# Effects of Fructose-induced Metabolic Syndrome and Metformin in the Skeleton of Wistar Rats

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#### INTRODUCTION

- □ Metabolic Syndrome (MS) is a heterogeneous disorder produced by different combinations of dyslipidemia, elevated blood pressure, abdominal obesity and glucose intolerance.
- □ MS has been associated with a reduction in bone strength and increased non-vertebral osteoporotic fractures.
- □ The insulin-sensitizer metformin (MET) is one of the most widely-used agents to treat metabolic disturbances related with MS. However, the effects of MET on bone metabolism are not well established.

## HYPOTHESIS

MS-induced decrease in the osteogenic potential of bone marrow mesenchymal stromal cells (MSC), could alter the structure, composition and metabolism of bone tissue. Additionally, that these alterations could be prevented by oral treatment with MET.

### GOALS

To investigate the effect of experimental MS and treatment with MET, on MSC osteogenic commitment, bone micro-architecture and biomechanics.

#### **METHODS**

- □ 38 male 12-wk-old Wistar rats were randomized into four groups (n=8-10): 1) autoclaved drinking water (**DW**) control (**Veh**), 2) Veh + oral MET (100 mg/kg BW/day) (MET), 3) DW with 20% fructose (F), and 4) DW with simultaneous F + MET treatments (F+MET). (Figure 1).
- □ MSC were isolated from humeri to determine their osteogenic potential ex vivo.
- □ Tibiae were excised for pQCT, and static and dynamic histomorphometric analyses.
- Femora were excised for biomechanical analyses.
- Maxillae were histologically processed to assess alveolar bone loss (ABL) at interdental molars (M)1 M2 and M2M3.

± Fruct	ose ±M	etformin		Euthanasia			
		V					
0 day	ys 15	5 days			90 days		
Figure 1. Experimental design							
Grupo		Glucose (g/l)		Triglycerides (g/l)			
Veh		2,10 +/- 0,06		1,12 +/- 0,26			
MET		2,41 +/- 0,11		1,14 +/- 0,22			
F		3,15 +/- 0,36 (**)		2,44 +/- 0,43 (**)			
F+MET		2,37 +/- 0,2	2,37 +/- 0,13 (#)		1,48 +/- 0,22		
Table 1. Metabolic results							
roup	ALP		С	OL	MIN		

Group	ALP	COL	MIN				
	(% of Veh at 0 days)	(% of Veh at 0 days)	(% of Veh at 0 days)				
Veh	381 +/- 23	259 +/- 11	100 +/- 9				
MET	231 +/- 22 (***)	187 +/- 5 (**,\$)	147 +/- 11 (*)				
F	300 +/- 25	171 +/- 8 (**,\$\$)	51 +/- 4 (**,###,\$\$\$)				
F+MET	384 +/- 32 (##)	234 +/- 12	108 +/- 9				





#### **Table 2.** Results for MSC osteogenic induction



Figure 5. Measurement of vertical ABL

\* p<0.05, \*\* p<0.01, \*\*\* p<0.001 vs Veh; # p<0.05, ## p<0.01, ### p<0.001 vs MET; \$ p<0.05, \$\$ p<0.01, \$\$\$ p<0.001 vs F+MET





Trabecular Thickness  $(\mu m)$ \* #





Figure 4. Proximal tibial metaphysis of Veh (A) and MET (B) groups (Von Kossa stain and Tetrachrome counterstain)



Figure 6. Alveolar bone loss (ABL) at maxillary interdental molar (M)1M2 of a Veh (A) and a MET (B) rats (H&E). ABL was calculated by measuring the distance between the cemento-enamel junction (CEJ) of 2 adjacent M and the alveolar bone crest (ABC). H&E.



#### CONCLUSIONS

12 weeks of **F** treatment in Wistar rats induced metabolic abnormalities characteristic of MS, but not skeletal changes. Furthermore, 10 weeks of **MET** treatment reverted the MS metabolic disturbances but, rather than protecting the skeleton, induced detrimental effects in some of the structural parameters of cancellous bone but not of cortical bone and accelerate ABL.

### REFERENCES

- von Muhlen D, Saffi S, Jassal SK, Svartherg J, Barrett-Connor E. Association between the metabolic syndrome a