Influence of angiogenic agents (cabergoline) on rat-induced endometriosis

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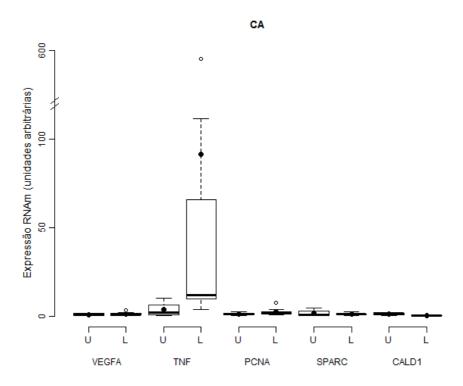
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Introduction: Endometriosis is a benign gynecological disease, estrogen dependent, which affects 10-15 % of women of reproductive age. Its pathogenesis can not be understood by only a theory, and there are several hypotheses that seek to elucidate it . The presence of endometrial epithelial cells with dhesion characteristics, deployment, growth and angiogenesis, peritoneal fluid associated with obstructed menstrual flow and endometriosis corroborate that this is the most accepted theory. Recently it was proposed that angiogenesis is an important step in this process, since, similar to metastatic tumors, endometrial implants depend on neovascularization for their, implantation, invasion and expression. This finding suggests that suppression of blood vessel development through inhibition of specific angiogenic factors may be a new therapeutic opportunity in endometriosis approach. Objectives: To evaluate the antiangiogenic effect of two doses of cabergoline on lesions induced endometriosis in rats. To this end, we studied the effect of this drug on markers of differentiation, invasion, cell proliferation and apoptosis and also genes such as VEGF, CALD1 PCNA, TNF and SPARC, that are involved in adhesion, motility and angiogenesis of endometriotic lesions through the extraction of total RNA, cDNA synthesis, and quantification by real time PCR.

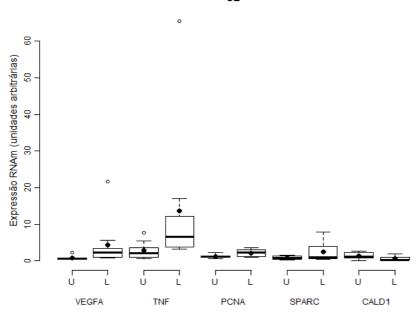
Materials and Methods: This experimental animal study 30 adult rats New Zealand, virgin females and undergoing laparotomy for injury induction of endometriosis being used by resection of a uterine horn and fixation of the pelvic peritoneum 5mm fragment. The rats were divided into three groups of 10 animals, and the animals of group 1 (control = 10) were sacrificed after 4 weeks of induction of ectopic endometrial lesions and the two lower dose groups (n = 10) and the high (n = 10)

10) of cabergoline sacrificed after 14 days of treatment. The lesion was excised for histological analysis along with the uterine horn contralateral, proving the presence of endometrial glandular and stromal tissue. Reactions immunohistochemical markers of differentiation, invasion, cell proliferation and apoptosis and molecular biology were performed in eutopic and ectopic endometrial tissue through the genes *VEGF A, CALD1, PCNA, TNF and SPARC*, which are involved in adhesion, motility and angiogenesis of lesions of endometriosis.

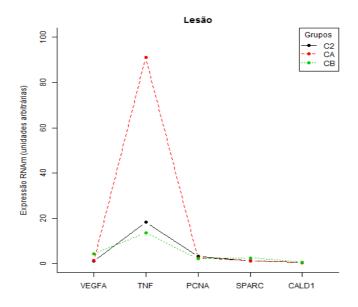
Results: Immunohistochemical study we found no differences between the study groups compared with the control, however when comparing each group of injury and uterus separately with each gene, we can detect results of statistical significance in gene expression, particularly those associated with angiogenesis and better therapeutic response in the high dose group.



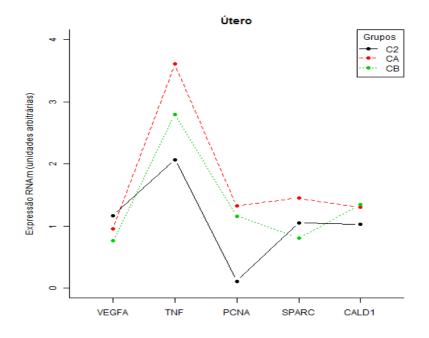
Expressão relativa de RNAm de cada gene alvo estudado no tecido útero (U) e lesão (L) do grupo CA. * p<0,05.



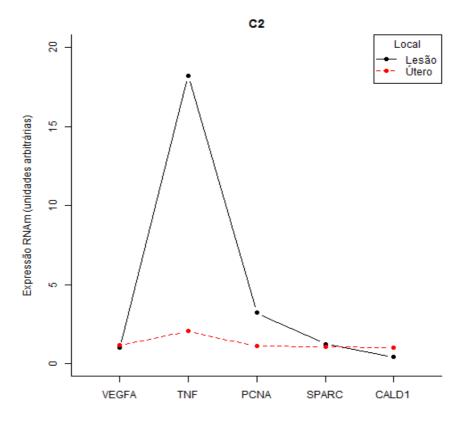
Expressão relativa de RNAm de cada gene alvo estudado no tecido útero (U) e lesão (L) do grupo CB. * p< 0,05.



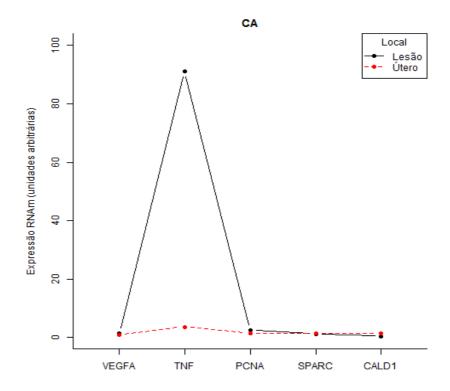
Expressão gênica de todos genes e os grupo s do tecido lesão



Expressão gênica de todos genes e os grupos do tecido útero



Expressão gênica de todos genes e os grupo controle do tecido útero e lesão



Expressão gênica de todos genes e os grupo alta dose do tecido útero e lesão

Conclusion: Treatment with antiangiogenic drugs offers new prospects for therapeutic approach for patients with endometriosis.

Keywords: experimental endometriosis, cell proliferation, apoptosis, angiogenesis, cabergoline, rats

References:

AMARAL, V.F. et al. **Development of an experimental model of endometriosis in rats.** Rio de Janeiro. Rev. Col. Bras. 2009. Cir. Vol36, 3

ARNOLD, AS; BREKKEN, RA. **SPARC:** a matricellular of tumorigenesis. J Cell Commum Signal.2009;3:255-273.

BURNEY, RO; LATHI, RB. **Menstrual bleeding from an endometriotic lesion.** Fertil Steril.2009;91:1926-7

CHAN, RW; SCHWAB, KE; GAEGETT, CE. Clonogenicity of humam endometrial ephithelial abd stromal cells. Biol Repromed.2004;70(6):1730-50.

DECOCK J, PARIDAENS R, YE S. Genetic polymorphisms of matrix metalloproteinases in lung, breast and colorectal cancer. Clin Genet. 2008;73(3):197-211.DELGADO-ROSAS, F; GOMEZ, R; FERRERO, H. The effects of ergot and non-ergot-derived dopamine agonists in an experimental mouse model of endometriosis. Reproduction. 2011 Nov;142(5):745-55.

EVES, R. et al. Caldesmon is an integral component of podosomes in smooth muscle cells. J Cell Sci, 2006. 119, 1691-1702.

FARQUHAR, C. Endométriosis. BMJ, 2007. 334(7587): p. 249-53.

HULBOY, D.L.; RUDOLPH, L.A.; MATRISIAN, L.M. Matrix metalloproteinases as mediators of reproductive function. Mol Hum Reprod. 1997 Jan;3(1):27-45.

HULL, M.L. et al. **Antiangiogenic agents are effective inhibitors of endométriosis**. J Clin Endocrinol Metab, 2003. 88(6): p. 2889-99.

MALVEZZI, H. et AL. Increased circulating MMP-2 levels in infertile patients with moderate and severe pelvic endometriosis. Reprod Sci,2013. May;20(5):557-62.

MAY, K.E. et al. **Perpherical biomarkers of endométriosis: a systematic rewiew.** Hum Reprod Update, 2010 Nov-Dec;16(6):651-674.

MEOLA, J. et al.

Caldesmon: new insights for diagnosing
endometriosis.

Biol Reprod.2013. May 16;88(5):122.

MEOLA, J.et al. Differentially expressed genes in eutopic and ectopic endometrium of women with endométriosis. Fertil Steril, 2010. 93(6): p. 1750-73.

NOGUEIRA, AP; ABRAO, MS. Endometriosis: current atiopathogenic hipotheses atuais. In: Abrao, MS(Eds). Endometriosis: a comtemporany view. Livraria e Editora Revinter Ltda.2000;13-26.

NOVELLA-MAESTRE, E; CARDA, C. Dopamine agonist administration causes a reduction in endometrial implants through modulation of angiogenesis in experimentally induced endometriosis. Hum Reprod, 2009. 24(5):1025-35.

PETTA, C.A. et al. A 3-year follow-up of women with endométriosis and pelvic pain users of the levonorgestrel-releasing intrauterine system. Eur J Obstet Gynecol Reprod Biol, 2009. 143(2): p. 128-9.

POLI NETO, OB. et al. Expression of p63 differs in peritoneal endometriosis, endometriomas, adenomyosis, rectovaginal septum endometriosis, and abdominal wall endometriosis. Arch Pathol Lab Med, 2007 Jul;131(7):1099-102.