

Resveratrol Attenuates Cardiac Remodeling and Vascular Occlusion in Rats

Suzan Bakr Abdu

Department of Biological Sciences, Faculty of Science, University of Jeddah, Jeddah, Saudi Arabia.

suzanabdu3@gmail.com

Abstract: Background: The increased incidence of cardiovascular diseases has encouraged substanceresearch that could improve cardiovascular health. For cardiovascular safety, plant extracts and phytochemicals such as resveratrol have been screened. Resveratrol, a polyphenol compound found predominantly in grapes, was involved in the “French paradox” phenomenon described as low incidence of cardiovascular diseases in the French population despite a high intake of saturated fats, in conjunction with moderate consumption of red wine. Despite of the numerous researches on the influence of resveratrol on heart health, yet more studies are urgent aiming to discover more wonders of resveratrol. **Objective:** The purpose of this study was to investigate resveratrol's protective effect on the cardiac muscle. **Methods:** For 3 weeks four groups of rats were treated. Control, resveratrol, dimethylnitrosamine (DMN), and resveratrol then DMN. **Results:** Resveratrol treatment evidently prevented the histopathological remodeling changes in cardiac muscle caused by DMN treatment. In other words, resveratrol decreased interstitial collagen deposition in the myocardium, protected against hypoxia, ischemia and necrosis, inhibited cardiomyocyte apoptosis and significantly regulated myocardial hypertrophy. Resveratrol remarkably attenuated obstruction of blood vessels and enhanced cardiomyocytes regeneration. **Conclusion:** Resveratrol can prevent vascular occlusion, cardiac hypertrophy and remodeling indicating a protective power of resveratrol. Resveratrol may prevent heart failure.

[Suzan Bakr Abdu. **Resveratrol Attenuates Cardiac Remodeling and Vascular Occlusion in Rats.** *J Am Sci* 2019;15(4):1-7]. ISSN 1545-1003 (print); ISSN 2375-7264 (online). <http://www.jofamericanscience.org>. 1. doi:10.7537/marsjas150419.01.

Key word: Blood vessels, cardiomyocytes, apoptosis, cardiac remodeling.

1. Introduction

Heart failure (HF) is the world's leading cause of death [1]. It is a complicated disease that results from many factors, making it impossible for the heart to pump enough blood into the body. Heart failure develops due to hypertension, ischemic heart disease, or cardiomyopathy. Furthermore, heart hypertrophy always precedes heart failure, this results in heart enlargement in response to stress (volume overload or pressure). This happens in the initial stages as a compensatory phase and it is considered as an adaptation to the stressed heart. If hypertrophy persists, the heart attains a decompensatory phase. The transition between these phases results in cardiac fibrosis and apoptosis, ultimately leads to failure of the heart [2-5]. Treatments for heart failure patients include the use of β -adrenergic receptor blockers, angiotensin-receptor blockers and enzyme-converting angiotensin inhibitors [6, 7]. However, these treatments result in adverse side effects [8]. Accordingly, it is urgent to explore alternative therapies.

Recently, numerous plant extracts and phytochemicals were investigated for antihypertensive and anti-hypertrophic, and anti-fibrotic properties to provide effective and safe therapy for heart failure. Previous studies have shown that regulation of intracellular reactive oxygen species (ROS) can stop or slow pathological processes in HF [9]. Another study revealed that increased fruits and vegetables intake reduced blood pressure in hypertensive patients, lowered cardiovascular disease rate, and enhanced myocardial infarction survival [10].

Resveratrol (RES) (trans-30,40,5-trihydroxystilbene), a polyphenol found mainly in grapes and berries, was studied in many cases of hypertension, infarction of myocardium, and HF [5, 11]. RES has been shown to have powerful effects as anti-oxidative, anti-inflammatory, anti-apoptotic, and anti-fibrotic agent [12-16]. Furthermore, resveratrol has been proved to reverse pressure overload (PO)-induced cardiac hypertrophy [11, 17], decrease cardiovascular mortality [18], improve the left ventricular performance and decrease interstitial fibrosis [19].

Several mechanisms were implied in RES protection against HF, including oxidative stress reduction as well as inflammation [20, 21], inhibition of pathological hypertrophic signaling [22], improvement of Ca^{2+} handling [23], modification of autophagy and decreasing apoptosis through different intracellular pathways [24].

Although numerous researches have been done on resveratrol effect on heart muscle, more studies are still required aiming to explore resveratrol's potential for heart fibrosis and heart failure. Understanding the pathogenesis of heart fibrosis will help to understand the fibrosis mechanism and develop new strategies to prevent heart failure and adverse cardiac remodeling.

2. Methods

Animals

Ethical clearance

In accordance with the guidelines and the Research Ethical Committee at King Abdulaziz University, Jeddah, Saudi Arabia. Twenty eight

male Wistar albino rats (90 - 116 g.) were used in the experiment.

Study design:

Group 1(control): control treated orally with saline, with the volumes of saline and 0.5% CMC solution equivalent to those of the resveratrol group, for 3 weeks.

Group 2: resveratrol treated (20 mg/kg body weight/day) orally for 3 weeks.

Group 3: (Fibrotic): induction of fibrosis. Dimethylnitrosamine (DMN) intraperitoneally (i.p.) treated group (10 mg/kg body weight/day, 3 days/week) for 3 weeks.

Group 4: (protective): resveratrol + DMN. Rats received RES, then 2 hours later DMN for 3 weeks [25][26].

The morphological changes were observed. At the beginning of the experiment, and every week, animals were weighed. Animals have been anesthetized and slaughtered one day after the last dose.

For histologic examination: hearts were put in formalin fixative, sliced and embedded in paraffin. Sections (3-5 μ m thick) were cut LV and stained.

Stains: Masson Trichrome stain (MTS) for collagen fibers (fibrosis).

Heamatoxylin & Eosin (H&E) for general histopathological study.

Digital Light Microscope: Olympus BX51 was used for imaging.

Statistical Analysis

All values of weights are expressed as mean value \pm SD. Using SPSS 23.0 (SPSS Inc., USA) software, one - way variance analysis (ANOVA) was used to analyze variations between group means. Statistically significant was considered to be $P < 0.05$.

3. Results:

The ratio of total body weight increase in the DMN group ($P \leq 0.05$) was significantly low compared to the control. However, resveratrol treatment significantly ameliorated the loss in body weight (table 1).

Histopathological investigation revealed severe alterations in DMN treated group such as perivascular and interstitial fibrosis (Fig. 1), blood vessels occlusion and fat deposition (Fig. 2), vascularization, myocardiocyte hypertrophy, inflammation, ischemia, necrosis and apoptosis (Figs. 3 and 4). Ischemic cardiomyocytes resulted in increased apoptosis (Fig. 4B). However, resveratrol treatment significantly reduced these pathological changes reflected by reduced collagen deposition, suppressed inflammatory reaction, impaired cardiomyocyte hypertrophy, markedly reduced necrosis and apoptosis. Resveratrol amazingly cleared obstructed blood vessels and brought faster blood flow through vessels. RES treatment remarkably promoted regeneration of cardiomyocytes and reduced the unfavorable alterations (Figs. 1, 2, 3 and 4).

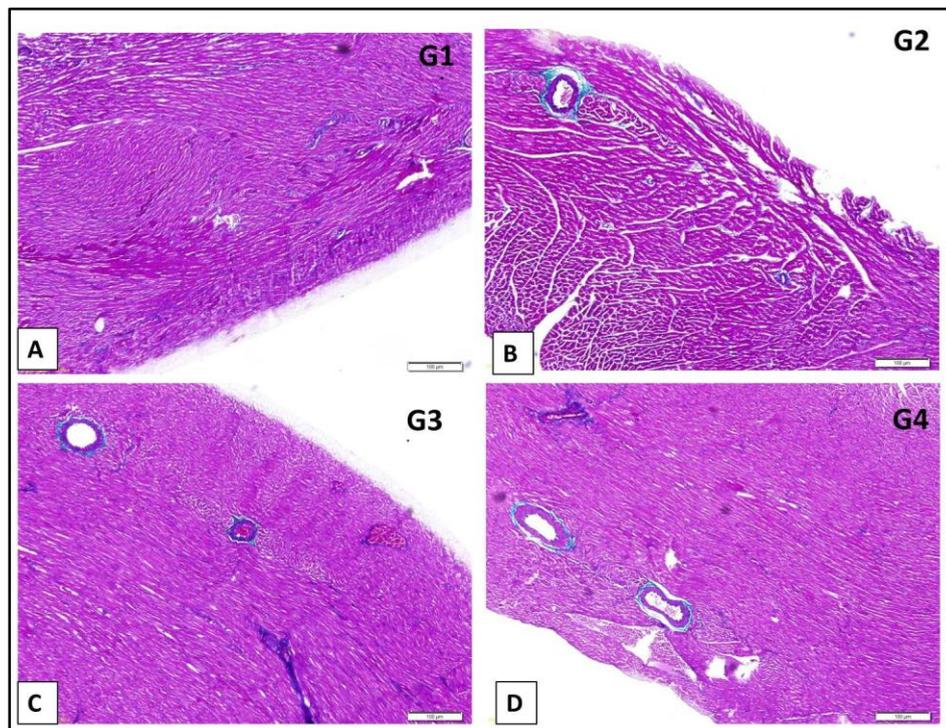


Figure 1: Resveratrol (RES) moderates collagen deposition: (A) control; (B) RES; (C) DMN, increased collagen content compared to the control reflected as perivascular and interstitial fibrosis (D) RES and DMN, reduced collagen deposition. Masson's trichrome. Scale bar: 100 μ m.

Table 1. Body weight of the groups treated for 21 days.

Body weight G	Control	RES	DMN	RES+DMN
Day 0	99.80±3.83	105.40±5.98	110.80±4.96	93.20±2.58
Day 7	120.60±12.72	134.40±5.72	121.40±8.96	122.20±11.41
Day 14	153.40±9.71	164.80±9.17	148.80±12.67	143.00±13.01
Day 21	188.20±18.55	193.20±11.12	160.60±8.38*	178.80±13.55**
Ratio of total increase in B.wt.	88.5%	83.3%	44.9%*	91.8%

Statistical analysis of body weight of rats during DMN treatment, and RES pre-treatment. Body weight was measured weekly during the study. Results are analyzed by one way anova and presented as mean±SEM $P \leq 0.05$. *refers to a significant difference between DMN treated rats and control. **Indicates significance between rats treated RES plus DMN with DMN.

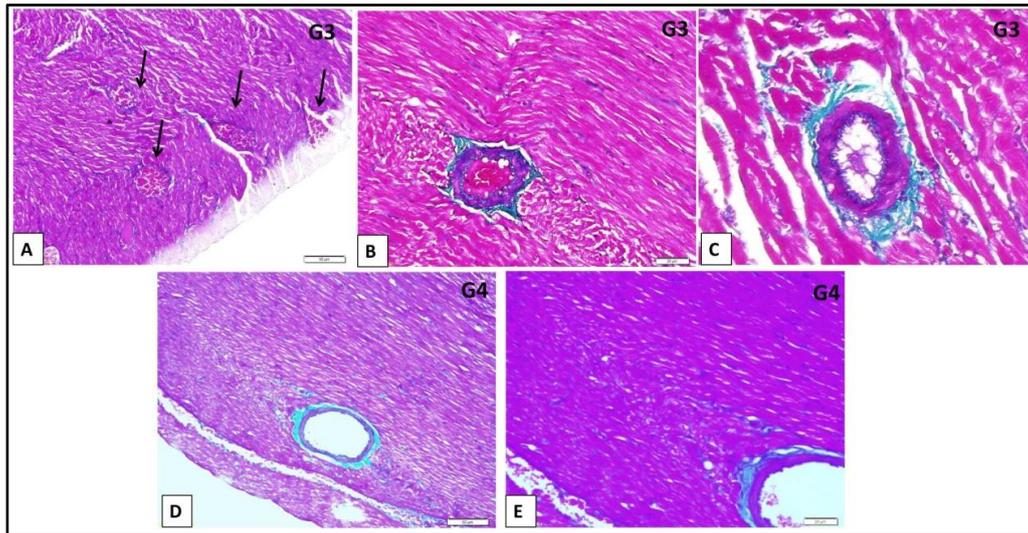


Figure 2: Resveratrol unblocks blood vessels. (A) DMN, totally congested blood vessels (arrows). (B) DMN, completely blocked blood vessels. (C) DMN, fatty deposits clogged artery (D & E) RES and DMN, opened and dilated blood vessels. Masson's trichrome. A, D scale bar: 50 μ m. B, C and E scale bar: 20 μ m.

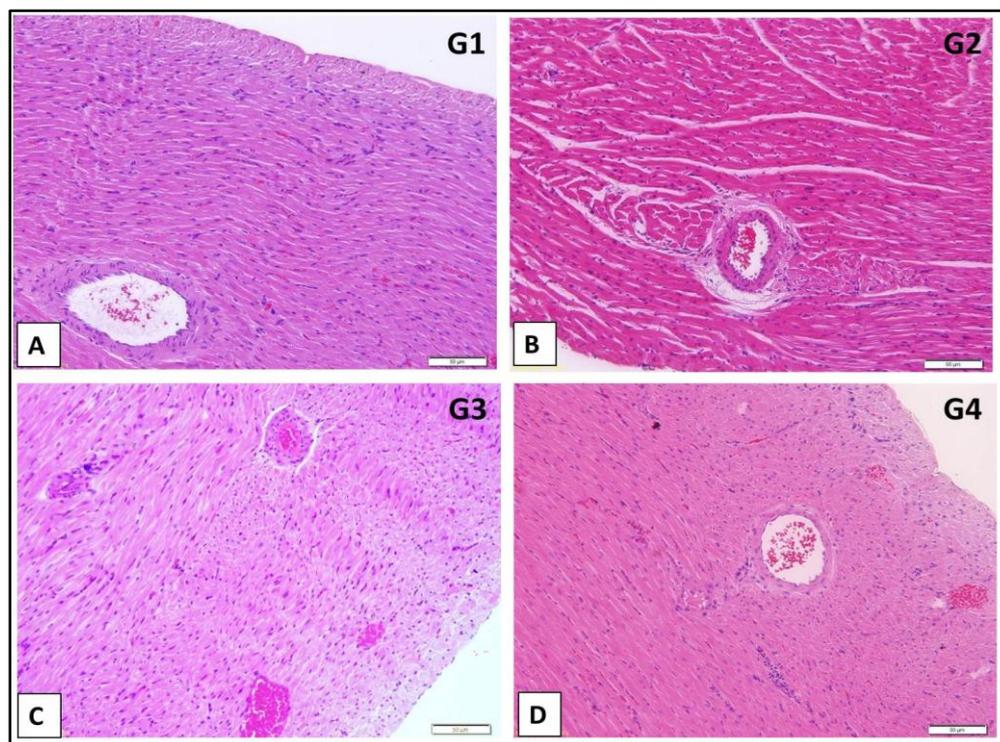


Figure 3: Protective effect of resveratrol on heart muscle and vessels: (A) control. (B) RES (C) DMN. Occlusion of blood vessels accompanied by congested spaces between muscle fibers. (D) RES and DMN. H&E scale bar: 50 μ m.

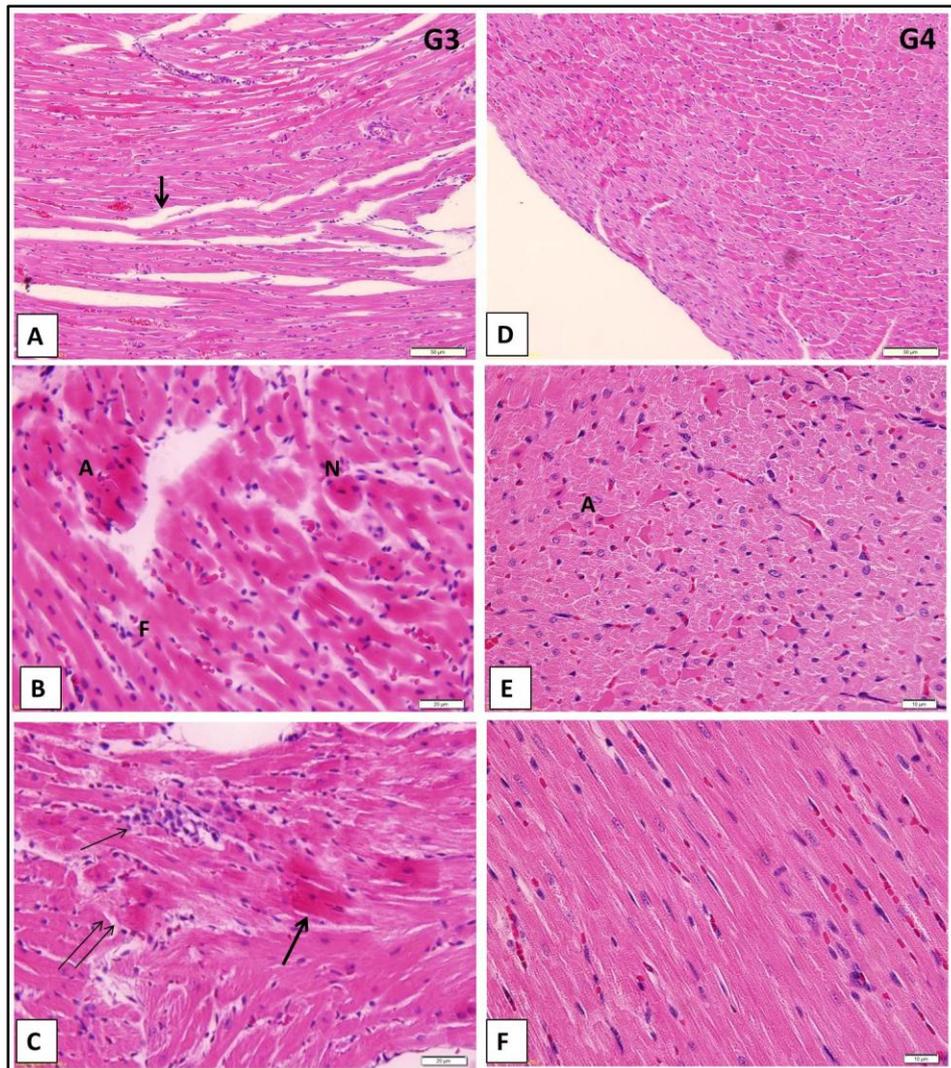


Figure 4: Resveratrol regulates remodeling of heart muscle: (A, B, C) DMN. A) Remodeling of heart muscle caused by substitution of myocardium with non-functional fibrotic tissue and vascular tubules (arrow). B) Increased inflammation and apoptosis. Necrotic nucleus (N), apoptotic cells (A), fibroblasts (F). C) Cardiomyocytes hypertrophy (thick arrow), and muscle fiber degeneration (double arrows), areas of myocyte destruction, fibrous connective tissue and mixed inflammatory cells (arrow). (D, E, F) RES and DMN. Resveratrol treatment markedly decreased the remodeling process of the heart muscle and induced regeneration of cardiomyocytes. H&E. scale bar: A and D 50 μ m. B and C: 20 μ m. E and F 10 μ m.

4. Discussion:

Cardiac fibrosis is known as the heart remodeling process, which triggers the replacement of myocardium with non-functional fibrotic tissue due to heart injury or stress. This leads to ventricular impairment and gradual heart failure [27, 28]. Activated fibroblasts are the main determinants of cardiac fibrosis causing excessive extracellular fibrotic matrix and cardiomyocyte hypertrophy (CMs).

Cardiac hypertrophy is regarded as an adjustment to the stressed heart in its initial stages where cardiomyocytes increase in size to perform adequate function in the presence of chronic pathological stress [29].

ROS exert different pathological intracellular signaling pathways ultimately evoking apoptosis and necrosis. Resveratrol employs anti-fibrotic effect through inhibition of oxidative stress.

Previous studies have shown that in a variety of pathological models RES has favorable effects on cardiac fibrosis [30, 31]. For instance, in DOCA-salt rats RES relieved cardiac fibrosis [14] and reduced the interstitial and perivascular fibrosis of the left ventricle [32].

In this study, RES treatment has inhibited cardiac fibrosis development and deposition of collagen, as well as cardiomyocyte hypertrophy. In addition, RES markedly prevented the disruption of myocardium as presented by the organized sarcomeres. This can be attributed to cardiomyocyte apoptosis inhibition, autophagy regulation, and oxidative stress reduction [30, 33, 34]. Our results are also in accordance with the study of [11] which proved that hypertrophy and cardiac dysfunction in hypertensive rats were prevented by RES without a reduction in blood pressure.

In the present study, DMN treatment caused occlusion of blood vessels, which may cause blood hypertension. Occlusion of the coronary artery preceding hypoxia trigger cardiomyocytes necrosis with maximum cellular damage occurring nearby the occlusion area. The loss of cardiomyocytes develops as necrosis, apoptosis, and autophagy [35].

Current clinical therapy tends to improve blood flow to non-perfused myocardium by restoring vital blood supply to dying cardiomyocytes [36]. In the present study, resveratrol treatment restored blood flow to cardiomyocytes by endothelial NO synthase upregulation (eNOS) caused vasodilation and prevented congestion and occlusion of blood vessels [37]. Accordingly, RES prevented ischemia of myocardial cells which reported by [38]. Changing the initial cell responses to ischemia can improve the survival of cardiomyocytes and finally reserve the myocardial function [39].

In an animal model, heart failure of metabolic cardiomyopathy is preceded by apoptosis and fibrosis. [40]. Various studies have confirmed that RES interferes with several pathological pathways in fibrosis and in different cardiovascular illnesses for example, myocarditis [41], cardiac hypertrophy [42], and cardiac failure [9].

In the present study, DMN treatment caused increased rate of apoptosis of cardiomyocytes. A slight increase in cardiomyocyte apoptosis contributes to the progression of cardiac dysfunction in animals [43]. These cellular changes ultimately end up with cardiomyocyte death caused by necrosis, apoptosis and/or phagocytosis [43]. The present study has shown that resveratrol treatment has regenerated cardiomyocytes, which is in agreement with the study of [44] that RES activates endogenous stem cells of the heart and improves myocardial regeneration after an acute myocardial infarction.

The significant findings of the present study are: daily resveratrol treatment throughout the experiment significantly prevented all the histopathological alterations and cardiac remodeling. Resveratrol markedly attenuated cardiac oxidative stress, blood vessels occlusion, inflammation, fibrosis, and apoptosis. RES dramatically accelerates blood flow and relaxes smooth muscle of the blood vessels. Resveratrol has powerful effects on fibrotic hearts induced by DMN indicating the therapeutic potential of resveratrol in heart failure.

Acknowledgment:

The author is grateful to King Fahd Medical Research Center Imaging Unit, King Abdulaziz University.

Conflicts of Interest

The author declares no conflicts of interest.

References

1. Mudd JO and Kass DA. Tackling heart failure in the twenty-first century. *Nature* 2008; 451(7181): 919.
2. Opie L, Commerford PJ, Gersh BJ, Pfeffer MA. Controversies in ventricular remodelling. *Lancet* 2006; 367: 356-367.
3. Juric D, Wojciechowski P, Das DK, and Netticadan T. Prevention of concentric hypertrophy and diastolic impairment in aortic-banded rats treated with resveratrol. *American Journal of Physiology-Heart and Circulatory Physiology* 2007; 292(5): H2138-H2143.
4. Latronico MV, Elia L, Condorelli G, and Catalucci D. Heart failure: targeting transcriptional and post-transcriptional control mechanisms of hypertrophy for treatment. *The international journal of biochemistry & cell biology* 2008; 40(9): 1643-1648.
5. Wojciechowski P, Juric D, Louis XL, Thandapilly SJ, Yu L, Taylor C, et al. Resveratrol arrests and regresses the development of pressure overload-but not volume overload-induced cardiac hypertrophy in rats. *The Journal of nutrition* 2010; 140(5): 962-968.
6. Tunuguntla A. Emerging drug therapies for the management of acute decompensated heart failure. *Tennessee medicine: journal of the Tennessee Medical Association* 2007; 100(11): 33-37.
7. Tavares M, Rezlan E, Vostroknoutova I, Khouadja H, and Mebazaa A. New pharmacologic therapies for acute heart failure. *Critical care medicine* 2008; 36(1): S112-S120.
8. Aronson J. Drugs used to treat hypertension, heart failure and angina pectoris, in *Meyler's Side Effects of Cardiovascular Drugs*. Elsevier Press: San Diego, CA. 2009: 1-196.
9. Sung MM and Dyck JR. Therapeutic potential of resveratrol in heart failure. *Annals of the New York Academy of Sciences* 2015; 1348(1): 32-45.
10. Thandapilly SJ, LeMaistre JL, Louis XL, Anderson CM, Netticadan T, and Anderson HD. Vascular and cardiac effects of grape powder in the spontaneously hypertensive rat. *American journal of hypertension* 2012; 25(10): 1070-6.
11. Thandapilly SJ, Wojciechowski P, Behbahani J, Louis XL, Yu L, Juric D, et al. Resveratrol prevents the development of pathological cardiac hypertrophy and contractile dysfunction in the SHR without lowering blood pressure. *American journal of hypertension* 2010; 23(2): 192-6.
12. Kalra EK. Nutraceutical--definition and introduction. *AAPS pharmSci* 2003; 5(3): E25.

13. Pfluger PT, Herranz D, Velasco-Miguel S, Serrano M, and Tschop MH. Sirt1 protects against high-fat diet-induced metabolic damage. *Proceedings of the National Academy of Sciences of the United States of America* 2008; 105(28): 9793-8.
14. Thandapilly SJ, Louis XL, Behbahani J, Movahed A, Yu L, Fandrich R, et al. Reduced hemodynamic load aids low-dose resveratrol in reversing cardiovascular defects in hypertensive rats. *Hypertension research : official journal of the Japanese Society of Hypertension* 2013; 36(10): 866-72.
15. Abdu S and Al-Bogami F. Antifibrotic Mechanisms of Resveratrol in Modulating Liver Fibrogenesis. *Life Science Journal* 2018; 15(4): 40-51.
16. Abdu SB and Al-Bogami FM. Influence of resveratrol on liver fibrosis induced by dimethylnitrosamine in male rats. *Saudi journal of biological sciences* 2019; 26(1): 201-209.
17. Gupta PK, DiPette DJ, and Supowit SC. Protective effect of resveratrol against pressure overload-induced heart failure. *Food science & nutrition* 2014; 2(3): 218-29.
18. Rimbaud S, Ruiz M, Piquereau J, Mateo P, Fortin D, Veksler V, et al. Resveratrol improves survival, hemodynamics and energetics in a rat model of hypertension leading to heart failure. *PloS one* 2011; 6(10): e26391.
19. Riba A, Deres L, Sumegi B, Toth K, Szabados E, and Halmosi R. Cardioprotective Effect of Resveratrol in a Postinfarction Heart Failure Model. *Oxidative Medicine and Cellular Longevity* 2017; 2017: 10.
20. Das S and Das DK. Anti-inflammatory responses of resveratrol. *Inflammation & allergy drug targets* 2007; 6(3): 168-73.
21. Csiszar A. Anti-inflammatory effects of resveratrol: possible role in prevention of age-related cardiovascular disease. *Annals of the New York Academy of Sciences* 2011; 1215: 117-22.
22. Xi J, Wang H, Mueller RA, Norfleet EA, and Xu Z. Mechanism for resveratrol-induced cardioprotection against reperfusion injury involves glycogen synthase kinase 3beta and mitochondrial permeability transition pore. *European journal of pharmacology* 2009; 604(1-3): 111-6.
23. Dong Q, Wu Z, Li X, Yan J, Zhao L, Yang C, et al. Resveratrol ameliorates cardiac dysfunction induced by pressure overload in rats via structural protection and modulation of Ca(2+) cycling proteins. *Journal of translational medicine* 2014; 12: 323-323.
24. Kanamori H, Takemura G, Goto K, Tsujimoto A, Ogino A, Takeyama T, et al. Resveratrol reverses remodeling in hearts with large, old myocardial infarctions through enhanced autophagy-activating AMP kinase pathway. *The American journal of pathology* 2013; 182(3): 701-13.
25. Ahmad A and Ahmad R. Resveratrol mitigate structural changes and hepatic stellate cell activation in N'-nitrosodimethylamine-induced liver fibrosis via restraining oxidative damage. *Chemico-biological interactions* 2014; 221: 1-12.
26. Lee ES, Lee HE, Shin JY, Yoon S, and Moon JO. The flavonoid quercetin inhibits dimethylnitrosamine-induced liver damage in rats. *The Journal of pharmacy and pharmacology* 2003; 55(8): 1169-74.
27. Cavalera M, Wang J, and Frangogiannis NG. Obesity, metabolic dysfunction, and cardiac fibrosis: pathophysiological pathways, molecular mechanisms, and therapeutic opportunities. *Translational research : the journal of laboratory and clinical medicine* 2014; 164(4): 323-35.
28. Shinohara D, Matsushita S, Yamamoto T, Inaba H, Kuwaki K, Shimada A, et al. Reduction of c-kit positive cardiac stem cells in patients with atrial fibrillation. *Journal of cardiology* 2017; 69(5): 712-718.
29. Frey N and Olson EN. Cardiac hypertrophy: the good, the bad, and the ugly. *Annual review of physiology* 2003; 65: 45-79.
30. Tanno M, Kuno A, Yano T, Miura T, Hisahara S, Ishikawa S, et al. Induction of manganese superoxide dismutase by nuclear translocation and activation of SIRT1 promotes cell survival in chronic heart failure. *The Journal of biological chemistry* 2010; 285(11): 8375-82.
31. Qin F, Siwik DA, Luptak I, Hou X, Wang L, Higuchi A, et al. The polyphenols resveratrol and S17834 prevent the structural and functional sequelae of diet-induced metabolic heart disease in mice. *Circulation* 2012; 125(14): 1757-64, s1-6.
32. Chan V, Fenning A, Iyer A, Hoey A, and Brown L. Resveratrol improves cardiovascular function in DOCA-salt hypertensive rats. *Current pharmaceutical biotechnology* 2011; 12(3): 429-36.
33. Mukherjee S, Dudley JI, and Das DK. Dose-dependency of resveratrol in providing health benefits. *Dose-response : a publication of International Hormesis Society* 2010; 8(4): 478-500.
34. Sundaresan NR, Pillai VB, and Gupta MP. Emerging roles of SIRT1 deacetylase in regulating cardiomyocyte survival and hypertrophy. *Journal of molecular and cellular cardiology* 2011; 51(4): 614-8.
35. O'Neal W, Griffin W, Kent S, and Virag J. Cellular Pathways of Death and Survival in Acute Myocardial Infarction. *J Clin Exp Cardiol* 2012; S6:003.

36. Keeley EC and Hillis LD. Primary PCI for myocardial infarction with ST-segment elevation. *The New England journal of medicine* 2007; 356(1): 47-54.
37. Wallerath T, Deckert G, Ternes T, Anderson H, Li H, Witte K, et al. Resveratrol, a polyphenolic phytoalexin present in red wine, enhances expression and activity of endothelial nitric oxide synthase. *Circulation* 2002; 106(13): 1652-8.
38. Burstein B, Maguy A, Clement R, Gosselin H, Poulin F, Ethier N, et al. Effects of resveratrol (trans-3,5,4'-trihydroxystilbene) treatment on cardiac remodeling following myocardial infarction. *The Journal of pharmacology and experimental therapeutics* 2007; 323(3): 916-23.
39. Kanamori H, Takemura G, Goto K, Maruyama R, Tsujimoto A, Ogino A, et al. The role of autophagy emerging in postinfarction cardiac remodelling. *Cardiovascular research* 2011; 91(2): 330-9.
40. Gurtl B, Kratky D, Guelly C, Zhang L, Gorkiewicz G, Das SK, et al. Apoptosis and fibrosis are early features of heart failure in an animal model of metabolic cardiomyopathy. *International journal of experimental pathology* 2009; 90(3): 338-46.
41. Yoshida Y, Shioi T, and Izumi T. Resveratrol ameliorates experimental autoimmune myocarditis. *Circulation journal : official journal of the Japanese Circulation Society* 2007; 71(3): 397-404.
42. Palfi A, Bartha E, Copf L, Mark L, Gallyas F, Jr., Veres B, et al. Alcohol-free red wine inhibits isoproterenol-induced cardiac remodeling in rats by the regulation of Akt1 and protein kinase C alpha/beta II. *The Journal of nutritional biochemistry* 2009; 20(6): 418-25.
43. Bernecker OY, Huq F, Heist EK, Podesser BK, and Hajjar RJ. Apoptosis in heart failure and the senescent heart. *Cardiovascular toxicology* 2003; 3(3): 183-90.
44. Ling L, Gu S, and Cheng Y. Resveratrol activates endogenous cardiac stem cells and improves myocardial regeneration following acute myocardial infarction. *Molecular medicine reports* 2017; 15(3): 1188-1194.

3/25/2019