

## Chronic ethanol consumption-induced oxidative stress, vascular inflammation and hypertension: involvement of TNF- $\alpha$ R1 receptor and perivascular adipose tissue

**Introduction:** Chronic ethanol consumption induces increase in blood pressure, oxidative stress and vascular inflammation with increased production of TNF- $\alpha$  (1,2). It is known that activation of the TNFR1 receptor induces activation of several cellular pathways that leads to oxidative stress (3). Moreover, inflammation may involve participation of PVAT (*Perivascular adipose tissue* - PVAT), known as a major source of adipokines and pro-inflammatory cytokines (Szasz & Webb, 2012). However, the role of TNF- $\alpha$  in the induction of oxidative stress associated with chronic ethanol consumption and the involvement of PVAT in such response remains elusive.

**Objectives:** The aim of this study was evaluate the role of TNF- $\alpha$  in the induction of oxidative stress and increases blood pressure caused by chronic ethanol consumption and the involvement of PVAT.

**Methods:** Wild type (wt) C57/BL6 and knockout mice for TNFR1 receptor (TNFR1<sup>-/-</sup>) were treated with ethanol 20% (v/v) for 9 weeks. Systolic blood pressure (SBP) was measured. The thoracic aorta with (PVAT<sup>+</sup>) and without PVAT (PVAT<sup>-</sup>) and plasma was used for determination of levels of: O<sub>2</sub><sup>-</sup>, thiobarbituric acid reactive species (TBARS), nitrate/nitrite (NOx), H<sub>2</sub>O<sub>2</sub> and cytokines. Superoxide dismutase (SOD), catalase (CAT) and reduced glutathione (GSH) were evaluated (Ethical committee: 12.1.1654.53.9). Groups were compared using two-way analysis of variance (ANOVA), *post hoc* comparisons were performed using Bonferroni test. A *p* value below 0.05 was considered significant.

**Results:** The ethanol treatment increased the SBP in wt animals (control:115.7 $\pm$ 5.1, n=9/ethanol:130.7 $\pm$ 1.8, n=9) and this increase was less pronounced in TNFR1<sup>-/-</sup>. The ethanol treatment increased the levels of (pg/mg protein) TNF- $\alpha$  (PVAT<sup>-</sup>, control:12.9 $\pm$ 2.6, n=8/ ethanol:27.7 $\pm$ 4.8, n=8 / PVAT<sup>+</sup>, control:32.1 $\pm$ 1.2, n=8 / ethanol:41.8 $\pm$ 5.4, n=8) and IL-6 in wt (PVAT<sup>-</sup>, control:22.0 $\pm$ 1.4, n=6 / ethanol: 35.7 $\pm$ 1.5, n=8; PVAT<sup>+</sup>, control:40.7 $\pm$ 3.2, n=7/ ethanol:48.7 $\pm$ 4.9, n=7). Ethanol increased levels of O<sub>2</sub><sup>-</sup> (RLU/mg protein) in wt aorta (PVAT<sup>-</sup>, control:149 $\pm$ 6.7, n=7/ ethanol: 250 $\pm$ 13.8, n=7; PVAT<sup>+</sup>, control:409  $\pm$  48.3, n=6 / ethanol: 592 $\pm$ 51.5, n=7) but not in TNFR1<sup>-/-</sup>. The levels of TBARS (nmol/mg protein) increased in wt aorta (PVAT<sup>-</sup>, control: 9.9 $\pm$ 1.3, n=9 /ethanol:15 $\pm$ 1.9, n=10; PVAT<sup>+</sup>, control: 8.5 $\pm$ 0.9, n=8 /ethanol: 16 $\pm$ 2.3, n=8) and plasma (nmol/ml) after treatment ethanol but not in TNFR1<sup>-/-</sup>. The tissue levels of H<sub>2</sub>O<sub>2</sub> (nmol/mg protein) decreased in wt aorta after treatment with ethanol but not in TNFR1<sup>-/-</sup>. The levels of NOx (nmol/mg protein) were reduced after treatment with ethanol in wt aorta (PVAT<sup>-</sup>, control:23 $\pm$ 4.7, n=7/ethanol:9 $\pm$ 1.6, n=7; PVAT<sup>+</sup>, control:20 $\pm$ 4.6, n=5/ ethanol:3 $\pm$ 0.5, n=6) and this decrease was not observed in TNFR1<sup>-/-</sup>. Treatment with ethanol increased the activity of SOD in wt aorta (PVAT<sup>-</sup>, control:64 $\pm$ 4.3, n=7/ethanol: 83 $\pm$ 4.0, n=6; PVAT<sup>+</sup>, control:80  $\pm$ 2.6, n=7/ ethanol:93 $\pm$ 4.2, n=7) and CAT (PVAT<sup>-</sup>, control:118 $\pm$ 12.5, n=6/ ethanol:163 $\pm$ 14.8, n=7; PVAT<sup>+</sup>, control:87 $\pm$ 7.5, n=7/ ethanol:106 $\pm$ 14.4, n=7). The treatment reduced plasma levels GSH in wt animals. Such changes were not observed in TNFR1<sup>-/-</sup> animals.

**Conclusions:** The TNF- $\alpha$  is an important mediator of vascular oxidative stress and increased blood pressure induced by ethanol and PVAT does not display a beneficial/protective action in reducing this damage caused by ethanol.

1. Mandrekar et al. (2009). *J Immunol* 183: 1320–132;
2. Husain et al. (2010). *Hum Exp Toxicol* 30(8): 930-939;
3. Zhang et al. (2009). *Clin Sci* 116(3): 219-230;
4. Szasz and Webb (2012). *Clin Sci* 122: 1–12.