In vivo determination of de novo lipogenesis in rat liver using localized ¹H-[¹³C] magnetic resonance spectroscopy

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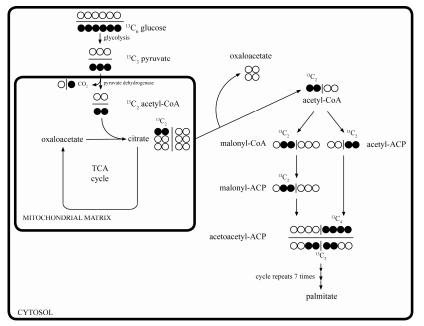


Figure 1. Major metabolites involved in *de novo* lipogenesis. The carbon atoms indicated by black circles become ${}^{13}C$ labeled when $[U - {}^{13}C_6]$ glucose is used as a substrate. For clarity only labeling through the first cycle is shown.

Purpose: De novo lipogenesis is the primary pathway in which excess dietary carbohydrates are being converted to fat in liver and adipose tissue, with liver being the main site in humans [1, 2]. Increased de novo lipogenesis has been associated with hepatic steatosis in nonalcoholic fatty liver disease (NAFLD), insulin resistance and type 2 diabetes [3, 4], but the exact contribution of de novo lipogenesis to the accumulation of lipids in the liver in these disorders is unknown. Indirect calorimetry and stable isotope techniques are commonly used to assess the hepatic output of de novo synthesized lipids in the plasma or in the expired air after oxidation. However, for the measurement of the contribution of de novo lipogenesis to the accumulation of lipids in the liver a biopsy is necessary. The aim of this study was to develop a non-invasive method for the direct in vivo measurement of de novo lipogenesis in the liver using localized ¹H MRS with ¹³C editing to detect ¹³C-labeled intrahepatocellular lipids (IHCL) after oral administration of $[U^{-13}C_6]$ glucose. Figure 1 shows the conversion of $[U^{-13}C_6]$ glucose to 13 C-labeled palmitate through the *de novo* lipogenesis pathway.

<u>Methods</u>: For this study 6 male Wistar rats (10 weeks of age) were used. First a baseline ¹H-[¹³C] MRS measurement was performed after which the rats received 1.6 g/kg body weight glucose (50% glucose and 50% [U-¹³C₆] glucose), 2 times a day for 5 days by oral gavage. The next day, another ¹H-[¹³C] MRS experiment was performed. All experiments were executed on a 6.3 T horizontal Bruker MR system with a ¹H surface coil (20 mm) combined with a ¹³C butterfly coil (40/100 mm). A voxel of 4x2x4 mm³ was localized in the median lobe of the liver using the LASER sequence, which was combined with a POCE element for ¹³C editing [5]. The ¹³C-editing pulse (AFP, pulse length=2 ms, bandwidth=5 kHz) was centered on the lipid methylene

resonance and the POCE echo time was tuned to $1/{}^{J}$ _{J_{H-13C}} for lipid methylene (7.9 ms). Other LASER-POCE parameters were as follows: TR=2 s, TE=26.8 ms, SWAMP water suppression, 13 C WALTZ decoupling, 16 averages, 64 sequential experiments, scan time = 34 min. Spectra obtained with and without the POCE 13 C-editing pulse were subtracted to give a difference 1 H spectrum. Spectra were analyzed using AMARES in jMRUI. The IHCL-CH₂ signal at 1.3 ppm was used to calculate the total IHCL content (from the spectra without 13 C editing; expressed as a percentage of the unsuppressed water signal), and the fractional 13 C enrichment of IHCL (from the difference spectra) (figure 2). All data are expressed as means ± SEM. Statistical analysis was performed using a paired student's t-test (SPSS).

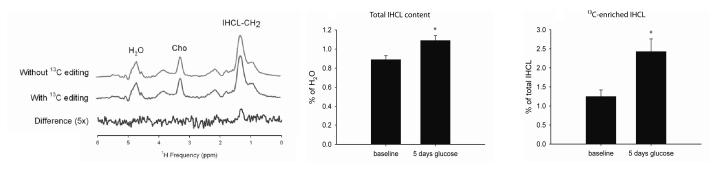


Figure 2. Example of LASER-POCE spectra of the liver after 5 days of $[U^{-13}C_6]$ glucose administration without ^{13}C editing (top), with ^{13}C editing (middle), and the calculated difference spectrum (bottom). H₂O, water; Cho, choline; IHCL, intrahepatocellular lipids.

Figure 3. Total IHCL content at baseline and after 5 days of $[U^{-13}C_6]$ glucose administration.* p<0.05 vs baseline.

Figure 4. Relative ^{13}C enrichment of IHCL at baseline and after 5 days of [U- $^{13}C_6$] glucose administration.* p < 0.05 vs baseline.

<u>Results and Discussion</u>: After 5 days of glucose administration, total IHCL content was 24 ± 8 % increased compared with baseline (p < 0.05, Figure 3). At baseline, the fractional ¹³C enrichment of IHCL was 1.25 ± 0.17 % (Figure 4), which is in accordance with the 1.1% natural abundance of ¹³C. After 5 days of [U-¹³C₆] glucose administration, the fractional ¹³C enrichment of IHCL had risen to 2.43 ± 0.33 %, which is the result of *de novo* synthesis of fat from ¹³C-labeled glucose in the liver, i.e. *de novo* lipogenesis.

<u>Conclusion</u>: The application of localized ${}^{1}H$ -[${}^{13}C$] MRS in combination with the administration of [U- ${}^{13}C_{6}$] glucose allows for the *in vivo* assessment of the conversion of glucose to fat in the liver through *de novo* lipogenesis. In future research, this method will contribute to a better understanding of the contribution of *de novo* lipogenesis to liver lipid metabolism and, in particular, to the development of liver steatosis.

<u>References:</u> [1] Jequier E, et al., Am J Clin Nutr 59: 682S-685, 1994; [2] Schutz Y, et al., Int J Obes Relat Metab Disord, 28: S3-11, 2004; [3] Hellerstein MK, et al., Eur J Clin Nutr 53: S53-65, 1999; [4] Fon Tacer L, et al., J Lipids 2011: 783976, 2011; [5] Jonkers RAM, et al., Magn Reson Med 68: 997-1006, 2012