Radiation induced cytochrome c release causes loss of rat colonic fluid absorption by damage to crypts and pericryptal myofibroblasts

J R Thiagarajah, P Gourmelon, N M Griffiths, F Lebrun, R J Naftalin, K C Pedley

Abstract
Background—Therapeutic or accidental exposure to radiation commonly causes gastrointestinal disturbances, including diarrhoea. Rats subjected to whole body ionising radiation at a dose of 8 Gy lose their capacity to absorb fluid via the descending colon after four days. After seven days, fluid absorption recovers to control levels.

Aims—To investigate the effect of ionising radiation on colonic permeability together with its effect on mitochondria dependent apoptotic signals and intercellular adhesion molecules.

Methods—Rats were irradiated with doses of 0–12 Gy. Colonic permeability was measured by accumulation of fluorescein isothiocyanate (FITC) dextran in crypt lumens. Changes in levels of cytochrome c, caspase 3, E and OB cadherin, β-catenin smooth muscle actin, and collagen IV were assessed using immunocytochemistry with confocal microscopy.

Results—Cytosolic cytochrome c increased after 8 Gy (t1/2 1.4 (0.6) hours) and peaked at approximately six hours. Caspase 3 increased more slowly, particularly in crypt epithelial cells (t1/2 57 (14.5) hours). Pericryptal myofibroblasts disintegrated within 24 hours as was evident from loss of OB cadherin and smooth muscle actin. This coincided with increased crypt permeability to dextran. Intercellular adhesion between crypt luminal cells was not lost until day 4 when both β-catenin and E-cadherin were minimal. The half maximal dose-response for these effects was in the range 2–4 Gy. Recovery of colonic transport was concurrent with recovery of pericryptal smooth muscle actin and OB cadherin. The pan caspase inhibitor Z-Val-Ala-Asp.fluoromethylketone (1 mg/kg per day) had a small effect in conserving the pericryptal sheath myofibroblasts and sheath permeability but had no systemic therapeutic effects.

Conclusions—These data suggest that radiation damage to the colon may be initiated by mitochondrial events. Loss of crypt fluid absorption and increased permeability coincided with decreased intercellular adhesion between crypt epithelial cells and loss of pericryptal sheath barrier function.

Keywords: colon; cytochrome c; myofibroblast; pericryptal sheath; cadherin; radiation

Previous studies have demonstrated that 3–4 days after whole body irradiation at 8 Gy, fluid absorption in the rat descending colon in vivo is impaired by 80–90%. Radiation induced damage to the colon is important as loss of absorptive capacity may result in failure of the colon to compensate for radiation induced decreases in fluid absorption in the small intestine. The colon is vulnerable to ionising radiation, particularly during pelvic irradiation. Moreover, the severity of colonic damage has been suggested as an indicator of survival following total body irradiation (TBI). As with the small intestine, renewal of the colonic mucosa depends on stem cell survival which is very sensitive to radiation damage. However, the myofibroblasts of the pericryptal sheath, which have an important role in colonic fluid absorption, have also been shown to be sensitive to ionising radiation.

The ability of the large intestine to consolidate faeces is primarily dependent on the capacity of distant colonic crypts to absorb fluid against the high hydraulic resistance imposed by faeces. Production of the necessary suction tension is dependent on the capacity of the crypts to generate a hypertonic NaCl absorbate. NaCl absorbed by crypt epithelial cells is trapped in the pericryptal space by a sheath layer surrounding the descending colonic crypts. This barrier retards Na+ movement from the pericryptal space into the submucosa and pericryptal capillaries, thereby permitting a large osmotic gradient to be produced across the crypt walls. This induces net fluid outflow across the crypt walls, which in turn leads to suction of fluid from faeces as fluid tension is developed in the crypt lumen.

The pericryptal sheath consists of a network of myofibroblast cells and extracellular matrix immediately subjacent to the crypt epithelium. The sheath cells are held together predominantly by adherens junctions which consist of cadherins attached to the underlying actin cytoskeleton via β-catenin. Crypt epithelial cells are also held together by adherens junctions, and tight and desmosomal junctions. Pericryptal sheath function is up- or downregulated by low or high Na+ diets.

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Abbreviations used in this paper: TBI, total body irradiation; Z-vad-FMK, Z-Val-Ala-Asp.fluoromethylketone; PBS, phosphate buffered saline; FITC, fluorescein isothiocyanate.
respectively, and this correlates with colonic mucosal absorptive capacity. Na\(^+\) depletion upregulates aldosterone and angiotensin II secretion which are also trophic stimulants of myofiloblasts in wound tissue.\(^6\)

Cytotoxic/genotoxic insults such as ionising radiation have been shown to induce apoptotic responses in a variety of cells.\(^16\) One of the main signals in the apoptotic cascade is mitochondrial release of cytochrome c, which results in activation of the CED/ICE family of proteases, the caspases.\(^11\) This induces proteolysis of β-catenin and subsequent loss of E-cadherin from the plasma membrane.\(^13\) When intercellular connections are severed, the isolated colonocytes undergo rapid apoptosis.\(^3\) It has also been suggested that cells of the pericryptal sheath detach from the basal lamina after ionising radiation exposure.\(^4\)

One possible method of intervention in the apoptotic signalling pathway is the use of caspase inhibitors. One such inhibitor, Z-Val-Ala-Asp-fluoromethylketone (Z-vad-FMK), is a pan caspase inhibitor which has been shown to prevent apoptosis in cells\(^23\) and has also been shown to attenuate ischaemic injury and tumour necrosis factor induced apoptosis in treated animals.\(^16\)

In this study, we show that the reduced capacity of irradiated colonic crypts to absorb fluid coincides with loss of pericryptal sheath integrity and cell adhesion within crypts. This is preceded by release of cytochrome c in the period immediately following irradiation. This leads to dose related increases in caspase 3 and decreases in β-catenin, smooth muscle actin, and OB and E-cadherin.

**Materials and methods**

**Irradiation procedure**

Experiments were performed on male Wistar rats (315–360 g) obtained from CERJ (LeGenest, St Isle, France) which were housed, four per cage, and kept under constant temperature (21°C) with a 12:12 light-dark cycle. Rats had free access to food (normal rat chow; 105UAR, France) and water throughout the experimental period. During irradiation, rats were conscious and restrained through a pair of back to back solenoid valves (Lee Products Ltd, Gerrards Cross, UK) which enabled the solutions to be maintained at 35±0.1°C and changed in less than one second. Medium was aspirated at the opposite side of the chamber using a suction micropipette and resulted in a near laminar flow of medium.

**Concentration polarisation at varied depths x (where I\(_x\) is the fluorescence intensity of the dye in the crypt lumen at any depth, x, to that in the crypt luminal opening, x=0. The relative changes in luminal concentrations of FITC dextran were quantified using fluorescence after attenuation of the signal with a neutral density filter (3% transmission) and subtraction of background. With this high level of neutral density filtration there is no detectable autofluorescence from the tissue.**

The ratio \((I_{x}-I_{ibkg})/(I_{co}-I_{ibkg})\) in the crypt lumen is equivalent to the concentration polarisation at varied depths x (where \(I_x\) is the fluorescence intensity in the crypt lumen at a distance x from the crypt luminal opening, \(I_{co}\) and \(I_{ibkg}\) is fluorescence in the absence of dye; \(I_{ibkg}=30–50\) units/pixel). Estimates of average fluorescence intensity in the crypt lumen were obtained by taking the pixel intensity of circumscribed areas of interest within 6–8 crypt lumens, 500–1000 pixels per area. The
maximum pixel light intensity was 256 units background. The intensities of the same regions in the crypt lumen at successive depths were computed.

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Staining procedure
Colonic mucosal tissue (0.5 cm² pieces) was placed in 1.5 ml Eppendorf tubes. The tissue was stained according to the following protocol. The procedure was the same for all antibodies used. The tissue was permeabilised in 0.2% Triton X-100 in PBS for 30 minutes, washed twice in PBS, and incubated in blocking buffer (2% goat serum in PBS or 5% fetal calf serum) for 30 minutes. The tissue was then incubated for 60 minutes with primary antibody (1:100), washed 3× in blocking buffer, and incubated for 60 minutes in each secondary antibody (1:100) and left in blocking buffer.

Antibodies
Antibodies were obtained from the following agencies: RDI goat anti-CPP32 p20 C-Term (Hu/Ms/Rt) (caspase 3), RDI goat anticatenin-β C-Term (Hu/Ms/Rt), RDI goat anticadherin-E (Hu/Ms/Rt), RDI mouse anticytochrome c clone 6H2.B4, Santa Cruz Goat anti-OB cadherin (C-16), Sigma monoclonal anti-α smooth muscle actin clone IA4, and RDI rabbit anticalloglen type IV. For anticaspase 3, anticadherin-E, and anti-OB cadherin stained tissue, biotin antigoat IgG was used as the secondary antibody followed by Alexa-488 NeutrAvidin; for anticytochrome C and anti-α smooth muscle actin staining, Texas Red goat antimouse IgG was used. All secondary antibodies and Alexa-488 were supplied by Molecular Probes, Eugene, Oregon, USA.

CONFOCAL IMAGES
Each piece of tissue was taken and viewed under the confocal microscope using a Nikon 60×/1.4na Plan Apochromat oil immersion lens. The tissue was viewed from the mucosal side. The focus plane was taken to the surface of the tissue and images were captured at 10 µm steps using the automatic Z step motor. Images were taken from 0 µm to 40 µm below the surface. Images represented as much as possible the general level of staining throughout the whole tissue.

IMAGE ANALYSIS
The captured images were analysed using the public domain NIH image program (written by Wayne Rasband at the US National Institutes of Health) to quantify the fluorescence from each antibody. Fluorescence was evaluated by measuring mean fluorescence intensity of a designated region from either the crypt or the intercryptal space, at each of five focal planes. Three areas of both crypt and intercrypt were taken per image, giving 30 measurements per tissue at the different depths. Also, one area per image was taken as a background value.
DATA ANALYSIS AND CURVE FITTING
Mean (SEM) measurements corrected for background from each image were calculated. The means for a particular series such as time course or dose were tabulated. Mean (SEM) numbers at two depths were then taken. For the most part this was either at 20 µm and 30 µm or at 30 µm and 40 µm, respectively. For the dose series the resultant values were plotted directly against dose. For the time course series the values at each time point were normalised relative to the control value and plotted as a ratio. For cytochrome c and caspase, data were fitted to curves with an exponential rise followed by exponential decay using the non-linear least squares curve fitting procedure incorporated into KaleidaGraph (Synergy Software). For OB cadherin and smooth muscle actin, data were fitted to curves with an exponential rise followed by an exponential rise.

CASPASE INHIBITOR TREATMENT
Rats were irradiated as previously at a dose of 8 Gy. Immediately after irradiation the animals were treated with the caspase inhibitor Z-vad-FMK (purchased from Calbiochem) 1 mg/kg by intraperitoneal injection per day. Animals were treated every day for three days and then killed on day four. Tissue for dextran

Figure 2  Rapid release of cytochrome c after radiation in both crypt and pericrypt regions and appearance of caspase 3. (A) Confocal images (depth 20 µm) showing cytochrome c after 8 Gy radiation in rat colon in controls and after six, 12, and 24 hours. (B) Confocal images (depth 20 µm) showing caspase 3 after 8 Gy radiation in rat colon in controls and after six, 12, and 24 hours. (C) Time course of cytochrome c (red) and caspase 3 (blue) in pericryptal sheath after 8 Gy radiation showing a small time lag between maximal increases. Data shown (n=3) as normalised ratios on a log scale against controls taken from the pericryptal region. Cytochrome c data were plotted with a biphasic exponential fit giving half times for the increase and decrease (see table 1 and materials and methods). (D) Time course of cytochrome c (red) and caspase 3 (blue) in crypt cells after 8 Gy radiation showing a large time lag between maximal increases. Data from crypt regions of same images used for (C). (E) Dose-response (0–12 Gy) curve for cytochrome c release after 12 hours in pericryptal (red) and crypt (blue) cells. Data shown as relative fluorescence (n=3) plotted with a non-linear Michaelis-Menten curve fit showing a saturable dose-response. (F) Dose-response (0–12 Gy) curve for caspase 3 after 12 hours in pericryptal (red) and crypt (blue) cells. Data shown as relative fluorescence (n=3) plotted with a non-linear Michaelis-Menten curve fit showing a saturable dose-response.
accumulation and immunocytochemistry was collected as before.

Results

LOSS OF ABILITY TO CONCENTRATE FITC DEXTRAN IN CRYPTS

In the descending colon obtained from control animals, crypts accumulated dextran within their lumens at concentrations 10 times greater than at the crypt opening (fig 1). However, following TBI (8 Gy), during the two and four day post-irradiation period, the crypts only concentrated dextran by 1.5-fold. This radiation induced decrease in dextran accumulation implied at least an 85% loss in crypt absorptive power.23 This loss was accompanied by very large increases in dextran leakage from the mucosal bathing solution into the surrounding pericryptal spaces. There are two ways that the dye can pass into the submucosal space, either via the crypt luminal wall or through the surface mucosa. It is evident that irradiation damage increased dextran permeability via both of these routes. After seven days, some recovery was evident, as accumulation of dextran into crypt lumens was increased. However, significant leakage of FITC dextran into the pericryptal space remained, as evident from the low ratio of dextran accumulation between the crypt lumen and pericryptal space.

RELEASE OF CYTOCHROME C AND APPEARANCE OF CASPASE 3 FOLLOWING RADIATION

Increases in cytochrome c were observed within one hour following 8 Gy TBI in both

crypts and pericryptal cells. E-cadherin and β-catenin expression were also reduced in both regions by four days after radiation (fig 3). In the pericryptal region, cytochrome c increased from 2% to 7% of the control level within one hour after 8 Gy. E-cadherin expression decreased from 90% to 30% of control levels, while β-catenin expression decreased from 80% to 30% of control levels. The expression of these proteins returned to control levels within 24 hours after radiation. The expression of SM actin and OB cadherin in the pericryptal region remained unchanged with radiation.

Table 1  First and second rate constants (τ₁/K₁ and τ₂/K₂, respectively) for all proteins followed from a biphasic exponential fit of the data in pericrypt and crypt regions (see materials and methods). Gy₅₀ values were calculated from dose-response curves

<table>
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<th>τ₁/K₁ (h) Rate of appearance</th>
<th>τ₁/K₂ (h) Rate of loss</th>
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<td></td>
<td>Pericrypt</td>
<td>Crypt</td>
<td>Pericrypt</td>
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<td>Cytochrome c</td>
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<td>1.4 (0.2)</td>
<td>83.3 (20.8)</td>
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<td>16.7 (5.6)</td>
<td>76.9 (17.7)</td>
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<tr>
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<td>—</td>
<td>58.8 (27.7)</td>
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<tr>
<td>SM actin</td>
<td>16.7 (5.6)</td>
<td>—</td>
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<td>β-catenin</td>
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<td>—</td>
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<tr>
<td>E-cadherin</td>
<td>66.6 (24.8)</td>
<td>83.3 (64.1)</td>
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crypt and pericryptal cells. In the intercrypt region, which contains the pericryptal myofibroblastic sheath, the $t_{1/2}$ of the increase in cytochrome c was 1.4 (0.6) hours and peaked at about six hours. This was followed by an exponential decrease in cytochrome c with a $t_{1/2}$ of 57.8 (14.5) hours. At 11 days, cytochrome c had almost returned to control levels. A similar progression was seen in the crypt epithelial cells with a $t_{1/2}$ of 1.1 (0.2) hours for the increase and 27.7 (3.3) hours for the decrease. The half times were calculated from a biphasic exponential fit of these time courses (fig 2C, D). Staining of anticytochrome c antibody in colonic mucosa from controls and irradiated animals (at six, 12, and 24 hours) is shown in the images in fig 2A.

Cytochrome c release into the cytosol observed 12 hours after radiation increased as a saturable function of radiation dose both in the crypt epithelial cells and in the pericryptal myofibroblasts (fig 2E). The half maximal response of both types of cell was 2–4 Gy. The monoexponential time course of cytochrome c appearance suggested that the release came from a single uniformly radiosensitive source, namely the mitochondria.

The increase in caspase 3 following radiation was, in common with cytochrome c, biphasic: a rapid increase followed by a slow decrease (fig 2C, D). However, the initial rise in caspase 3 in the pericryptal myofibroblasts was slower ($t_{1/2}$ 2.9 (1.6) hours) than that of cytochrome c. In the crypt epithelial cells the increase in caspase was much slower than that of cytochrome c, with a $t_{1/2}$ of 11.5 hours and levels remaining high at four days (fig 2D).

There was also a saturable relationship between caspase 3 activation and radiation dose in the crypt epithelial cells and in the pericryptal myofibroblasts at 12 hours, with a half maximal response at 1–3 Gy (fig 2F). In both crypt and pericrypt regions the response to radiation had a threshold of 1–2 Gy. Only minimal release of cytochrome c and caspase was observed below this radiation level. Little additional release was seen on raising the radiation dose from 8 to 12 Gy. The significant delay in the appearance of caspase 3 after cytochrome c indicated that caspase activation occurred 2–3 hours after the rise in cytochrome c. The much slower rate of decrease in caspase 3 than that of cytochrome c was consistent with continuous generation of caspase, which may have been stimulated by low levels of cytochrome c remaining in the cytosol.

**LOSS OF E-CADHERIN AND β-CATENIN**

The increased macromolecular leakage through wide paracellular channels in the crypt walls after radiation suggested loss of the cell adhesion molecules. To test this hypothesis, levels of the cell adhesion molecules E-cadherin and β-catenin were quantified following radiation exposure.

After radiation, E-cadherin was reduced (fig 3A, B) in the pericryptal regions within two days and in the crypts at four days. After seven
days some recovery in E-cadherin was evident in the pericryptal region but not in the crypts. The response of E-cadherin loss at two days to radiation dose (fig 3D) showed a saturable response, which was half maximal at 2–4 Gy.

β-Catenin was also reduced after radiation with maximal loss at 2–4 days (fig 3C). Greater loss was evident in the pericrypt than in the crypt luminal cells. Levels of β-catenin recovered both in the pericrypt and crypt at seven and 11 days after radiation. At two days β-catenin had a similar saturable inhibitory response to radiation as E-cadherin, with a similar half maximal response at 1–3 Gy (table 1).

**LOSS AND RECOVERY OF OB CADHERIN, α SMOOTH MUSCLE ACTIN AND COLLAGEN TYPE IV**

OB cadherin (cadherin 11) is an adhesion molecule specific to mesenchymal cells such as myofibroblasts and macrophages. After radiation, OB cadherin levels decreased rapidly with maximal loss at 24 hours ($t_{1/2}$ 3.5 (2) hours) and recovery after seven days (fig 4B). The rapid loss in OB cadherin in the pericryptal region shows that myofibroblasts were particularly sensitive to radiation. This was confirmed by the higher radiation sensitivity of OB cadherin loss ($Gy_{50} < 2$ Gy) compared with E-cadherin.

Smooth muscle actin is a marker of myofibroblasts in the pericryptal sheath as well as in wound tissue. In common with OB cadherin, it too is very radiosensitive. After radiation there was a maximal decrease in smooth muscle at 2–4 days indicating loss of the pericryptal myofibroblasts within this time frame. The radiation dose-response of this antigen was similar to that of OB cadherin ($Gy_{50} 1–3$ Gy). Recovery of smooth muscle actin in the pericryptal region, similar to OB cadherin, was rapid. After seven days levels returned to control values and increased above control at 7–11 days (fig 4A, B).

Collagen type IV is one of the main matrix constituents of the pericryptal sheath and basement membrane and is produced by the pericryptal myofibroblasts. As with smooth muscle actin and OB cadherin, it is lost rapidly after radiation and then recovers (fig 4C, D).

**EFFECTS OF CASPASE INHIBITOR Z-vad-fmk TREATMENT ON COLONIC PERMEABILITY AND PERICRYPTAL SHEATH INTEGRITY**

There was no evidence that the caspase inhibitor Z-vad-fmk had any favourable effect on weight loss, neutropenia, or loss of thymus weight following radiation. Furthermore, there was no significant effect of Z-vad-fmk on net fluid absorption from treatment than in irradiated but untreated animals in the descending colon in vivo, four days after irradiation with 8 Gy. However, after treatment with Z-vad-fmk there was some evidence of protection of the pericryptal sheath (fig 5). There was more smooth muscle actin after treatment, indicating the increased presence of myofibroblasts in the sheath. However, the pattern of staining showed the myofibroblasts to be only loosely associated with the crypts unlike the connected sheath structure seen in controls. These observations were borne out by the effect of Z-vad-fmk on dextran accumulation (fig 6) which showed some decrease in leakage into the pericryptal space compared with untreated but irradiated animals. However, this effect was significant only at the one tailed level ($p<0.037$).

**Discussion**

The rapidity of the monoexponential release of cytochrome c from mitochondria, and the saturable response to radiation dose in both crypt epithelial and pericrypt myofibroblasts, indicates that it is triggered by one or a combination of factors in the period during and immediately following radiation (for example, production of radiation induced free radicals, release of ceramide from radiation induced membrane sphingomyelin breakdown, or...
increases in cell death signalling proteins) (fig 7). The method of cytochrome c release remains controversial and may be related to depolarisation of the mitochondrial membrane and/or the formation of pores by pro-apoptotic proteins such as Bad, Bak, Bid, and Bax. Recent evidence suggests that cytochrome c release can occur while the mitochondrial membrane potential is maintained. In experiments carried out in human leukaemic cells (MOLT-4), exposure to 5 Gy gamma radiation resulted in loss of mitochondrial membrane potential followed by increased caspase 3 levels.

**INITIAL RESPONSE TO RADIATION**

Myofibroblasts have both faster caspase activation and higher radiosensitivity than crypt epithelial cells. This suggests that the relative sensitivities of different cell types may be related to the sensitivity of caspase activation to cytoplasmic cytochrome c concentration. It is evident that while cytochrome c release rates are similar in the pericryptal and crypt epithelial cells, the downstream process activated by cytochrome c release is slower in crypt epithelial cells than in the pericryptal myofibroblasts. This suggests that caspase 3 in myofibroblasts is activated by lower concentrations of cytosolic cytochrome c than in crypt epithelial cells, and provides a basis for the variability of cell sensitivity to ionising radiation. Another possibility is the increased presence of protective substances in the crypt epithelial cells such as Bcl-2 which has been shown to delay caspase activation after cytochrome c release and has been suggested to alter the sensitivity of caspase activation to cytochrome c. The longer time required for caspase 3 concentrations to return to control levels compared with cytochrome c suggests that caspase 3 is continuously generated by low cytochrome c in combination with APAF-1, caspase 9, and dATP. Alternatively, it may be that caspase 3 levels remain elevated through the action of other caspases by a positive feedback mechanism.

In contrast with the increases observed in cytochrome c and caspase 3, E-cadherin and β-catenin are both lost from crypt epithelial cells and pericryptal myofibroblasts after radiation. This is in agreement with other data showing loss of cell-cell adhesion following a rise in caspase activity.

OB cadherin and E-cadherin losses from pericryptal myofibroblasts occurred more rapidly and had similar time courses of loss to α smooth muscle actin, another myofibroblast specific antigen. This loss was maximal at 2–4 days, which is the time when fluid absorption is maximally inhibited and when the colonic mucosa is most permeable to FITC dextran (fig 1). These losses indicate that dissolution of the pericryptal sheath occurs before fluid transport is maximally inhibited and E-cadherin loss is maximal (table 1). The early loss of OB cadherin and smooth muscle actin coincide with the early increase in tissue permeability to dextran (fig 1). This finding indicates that even though the pericryptal sheath myofibroblasts are damaged, a residual capacity for absorption remains. However, maximal loss of absorption coincided with damage of both pericryptal myofibroblasts and crypt epithelial cells on day 4. Recovery of the sheath on days 7–11 was accompanied by only partial recovery in tissue permeability to dextran. This may be because complete recovery of fluid absorption occurs only when both the crypts and pericryptal sheath are impermeable.

The high sensitivity of the pericryptal sheath myofibroblasts to radiation damage has been reported in both human and murine colon. These early findings, together with those reported here, indicate that myofibroblast loss and recovery rates may play at least as important a role as stem cells in determining functional responses to injury.

**RECOVERY RESPONSE**

All of the antigens showed complete recovery within the pericryptal cells within 4–11 days after irradiation. OB cadherin and smooth muscle actin recovered faster than β-catenin and E-cadherin. Additionally β-catenin and E-cadherin were much slower to recover in the...
Radiation induced cytochrome c release and colonic permeability

There is little evidence of nuclear degeneration in crypt epithelial cells even though caspase 3 is activated and this is consistent with lack of evidence of cell damage on haematoxylin-eosin staining after radiation. One possibility is that the crypt epithelial cells may resist nuclear damage from caspase induced activation of DNA fragmenting factor, perhaps by some form of nuclear protection against caspase 3.

There was histological evidence of recovery of the pericryptal myofibroblasts by day 7, coinciding with some recovery in crypt fluid absorption capacity in vivo against low resistance luminal content. Additionally, loss and recovery of collagen IV is further evidence of loss of sheet function followed by a recovery phase in response to irradiation. Nevertheless, even after 11 days the crypts remained more permeable to dextran than unirradiated controls. This suggests that some additional adhesive process must occur before there is full recovery of colonic barrier function.

It is possible that the increase in proteins seen in the crypts is not due to recovery of irradiated cells but to proliferation and migration of new cells generated from stem cells into the area. On the basis that stem cells lie near the base of the crypts it might be expected that deeper lying crypt cells should show more rapid recovery than more superficial cells. However, as there was no evidence of faster recovery in deeper cells (50 µm) than superficial cells (20 µm) it would seem more likely that recovery is associated with repair processes in the irradiated cells. This does not apply to pericryptal myofibroblasts which could well migrate into the sheath from precursor cells in the adjacent lamina propria and replace those lost after radiation.

Treatment of irradiated animals with the broad spectrum caspase inhibitor Z-vad-FMK suggested a protective effect on the pericryptal myofibroblasts, although the structure of the sheath was not maintained. Leakage of dextran into the pericryptal space in irradiated animals was reduced by treatment, although this reduction was only significant on a one tailed t test (p<0.037) and the colonic mucosa still remained leaky.

Our study is the first to show a correlation between radiation damage at the molecular level and transport activity in vivo. As such it shows that while the changes in individual proteins are relatively clear cut, the effects of increases or decreases in their expression on transport processes are more ambiguous and must be interpreted in relation to functional processes. However, based on our findings we conclude that radiation damage in the colon is initiated by mitochondrial events that show both a threshold and maximal response to injury. These results open up new possibilities for therapeutic approaches to treat radiation injury.

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