## In Vivo Proton MRS of Liver in an Experimental Liver Fibrosis Model

## J. S. Cheung<sup>1,2</sup>, S. J. Fan<sup>1,2</sup>, D. S. Gao<sup>1,2</sup>, K. W. Chan<sup>1,2</sup>, A. M. Chow<sup>1,2</sup>, K. Man<sup>3</sup>, and E. X. Wu<sup>1,2</sup>

<sup>1</sup>Laboratory of Biomedical Imaging and Signal Processing, The University of Hong Kong, Pokfulam, Hong Kong SAR, China, People's Republic of, <sup>2</sup>Department of Electrical and Electronic Engineering, The University of Hong Kong, Pokfulam, Hong Kong SAR, China, People's Republic of, <sup>3</sup>Department of Surgery, The University of Hong Kong, Pokfulam, Hong Kong SAR, China, People's Republic of

# Introduction

Carbon tetrachloride (CCl<sub>4</sub>) intoxication is a well-characterized, reproducible and the most commonly used experimental animal model of liver fibrosis. It has been widely studied with respect to hstological, biochemical, cellular, and molecular changes associated with development of fibrosis<sup>1,2</sup>. By interfering hepatic energy metabolism and protein synthesis, CCl4-induced hepatotoxicity can lead to triglyceride accumulation, mitochondrial injury, and necrosis<sup>3</sup>. While proton magnetic resonance spectroscopy (<sup>1</sup>H MRS) can provide insights into in vivo liver metabolism noninvasively, detailed in vivo MRS study of CCl4-induced liver fibrosis model has been limited. The aim of this study was to characterize early metabolic changes in CCl4-induced liver fibrosis in rodents by means of single-voxel <sup>1</sup>H MRS. Methods

<u>Animal Procedures</u>: Liver fibrosis was induced in male Sprague-Dawley (SD) rats (220-260 g; N = 8) by subcutaneous injection of 1:1 mixture of CCl<sub>4</sub> in olive oil at a dose of 0.2mL/100g of body weight twice a week for 4 weeks<sup>2,4</sup>. Liver fibrosis in animals was confirmed by hematoxylin-eosin (H&E) staining. Normal male SD rats (220-260 g; N=8) were used as controls. <sup>1</sup>H MRS was performed in the CCl<sub>4</sub>-injected animals at 2 and 4 weeks after the start of CCl<sub>4</sub> injection.

In Vivo Liver MRS: <sup>1</sup>H MRS experiments were performed on a 7T Bruker MRI scanner with a 60 mm RF Tx/Rx quadrature resonator. Each animal was anesthetized with ~1.5 % isoflurane and maintained at about 36.5°C with respiratory monitoring. Scout images were first acquired in three orthogonal planes with a FLASH sequence. A 5×5×5 mm<sup>3</sup> voxel was chosen within a homogeneous liver parenchyma to avoid large blood vessels. 1<sup>st</sup> and 2<sup>nd</sup>-order localized automatic shimming was first performed within the voxel until a FWHM <50 Hz was achieved in the water peak. The water signal was then suppressed by variable power RF pulses with optimized relaxation delays (VAPOR). Outer volume suppression (OVS) combined with respiratory-triggered point-resolved spectroscopy (PRESS) sequence was used for MRS acquisition, with TR = 2 respiratory cycles (~2.0-2.5 s), TE = 15 ms, BW = 4 kHz, 2048 data points, 256 averages and total scan time of ~10 min.

Data Analysis: The raw data were zero-filled to 8192 data points, apodized with a 2-Hz exponential filter, Fourier transformed, 0th- and 1st-order phase corrected and baseline corrected. Signal integrals of lipid (integral sum of -CH<sub>3</sub>, (-CH<sub>2</sub>-)<sub>n</sub>, and -CH=CH- at 0.9, 1.3 and 5.3 ppm, respectively), glumatine and glutamate complex (Glx; at 2.2 ppm), choline-containing compounds (CCC; at 3.2 ppm)<sup>5</sup> were manually quantified by areas under peaks. The lipid-to-CCC and Glx-to-CCC ratios were measured by dividing peak area of metabolite by peak area of CCC. The relative saturated and unsaturated fatty acid fractions were estimated by dividing peak areas of (-CH<sub>2</sub>-)<sub>n</sub> and -CH=CH- by peak area of lipid, respectively. One-way ANOVA was employed to compare differences in ratios of peak areas in different groups, with P values less than 0.05 considered statistically significant.

#### Results

Fig. 1 shows the typical liver <sup>1</sup>H MRS spectra from a normal control animal and an animal scanned at 2 and 4 weeks after CCl<sub>4</sub> injection with a typical voxel placement shown in the anatomical image. It was consistently observed that all animals with CCl<sub>4</sub> injection exhibited substantial increase in all metabolites, except CCC, as compared with the normal control animals. Fig. 2 shows the lipid-to-CCC, Glx-to-CCC,  $(-CH_2-)_n$ -to-lipid, and -CH=CH--to-lipid ratios in normal (N = 8) and  $CCl_4$ injected animals (N = 8). Significant differences (P < 0.01) were found for lipid-to-CCC, Glx-to-CCC and ( $-CH_2$ -)<sub>n</sub>-to-lipid ratios.

### **Discussions and Conclusion**

(1) As CCC is believed to represent the important constituents in phospholipid metabolism of cell membranes, similar CCC levels observed in CCl4-injected and normal animals were expected because of the similar rate of cell turnover of hepatocytes in liver prior to the development of cirrhosis<sup>6</sup>. (2) As a result of the destruction of microsomal proteins by lipid peroxidation during toxic insult of CCl4, hepatocytes are incapable of synthesizing lipoproteins that are needed to remove triglycerides in the cytoplasm<sup>7,8</sup>. Therefore, the lipid signal increase in animals with  $CCl_4$  injection was probably due to fatty infiltration/fatty changes in hepatocytes, leading to increased triglyceride content<sup>9,10</sup>. (3) The increase in saturated fatty acid fraction may reflect the lipid-induced cell toxicity, which is worsened by saturated fatty acids<sup>11,12</sup>. (4) Hepatic glutamine metabolism in connection with urea synthesis plays a central role in nitrogen metabolism, in which glutamine represents a storage and transport form of glutamate and ammonia<sup>13</sup>. As in hepatic encephalopathy<sup>14,15</sup>, the Glx signal increase in CCl<sub>4</sub>-injected animals may result from increased glutamine synthesis due to compromised ammonia detoxification and subsequent hyperammonemia during liver dysfunction. (5) The discrepancies between the current MRS findings and those in human chronic hepatitis<sup>16,17</sup> likely reflect varying pathogenesis/etiology of liver fibrosis. In conclusion, our experimental results demonstrated that <sup>1</sup>H MRS at high field was useful in characterizing metabolic changes in liver, in particular those related to lipid and glutamine metabolism, after CCl<sub>4</sub> insult. <sup>1</sup>H MRS may be valuable in detecting fatty changes at early phase and other metabolic changes in human liver fibrosis associated with steatohepatitis.



Fig. 1. Typical liver <sup>1</sup>H MRS spectra from a normal control animal and an consistently showed markedly increase in various metabolites except CCC.

Fig. 2. (a) Lipid-to-CCC, (b) Glx-to-CCC, (c) -CH2--to-lipid, and (d) -CH=CH-animal scanned at 2 and 4 wks after CCl<sub>4</sub> injection. Animals with CCl<sub>4</sub> injection to-lipid ratios in normal animals and animals with CCl<sub>4</sub> injection of 2 and 4 wks. One-way ANOVA was performed with \*\* for P < 0.01 and n.s. for insignificance.

References [1] Tsukamoto H et al. Semin Liver Dis 1990;10:56-65. [2] Constandinou C et al. Methods Mol Med 2005;117:237-250. [3] Recknagel RO et al. Pharmacol Rev 1967;19:184-208. [4] Man K et al. AM J Transplant 2005;5:40-49. [5] Hayakawa Y et al. NMR Biomed 1997;10:257-262. [6] Menon DK et al. Hepatology 1995;21:417-427. [7] Bruckner JV et al. Toxicol Sci 1986;6:16-34. [8] Hazle JD et al. Magn Reson Med 1991;19:124-135. [9] Stark DD et al. Radiology 1983;148:743-751. [10] Hazle JD et al. Magn Reson Med 1990;15:211-228. [11] Wang D et al. Endocrinology 2006;147:943-951. [12] Gentile CL et al. J Nut Biochem 2008;19:567-576. [13] Haussinger D et al. Front Biosco 2007;12:371-391. [14] Kreis R et al. Radiology 1992;182:19-27. [15] Weissenborn K et al. Gut 2007;56:1736-1742. [16] Cho SG et al. Radiology 2001;221:740-746. [17] Orlacchio A et al. Radiol Med 2008 113:289-299.