(Iso) Prostaglandins in saliva indicate oxidation injury after radioiodine therapy

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Summary.—As salivary glands concentrate radioiodine the radiation injury associated with ¹³¹I-therapy may result in sialoadenitis and xerostoma leading to a lasting impaired quality of life. Recently we reported about prostaglandin concentration changes as biochemical markers for radiation injury. Isoprostanes, a new family of prostaglandin-like compounds, have been demonstrated to be reliable markers for oxidation injury in vivo. Patients and methods: In this study we examined the levels of 8-epi-PGF₂α, the major member of the isoprostane family in 24 patients undergoing ¹³¹I treatment in different doses for hyperthyroidism and differentiated thyroid cancer; 6 healthy sex and age-matched volunteers were monitored in parallel. Saliva isoprostaglandins were determined before ¹³¹I treatment, as well as 1, 3, 7, 14, 21, and 28 days, and 2, 3, and 6 months after therapy.

Results: 8-epi-PGF₂α showed a significant ¹³¹I dose-dependent temporary increase. The alterations were comparable in all investigated patients and significantly higher in cigarette smokers. TXB₂ and 6-oxo-PGF₁α showed a dose-dependent increase too. TXB₂ was higher in cigarette smokers and 6-oxo-PGF₁α, lower as compared to non-smokers.

Conclusion: These results clearly demonstrate a dose- and time-dependent increase (TXB₂, 6-oxo-PGF₁α) and oxidation injury (8-epi-PGF₂α) after ¹³¹I-therapy in the salivary glands.

KEY WORDS: Isoprostanes. 8-epi-PGF₂α. Oxidation injury. Iodine radioisotopes therapy.

PALABRAS CLAVE: Isoprostanos. 8-epi-PGF₂α. Daño oxidativo. Terapia con radioisótopos de yodo.

INTRODUCTION

Isoprostanes (IP) are prostaglandin-like compounds formed by a non-enzymatic, cyclooxygenase-independent process during lipid peroxidation, catalyzed by free oxygen radicals in vivo³. IP levels, detected among others in human serum, plasma and urine, do reflect and are therefore a valuable indicator of oxidation injury³ in a variety of clinical conditions. IP, among these especially 8-epi-PGF₂α, display a potent biological activity in contracting smooth muscle cells⁶, enhancing platelet activity⁷ and acting as a proliferative and mitogenic compound. 6-oxo-PGF₁α is the stable derivative of PGI₂. PGI₂ increases intracellular cAMP and inhibits platelet activity. TXA₂ measured via its degradation product TXB₂ exhibits exactly the opposite biological properties. During ra-
dioiodine-therapy about 2% of the administered dose of ¹³¹I is absorbed by the salivary gland and unfortunately side effects such as sialoadenitis, as an acute, and xerostomia, as a long-term consequence of this treatment are common. In an earlier study we were able to demonstrate that approximately 2-3 months after ¹³¹I-therapy salivary prostaglandins were significantly affected. Kinetics immediately after radioiodine therapy and the role of isoprostanes in human saliva as a measure of in-vivo oxidation injury has not been the subject of scientific investigations so far. We performed this study in order to monitor the potential effects of different doses of ¹³¹I on the salivary (iso)prostanes during a 6-months period, under consideration of sex, age, cigarette smoking and the administered dose, respectively.

MATERIALS AND METHODS

Patients and control group

Seventeen patients who received ¹³¹I for the treatment of hyperthyroidism and 7 patients for the treatment of differentiated thyroid carcinoma were included in the study (for patients characteristics see table 1). A healthy control group of 6 volunteers receiving no medication and being free of any oral or salivary gland disease was examined in parallel. Each patient was treated once orally with ¹³¹I activities ranging from 148-4440 MBq. None of the patients had undergone any type of preventive dentistry program and/or had been taken any medication influencing the PG-system for at least 2 weeks. The patients with thyroid carcinoma had undergone total thyroidectomy prior to ¹³¹I-therapy and all of them were receiving thyroid hormone replacement. No patient had previously undergone chemo- or radiotherapy. Seven out of 24 patients and 2 out of controls were smokers (all smoking more than 10 cigarettes a day). Saliva was collected before ¹³¹I-therapy, 1, 3, 7, 14, 21 days as well as 1, 2, 3 and 6 months after therapy. Written informed consent was obtained from all patients and healthy volunteers prior to their inclusion in the study.

Collection of saliva

After rinsing the mouth with tap water, unstimulated whole saliva was collected into sterile tubes with the patient’s head tipped forward and the nose pointing to the floor using a procedure reported before. Saliva specimens were stored and frozen at < -70 °C until analyzed. Tests were performed within 2 weeks of saliva collection.

8-epi-PGF₂α measurement

Samples were mixed with 2 % EDTA and 1 mg/ml (final volume) acetylsalicylic acid (ASA). Centrifugation at 4 °C was done at 1000xg for 10 minutes. The supernatant was removed and stored at –70 °C for not longer than 2 weeks until determination. 8-epi-PGF₂α was determined using an enzyme immunoassay. The interassay variability was 5.5 ± 1.7 %, the intraassay variability 2.5 ± 0.7 %. Values are given in pg/ml. Normal value: < 25 pg/ml (n = 11).

Artificial in-vitro formation of 8-epi-PGF₂α which easily could occur due to autooxidation of arachidonic- or other fatty acids was excluded by immediate determination of some samples (showing no difference to the respective controls).

TXB₂ determination

Samples were mixed with 2 % sodium EDTA under the addition of 100 mg acetylsalicylic acid (ASA) for 1 ml final volume for cyclooxygenase inhibition. Samples were centrifuged at 4 °C and 1500xg for 15 minutes. The cell free supernatant was stored for

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<th>Table 1</th>
<th>PATIENTS CHARACTERISTICS</th>
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<tr>
<td>Group</td>
<td>Dose</td>
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<td>A</td>
<td>148-185</td>
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<td>B</td>
<td>555-740</td>
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<td>C</td>
<td>290-4440</td>
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Dose in MBq; n: number of patients as control; f: female; m: males; S: smokers; NS: non-smokers; x ± SD: mean ± standard deviation; A + B: patients with hyperthyroidism; C: patients with thyroid carcinoma; D: healthy volunteers.
no longer than 2 weeks at –70 °C. Specific RIA was performed in unextracted samples using the double-antibody technique for separation of free and antibody bound ligand. The interassay variation was 5.6 ± 1.4 %, the intraassay variation 3.9 ± 1.1 %. Values are presented in pg/ml.

Statistical analysis

Values are presented as mean ± SD; statistical analysis was performed by means of ANOVA; p < 0.01 was considered significant.

RESULTS

6-oxo-PGF\textsubscript{1α}

Immediately after \textsuperscript{131}I-therapy there was a sudden increase in 6-oxo-PGF\textsubscript{1α}, reaching its maximum after 1 day already (figs. 1A-1D). After that the values continuously decreased until finally reaching the pre-value levels within less than 2 weeks, and further declin-
ing the following 2 months. In the control group no change throughout the entire observation period was found. The values in the non-smoking group were at almost all time points significantly higher as compared to smokers. The increase in 6-oxo-PGF₁α showed to be dose dependent, additionally as in the long-lasting depression in 6-oxo-PGF₁α after 1 month, subanalysis showed no sex or age dependency.

8-epi-PGF₂α

The isoprostanes exhibited a slower increase reaching a maximum at about 7 days after therapy (table 2). Thereafter, the levels slowly decreased and even after half a year values were (sometimes still significantly) above the pre-therapeutic ones. 8-epi-PGF₂α was higher in smokers and the increase was more pronounced with higher doses of ¹³¹I administered. Again no influence of age and sex in the sub- or total group was found.

TXB₂

TXB₂ showed the highest values 3 days after ¹³¹I-therapy after that it decreased significantly within 2 weeks (see table 3). During the 6 months follow-up no more significant change could be observed. Comparable to 6-oxo-PGF₁α and 8-epi-PGF₂α, an influence of administered dose and cigarette smoking but not of age and sex was observed.
DISCUSSION

PGs exhibit an active role in salivary gland metabolism. They actually play a key role in salivary gland function by stimulating salivary flow and secretion and by regulating electrolyte concentrations. Salivary glands are capable to concentrate radioiodine such as $^{131}$I within the epithelial cells of the intralobular ducts, the uptake of the latter significantly influencing PG levels in saliva. The quantitative and qualitative changes resulting from an increased absorbency of $^{131}$I include, among others, alterations in salivary fluid viscosity and pH, thus leading to an increased rate of cations and oral mucoclasts in patients undergoing radioiodine therapy. Finally, due to reduced levels of PGE$_2$, this may result in ulcerations of the oral mucosa. Sialoadenitis is present in about 11.5% of patients after $^{131}$I-therapy. Generally, manifesting within a week after therapy and its symptoms lasting between 3 weeks and 2.5 years. 2 patients in the high-dose group showed mild salivary symptoms. Their isoprostane values, however, were well among the ones of patients showing no symptoms. The ultimate consequence of radiation injury may be xerostomia, reflecting a non-reparable damage of the acinar cells. Sialoadenitis is present in about 11.5% of patients undergoing radioiodine therapy, generally manifesting within a 3 weeks and 2.5 years. They actually play a key role in salivary gland function by stimulating salivary flow and secretion and by regulating electrolyte concentrations. They are capable to concentrate radioiodine such as $^{131}$I within the epithelial cells of the intralobular ducts, the uptake of the latter significantly influencing PG levels in saliva. 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metabolite of PGs, suddenly increased followed by an instant continuous drop, these results confirming other previously published data reflecting oxidative injury in salivary glands as well as increased 6-oxo-PGF$_2$α levels in vessels affected by atherosclerosis, compared to unaffected arteries.$^{14}$ There was a $^{131}$I dose-dependent decrease in 6-oxo-PGF$_{2\alpha}$ levels and levels were found to be almost double in non-smokers compared to smokers. Interestingly, values decreased within the follow-up period significantly below the pre-therapeutic values, thus indicating an irreversible damage of the salivary gland. Additionally we were able to prove that radioiodine therapy lead to an increase in 8-epi-PGF$_{2\alpha}$ levels which was significant as compared to pre-therapeutic values and compared to healthy controls, however, no significant correlation between the administered radioiodine dose and 8-epi-PGF$_{2\alpha}$ levels could be demonstrated within all the investigated groups. The values obtained for TXB$_2$ showed a dose-dependent increase with a peak after 3 days, followed by a continuous decrease within 2 weeks and remaining stable throughout the whole follow-up period, its values again lasting significantly above the pre-therapeutic ones being in correlation to the administered dose. The values found for TXB$_2$ and 6-oxo-PGF$_{2\alpha}$ in saliva after 2 months are comparable to the ones reported earlier$^7$. Serum alpha amylase and tissue pyropheptide antigen were also assessed as markers for radiation injury in the salivary gland. The highest values having been found 1 day after therapy returning to original levels after 3 days already. Again their increase was more pronounced and longer lasting the higher the administered dose and the retention$^8$. We do not have data on these 2 markers from our patients.

To our knowledge, there is only one report on 8-epi-PGF$_{2\alpha}$ in saliva$^9$ in normotensive vs. preeclamptic patients. These authors found normal control values of 150 ± 27 pg/ml. Our data show that salivary (iso)prostaglandins are severely influenced by $^{131}$I-therapy, thus suggesting them to be reliable biomarkers for the assessment of the extent of radiation injury. Whether the extent in saliva PG’s and oxidation injury is related to the later clinical symptoms in patients, such as sialoadenitis and xerostomia, still requires further investigations.

**BIBLIOGRAPHY**