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The supplemental effect of Vitamin-D3 and Omega-3 on induced endometriosis rat model to investigate the inflammatory response

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Abstract

The endometriosis treatment was critical issue due to complications associated with current drug delivery system. Present investigation compared the curative effect of Vitamin D3 (VTD3) and Omega–3 (OG3) with Diphereline during the treatment of endometriosis. Endometriosis was induced in different groups containing 60 adult female rats. The rat model is categorized into 6 groups untreated and treated (Olive Oil (solvent), VTD3 (42 mcg/kg/day), OG3 (450 mg/kg/day), VTD3+OG3, Diphereline (3 mg/kg/day)). The suspension containing combination of Diphereline and supplements was injected and treated for 4 weeks to analyses the effect of supplements. The interleukin -6 (IL-6) and Tumor necrosis factor – alpha (TNFα) inflammatory responses were measured from the serum samples while endometrial implants was dissected and histopathological investigation was done. At the end of four weeks pathologic score was decreases significantly with simultaneous measurement of inflammation score of endometriotic lesion, size of implant area, IL-6, TNFα response and compared with untreated female rat. No significant different was observed in groups undergoing treatment of VTD3, OG3 and Diphereline. The combined effect of VTD3+OG3 has similar responses with Diphereline treated endometrial implants. In conclusion, treatment of VTD3 deficiency and making a change in dietary habits of high-risk population for endometriosis from adolescence may also play a preventative role in adulthood.

Keywords: Vitamin-D3, Omega-3, Diphereline, Endometriosis, Rat Model, Cytokine

1 Introduction

Endometriosis is one of the most common chronic diseases in women that occurs when the endometrial glands and stroma present in ectopic locations including ovaries, fallopian tubes, cul-de-sacs, and pelvic cavity [1, 2]. The signs and symptoms of the disease are dysmenorrhea, dyspareunia, chronic pelvic pain, irregular uterine bleeding, and/or infertility [3, 4]. Endometriosis is a chronic multifactorial estrogen-dependent gynecological disease affecting about 15% of all women of reproductive age and has been found in 30-50% of infertile women [3, 5]. Immune cells in the peritoneal fluid of a patient with en-dometriosis secrete some cytokines as well as some growth and angiogenic factors that stimulate implantation and proliferation of misplaced endometrium which has local an-giogenesis and inflammation. Different types of cytokines -TNFα, VEGF, IL1, IL6, and IL10- are enhanced in the peritoneal fluid of a patient with endometriosis [6]. In the his-topathological study, inflammation (as a common feature), [7] reduced apoptosis, and in-creased angiogenesis have been detected that are in favor of survival and development of endometriotic tissue [1]. The etiology of endometriosis is ambiguous; however, diet may play a role in the improvement of endometriosis. It acts via affecting the immune re-sponse, smooth muscle contractility, and estrogenic properties [8]. Common medical treatments of this disease such as gonadotropin-releasing hormone analog (GnRHa), have severe secondary adverse effects like preventing pregnancy that cannot be administered over an extended period [9]. Diphereline belongs to GnRHa medications which is com-monly used to treat endometriosis [10]. Some researchers reported that Diphereline has some side effects on the function of the liver and kidneys and could lead to osteoporo-sis [11].

Endometriosis is a chronic disease which needs long-term treatment, [12] therefore, development of new alternative effective medications with limited side effects is neces-sary for endometriosis treatment. Some previous studies have reported that serum vita-min D3 levels in severe endometriosis was lower than normal controls or patients with mild endometriosis [13]. Vitamin-D3 may change the ratios of T-helper cells that may lead to the alteration of cell-mediated immunity in women suffering from endometrio-sis.[5] Vitamin-D3 strongly modulates the immune response by affecting the proliferation and differentiation of normal and malignant cells [14]. A comparative study indicated that the expression of 1α-hydroxylase increases in the endometrium of patients with endometrio-sis compared to the healthy controls [15]. Vitamin-D3 increases anti-inflammatory cyto-kines [16-19] and cell apoptosis; on the other hand, it suppresses the angiogenesis in vitro and in vivo environments [20-23]. Omega-3 (another possible treatment against endome-triosis) is a polyunsaturated fatty acid which has Vitamin-D3-like properties, including antiangiogenic, anti-inflammatory, anti-apoptotic, and anti-proliferative effects [24, 25]. Endogenous production of Omega-3 may protect against the development of endometri-osis [26]. Furthermore, it is suggested that omega-3 has beneficial therapeutic potentials for the endometrial hyperplasia [27].

The authors of the present study hypothesized that Vitamin-D3, Omega-3, and their combination might be possible candidates for endometriosis treatment because they are placed among the most frequently cited nutrients in terms of the effects of immunomod-ulatory, anti-angiogenic, and anti-proliferative. This study aimed to compare the efficacy of Vitamin-D33 and Omega-3 with Diphereline as an effective treatment of induced en-dometriosis rat models based on clinical and histopathologic findings.

2 Materials and methods

The protocol of the study was approved by the Ethics Committee of Shiraz Univer-sity of Medical Sciences (code: IR.SUMS.MED.REC.1398.032). Female rats were provided from the animal holding space of Shiraz University of Medical Sciences, Iran. Formalin, Omega-3, diethyl ether, hematoxylin, and eosin dyes were all purchased from Merck, Germany. TNF-α and IL-6 enzyme-linked immunosorbent assay (ELISA) kits were sup-plied from Hangzhou Eastbiopharm, China. Diphereline and Vitamin-D3 were purchased from Ipsen Pharma Biotech, France and OSVE Pharmaceutical Co., Iran, respectively. In this experiment, 60 female Sprague Dawley rats were used. The animals were kept in special cages with a steel mesh roof and the floor was covered with sawdust and wood chips under a temperature-controlled environment (22 ± 2°C and the humidity 55 ± 3 %) with 12 hours light/dark cycles. The animals were handled according to the standard in-ternational guidelines for the care and use of laboratory animals.

2.1 Induction of endometriosis

Endometriosis was induced according to the approach previously presented by Vernon and Wilson [28, 29]. Rats were anesthetized through intraperitoneal injection of ketamine hydrochloride (80 mg/kg, Alfasan, Netherlands) and xylazine 2% (5 mg/kg, Al-fasan, Netherlands). Their abdominal surfaces were shaved and disinfected to be pre-pared for the laparotomy. Their abdomen was also opened by a 4 cm incision. A biopsy was taken from one of the uterine horns of each rat, immersed into warm sterile normal saline, and then longitudinally incised into four equal 5 mm × 5 mm pieces. The dissected tissues (implants) were ligated onto the anterior abdominal surface using polyglactin suture. Finally, the abdomen incision was closed using a 4-0 suture. Four weeks after the first surgery, a second look

laparotomy was carried out and the endometrial implants' viability was proved by observing good vascular supply and pinkish colored tissue in contrast to seen necrosis and fibrosis.

2.2 Treatments

At this stage, 60 female rats were divided into 6 groups (10 rats in each group). The control group (endometriosis group without treatment) was treated by 0.5 ml of saline 0.9%/day, the second group pure olive oil (42 µg/kg/day) as the solvent of Vitamin-D3, the third group took Vitamin-D3 (42 µg/kg/day), the fourth group received Omega-3 (450 mg/kg/day), the fifth group received Vitamin-D3 (42 µg/kg/day) + Omega-3 (450 mg/kg/day) for the next 4 weeks. All the treatments of these groups were administered by oral gavage. The sixth group received a single IM injection of diphereline S.R. 11.25 mg (3 mg/kg, Ipsen, France). Four weeks after the treatments the rats were sacrificed and en-dometrial implants were evaluated as shown in Figure 1.

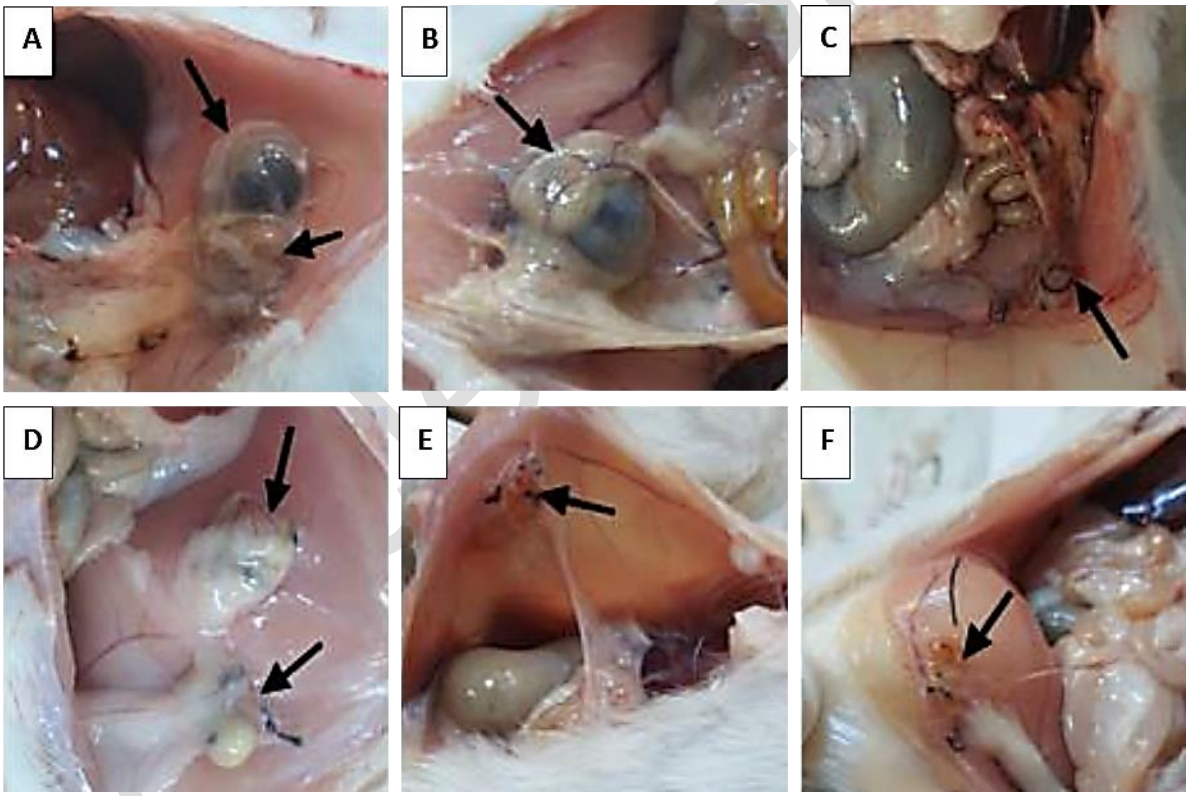

Figure 1. Endometrial implants in various groups **A)** in the Endometriosis group (large size). **B)** in the olive oil receiving group (large size and the surrounding blood vessels). **C)** in the Vit D receiving group (small size). **D)** in the Omega 3 receiving group. **E)** in the Vit D +Omega 3 receiving group (small size as well as its lack of growth). **F)** in the diphereline receiving group (small size as well as its lack of growth).

2.3 Assessment of IL-6 and TNF-α

Blood samples were obtained from the rats and the sera were separated by centrifugation (3500 rpm/10 min). The levels of IL-6 and TNF-α were quantified by ELISA, based on the manufacturer's instruction. The experimenter who performed the test was not aware of the intervention done on the rats.

2.4 Preparation of tissue samples

Prepared animals were placed in a jar and anesthetized by ether and then sacrificed based on ethical scarifying guidelines. The endometrial implants were dissected from the rats, washed with physiological serum, and put into 10% formalin to be prepared for the tissue blocks. Using a tissue processor, the samples were dehydrated, embedded in paraffin, and cut into 5-µm sections. The sections were stained with hematoxylin and eosin and evaluated using a light microscope by a single experienced pathologist. The samples rendered to the mentioned pathologist (who evaluates the main histopathological findings) were blinded and the pathologist was not aware of the intervention done on rats.

2.5 Statistical analysis

Data were analyzed by SPSS version 25, using parametric one-way ANOVA followed by Tukey HSD (honestly significant difference) test for assessing the IL-6 and TNF-α concentration as well as implants'size. Non-parametric Mann-Whitney test was used for measuring pathologic and inflammation scores. Data are presented as Mean ± SD (standard error). P-values less than 0.05 were considered significant.

3 Results

3.1 IL-6 and TNF-α assessment

The level of IL-6 and TNF-α in the endometriosis and different treated groups are shown in Table 1. The level of serum IL-6 after 4 weeks of treatment was shown to be significantly decreased in the Vitamin-D3, Vitamin-D3 + Omega-3 and diphereline receiving groups compared to endometriosis group ($p<0.05$). All treated groups were compared with the diphereline group as a proven treatment for endometriosis. Interestingly, the findings indicated that the level of this cytokine was diminished significantly in the Vitamin-D3 + Omega3 receiving group compared to diphereline group ($p=0.04$).
The TNF-α level was decreased in all treated groups ($p\leq 0.01$) with the exception of olive oil treatment. Moreover, the Vitamin-D3, Omega-3 and, Vitamin-D3 + Omega-3 were demonstrated no significant differences in comparison with diphereline group.

Table 1: The level of serum IL-6 and TNF-α.

	IL6 (pg/ml)			TNF-α (pg/ml)		
Groups	Mean ± SD	P val 1	P val 2	Mean ± SD	P val 1	P val 2
Endometriosis	254.80 ± 30.10	------	------	430.23 ± 87.21	------	------
Olive oil	244.85 ± 29.17	0.55	0.003	417.01 ± 76.23	0.77	< 0.001
Vitamin D3	180.40 ± 27.59	0.001	0.89	246.42 ± 23.75	0.003	0.187
Omega3	201.04 ± 38.07	0.02	0.39	275.04 ± 70.61	0.01	0.98
VitaminD3 + Omega3	138.28 ± 37.12	< 0.001	0.04	229.08 ± 35.45	< 0.001	0.71
Diphereline	182.57 ± 37.31	0.002	-------	221.01 ± 43.41	< 0.001	-----

P val 1: P value based on comparison between Endometriosis and other groups; P val 2: based on comparison between Diphereline and other groups

3.2 Measuring the surface area and Pathologic features of the endometrial implants

The surface area of the endometriotic implants, pathologic and inflammation scoring of the endometrial implants are shown in table 2.

Table 2: Size and pathologic features of the endometrial implants

	Endometrial implants' size			Pathologic score			Inflammation score		
Groups	Mean ± SD	P val 1	P val 2	Mean ± SD	P val 1	P val 2	Mean ± SD	P val 1	P val 2
Endometriosis	48.33 ± 5.39	------	----	2.83 ± 0.40	------	----	2.83 ± 0.40	------	-----
Olive oil	50.42 ± 6.90	0.56	< 0.001	2.57 ± 0.53	0.33	< 0.001	2.57 ± 0.53	0.34	< 0.001
Vitamin D3	19.71 ± 5.82	< 0.001	0.01	1.28 ± 0.75	0.001	0.11	1.14 ± 0.69	< 0.001	0.07
Omega3	30.00 ± 6.20	0.001	0.002	2.20 ± 0.83	0.13	0.003	2.00 ± 0.70	0.03	0.001
VitaminD3 + Omega3	15.66 ± 3.66	< 0.001	0.03	0.66 ± 0.51	< 0.001	0.99	1.00 ± 0.63	0.001	0.16
Diphereline	12.11 ± 2.02	< 0.001	------	0.66 ± 0.70	< 0.001	------	0.55 ± 0.52	< 0.001	-----

The size of the implants was decreased significantly after treatment even though diphereline was more effective than other ones and there are significant differences between the current treatments and diphereline (Refer to Figure 1 and notice to the size of the endometrial size). Specimens of the treated groups stained by hematoxylin-eosin (scale bar: 40 μm) are demonstrated in Figure 2.

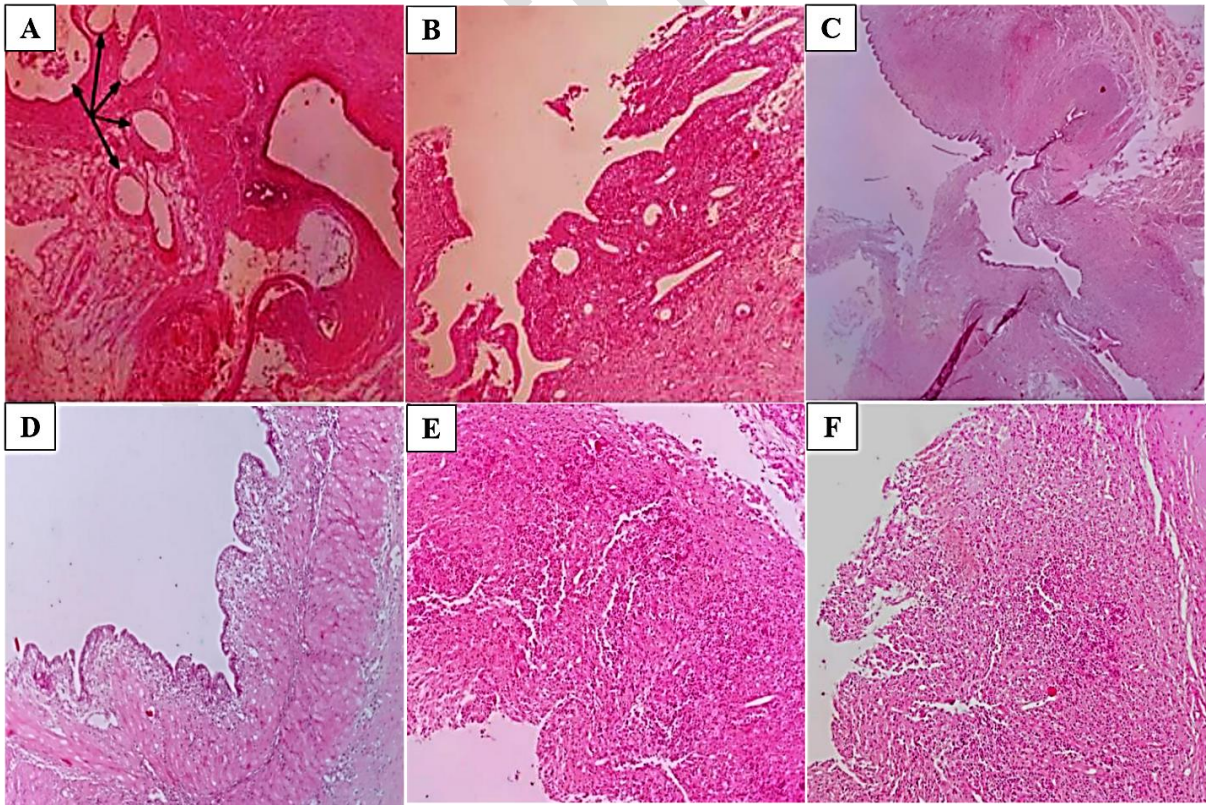

Figure 2: Specimens of the treated groups stained by hematoxylin-eosin (scale bar: 40 μm). **A)** Endometriosis group, **B)** Olive oil group. In **A** and **B**, severe cystic endometriosis (the arrow) along with the necrosis and the presence of apoptotic cells as well as severe inflammation and the presence of hemosiderin-laden macrophages in different regions was observed. **C)** Vitamin D group, in this group, the severity of inflammation, as well as the

necrosis, was reduced. Cystic endometriosis was also slightly decreased compared to the olive oil receiving group. **D)** Omega 3 group, in this group, cystic endometriosis, necrosis and inflammation were reduced compared to the endometriosis group. However, hemosiderin-laden macrophages were observed in some regions. **E)** Vitamin D + Omega 3 group, in this group, cystic endometriosis was sharply reduced; the severity of inflammation and necrosis, as well as the presence of apoptotic cells and hemosiderin-laden macrophages, was decreased in different regions. A significant decrease was also observed in the epithelial layer. **F)** Diphereline group, like the Vitamin D + Omega 3 group, the severity of cystic endometriosis was reduced in this group. Moreover, a significant decrease was observed in the epithelial layer coverage, inflammation, necrosis, apoptotic cells and hemosiderin-laden macrophages in various regions.

Pathologic score was indicated a significant reduction in vitamin D3, vitamin D3 + omega3 and diphereline. Interestingly, the pathologic score in vitaminD3 and vitamin D3 + omega3 groups is close to diphereline with no significant difference. The inflammation score of the treated group was showed statistically significant differences compared to endometriosis group. vitaminD3 and vitamin D3 + omega3 groups were not significantly different compared to dophereline group.

4 Discussion

Endometriosis is a common estrogen-dependent disease and is polygenic and mul-tifactorial [30, 31]. Although estrogen lowering drugs lead to the decrease of endometrio-sis symptoms, they have revealed to possess some side effects. New treatments of endo-metriosis include anti-inflammatory drugs, anti-angiogenesis agents and statins [32]. These drugs lead to the reduction of the growth rate of endometriosis by influencing an-giogenesis, inflammation, and the activity of metalloproteinase [33]. This investigation aimed to evaluate the role of Vitamin-D3 and Omega-3 as anti-inflammatory and an-ti-angiogenetic drugs in the improvement of endometriosis. It was observed that the ad-ministration of Vitamin-D3 decreased the development of endometriosis which might be attributed to the reduction of inflammation, angiogenesis, and the prevention of extra-cellular matrix destruction [33]. Previous studies demonstrated that dysfunction of the immune response such as poor activation of T lymphocytes and natural killer cells, de-crease of cytokine secretion by T helper lymphocyte and decrease of antibody secretion by B lymphocyte are associated with endometriosis [34, 35]. In the present study, TNF α and IL-6 concentrations decreased significantly decreased in the Vitamin-D3, Vitamin-D3 + Omega-3 and diphereline receiving groups compared to the endometriosis without treatment. Vitamin-D3 is a strong immune modulator that influences the division and proliferation of normal and malignant cells [12]. The Vitamin-D3 receptor and its metab-olizing enzymes were found in the endometrium and may act through autocrine and paracrine manner in the immunologic environment [3]. This study indicated that the pathologic scores significantly decreased in the Vitamin-D3 + Omega-3 and diphereline groups than in the Omega-3 group. Furthermore, a significant decrease in the inflamma-tion score was observed in the diphereline group compared to the Omega-3 group. Pre-vious studies reported the anti-inflammatory, anti-angiogenesis, anti-proliferative, and anti-apoptotic roles of Omega-3 [24, 25]. Ruggiero et al. showed that Omega-3 decreased the production of pro-inflammatory cytokines -TNFα, IL-1, IL-6- and prevented the acti-vation of nuclear factor-κβ. It is hypothesized that Omega-3 can have a role in the treat-ment of autoimmunity dysfunctions and malignancies [35]. Since endometriosis share some similarities with systemic inflammation and malignancies in terms of immune im-pairment, cytokine generation, and angiogenesis, this agent can be useful for the treat-ment of endometriosis [12]. Tomio and his colleagues have found that endogen Omega-3 and exogen eicosapentaenoic acid have a protective role against peritoneal endometriosis like was found in the present results [25]. Akyol et al. showed that

Vitamin-D3 and Omega-3 improved the endometriosis by decreasing the endometrial histopathology im-plants volume and parameters as well as decreasing the IL6, TNFα, and VEGF. These re-sults are in agreement with the findings. Contrary to the results, the decrease in the im-plant volume in Akyol's study was not significant. It was probably due to the treatment duration which was lower than that found in the present study [10]. In the present inves-tigation pathologic scores, the inflammation score and implant area increased in the endometriosis without treatment and in the endometriosis + olive oil groups compared to the Vitamin-D3, Vitamin-D3 + Omega-3 and diphereline receiving groups. Similarly, Abbas et al. reported that peritoneal administration of Vitamin-D3 led to the decrease of the implant area in rats with endometriosis [9]. Gonadotropin-releasing hormone agonists such as diphereline cause inactivation and degeneration of the endometrial implant through suppression of the hypothalamic-pituitary-gonad axis [36]. Similar to the present findings, Jahromi et al. demonstrated that diphereline decreased the volume and area of the endometrial implant. This drug also significantly decreased the inflammation and pathologic parameters compared to the control [27].

5 Conclusion

It was found that the co-administration of Omega-3 and Vitamin-D3 was more effective than when each of them was used alone. This combination acts in a manner similar to diphereline. On the other hand, administration of Vitamin-D3 had more favorable results than the Omega-3 treatment for the improvement of endometriosis. According to the public health perspective, more detailed and long-term experimental studies are required to be conducted to clarify the association between Vitamin-D3 and Omega-3 with the improvement of endometriosis. This will also give more understanding about the valuable properties of these nutritional agents by identifying the alternative treatments for endometriosis.

Ethics approval

The Medical Ethics Committee of Shiraz University of Medical Sciences approved this study with the reference number IR.SUMS.MED.REC.1398.032.

Conflict of Interest

The authors declare that the research was conducted in the absence of any commercial or financial relationships that could be construed as a potential conflict of interest.

Author Contributions

Z.S.: conceptualization, idea, design and writing. F.N., M.A., E.A., T.P., N.T., S.R., G.S., N.M., D.P., S.S., C.C. : investigation and editing

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