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Combination therapy with nitric oxide and molecular hydrogen in a murine model of acute lung injury

Huiying Liu ¹, Xiaojun Liang, Dadong Wang, Hongquan Zhang, Lingling Liu, Hongguang Chen, Yuan Li, Qing Duan, Keliang Xie

Affiliations

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Abstract

Acute lung injury (ALI) is still a leading cause of morbidity and mortality in critically ill patients. Inhaled nitric oxide (NO) has been reported to ameliorate ALI. However, reactive nitrogen species produced by NO can cause lung injury. Because hydrogen gas (H₂) is reported to eliminate peroxynitrite, it is expected to reduce the adverse effects of NO. Moreover, we have found that H₂ inhalation can attenuate lung injury. Therefore, we hypothesized that combination therapy with NO and H₂ might afford more potent therapeutic strategies for ALI. In the present study, a mouse model of ALI was induced by intratracheal administration of lipopolysaccharide (LPS). The animals were treated with inhaled NO (20 ppm), H₂ (2%), or NO + H₂, starting 5 min after LPS administration for 3 h. We found that LPS-challenged mice exhibited significant lung injury characterized by the deterioration of histopathology and histologic scores, wet-to-dry weight ratio, and oxygenation index (ratio of oxygen tension to inspired oxygen fraction [Pao₂/Fio₂]), as well as total protein in the bronchoalveolar lavage fluid (BALF), which was attenuated by NO or H₂ treatment alone. Combination therapy with NO and H₂ had a more beneficial effect with significant interaction between the two. While the nitrotyrosine level in lung tissue was prominent after NO inhalation alone, it was significantly eliminated after breathing a mixture of NO with H₂. Furthermore, NO or H₂ treatment alone markedly attenuated LPS-induced lung neutrophil recruitment and inflammation, as evidenced by downregulation of lung myeloperoxidase activity, total cells, and polymorphonuclear neutrophils in BALF, as well as proinflammatory cytokines (tumor necrosis factor α , interleukins 1 β and 6, and high-mobility group box 1) and chemokines (keratinocyte-derived chemokine, macrophage inflammatory proteins 1 α and 2, and monocyte chemoattractant protein 1) in BALF. Combination therapy with NO and H₂ had a more beneficial effect against lung inflammatory response. Moreover, combination therapy with NO and H₂ could more effectively inhibit LPS-induced pulmonary early and late nuclear factor κ B activation as well as pulmonary cell apoptosis. In addition, combination treatment with inhaled NO and H₂ could also significantly attenuate lung injury in polymicrobial sepsis. Combination therapy with subthreshold concentrations of NO and H₂ still had a significantly beneficial effect against lung injury induced by LPS and polymicrobial sepsis. Collectively, these results demonstrate that combination therapy with NO and H₂ provides enhanced therapeutic efficacy for ALI.

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