# Original Article

# RAGE/NF-kB signaling mediates lipopolysaccharide induced acute lung injury in neonate rat model

Yuhong Li1\*, Rong Wu2\*, Yian Tian3\*, Min Yu1, Yun Tang1, Huaipin Cheng1, Zhaofang Tian1

<sup>1</sup>Department of Neonatology, Huai'an First People's Hospital, Nanjing Medical University, 6 Beijing Road West, Huai'an 223300, Jiangsu, PR China; <sup>2</sup>Neonatal Medical Center, Huai'an Maternity and Child Healthcare Hospital, Yangzhou University Medical College, Huai'an 223002, Jiangsu, PR China; <sup>3</sup>Basic Medical Colloge, Nanjing Medical University, Nanjing, Jiangsu, PR China. \*Equal contributors.

Received June 29, 2015; Accepted August 11, 2015; Epub August 15, 2015; Published August 30, 2015

Abstract: Lipopolysaccharide (LPS) is known to induce acute lung injury (ALI) and acute respiratory distress syndrome (ARDS). Accumulating data suggest the crucial role of RAGE in the pathogenesis of ALI/ARDS. However, the mechanism by which RAGE mediates inflammatory lung injury in the neonates remains elusive. In this study we established LPS-induced ALI model in neonate rats, and investigated the role of RAGE/NF- $\kappa$ B signaling in mediating ALI. We found that RAGE antibody or bortezomib reduced LPS-induced histopathological abnormalities in the lung and lung damage score. RAGE antibody or bortezomib also reduced TNF- $\kappa$  level in both serum and BALF of the rats. Furthermore, RAGE antibody or bortezomib significantly reduced LPS-induced upregulation of RAGE and NF- $\kappa$ B expression in the lung. In conclusion, we established ALI model in neonate rats to demonstrate that LPS induced inflammatory lung injury via RAGE/NF- $\kappa$ B signaling. Interference with RAGE/NF- $\kappa$ B signaling is a potential approach to prevent and treat sepsis-related ALI/ARDS.

Keywords: Acute lung injury, neonate, RAGE, NF-kB, bortezomib

#### Introduction

Acute lung injury (ALI) remains a devastating disorder for intensive care medicine due to the high morbidity and mortality. Although the pathogenesis of ALI remains not completely understood, recent evidence suggests that ALI is characterized by a local inflammatory response that involves a wide variety of inflammatory mediators [1-3]. Neonates are susceptible to ALI, especially under several conditions such as the infection, hypoxia and shock [4]. Upon the infection, bacterial components such as lipopolysaccharide (LPS) are known to activate the inflammatory cascade, resulting in the release of inflammatory mediators which induces the development of ALI and acute respiratory distress syndrome (ARDS). In the clinical, sepsis-related ARDS has higher overall disease severity and mortality than non-sepsis-related ARDS [5]. Therefore, LPS-induced ALI/ARDS animal models are important tools to explore the mechanisms of ALI/ARDS and identify novel biomarkers and therapeutic targets for these diseases [6].

Receptor for Advanced Glycation End-products (RAGE) is a member of the cell surface receptors of the immunoglobulin superfamily. Accumulating data suggest the crucial role of RAGE in the pathogenesis of ALI and ARDS, and indicate the potential of RAGE as an important therapeutic target for ALI/ARDS [7]. Moreover, our recent studies demonstrated that hyperoxia induced acute damage in the lung of neonatal rats via RAGE/NF-kB signaling and RAGE mediates inflammatory response in alveolar type I epithelial cells (AECIs) via activating NF-κB [8, 9]. In this study we established LPS induced ALI neonate rat model, and investigated the role of RAGE/NF-kB signaling in mediating ALI in the neonates.

## Materials and methods

ALI model

This study was approved by Animal Care and Use Committee of Nanjing Medical University. Newborn Sprague-Dawley rats were purchased from the Animal Center of Jiangsu Province (Nanjing, China) and housed in individual cages with free access to water and laboratory chow. The rats were anesthetized with pentobarbital sodium and then randomly divided into 4 groups (n = 8): control group, LPS group, LPS + RAGE antibody (Ab) group, and LPS + bortezomib group. The rats in the control group were intraperitoneally injected with normal saline, while the rats in other groups were intraperitoneally injected with 3 mg/kg LPS (Sigma-Aldrich, St. Louis, MO, USA). The rats in LPS + Ab group and LPS + bortezomib group were also intraperitoneally injected with RAGE Ab (R&D, USA, 15 mg/kg) and bortezomib (Xian-Janssen Pharmaceutical, Xi'an, China, 0.2 mg/ kg), respectively, 1 h prior to the injection of LPS.

#### Sample collection

Twenty-four hours after the injection of LPS, the rats were sacrificed via an intraperitoneal injection of 120 mg/kg pentobarbital, and blood samples were collected from the right atrium. The bronchoalveolar lavage fluid (BALF) was harvested as described previously [10]. The lungs were excised from the rats by opening the chest via median sternotomy. The left upper lobe was removed for the extraction of total RNA, the left lower lobe was removed for the extraction of total protein, and the right lobe was removed and fixed in 10% buffered formalin for 24 h.

#### Enzyme-linked immunosorbent assay (ELISA)

TNF- $\alpha$  level in the serum was measured using ELISA kits according to the manufacturer's protocol (Abcam, Cambridge, MA, USA).

#### **PCR**

Total RNA was extracted from the left upper lobe by using TRIzol (Invitrogen, USA) and used to synthesize cDNA with reverse transcription system kits (Promega, Madison, WI, USA). Realtime PCR was performed using the following primers: RAGE 5'GGTGCTGGTTCTTGCTC 3' and 5'TCCCTCGCCTGTTAGTT 3'; NF-κB 5'-GA-AGAAGCGAGACCTGGAG-3' and 5'-TCCTAGCACCATGA AGATC-3' and 5'-AAACGCAGCTCAGTAACAG-3'. Amplification conditions were as follows: 5 min at 95°C (one cycle); 20 sec at 94°C; 20 sec at

 $58^{\circ}$ C and 20 sec at  $72^{\circ}$ C (40 cycles); and  $72^{\circ}$ C for 5 min (one cycle). RT-PCR was performed three times in triplicate. The relative RAGE and NF-κB mRNA levels were compared to that of β-actin and calculated by the 2- $\Delta$ ΔCt method. Each Ct value used for these calculations was the mean of the triplicate for each reaction.

#### Western blot analysis

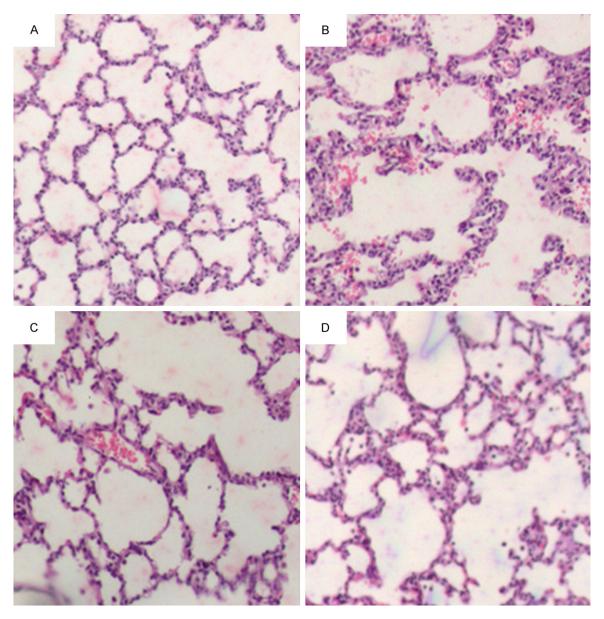
Total protein was extracted from the left lower lobe using lysis buffer (Pierce, Rockford, IL, USA) and protein concentration was determined using BSA method. Then equal amounts of protein were separated in 10% SDS-PAGE and transferred into polyvinylidene fluoride (PVDF) membranes (Millipore, Billerica, MA, USA). The membranes were incubated with antibody against RAGE, NF- $\kappa$ B, or  $\beta$ -actin (Millipore, Billerica, MA, USA) overnight at 4°C, then incubated with peroxidase-coupled IgG (Santa Cruz Biotechnology, Santa Cruz, CA, USA) for 1 h at 37°C. The membranes were developed using ECL kit (Pierce, Rockford, IL, USA).  $\beta$ -actin was used as loading control.

#### Histological analysis

The morphological changes of lung tissue were evaluated by staining the sections with hematoxylin and eosin, and observed under light microscopy from ten randomly chosen areas for each section. Each slide was evaluated by two investigators in a blinded manner. Lung injury was scored according to the following four categories: alveolar congestion, hemorrhage, neutrophil infiltration into the airspace or vessel wall, and alveolar wall thickness/hyaline membrane formation. Each category was graded on a five point scale: 0 = minimal injury, 1 = injury up to 25% of the field, 2 = injury up to 50% of the field, 3 = injury up to 75% of the field, and 4 = diffuse injury.

### Statistical analysis

The data were expressed as means ± standard deviations (SD) and analyzed by using SSPS 11.5 software (SPSS Inc., Chicago, IL, USA). Differences among multi-groups were analyzed with One-Way ANOVA, and differences between two groups were analyzed with the Student's t-test. *P* value <0.05 was considered statistically significant.



**Figure 1.** Representative images of lung histology in the rats of four groups (HE staining, ×100). A. Control group, we observed normal alveolar structures and no hemorrhage or effusion in alveolar spaces. B. LPS group, we observed abnormal alveolar structures, and hemorrhage and effusion in alveolar spaces. We also observed the infiltration of inflammatory cells. C. LPS + Ab group, D. LPS + bortezomib group, we observed much less abnormal alveolar structures, hemorrhage and effusion than in LPS group.

#### Results

RAGE Ab and bortezomib alleviate LPSinduced ALI in neonate rats

We observed the general conditions of the rats at 24 h after the injection of LPS, just before their sacrifice. In contrast to the normal activities of the rats in control group, the rats in LPS group exhibited less activity, dull reaction, difficult breath, and perioral cyanosis. In LPS + Ab

group and LPS + bortezomib group, the rats showed normal activities, had some difficulty in breath but no obvious perioral cyanosis.

By histological analysis, we observed clear alveolar structures and found no hemorrhage or effusion in alveolar spaces in control group (Figure 1A). As expected, in LPS group we observed typical histopathological abnormalities characterized by hemorrhage and effusion in alveolar spaces, alveolar wall thickening, and

**Table 1.** Analysis of TNF- $\alpha$  levels in the serum and BALF in neonate rats ( $\bar{\chi}\pm s$ , n = 8)

Group	TNF-α (ng/L)	
	Serum	BALF
LPS + Ab	210.67±27.61	114.58±13.46
LPS + bortezomib	175.40±14.93	127.50±10.41
LPS	377.92±33.85	191.03±11.01
Control	75.69±16.78	46.56±3.48
F	150.70	165.83
Р	0.000	0.000

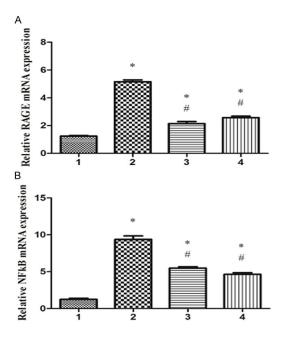


Figure 2. RAGE Ab and bortezomib reduce LPS-induced upregulation of RAGE and NF-κB mRNA expression in the lungs. Total RNA was extracted from the lung tissues of different groups, and RAGE mRNA level (A) and NF-κB mRNA level (B) were detected by real-time PCR analysis. 1. Control group; 2. LPS group; 3. LPS + Ab group; 4. LPS + bortezomib group. \*P<0.05 vs. control group; #P<0.05 vs. LPS group.

the infiltration of inflammatory cells (**Figure 1B**). In LPS + Ab group and LPS + bortezomib group, the rats showed less histopathological abnormalities in the lung (**Figure 1C, 1D**). The lung damage score was  $0.47\pm0.12$ ,  $4.10\pm0.45$ ,  $3.06\pm0.42$ , and  $2.69\pm0.21$  in control group, LPS group, LPS + Ab group and LPS + bortezomib group, respectively. The lung damage score was significantly lower in LPS + Ab group and LPS + bortezomib group, compared to LPS group (P<0.05). Taken together, these results indicate that RAGE Ab and bortezomib alleviate LPS-induced lung injury in neonate rats.

RAGE Ab and bortezomib inhibit LPS-induced upregulation of TNF- $\alpha$  in neonate rats

Based on ELISA we found that LPS increased the levels of TNF- $\alpha$  in both serum and BALF. However, the levels of TNF- $\alpha$  in both serum and BALF were significantly lower in LPS + Ab group and LPS + bortezomib group, compared to LPS group (**Table 1**). These results suggest that RAGE Ab and bortezomib inhibit LPS-induced upregulation of TNF- $\alpha$  in neonate rats.

RAGE Ab and bortezomib inhibit LPS-induced upregulation of RAGE and NF-кВ in neonate rats

TNF-α is known to induce the activation of NF- $\kappa$ B, an important mediator of inflammatory response downstream of RAGE. Therefore, we detected the expression of RAGE and NF- $\kappa$ B mRNA levels in each group of neonate rats. Real-time PCR analysis showed that LPS increased the mRNA levels of RAGE and NF- $\kappa$ B in the lungs. However, mRNA levels of RAGE and NF- $\kappa$ B in the lungs were significantly lower in LPS + Ab group and LPS + bortezomib group, compared to LPS group (**Figure 2A, 2B**).

Furthermore, we performed Western blot analysis to detect the expression of RAGE and NF-kB protein levels in each group of neonate rats. We found that LPS increased the protein levels of RAGE and NF-kB in the lungs. However, protein levels of RAGE and NF-kB in the lungs were significantly lower in LPS + Ab group and LPS + bortezomib group, compared to LPS group (Figure 3A, 3B). Collectively, these data suggest that RAGE Ab and bortezomib inhibit LPS-induced upregulation of RAGE and NF-kB in neonate rats.

#### Discussion

Sepsis is one of the most common causes of ALI in neonates. LPS is the main component of the cell wall of gram-negative bacteria and plays an important role in the development of ALI. LPS-induced ALI is a well established experimental model to screen novel drugs for ALI [11]. Therefore, in this study we established LPS-induced ALI model in neonate rats. We found that LPS induced histopathological abnormalities in the lung, increased the levels of TNF- $\alpha$  in both serum and BALF, and induced the upregulation of RAGE and NF- $\kappa$ B in the lung. These data demonstrate that LPS could induce

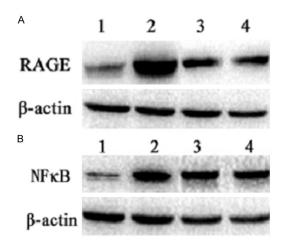


Figure 3. RAGE Ab and bortezomib reduce LPS-induced upregulation of RAGE and NF- $\kappa$ B protein expression in the lungs. Total protein was extracted from the lung tissues of different groups, and RAGE protein level (A) and NF- $\kappa$ B protein level (B) were detected by Western blot analysis. 1. Control group; 2. LPS group; 3. LPS + Ab group; 4. LPS + bortezomib group. β-actin was loading control.

injury and inflammatory response in the lung, suggesting that LPS-induced ALI was successfully established in neonate rats.

To investigate the role of RAGE/NF-κB signaling in mediating LPS-induced inflammatory response in the lung, we employed a loss-of-function approach to inhibit the activity of RAGE by monoclonal antibody against RAGE, and inhibit the activity of NF-κB by bortezomib [12]. Our results showed that RAGE antibody or bortezomib reduced histopathological abnormalities in the lung of neonate rats. Furthermore, the lung damage score was significantly lower in the rats pretreated with RAGE antibody or bortezomib than in the rats treated with LPS alone. These data indicate that the inhibition of RAGE or NF-κB alleviates LPS-induced lung injury in neonate rats.

NF- $\kappa$ B is one of the most important signaling pathways downstream of RAGE to mediate inflammatory response in the body [13]. Next we performed ELISA assay to examine the levels of TNF- $\alpha$  in both serum and BALF of the rats. As expected, LPS increased TNF- $\alpha$  level in both serum and BALF. Notably, TNF- $\alpha$  levels in both serum and BALF were significantly reduced in the rats pretreated with RAGE antibody or bortezomib, compared to the rats treated with LPS alone. These results suggest that the inhibition of RAGE or NF- $\kappa$ B inhibits LPS-induced upregulation of TNF- $\alpha$  in neonate rats.

It has been proposed that the activation of RAGE/NF-kB signaling promotes the transcription of RAGE itself. Consequently, RAGE expression is drastically augmented to mediate downstream processes to cause lung inflammatory injury [14, 15]. In this study, we pretreated the neonate rats with RAGE antibody or NF-κB inhibitor bortezomib. We found that RAGE antibody or bortezomib significantly reduced LPSinduced upregulation of RAGE expression in the lung at both protein and mRNA levels. Furthermore, RAGE antibody or bortezomib significantly reduced LPS-induced upregulation of NF-κB expression in the lung at both protein and mRNA levels. Collectively, these data suggest that RAGE/NF-kB pathway forms a positive feedback loop to promote LPS-induced inflammatory response in the lung. Our data are consistent with recent study showing that sRAGE attenuated LPS-induced inflammation, NF-κB activation and pathologic changes in the lung [16].

In summary, in this study we established ALI model in neonate rats to demonstrate that LPS induced inflammatory lung injury via RAGE/NF- $\kappa$ B signal pathway. Inhibition of RAGE/NF- $\kappa$ B signaling by RAGE antibody or NF- $\kappa$ B inhibitor bortezomib alleviates LPS-induced inflammatory lung injury, accompanied by the downregulation of TNF- $\alpha$ , RAGE and NF- $\kappa$ B expression. Interference with RAGE/NF- $\kappa$ B signaling is a potential approach to prevent and treat sepsis-related ALI/ARDS.

#### Acknowledgements

This study was supported by Clinical Medicine Specialty Fund of Jiangsu Province (No. BL-2014063), and Applied Science and Technology Project of Huai'an (No. HAS2014010).

#### Disclosure of conflict of interest

None.

Address correspondence to: Zhaofang Tian, Department of Neonatology, Huai'an First People's Hospital, Nanjing Medical University, 6 Beijing Road West, Huai'an 223300, Jiangsu, PR China. E-mail: tianzhaofan@163.com

#### References

- [1] Wang C. Obesity, inflammation, and lung injury (OILI): the good. Mediators Inflamm 2014; 2014: 978463.
- [2] Cross LJ, Matthay MA. Biomarkers in acute lung injury: insights into the pathogenesis of

#### RAGE mediates ALI in neonate rats

- acute lung injury. Crit Care Clin 2011; 27: 355-377.
- [3] Hu MD, Yang Y, Zhou CX, Li Q, Yi W, Qian GS, Mao M, Xu JC. Pretreatment with anti-flagellin serum delays acute lung injury in rats with sepsis. Inflamm Res 2012; 61: 837-44.
- [4] Willson DF, Chess PR, Notter RH. Surfactant for pediatric acute lung injury. Pediatr Clin North Am 2008; 55: 545-75.
- [5] Sheu CC, Gong MN, Zhai R, Chen F, Bajwa EK, Clardy PF, Gallagher DC, Thompson BT, Christiani DC. Clinical characteristics and outcomes of sepsis-related vs non-sepsis-related ARDS. Chest 2010; 138: 559-567.
- [6] Chen H, Bai C, Wang X. The value of the lipopolysaccharide-induced acute lung injury model in respiratory medicine. Expert Rev Respir Med 2010; 4: 773-83.
- [7] Guo WA, Knight PR, Raghavendran K. The receptor for advanced glycation end products and acute lung injury/acute respiratory distress syndrome. Intensive Care Med 2012; 38: 1588-98.
- [8] Tian Z, Li Y, Ji P, Zhao S, Cheng H. Mesenchymal stem cells protects hyperoxia-induced lung injury in newborn rats via inhibiting receptor for advanced glycation end-products/nuclear factor κB signaling. Exp Biol Med (Maywood) 2013; 238: 242-7.
- [9] Li Y, Wu R, Zhao S, Cheng H, Ji P, Yu M, Tian Z. RAGE/NF-κB Pathway Mediates Lipopolysaccharide-Induced Inflammation in Alveolar Type I Epithelial Cells Isolated from Neonate Rats. Inflammation 2014; 37: 1623-9.
- [10] Jeyaseelan S, Chu HW, Young SK and Worthen GS. Transcriptional profiling of lipopolysaccharide-induced acute lung injury. Infect Immun 2004; 72: 7247-7256.

- [11] Ni YF, Jiang T, Cheng QS, Gu ZP, Zhu YF, Zhang ZP, Wang J, Yan XL, Wang WP, Ke CK, Han Y, Li XF. Protective effect of magnolol on lipopoly-saccharide-induced acute lung injury in mice. Inflammation 2012; 35: 1860-6.
- [12] Di Filippo C, Petronella P, Freda F, Scorzelli M, Ferretti M, Canonico S, Rossi F, D'Amico M. Involvement of the ubiquitin-proteasome system in the formation of experimental postsurgical peritoneal adhesions. Mediators Inflamm 2012; 2012: 194723.
- [13] Zhang L, Postina R, Wang Y. Ectodomain shedding of the receptor for advanced glycation end products: a novel therapeutic target for Alzheimer's disease. Cell Mol Life Sci 2009; 66: 3923-35.
- [14] Reynolds PR, Wasley KM, Allison CH. Diesel Particulate Matter Induces RAGE Expression in Pulmonary Epithelial cells and RAGE Signaling Influences NF-kB-Mediated Inflammation. Environ Health Perspect 2011; 119: 332-6.
- [15] Reynolds PR, Kasteler SD, Schmitt RE Hoidal JR. RAGE Signals through Ras during Tobacco Smoke-Induced Pulmonary Inflammation. Am J Respir Cell Mol Biol 2011; 45: 411-8.
- [16] Zhang H, Tasaka S, Shiraishi Y, Fukunaga K, Yamada W, Seki H, Ogawa Y, Miyamoto K, Nakano Y, Hasegawa N, Miyasho T, Maruyama I, Ishizaka A. Role of soluble receptor for advanced glycation end products on endotoxininduced lung injury. Am J Respir Crit Care Med 2008; 178: 356-62.