its modulation of H₂S bioavailability.

Acknowledgments

This work was funded in part by NIH grant HL113303 to C.G.K.

References

1. Alexander M. Microbial formation of environmental pollutants. *Adv Appl Microbiol.* 1974; 18:1–73. [PubMed: 4613146]
2. Backhed F. Host responses to the human microbiome. *Nutr Rev.* 2012; 70 (Suppl 1):S14–7. [PubMed: 22861802]
3. Barrett EL, Clark MA. Tetrathionate reduction and production of hydrogen sulfide from thiosulfate. *Microbiol Rev.* 1987; 51:192–205. [PubMed: 3299028]
4. Blachier F, Davila AM, Mimoun S, Benetti PH, Atanasiu C, Andriamihaja M, Benamouzig R, Bouillaud F, Tome D. Luminal sulfide and large intestine mucosa: friend or foe? *Amino Acids.* 2010; 39:335–47. [PubMed: 20020161]
5. Delzenne NM, Neyrinck AM, Backhed F, Cani PD. Targeting gut microbiota in obesity: effects of prebiotics and probiotics. *Nat Rev Endocrinol.* 2011; 7:639–46. [PubMed: 21826100]
6. Flannigan KL, McCoy KD, Wallace JL. Eukaryotic and prokaryotic contributions to colonic hydrogen sulfide synthesis. *Am J Physiol Gastrointest Liver Physiol.* 2011; 301:G188–93. [PubMed: 21474649]

7. Greenblum S, Turnbaugh PJ, Borenstein E. Metagenomic systems biology of the human gut microbiome reveals topological shifts associated with obesity and inflammatory bowel disease. *Proc Natl Acad Sci U S A*. 2012; 109:594–9. [PubMed: 22184244]
8. Hamer HM, De Preter V, Windey K, Verbeke K. Functional analysis of colonic bacterial metabolism: relevant to health? *Am J Physiol Gastrointest Liver Physiol*. 2012; 302:G1–9. [PubMed: 22016433]
9. Hughes MN, Centelles MN, Moore KP. Making and working with hydrogen sulfide: The chemistry and generation of hydrogen sulfide in vitro and its measurement in vivo: a review. *Free Radic Biol Med*. 2009; 47:1346–53. [PubMed: 19770036]
10. Jansson EA, Huang L, Malkey R, Govoni M, Nihlen C, Olsson A, Stensdotter M, Petersson J, Holm L, Weitzberg E, Lundberg JO. A mammalian functional nitrate reductase that regulates nitrite and nitric oxide homeostasis. *Nat Chem Biol*. 2008; 4:411–7. [PubMed: 18516050]
11. Kadota H, Ishida Y. Production of volatile sulfur compounds by microorganisms. *Annu Rev Microbiol*. 1972; 26:127–38. [PubMed: 4562806]
12. Kashiwamata S, Greenberg DM. Studies on cystathionine synthase of rat liver. Properties of the highly purified enzyme. *Biochim Biophys Acta*. 1970; 212:488–500. [PubMed: 5456996]
13. Levitt MD, Abdel-Rehim MS, Furne J. Free and acid-labile hydrogen sulfide concentrations in mouse tissues: anomalously high free hydrogen sulfide in aortic tissue. *Antioxid Redox Signal*. 2011; 15:373–8. [PubMed: 20812866]
14. Li L, Whiteman M, Moore PK. Dexamethasone inhibits lipopolysaccharide-induced hydrogen sulphide biosynthesis in intact cells and in an animal model of endotoxic shock. *J Cell Mol Med*. 2009; 13:2684–92. [PubMed: 19120693]
15. Lii CK, Huang CY, Chen HW, Chow MY, Lin YR, Huang CS, Tsai CW. Diallyl trisulfide suppresses the adipogenesis of 3T3-L1 preadipocytes through ERK activation. *Food Chem Toxicol*. 2012; 50:478–84. [PubMed: 22137902]
16. Linden DR, Levitt MD, Farrugia G, Szurszewski JH. Endogenous production of H₂S in the gastrointestinal tract: still in search of a physiologic function. *Antioxid Redox Signal*. 2010; 12:1135–46. [PubMed: 19769466]
17. Lloyd D. Hydrogen sulfide: clandestine microbial messenger? *Trends Microbiol*. 2006; 14:456–62. [PubMed: 16908154]
18. Medani M, Collins D, Docherty NG, Baird AW, O'Connell PR, Winter DC. Emerging role of hydrogen sulfide in colonic physiology and pathophysiology. *Inflamm Bowel Dis*. 2011; 17:1620–5. [PubMed: 21674719]
19. Oldstone MB. Molecular mimicry, microbial infection, and autoimmune disease: evolution of the concept. *Curr Top Microbiol Immunol*. 2005; 296:1–17. [PubMed: 16329189]
20. Ortenberg R, Beckwith J. Functions of thiol-disulfide oxidoreductases in *E. coli*: redox myths, realities, and practicalities. *Antioxid Redox Signal*. 2003; 5:403–11. [PubMed: 13678528]
21. Poole LB. Bacterial defenses against oxidants: mechanistic features of cysteine-based peroxidases and their flavoprotein reductases. *Arch Biochem Biophys*. 2005; 433:240–54. [PubMed: 15581580]
22. Rowan FE, Docherty NG, Coffey JC, O'Connell PR. Sulphate-reducing bacteria and hydrogen sulphide in the aetiology of ulcerative colitis. *Br J Surg*. 2009; 96:151–8. [PubMed: 19160346]
23. Shen X, Pattillo CB, Pardue S, Bir SC, Wang R, Kevil CG. Measurement of plasma hydrogen sulfide in vivo and in vitro. *Free Radic Biol Med*. 2011; 50:1021–31. [PubMed: 21276849]
24. Shen X, Peter EA, Bir S, Wang R, Kevil CG. Analytical measurement of discrete hydrogen sulfide pools in biological specimens. *Free Radic Biol Med*. 2012; 52:2276–83. [PubMed: 22561703]
25. Singh S, Banerjee R. PLP-dependent H₂S biogenesis. *Biochim Biophys Acta*. 2011; 1814:1518–27. [PubMed: 21315854]
26. Tlaskalova-Hogenova H, Stepankova R, Kozakova H, Hudcovic T, Vannucci L, Tuckova L, Rossmann P, Hrnecir T, Kverka M, Zakostelska Z, Klimesova K, Pribylova J, Bartova J, Sanchez D, Fundova P, Borovska D, Srutkova D, Zidek Z, Schwarzer M, Drastich P, Funda DP. The role of gut microbiota (commensal bacteria) and the mucosal barrier in the pathogenesis of inflammatory and autoimmune diseases and cancer: contribution of germ-free and gnotobiotic animal models of human diseases. *Cell Mol Immunol*. 2011; 8:110–20. [PubMed: 21278760]

27. Turnbaugh PJ, Ley RE, Mahowald MA, Magrini V, Mardis ER, Gordon JI. An obesity-associated gut microbiome with increased capacity for energy harvest. *Nature*. 2006; 444:1027–31. [PubMed: 17183312]
28. Ubuka T. Assay methods and biological roles of labile sulfur in animal tissues. *J Chromatogr B Analyt Technol Biomed Life Sci*. 2002; 781:227–49.
29. Vitvitsky V, Kabil O, Banerjee R. High turnover rates for hydrogen sulfide allow for rapid regulation of its tissue concentrations. *Antioxid Redox Signal*. 2012; 17:22–31. [PubMed: 22229551]
30. Wallace JL, Ferraz JG, Muscara MN. Hydrogen sulfide: an endogenous mediator of resolution of inflammation and injury. *Antioxid Redox Signal*. 2012; 17:58–67. [PubMed: 22017247]
31. Wang D, Xia M, Yan X, Li D, Wang L, Xu Y, Jin T, Ling W. Gut microbiota metabolism of anthocyanin promotes reverse cholesterol transport in mice via repressing miRNA-10b. *Circ Res*. 2012; 111:967–81. [PubMed: 22821931]
32. Wang R. Physiological implications of hydrogen sulfide: a whiff exploration that blossomed. *Physiol Rev*. 2012; 92:791–896. [PubMed: 22535897]
33. Wang Z, Klipfell E, Bennett BJ, Koeth R, Levison BS, Dugar B, Feldstein AE, Britt EB, Fu X, Chung YM, Wu Y, Schauer P, Smith JD, Allayee H, Tang WH, DiDonato JA, Lusis AJ, Hazen SL. Gut flora metabolism of phosphatidylcholine promotes cardiovascular disease. *Nature*. 2011; 472:57–63. [PubMed: 21475195]
34. Whiteman M, Gooding KM, Whatmore JL, Ball CI, Mawson D, Skinner K, Tooke JE, Shore AC. Adiposity is a major determinant of plasma levels of the novel vasodilator hydrogen sulphide. *Diabetologia*. 2010; 53:1722–6. [PubMed: 20414636]
35. Yang G, Wu L, Jiang B, Yang W, Qi J, Cao K, Meng Q, Mustafa AK, Mu W, Zhang S, Snyder SH, Wang R. H₂S as a physiologic vasorelaxant: hypertension in mice with deletion of cystathionine gamma-lyase. *Science*. 2008; 322:587–90. [PubMed: 18948540]
36. Zavaczki E, Jeney V, Agarwal A, Zarjou A, Oros M, Katko M, Varga Z, Balla G, Balla J. Hydrogen sulfide inhibits the calcification and osteoblastic differentiation of vascular smooth muscle cells. *Kidney Int*. 2011; 80:731–9. [PubMed: 21716261]

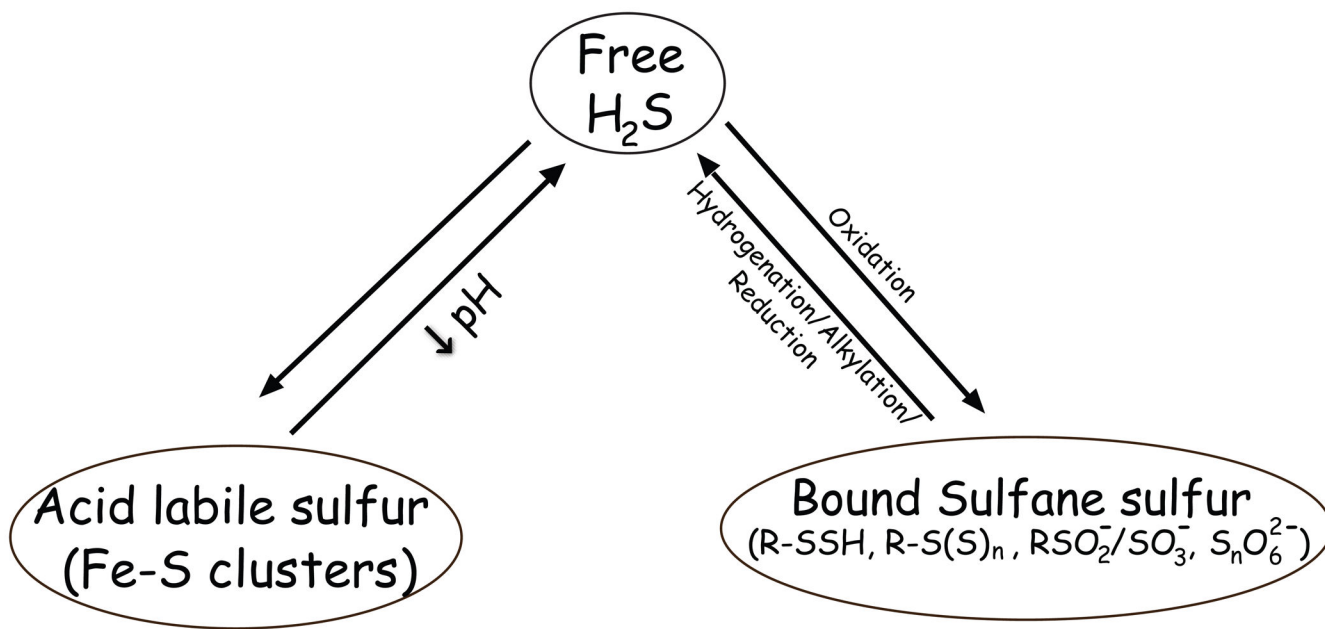


Figure 1. Various biochemical forms of H₂S bioavailability

H₂S exists in different biochemical forms within biological systems that can be classified based on chemical properties and/or structure. Freely available H₂S represents gaseous H₂S and its HS⁻ anion, acid labile sulfide represents iron-sulfur clusters and persulfides, and bound sulfane sulfur represents thiol sulfides, polysulfides, sulfate/sulfite, and bound elemental sulfur.

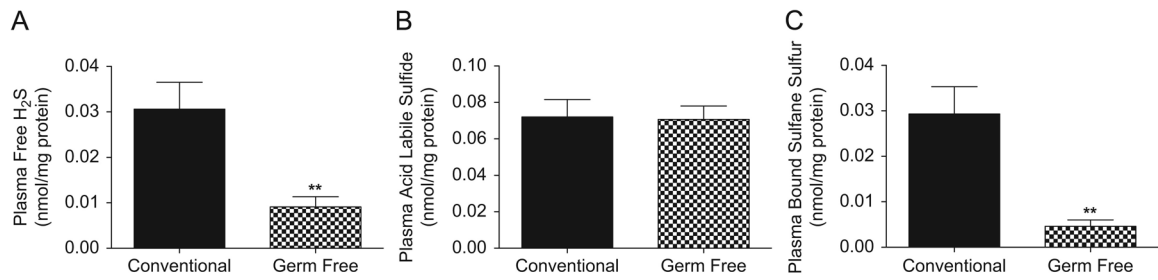


Figure 2. Plasma H₂S bioavailable pools in conventional and germ free mice
Panels A–C illustrate plasma free H₂S, acid labile sulfide and bound sulfane sulfur levels, respectively, between conventional versus germ free mice. The amount of bioavailable H₂S pools is normalized to mg total protein. **p<0.01, n=10.

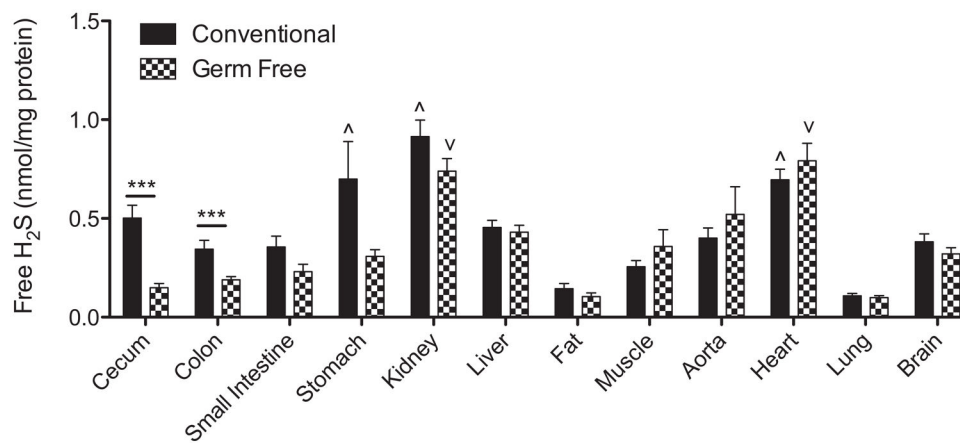


Figure 3. Organ tissue free H₂S levels in conventional and germ free mice

Multiple organs were collected from conventional and germ free mice, and free H₂S measured that was normalized to mg total protein. ^p<0.05 tissues with significantly higher amounts of free H₂S in conventional mice. v p<0.05 tissues with significantly higher amounts of free H₂S in germ free mice. ***p<0.001 conventional versus germ free tissue levels. n=10.

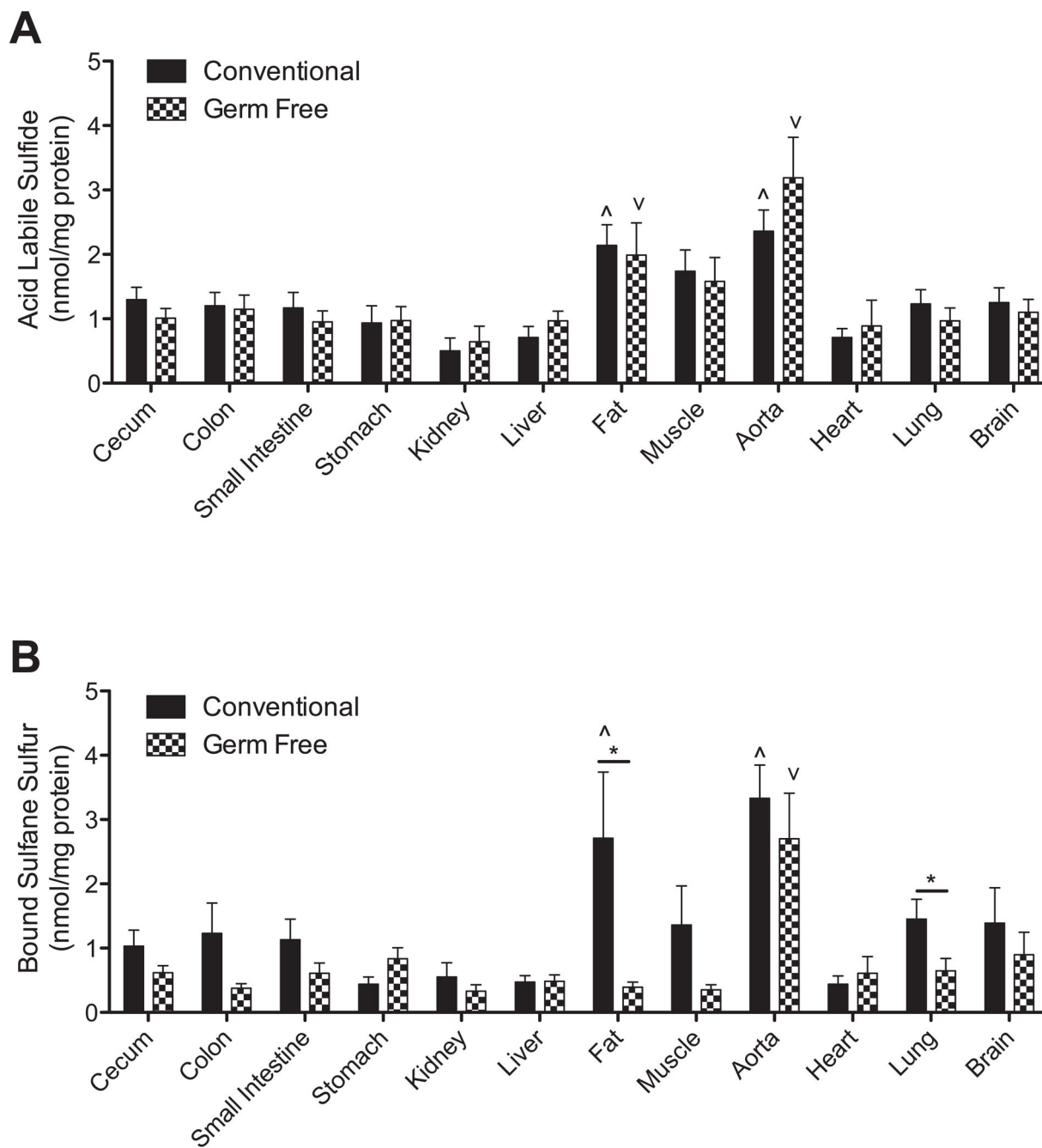


Figure 4. Organ tissue acid labile and bound sulfane sulfur levels in conventional and germ free mice

Panel A illustrates tissue concentrations of acid labile sulfide levels reported as nanomoles per mg total protein between conventional and germ free mice. [^] $p < 0.05$ tissues with significantly higher amounts of acid labile sulfide in conventional mice. ^v $p < 0.05$ tissues with significantly higher amounts of acid labile sulfide in germ free mice. Panel B shows tissue concentrations of bound sulfane sulfur levels reported as nanomoles per mg total protein between conventional and germ free mice. [^] $p < 0.05$ tissues with significantly higher amounts of bound sulfane sulfur in conventional mice. ^v $p < 0.05$ tissues with significantly

higher amounts of bound sulfane sulfur in germ free mice. * $p < 0.05$ conventional versus germ free bound sulfane sulfur levels. $n = 10$.

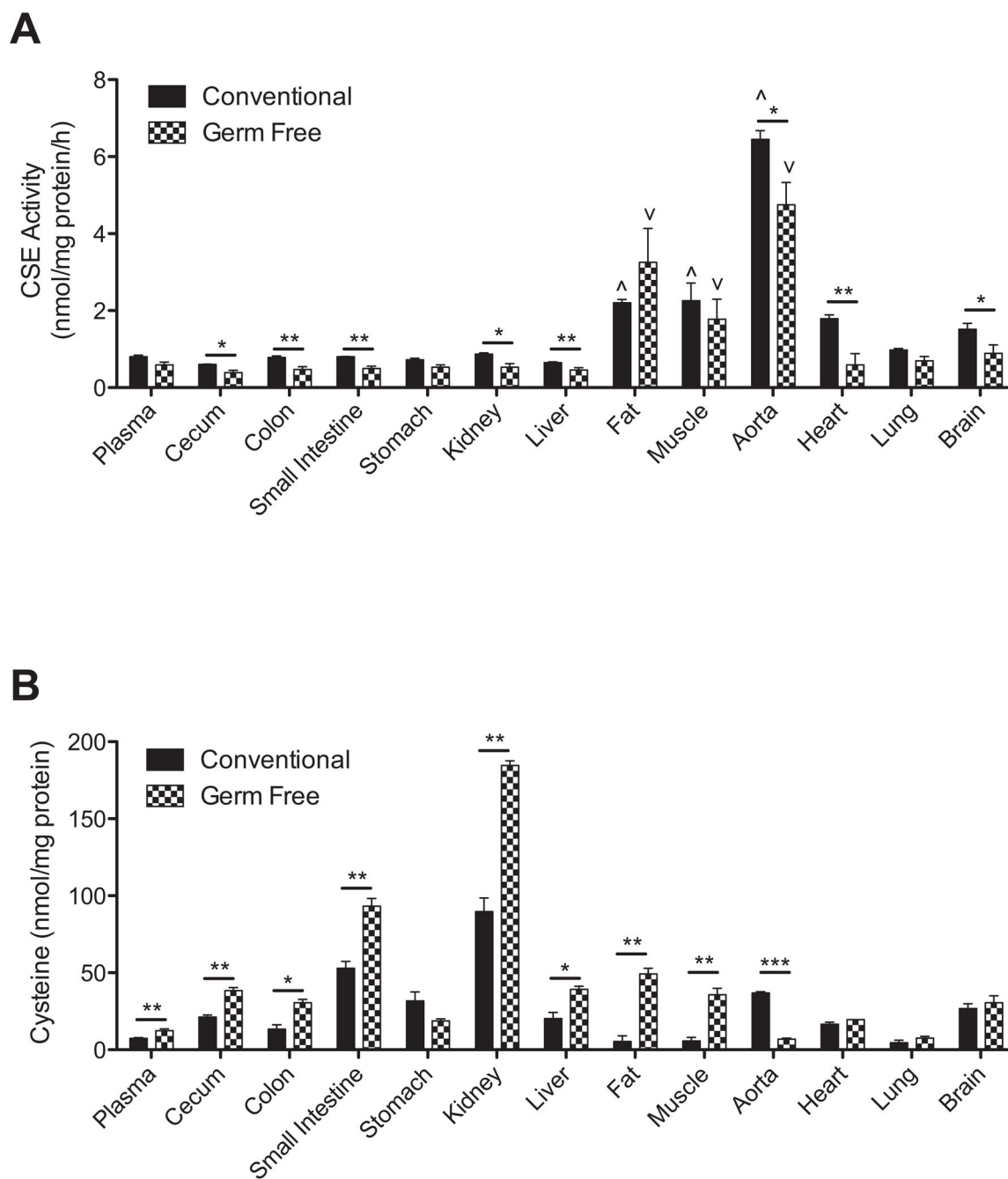


Figure 5. Organ tissue CSE activity and cysteine levels in conventional and germ free mice
 Panel A reports differences in tissue CSE enzyme activity levels as reported as nanomoles of substrate consumed per mg of total protein. $^{\wedge}p < 0.05$ tissues with significantly higher amounts of CSE enzyme activity in conventional mice. $^{\vee}p < 0.05$ tissues with significantly higher amounts of CSE enzyme activity in germ free mice. $*p < 0.05$ and $**p < 0.01$ conventional versus germ free tissue CSE enzyme activity. Panel B illustrates tissue cysteine levels as nanomoles per mg of total protein between conventional and germ free mice.

* $p < 0.05$, ** $p < 0.01$ and *** $p < 0.001$ conventional versus germ free tissue cysteine levels.
n=10.