

# 17 $\beta$ -Estradiol Antiinflammatory Activity in Carrageenan-Induced Pleurisy

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## ABSTRACT

We have recently demonstrated that 17 $\beta$ -estradiol (E<sub>2</sub>) opposes cytokine-dependent increase of inducible nitric oxide synthase (iNOS) activity in rat smooth muscle cells and proposed that this effect might be associated to an antiinflammatory activity of this hormone. In the present study, we examine the E<sub>2</sub> effects on a well-known *in vivo* model of inflammation. We show that, in carrageenan treatment of ovariectomized rats, prior exposure to E<sub>2</sub> significantly attenuated inflammatory response as measured by histological examination and exudate production. The effect was visible with a single injection of a physiological dose of E<sub>2</sub> 1 h before the carrageenan treatment and was blocked by coadministration of the estrogen receptor antagonists ICI 182,780 or tamoxifen. This latter observation suggests that the effect is receptor mediated. The mechanisms by which estradiol has

beneficial effects in this model of inflammation are unclear: we show that in hormonally treated rats there is a decrease in polymorphonuclear cells migration as shown by cell counting and myeloperoxidase measurement. In addition, E<sub>2</sub> pretreatment opposes carrageenan-induced high lipid peroxidation maintaining malondialdehyde activity at control levels. E<sub>2</sub> treatment decreases NO production and the activity of iNOS with consequent diminished nitrite synthesis and nitrosine accumulation. Finally, immunohistochemical analysis for poly (ADP-ribose) synthase revealed a positive staining in lungs from carrageenan-treated rats that was blocked by estradiol treatment. We conclude that E<sub>2</sub> attenuates the degree of inflammation and tissue damage associated with carrageenan-induced pleurisy in the rat. (*Endocrinology* 141: 1455–1463, 2000)

ESTROGENS ARE FEMALE sex steroid hormones that have a plethora of effects on a wide range of tissues. These effects are mediated through well characterized intracellular receptors (ER $\alpha$  and ER $\beta$ ) (1). Traditionally, E<sub>2</sub> has been associated to a proinflammatory activity because in the reproductive tract, which represents E<sub>2</sub> most studied target organ, the hormone stimulates epithelial cell proliferation, increases vascular permeability, edema and influx of macrophages, and eosinophils in the uterine stroma. The recent observation of an E<sub>2</sub>-dependent blockage of cytokine-dependent induction of inducible nitric oxide synthase (iNOS) (2) led us to speculate that estrogens may also exert antiinflammatory activity. An evaluation of the data present in the literature partly supports this view. It is well known that gender affects the susceptibility to immune-mediated inflammatory diseases such as rheumatoid arthritis and multiple sclerosis, and women have increased risk of developing these diseases as compared with men. Clinical remissions of both diseases occur during pregnancy, and estrogens are of benefit in rheumatoid arthritic disease (3, 4), leading to hypothesis that sex steroids are a factor in its pathogenesis (4,

6). In addition, estrogens were shown to have an antiinflammatory activity also in several animal models (7–15). On the other hand, females have an impressively higher incidence of collagen diseases like systemic lupus erythematosus (SLE), and the severity of SLE and other inflammatory pathologies (e.g. gingivitis) are worsened by alterations in hormonal balance at puberty and during menses (16). This suggests that estrogens may also play a proinflammatory role in specific diseases or districts. The mechanisms underlying estrogen effects in these complex pathologies are not known; their comprehension is therefore of relevance in view of the increasing number of women chronically treated with estrogens for oral contraception or replacement therapy.

Estrogens exhibit immunomodulatory effects, *in vivo* and *in vitro*. Murine models with type II collagen-induced arthritis suggest direct effects of estrogens on T cell function (17); in other models of SLE, estrogens are shown to increase anti-DNA and antiphospholipid titers (7, 18). The administration of estradiol suppresses the delayed-type of hypersensitivity, which is an antigen-specific T cell-mediated inflammation, whereas it enhances the antigen-specific antibody response. E<sub>2</sub> has also an antiinflammatory property that is T cell independent, not mediated by modulation of corticosteroid production, but rather, by suppression of the production of leukocytes by the bone marrow (10). These effects may be linked to the gender difference in the incidence of collagen diseases such as SLE. Finally, few studies report on an effect of estrogen on the polymorphonuclear leuko-

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cytes (PMNs), which play an important role in inflammation (20–22).

The aim of the present study was to investigate the activity of estrogens in a well-known murine model of inflammation (carrageenan-induced pleurisy). The cellular and molecular mechanism of the carrageenan-induced pleurisy is well characterized. The early phase of the carrageenan-induced inflammation is related to the production of histamine, leukotrienes, platelet-activating factor, and possibly cyclooxygenase products, while the delayed phase of the carrageenan-induced inflammatory response has been linked to neutrophil infiltration and the production of neutrophil-derived free radicals and oxidants, such as hydrogen peroxide, superoxide, and hydroxyl radical, as well as to the release of other neutrophil-derived mediators (22–26) that causes tissue necrosis. To characterize the effect of E<sub>2</sub> in this model of acute inflammation, we have determined the following endpoints of the inflammatory response in ovariectomized rats: 1) exudate formation; 2) PMN infiltration; 3) peroxynitrite formation (immunohistochemistry); 4) activation of the nuclear enzyme poly (ADP-ribose) polymerase (PARP); and 5) expression of the iNOS protein (immunohistochemistry) and activity, (7, 8), lipid peroxidation, and lung injury. In addition, we have investigated the effects of the systemic administration (pretreatment) of estrogen receptor antagonists (tamoxifen and ICI) on the above parameters of inflammation.

## Materials and Methods

### Reagents

Primary antinitrotyrosine antiserum was from Upstate Biotech (DBA, Milan, Italy). All other reagents and compounds used were obtained from Sigma (Milan, Italy).

### Animals

Female Sprague Dawley rats (300–350 g; Charles River Laboratories, Inc.; Milan, Italy) were housed in a controlled environment and provided with standard rodent chow and water. Animal care was in compliance with Italian regulations on protection of animals used for experimental and other scientific purposes (D.M. 116192) as well as with the EEC regulations (O.J. of E.C. L 358/1 12/18/1986).

### Ovariectomy

All surgical procedures were performed under halothane (2%) anesthesia followed by nitrous oxygen/O<sub>2</sub> anesthesia for about 18 min. Ovariectomy (OVX) was performed through a single dorsal midline cutaneous incision followed by bilateral muscle incisions.

### Experimental groups

OVX animals were treated with carrageenan (carrageenan group) or vehicle (saline) (sham group). Both of this group were subdivided into four subgroups each treated: 1 h before carrageenan with E<sub>2</sub> (50  $\mu$ g/kg; ip) (carrageenan + E<sub>2</sub> group), 1 h before E<sub>2</sub> with tamoxifen (50  $\mu$ g/kg ip) (carrageenan + tamoxifen group), with ICI 182 780 (500  $\mu$ g/kg ip) (carrageenan + ICI group) or with vehicle.

### Carrageenan-induced pleurisy

Rats were anesthetized with isoflurane and submitted to a skin incision at the level of the left sixth intercostal space. The underlying muscle was dissected and saline (0.2 ml) or saline containing 1%  $\lambda$ -carrageenan (0.2 ml) were injected into the pleural cavity. The skin incision was closed with a suture and the animals were allowed to recover. At 4 h after the injection of carrageenan, the animals were killed by inha-

lation of CO<sub>2</sub>. The chest was carefully opened and the pleural cavity rinsed with 2 ml of saline solution containing heparin (5 U·ml<sup>-1</sup>) and indomethacin (10  $\mu$ g·ml<sup>-1</sup>). The exudate and washing solution were removed by aspiration and the total volume measured. Any exudate, which was contaminated with blood, was discarded. The amount of exudate was calculated by subtracting the volume injected (2 ml) from the total volume recovered. The leukocytes in the exudate were suspended in PBS and counted with an optical microscope in a Burker's chamber after vital Trypan blue staining.

### Measurement of nitrite/nitrate

Nitrite + nitrate production, an indicator of NO synthesis, was measured in the exudate as previously described (26). Briefly, the nitrate in the exudate was first reduced to nitrite by incubation with nitrate reductase (670 mU·ml<sup>-1</sup>) and NADPH (160  $\mu$ M) at room temperature for 3 h. The nitrite concentration in the samples was then measured by the Griess reaction, by adding 100  $\mu$ l of Griess reagent (0.1% naphthylethylenediamide dihydrochloride in H<sub>2</sub>O and 1% sulfanilamide in 5% concentrated H<sub>2</sub>PO<sub>4</sub>; vol. 1:1) to 100  $\mu$ l samples. The optical density at 550 nm (OD<sub>550</sub>) was measured using ELISA microplate reader (SLT Labinstruments, Salzburg, Austria). Nitrate concentrations were calculated by comparison with OD<sub>550</sub> of standard solutions of DMEM.

### Histological examination

Lung biopsies were taken at 4 h after injection of carrageenan. The biopsies were fixed for 1 week in buffered formaldehyde solution (10% in PBS) at room temperature, dehydrated by graded ethanol and embedded in Paraplast (Sherwood Medical, Mahwah, NJ). Tissue sections (thickness 7  $\mu$ m) were deparaffinized with xylene, stained with trichromic Van Gieson and studied using light microscopy (Dialux 22 Leitz, Milan, Italy).

### Immunohistochemical localization of nitrotyrosine and PARS

Tyrosine nitration, an index of the nitrosylation of proteins by peroxynitrite and/or oxygen-derived free radicals, was determined by immunohistochemistry as previously described (27). At the end of the experiment, the relevant organs were fixed in 10% buffered formaldehyde, and 8  $\mu$ m sections were prepared from paraffin-embedded tissues. After deparaffinization, endogenous peroxidase was quenched with 0.3% H<sub>2</sub>O<sub>2</sub> in 60% methanol for 30 min. The sections were permeabilized with 0.1% Triton X-100 in PBS for 20 min. Nonspecific adsorption was minimized by incubating the section in 2% normal goat serum in PBS for 20 min. Endogenous biotin or avidin binding sites were blocked by sequential incubation for 15 min with avidin and biotin. The sections were then incubated overnight with primary antinitrotyrosine antiserum (1:1000) or with primary antipoly (ADP-ribose) antiserum (1:500) or with control solutions. Controls included buffer alone or nonspecific purified rabbit IgG. Some sections were also incubated with the primary antibody (antinitrotyrosine) in the presence of excess nitrotyrosine (10 mM) to verify the binding specificity. Specific labeling was detected with a biotin-conjugated goat antirabbit IgG and avidin-biotin peroxidase complex. Diaminobenzidine was used as a chromogen.

### Myeloperoxidase (MPO) activity

MPO activity, an indicator of polymorphonuclear leukocyte (PMN) accumulation, was determined as previously described (28). Four hours after the intrapleural injection of carrageenan, lung tissues were obtained and weighed. Each piece of tissue was homogenized in a solution containing 0.5% hexa-decyl-trimethyl-ammonium bromide dissolved in 10 mM potassium phosphate buffer (pH 7) and centrifuged for 30 min at 20,000  $\times$  g at 4 C. An aliquot of the supernatant was then allowed to react with a solution of tetra-methyl-benzidine (1.6 mM) and 0.1 mM H<sub>2</sub>O<sub>2</sub>. The rate of change in absorbance was measured spectrophotometrically at 650 nm. MPO activity was defined as the quantity of enzyme degrading 1  $\mu$ mol of peroxide min<sup>-1</sup> at 37 C and was expressed in milliunits per gram weight of wet tissue.

### Malondialdehyde (MDA) measurement

MDA levels in the lung tissue were determined as an indicator of lipid peroxidation (29). Lung tissues, collected at the specified time, were homogenized in 1.15% KCl solution. An aliquot (100  $\mu$ l) of the homogenate was added to a reaction mixture containing 200  $\mu$ l of 8.1% SDS, 1500  $\mu$ l of 20% acetic acid (pH 3.5), 1500  $\mu$ l of 0.8% thiobarbituric acid, and 700  $\mu$ l distilled water. Samples were then boiled for 1 h at 95 C and centrifuged at 3,000  $\times$  g for 10 min. The absorbance of the supernatant was measured by spectrophotometry at 650 nm.

### Determination of nitric oxide synthase activity

The calcium-independent conversion of L-arginine to L-citrulline in the homogenates of lungs (obtained 4 h after carrageenan treatment in the presence or the absence of E<sub>2</sub>) served as an indicator of iNOS activity (30). Cells were scraped into a homogenization buffer composed of 50 mM Tris-HCl, 0.1 mM EDTA, and 1 mM phenylmethylsulphonyl fluoride (pH 7.4) and homogenized in the buffer on ice using a tissue homogenizer. Conversion of [<sup>3</sup>H]-L-arginine to [<sup>3</sup>H]-L-citrulline was measured in the homogenates as described (31). Briefly, homogenates (30  $\mu$ l) were incubated in the presence of [<sup>3</sup>H]-L-arginine (10  $\mu$ M, 5 kBq per tube), NADPH (1 mM), calmodulin (30 nM), tetrahydrobiopterin (5  $\mu$ M), and EGTA (2 mM) for 20 min at 22 C. Reactions were stopped by dilution with 0.5 ml of ice-cold HEPES buffer (pH 5.5) containing EGTA (2 mM) and EDTA (2 mM). Reaction mixtures were applied to Dowex 50W (Na<sup>+</sup> form) columns and the eluted [<sup>3</sup>H]-L-citrulline activity was measured by a Beckman Coulter, Inc. (Milan, Italy) scintillation counter.

### Statistical analysis

All values in the figures and text are expressed as mean  $\pm$  SE (SEM) of the mean of *n* observations. For the *in vivo* studies, *n* represents the number of animals studied. In the experiments involving histology or immunohistochemistry, the figures shown are representative of at least three experiments performed on different experimental days. The results were analyzed by one-way ANOVA followed by a Bonferroni *posthoc* test for multiple comparisons. A *P* value less than 0.05 was considered significant.

## Results

### Effects of E<sub>2</sub> in carrageenan-induced pleurisy

All carrageenan-injected rats developed an acute pleurisy, with edema of the lung, production of a peritoneal turbid exudate, and neutrophil infiltration (Table 1; Fig. 1A). The volume of the exudate was visibly smaller in E<sub>2</sub>-pretreated rats (Table 1). Trypan blue exclusion counting in the exudate revealed  $87.3 \pm 4.97 \times 10^6$ /rat polymorphonuclear leukocyte in comparison to sham rat ( $2 \pm 0.8 \times 10^6$ /rat) (Fig. 1A). Sham animals demonstrated no abnormalities in the pleural cavity or fluid. The polymorphonuclear migration was significantly reduced in rats pretreated with E<sub>2</sub> (Fig. 1A). E<sub>2</sub> pretreatment did not cause significant changes in these parameters in sham rats (Table 1; Fig. 1A). Coadministration of E<sub>2</sub> and tamoxifen or ICI significantly blocked the effect of E<sub>2</sub> (Table 1; Fig. 1A).

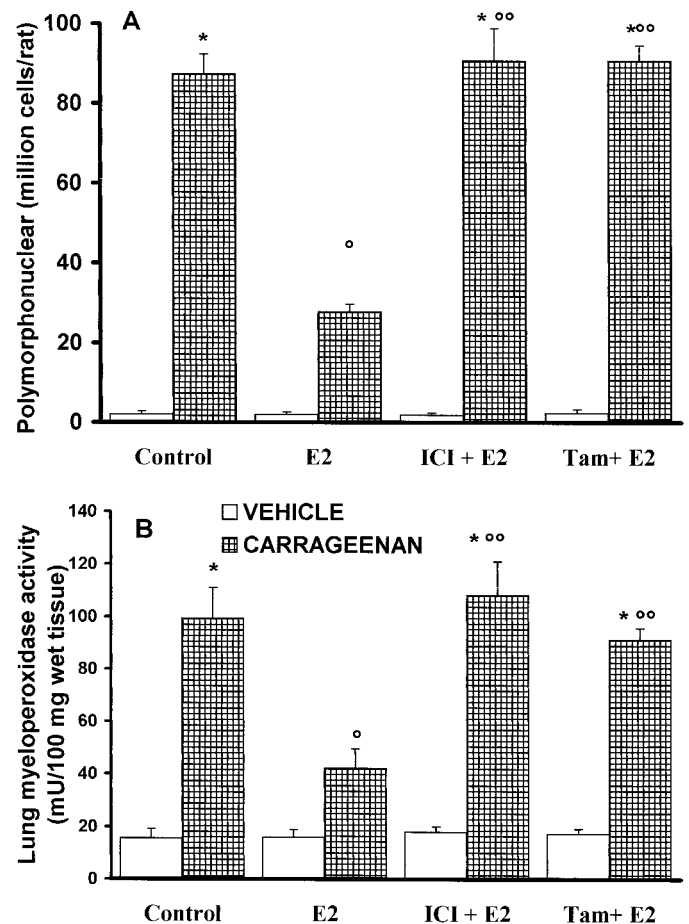
**TABLE 1.** Exudate volume in pleural cavity at 4 h after carrageenan injection

	Volume (ml)	
	Vehicle	Carrageenan
Control	0.12 $\pm$ 0.06	2.3 $\pm$ 0.17 <sup>a</sup>
E <sub>2</sub>	0.11 $\pm$ 0.08	0.66 $\pm$ 0.14 <sup>b</sup>
E <sub>2</sub> + ICI	0.1 $\pm$ 0.08	2.14 $\pm$ 0.18 <sup>a,c</sup>
E <sub>2</sub> + Tamoxifen	0.16 $\pm$ 0.07	1.76 $\pm$ 0.21 <sup>a,c</sup>

<sup>a</sup> *P* < 0.01 vs. vehicle.

<sup>b</sup> *P* < 0.01 vs. carrageenan.

<sup>c</sup> *P* < 0.01 vs. E<sub>2</sub>.



**FIG. 1.** Effect of E<sub>2</sub> on accumulation of polymorphonuclear cells in pleural cavity (A) and myeloperoxidase activity (B) in the lung at 4 h after carrageenan injection: E<sub>2</sub> significantly reduced polymorphonuclear cells infiltration in the pleural cavity as well as the myeloperoxidase activity in the lung. Tamoxifen and ICI treatments significantly reverted the effect of E<sub>2</sub>. Data are means  $\pm$  SE means of 10 rats for each group. \*, *P* < 0.01 vs. sham. °, *P* < 0.01 vs. carrageenan. °°, *P* < 0.01 vs. E<sub>2</sub>.

A decreased neutrophil infiltration was also indicated by the measurement of myeloperoxidase activity in lungs after carrageenan administration. As shown in Fig. 1B, myeloperoxidase activity ( $99.26 \pm 11.7$  mU/100 mg wet tissue) was significantly (*P* < 0.01) increased at 4 h after carrageenan injection compared with sham rats ( $15.6 \pm 3.5$  mU/100 mg wet tissue). E<sub>2</sub> pretreatment prevented the carrageenan effect only in the absence of the two antagonists (Fig. 2B).

Histological examination of lung sections of rats treated with carrageenan showed tissue injury (Fig. 2A) as well as infiltration of the bronchial (Fig. 2B) and perivascular space (Fig. 2C) with PMNs. E<sub>2</sub> pretreatment reduced both tissue injury (Fig. 2D) and infiltration of the bronchial (Fig. 2E) and perivascular space (Fig. 2F). Tamoxifen and ICI treatments significantly blocked the effect of E<sub>2</sub> (data not shown).

NO<sub>x</sub> levels were also significantly (*P* < 0.01) increased in the exudate after carrageenan challenge ( $76.3 \pm 4.3$  nmol/rat vs.  $9.98 \pm 0.77$  nmol/sham rat) (Fig. 3A). In the lungs obtained from animals subjected to carrageenan-induced pleurisy, a significant increase of inducible NO synthase activity

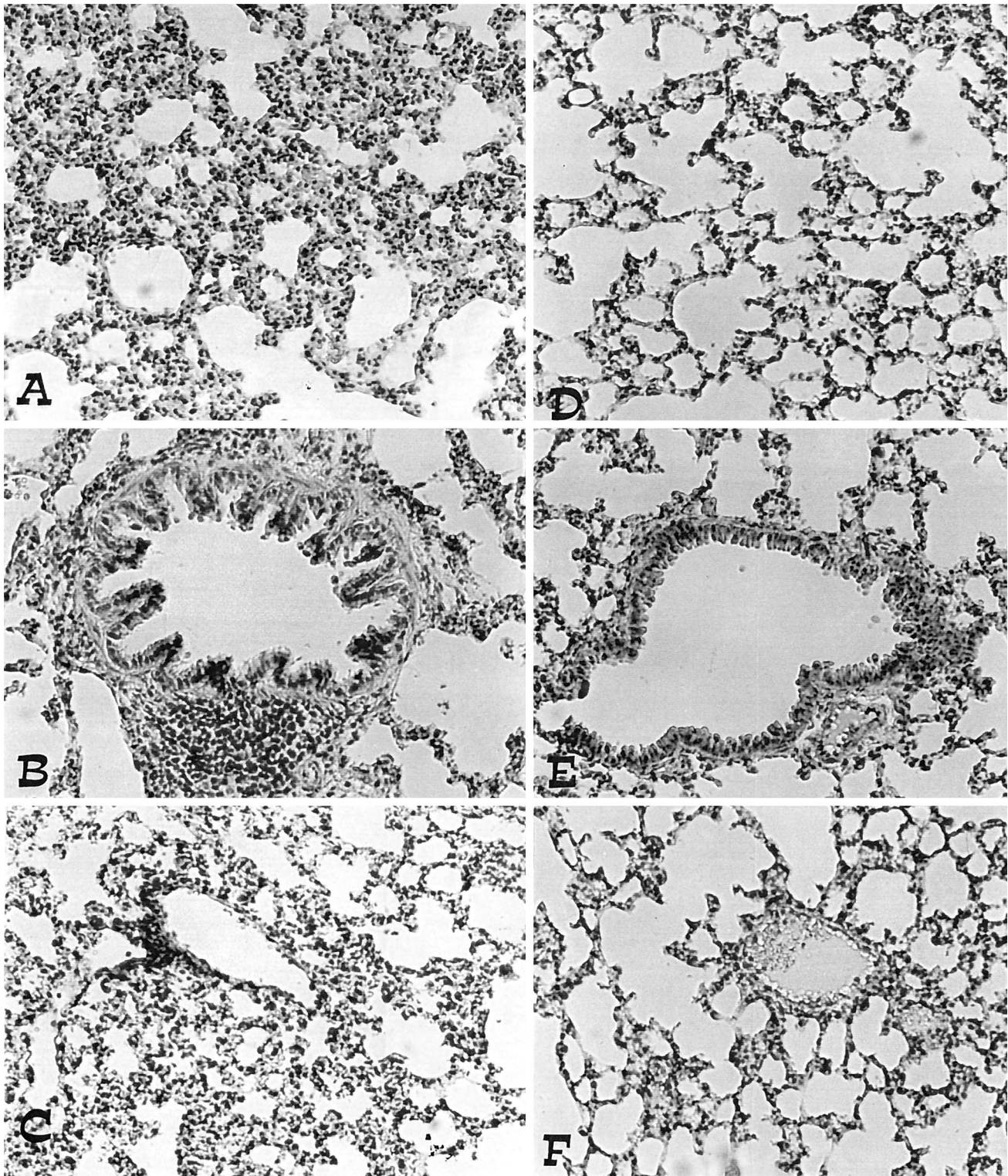


FIG. 2. Effect of E<sub>2</sub> on lung injury: The lung section from a carrageenan-treated rat demonstrates interstitial hemorrhage (A), infiltration of the bronchial (B), and perivascular space (C) with polymorphonuclear leukocyte. The lung section from a carrageenan-treated rat that had received E<sub>2</sub> demonstrates reduced interstitial hemorrhage (D) and a lesser cellular infiltration in the bronchial (E) and perivascular space (F). Original magnification: 125 $\times$ . Figure is representative of at least three experiments performed on different experimental days.

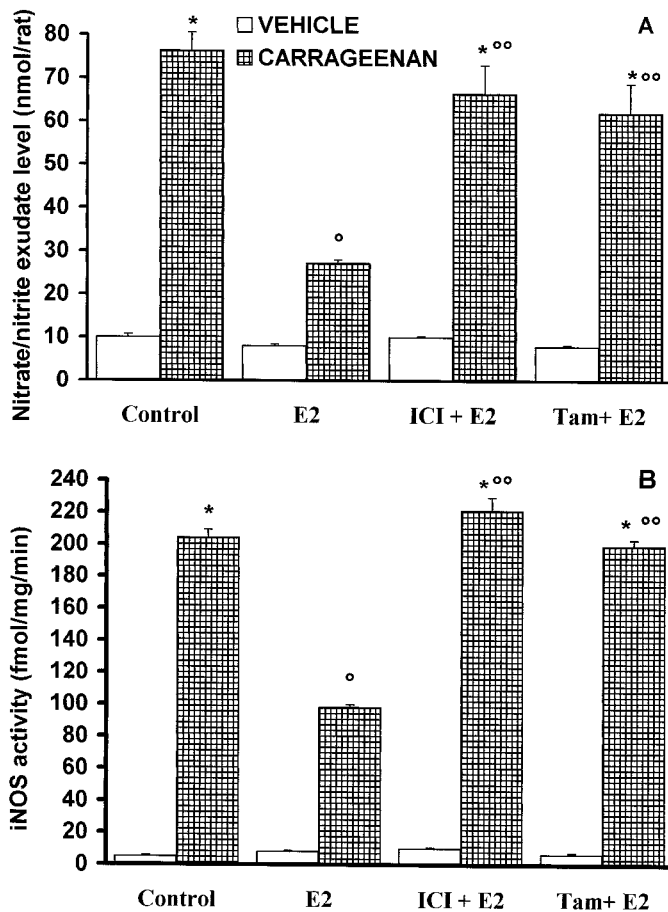


FIG. 3. Effect of  $E_2$  on nitrite and nitrate concentrations in pleural exudate (A) and iNOS activity in lungs (B) at 4 h after carrageenan administration. Nitrite and nitrate levels and iNOS activity in carrageenan-treated rats were significantly increased vs. sham group.  $E_2$  treatment significantly ameliorated the carrageenan-induced elevation of nitrite and nitrate levels and the expression of iNOS activity. Tamoxifen and ICI treatments significantly reverted the effect of  $E_2$ . Data are means  $\pm$  SE means of 10 rats for each group. \*,  $P < 0.01$  vs. sham. °,  $P < 0.01$  vs. carrageenan. \*\*,  $P < 0.01$  vs.  $E_2$ .

was detected at 4 h ( $204 \pm 2.97$  fmol/mg/min) (Fig. 3B). NOx levels and iNOS activity were significantly reduced in rats pretreated with  $E_2$  (Fig. 3, A and B). Tamoxifen and ICI treatments significantly blocked the effect of  $E_2$  (Fig. 3, A and B).

A significant ( $P < 0.01$ ) increase of MDA was found in the lung of carrageenan-treated rat ( $301 \pm 6.5$   $\mu$ M/mg wet tissue) compared with sham rats ( $126 \pm 3.5$   $\mu$ M/mg wet tissue) (Fig. 4).  $E_2$  pretreatment prevented the carrageenan effect only if administered in the absence of the two antagonists (Fig. 4).

At 4 h following the intrapleural injection of carrageenan, lung sections were analyzed for the presence of nitrotyrosine. Immunohistochemical analysis in lungs from carrageenan-treated rats, using a specific antinitrotyrosine antiserum, revealed a positive brown staining (see *arrows*) in perivascular (Fig. 5A) and in the apical portion of the epithelial cell (Fig. 5B) as well as in inflammatory cells (Fig. 5C). No positive staining was found in perivascular (Fig. 5D) and in the apical portion of the epithelial cell (Fig. 5E) as well as in inflammatory cells (Fig. 5F) in the lungs of the carrageenan-treated

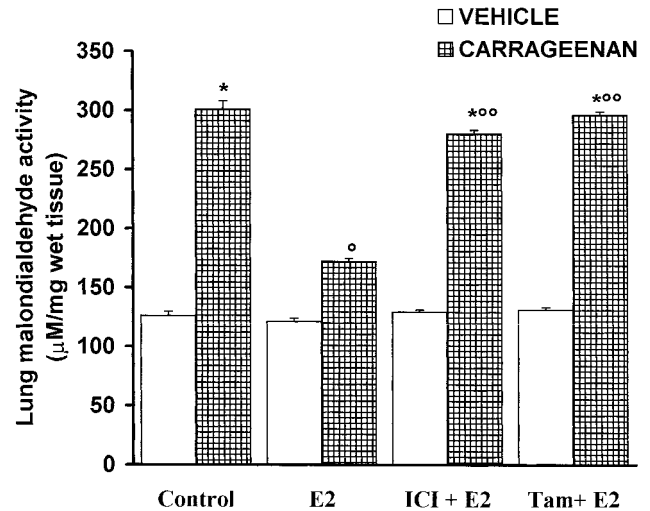


FIG. 4. Effect of  $E_2$  on MDA levels in the lungs of carrageenan-treated rats killed at 4 h. MDA levels were significantly increased in the lungs of the carrageenan-treated rats in comparison to sham rats (\*,  $P < 0.01$ ).  $E_2$  reduced the carrageenan-induced increase in MPO activity and MDA levels. Tamoxifen and ICI treatments significantly reverted the effect of  $E_2$ . Data are means  $\pm$  SE means of 10 rats for each group. \*,  $P < 0.01$  vs. sham. °,  $P < 0.01$  vs. carrageenan. \*\*,  $P < 0.01$  vs.  $E_2$ .

rats when they were pretreated with  $E_2$ . Immunohistochemical analysis for PARS from lung sections obtained from rats treated with carrageenan also revealed a positive brown staining (see *arrows*) in perivascular (Fig. 6A) and in the apical portion of the epithelial cell (Fig. 6B) as well as in inflammatory cells (Fig. 6C) (Fig. 6A). In contrast, no positive staining for PARS was found in perivascular (Fig. 6D) and in the apical portion of the epithelial cell (Fig. 6E) as well as in inflammatory cells (Fig. 6F) in the lungs of carrageenan-treated rats, which had been pretreated with  $E_2$ . Tamoxifen and ICI treatments significantly blocked the effect of  $E_2$  (data not shown). Please note that there was no staining for either nitrotyrosine or PARS in lungs obtained from sham-operated rats (data not shown).

## Discussion

Here we demonstrate that in rat  $E_2$  reduces the development of carrageenan-induced pleurisy, the infiltration of the lung with PMNs (histology and MPO activity), the degree of lipid peroxidation in the lung, NO production, and the degree of lung injury (histology). All of these findings support the view that  $E_2$  attenuates the degree of inflammation and lung injury caused by carrageenan in the rat. The mechanisms underlying this antiinflammatory-like activity are still to be clarified.  $E_2$  might act at several steps of the inflammatory process. In the present model, system general effects like suppression of leukocyte production and bone marrow distribution of peripheral blood neutrophils (10) or direct stimulation of CRH (32) are unlikely to occur.  $E_2$  was in fact administered at short time before the inflammatory stimulus: a period of time insufficient to significantly alter white cell activities. In the present model, however, the decreased PMN infiltration in carrageenan-treated lungs might be due to a hormone-dependent modification of PMN chemotaxis. Izumi and colleagues in fact reported that  $E_2$  significantly

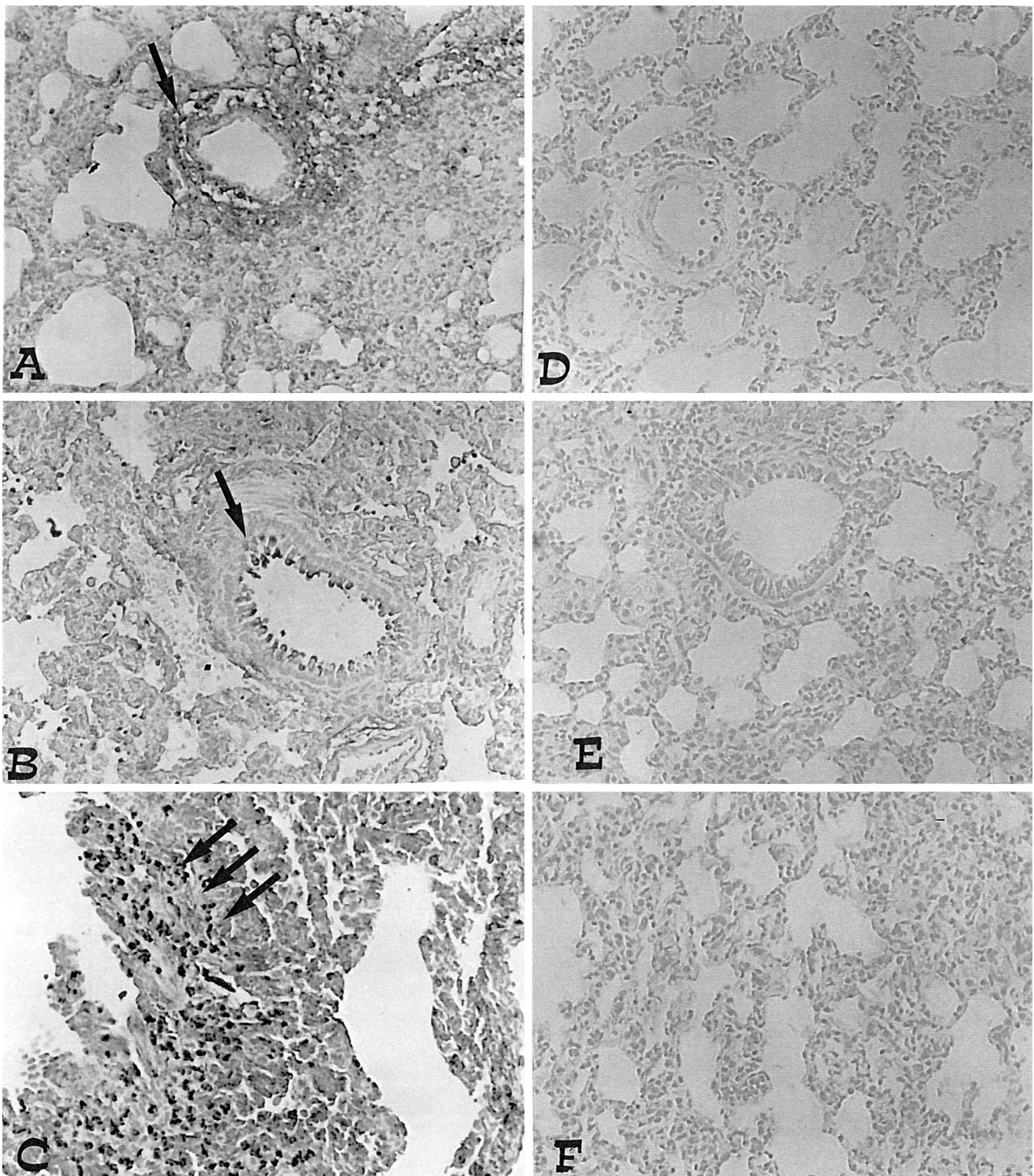


FIG. 5. Effect of  $E_2$  on nitrotyrosine formation: Immunohistochemical localization of nitrotyrosine in the rat lung. Four hours following carrageenan injection, positive staining for nitrotyrosine (typical areas are indicated by *arrows*) was observed in perivascular (A) and epithelial cell (B) as well as in inflammatory cells (C). There was a marked reduction in the immunostaining in perivascular (D) and epithelial cell (E) as well as in inflammatory cells (F) from the lungs of carrageenan-treated rats pretreated with  $E_2$  (B). Original magnification: 125 $\times$ . Figure is representative of at least three experiments performed on different experimental days.

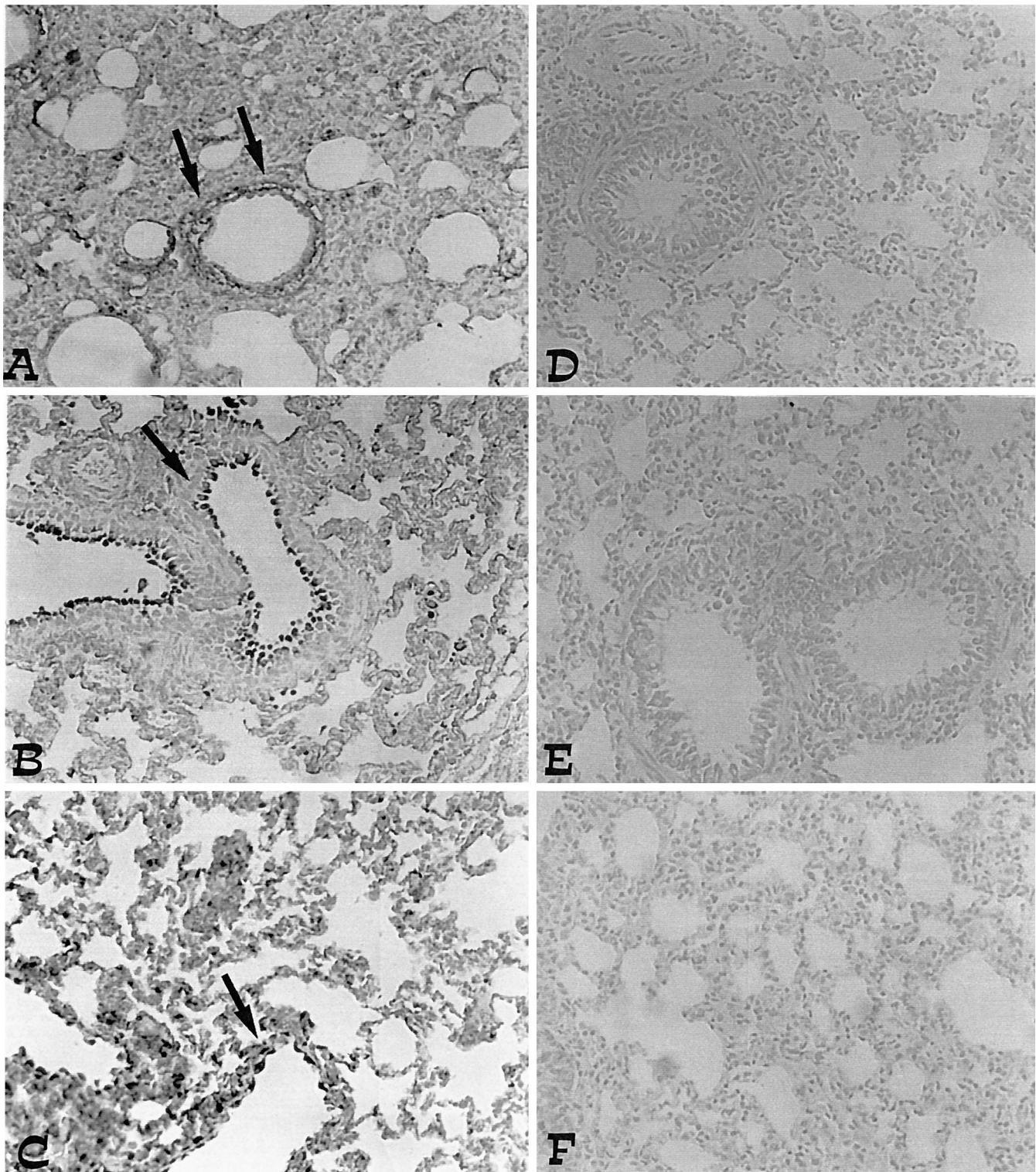


FIG. 6. Effect of  $E_2$  on PARS activity: Four hours following carrageenan injection, positive staining for PARS (typical areas are indicated by arrows) was observed in perivascular (A) and epithelial cell (B) as well as in inflammatory cells (C). No positive staining was found in perivascular (D) and epithelial cell (E) as well as in inflammatory cells (F) from the lungs of carrageenan-treated rats pretreated with  $E_2$  (B). Original magnification: 125 $\times$ . Figure is representative of at least three experiments performed on different experimental days.

inhibits the response of PMNs to FMLP or LTB<sub>4</sub> (33). PMNs chemotaxis to FNILP was reduced dose dependently, whereas that to LTB<sub>4</sub> was reduced in smaller concentration

of  $E_2$  than that to FNILP. Alternatively,  $E_2$  might have altered the expression of membrane adhesion molecules as reported by Genco and colleagues (34).

We here show that E<sub>2</sub> decreases iNOS activity and the consequent formation of free radical species. Previous studies have shown that NOS inhibitors reduce the development of carrageenan-induced inflammation and support a role for NO in the pathophysiology associated with this model of inflammation (27, 35–38).

In addition, we demonstrate that E<sub>2</sub> attenuates the nitrosylation of proteins in the lung of rats treated with carrageenan. Nitrotyrosine formation, along with its detection by immunostaining, was initially proposed as a relatively specific marker for the detection of the endogenous formation “footprint” of peroxynitrite (39). There is, however, recent evidence that certain other reactions can also induce tyrosine nitration; e.g.: the reaction of nitrite with hypochlorous acid and the reaction of myeloperoxidase with hydrogen peroxide can lead to the formation of nitrotyrosine (40). Increased nitrotyrosine staining is considered, therefore, as an indication of “increased nitrosative stress” rather than a specific marker of the generation of peroxynitrite.

Reactive oxygen species (ROS) and peroxynitrite produce cellular injury and necrosis via several mechanisms including peroxidation of membrane lipids, protein denaturation and DNA damage. ROS produce strand breaks in DNA that trigger energy-consuming DNA repair mechanisms and activates the nuclear enzyme PARS resulting in the depletion of its substrate NAD *in vitro* and a reduction in the rate of glycolysis. As NAD functions as a cofactor in glycolysis and the tricarboxylic acid cycle, NAD depletion leads to a rapid fall in intracellular ATP. This process has been called the PARS Suicide Hypothesis. There is recent evidence that the activation of PARS may also play an important role in inflammation (27, 42, 43). We demonstrate here that E<sub>2</sub> attenuates the increase in PARS activity caused by carrageenan in the lung. Thus, we propose that the antiinflammatory effects of E<sub>2</sub> reported here are, at least in part, due to the prevention of the activation of PARS.

Estrogens have been reported to have antioxidative activities that might in part explain some of the findings reported in the present study. However, the antioxidant activity of E<sub>2</sub> is observed at pharmacological concentrations of the hormone and is not blocked by antagonists of the estrogen receptors. We thus believe that the lack of lung tissue injury in E<sub>2</sub>-pretreated rats here reported is not due to estrogens antioxidant action because observed in rats treated with low doses of the hormone and prevented by the coadministration of two antagonists of estrogen receptor: tamoxifen and ICI 182,780. The effects here reported therefore are most likely receptor mediated.

In conclusion, our study shows that E<sub>2</sub> may have an antiinflammatory activity in a well known model for the study of antiinflammatory drugs. This model will hopefully be useful for the dissection of the mechanisms by which estrogen might influence a number of human pathologies.

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