The effects of different inhibitory pathways of prostaglandin \textit{E}_2 biosynthesis on renomedullary interstitial cells in rats: a multidisciplinary study

Sibel Demirci Delipinar\textsuperscript{1*}, Huseyin Sonmez\textsuperscript{2}, Hakan Ekmekci\textsuperscript{2}, Leyla Ayse Erozenci\textsuperscript{3} and Ismail Seckin\textsuperscript{1}

\textbf{Abstract}

Renomedullary interstitial cells (RMICs) are the most dominant cell type in inner renal medulla. Their most distinct characteristic is the presence of multiple lipid droplets in their cytoplasm. These lipid droplets are believed to be the storage units for precursors of prostaglandins (PGs), prostacyclin and medullipin. Especially prostaglandin \textit{E}_2 (PGE\textsubscript{2}) is synthesized by RMICs in kidney. PGs are produced by three key steps: 1) Arachidonic acid (AA) release from membrane phospholipids by the action of phospholipase A\textsubscript{2} (PLA\textsubscript{2}); 2) Formation of prostaglandin H\textsubscript{2} (PGH\textsubscript{2}) from AA by the action of cyclooxygenases (COXs); 3) Specific PG synthesis metabolism from PGH\textsubscript{2}. PG biosynthesis can be regulated via activation or inhibition of these steps. In this study, we examined the effects of PGE\textsubscript{2} inhibition in different steps on RMIC function, the number of lipid droplets, medullary hyaluronan (HA) content and cell viability. We formed four groups (n=8): First group was control and treated with intraperitoneal (ip) 0.9\% saline. Second group in which we inhibited AA release from membrane phospholipids was injected with ip dexamethasone (DEX) (2 mg/kg, 10 days); third group was treated with ip indomethacin (IND) (1 mg/kg, 10 days) to inhibit non-specific COX at the stage of PGH\textsubscript{2} formation from AA; and the fourth group was injected with ip celecoxib (CXB) (1 mg/kg, 10 days) to examine selective cyclooxygenase-2 (COX-2) inhibition.

We dissected renal medulla of the sacrificed animals after 10 days to analyze with light and electron microscopy. We counted the lipid droplets in 50 random RIMCs for each animal (x6,000 magnification) in electron microscopy. Our morphometric analysis showed that the number of lipid droplets was significantly decreased in DEX group and was significantly increased in IND and CXB groups when compared to control. In addition, medullary HA content and CD44 immunoreactivity were significantly increased in all groups when compared to control. When we analyzed cell viability, we found that RMIC apoptosis was significantly higher in PGE\textsubscript{2} inhibited groups when compared to control. Besides this, 24-hour urine values collected on the 10th day were significantly increased in dexamethasone and indomethacin groups; but in celecoxib group the values were similar to control. These results indicate that lipid granules may be numerical and functionally influenced from PGE\textsubscript{2} changes, these granules may be storage units of AA, functional changes in RMICs by PGE\textsubscript{2} may influence HA quantity of medullary interstitium and urine volume, and finally PGE\textsubscript{2} inhibition may lead to RMIC apoptosis.

\textbf{Keywords:} Kidney, Non steroidal anti-inflammatory drugs, Prostaglandin E\textsubscript{2}, Renomedullary interstitial cells, Cyclooxygenase-2

\textbf{Introduction}

The kidney has both pro- and anti-hypertensive activities \cite{1,2}. Renomedullary interstitial cells (RMICs) are the most abundant cell type in the inner renal medulla and they have several char-

\textsuperscript{*}Correspondence: sibel.delipinar@gmail.com
acteristic features. Their most distinctive characteristic is the presence of multiple lipid droplets in their cytoplasm. The investigators suggest that RMICs are secretory cells because of their well-developed rough endoplasmic reticulum (RER), Golgi complex and the content of multiple lipid droplets [3]. Therefore, they are referred to as the lipid-containing type 1 interstitial cells, which are the principal cells in the inner medulla [4]. In 1969, Bohman and Maunsbach isolated lipid droplets from RMICs and found that they had a vasodepressor activity. The content of these lipid granules are believed to be storage units for precursors of prostaglandins (PGs), prostacyclin and medullipin [1]. The amount and the size of lipid droplets are shown to be involved in the changes of diuretic stages, water-salt balance, renal perfusion pressure (RPP) and medullary blood flow (MBF) [1]. RMICs are often arranged in rows between the loops of Henle and vasa recta, with their long axes being perpendicular to those of adjacent tubules and vessels, thus resembling the rungs of a ladder [3]. This anatomic arrangement suggests that RMICs may play an important role in maintaining urinary concentrating ability via preventing the axial diffusion in concentration gradient [5,6]. Studies demonstrate that the transplants of fragments from the renal medulla or of the cultured RMICs reverse renoprival hypertension [1,7-13]. The biochemical analyses of these medullary transplants show the presence of prostaglandins (PGs), triglycerides, cholesterol esters and free fatty acids [14]. At the end of these studies, three types of substances with potential antihypertensive properties are derived from the kidney medulla [12]:

1. Prostaglandins (PGs)
2. Antihypertensive neutral renomedullary lipid (ANRL)
3. Antihypertensive polar renomedullary lipid (APRL).

Cell culture studies demonstrate that PGs, especially prostaglandin E\textsubscript{2} (PGE\textsubscript{2}) are synthesized by RMICs in the kidney [3,7,12,13]. PGs are produced by three key steps: 1) Arachidonic acid (AA) release from membrane phospholipids by the action of phospholipase A\textsubscript{2} (PLA\textsubscript{2}); 2) Formation of prostaglandin H\textsubscript{2} (PGH\textsubscript{2}) from AA by the action of cyclooxygenases (COXs); 3) Specific PG synthesis metabolism from PGH\textsubscript{2}, PG biosynthesis can be regulated via activation or inhibition of these steps. Various researchers work with PGE\textsubscript{2} stimulators and inhibitors in their renal medulla studies; however, we are unable to find a research on inhibition before AA release in the literature. We believe that using pre-AA release inhibitors in addition to COX inhibitors better clarify the characteristic of lipid droplets and whether their activity in PGE\textsubscript{2} synthesis continues via other pathways or not. Selective cyclooxygenase-2 (COX-2) inhibitors (coxibs) and several non-selective COX-inhibiting nonsteroidal anti-inflammatory drugs (NSAIDs) block endogenous PG synthesis. However, studies suggest that, this inhibition leads to RMIC apoptosis [15-20]. Furthermore, hyaluronan (HA) which is a negatively charged glycosaminoglycan (GAG) found in renal interstitium and in the synthesis by RMICs, may play an important role in maintaining of water homeostasis [21,22]. The high concentrations of HA in the kidney medulla support tubules and blood vessels and it is important for urine concentration [22]. HA also has a wondrous renal water handling capacity which is important for maintaining the concentration gradient and affects water transport in renal medulla [21-23].

In this study, we examine the effect of inhibition of PGE\textsubscript{2} synthesis in different pathways on RMIC function, the number of lipid droplets, medullary HA content and cell viability. The glucocorticoids inhibit PLA\textsubscript{2} enzyme in AA release stage from membrane phospholipids. Thus, they reduce the formation of all the eicosanoids (PGs, prostacyclins, thromboxanes and leukotrienes). For this reason, we inhibit AA release with PLA\textsubscript{2} inhibition by using dexamethasone (DEX) which is a glucocorticoid. AA released via PLA\textsubscript{2}, is converted into PGG\textsubscript{2} by being presented to COX (prostaglandin H synthase, PGHS). Then, COXs generate intermediate endoperoxide PGG\textsubscript{2}, which is a substrate for terminal synthases by reducing PGG\textsubscript{2}. We inhibit PGE, formation from PGH\textsubscript{2} in two different pathways via COX. For this study, we use indomethacin (IND) which is a non-selective COX inhibitor (COX-1 and COX-2 inhibition), and celecoxib (CBX) which is a selective COX-2 inhibitor.

We aim to analyze the morphological changes and the number of lipid droplets of RMICs in different PGE\textsubscript{2} inhibition groups. Furthermore, we investigate how medullary HA content, amount of urine and cellular viability from PGE\textsubscript{2} inhibition are affected. Finally, we search for an answer: Are the lipid droplets the storage units for PG precursor AA?

**Methods**

Thirty-two adult male Wistar albino rats weighing 180-200g (Experimental Animals Reproduction and Research Laboratory, Istanbul University Cerrahpasa Medical Faculty, Turkey) were housed in individual cages in a temperature- and humidity-controlled room with a 12-h light/dark cycle. They were fed with standard rat chow and had free access to tap water. Rats were divided into four groups (n=8). Control group was daily injected with 1 ml ip 0.9% NaCl solution during 10 days. Second group was daily injected with ip 2 mg/kg dexamethasone during 10 days. Third group was injected with ip 1 mg/kg indomethasine during 10 days and the last group was injected with ip 1 mg/kg celecoxib during 10 days. All rats were sacrificed under anesthesia at the end of the study (10th day) according to the regulation of animal ethical committee of Istanbul University.

**Biochemical analyses**

24 h urine samples were collected on the 1st and 10th days from animals. Urine volumes were measured using micropets and pH values were measured using pH-indicator strips (Merck; pH:0-14). The blood samples were collected on the 10th day from animals via intracardiac-puncture method. Samples were taken in heparinsetubes and centrifuged in 1500 rpm for 15 minutes. Serum samples collected and PGE\textsubscript{2}
levels were determined by ELISA method.

**Light microscopical analyses**

Renal medullary tissues were fixed in 10% neutral buffered formalin dehydrated with graded ethanol and embedded into paraffin. The sections of 5 μm thickness were placed onto poly-l-lysine-coated slides. Histological determination of renal medullar HA content was carried out by Alcian blue staining (pH: 2.5). The evaluation of the Alcian blue staining was done utilizing H-SCORE from renal papilla and inner medulla, using randomly selected 5 different fields for each slide, x40 magnification.

**Immunohistochemical analyses**

The sections of 5 μm thickness were placed onto poly-l-lysine-coated slides. After deparaffinization and rehydration samples were placed in citrate buffer (pH6), antigen retrieval was performed by treating the samples in a microwave oven at 750 W for 5 min three times, and then slides were washed in PBS. Immunohistochemistry procedure was performed using standard streptavidin-biotin-peroxidase method. Endogenous peroxidase activity was blocked by 3% hydrogen peroxide (Dako, Glostrup, Denmark). Each section was then incubated for 15 minutes at room temperature with blocking solution to block cellular peroxidase activity. After blocking, sections were incubated with primary antibodies mouse anti-rat CD44 diluted 1:100 (Life Span Biosciences, USA) and rabbit anti-human, rat, mouse active caspase-3 diluted 1:100 (Millipore) for 1 hour at room temperature, then washed with PBS. Specific staining was performed with biotinated universal secondary antibody and horse radish peroxidase streptavidin-complex. Immunoreactivity was developed using amino-ethyl-carcabazole as chromogen (Invitrogen). The sections were counter-stained with Mayer’s hematoxylin and mounted with glycerol gelatin (Sigma). All incubations were performed in a moist chamber at room temperature. As for negative control, distilled water was performed instead of primary antibody.

**Electron microscopical analyses**

After necropsy, the left kidney medulla was immediately divided into 1mm² pieces for transmission electron microscopy. They were firstly fixed in 3% glutaraldehyde in a 0.1 M phosphate buffer solution (PBS), post-fixed by 1% OsO₄ prepared in the same buffer solution, dehydrated and embedded into araldite medium. Semi-thin sections were cut into 1μm thickness by glass knives to help of the ultra microtome and stained with 1% toluidine blue (prepared with 1% borax in bidistilled water). The sections were examined under a binocular light microscope using immersion objective. Ultra-thin sections were observed by transmission electron microscope (Jeol JEM 1011).

**Morphometric studies**

We obtained ultra-thin sections from one animal in each experimental group and counted lipid droplets in randomly chosen 50 different RMICs with EM micrographs (x6000 magnification). Data was statistically evaluated.

**H-Score and semi-quantitative evaluations**

The evaluations of the alcian blue staining and immunohistochemical staining were done utilizing H-SCORE. From each randomly selected slides per animal, five different fields were evaluated. Stainings were scored in a semi-quantitative fashion that included the intensity of specific staining in sections. The evaluations were recorded as values between 0-300 of five intensity categories: 0 (none), 0-75 (weak but detectable above control), 75-150 (distinct), 150-225 (dense), 225-300 (intense). Two observers blinded to the experimental groups performed the H-SCORE. For each tissue, obtained an average H-SCORE value. (0:negative; 1:weak positive; 2:positive; 3:dense positive; 4:very dense positive and presented in Figure 1 and Table 1).

**Statistical analyses**

Statistical analyses of 1st and 10th days urine volumes, 1st and 10th days urine pH values, PGE₂, values in blood serum, HSCORE values of alcian blue staining and immunohistochemistry analyses and the number of lipid droplets were compared by One-Way ANOVA tests. Statistical calculations were performed using Sigma Stat for Windows, version 3.0 (Jandel Scientific, San Rafael, CA). Comparisons were made versus the inhibition groups as a control. Probability values of less than 0.05 (p<0.05) were considered significant; values are presented as mean ±SEM.

**Results**

**Biochemical findings**

In control and experimental groups, urine volumes (ml/24 hours) and pH (0-14) values are shown in Table 1 and Figure 1. Statistical analyses of 1st and 10th days urine volumes, 1st and 10th days urine pH values, PGE₂, values in blood serum, HSCORE values of alcian blue staining and immunohistochemistry analyses and the number of lipid droplets were compared by One-Way ANOVA tests. Statistical calculations were performed using Sigma Stat for Windows, version 3.0 (Jandel Scientific, San Rafael, CA). Comparisons were made versus the inhibition groups as a control. Probability values of less than 0.05 (p<0.05) were considered significant; values are presented as mean ±SEM.

**Light microscopic findings**

Alcian blue dyes non-sulphated acid mucopolysaccharides and acetic mucins. In this study, we used this dye to determine HA, a non-sulphated GAG in interstitial field [24]. HA levels were shown to be significantly elevated in both areas in inhibition groups when compared to control (p<0.05) (Table 1).
Figure 1. The graphics of urine volume, urine pH, serum PGE₂ levels and number of lipid droplets. The groups being statistically different from control group remarqued with star.

Table 1. All data were given in the table.

| GROUPS | 1st day urine volume (ml/24h) | 10th day urine volume (ml/24h) | 1st day urine pH (0-14) | 10th day urine pH (0-14) | PGE₂ levels (pg/ml) | H-SCORE values of Alcian Blue Staining | H-SCORE values of Cas-3 and CD44 immunopositivity | Number Of Lipid Droplets |
|--------|-------------------------------|-------------------------------|-------------------------|-------------------------|---------------------|----------------------------------------|--------------------------------------------------|-------------------------|
| CNT    | 8,85                          | 9,65                          | 10,5                    | 10,5                    | 5,285               | 2                                      | 2                                                | 4,9925                  |
| DEX    | 13,2                          | 21                            | 11                      | 10,5                    | 0,406               | 3                                      | 3                                                | 1,85                    |
| IND    | 13,45                         | 17,15                         | 10,5                    | 10                      | 1,115               | 4                                      | 4                                                | 9,02                    |
| CXB    | 9,3                           | 8,8                           | 10,5                    | 10                      | 1,690               | 4                                      | 4                                                | 7,9625                  |
Semi-thin sections were dyed with toluidine blue and examined with immersion objective (x100). Increased lipid droplets were observed in groups where PGE2 cannot be produced because of the COX inhibition after AA step (IND, CXB) (Figure 2). Increased lipid droplets were observed in groups where PGE2 cannot be produced because of the COX inhibition after AA step (IND, CXB) (Figure 2).

**Immunohistochemical findings**

Cells that show a red reaction were accepted as immune positive (Figure 3). In Cas-3 staining there was significant difference between groups (p<0.05) (Table 1 and Figure 1). PGE2 inhibition was shown to increase apoptosis when compared to control (p<0.001) (Figure 3). H-SCORE values determined for CD44 were significantly different between inhibition and control groups (p<0.05) (Table 1 and Figure 1). PGE2 inhibition was shown to increase CD44 receptor numbers when compared to control (p<0.001) (Figure 3).

**Ultrastructural findings**

In control group, RMICs were found to be located between ascending and descending loops of Henle, capillaries and collecting tubules in longitudinal sections (Figure 4). RMICs were shown to have a poligonal shape in this group, with multiple cytoplasmic inclusions (Figure 4). Cytoplasmic density was normal. Most interestingly, osmophytic lipid granules of various sizes were present in the cytoplasm (Figure 4). Nucleus was usually round or eliptoiic, with condensed heterochromatine peripherally (Figure 4). In some of the analyzed cells,
The pro-hypertensive effect of kidney is regulated by locally perinuclear cisternas (PNC) (Figure 4). Round shaped mitochondria with less crista and very dense matrix were observed (Figure 4). Lysosomes were consisting of lysosomal material (Figure 4). SER and perinuclear location of Golgi complex was well determined in cells (Figure 4). In some of the samples, RER was also present. Free ribosomes were also observed in some samples (Figure 4).

In DEX group, cellular lipid droplets in RMICs were significantly decreased (Figure 4). Heterochromatin was increased and cells were deprived of organelles (Figure 4). ER cisternas were usually empty (Figure 4). Most specific property of these groups was endothelial hyperthrophy (Figure 4). Lysosomes were filled with granular material (Figure 4). Mitochondron was rarely observed (Figure 4).

In IND group, lipid droplets in RMICs were significantly increased (Figure 4). Heterochromatin was increased and heterogenously located in the nucleus (Figure 4). ER cisternas were enlarged, containing granular material (Figure 4). PNCs were also enlarged with granular material (Figure 4). Lipid droplets stacked in cytosol, since they were not used, were marked to be degraded, engulfed in lysosomes, and then formed myelin structures (Figure 4). In this group, the frequency of apoptotic cells were highly increased (Figure 4).

In CXB group, lipid droplets in RMICs were significantly increased (Figure 4). Cells were euchromatic and rich in organelle, like an active cell (Figure 4). ER was well developed and enlarged ER cisternas were present (Figure 4). Also developed Golgi system had a perinuclear location. Mitochondria were observed to be hypertrophic (Figure 4). As in the previous group, this group also had increased apoptotic cells (Figure 4).

**Morphometric findings**

The number of lipid droplets in randomly selected 50 RMICs was counted in ultra-thin sections prepared for electron microscopy analysis, x6000 magnification. Data was analysed by One Way ANOVA (Table 1) (Figure 1). In the DEX group, where AA formation via PLA₂ was inhibited, number of lipid droplets was significantly decreased when compared with control (p=<0.001) (Table 1 and Figure 1). Contrarily, number of lipid droplets were shown to be significantly increased in IND and CXB groups, compared to control (p=<0.001) (Figure 1).

**Discussion**

Kidneys are known to show pro- and anti-hypertensive activity. The pro-hypertensive effect of kidney is regulated by locally active vasopressor systems, including renin-angiotensin system; while the anti-hypertensive effect is thought to depend on vasodepressor agents [1, 13].

Muirhead et al. showed that renal cortical fragment transplantation does not inhibit malignant hypertension development, while transplantation of renal medullar fragments of RMICs in culture overcomes renoprival hypertension [7, 9-13, 25]. Biochemical analyses revealed that these transplants contain abundantly PGs, triglycerides, cholesterol esters and free fatty acids [14].

Renal medulla is the primary synthesis location for PG synthesis. Tissue culture studies on RMICs revealed that these cells are specialized in PG synthesis [1, 13]. It is well known that the most specific property of RMICs is the numerous lipid droplets they contain [1, 3, 8]. The number and size of these lipid droplets change according to the species and physiological state [1]. The number and size of lipid droplets are reported to decrease in the 24 hours following dehydration [1]. In the water-restored rats, the number and size of lipid droplets increased [1]. Although there is not a clear connection identified between lipid droplets and diuretic state of the animals, further studies should be performed to confirm this. The content of these lipid droplets is also not completely known but they are thought to store pivotal products of PGs [1]. The relation between RMIC lipid droplets and renal medullar antihypertensive effect depends on these findings.

Our study also stems from the hypothesis that lipid droplets could be storage units for AA; and we examined the effect of PGE₁ inhibition at different steps on cellular lipid droplets. It is known that PGs are produced in 3 steps via renal COXs (COX-1 and COX-2) by releasing AA from membrane phospholipids [26]:

1. AA release from membrane phospholipids by PLA₂.
2. Production of PGH₂ from AA by COX.
3. Specific PG synthesis metabolism.

PG production can be regulated via activation and inhibition of these steps. Various researchers used PGE₁ inhibitors and stimulators in their studies on RMICs; however, we could not find any inhibition performed pre-AA-release in our literature studies. We designed this study to clarify how this kind of inhibition together with COX inhibition, and the co-use of specific and non-specific COX inhibitors in experimental groups effect lipid droplets, and whether the activity of these cells during PGE₁ production process continues using other pathways or not. In our study, we used a glucocorticoid DEX, to inhibit PG synthesis in AA release step by PLA₂; a non-specific COX inhibitor IND (NSAID), to inhibit production of PGH₂ from AA step; and a specific COX-2 inhibitor CXB (coxib).

In DEX group, cellular lipid droplet numbers were significantly decreased when compared to control. Nucleus was rich in heterochromatin and the cells were deprived of organelles, as in inactive cells. Enlarged ER cisternas were mostly empty. We assume that these cisternas are empty because PGE₁ cannot be produced, since AA synthesis is inhibited. We also observed endothelial hypertrophy and capillary narrowing in this group.

In IND group, the number of cellular lipid droplets was significantly increased. We believe this increase is the result of non-processed (because of the lack of COX) and build-up AA in the cell. Heterochromatin was found to be increased and the cellular structure was diminished and degenerated. In addition, the cells had highly enlarged ER cisternas and...
disturbed mitochondria and Golgi. We also observed defected lipid droplets and accumulation of these granules in lysosomes.

The number of lipid droplets showed a smaller increase in CXB group (specific COX-2 inhibition group) when compared to IND group, and that the cells in the CXB group have a richer organelle appearance suggests that PG synthesis continues, although minimally, via COX-1 pathway. The fact that PGE\textsubscript{2} levels measured in blood serum are higher in CXB group compared to IND supports this hypothesis. 10th day urine volumes, showing an increase in DEX and IND groups while CXB values were similar to control, also propose that COX-1 pathway has a role in PGE\textsubscript{2} synthesis in the CXB group.

In all three groups where we inhibited PGE\textsubscript{2}, the significant decrease in granule numbers of RMICs in pre-AA-release inhibited group by DEX, and the significant increase observed with COX inhibition after AA release by IND and CXB suggest that these granules may be storage units for AA.

It is proven by in vitro and in vivo studies that RMICs synthesize HA [23, 27, 28]. HA may be regulated depending on the water balance of the organism. Moreover, it has been reported that AVP decreased HA levels [22] by increasing hyaluronidase activity [29-31]. The primary cell receptor for HA is CD44 and it is also identified in RMIHs [28]. It is known that this receptor plays a role in cell-cell clustering, matrix-cell interaction, cell migration and receptor-specific HA internalization/fractionation. CD44 is a transmembrane glycoprotein and consists of 4 functional domains. The change of these domains leads to change in the structure and thus, changes in HA binding and the interaction of CD44 with the cytoskeleton. In our findings, we determined a significant increase in medullar HA and CD44 levels in all PGE\textsubscript{2} inhibited groups compared to control, suggesting an inverse relation between PGE\textsubscript{2} inhibition and levels of renal medullar HA and CD44.

Cell viability is also related to PGE\textsubscript{2} inhibition. Studies showed that COX-2 inhibition results in apoptosis in cultured RMICs [15-20]. Aoudjit et al. reported an anti-apoptotic and protective role of COX-2 originated PGE\textsubscript{2} in glomerular epithelial cells, mediated by EP4 [32]. Furthermore, Küper et al. found that PGE\textsubscript{2} inactivates pro-apoptotic protein Bad and protects cell viability in renal medullar epithelial cells [33]. In parallel with these findings, we also determined a significant increase in RMIC apoptosis in PGE\textsubscript{2} inhibited animals when compared to controls. These results suggest that PGE\textsubscript{2} inhibition results in RMIC apoptosis.

**Conclusion**

We suggest that the changes in PGE\textsubscript{2} affects lipid droplets in RMICs quantitatively and qualitatively; these granules may be the storage units for AA; functional changes in RMICs via PGE\textsubscript{2} affects HA levels in medullar interstitium and urine volume; and finally, PGE\textsubscript{2} inhibition results in RMIC apoptosis.

**Competing interests**

The authors declare that they have no competing interests.

**Authors’ contributions**

| Authors’ contributions | SDD | HS | HE | LAE | IS |
|------------------------|-----|----|----|-----|----|
| Research concept and design | ✓   | -  | -  | -   | ✓  |
| Collection and/or assembly of data | ✓   | -  | -  | -   | -  |
| Data analysis and interpretation | ✓   | ✓  | -  | -   | ✓  |
| Writing the article | ✓   | -  | -  | -   | -  |
| Critical revision of the article | ✓   | -  | -  | -   | -  |
| Final approval of article | ✓   | -  | -  | -   | -  |
| Statistical analysis | -   | -  | -  | -   | ✓  |

**Acknowledgements**

This work was supported by Scientific Research Project Coordination Unit of Istanbul University; Project Number: 8402. The authors thank Azize Gumusyazici and Ercument Boztas, the technicians of the electron microscopy laboratory in Istanbul University, Cerrahpasa Medical Faculty.

**Publication history**

EJC: Gaetano Giuseppe Magro, University of Catania, Italy. Received: 28-Jul-2017 Final Revised: 29-Sep-2017 Accepted: 30-Oct-2017 Published: 19-Nov-2017

**References**

1. Marc I, Harris PJ and Alcorn D. Changes in mean arterial pressure predict degranulation of renomedullary interstitial cells. *Clin Exp Pharmacol Physiol*. 2002; 29:1055-9.
2. Faber JE, Barron KW, Bonham AC, Lappre R, Muirhead EE and Brody MJ. Regional hemodynamic effects of antihypertensive renomedullary lipids in conscious rats. *Hypertension*. 1984; 6:494-502.
3. Kirsten M, MadsenSøren Nielsen C and Craig T. *The Kidney*, eighth ed. WB Saunders, Boston, 2007.
4. Kaissling B and Le Hir M. Characterization and distribution of interstitial cell types in the renal cortex of rats. *Kidney Int*. 1994; 45:709-20.
5. Hughes AK, Barry WH and Kohan DE. Identification of a contractile function for renomedullary interstitial cells. *J Clin Invest*. 1995; 96:411-6.
6. Hughes AK and Kohan DE. Mechanism of vasopressin-induced contraction of renomedullary interstitial cells. *Nephron Physiol*. 2006; 103:p199-24.
7. Muirhead EE, Brooks B, Pitcock JA and Stephenson P. Renomedullary antihypertensive function in accelerated (malignant) hypertension. *Contrib Nephrol*. 1981; 12:181-90.
8. Lewis DJ and Prentice DE. Ultrastructure of rhesus monkey renomedullary interstitial cells. *Lab Anim*. 1979; 13:75-9.
9. Pitcock JA, Brown PS, Brooks B, Capp WL, Brosius WL and Muirhead EE. Renomedullary deficiency in partial nephrectomy-salt hypertension. *Hypertension*. 1980; 2:281-90.
10. Muirhead EE. Case for a renomedullary blood pressure lowering hormone. *Contrib Nephrol*. 1978; 12:69-81.
11. Muirhead EE, Rightsel WA, Leach BE, Byers LW, Pitcock JA and Brooks B. Reversal of hypertension by transplants and lipid extracts of cultured renomedullary interstitial cells. *Lab Invest*. 1977; 36:162-72.
12. Muirhead EE, Byers LW, Desiderio DM, Brooks B and Brosius WM. Antihypertensive lipids from the kidney: alkyl ether analogs of phosphatidylcholine. *Fed Proc*. 1981; 40:2285-90.
13. Muirhead EE. Discovery of the renomedullary system of blood pressure control and its hormones. *Hypertension*. 1990; 15:114-6.
14. Zusman RM and Keiser HR. Prostaglandin biosynthesis by rabbit renomedullary interstitial cells in tissue culture. *Stimulation by*
angiotensin II, bradykinin, and arginine vasopressin. J Clin Invest. 1977; 60:215-23. | Article | PubMed Abstract | PubMed FullText

15. Badzynska B and Sadowski J. Opposed effects of prostaglandin E2 on perfusion of rat renal cortex and medulla: interactions with the renin-angiotensin system. Exp Physiol. 2008; 93:1292-302. | Article | PubMed

16. Harris RC and Breyer MD. Physiological regulation of cyclooxygenase-2 in the kidney. Am J Physiol Renal Physiol. 2001; 281:F1-11. | Article | PubMed

17. Rao R, Hao CM and Breyer MD. Hypertonic Stress Activates Glycogen Synthase Kinase 3-mediated Apoptosis of Renal Medullary Interstitial Cells. Suppressing an NF_B-driven Cyclooxygenase-2-dependent Survival Pathway. The Journal Of Biological Chemistry. 2004; 279:3949–3955. | Pdf

18. Hao CM, Komhoff M, Guan Y, Redha R and Breyer MD. Selective targeting of cyclooxygenase-2 reveals its role in renal medullary interstitial cell survival. Am J Physiol. 1999; 277:F352-9. | Article | PubMed

19. Harris RC. Cyclooxygenase-2 in the kidney. J Am Soc Nephrol. 2000; 11:2387-94. | Article | PubMed

20. Hao CM, Yull F, Blackwell T, Komhoff M, Davis LS and Breyer MD. Dehydration activates an NF-kappaB-driven, COX2-dependent survival mechanism in renal medullary interstitial cells. J Clin Invest. 2000; 106:973-82. | Article | PubMed Abstract | PubMed FullText

21. Goransson V, Johnsson C, Nylander O and Hansell P. Renomedullary and intestinal hyaluronan content during body water excess: a study in rats and gerbils. J Physiol. 2002; 542:315-22. | Article | PubMed Abstract | PubMed FullText

22. Rugheimer L, Johnsson C, Maric C and Hansell P. Hormonal regulation of renomedullary hyaluronan. Acta Physiol (Oxf). 2008; 193:191-8. | Article

23. Goransson V, Hansell P, Moss S, Alcorn D, Johnsson C, Hallgren R and Maric C. Renomedullary interstitial cells in culture; the osmolality and oxygen tension influence the extracellular amounts of hyaluronan and cellular expression of CD44. Matrix Biol. 2001; 20:129-36. | Article

24. Dwyer TM, Banks SA, Alonso-Galicia M, Cockrell K, Carroll JF, Bigler SA and Hall JE. Distribution of renal medullary hyaluronan in lean and obese rabbits. Kidney Int. 2000; 58:721-9. | Article | PubMed

25. Pitcock JA, Brown PS, Byers W, Brooks B and Muirhead EE. Degranulation of renomedullary interstitial cells during reversal of hypertension. Hypertension. 1981; 3:It-75-80. | PubMed

26. Hao CM and Breyer MD. Hypertension and cyclooxygenase-2 inhibitors: target: the renal medulla. Hypertension. 2004; 44:396-7. | Article | PubMed

27. Hansell P, Maric C, Alcorn D, Goransson V, Johnsson C and Hallgren R. Renomedullary interstitial cells regulate hyaluronan turnover depending on growth media osmolality suggesting a role in renal water handling. Acta Physiol Scand. 1999; 165:115-6. | Article | PubMed

28. Goransson V, Hansell P, Moss S, Alcorn D, Johnsson C, Hallgren R and Maric C. Renomedullary interstitial cells in culture; the osmolality and oxygen tension influence the extracellular amounts of hyaluronan and cellular expression of CD44. Matrix Biol. 2001; 20:129-36. | Article | PubMed

29. Ginetzinsky AG. Role of hyaluronidase in the reabsorption of water in renal tubules: the mechanism of action of the antiuretic hormone. Nature. 1958; 182:1218-1219.

30. Nikiforovskaya LS, Tischenko NI and Ivanova LN. The glycosaminoglycanohydrolases of the rat kidney lacking antiuretic hormone. Sechenov Physiol J USSR. 1987; 73:978-985.

31. Hardingham T, Heng BC and Gribbon P. New approaches to the investigation of hyaluronan networks. Biochem Soc Trans. 1999; 27:124-7. | Article | PubMed

32. Aoudjit L, Potapov A and Takano T. Prostaglandin E2 promotes cell survival of glomerular epithelial cells via the EP4 receptor. Am J Physiol Renal Physiol. 2006; 290:F1534-42. | Article | PubMed

33. Kuper C, Bartels H, Beck FX and Neuhofer W. Cyclooxygenase-2-dependent phosphorylation of the pro-apoptotic protein Bad inhibits...

Citation:
Delipinar SD, Sonmez H, Ekmekci H, Erozenci LA and Seckin I. The effects of different inhibitory pathways of prostaglandin E2 biosynthesis on renomedullary interstitial cells in rats: a multidisciplinary study. J Histol Histopathol. 2017; 4:13. http://dx.doi.org/10.7243/2055-091X-4-13