

The effect of hyaluronan on interleukin-1 α -induced prostaglandin E₂ production in human osteoarthritic synovial cells

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Abstract

An *in vitro* study on the effects of hyaluronan (HA) on interleukin-1 α -induced prostaglandin E₂ (PGE₂) production in human osteoarthritic synovial cells indicated that PGE₂ induction was suppressed by HA in a dose- and molecular weight-dependent manner.

Introduction

Although osteoarthritis (OA) is primarily a disorder of the cartilage, secondarily induced synovitis is caused by the products released during the process of cartilage breakdown. IL-1 released from inflamed tissues activates synoviocytes to produce subsequently PGE₂ [1]. PGE₂ potentiates the nociceptive activity of bradykinin and amplifies pain perception [2]. Recent clinical trials for OA using intra-articular injection of hyaluronan (HA) with a high molecular weight (M_r) of 6.3×10^5 have revealed its analgesic action [3] and a reduction of PGE₂ levels in human synovial fluids [4]. These results suggest that the analgesic action of HA may be attributed to the reduction of synovial PGE₂ levels. To examine if HA actually suppressed PGE₂ production at the cellular level, the effects of HA with different M_r 's on IL-1 α -induced PGE₂ production by human OA synovial cells were studied.

Materials and methods

HAs of various M_r 's (viscosity-average $M_r = 2.0 \times 10^6$, 1.6×10^6 , 1.0×10^6 , 0.3×10^6 ; gifts of Shiseido Pharm. Res. Lab., Japan) were purified

(protein content less than 0.1%) from culture broths of *Streptococcus zooepidemicus* and were then tested to be endotoxin-free. Synovial cells, prepared by enzymatic digestion of synovium from an OA patient [1], were cultured in DMEM containing 20% FCS at 37°C in an atmosphere with 5% CO₂. Monitored under phase-contrast microscopy, fibroblasts were removed by incubating the cells in 0.125% trypsin–0.01% EDTA [5]. Trypsin-resistant adherent cells were further cultured in the above medium prior to harvesting with a rubber policeman. The cells were then seeded in 6-well plates at 2.5×10^5 cells/well and cultured at 37°C for 24 h, and washed with DMEM before stimulation by 2.25 ml of the fresh medium (10% FCS) containing 10 U/ml of human recombinant IL-1 α (Genzyme) in the presence or absence of HA. Various M_r 's of HA were employed at concentrations of 0.25, 0.5, or 1.0 mg/ml. After 45 h of incubation, PGE₂ in the medium was determined. For PGE₂ assay, PGE₁ (Ono Pharm., Japan) was added to 1.5 ml of the medium and used as an internal standard. According to previously established methods, PGs were extracted [6] and derivatized with panacyl bromide (Polyscience, USA) [7]. The PG panacyl esters, which were analyzed using the

HPLC with a normal phase column (PGpak B, Jasco, Japan) with isooctane-ethyl-acetate-ethanol-acetic-acid (69:25:6:2) as the mobile phase, were quantitatively measured by the fluorescence method (E_x ; 249 nm, E_m ; 470 nm). This method produced a linear correlation coefficient exceeding 0.999 over a PGE₂ concentration range of 0–200 ng, and the recovery rate for PGE₂ was 95.4%.

Results

Trypsin-resistant cells indicated either an oval or rhombic shape. PGE₂ production in these cells was enhanced by about 16-fold compared to the spontaneous release on exposure to 10 U/ml of IL-1 α . HA, at 0.5 and 1.0 mg/ml, reduced IL-1 α -induced PGE₂ production in a dose- and M_r -dependent manner (Fig. 1). At the lowest dose of 0.25 mg/ml, the inhibitory effect of HA was insignificantly low (except with M_r of 2.0×10^6). On verifying the inhibitory effects at the highest dose (1.0 mg/ml), significant effects with all M_r 's used were achieved. Further, results of the maximum inhibition (46.2%) on induced PGE₂ production (1.0 mg/ml, $2.0 \times 10^6 M_r$) indicated statistical significance when compared to other preparations with lower M_r 's at

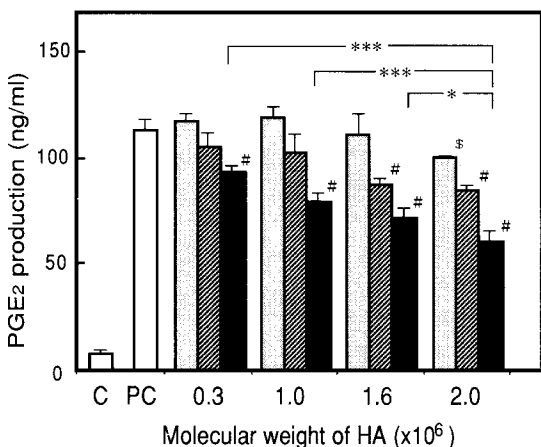


Figure 1

Subcultured cells were stimulated in a medium with (positive control, $n=4$; PC) or without (control, $n=4$; C) 10 U/ml of IL-1 α . PGE₂ levels in each medium were assayed after 45 h incubation. Results represent mean \pm SD of 3 (0.25 mg/ml of HA: dotted column) or 4 (0.5 mg/ml: hatched column and 1.0 mg/ml: closed column) individual wells of a culture. Significant differences, evaluated by the unpaired Student's t -test, are indicated by the following symbols: # $p < 0.001$; \$ $p < 0.01$ (versus the positive control); * $p < 0.05$; \$\$\$ $p < 0.001$ (data at 1.0 mg/ml with $2.0 \times 10^6 M_r$ versus other results with lower M_r 's).

the same dose. HA did not affect the cell density and viability of the cells assessed by trypan blue exclusion after 48 h incubation.

Discussion

Synovial tissues are composed of heterogeneous cells. Macrophage-like synoviocytes are responsible for inducing PGE₂ production in cloning studies [8]. Thus, we examined the effects of HA on macrophage-like synovial cells, which potently produce PGE₂ on stimulation with IL-1 α . When tested at three concentrations and various M_r 's in our present study, HA reduced IL-1 α -induced PGE₂ production in the following manner: the higher the M_r and dosage of HA, the more potent were the inhibitory effects on PGE₂ induction. These findings could account for the mechanism of PGE₂ reduction in synovial fluids on intra-articular administration of HA [4]. As such, these findings suggest that a higher M_r of HA may be more effective in relieving pain related to arthritis. Further studies to elucidate the site and mechanism of HA are warranted.

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