Angiotensin and Angiotensin Converting Enzyme Tissue Levels in Two-Kidney, One Clip Hypertensive Rats

Shangbo Guan, John Fox, Kenneth D. Mitchell, and L. Gabriel Navar

Renal tissue angiotensin I (Ang I) and II (Ang II) content and angiotensin converting enzyme activity were assessed in both kidneys during initial (7 days) and maintenance (25 days) phases of two-kidney, one clip hypertension in rats. At 7 and 25 days, systolic arterial pressure was 146±2 and 170±7 mm Hg, respectively. After 7 days, Ang I content of clipped kidneys was 64% and 79% higher (p<0.001) than in nonclipped and sham-operated kidneys, respectively. Ang II contents in clipped kidneys were increased 102% and 24% (p<0.01), respectively. Ang II content was also 32% higher in nonclipped kidneys. Angiotensin converting enzyme activity in nonclipped kidneys was greater (p<0.05) than that in either clipped (46% higher) or sham-operated kidneys (57% higher). Plasma Ang I and Ang II levels were elevated at 7 days but were not different at 25 days in clipped rats. These results demonstrate a dissociation between intrarenal and circulating levels of Ang I and Ang II and suggest that qualitatively different mechanisms may be responsible for the elevated intrarenal Ang II levels during the initial and maintenance phases of renal hypertension. (Hypertension 1992;20:763–767)

Key Words • renin-angiotensin system • hypertension, renal • hypertension, renovascular • angiotensin I • angiotensin II • kininase II

There is now considerable evidence demonstrating a close relation between the renin-angiotensin system (RAS) and the development of hypertension in the two-kidney, one clip (2K1C) Goldblatt hypertensive rat model. After a constrictor clip is placed on one renal artery, there is an increase in renin secretion from and an increase in renin content of the clipped kidney, and both plasma renin activity (PRA) and angiotensin II (Ang II) concentrations are elevated. It is generally recognized that the contralateral kidney is also functionally impaired, suggesting that the unique circumstances of altered renin-angiotensin activity in this model may contribute to the observed abnormal hemodynamic and tubular reabsorptive function. Supporting this possibility is the finding that pharmacological blockade of the RAS results in increased renal blood flow and glomerular filtration rate and increased urine flow and sodium excretion in the contralateral kidney. These findings indicate that Ang II–dependent alterations in renal hemodynamics and tubular reabsorptive function act to impair the ability of the nonclipped kidney to achieve normal rates of sodium excretion at normotensive pressures and thereby contribute to the development of hypertension in the 2K1C Goldblatt model.

The initial phase of the hypertension that develops after clipping one renal artery appears to be dependent on the increase in PRA and a renin-induced elevation of Ang II concentration in plasma. The increase in blood pressure can be prevented by treatment with antagonists of the RAS from the time of clipping, and normotension can also be restored by acute intervention with one of these agents during the initial days after clipping. The maintenance phase of the hypertension was initially thought to be less dependent on the RAS since PRA and plasma Ang II returned toward normal levels. Even in the maintenance phase, however, the nonclipped kidney exhibits natriuretic and diuretic responses to angiotensin converting enzyme (ACE) inhibition. These findings indicate that the nonclipped kidney is still under the influence of Ang II even at a time when circulating Ang II levels have returned toward normal levels. Although circulating Ang II concentrations diminish and renin content of the nonclipped kidney is markedly reduced, it has been reported that the Ang II content of the nonclipped kidney is either normal or slightly elevated during the maintenance phase of 2K1C hypertension. Such appropriately maintained Ang II levels may contribute to the compromised ability of the nonclipped kidney to regulate its sodium excretion at normotensive pressures,
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placed into cold methanol and rapidly homogenized each kidney was homogenized in Tris buffer (0.1 M, pH 7.4) for ACE measurement. Immediately after removal of the kidneys, blood was collected via the carotid artery for blood sampling. The collection procedures were approved by the Tulane University Animal Care and Use Committee.

Methods

Preparation of Two-Kidney, One Clip Goldblatt Hypertensive Rats

To study the changes in the RAS during the maintenance phase (25 days) of 2K1C hypertension, male Sprague-Dawley rats (Charles River, Wilmington, Mass.) initially weighing 125–150 g were anesthetized with pentobarbital sodium (50 mg/kg i.p.). The left renal artery of each animal was isolated through a flank incision, and as described previously,1 a silver clip (0.25 mm i.d.) was placed on the renal artery. Sham-operated rats served as controls. All rats were housed in hanging wire cages and were fed Purina rodent chow and tap water ad libitum for 18 days. One week before the study, the animals were transferred to a semisynthetic diet (Teklad, Madison, Wis.) containing 0.14 meq sodium and 0.28 meq chloride per gram.

To study changes in the RAS during the initial phase (7 days) of 2K1C hypertension, rats weighing 225–250 g were prepared as described above. Larger rats were used in this protocol so that body weights in both groups would be similar at the time of study. The 7-day rats were fed the semisynthetic diet described above from the time of clip placement to eliminate the effects of differences in dietary sodium intake on angiotensin peptide levels. Thus, both 7- and 25-day groups were fed the diet for the same length of time before analysis. In the 7-day clipping groups, systolic arterial pressures were measured using a tail cuff (Harvard Apparatus, South Natick, Mass.) in conscious rats 1 day before and 3 and 7 days after clip placement. In the 25-day groups, blood pressure was measured 14 days after clipping and thereafter every 3–4 days until study. All experimental procedures were approved by the Tulane University Animal Care and Use Committee.

Collection, Processing, and Purification of Samples

The rats were anesthetized with pentobarbital sodium (50 mg/kg i.p.), and a polyethylene catheter was placed in the carotid artery for blood sampling. The collection of samples and extraction of angiotensin peptides and ACE activities during both the initial and maintenance phases of 2K1C hypertension in rats.

Results

The body weights of the rats subjected to sham operation or clipping were 286±6 and 285±6 g, respectively, after 7 days, and 315±16 and 302±10 g, respectively, after 25 days. In the rats clipped for 7 days, the systolic arterial pressure increased by 28% (from 114±2 to 146±2 mm Hg; p<0.001). No changes in systolic pressure occurred in the sham-operated rats (Figure 1). In the rats clipped for 25 days, systolic pressure was significantly higher in 2K1C than in sham-operated rats by 2 weeks and continued to increase. At 25 days, systolic pressure averaged 170±7 mm Hg. In the sham-operated group, systolic blood pressure did not change significantly from 14 to 25 days after surgery (Figure 1).

Plasma levels of Ang I and II and PRA were elevated in 2K1C rats 7 days after clipping, but plasma ACE activity did not change (Figure 2). However, in the rats clipped for 25 days, plasma levels of Ang I and II, ACE activity, and PRA were not significantly different in 2K1C versus sham-operated rats (Figure 2). In 2K1C rats, Ang I content of the clipped kidney increased significantly versus that of the sham-operated and nonclipped kidneys after both 7 and 25 days. Ang I content of nonclipped kidneys was not different from sham-operated kidneys at either time point (Figure 3). In contrast, Ang II contents were significantly elevated both in clipped and nonclipped kidneys versus sham-operated kidneys at 7 and 25 days after clipping, al-
though the magnitude of the increase in the nonclipped kidney was reduced in the 25-day group (Figure 3). In the rats clipped for 7 days, ACE activity was significantly elevated in both clipped and nonclipped versus sham-operated kidneys. In contrast, in the rats clipped for 25 days, ACE activity was significantly elevated only in the nonclipped kidney (Figure 4). As an indirect assessment of ACE activity in plasma and kidney, the ratio of Ang II to Ang I was calculated. The Ang II/Ang I ratio in plasma was unchanged at both 7 and 25 days after clipping. However, the ratio was significantly higher both in the clipped and nonclipped kidneys after 7 days, the ratio being significantly greater in nonclipped versus clipped kidneys. In contrast, after 25 days, the Ang II/Ang I ratio was significantly higher only in the nonclipped kidneys (Figure 5). In the sham-operated rats, there were no differences in the tissue contents of Ang I and II, the Ang II/Ang I ratios, and ACE activity between the sham-operated kidney and the intact kidney at either 7 or 25 days (data not shown).

Discussion
By using an improved methodology for measurement of renal angiotensin peptide contents, we extended previous preliminary findings that Ang II levels are increased in the contralateral kidneys as well as in the clipped kidneys of 2K1C hypertensive rats. The present study demonstrates that the intrarenal Ang II contents are elevated during both the initial and maintenance phases of 2K1C hypertension in rats despite a return of PRA and plasma Ang II levels to normal by 25 days. The latter findings are consistent with previous reports. The Ang I levels were elevated in the clipped kidneys at both 7 and 25 days. These findings indicate that the elevated renal Ang II contents in the clipped kidney results from the elevated or maintained renin and Ang I levels that persist during both initial and maintenance phases. The present findings also demonstrate that ACE activity was increased in the clipped kidneys on day 7 after clipping, suggesting that activation of the enzyme contributed to the increased production of Ang II in the clipped kidney during the initial phase. Even though the ACE activity in the clipped kidneys was similar to that in the nonclipped kidneys, the Ang II/Ang I ratio in the clipped kidneys was significantly less than that of the nonclipped kidneys (Figure 5), suggesting combined effects of the enzyme and substrate on the resultant high Ang II levels in the clipped kidney.
In the nonclipped kidneys, the Ang I levels were not suppressed on either day 7 or 25, although a small decrease (not significant) was seen in the 25-day group. Furthermore, the Ang II levels in the nonclipped kidneys were not reduced at either 7 or 25 days after clipping; rather, the Ang II content of the nonclipped kidneys was actually significantly increased at both these times. It is probable that the previous failure to demonstrate significant increases of Ang II levels in the nonclipped kidney was due to the variability created by the protracted extraction techniques used that may result in substantial Ang II generation in vitro. The mechanisms responsible for the maintained Ang I levels and the elevated Ang II levels observed in the present study remain unclear since it has been shown consistently that the nonclipped kidney undergoes a marked reduction in renin content. The maintenance or increase in tissue ACE activity in the contralateral kidney is increased in agreement with the finding of Ploth et al. They also found no significant difference between the clipped and sham-operated kidneys when ACE activity was measured both by enzymatic degradation of hippuryl-histidyl-leucine and by radioligand binding. Nevertheless, there must also be sustained availability of Ang I, which suggests that substrate formation is also maintained or increased.

It appears that the acute phase of hypertension in the 2K1C model is dependent on increased circulating activity of the RAS caused by renin release from the clipped kidney. In the maintenance phase, it is evident that elevated Ang II in the nonclipped kidney continues to exert an important role even though intrarenal renin content is reduced to barely detectable levels. It was initially thought that the Ang II, or its decapeptide precursor, was delivered to the renin-poor nonclipped kidney by the systemic circulation. This issue remains controversial since the initially elevated circulating levels of angiotensin peptides decrease toward normal levels, as shown by previous studies as well as the present one. The present study suggests that the elevated Ang II levels are generated intrarenally as a result of enhanced ACE activity. The mechanism responsible for this differential regulation of ACE activity remains to be determined. Similarly, the mechanism responsible for maintained or increased substrate availability in the nonclipped kidney remains unresolved. However, the low renin content that has been shown to exist raises the possibility that there is an alternate non-renin-dependent mechanism that is responsible for intrarenal Ang II
formation in the nonclipped kidney. Whatever the mechanism, it is clear from the present data that Ang II levels in the nonclipped kidney are significantly elevated during both the development and maintenance phases of 2K1C Goldblatt hypertension. Since an increase in intrarenal Ang II levels would exert a substantial sodium-retaining influence on the nonclipped kidney, it is likely that such actions of the elevated Ang II levels within the nonclipped kidney would contribute importantly not only to the development of 2K1C Goldblatt hypertension but also to the maintenance of the hypertension after the increased circulating Ang II levels subside.

In summary, the present study demonstrates a dissociation between intrarenal and circulating levels of Ang I and II in 2K1C Goldblatt rats. A similar dissociation has been reported recently in rats receiving ACE inhibitors.21 Thus, these data provide further evidence supporting differential regulation of intrarenal Ang II levels.

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