

Fluorescent Bile Acid Derivatives: Relationship Between Chemical Structure and Hepatic and Intestinal Transport in the Rat

FERNANDO HOLZINGER, CLAUDIO D. SCHEINGART, HUONG-THU TON-NU, SABINE A. EMING, MARIA J. MONTE, LEE R. HAGEY, AND ALAN F. HOFMANN

Studies were performed to characterize hepatic and intestinal transport, as well as biotransformation during transport, of a spectrum of fluorescent bile acids containing a fluorophore attached to the side chain. The following two classes of compounds were studied: 1) aminofluorescein (amF) coupled directly to the carboxylic group of a bile acid which was cholic, ursodeoxycholic, or cholyglycine; and 2) nitrobenzoxadiazolyl (NBD) coupled to the ϵ -amino group of a lysine conjugated bile acid, which was cholic or ursodeoxycholic. Fluorescein, a cholephilic organic anion, was studied as a control. Fluorescent bile acids were synthesized and their structures confirmed by nuclear magnetic resonance and mass spectrometry. Using the biliary fistula rat, hepatic transport, biotransformation, and choleric activity were defined; intestinal absorption was assessed by jejunal or ileal perfusion studies. All fluorescent bile acids had hepatic transport maxima about one-sixth that reported for cholytaurine, but derivatives of cholyglycine were transported best. Bile acids underwent little (<5%) biotransformation during hepatocyte transport. Only the amF conjugate of cholyglycine had normal choleric activity; other compounds were hypocholeric or cholestatic. In contrast, fluorescein was well transported,

and had normal choleric activity. NBD-tagged, but not amF-tagged, bile acids were actively transported by the intestine (ileum > jejunum), and no fluorescent bile acid had passive intestinal permeability; NBD-tagged bile acids were biotransformed during intestinal transport (jejunum > ileum). We conclude that the structure of the fluorophore as well as that of the bile acid influences transport by the hepatocyte and enterocyte. These fluorescent bile acids differ from fluorescein in being impermeable to cell membranes and undergoing little biotransformation during hepatocyte transport. Of these fluorescent bile acids, cholyglycylamF has hepatocyte transport and choleric properties most closely resembling those of a natural bile acid. (HEPATOLOGY 1997;26:1263-1271.)

Bile acids tagged with a fluorophore have proved useful for characterizing aspects of hepatocyte,¹⁻¹³ enterocyte,^{14,15} and cholangiocyte¹⁶ transport. Several types of fluorescent bile acids have been prepared. The laboratory of G. Kurz^{4,5,17} described a number of bile acid derivatives in which a hydroxy group on the steroid nucleus was replaced by nitrobenzoxadiazolyl (NBD), a well-known fluorophore. Earlier, Sherman and Fisher¹ reported the coupling of aminofluorescein (amF) to cholyglycine (glycocholate) and proposed that the amF was coupled to the oxygen atom at C-3. Subsequently, Scheingart et al.¹⁸ showed that the assigned structure was not correct, and that in the compound prepared by Sherman and Fisher¹ the amF was coupled to the carboxyl group at the end of the side chain. Mills and his colleagues⁶ coupled fluorescein to the ϵ -amino group of cholylysine, thus preparing compounds in which fluorescein was coupled by an amino-*n*-butyl tether to the α -carbon of cholyglycine. More recently, our laboratory has prepared analogous derivatives by coupling NBD to the ϵ -amino group of cholylysine or chenodeoxycholylysine.¹⁰

If fluorescent bile acids are to be used as surrogate molecules for bile acids or other hepatophilic organic anions, detailed characterization of their hepatic handling is needed. It is also useful to know whether these molecules are transported actively or passively by the small intestine, since molecules that are well absorbed by the small intestine may undergo enterohepatic cycling.

We report here studies on the hepatic and intestinal transport of five fluorescent bile acid derivatives using the anesthetized biliary fistula rat. In the compounds that were used, the fluorophore (NBD or fluorescein) was present on the side chain. Three different bile acid moieties were used—cholic acid (C), ursodeoxycholic acid (UDC), and cholyglycine (CG)—to test whether the chemical structure of the

Abbreviations: NBD, nitrobenzoxadiazolyl; amF, aminofluorescein; C, cholic acid; UDC, ursodeoxycholic acid; CG, cholyglycine; C-taurine, cholytaurine; UDC-taurine, ursodeoxycholytaurine; T_{max} , maximal hepatic transport rate; TLC, thin-layer chromatography; HPLC, high-pressure liquid chromatography; ACA, apparent choleric activity; CGamF, cholyglycylamidofluorescein; CamF, cholyamidofluorescein; UDCamF, ursodeoxycholyamidofluorescein; C-L-NBD, choly-(NBD)-lysine; UDC-L-NBD, ursodeoxycholy-(NBD)-lysine.

From the Division of Gastroenterology, Department of Medicine, University of California, San Diego, CA 92093-0813.

Received March 12, 1997; accepted June 20, 1997.

Dr. Holzinger is a Visiting Postdoctoral Fellow from the Department of Visceral and Transplantation Surgery, Inselspital, University of Bern, Bern, Switzerland.

Dr. Scheingart's present address: Ferring Research Institute Inc., San Diego, CA 92121.

Ms. Ton-Nu's present address: La Jolla Pharmaceuticals, San Diego, CA 92121.

Dr. Eming's present address: Department of Dermatology, University of Cologne, Germany.

Dr. Monte's present address: Department of Physiology and Pharmacology, University of Salamanca, Spain.

Dr. Hagey's present address: Center for Reproduction of Endangered Species, San Diego Zoological Society, San Diego, CA 92134.

Supported in part by NIH Grant DK 21506, as well as a grant in aid from the Falk Foundation e.V., Freiburg, Germany. F. Holzinger was supported in part by a postdoctoral fellowship from the Swiss National Foundation for Scientific Research, as well as the Department of Visceral and Transplantation Surgery, University of Bern, Bern, Switzerland.

Address reprint requests to: Alan F. Hofmann, M.D., Ph.D., Department of Medicine 0813, University of California, San Diego, La Jolla, CA 92093-0813. Fax: (619) 543-2770.

Copyright © 1997 by the American Association for the Study of Liver Diseases. 0270-9139/97/2605-0027\$3.00/0

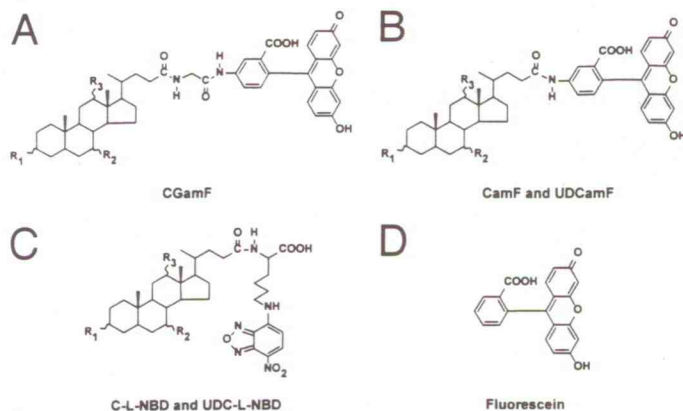


FIG. 1. Chemical structures of fluorescent bile acid derivatives and fluorescein.

steroid moiety influenced hepatic or intestinal handling. Since three of the molecules were tagged with fluorescein (as amF), we also characterized the hepatic handling of fluorescein to factor out the effect of the bile acid moiety on the amF-tagged bile acids. Results with these organic anions were compared with literature values for cholytaurine (C-taurine) and ursodeoxycholytaurine (UDC-taurine), common conjugated bile acids, whose transport characteristics by the rat liver¹⁹⁻²¹ and intestine²²⁻²⁵ have been well defined.

MATERIALS AND METHODS

Experimental Design

Experiments were performed using the anesthetized, biliary fistula rat because we wished to characterize the disposition of these molecules in the whole animal and because our laboratory has had considerable experience with hepatic transport^{20,26,27} and intestinal transport²² of bile acids in the biliary fistula rat. Two types of studies were performed. In the first set of studies, hepatocyte transport was assessed by measuring the maximal transport rate (T_{max}). Bile acid biotransformation [by thin-layer chromatography (TLC) and HPLC] and bile flow in relation to bile acid recovery [apparent choleric activity (ACA)] were measured at the same time. In the second, intestinal absorption was assessed by perfusing the jejunum or ileum and equating biliary recovery with intestinal absorption.

Chemicals: Fluorescent Bile Acids and Fluorescein

Five fluorescent bile acids were used in this study, three tagged with amF [cholyglycylamidofluorescein (CGamF), cholyamidofluorescein (CamF), and ursodeoxycholyamidofluorescein (UDCamF)] and two with NBD [choly-(N ϵ -NBD)-lysine (C-L-NBD) and ursodeoxycholy-(N ϵ -NBD)-lysine (UDC-L-NBD)]. Fluorescein sodium salt was purchased from Sigma Chemical Co. (St. Louis, MO); it was found by HPLC to have a purity >98% and was used as received. Chemical structures of all compounds are shown in Figure 1. Trivial names, abbreviations, orientation of nuclear substituents, molecular weights, and HPLC retention times are given in Table 1.

All amF-tagged bile acids were synthesized by conjugation of commercially available 5-aminofluorescein (Sigma Chemical Co., St. Louis, MO) with the carboxylic group of C, UDC, CG. Conjugation was performed using the coupling agent 1-(3-dimethylamino-propyl)-3-ethylcarbodiimide in a pyridine-hydrochloric acid buffer. This reaction couples the amino group of the fluorescein molecule to the carboxyl group of the bile acid side chain by an amide bond. Details of synthetic methods have been published elsewhere.¹⁸ The N ϵ -NBD-tagged bile acid derivatives were prepared by coupling

the relatively smaller NBD fluorophore to the ϵ amino group of choly- and ursodeoxycholy-lysine using a series of reactions similar to the ones described by Schneider et al.¹⁷

Compounds were purified by adsorption chromatography using silica gel column chromatography as previously described.²⁸ The final preparations were >98% pure by HPLC.²⁹

Physiological Experiments

Animal studies were approved by the Animal Subjects Committee of the University of California, San Diego.

Anesthetized Biliary Fistula Rat. Unfasted adult male Sprague-Dawley rats (Charles River Laboratories, Wilmington, MA) weighing 250 to 330 g were anesthetized by intraperitoneal injection of pentobarbital, 7.5 mg/100 g body wt (Nembutal®, Abbott Laboratories, North Chicago, IL). Anesthesia was maintained by repeated intramuscular doses (10 mg) of pentobarbital given every 2 to 2.5 hours. Abdominal temperature was maintained throughout the experiment at $38 \pm 0.5^\circ\text{C}$ with a temperature-controlled heating lamp connected to a rectal temperature probe (Yellow Springs Instrument Co., Yellow Springs, OH). The jugular vein was cannulated using PE-10 polyethylene tubing (Clay Adams, Parsippany, NJ; inner diameter, 0.28 mm; outer diameter, 0.61 mm). 0.9% sodium chloride (Baxter, Deerfield, IL) was infused at a rate of 2.2 mL/h using a Harvard syringe pump (Harvard Apparatus Co., Millis, MA). The abdomen was then opened by a midline incision and an external biliary fistula was constructed using PE-10 polyethylene tubing. Bile was collected every 15 minutes in preweighed plastic vials. After a 2 hour control period, the fluorescent bile acids or fluorescein (dissolved in 0.9% sodium chloride and 0.05 N NaOH, pH \approx 8.0) were infused. Fluorescent bile acids were infused over a dose range from 0.3 to 8 $\mu\text{mol}/\text{kg} \cdot \text{min}$, and usually one to three doses were studied per animal. Each dose was infused for 90 minutes before proceeding to the next dose. (This procedure gives a value for T_{max} , but not for recovery, because of the confounding effect of toxicity at higher doses.)

Higher doses of fluorescent bile acids were not administered either because of toxic effects (see "Results") or lack of compound (an infusion of a fluorescent bile acid at a rate of 8 $\mu\text{mol}/\text{kg} \cdot \text{min}$ requires \approx 150 mg of the compound). However, an infusion rate of 8 $\mu\text{mol}/\text{kg} \cdot \text{min}$ exceeds the usual flux of bile acids to the liver in the healthy rat.³⁰ Fluorescein was infused over a dose range from 0.5 to 14 $\mu\text{mol}/\text{kg} \cdot \text{min}$. At the end of the infusion period of the tested compound, saline was infused for an additional 2 hours.

To test for renal excretion of infused compounds and their metabolites, the urinary bladder was aspirated at the end of each experiment, and urine was analyzed by TLC.

Intestinal Perfusion. Adult male Sprague-Dawley rats were fasted overnight before the experiment. After completion of the biliary fistula as described above, a jejunal segment distal to the ligament of Treitz (\approx 20 cm in length) or a segment of the terminal ileum (\approx 20 cm in length) was surgically isolated. A PE-90 polyethylene tube (inner diameter, 0.86 mm; outer diameter, 1.27 mm) was introduced into the proximal lumen and tied in place. A large-bore polyethylene tube (Tygon R-3603, Fisher Scientific Co., Pittsburgh, PA; inner diameter, 1.60 mm; outer diameter, 3.20 mm) was inserted into the distal part of the isolated segment. (In the case of the ileum the tube was carefully pushed through the ileocecal valve for about 5 mm and tied in place.) The isolated segment was then rinsed with 20 to 40 mL 0.9% sodium chloride at 38°C using a syringe in order to remove intestinal contents. After the tube placements, the abdominal temperature was maintained at $38^\circ \pm 0.5^\circ\text{C}$ by means of a temperature-controlled heating lamp. The perfusate, which was kept at 38°C in a water bath, consisted of isotonic TRIS buffer (TRIS, 25 mmol/L; NaCl, 130 mmol/L, pH 8.0). Fluorescent bile acids or fluorescein were dissolved in the perfusate to a concentration of 1 mmol/L.

A 60-minute control period, during which buffer was perfused, was followed by a 60 minute perfusion of the test compound. A peristaltic pump (Harvard Apparatus, Millis, MA) was used to per-

