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**EPIGALLOCATECHINE-3-GALLATE REDUCES ALLERGEN-INDUCED  
ASTHMA-LIKE REACTION IN SENSITISED GUINEA PIGS.**

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**Running title:** EGCG reduces asthma-like reaction

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**List of nonstandard abbreviations:**

BAL	bronchoalveolar lavage
EGCG:	epigallocatechine-3-gallate
eMBP	major basic protein
NO	nitric oxide
NOS	nitric oxide synthase
8OHdG	8-hydroxy-2-deoxyguanosine
SOD	superoxide dismutase

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## Abstract

In this study we have evaluated the effects of the polyphenol epigallocatechine-3-gallate (EGCG), an antioxidant molecule that also enhances constitutive nitric oxide synthase (NOS) activity, on antigen-induced asthma-like reaction in sensitized guinea pigs. For comparison, we used epicatechine, which shares antioxidant but not NOS-modulating properties with EGCG. Ovalbumin-sensitized guinea pigs placed in a respiratory chambers were challenged with ovalbumin. EGCG (25 mg/kg b.wt.) or epicatechine (25 mg/kg b.wt.) were given i.p. 20 min. before ovalbumin challenge. We analysed: latency time for the onset of respiratory abnormalities; cough severity; duration of dyspnea; lung tissue histopathology; mast cell activation (by granule release); leukocyte/eosinophilic infiltration (by major basic protein, eMBP, and myeloperoxidase); oxygen free radical-mediated injury (by nitrotyrosine and 8-hydroxy-2-deoxyguanosine, 8OHdG, and superoxide dismutase, SOD); NOS activity; bronchial inflammatory response (by TNF- $\alpha$  in bronchoalveolar lavage, BAL). In the sensitized animals, severe respiratory abnormalities appeared soon after the antigen challenge, accompanied by bronchoconstriction, alveolar inflation and a marked increase in the assayed parameters of inflammatory cell recruitment, free radical lung injury and release of proinflammatory molecules in BAL fluid. This was associated with marked depression of constitutive NOS activity. Pretreatment with EGCG, but not epicatechine, significantly reduced all the above parameters and sustained endothelial-type NOS activity. These findings provide evidence that EGCG, likely by modulating NOS activity, can counteract allergic asthma-like reaction in sensitized guinea pigs and suggest its possible future use for the treatment of asthma.

## Introduction

Asthma is a common inflammatory airway disease whose prevalence is ever-increasing, especially among children (Kitch et al., 2000) and whose major pathophysiological hallmarks are mast cell activation, increased endothelial expression of adhesion molecules and enhanced leukocyte recruitment (Maddox and Schwartz, 2002). The therapy mainly relies on  $\beta_2$ -agonists for acute episodes and glucocorticoids for long term treatment (Von Mutius, 2000). Understanding the factors regulating transition between acute and chronic asthma and airway remodelling, or perpetuation of any of these states, may help identification of new targets for asthma therapy.

In many cell types, nitric oxide (NO) is generated by three NO synthase (NOS) isoenzymes. The neuronal-type (nNOS) and the endothelial-type (eNOS) isoforms are  $\text{Ca}^{2+}$ /calmodulin-dependent and expressed constitutively. The inducible iNOS is  $\text{Ca}^{2+}$ /calmodulin-independent and is expressed mainly upon inflammation (Moncada et al., 1991). Induction of iNOS transcription is mediated by early events, including the activation of nuclear factor- $\kappa\text{B}$  (NF- $\kappa\text{B}$ ) by LPS, IL-1 $\beta$ , and TNF- $\alpha$ , as well as of signal transducer and activator of transcription 1 (STAT1) by IFN- $\gamma$ . Constitutive NOS generate low NO amounts (nM), involved in the regulation of physiological events (Moncada et al., 1991). Conversely, iNOS expression yields high NO levels ( $\mu\text{M}$ ), involved in beneficial functions (host defence) but also deleterious side-effects (inflammatory tissue damage) (Moncada et al., 1991). According to the recent literature, n/eNOS-derived NO is crucial to prevent NF- $\kappa\text{B}$  activation and iNOS expression: in fact, in early inflammation, a sharp decline in n/eNOS activity and a drop in endogenous NO often occurs. Thus, counteracting the early drop in physiological NO

triggered by inflammation could be a potential anti-inflammation strategy (Colasanti and Suzuki, 2000; Mariotto et al., 2004).

Many laboratory and clinical studies show that NO plays a role in asthma (Coleman, 2002). However, the pathophysiological connection between NO and asthma remains uncertain, as does the question of whether NO is primarily beneficial or harmful. Exhaled NO is increased in asthma (Kharitonov et al., 1994), thus being proposed as a marker to monitor underlying inflammation (Horvath et al., 1998). Exogenous NO has bronchodilator and bronchoprotective properties and endogenous NO release by n/eNOS blunts bronchoconstrictor stimuli. Moreover, NO inhibits mast cell-dependent inflammation mediated by histamine, prostaglandin D<sub>2</sub>, leukotriene C<sub>4</sub> and TNF- $\alpha$ . In acute asthma, low NO amounts, as those released by n/eNOS, are enough to exert protection (Kharitonov and Barnes, 2000), likely by scavenging reactive oxygen species (Dweik et al., 2001). Conversely, high NO levels, reflecting iNOS upregulation by proinflammatory cytokines, can produce deleterious effects, including increased vascular permeability, airway epithelium damage, and leukocyte infiltration (Gaston et al., 1994). Nonetheless, evidence that inhibition of iNOS could be therapeutic in asthma is limited (Mulrennan and Redington, 2004). The conflicting reports on the role played by NO in asthma could be explained by a defect in putative cross-talk between n/eNOS activity and iNOS expression.

In this study we used an animal model of asthma-like reaction, i.e. ovalbumin challenge to ovalbumin-sensitized guinea pigs, to provide insight into the possible role of n/eNOS-derived NO in the pathophysiology of early asthma and to test the possible therapeutical effect of epigallocatechine-3-gallate (EGCG), a polyphenol that enhances n/eNOS activity.

## Methods

### *Animals*

Male adult albino guinea pigs were used. They were purchased from a commercial dealer (Harlan, Milan, Italy) and quarantined for 7 days at 22-24 °C on a 12-h light, 12-h dark cycle before use. Standard laboratory chow, fresh vegetables, and water were available ad libitum. The experimental protocol was basically the same used previously for similar purposes (Bani et al., 1997; Suzuki et al., 2004; Masini et al., 2005). It complied with the recommendations of the European Economic Community (86/609/CEE) for the care and use of laboratory animals and was approved by the animal care committee of the University of Florence (Florence, Italy). At the end of the treatments, the animals weighed 350-400 g.

### *Treatments*

Group 1. Ten guinea pigs were injected with saline (5 ml/kg i.p., plus 5 ml/kg s.c.). Two weeks later, they were treated with an aerosol of ovalbumin (Fluka, Buchs, Switzerland) suspended in PBS (5 mg/ml). They are referred to as unsensitized controls.

Other guinea pigs were sensitized with ovalbumin (100 mg/kg i.p., plus 100 mg/kg s.c.), dissolved in water to a concentration of 20 mg/ml. Two weeks later, they were challenged with an aerosol of ovalbumin (5 mg/ml saline) to verify that sensitization had occurred. The animals were withdrawn from antigen exposure at the first sign of respiratory abnormality. The animals that developed a clear-cut airway hyperresponsiveness to the inhaled antigen are referred to as sensitized animals. With the chosen protocol, only 2 animals out of 42 (4.8 % of

total) failed to develop sensitization. After 4-8 days, the sensitized animals were randomly divided in 4 further groups, 10 animals each, and treated as indicated below.

Group 2. No further treatment. These animals are referred to as sensitized not challenged and were used as sensitized controls for the following experimental groups in the biochemical and morphological studies on lung tissue samples.

Group 3. Treatment with a s.c. injection of 1 ml PBS. Thirty min. later, the animals underwent challenge with ovalbumin aerosol, as described below.

Group 4. Treatment with a s.c. injection of EGCG (Sigma, Milano, Italy: 25 mg/kg b.wt.), dissolved in 1 ml PBS. Thirty min. later, the animals underwent challenge with ovalbumin aerosol, as described below. These dose and exposure time were chosen according to our recent work in experimental rat colitis model (Mazzon et al., 2005).

Group 5. Treatment with a s.c. injection of epicatechine (Sigma, Milano, Italy: 25 mg/kg b.wt.), dissolved in 1 ml PBS. Thirty min. later, the guinea pigs underwent challenge with ovalbumin aerosol, as described below.

#### *Evaluation of respiratory activity*

The guinea pigs of all the groups, except group 2, were placed, one by one, in a whole body respiratory chamber, as described previously (Bani et al., 1997; Suzuki et al., 2004; Masini et al., 2005). The changes in inner pressure in the respiratory chamber induced by breathing were monitored with a high sensitivity pressure transducer (Battaglia-Rangoni, Comerio, Italy; pressure and linearity ranges from -10 to +10 mm Hg) connected with a multichannel polygraph (Battaglia-Rangoni). Upon stabilization of the breath pattern (usually occurring within 30-60 sec), the guinea pigs were challenged with an aerosol of ovalbumin (5 mg/ml in water) for 10 sec. With this device, very small aerosol particles can be obtained that

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can easily reach the lower respiratory airways, as assessed in previous tests carried out with aerosolization of trypan blue dye dissolved in water. The nonsensitized guinea pigs of group 1 were included in the aerosolic challenge to reveal possible alterations of the breath pattern due to unspecific stimulation of the airways by the aerosol droplets. The changes in the respiratory activity of the animals subjected to the different treatments were recorded for 10 min after the aerosol administrations. Evaluation of the following parameters was achieved: latency time (sec.) for the appearance of respiratory abnormalities, assessed as the time between the onset of aerosolisation and the first cough stroke, a cough stroke being assumed as a respiratory movement whose amplitude exceeded at least 10 that of normal breath preceding the cough stroke; and cough severity score, assessed as the product of cough frequency and mean cough amplitude, assuming as cough frequency the number of cough strokes per min. and as cough amplitude the excess pressure (mm of Hg) over the normal breath preceding the cough stroke. In addition, the occurrence of dyspnea, recognized in breath recordings as a series of irregular breaths of abnormally elevated or reduced amplitude compared with the basal breath, was reported. Movements of the guinea pigs were visually monitored by two trained observers, who were blinded to group assignment of the animals. In this way, any motion- and sneezing-related changes in the inner pressure of the body chamber could also be disregarded.

Once extracted from the respiratory chamber, 6 guinea pigs per group were housed for further 10 min and eventually killed by lethal i.p. injections of sodium thiopental (Abbott, Latina, Italy). Six sensitised guinea pigs of group 2, which were excluded from aerosol administration, underwent the same fate. At death, bronchoalveolar lavage (BAL) was carried out by insertion of a cannula into the trachea and instillation of 3 ml of PBS, pH 7.4. Bronchi were washed 3 times before collection of bronchoalveolar fluid, which was then centrifuged at 1100 g for 30 min. The cell-free supernatant was collected, its volume measured and frozen



at  $-70^{\circ}$  C until needed. The remaining 4 guinea pigs from each group were removed from the chamber 5 min. after the onset of ovalbumin aerosol: they were used to evaluate early NO synthase activity.

In all the animals, thorax was then opened allowing for the gross appearance of lungs to be examined. Tissue specimens from the middle and the lower lobes of the right lung were excised and processed for further analyses, as described in the followings.

### *Histologic and morphometric analyses*

Tissue samples, 2 from each animal, were fixed by immersion in Mota fluid, dehydrated in graded ethanol and embedded in paraffin. This fixative solution allows a rapid infiltration of the tissue, with only minimal artifactual shrinking, thus providing a tissue morphology which is representative of the lung features *in vivo*. Sections 5  $\mu$ m thick were cut and stained with hematoxylin and eosin for conventional histology and morphometry of lung alveoli and small-sized bronchi, or with Astra blue (Fluka) to reveal mast cell granules.

A first series of determinations was carried out on hematoxylin and eosin-stained sections to evaluate the surface area of alveolar aerial spaces. In each guinea pig, determinations were performed on tissue sections cut from the 2 different lung samples, examined with a x10 objective. Four randomly-chosen microscopical fields per animal (2 fields per section) were analysed. At the chosen magnification, each field corresponds to a tissue area of 570,224  $\mu$ m<sup>2</sup> that includes an average of 300 alveolar profiles. The same tissue sections were used to evaluate the surface area of bronchial lumina, selected by: i) histological appearance of small-sized, muscular bronchi; ii) transverse or slightly oblique cross-section. In each guinea pig, measurements were carried out on 4-6 randomly chosen bronchi from the tissue sections cut from the 2 different lung samples, examined with a x 20 objective. For both

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alveolar and bronchial luminal areas, the microscopical fields to be analysed were registered by a CCTV television camera (WPI, Sarasota, FL) applied to a Reichert-Jung Microstar IV light microscope (Cambridge Instruments, Buffalo, NY) and interfaced with a personal computer through a Matrox Marvel G400-TV digitising card (Matrox Graphics, Dorval, Canada). On the digitised images, surface area measurements were carried out using the Scion Image Beta 4.0.2 image analysis program (Scion Corp., Frederick, MD) upon appropriate thresholding to include only blank, tissue-free aerial spaces. The mean values ( $\pm$  s.e.m.) of alveolar and bronchial luminal areas were then calculated for each experimental group.

A second series of determinations was carried out on Astra blue-stained sections to evaluate the optical density of lung mast cells, which is related to the content of secretory granules. In each guinea pig, determinations were performed on tissue sections cut from the 2 different lung samples, as described previously (Bani et al., 1997; Suzuki et al., 2004; Masini et al., 2005). The mast cells were viewed by the same image analysis device described above, using a x100 oil immersion objective. In particular, the digitising card allows for the light transmitted across the microscopic slide to be determined within a range of 256 grey levels, which are comprised between 0 (black level) and 255 (white level). The card also allows for a digitised image of mast cells to be reproduced on the basis of the values estimated.

Measurements of optical density were carried out on selected mast cell profiles using the Scion Image Beta 4.0.2 image analysis program. In each animal, 30 different mast cells, 15 from each lung sample, were analysed and the mean optical density value ( $\pm$  s.e.m.) was then calculated for the entire experimental group.

*Immunohistochemistry for eosinophilic major basic protein (eMBP) and nitrotyrosine*

This was carried out on histological sections, 5  $\mu\text{m}$  thick, of Mota-fixed, paraffin-embedded lung tissue fragments. Sections were treated with 0.3% (v/v)  $\text{H}_2\text{O}_2$  in 60% (v/v) methanol to quench endogenous peroxidase, permeabilised with 0.1 % (w/v) Triton X 100 in PBS for 20 min. and incubated overnight with mouse monoclonal anti-eMBP (clone BMK13, Chemicon, Temecula, CA), working dilution: 1:50 in PBS. Immune reaction was revealed by indirect immunoperoxidase method (Vectastain Elite kit, Vector, Burlingame, CA), using 3,3'-diaminobenzidine as chromogen. As negative controls, sections incubated with only the primary or the secondary antisera were used. In each guinea pig, the number of eMBP-positive eosinophils was counted in 10 randomly chosen microscopical fields at a x 200 final magnification (test area: 72,346  $\mu\text{m}^2$ ). Values obtained from two different observers were averaged.

Peroxynitrite, the harmful coupling product of nitric oxide and superoxide anion, is a major cause for oxidative tissue damage and DNA strand break during inflammation (Suzuki et al., 2004). Nitrotyrosine, a marker of peroxynitrite reaction with tissue substrates, was detected in lung tissue, after microwave antigen retrieval in citrate buffer, pH 6, by rabbit polyclonal anti-nitrotyrosine antibodies (Upstate Biotechnology, Buckingham, UK), working dilution 1:120 in PBS, applying the same detection procedure described above. The optical density of nitrotyrosine immunostaining in bronchial mucosa was assayed by the same densitometric method described above. In each animal, 8 different bronchi, 4 from each lung sample, were analysed and the mean optical density value ( $\pm$  s.e.m.) was then calculated for the entire experimental group.

### *Evaluation of myeloperoxidase activity*

Myeloperoxidase activity can be used as a marker for leukocyte accumulation in tissues. It was evaluated according to Bradley et al. (1982). Briefly, lung tissue samples were frozen in isopentane/liquid nitrogen and stored at -80° C until needed. Fragments weighing approximately 100 mg were thawed at room temperature, homogenised in 1.5 ml of 50 mmol/l potassium phosphate buffer, pH 6. One ml of the homogenate was centrifuged at 10,000 x g for 10 min., and the pellet was suspended in 1 ml of potassium phosphate buffer (50 mmol/l), pH 6, containing 0.5 % hexadecyltrimethylammonium bromide (Sigma) to negate the pseudoperoxidase activity of hemoglobin and to solubilise membrane-bound myeloperoxidase. The suspensions were treated with 3 cycles of freezing-thawing, sonicated on ice for 10 sec., and centrifuged at 12,000 x g for 10 min. Myeloperoxidase activity was determined in the supernatants: 0.1 ml of the supernatant was mixed with 2.9 ml of potassium phosphate buffer (50 mmol/l), pH 6, containing 0.19 mg/ml of *o*-dianisidine chloride and 0.0005 % H<sub>2</sub>O<sub>2</sub> as a substrate for myeloperoxidase. Oxidised *o*-dianisidine forms a stable chromophore absorbing at a 460 nm wave length. The absorbance was determined spectrophotometrically over 2 min. The values of tissue myeloperoxidase activity were obtained by comparison with standard concentrations of *o*-dianisidine in the presence of excess H<sub>2</sub>O<sub>2</sub>. One unit of myeloperoxidase activity is defined as that required to degrade 1 µmol of H<sub>2</sub>O<sub>2</sub> per min. at 25° C. Protein concentration was determined with the Bradford method. The results are expressed as mU/mg of proteins.

### *Determination of 8-hydroxy-2'-deoxyguanosine*

Frozen tissue samples were thawed at room temperature and cell DNA isolation was performed according to Lodovici et al.(2000), with minor modifications. The samples were

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homogenized in 1 ml of 10 mM phosphate buffered saline, pH 7.4, sonicated on ice for 1 min., added with 1 ml of 10 mM Tris-HCl buffer, pH 8, containing 10 mM EDTA, 10 mM NaCl, 0.5 % SDS, and incubated for 1 h at 37° C with 20 µg/ml RNase (Sigma). Then, the samples were incubated overnight at 37° C under oxygen-free conditions by insufflating argon, in the presence of 100 µg/ml proteinase K (Sigma). After incubation, the mixture was extracted with chloroform/isoamyl alcohol (10:2 v/v). DNA was precipitated from the aqueous phase with 0.2 volume of 10 M ammonium acetate, solubilized in 200 µl of 20 mM acetate buffer, pH 5.3, and denatured at 90° C for 3 min. The extract was then supplemented with 10 IU of P1 nuclease in 10 µl and incubated for 1 h, at 37° C with 5 IU of alkaline phosphatase in 0.4 M phosphate buffer, pH 8.8. All the procedures were performed in the dark under argon. The mixture was filtered by an Amicon Micropure-EZ filter (Amicon, MA) and 50 µl of each sample were used for 8-hydroxy-2'-deoxyguanosine (8-OHdG) determination using a Bioxytech EIA kit (Oxis, Portland, OR), following the instructions provided by the manufacturer. The values are expressed as ng of 8-OHdG/mg of protein.

#### *Measurement of superoxide dismutase activity*

Consumption of endogenous antioxidant enzymes, like superoxide dismutase (SOD), is a typical effect of oxidative stress (Bowler and Crapo, 2002). Thus, measurement of SOD activity is a reliable marker of free radical-mediated lung tissue injury (Nishida et al., 2002). Frozen tissue samples were homogenized with 10 mM phosphate buffered saline, pH 7.4, sonicated on ice for 1 min. and centrifuged at 100 x g for 10 min. Supernatants were used for measurement of manganese-SOD (MnSOD) activity, as described (Nishida et al., 2002). This assay is based on SOD-induced inhibition of the conversion of nitro blue tetrazolium (NBT)

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into a blue tetrazolium salt mediated by superoxide radicals generated by xanthine oxidase. The reaction was performed in sodium carbonate buffer, 50 mM, pH 10.1, containing 0.1 mM EDTA, 25  $\mu$ M NBT (Sigma), 0.1 mM xanthine and 2 nM xanthine oxidase (Boehringer). The rate of reduction of NBT was monitored with a Perkin Elmer spectrophotometer set at 560 nm. The amount required to inhibit the rate of reduction of NBT by 50% was defined as 1 unit of SOD activity. Specific MnSOD activity was calculated by inhibiting total SOD activity preincubating the sample for 30 min with 2 mM NaCN. Values are expressed as mU/mg of proteins.

#### *Assay of NOS activity*

As NOS activity may change soon after an inflammatory stimulus is applied, this was evaluated on guinea pigs withdrawn from the respiratory chamber 5 min. (each group: n = 4) or 30 min. (each group: n = 6) after the onset of ovalbumin challenge. Lung tissue specimens from group 1, 3, 4, 5 were frozen in isopentane/liquid nitrogen and stored at  $-80^{\circ}$  C. Enzymatic activity of nNOS, iNOS and eNOS was evaluated by analysing the transformation of L-[2,3,4,5- $^3$ H]-arginine into L-[2,3,4,5- $^3$ H]-citrulline according to the modification of the method described by Bredt and Snyder (1990). Tissue samples were homogenised with a UltraTurrax device in lysis buffer containing 50 mM HEPES pH 7.4, 1 mM dithiothreitol, 1mM EDTA, 10  $\mu$ g/ml leupeptin, 10  $\mu$ g/ml soybean trypsin inhibitor, 10  $\mu$ g/ml antipain, and 1 mM phenylmethylsulphonyl fluoride. The homogenates were centrifuged (25,000 x g for 30 min at 4  $^{\circ}$ C) to separate the cytosol, containing nNOS and iNOS, from the particulate sediment, containing eNOS. The sediment samples, after twice washing with lysis buffer and solubilization with 20 mM Chaps, were centrifuged (25,000 g, 30 min at 4 $^{\circ}$ C) and the supernatant obtained was designated as particulate fractions. These fractions were further

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purified by affinity chromatography on 2', 5'ADP-agarose, eluted with 10 mM NADPH. An aliquot of the eluate was added to a reaction mixture of a final volume of 100  $\mu$ l containing 50 mM HEPES, pH 7.4, 20 nM L-[2,3,4,5-<sup>3</sup>H]arginine, 1  $\mu$ M arginine, 1 mM NADPH, 1 mM EDTA, 10  $\mu$ M FAD, 0.1 mM (6R)-5,6,7,8-tetrahydro-1-biopterin, and 1 mM dithiothreitol, either in the presence of 1.2 mM CaCl<sub>2</sub> and 1  $\mu$ g/ml calmodulin (for nNOS and eNOS assay) or in the presence of 1 mM EGTA (for iNOS assay). The reaction was stopped by adding 0.4 ml (1:1) of slurry of Dowex AG50WX-8, Na<sup>+</sup> form (Bio-Rad), in 50 mM HEPES, pH 5.5, and, after 15 min. shaking, the radioactivity in the supernatant was measured. Enzyme activity was linear up to 15 min. incubation. For appropriate comparison between groups, data have been expressed as percent change of NOS activity in the naive controls, unless otherwise stated.

#### *TNF- $\alpha$ determination in BAL fluid*

The pulmonary production of TNF- $\alpha$  was measured using a commercial enzyme-linked immunosorbent assay (ELISA) kit (Cayman Chemical, Ann Arbor, MI), following the protocol provided by the manufacturer. Results are expressed as ng/ml of BAL fluid.

#### *Statistical analysis*

Statistical comparison of differences between the experimental groups was carried out using one-way ANOVA test followed by Student-Newman-Keuls multiple comparison test.  $P \leq 0.05$  was considered significant. Calculations were done using a GraphPad Prism 2.0 statistical program (GraphPad Software, San Diego, CA).

## **Results**

*EGCG reduces ovalbumin-induced respiratory abnormalities*

The values of the respiratory parameters assayed are reported in fig. 1 A-C. There were no substantial abnormalities in the unsensitized control guinea pigs after inhalation of ovalbumin aerosol (group 1), apart from sporadic cough strokes arising about 2 min after the onset of the aerosol. Challenge of PBS-pretreated, sensitized guinea pigs with the ovalbumin aerosol (group 3) resulted in striking abnormalities of the respiratory pattern, consisting of a significant reduction of the cough latency time and a significant increase in the severity of cough and in the occurrence and duration of dyspnea episodes.

Conversely, a 30-min. pretreatment with EGCG of sensitized guinea pigs before antigen inhalation (group 4) resulted in a marked, statistically significant reduction of the respiratory abnormalities compared with those in the sensitized animals of group 3. In particular, the latency for cough increased and the cough severity decreased. No clear-cut signs of dyspnea were detected in any of the animals of these groups. Pretreatment of the sensitized guinea pigs with epicatechine in the place of EGCG (group 5) afforded no protection to the occurrence of respiratory abnormalities upon antigen challenge.

*EGCG reduces ovalbumin-induced lung histopathological changes*

Compared with the unsensitized control guinea pigs (group 1) or the sensitized animals not subjected to ovalbumin aerosol (group 2), macroscopic examination of the lungs showed prominent changes in the PBS-pretreated, sensitized guinea pigs challenged with ovalbumin (group 3). The pulmonary lobes were swollen due to air entrapment and focal subpleural hemorrhage foci could be observed. Sectioning of trachea or of main bronchi did not cause lung deflation, thus indicating that peripheral airway obstruction had occurred. Lung inflation and subpleural hemorrhage were not found in the sensitized guinea pigs pretreated with



EGCG (group 4), whereas they were in most of the animals given epicatechine in place of EGCG (group 6).

By light microscopy (fig. 2), the lung parenchima of control guinea pigs in groups 1 and 2 had a normal appearance: intrapulmonary bronchi showed open lumina and respiratory air spaces were mostly small-sized (A, B). Conversely, the lungs from the PBS-pretreated, sensitized guinea pigs challenged with ovalbumin (group 3) mostly showed a reduction of the lumen of intrapulmonary bronchi, with long mucosal folds expanding into the lumen, and markedly dilated respiratory air spaces (C). In the sensitized guinea pigs pretreated with EGCG (group 4), the histological lung abnormalities were nearly abrogated. In fact, the intrapulmonary bronchi usually showed no appreciable signs of constriction, and most respiratory air spaces were not dilated (D). In the sensitized guinea pigs pretreated with epicatechine in place of EGCG (group 5), the histological features of the lung tissue were substantially similar to those of the PBS-pretreated, sensitized animals of group 3 (E).

The visual observations were objectified by morphometrical analysis, whose results are given in fig. 3. As compared with the control guinea pigs in groups 1 and 2, the PBS-pretreated, sensitized guinea pigs challenged with the antigen (group 3) showed a significant increase in the mean surface area of alveolar air spaces (A) and a significant decrease in the mean surface area of bronchial lumina (B). In the sensitized guinea pigs pretreated with EGCG (group 4), but not with epicatechine (group 5), these parameters nearly returned to the control values.

#### *EGCG reduces ovalbumin-induced mast cell granule release*

This assay (fig. 3 C) revealed a marked, significant decrease in optical density, indicating a decrease in secretion granule content, in mast cells from the PBS-pretreated,

sensitized guinea pigs challenged with ovalbumin (group 3) compared with those from the controls (groups 1 and 2). In the mast cells of the sensitized guinea pigs pretreated with EGCG (group 4) optical density underwent a marked, significant increase compared with the animals of group 3, thus attaining values similar to those of the controls. On the other hand, in the guinea pigs given epicatechine (group 5), mast cell optical density was decreased.

*EGCG reduces ovalbumin-induced free radical generation and tissue damage*

Immunocytochemical detection of nitrotyrosine, the product of protein nitration by peroxynitrite, in the bronchial mucosa (fig. 4), showed no staining in the control guinea pigs of group 1 and 2. Immunostained cells increased markedly in the PBS-pretreated, sensitized guinea pigs challenged with ovalbumin (group 3). They were mostly located in the airway epithelium and the inflammatory infiltrate within the *tunica propria*. In the sensitized guinea pigs pretreated with EGCG (group 4) nitrotyrosine immunostaining was very faint, at variance with the animals pretreated with epicatechine (group 5).

The assayed indicators of lung oxidative stress, e.g. the marker of free radical-induced DNA damage 8-OHdG (fig. 5 A) and the drop in the activity of the antioxidant enzyme MnSOD (Fig. 5 B) underwent clear-cut, significant changes in the lungs from PBS-pretreated, sensitized guinea pigs challenged with ovalbumin (group 3) compared with the controls (groups 1 and 2). In the guinea pigs pretreated with EGCG (group 4), 8-OHdG was markedly and significantly lower, while MnSOD activity was significantly higher than in the animals of group 3, thus attaining values similar to those of the controls. On the other hand, in the guinea pigs given epicatechine (group 5), 8-OHdG remained high, although at lower levels than in the sensitized animals of group 3, while MnSOD activity was markedly reduced.

*EGCG reduces ovalbumin-induced lung infiltration by inflammatory leukocytes*

Myeloperoxidase activity (fig. 6 A), a marker of leukocyte infiltration into inflamed tissues, as well as eMBP-positive eosinophils (fig. 6 B) underwent a marked, significant increase in the PBS-pretreated, sensitized guinea pigs challenged with ovalbumin (group 3) as compared with the controls (groups 1 and 2). In the sensitized guinea pigs pretreated with EGCG (group 4), but not in those given epicatechine (group 5), myeloperoxidase activity and the number of eMBP-positive eosinophils were markedly and significantly decreased compared with the animals of group 3, thus attaining values similar to those in the controls (groups 1 and 2).

*EGCG reduces ovalbumin-induced release of TNF- $\alpha$  in BAL fluid*

The inflammatory cytokine TNF- $\alpha$  (fig. 7) was increased in the PBS-pretreated, sensitized guinea pigs challenged with ovalbumin (group 3) as compared with the controls (groups 1 and 2). In the sensitized guinea pigs pretreated with EGCG (group 4), but not in those given epicatechine (group 6), the values of TNF- $\alpha$  were significantly lower than in the animals of group 3.

*EGCG reverts ovalbumin-induced inhibition of n/eNOS activity*

The lung tissues of unsensitized control guinea pigs (group 1) expressed Ca<sup>2+</sup>-dependent NOS activity both in cytosolic and membrane-bound fractions (nNOS and eNOS, respectively), the latter being more prominent (Fig. 8 A). There was no sign of Ca<sup>2+</sup>-independent NOS activity, indicating the absence of iNOS expression. A 5-min. challenge of PBS-pretreated, sensitized guinea pigs (group 3) with ovalbumin resulted in a dramatic decrease in both enzymatic activities, leading to non-measurable nNOS activity and to about

50 % reduction of eNOS activity (Fig. 8 A). At this time, no iNOS activity could be detected in PBS-pretreated, sensitized, ovalbumin-challenged animals (group 3, data not shown). In the sensitized guinea pigs pretreated with EGCG (group 4), nNOS activity remained low, whereas eNOS activity was more than 20 % higher than corresponding values in the unsensitized controls (group 1). Pretreatment of sensitized animals with epicatechine before OVA challenge (group 5) caused a slight recovery of nNOS activity but completely failed to counteract the ovalbumin-induced decrease in eNOS activity. As a whole, EGCG pretreatment had little or no effect on nNOS activity in ovalbumin-challenged animals, but strongly counteracted the ovalbumin-induced drop of eNOS activity, thus maintaining more than 70 % of the cumulative activity of constitutive NOS enzymes as compared with the unsensitized, control animals (Fig. 8 B).

Thirty min. after ovalbumin challenge, the activity of both nNOS and eNOS in the lungs was similar in all the experimental groups (Fig. 8 C), regardless pretreatment with PBS (group 3), EGCG (group 4) or epicatechine (group 5). This indicates that the depressant effect of ovalbumin challenge on e/nNOS activity lasts less than 30 min. At this time point, iNOS activity was still undetectable (data not shown).

## **DISCUSSION**

This study provides evidence that EGCG, a main polyphenol present in the green tea leaves capable to enhance n/eNOS activity, but not its analogue epicatechine lacking NOS-activating properties, is able to counteract the allergen-induced functional, biochemical and histopathological lung changes in a guinea pig model of allergic asthma-like reaction, similar to that used previously to test potential anti-asthmatic substances (Bani et al., 1997; Suzuki et

al., 2004; Masini et al., 2005). Compared with the PBS-pretreated animals, systemic pretreatment of ovalbumin-sensitized guinea pigs with EGCG as early as 30 min. before ovalbumin challenge caused a marked, significant reduction of the occurrence of respiratory abnormalities (cough and dyspnea), bronchial lumen reduction, alveolar hyperinflation, leukocyte and eosinophilic infiltration (eMBP-positive cells, myeloperoxidase), mast cell activation (granule release), and free radical-induced tissue injury (nitrotyrosine, 8-OHdG) and consumption of endogenous anti-oxidant enzymes (MnSOD activity). Moreover, EGCG pretreatment resulted in almost complete prevention of the early drop in lung eNOS activity occurring upon ovalbumin challenge.

It has been reported that inflammatory cells produce large amounts of superoxide anion in asthma and that an inverse correlation exists between superoxide production from leukocytes and FEV<sub>1</sub>, suggesting that airway obstruction in asthma is associated with increased production of superoxide anion by leukocytes (Jarjour and Calhoun, 1994). Indeed, scavenging of superoxide by SOD mimetics results in clear-cut protection against ovalbumin-induced acute bronchospasm, lung inflammation and prostaglandin production in sensitized guinea pigs (Masini et al., 2005). In the present study, we have observed that lung leukocyte infiltration, evaluated as myeloperoxidase activity, and eosinophilic accumulation, evaluated as eMBP-positive cells, were significantly reduced in the guinea pigs treated with EGCG, thus confirming our previous results obtained with this substance in other models of inflammation (Townsend et al., 2004). As known, infiltration of leukocytes, especially eosinophils, is a prominent feature of asthmatic lungs, and inflammatory mediators released by these cells give a major contribution to the pathogenesis of allergic asthma (Kroegel et al., 1994). Therefore, the reduction of leukocyte infiltration may be one of the key mechanisms for the beneficial effect of EGCG. In this context, it is worth noting that NO has been shown

to induce a dramatic reduction in the recruitment of inflammatory leukocytes by a downregulation of endothelial cell adhesion molecules (Kubes et al., 1991; Sluiter et al., 1993; Laroux et al., 2000).

Acute airway response to allergens is known to depend on eosinophils as well as on mast cells (Wardlaw et al., 1988). Besides leukocyte infiltration, pretreatment with EGCG also prevented mast cell activation, as judged by the marked reduction of granule discharge. In turn, mast cell mediators may cause bronchoconstriction and smooth muscle cell proliferation and may recruit other inflammatory cells, thereby sparking a vicious circle that may amplify the pathophysiological features of asthma. It is even possible that EGCG may slow down mast cell reactivity by inhibiting oxygen free radical-induced activation of high affinity IgE receptors (Yoshimaru et al., 2002). While evidence for mast cells as key players in acute allergic reactions is well documented, their role in the late-phase response is controversial. Studies in transgenic mast cell-deficient mice have shown that these cells may not be essential to the asthma-like reaction in mice, but can represent an important local amplifier of antigen-dependent bronchoconstriction (Williams and Galli, 2000). In fact, even in mast cell-deficient mice, sensitisation agents can produce strong nonspecific responses, most likely due to the use of artificial adjuvants in many sensitisation protocols which promote a strong antibody response and influence the features of this asthma-like model. In human asthmatic lungs, mast cell number is increased and bronchial hyperresponsiveness correlates with the number of these cells. Endobronchial biopsies show increased mast cell degranulation in asthmatic patients compared with non asthmatic subjects (Beasley et al., 1989; Djukanovic et al., 1992; Pesci et al., 1993). Moreover, the levels of PGD<sub>2</sub>, the major cyclooxygenase product generated by activated mast cells during allergic response (Bochenek et al., 2004), are elevated in urine of asthmatic patients after antigen exposure in both the

early and late phases, suggesting an involvement of these cells in any phase of the asthmatic response (O'Sullivan, 1999).

A critical role played by NO in animal models of asthma has been reported in previous studies (Barnes, 1996; Coleman, 2002), which underlined the protective effect of low amounts of NO, as those released by constitutive NOS isoenzymes, at the early phase of inflammatory response, such as allergen-triggered mast cell degranulation. Consistently, inhibition of NOS enhanced allergen-induced histamine release *in vivo* (Masini et al., 1991). In line with this notion, the present findings show that ovalbumin challenge rapidly induces a drop in both nNOS and eNOS activity in the lung tissue, up to 20 % of the basal e/nNOS activity. *In vitro* studies with human alveolar pulmonary cell line A549 showed that EGCG (50  $\mu$ M), but not epicatechine (50  $\mu$ M), time-dependently enhanced eNOS activity (Ciampa A., unpublished data). This finding fits well with the current observation that administration of EGCG 30 min before ovalbumin aerosol to animals efficiently counteracts the early drop of eNOS activity. Overall, in the ovalbumin-challenged animals receiving EGCG, the total constitutive NOS activity was about 70 % of the values of the unsensitized controls, indicating that EGCG can afford an almost normal production of NO in the lung tissue despite ovalbumin challenge. The presence of nearly physiological level of NO in the lungs of the EGCG-treated animals has likely played a prominent role in the observed prevention of ovalbumin-induced mast cell activation.

The molecular mechanisms by which EGCG can sustain eNOS activity in the lungs of ovalbumin-challenged animals remain to be elucidated. Likely, the anti-oxidant properties of EGCG are only marginally involved, since epicatechine which is as potent as EGCG in anti-oxidant action, showed no effects on eNOS activity. Rather, it could be speculated that EGCG, by its multiple phenolic groups spontaneously oxidizing to diones, might donate to

eNOS the electrons needed for catalysis of L-arginine to L-citrulline and NO, similarly to the endogenous eNOS cofactors NADH, FAD and FMN (Griffith and Stuehr, 1995). Anyhow, in keeping with the known action of eNOS-derived NO in regulating vascular function (Moncada et al., 1991), our findings suggest that eNOS rather than nNOS is critically involved in the local generation of NO required to afford protection of the lung from the noxious effects of inhaled allergens.

The effect of EGCG in counteracting the decrease in NOS activity upon ovalbumin challenge fits well with its protective effect on very early asthma-like reactions such as bronchial lumen narrowing, alveolar inflation, increase in inflammatory cell recruitment, free radical lung injury and release of proinflammatory molecules in BAL fluid, all of which can be elicited by mast cell-derived inflammatory mediators including histamine, arachidonic acid metabolites and cytokines. Although EGCG is a potent anti-oxidant, its effect on eNOS activity should not involve this property,.

In summary, the present study shows that ovalbumin challenge induces a rapid drop in lung n/eNOS activity and that the protective effect of EGCG pre-treatment against ovalbumin-induced asthma-like reaction may be exerted through the ability of EGCG to sustain eNOS activity and to hold endogenous NO generation at physiological levels. This is in keeping with the previously reported findings that low amounts of NO are protective in inflammatory diseases, including asthma, as they seem to be required to counteract the activation of iNOS (Colasanti and Suzuki, 2000; Mariotto et al., 2004) which releases micromolar, harmful NO levels. In turn, excess NO can bind to, nitrosylate and activate cyclooxygenase-2 to produce inflammatory prostaglandins (Kim et al., 2005), thereby sparking a vicious circle leading to further iNOS induction and increasing generation of proinflammatory eicosanoids and cytokines.



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Taken together, the present findings strongly support EGCG as a valid therapeutic approach for the treatment of asthma, as well as of other inflammatory bronchopulmonary diseases involving an imbalance of NO/NOS biosynthetic pathway.

## REFERENCES

- Bani D, Ballati L, Masini E, Bigazzi M and Bani Sacchi T (1997) Relaxin counteracts asthma-like reaction induced by inhaled antigen in sensitized guinea pigs. *Endocrinology* **138**:1909-1915.
- Barnes PJ (1996) Pathophysiology of asthma. *Br J Clin Pharmacol* **42**:3-10.
- Beasley R, Roche WR, Roberts JA and Holgate ST (1989) Cellular events in the bronchi in mild asthma and after bronchial provocation. *Am Rev Respir Dis* **139**:806-817.
- Bochenek G, Nizankowska E, Gielicz A, Swierczynska M and Szczeklik A (2004) Plasma 9alpha,11beta-PGF2, a PGD2 metabolite, as a sensitive marker of mast cell activation by allergen in bronchial asthma. *Thorax* **59**:459-464.
- Bowler RP and Crapo JD (2002) Oxidative stress in allergic respiratory diseases. *J. Allergy Clin. Immunol.* **110**:349-356.
- Bradley PP, Priebat DA, Christensen RD and Rothstein G (1982) Measurement of cutaneous inflammation: estimation of neutrophil content with an enzyme marker. *J Invest Dermatol* **78**:206-209.
- Bredt DS and Snyder SH (1990) Isolation of nitric oxide synthetase, a calmodulin-requiring enzyme. *Proc Natl Acad Sci USA* **87**:682-685.
- Colasanti M and Suzuki H (2000) The dual personality of NO. *Trends Pharmacol Sci* **21**:249-252.
- Coleman JW (2002) Nitric oxide: a regulator of mast cell activation and mast cell-mediated inflammation *Clin Exp Immunol* **129**:4-10.

- Djukanovic R, Wilson JW, Britten KM, Wilson SJ, Walls AF, Roche WR, Howarth PH and Holgate ST (1992) Effect of an inhaled corticosteroid on airway inflammation and symptoms in asthma. *Am Rev Respir Dis* **145**:669-674.
- Dweik RA, Comhair SA, Gaston B, Thunnissen FB, Farver C, Thomassen MJ, Kavuru M, Hammel J, Abu-Soud HM and Erzurum SC (2001) NO chemical events in the human airway during the immediate and late antigen-induced asthmatic response. *Proc Natl Acad Sci USA* **98**:2622–2627.
- Gaston B, Drazen JM, Loscalzo J and Stamler JS (1994) The biology of nitrogen oxides in the airways. *Am J Respir Crit Care Med* **149**:538-551.
- Griffith OW and Stuehr DJ (1995) Nitric oxide synthases: properties and catalytic mechanism. *Annu Rev Physiol* **57**:707-736.
- Horvath I, Donnelly LE, Kiss A, Kharitonov SA, Lim S, Chung KF and Barnes PJ (1998) Combined use of exhaled hydrogen peroxide and nitric oxide in monitoring asthma. *Am J Respir Crit Care Med* **158**:1042-1046.
- Jarjour NN and Calhoun WJ (1994) Enhanced production of oxygen radicals in asthma. *J Lab Clin Med* **123**:131-136.
- Kharitonov SA and Barnes PJ (2000) Clinical aspects of exhaled nitric oxide. *Eur Respir J* **16**:781-792.
- Kharitonov SA, Yates D, Robbins RA, Logan-Sinclair R, Shinebourne EA and Barnes PJ (1994) Increased nitric oxide in exhaled air of asthmatics. *Lancet* **343**:133-135.
- Kim SF, Uri DA and Snyder SH (2005) Inducible nitric oxide synthase binds, S-nitrosylates, and activates cyclooxygenase-2. *Science* **310**:1966-1970.
- Kitch BT, Levy BD and Fanta CH (2000) Late onset asthma: epidemiology, diagnosis and treatment. *Drugs Aging* **17**:385-397.

- Kroegel C, Liu MC, Hubbard WC, Lichtenstein LM and Bochner BS (1994) Blood and bronchoalveolar eosinophils in allergic subjects after segmental antigen challenge: surface phenotype, density heterogeneity, and prostanoid production. *J Allergy Clin Immunol* **93**:725-734.
- Kubes P, Suzuki M and Granger DN (1991) Nitric oxide: an endogenous modulator of leukocyte adhesion. *Proc Natl Acad Sci USA* **88**:4651-4655.
- Laroux FS, Lefer DJ, Kawachi S, Scalia R, Cockrell AS, Gray L, van der Heyde H, Hoffmann JM and Grisham MB (2000) Role of nitric oxide in the regulation of acute and chronic inflammation. *Antiox Redox Signal* **2**:391-396.
- Lodovici M, Casalini C, Carieggi R, Michelacci L and Dolara P (2000) Levels of 8-hydroxydeoxyguanosine as a marker of DNA damage in human leukocytes. *Free Radical Bio Med* **28**:13-17.
- Maddox L and Schwartz DA (2002) The pathophysiology of asthma. *Annu Rev Med* **53**:477-498.
- Mariotto S, Menegazzi M and Suzuki H (2004) Biochemical aspects of nitric oxide. *Curr Pharm Design* **10**:1627-1645.
- Masini E, Bani D, Vannacci A, Pierpaoli S, Mannaioni PF, Comhair SAA, Xu W, Muscoli C, Erzurum SC and Salvemini D (2005) Reduction of antigen-induced respiratory abnormalities and airway inflammation in sensitised guinea pigs by a superoxide dismutase mimetic. *Free Radical Bio Med* **39**:520-531
- Masini E, Salvemini D, Pistelli A, Mannaioni PF and Vane JR (1991) Rat mast cells synthesise a nitric oxide like factor which modulates the release of histamine. *Agents Actions* **33**:61-63.

- Mazzon E, Muià C, Di Paola R, Genovese T, Menegazzi M, De Sarro A, Suzuki H and Cuzzocrea S (2005) Green Tea polyphenol extract attenuates colon injury induced by experimental colitis. *Free Radic Res* **39**:1017-1025.
- Moncada S, Palmer RMJ and Higgs EA (1991) Nitric oxide physiology, pathophysiology, and pharmacology. *Pharmacol Rev* **43**:109-142.
- Mulrennan SA and Redington AE (2004) Nitric oxide synthase inhibition: therapeutic potential in asthma. *Treat Respir Med* **3**:79-88.
- Nishida S, Teramoto K, Kimoto-Kinoshita S, Tohda Y, Nakajima S, Tomura TT, and Irimajiri K (2002) Changes of Cu,Zn-superoxide dismutase activity of guinea pig lung in experimental asthma. *Free Radical Res.* **36**:601-606.
- O'Sullivan S (1999) On the role of PGD<sub>2</sub> metabolites as markers of mast cell activation in asthma. *Acta Physiol Scand (Suppl)* **644**:1-74.
- Pesci A, Foresi A, Bertorelli G, Chetta A, Olivieri D and Oliveri D (1993) Histochemical characteristics and degranulation of mast cells in epithelium and lamina propria of bronchial biopsies from asthmatic and normal subjects. *Am Rev Respir Dis* **147**:684-689.
- Sluiter W, Pietersma A, Lamers MJM and Koster JF (1993) Leukocyte adhesion molecules on the vascular endothelium: their role in the pathogenesis of cardiovascular disease and the mechanism underlying their expression. *J Cardiovasc Pharmacol* **22**:S37-S44.
- Suzuki Y, Masini E, Mazzocca C, Cuzzocrea S, Ciampa A, Suzuki H and Bani D (2004) Inhibition of poly(ADP-ribose) polymerase prevents allergen-induced asthma-like reaction in sensitised guinea pigs. *J Pharmacol Exp Ther* **311**:1241-1248.
- Townsend PA, Scarabelli TM, Pasini E, Gitti G, Menegazzi M, Suzuki H, Knight RA, Latchman DS and Stephanou A (2004). Epigallocatechin-3-gallate inhibits STAT-1

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activation and protects cardiac myocytes from ischemia/reperfusion-induced apoptosis.

*FASEB J* **18**:1621-1623.

Von Mutius E (2000) Presentation of new GINA guidelines for paediatrics. The Global Initiative on Asthma. *Clin Exp Allergy* **30**:6-10.

Wardlaw AJ, Dunnette S, Gleich GJ, Collins JV and Kay A (1988) Eosinophils and mast cells in bronchoalveolar lavage in subjects with mild asthma. Relationship to bronchial hyperreactivity. *Am Rev Respir Dis* **137**:62-69.

Williams CM and Galli SJ (2000) Mast cells can amplify airway reactivity and features of chronic inflammation in an asthma model in mice. *J Exp Med* **192**:455-462.

Yoshimaru T, Suzuki Y, Matsui T, Yamashita K, Ochiai T, Yamachi M and Shimizu K (2002) Blockade of superoxide generation prevents high-affinity immunoglobulin E receptor-mediated release of allergic mediators by rat mast cell line and human basophils. *Clin Exp Allergy* **32**:612-618.

## Footnotes

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## Legends for Figures

Fig. 1. Occurrence of respiratory abnormalities in guinea pigs of the different experimental groups. **A)** latency for the onset of respiratory abnormalities; **B)** severity of cough; **C)** duration of dyspnea. Compared with the sensitized, ovalbumin-challenged animals given PBS (group 3), pretreatment with EGCG causes a clear-cut, significant improvement of the respiratory parameters assayed. Significance of differences (one-way ANOVA; each group:  $n = 6$ ): #  $p < 0.001$  vs. controls (groups 1 & 2); \*\*\*  $p < 0.001$  vs. PBS-pretreated (group 3); +++  $p < 0.001$  vs. EGCG-pretreated animals (group 4).

Fig. 2. Representative light micrographs of lung tissue from guinea pigs of the different experimental groups. **A)** unsensitized, ovalbumin-challenged controls (group 1); **B)** sensitized, not challenged controls (group 2); **C)** sensitized, ovalbumin-challenged, pretreated with PBS (group 3); **D)** sensitized, ovalbumin-challenged, pretreated with EGCG (group 4); **E)** sensitized, ovalbumin-challenged, pretreated with epicatechine (group 5). Note the peculiar features of alveolar aerial spaces and small-sized bronchi in groups 3 and 5, consistent with alveolar air inflation and bronchoconstriction. Hematoxylin & eosin. Bar = 100  $\mu\text{m}$ .

Fig. 3. Surface area of alveolar aerial spaces (**A**), of small-sized bronchial lumina (**B**), and optical density of Astra blue-stained lung mast cells (**C**) in the lungs of guinea pigs from the different experimental groups. Significance of differences (one-way ANOVA; each group:  $n = 6$ ): #  $p < 0.01$ , ##  $p < 0.001$  vs. the controls (groups 1 & 2); \*\*  $p < 0.01$ , \*\*\*



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$p < 0.001$  vs. PBS-pretreated animals (group 3); +  $p < 0.05$ , ++  $p < 0.01$ , +++  $p < 0.001$  vs. EGCG-pretreated animals (group 4).

Fig. 4. Immunocytochemical detection of nitrotyrosine (NT) in lung tissue from guinea pigs of the different experimental groups. Upper panel: representative light micrographs from **A**) unsensitized, ovalbumin-challenged controls (group 1); **B**) sensitized, ovalbumin-challenged, pretreated with PBS (group 3); **C**) sensitized, ovalbumin-challenged, pretreated with EGCG (group 4). Nitrotyrosine immunoreactivity is intense in the PBS-pretreated guinea pigs of group 3, but not in those pretreated with EGCG. Counterstaining with hematoxylin. Bar = 100  $\mu$ m. Lower panel: densitometric evaluation of nitrotyrosine immunostaining. Significance of differences (one-way ANOVA; each group: n = 6): #  $p < 0.05$  vs. controls (group 1); \*  $p < 0.05$  vs. PBS-pretreated animals (group 3).

Fig. 5. 8-OHdG (**A**) and MnSOD activity (**B**) in lung tissue of guinea pigs from the different experimental groups. Significance of differences (one-way ANOVA; each group: n = 6): #  $p < 0.001$  vs. controls (groups 1 & 2); \*\*\*  $p < 0.001$  vs. sensitized, PBS-pretreated animals (group 3); +++  $p < 0.001$  vs. EGCG-pretreated animals (group 4).

Fig. 6. Lung tissue myeloperoxidase (**A**) and number of eMBP-immunoreactive eosinophils (**B**) in the guinea pigs from the different experimental groups. Significance of differences (one-way ANOVA; each group: n = 6): #  $p < 0.001$  vs. the controls (groups 1 & 2); \*\*\*  $p < 0.001$ , vs. PBS-pretreated animals (group 3); +++  $p < 0.001$  vs. EGCG-pretreated animals (group 4).

Fig. 7. TNF- $\alpha$  release in BAL fluid of guinea pigs from the different experimental groups. Significance of differences (one-way ANOVA; each group: n = 6): #  $p < 0.001$  vs. the controls (groups 1 & 2); \*\*\*  $p < 0.001$  vs. PBS-pretreated animals (group 3); +++  $p < 0.001$  vs. EGCG-pretreated animals (group 4).

Fig. 8. NOS activity in the lung of ovalbumin-challenged guinea pigs. (A) nNOS and eNOS activity in the lungs, measured 5 min. after ovalbumin challenge, in the absence and presence of EGCG or epicatechine pretreatment. Data are presented as percentage of nNOS activity measured in the unsensitized control animals (group 1). Significance of differences (one-way ANOVA; each group: n = 4) \* $p < 0.01$  and # $p < 0.05$  versus nNOS in group 1 animals, § $P < 0.05$  versus eNOS in group 1 animals. (B) Total constitutive NOS activity, calculated by the sum of nNOS and eNOS activities, measured 5 min. after ovalbumin challenge. Data are presented as percent of the value of unsensitized control animals (group 1). Significance of differences (one-way ANOVA; each group: n = 4) \* $p < 0.005$  versus group 1 animals. (C) nNOS and eNOS activity in the lung were measured 30 min. after ovalbumin challenge in the absence and presence of EGCG or epicatechine pretreatment. Data are presented as percentage of nNOS activity measured in PBS-pretreated animals (group 3). Differences are not statistically significant (one-way ANOVA; each group: n = 6).

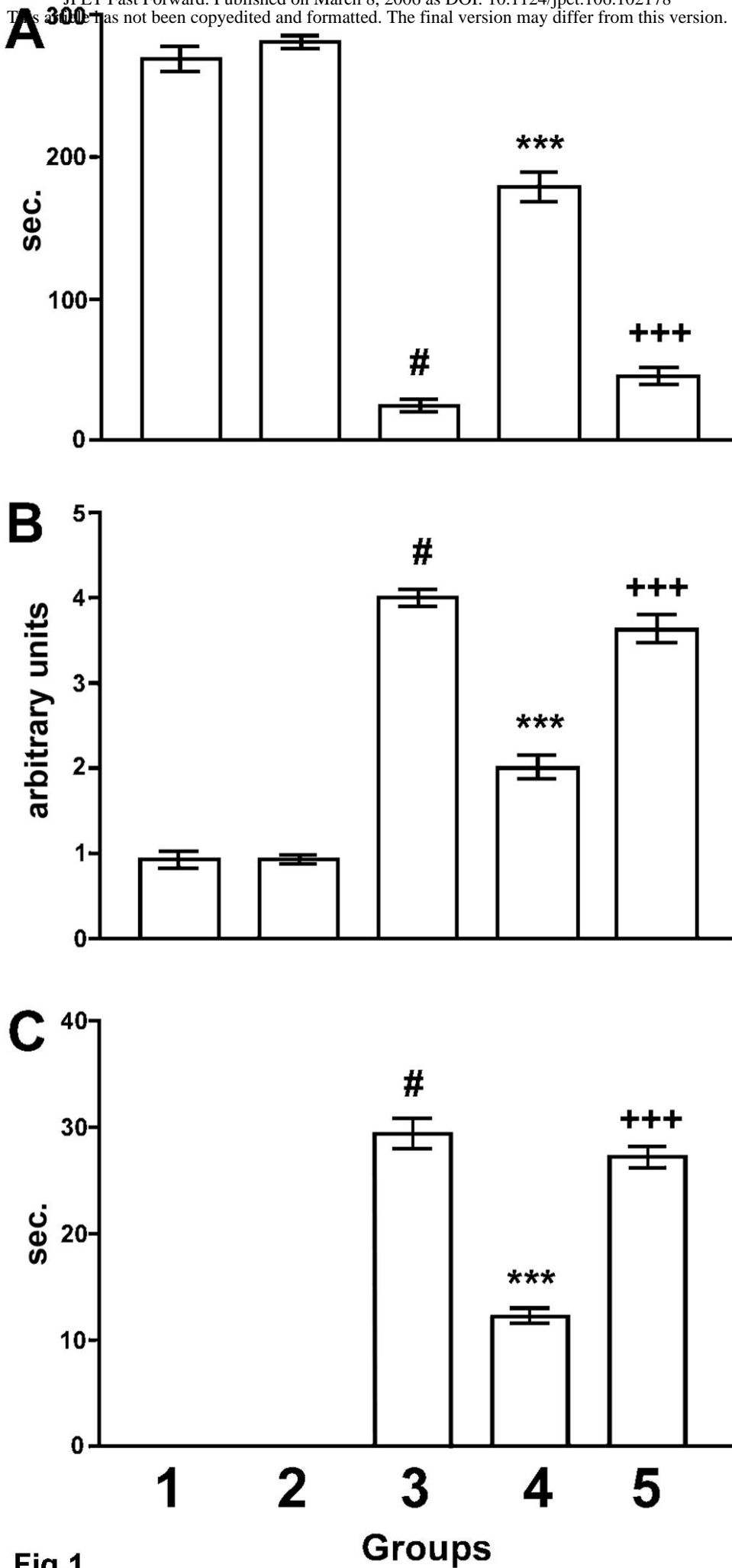
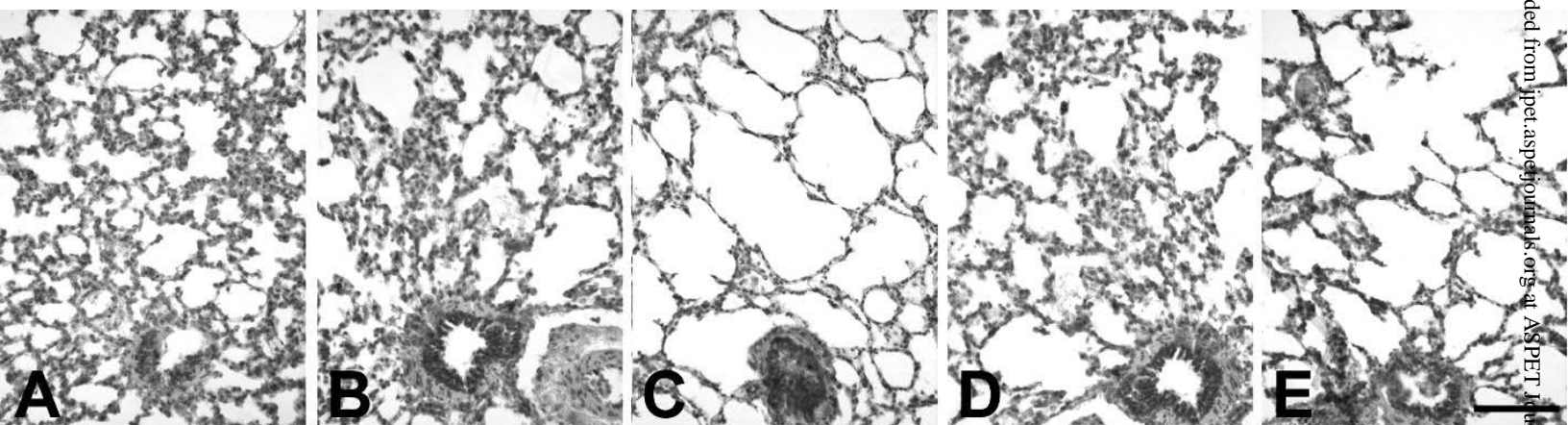


Fig.1



**Fig.2**

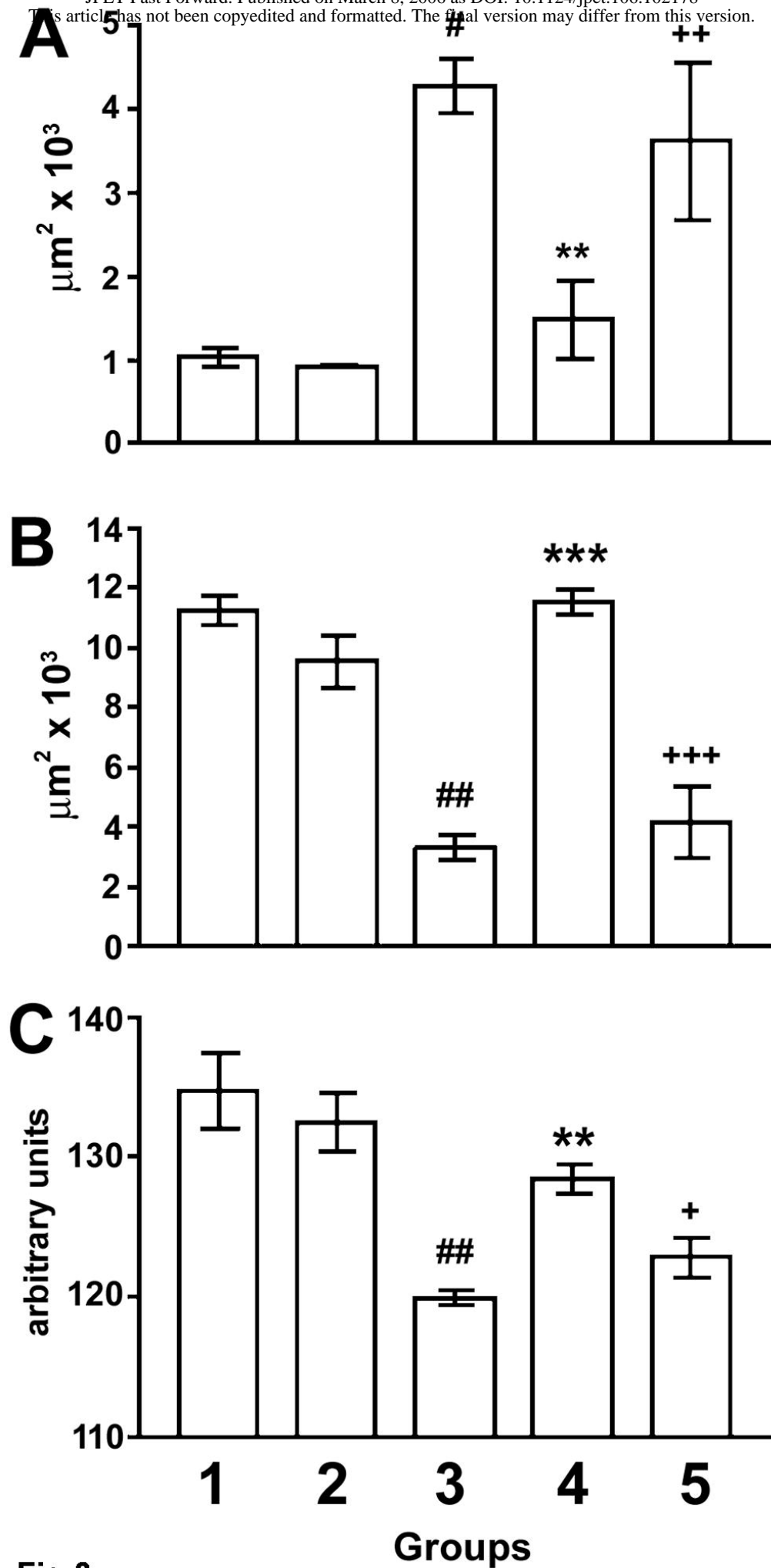
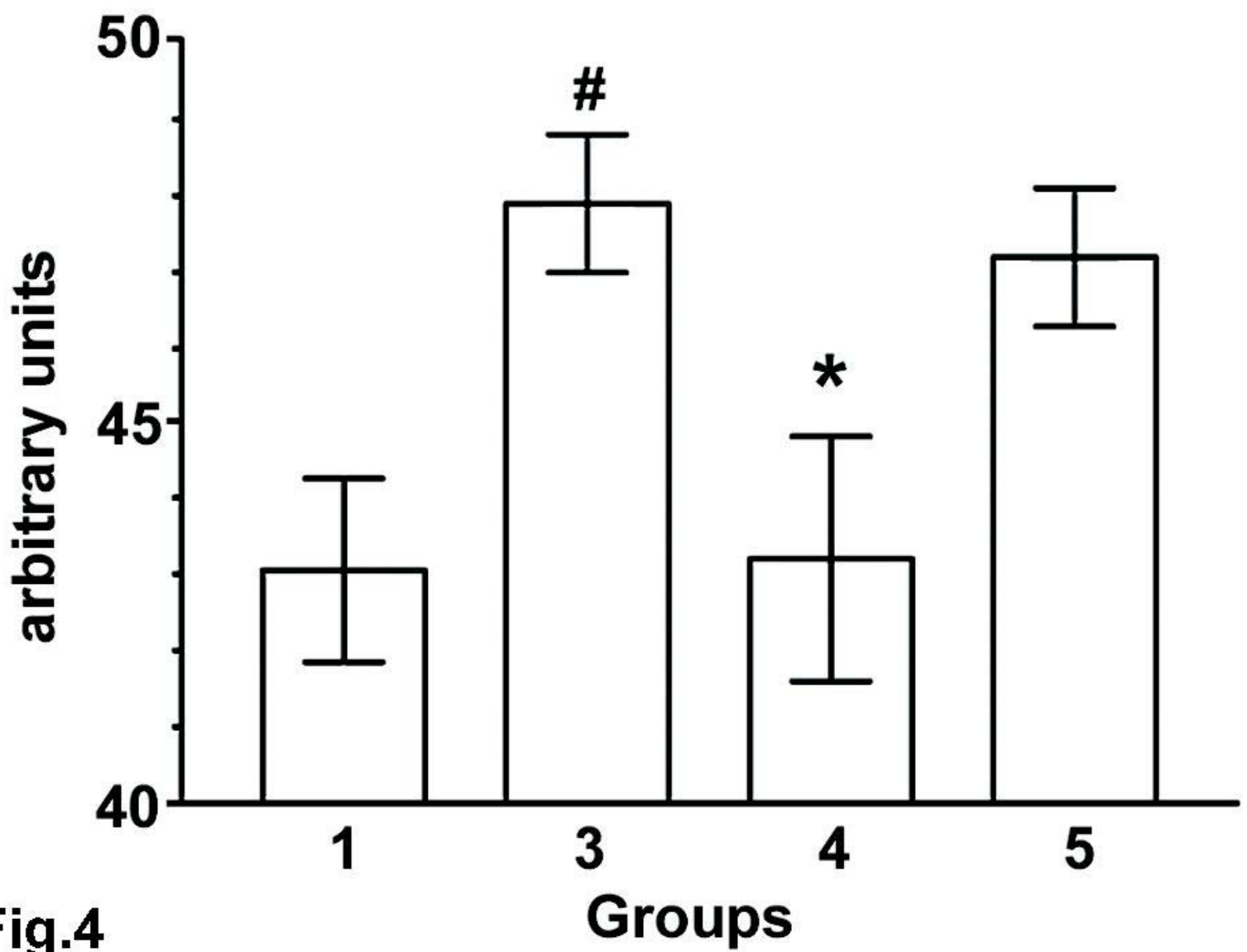
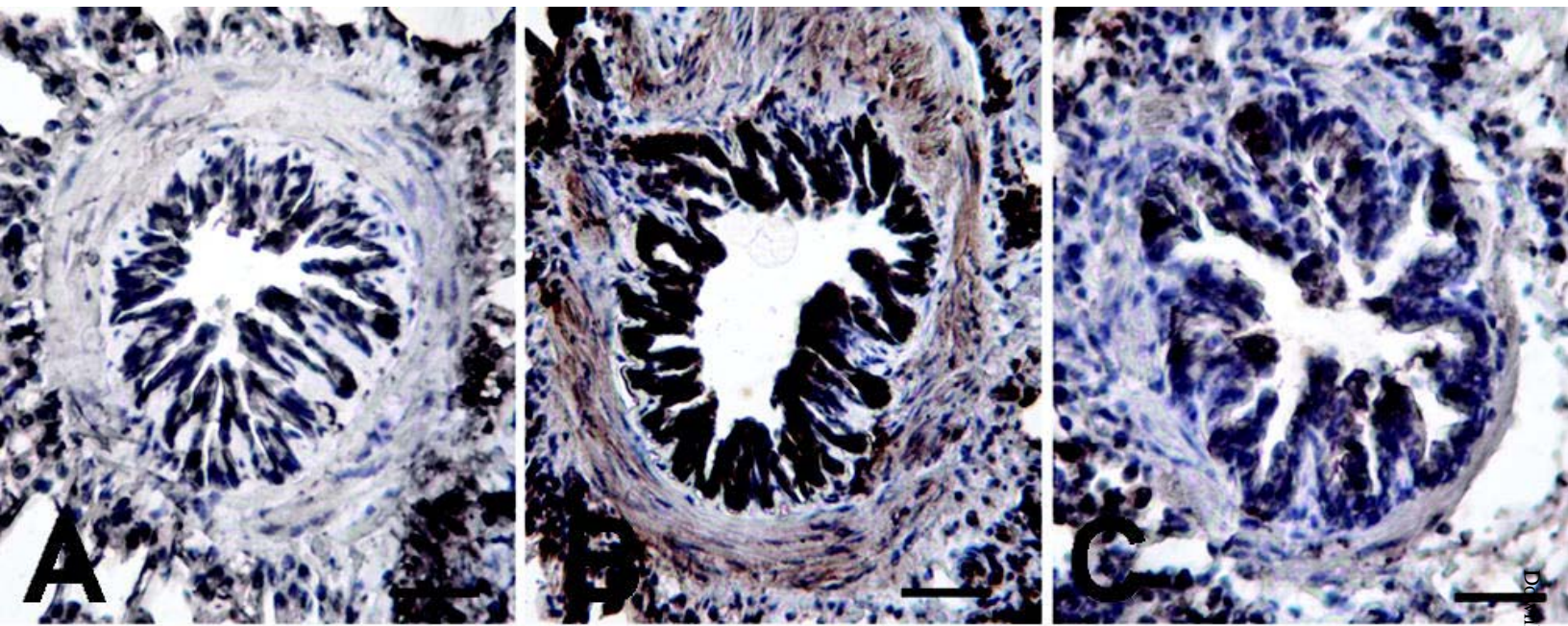
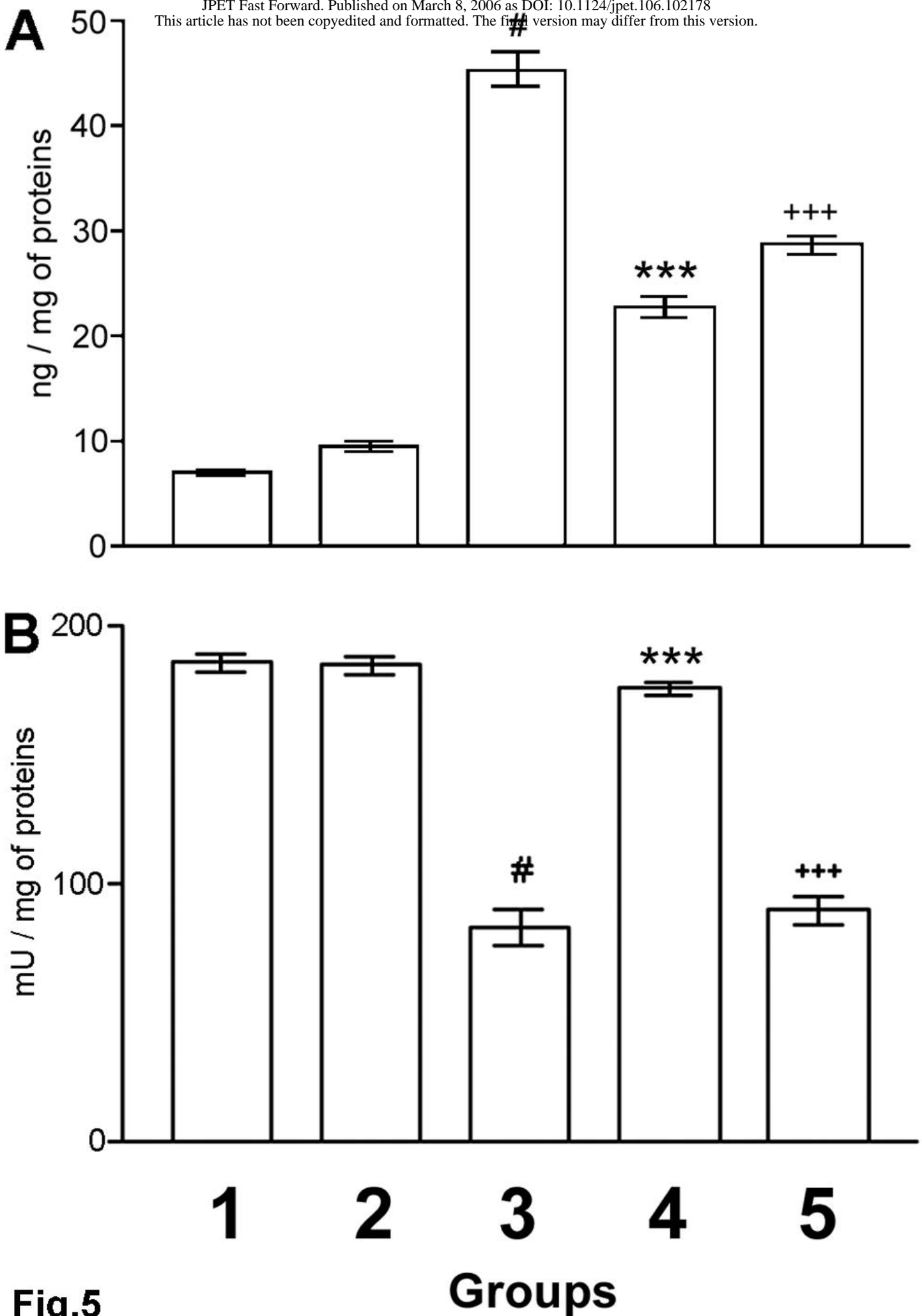


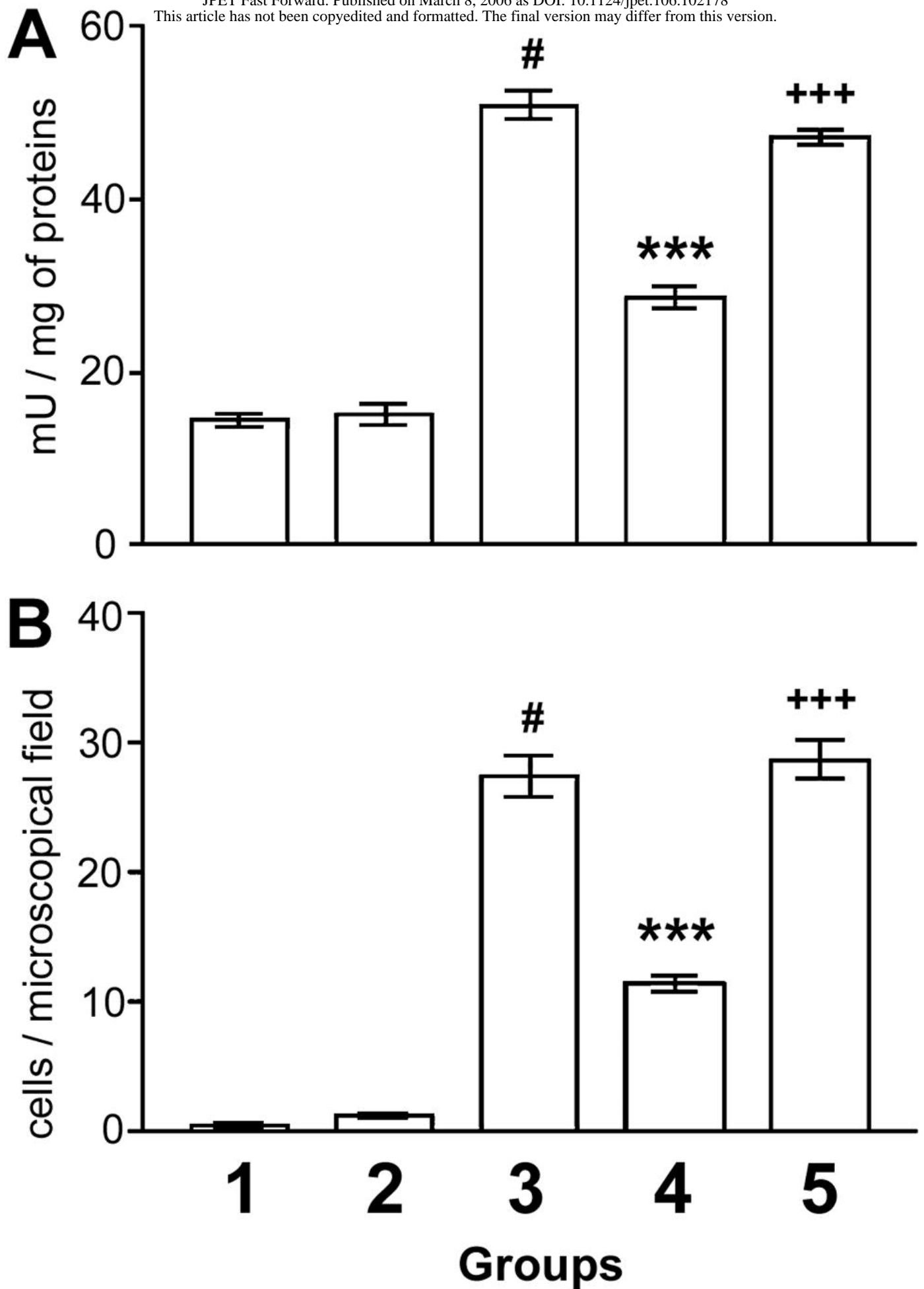
Fig.3



**Fig.4**



**Fig.5**



**Fig.6**



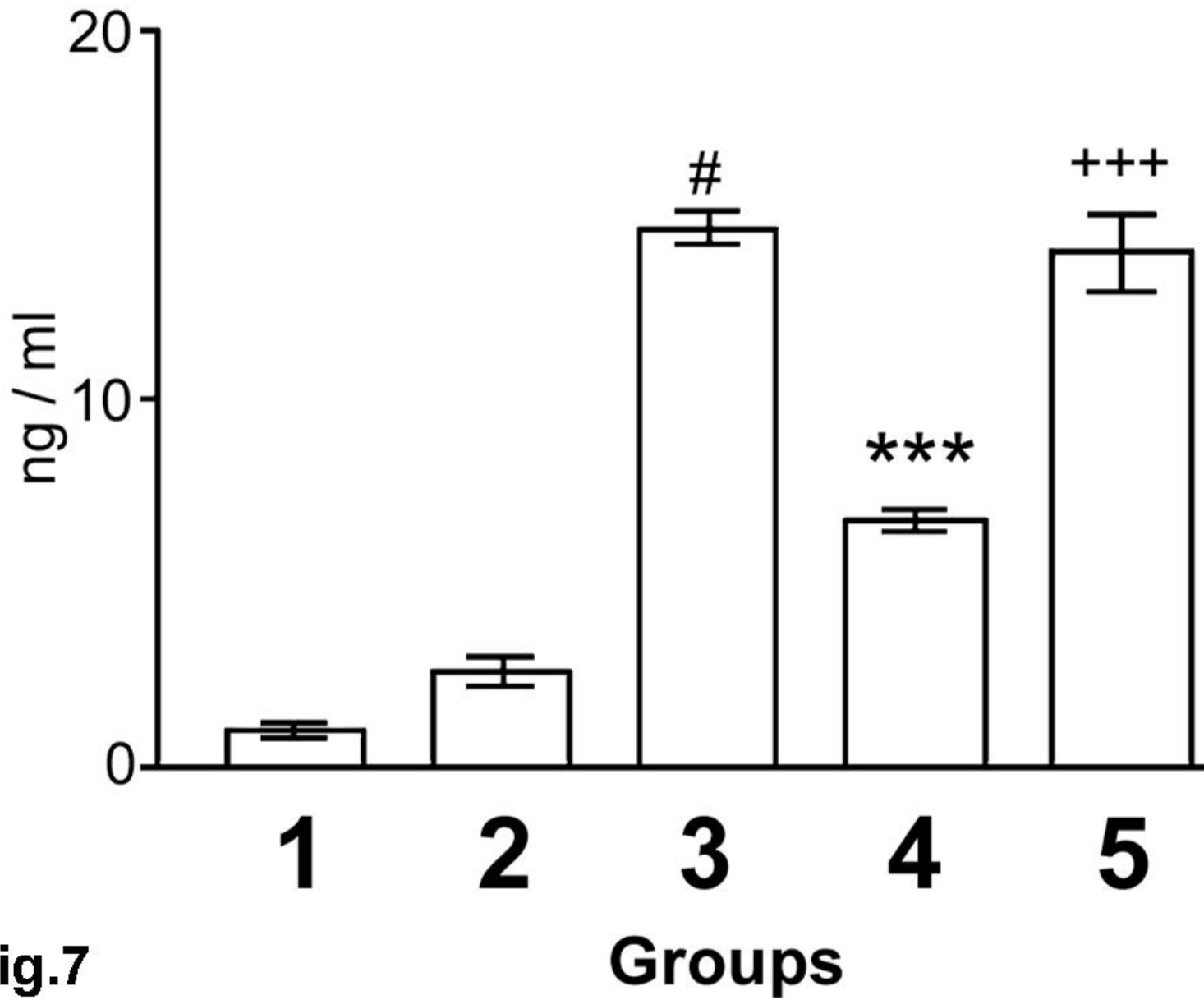
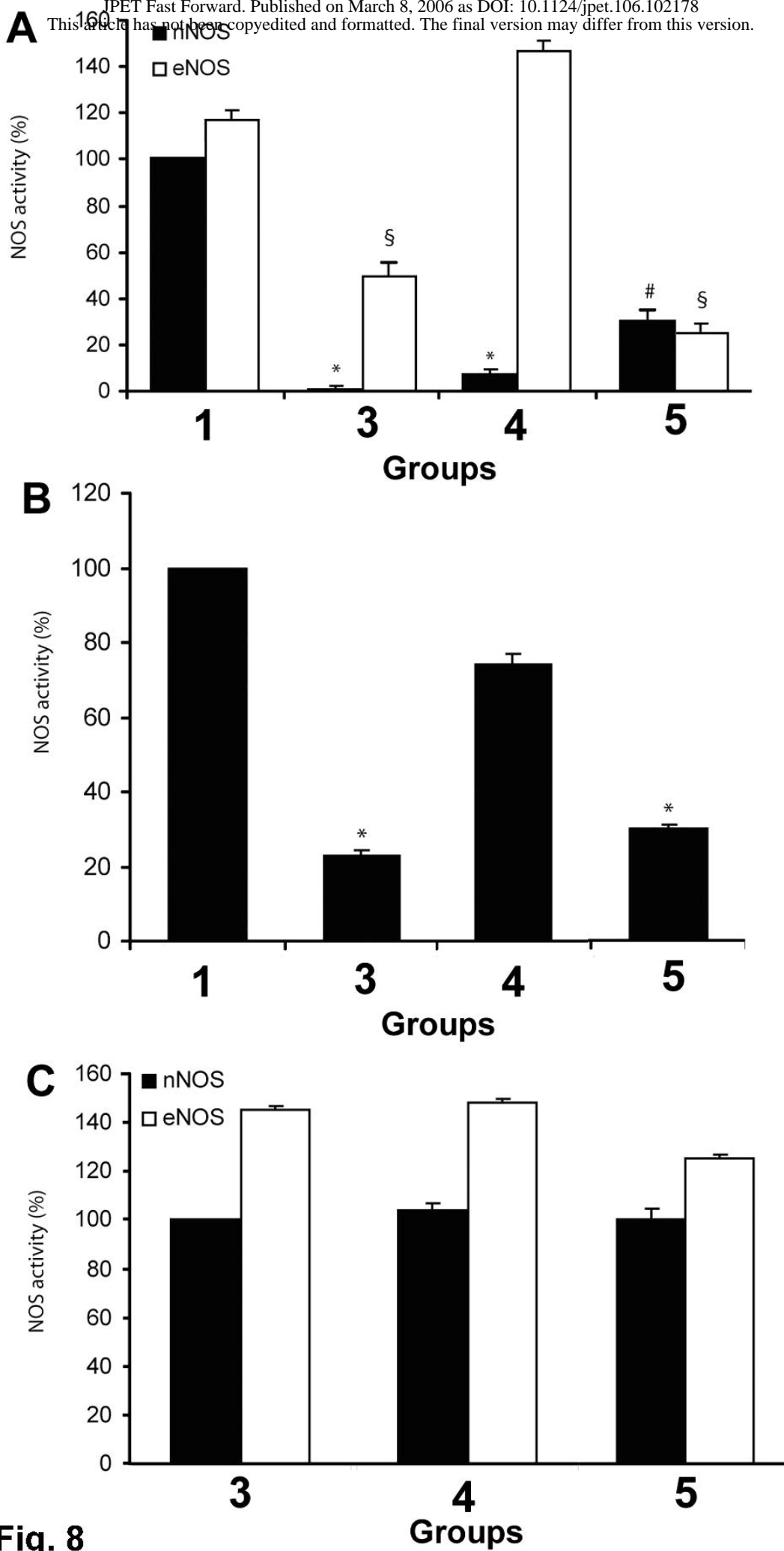


Fig.7



**Fig. 8**