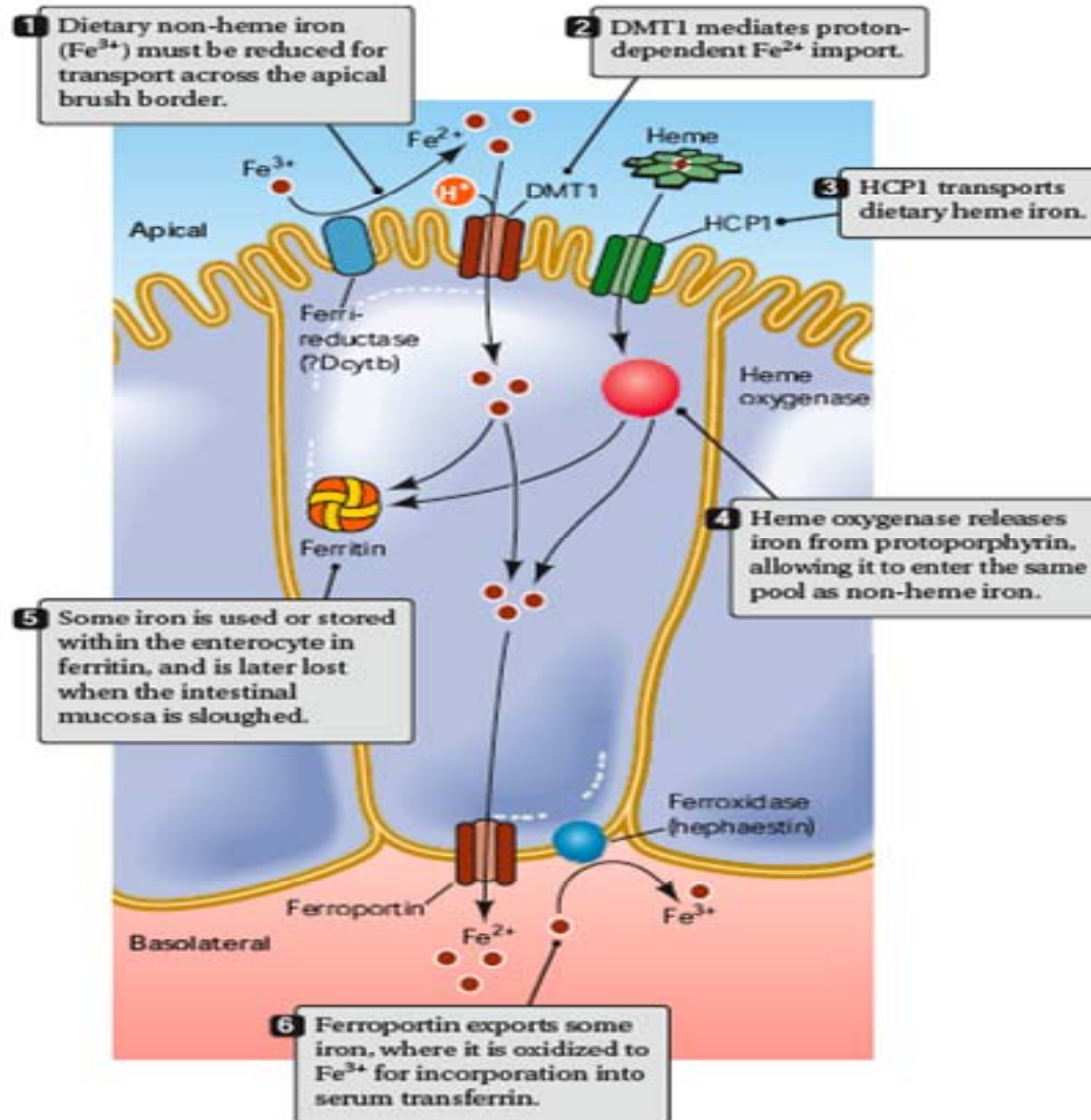


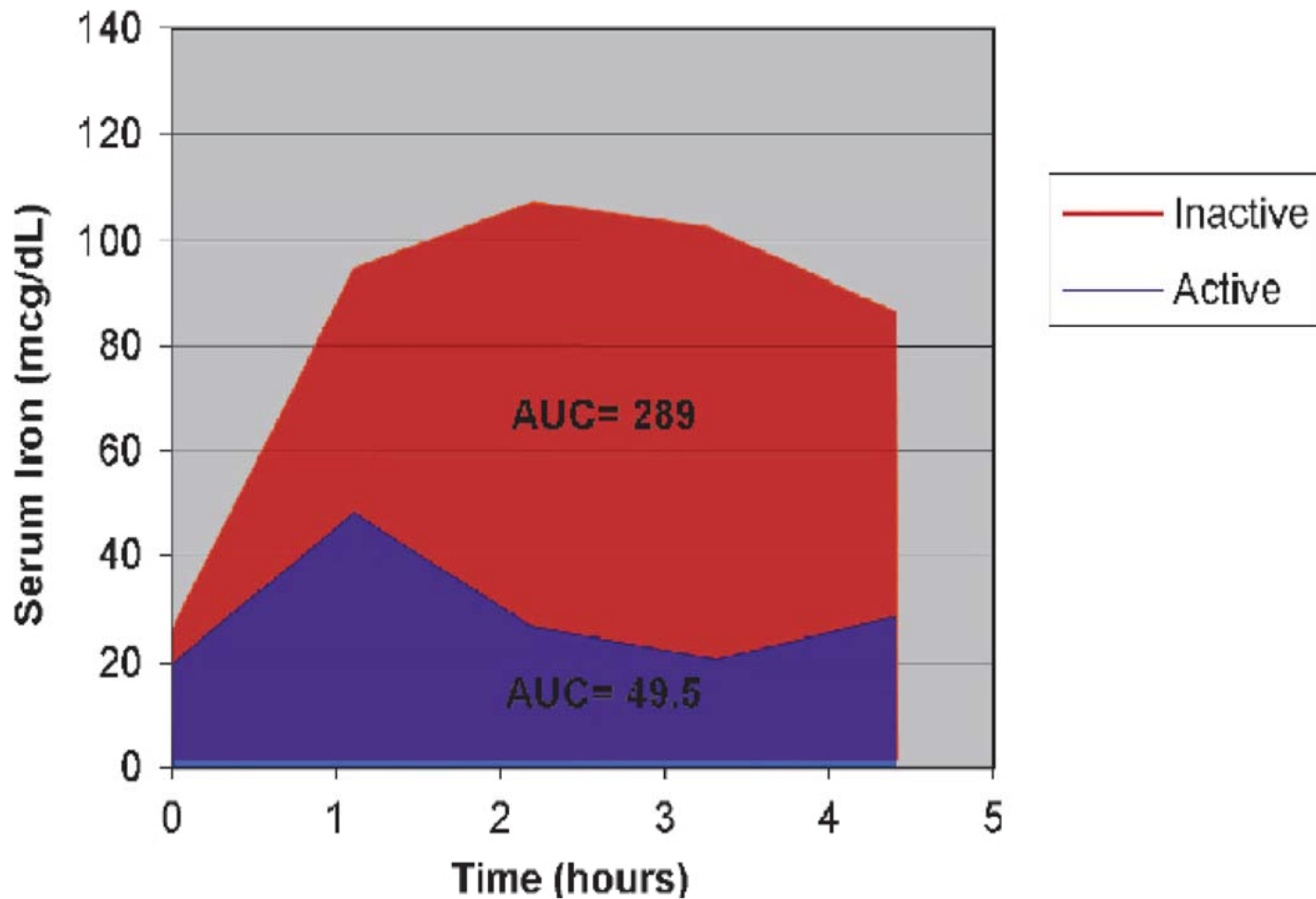
The anti-inflammatory effect of β -carotene reverse iron dependent intra-cellular abnormalities in inflamed Caco-2 cell-line

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Introduction

Anemia of chronic disease, also called anemia of inflammation can lead to the development of anemia due to iron sequestration in enterocytes resulting in a decrease in body iron availability.

The hypoferremia associated with chronic inflammation is mediated by the acute-phase protein hepcidin, largely induced by pro-inflammatory cytokines. Pro-inflammatory cytokines and chemokines are produced in the intestine and play an important role in the pathogenesis of intestinal injury in critical illness.

The mechanisms involved in controlling gut-based inflammatory response and their effect of local iron metabolism despite being critical, were insufficiently studied.

The aims

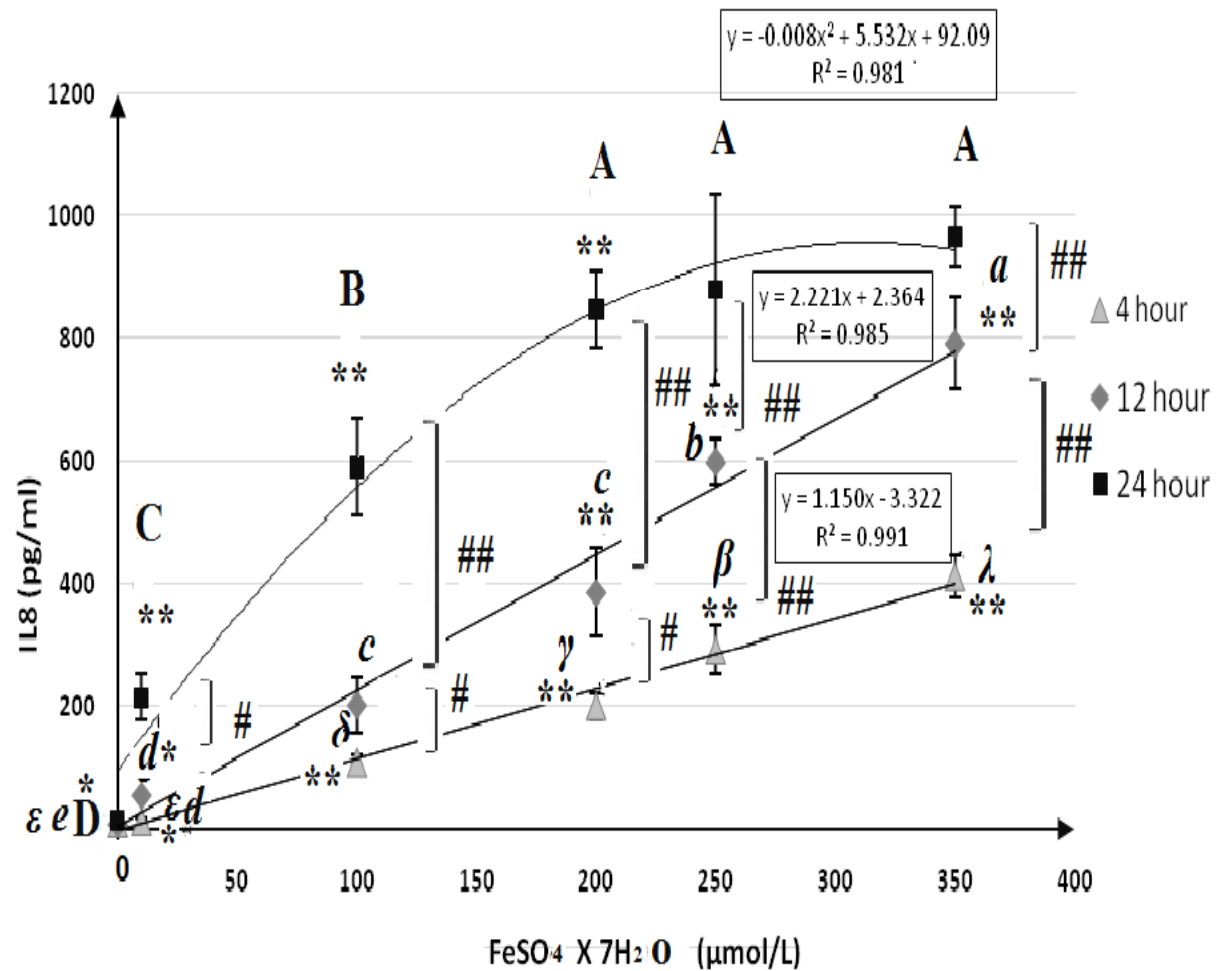
1. To explore the influence of iron on intra-cellular iron-dependent proteins (ferritin H+L, FPT, TfR) either in presence or absence of inflammatory environment.
2. To examine whether this can be reversed by carotenoids, by turning-off the pro-inflammatory cascade.

Material and methods

1. **Caco2** Cells were placed in serum-free media and treated with **FeSO₄·7H₂O** in different concentration (0μmol/L, 10μmol/L, 100μmol/L, 200μmol/L, 250μmol/L and 350μmol/L) at 4, 12 and 24 hour. **Dose and time response**
2. After treatment, medium was collected for **IL8** measurement, cells were harvested.
3. Inflammatory condition was induced by **IL1β** (10ng/ml) or **IL1β** (10 ng/ml) together with **FeSO₄·7H₂O** (250μmol/L).
4. In a separate experiment cells were treated with **IL1β** (10ng/ml) or **IL1β** (10ng/ml) together with **FeSO₄·7H₂O** (250μmol/L) or with **FeSO₄·7H₂O** (250μmol/L) alone and **β-carotene** at final medium concentration of 3.4μmol/L or **vitamin A** at a final concentration in the medium of 3.3μmol/L, added subsequently.
5. Cell's culture was incubated additional 4 hours, medium was collected for **IL8** measurement, and cells were harvested for **Western blotting**.
6. **Intracellular Fe** was measured by inductively coupled plasma mass spectrometry

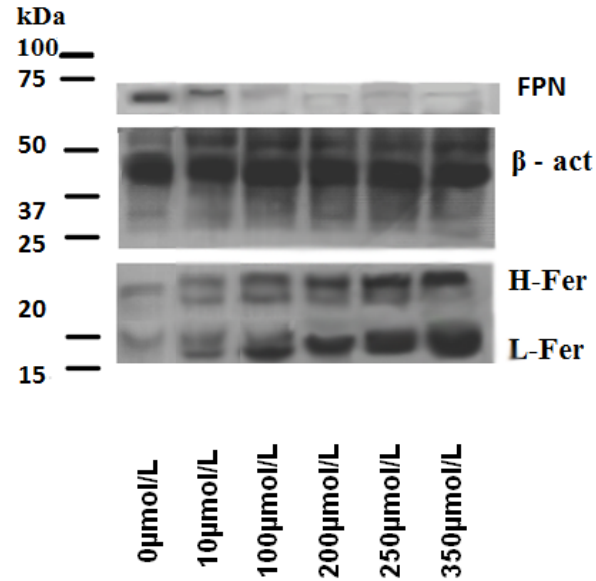
RESULTS

IL8 induction by iron

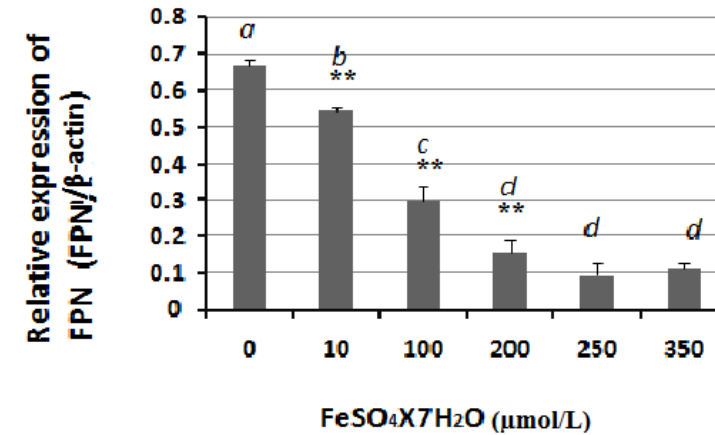


Crosstalk between iron, iron-related proteins and IL8 in Caco-2 cell's culture

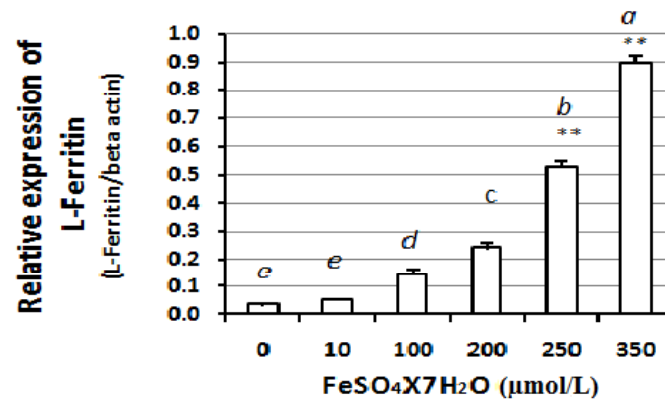
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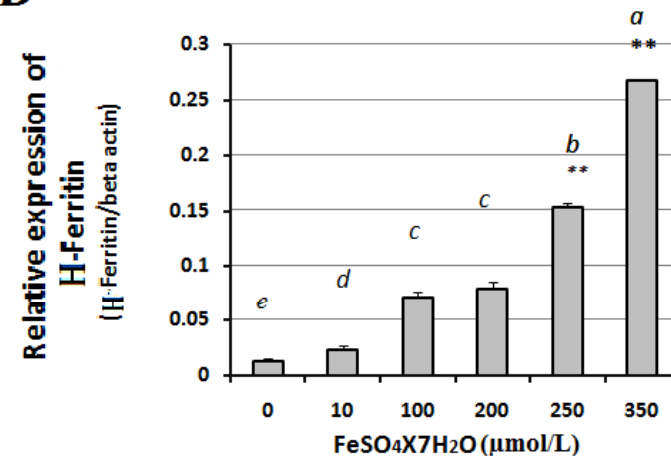
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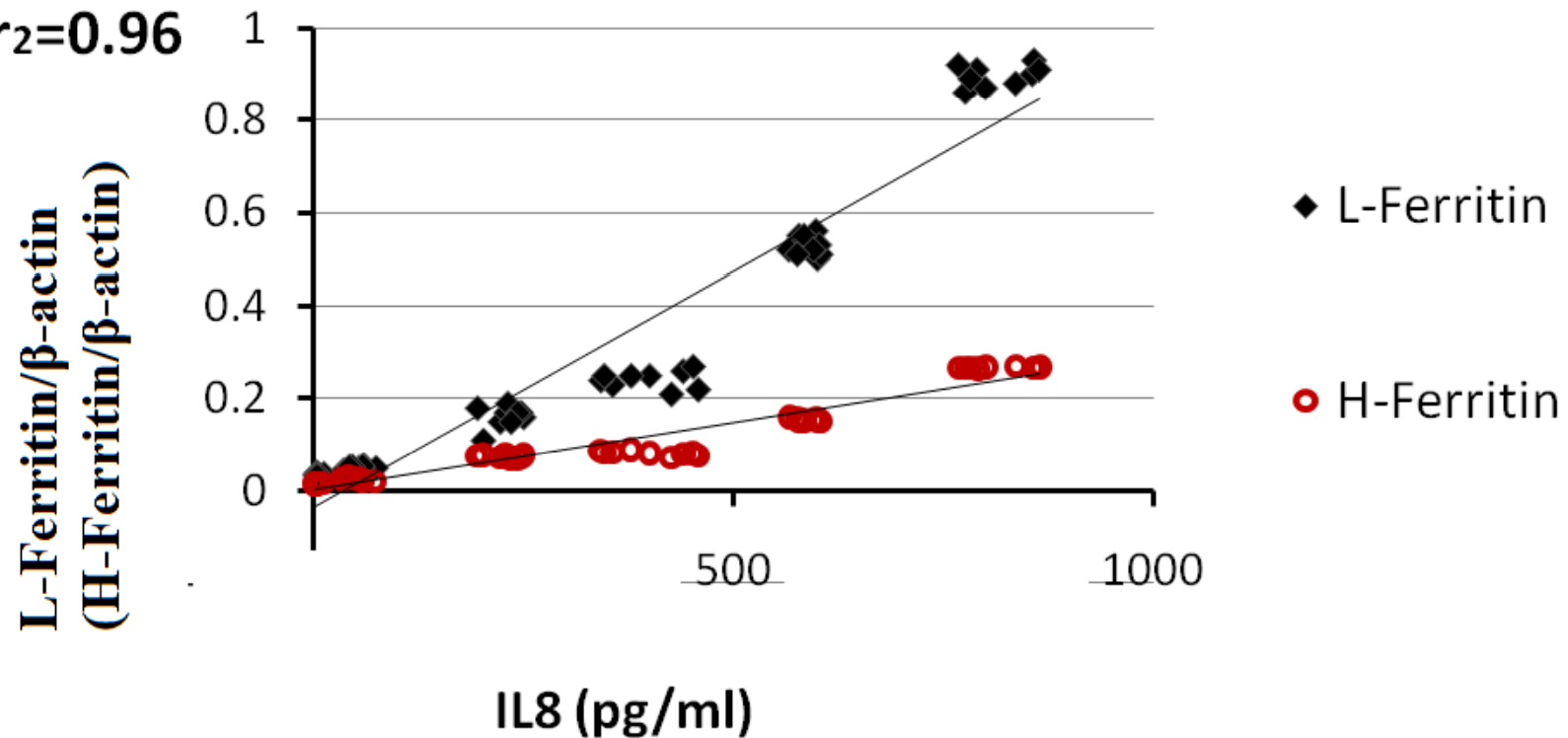
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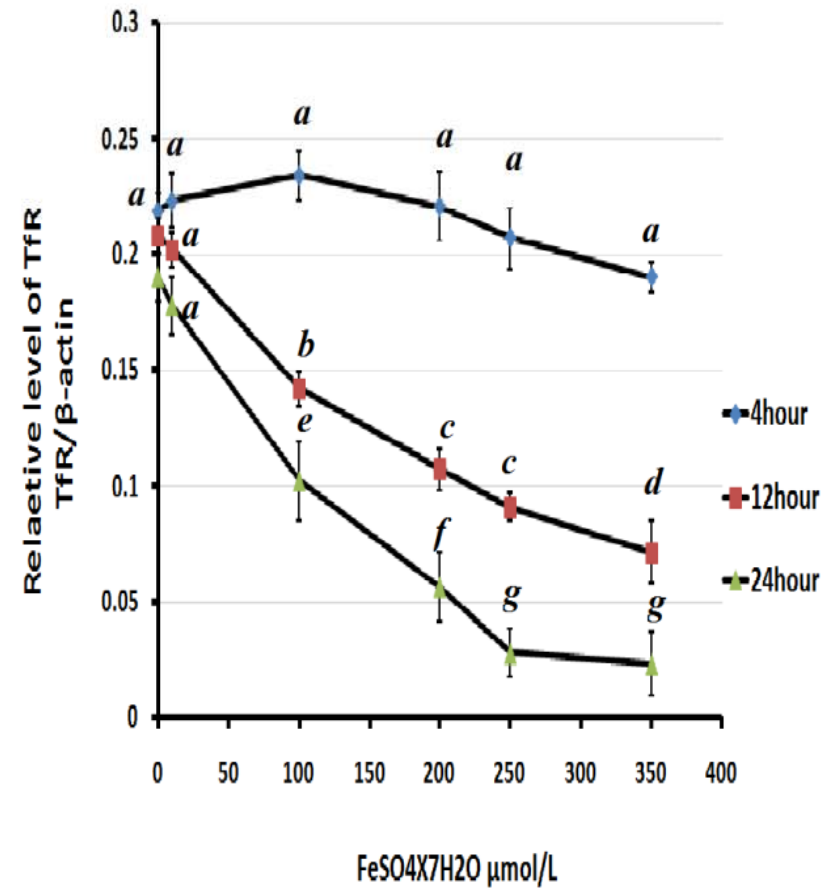
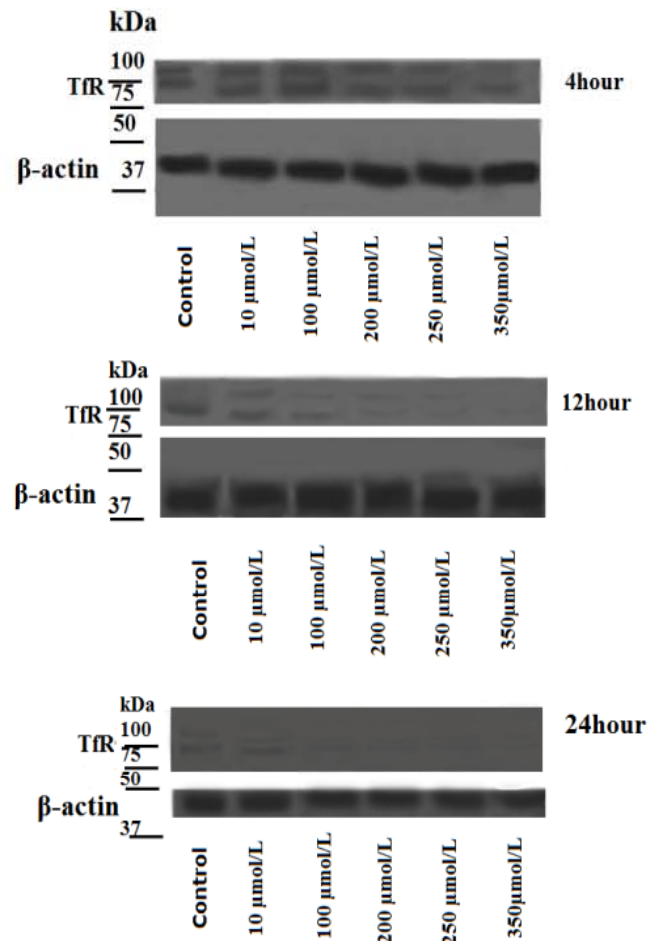
increased concentration of iron induced IL-8 production

$r_1=0.96$

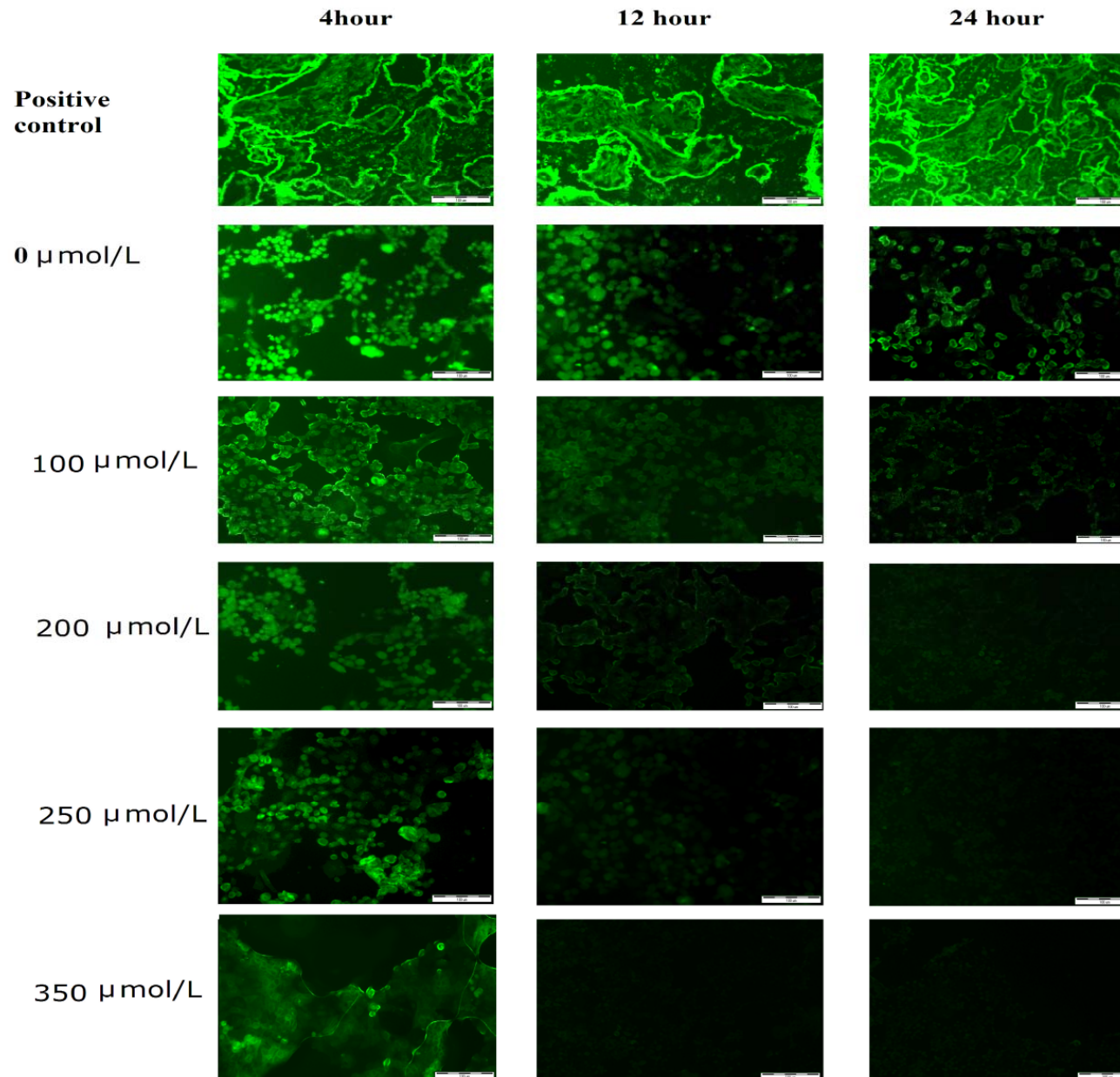
$r_2=0.96$



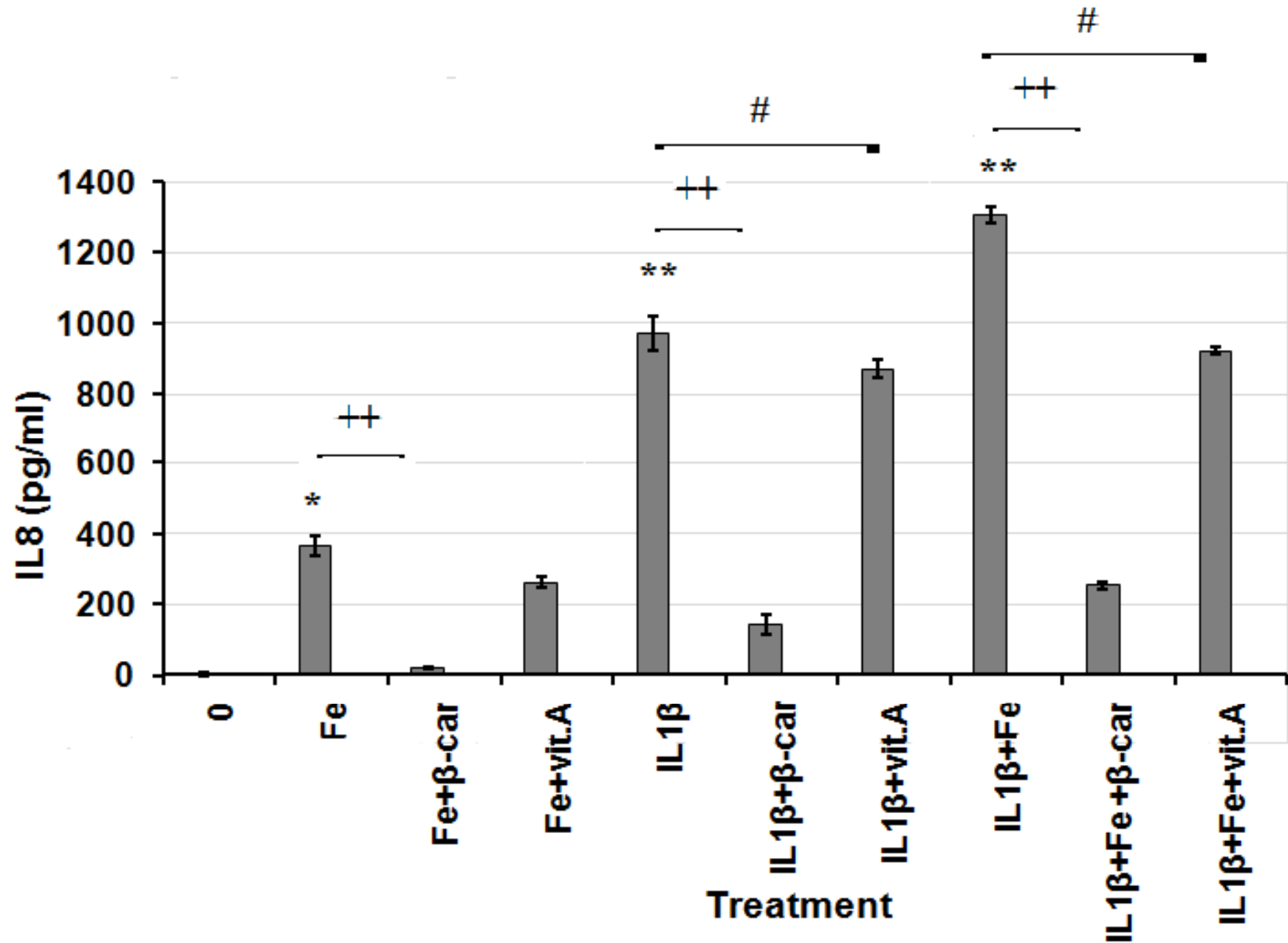
Influence of iron loading on TfR protein



immune fluorescence microscopy was performed

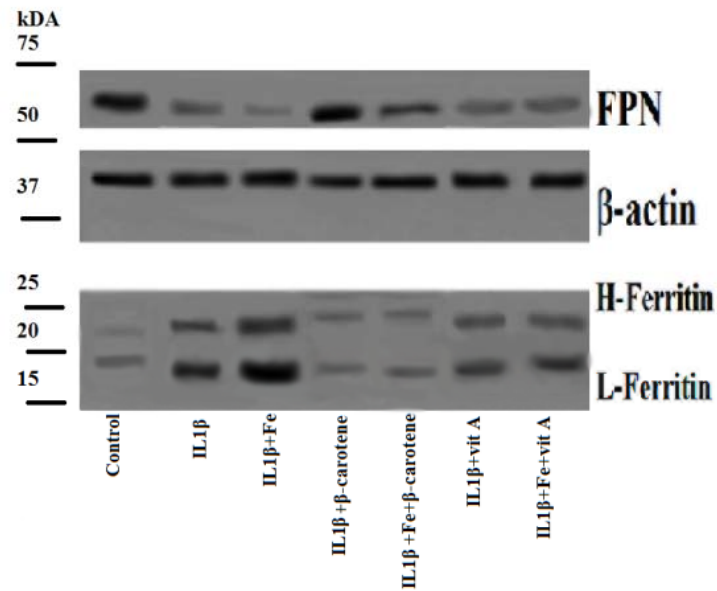


Influence of carotenoids on IL-8 production

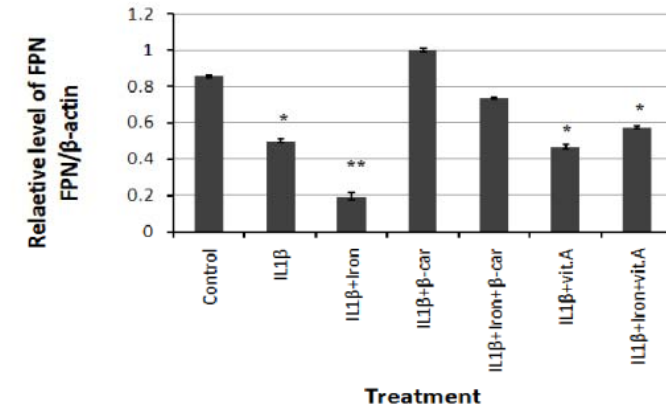


L-, H-ferritin and FPN under treatment of IL1 β \pm iron

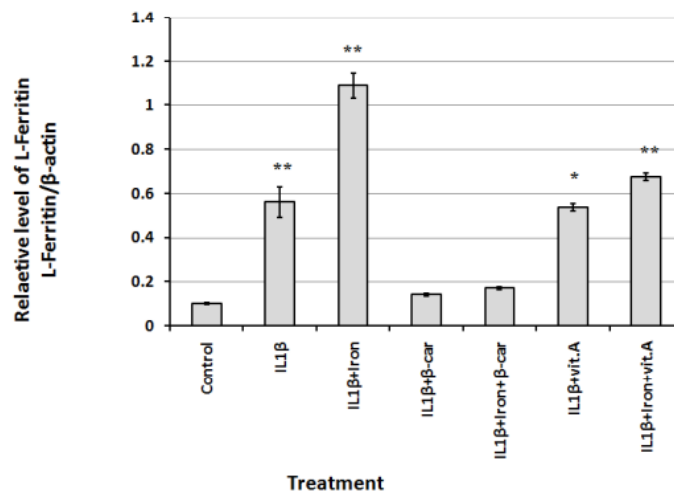
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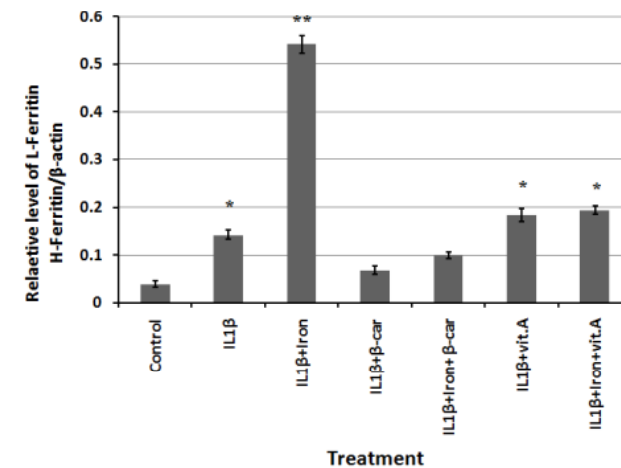
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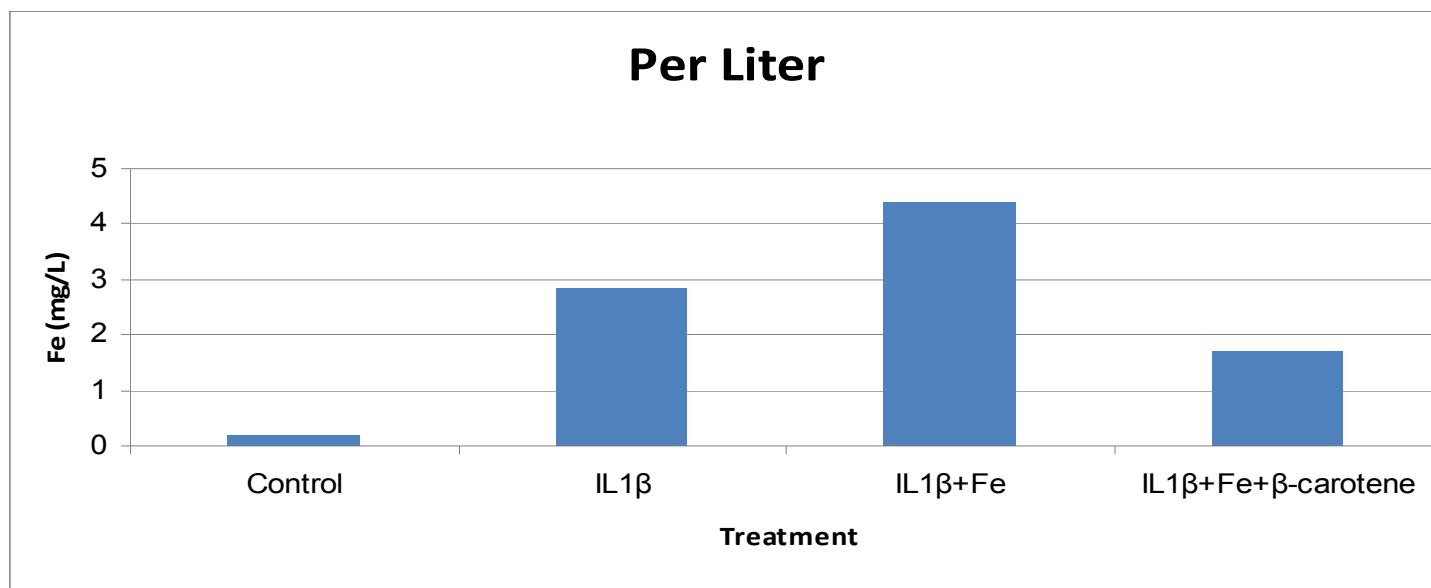
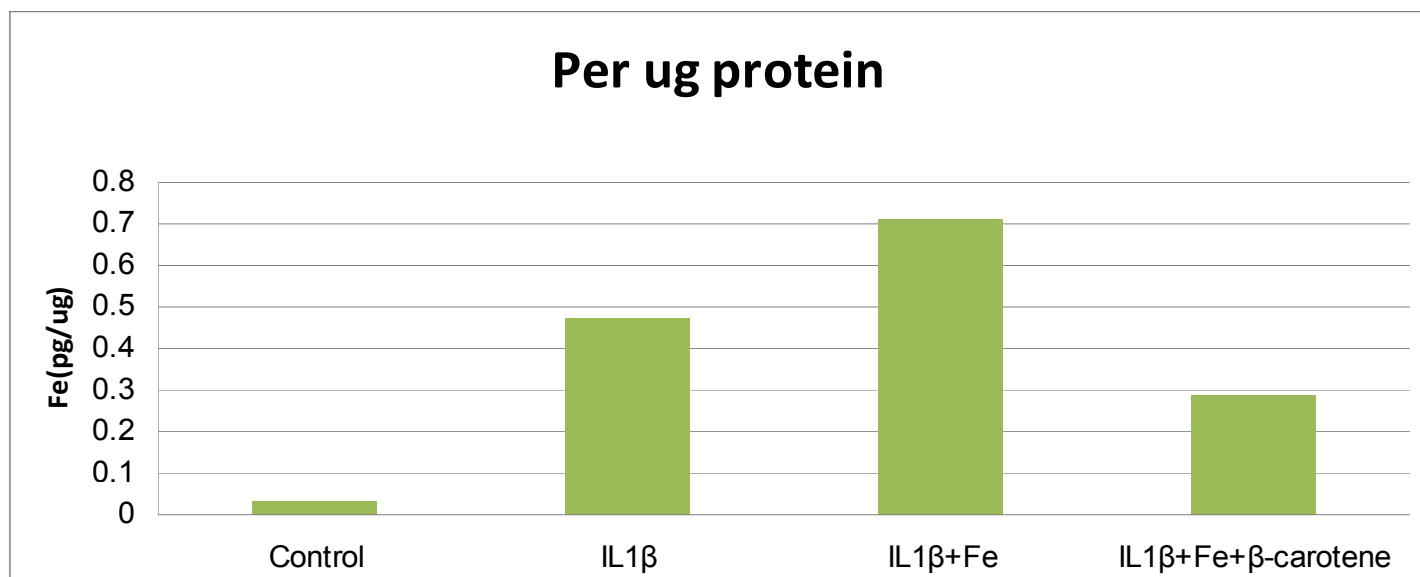


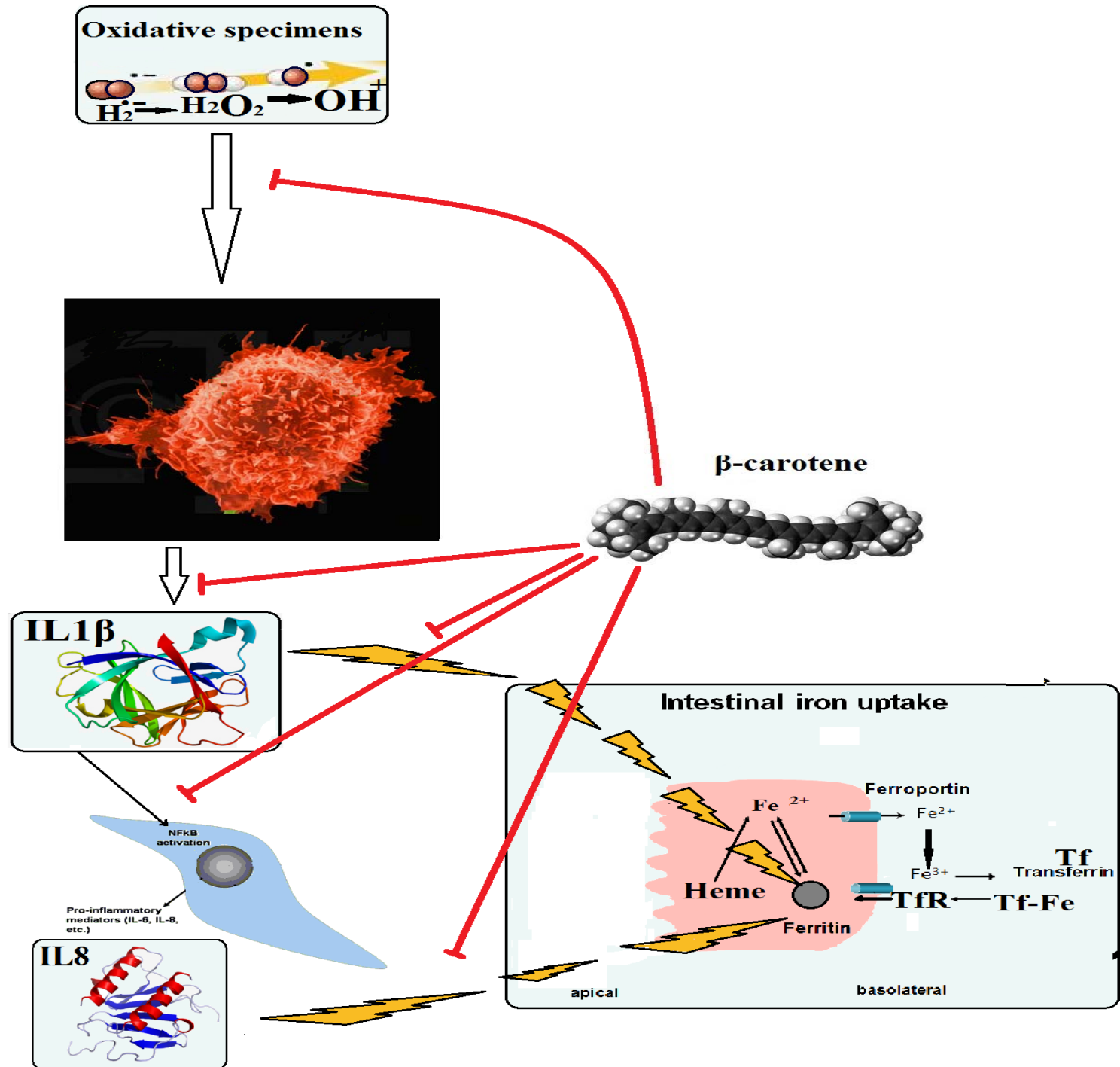
C



D







Conclusions:

- Application of iron and/or IL1 β on Caco2 cells induces inflammation.
- In inflammatory state, enterocyte H-,L-ferritin increases, FPT and TfR decrease.
- β -carotene normalized the main iron related proteins and diminished pro-inflammatory cytokine production.
- Iron application and Inflammation augment while antioxidants decrease intra-cellular iron trapping.
- In iron restricted anemia of Inflammation, iron intra-enterocyte blockage, by closing the iron exit gates, may have deleterious, local and systemic effects.
- One should weight the possibility to encourage IV>PO iron therapy in active Crohn's disease.
- Widening the knowledge of the enterocyte's iron handling during intestinal inflammation is necessary, in the vision of developing new strategies that on one hand induce anti-inflammatory activity and on the other will positively enhance iron bioavailability and delivery.