

## Effects of Insulin on Fibronectin Alterations in Sciatic Nerve of Diabetic

### Rats-A Brief Report

Manochehr Safari<sup>1</sup>, Niloofar Aldaghi<sup>2</sup>, Hamid Reza Sameni<sup>1</sup>, Mohammad Reza Aldaghi<sup>1\*</sup>

1. Department of Anatomical Sciences, School of Medicine, Semnan University of Medical Sciences, Semnan, Iran.  
2. Department of Biology, School of Biology, Damghan University, Damghan, Iran.

#### \*Correspondence:

Mohammad Reza Aldaghi, Assistant professor Department of Anatomical Sciences, School of Medicine, Semnan University of Medical Sciences, Semnan, Iran.

Tel: (98) 912 531 0972

Email: aldaghimr861@semums.ac.ir

Received: 25 January 2020

Accepted: 03 May 2020

Published in June 2020

#### Abstract

**Objective:** Alteration in the basement membrane proteins maybe associated with diabetic neuropathy. Fibronectin is one of the most important components of peripheral nerves basement membrane. In this study we investigated the effects of insulin administration on prevention of alteration in fibronectin contents of sciatic nerve in diabetic rats.

**Materials and Methods:** Twenty-four wistar rats were divided into control, diabetic and diabetic with insulin treatment groups. Three months after diabetes induction, we measured blood glucose level, body weight and then expression of fibronectin in sciatic nerves of rats were evaluated by real time polymerase chain reaction (PCR) and immunohistochemical study.

**Results:** Intensity of fibronectin immunoreactivity in the perineurium and endoneurium of sciatic nerves significantly increased in diabetic without treatment group compared to control group ( $P$ -value< 0.001).

**Conclusion:** This finding suggested that diabetic neuropathy resulted in increased of fibronectin contents in sciatic nerves of rats.

**Keywords:** Diabetes, Sciatic nerve, Basement membrane proteins, Fibronectin

## Introduction

Change in basement membrane thickening of peripheral nerves may be seen during diabetes (1,2). Basement membranes are specialized form of extracellular matrix (ECM). ECM provides physical support for cells and tissue. Increased thickness of perineurial cell basement membrane may alter perineurium rigidity and change in blood vessels structure that lead to changes in oxygen supply and nutrients to the endoneurium (3). Fibronectin is a prominent

glycoprotein in many of extracellular matrix. It involves in many processes including cell adhesion, morphology and migration (4). The skeleton of perineurial cell basement membranes are mainly formed by collagen IV, laminin and fibronectin (5,6). Hyperglycemia may be resulted in advanced glycation end products (AGEs) formation. The further AGEs formation may be leads to changes in components of the extracellular matrix such as fibronectin (7). This study investigated the

alterations of fibronectin contents in sciatic nerves of diabetic rats and effects of insulin administration to prevent or reverse of these alterations.

## Materials and Methods

Twenty-four adult male wistar rats with 200–250g body weight were randomly divided into three groups: control, diabetic without treatment and diabetic with insulin treatment. Insulin administration group received 4 to 6 units of NPH insulin (EXIR Co. Iran) daily for 3 months. Fibronectin reaction in the sciatic nerves was graded according to staining intensity that described in the previous studies (8,9). In real time PCR study, nerve samples were collected to RNA later (Qiagen, Germany). Total RNA was isolated by the RNeasy Mini Kit (Qiagen, 74104) according to the manufacturer's instructions. The nerves were homogenized (Polytron 1200E, Switzerland) and were centrifuged. RNA extractions were performed and then the first strand cDNA were made by using a cDNA synthesis kit (Fermentas). The tubes were sequentially incubated for 15 min at 25°C followed by 60 min at 42°C and terminated reaction by heating at 70°C for 5 min. Finally cDNA samples were stored at -20°C. Real-time PCR was done by the Stratagene Max 3000p (USA).

The cDNA was denatured at 95°C for 10 min followed by 40 cycles of 95°C for 30 seconds, 58°C for 30 seconds and 72°C for 45 seconds. After final cycle, the temperature was 95°C to construct a melting curve. The cDNA content in each specimen was determined by using a comparative cycle threshold (Ct) method. The results were presented as relative expression of a specific gene normalized to the GAPDH gene. The average of the relative amount of

each mRNA in control group is defined as 1.0. Briefly, the primers efficiency was calculated using serial dilution of cDNA and CT values by following formula:

Efficiency =  $10^{(-1/\text{slope})-1}$ . As our data showed the primers efficiency for target gene and endogenous control (GAPDH) was in similar range and  $\geq 99\%$ . Melting curve analysis shows a single PCR product and specificity of primers for GAPDH and target gene. The serial dilutions of cDNA from the high quality sample were used to construct a relative standard curve for the target genes and then fold change in fibronectin gene expression was calculated by comparative Ct ( $2^{-\Delta\Delta Ct}$ ) method (10).

## Ethical considerations

All experimental protocols were approved by Mashhad University of medical sciences ethics committee for animal experiments (code: 89761).

## Results

Immunohistochemical study showed that significantly elevated of fibronectin reactivity in the perineurium and endoneurium of sciatic nerve in diabetic group without treatment comparison to the control group ( $P$ -value < 0.001), this reactivity was stronger in the perineurium compare to endoneurium. Fibronectin immunoreactivity in perineurium and endoneurium of diabetic rats with insulin treatment significantly decreased than diabetic rats without treatment ( $P$ -value < 0.05). (Table 1). Evaluation of real-time PCR study was showed significantly elevated of fibronectin mRNA level in diabetic group without treatment (0.5 fold) compared to control group. Insulin administration significantly overall decreased of fibronectin mRNA level

**Table 1. Comparison of fibronectin immunoreactivity in the sciatic nerves of different groups**

Group	Perineurium	Endoneurium
Control	++	++
Diabetic	++++ <sup>x</sup>	<sup>x</sup> +++
Diabetic with insulin treatment	+++ <sup>#</sup>	++ <sup>#</sup>

N=8 for each group; ++++: very strong expression, +++: strong expression, ++: moderate expression  
\* $P$ -value < 0.05: compare to control group, #  $P$ -value < 0.05: compare to untreated diabetic group.

in sciatic nerve of diabetic rats ( $P$ -value<0.05).

## Discussion

Alteration in the extracellular matrix composition is one of the most important causes of unsuccessful nerve regeneration in diabetic neuropathy (1,11-13). The skeleton of perineurial cell basement membranes are mainly formed by collagen IV, laminin and fibronectin (5). The basement membranes are special form of ECM and the disturbance of ECM components play an important role in the developing of disease in kidney and retina. Excessive accumulation of fibronectin in kidney and retina were noticed after diabetes induction (2,14,15). Our immunohistochemical results showed that hyperglycaemia could change expression of fibronectin strongly in perineurium and moderate in the endoneurium, but insulin therapy significantly decreased this over expression. This finding also showed that, fibronectin at mRNA level was significantly increased in the sciatic nerve of untreated diabetic rats. Insulin administration was significantly reduced fibronectin over expression at mRNA level. Hyperglycemia can increase expression of extracellular proteins such as Collagen IV and fibronectin (15). In experimental diabetic neuropathy oxygen free radicals increased in sciatic nerve (16,17). Hyperglycemia induced oxidative stress and AGEs formation that contributes to the pathology of diabetic neuropathy. AGEs may induce synthesis and degradation of extracellular matrix components and resulted in accumulation of collagens, fibronectins, and laminins that leading to poor axonal regeneration (7,16). Hyperglycemia and AGEs accumulation may cause alteration in the structure and function of ECM proteins in

peripheral nerve (7,17,18). Recent studies have shown AGEs maybe damage function of pancreatic  $\beta$ -cell and decrease cell viability which leads to reduce of insulin content and secretion (19,20). Hyperglycemia and glycosylation produces cross linkage and physical alteration in properties of extracellular matrix (21,22). Connective tissue growth factor (CTGF) is up regulated in diabetes and induced by hyperglycemia and AGEs. CTGF mediates the alterations of ECM components during hyperglycemia (23). Insulin administration causes down regulated of CTGF and this decrease can effect on ECM components and inhibited up regulation of several components of ECM such as fibronectin (23).

## Conclusions

Regarding the results of the present study, diabetic neuropathy resulted in increased fibronectin expression in sciatic nerve of rats. It is suggested that insulin therapy reversed fibronectin up regulation and may be useful in prevention of fibronectin alteration in peripheral nerves of diabetic rats.

## Acknowledgements

The authors would like to thanks Dr. M. Jalali and Dr. M. Nikraves for their excellent comments.

## Funding

This research is a part of Ph.D. student thesis (No. 89761) in Mashhad University of Medical Sciences.

## Conflict of Interest

The authors declare that they have no conflict of interests.

## References

1. Yasuda H, Terada M, Maeda K, Kogawa S, Sanada M, Haneda M, et al. Diabetic neuropathy and nerve regeneration. *Progress in neurobiology*. 2003;69(4):229-85.
2. Reinhard J, Renner M, Wiemann S, Shakoor DA, Stute G, Dick HB, et al. Ischemic injury leads to extracellular matrix alterations in retina and optic nerve. *Scientific Reports*. 2017;7(1):1-7.

3. Hill RE, Williams PE. A quantitative analysis of perineurial cell basement membrane collagen IV, laminin and fibronectin in diabetic and non-diabetic human sural nerve. *Journal of anatomy*. 2002;201(2):185-92.
4. Gao J, Zhang X, Diao H, Liu Y, Lv M, Dong H, et al. Association of fibronectin Msp iv polymorphism and diabetic nephropathy susceptibility in Chinese Han population. *International journal of clinical and experimental pathology*. 2015;8(3):3220.
5. Muona P, Peltonen J, Jaakkola S, Uitto J. Increased matrix gene expression by glucose in rat neural connective tissue cells in culture. *Diabetes*. 1991;40(5):605-11.
6. Alovskaya A, Alekseeva T, Phillips JB, King V, Brown R. Fibronectin, collagen, fibrin-components of extracellular matrix for nerve regeneration. *Topics in Tissue Engineering*. 2007;3:1-26.
7. Duran-Jimenez B, Dobler D, Moffatt S, Rabbani N, Streuli CH, Thornalley PJ, et al. Advanced glycation end products in extracellular matrix proteins contribute to the failure of sensory nerve regeneration in diabetes. *Diabetes*. 2009;58(12):2893-903.
8. Kranenburg AR, Willems-Widyastuti A, Mooi WJ, Sterk PJ, Alagappan VK, de Boer WI, et al. Enhanced bronchial expression of extracellular matrix proteins in chronic obstructive pulmonary disease. *American journal of clinical pathology*. 2006;126(5):725-35.
9. Turamanlar O, Özen OA, Songur A, Yağmurca M, Akçer S, Mollaoglu H, et al. Protective effect of alpha lipoic acid on rat sciatic nerve ischemia reperfusion damage. *Balkan medical journal*. 2015;32(2):196.
10. Wong ML, Medrano JF. Real-time PCR for mRNA quantitation. *Biotechniques*. 2005 Jul;39(1):75-85.
11. Bradley JL, King RH, Muddle JR, Thomas PK. The extracellular matrix of peripheral nerve in diabetic polyneuropathy. *Journal of the Peripheral Nervous System*. 2000;5(4):243-4.
12. Hill R. Extracellular matrix remodelling in human diabetic neuropathy. *Journal of Anatomy*. 2009;214(2):219-25.
13. Yagihashi S, Mizukami H, Sugimoto K. Mechanism of diabetic neuropathy: where are we now and where to go?. *Journal of diabetes investigation*. 2011;2(1):18-32.
14. Gao J, Wang F, Wang W, Su Z, Guo C, Cao S. Emodin suppresses hyperglycemia-induced proliferation and fibronectin expression in mesangial cells via inhibiting cFLIP. *PLoS One*. 2014;9(4):e93588.
15. Singh VP, Bali A, Singh N, Jaggi AS. Advanced glycation end products and diabetic complications. *The Korean Journal of Physiology & Pharmacology*. 2014;18(1):1-4.
16. Ziegler D. Thioctic acid for patients with symptomatic diabetic polyneuropathy. *Treatments in endocrinology*. 2004;3(3):173-89.
17. Vallianou N, Evangelopoulos A, Koutalas P. Alpha-lipoic acid and diabetic neuropathy. *The Review of Diabetic Studies*. 2009; 6: 230-236.
18. Han T, Bai J, Liu W, Hu Y. A systematic review and meta-analysis of alpha-lipoic acid in the treatment of diabetic peripheral neuropathy. In *Database of Abstracts of Reviews of Effects (DARE): Quality-assessed Reviews [Internet]*. Centre for Reviews and Dissemination (UK). 2012;167(4):465-471.
19. Puddu A, Storace D, Odetti P, Viviani GL. Advanced glycation end-products affect transcription factors regulating insulin gene expression. *Biochemical and biophysical research communications*. 2010;395(1):122-5.
20. Shu T, Zhu Y, Wang H, Lin Y, Ma Z, Han X. AGEs decrease insulin synthesis in pancreatic  $\beta$ -cell by repressing Pdx-1 protein expression at the post-translational level. *PLoS One*. 2011;6(4):e18782.
21. King RH. The role of glycation in the pathogenesis of diabetic polyneuropathy. *Molecular Pathology*. 2001;54(6):400.
22. Singh VP, Bali A, Singh N, Jaggi AS. Advanced glycation end products and diabetic complications. *The Korean Journal of Physiology & Pharmacology*. 2014;18(1):1-4.
23. Winkler JL, Kedees MH, Guz Y, Teitelman G. Inhibition of connective tissue growth factor by small interfering ribonucleic acid prevents increase in extracellular matrix molecules in a rodent model of diabetic retinopathy. *Molecular Vision*. 2012;18:874.