

# Leukotrienes: Biosynthesis, Transport, Inactivation, and Analysis

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## 1 Introduction

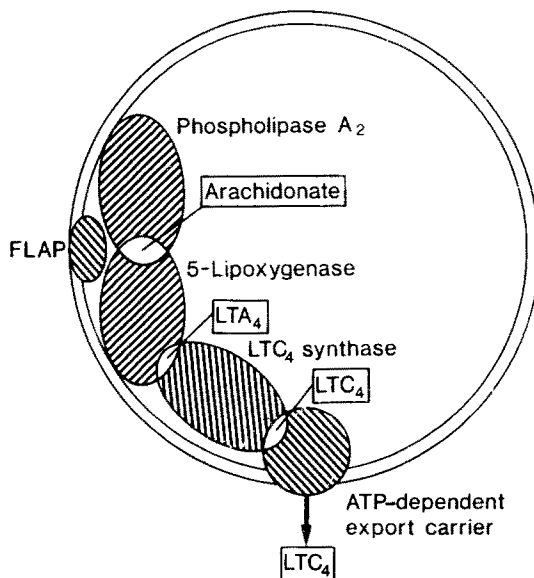
The leukotrienes comprise a group of biologically highly potent mediators synthesized from 20-carbon polyunsaturated fatty acids, predominantly from arachidonate (Samuelsson et al. 1979; Murphy et al. 1979; Samuelsson 1983; Hammarström 1983). They include the cysteinyl leukotrienes LTC<sub>4</sub>, LTD<sub>4</sub>, LTE<sub>4</sub>, and *N*-acetyl-LTE<sub>4</sub>, as well as dihydroxyeicosatetraenoate leukotriene B<sub>4</sub> (LTB<sub>4</sub>). Leukotrienes act at nanomolar concentrations in host defense, intercellular communication, and in signal transduction. The cysteinyl leukotrienes induce smooth muscle contraction and increase vascular permeability (Dahlén et al. 1981; Lewis and Austen 1984; Piper 1984); LTB<sub>4</sub> elicits leukocyte sticking to vascular endothelia and inflammatory infiltration, and contributes in vivo to vascular permeability changes, immunoregulation, and pain responses (Ford-Hutchinson 1990, 1991b). Leukotrienes have been implicated as mediators in the pathogenesis of inflammatory, allergic, and other diseases, including bronchial asthma, arthritis, inflammatory bowel disease, anaphylaxis, shock, hepatorenal syndrome, pancreatitis, psoriasis, and tissue trauma (Piper 1984; Lewis and Austen 1984; Denzlinger et al. 1985; A. Keppler et al. 1987; Samuelsson et al. 1987; Keppler 1988, Huber et al. 1989; Huber and Keppler 1990; Ford-Hutchinson 1990). Only a limited number of cell types are capable of synthesizing LTC<sub>4</sub>, LTB<sub>4</sub>, or both. Predominant producer cells are macrophages, monocytes, neutrophils, eosinophils, mast cells, and basophils (Lewis and Austen 1984; Verhagen et al. 1984; Lewis et al. 1990). In addition, transcellular synthesis from the 5,6-epoxide LTA<sub>4</sub> released from some cells represents a pathway for synthesis of LTB<sub>4</sub> and LTC<sub>4</sub> in endothelial cells, platelets, mast cells, lymphocytes, and even erythrocytes (Odlander et al. 1988; Dahinden and Wirthmueller 1990; Feinmark 1990; Jones and Fitzpatrick 1990).

Recent progress in leukotriene research has led to a more detailed understanding of the enzymes and proteins mediating the biosynthesis of leukotrienes and to the development of potent inhibitors of biosynthesis as well as receptor antagonists interfering with signal transduction (for reviews see Rokach 1989; Piper and Krell 1991). Moreover, the mechanisms of leukotriene transport during release from biosynthetic cells (Lam et al. 1989, 1990; Schaub et al. 1991) and during hepatobiliary elimination (Ishikawa et al. 1990; Keppler et al. 1992) have been recognized, and pathways and compartmentation of leukotriene inactivation were further elucidated (Soberman et al. 1988; Stene and Murphy 1988; Keppler et al. 1989; Shirley and Murphy 1990; Sala et al. 1990; Jedlitschky et al. 1991). In addition to receptor-mediated leukotriene actions on the cell surface (Saussy et al.

1989; Herron et al. 1992), intracellular leukotriene actions in growth factor signal transduction have been recognized (Peppelenbosch et al. 1992).

## 2 Leukotriene Biosynthesis

Leukotriene biosynthesis is triggered under pathophysiological and experimental conditions by a variety of immunological and nonimmunological stimuli, including  $\text{Ca}^{2+}$  ionophores. The key enzyme, arachidonate 5-lipoxygenase (EC 1.13.11.34) depends on the availability of arachidonate, which is released from membrane phospholipids by phospholipase  $\text{A}_2$  (EC 3.1.1.4) or by the sequential action of phospholipase C (EC 3.1.4.3) and diacylglycerol lipase (EC 3.1.1.34).  $\text{Ca}^{2+}$ -dependent activation of phospholipase  $\text{A}_2$  with subsequent release of arachidonate is associated with phosphorylation and translocation of the cytosolic phospholipase  $\text{A}_2$  to membrane vesicles (Lin et al. 1992). The concentration of free arachidonate is controlled, in addition, by its reincorporation into lysophospholipids (Ferber and Resch 1973; Irvine 1982). Arachidonate 5-lipoxygenase is a



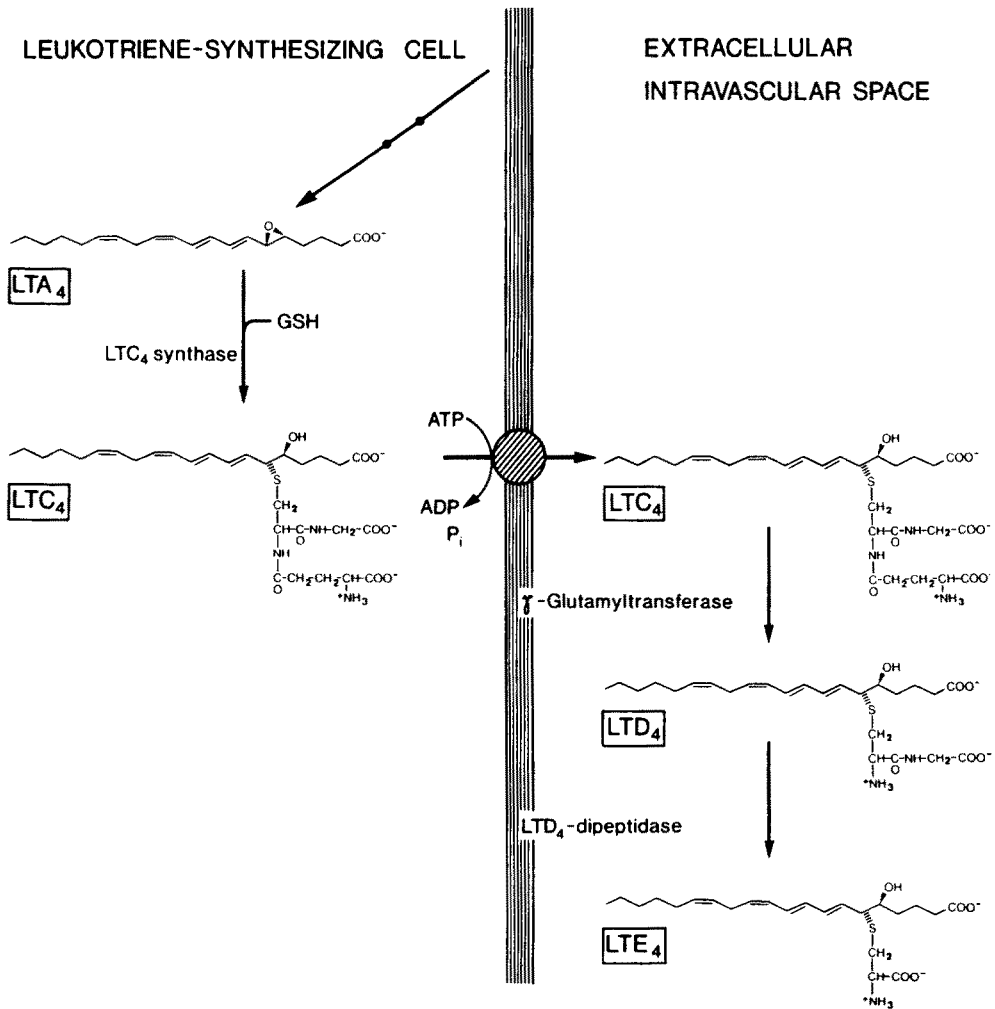
**Fig. 1.** Proposed scheme of the association and concerted action of enzymes and proteins involved in the synthesis of the parent cysteinyl leukotriene  $\text{LTC}_4$ . This association may allow for channelling of the intermediates into the export carrier and may be localized in vesicles at the plasma membrane. FLAP designates the five-lipoxygenase-activating protein (Ford-Hutchinson 1991a). Release of  $\text{LTC}_4$  from a leukotriene-synthesizing cell is mediated by an ATP-dependent export carrier (Schaub et al. 1991) which is distinct from the  $\text{LTB}_4$  transporter

bifunctional enzyme and also catalyzes the synthesis of the 5,6-epoxide  $LTA_4$ . Depending on the differentiation of a leukotriene-generating cell,  $LTA_4$  may be converted to  $LTB_4$  by  $LTA_4$  hydrolase (EC 3.3.2.6) or to  $LTC_4$  by the membrane-bound enzyme  $LTC_4$  synthase (EC 2.5.1.37). A protein termed *five-lipoxygenase-activating protein* (FLAP) is required, in addition, for the synthesis of  $LTC_4$  and  $LTB_4$  in intact cells (Dixon et al. 1990; Miller et al. 1990; Rouzer et al. 1990; Ford-Hutchinson 1991a). One may assume that the enzymes and proteins required for cellular synthesis of leukotrienes are closely associated and translocated to the cell membrane allowing for concerted catalysis and export from the cell (Fig. 1).

## 2.1 Biosynthetic Enzymes

*Arachidonate 5-lipoxygenase* catalyzes the first step in leukotriene synthesis by addition of oxygen to carbon 5 of arachidonate yielding (5*S*)-hydroperoxy-6,8,11,14-eicosatetraenoate. The latter is converted by the second catalytic activity of the 5-lipoxygenase protein,  $LTA_4$  synthase, to 5,6-oxido-7,9,11,14-eicosatetraenoate (for review see Samuelsson and Funk 1989). 5-Lipoxygenase/ $LTA_4$  synthase has been cloned and expressed in mammalian cells (Dixon et al. 1988; Matsumoto et al. 1988; Rouzer et al. 1988). This 78-kDa protein requires  $Ca^{2+}$  and ATP for maximal activity. Moreover, translocation of 5-lipoxygenase from the cytosol to the cell membrane, which is triggered by  $Ca^{2+}$ , is associated with activation of cellular leukotriene synthesis (Rouzer and Kargman 1988). Inhibition of this translocation by the indole derivative MK-886 inhibits leukotriene synthesis in intact cells (Rouzer et al. 1990). The target protein of MK-886 has been identified as the 18-kDa membrane protein FLAP, which is essential for leukotriene synthesis and must be coexpressed together with 5-lipoxygenase (Dixon et al. 1990; Miller et al. 1990; Reid et al. 1990; Ford-Hutchinson 1991a). FLAP may act to couple phospholipase  $A_2$ , membrane phospholipids, and 5-lipoxygenase. The presence of 5-lipoxygenase and FLAP is limited mostly to cells of the myeloid lineage and is related to cell differentiation (Habenicht et al. 1989).

The product of 5-lipoxygenase,  $LTA_4$ , is converted enzymatically either by  $LTA_4$  hydrolase to  $LTB_4$ , by  $LTC_4$  synthase to the glutathione conjugate  $LTC_4$ , by 15-lipoxygenation to 15-hydroxy- $LTA_4$ , or by cytosolic epoxide hydrolase to 5(*S*),6(*R*)-dihydroxyeicosatetraenoate. *LTA<sub>4</sub> hydrolase* is a cytosolic monomeric protein of about 69 kDa which has been cloned and expressed in *Escherichia coli* (Samuelsson and Funk 1989).  $LTA_4$  hydrolase has been detected in virtually all tissues as well as in blood plasma



**Fig. 2.** Synthesis, export, and peptidolytic degradation of LTC<sub>4</sub>. Synthesis of LTC<sub>4</sub> from LTA<sub>4</sub> and glutathione by microsomal LTC<sub>4</sub> synthase is followed by unidirectional ATP-dependent export from leukotriene-synthesizing cells, such as murine mastocytoma cells (Schaub et al. 1991). The ectoenzymes  $\gamma$ -glutamyltransferase and LTD<sub>4</sub> dipeptidase catalyze the biological activation and deactivation to LTD<sub>4</sub> and LTE<sub>4</sub>, respectively (Hammarström et al. 1985)

from several species and in erythrocytes (McGee and Fitzpatrick 1985). Surprisingly, LTA<sub>4</sub> hydrolase has been identified as a Zn<sup>2+</sup>-containing aminopeptidase with a sequence homologous to the active site of certain peptidases (Haeggström et al. 1990; Minami et al. 1990). Accordingly, the aminopeptidase inhibitor bestatin (Örning et al. 1991a) as well as the angiotensin-converting enzyme inhibitor captopril (Örning et al. 1991b) were

found to act as inhibitors of  $\text{LTB}_4$  synthesis from  $\text{LTA}_4$  in the micromolar concentration range.

The synthesis of  $\text{LTC}_4$  is catalyzed by membrane-bound *LTC<sub>4</sub> synthase* (Fig. 2), which is distinct from cytosolic and microsomal glutathione *S*-transferases (Söderström et al. 1988; Yoshimoto et al. 1988). The enzyme is highly specific for its substrate  $\text{LTA}_4$  and has an isoelectric point of about 6, whereas other members of the glutathione *S*-transferase family are basic, with isoelectric points at or above 8.5, and catalyze the synthesis of a wide range of xenobiotic and endogenous glutathione *S*-conjugates (Söderström et al. 1988).  $\text{LTC}_4$  synthase also reacts with  $\text{LTA}_3$  and  $\text{LTA}_5$ .  $\text{LTA}_3$  is a potent competitive inhibitor of  $\text{LTC}_4$  synthesis from glutathione and  $\text{LTA}_4$  (Yoshimoto et al. 1988). Further properties of  $\text{LTC}_4$  synthase will be elucidated when this protein has been purified to homogeneity, cloned, and expressed.  $\text{LTC}_4$  synthase is present not only in cells of the myeloid lineage, including mast cells and eosinophils, but also in several tissues and in endothelial cells (Feinmark 1990).

A  $\gamma$ -glutamyltransferase catalyzes the conversion of  $\text{LTC}_4$  to  $\text{LTD}_4$ . Since  $\text{LTD}_4$  is biologically much more potent than  $\text{LTC}_4$  (Lewis and Austen 1984; Piper 1984), the partial degradation of the glutathione moiety to the cysteinylglycine derivative  $\text{LTD}_4$  (Fig. 2) may be considered a biosynthetic reaction generating the ligand for the  $\text{LTD}_4/\text{LTE}_4$  receptor.  $\gamma$ -Glutamyltransferase is a glycoprotein enzyme widely distributed on cell surfaces. It has not been established whether a specific  $\gamma$ -glutamyltransferase isoenzyme is responsible for  $\text{LTD}_4$  generation. This reaction depends on catalysis in the low nanomolar concentration range by a high-affinity ectoenzyme (Weckbecker and Keppler 1986; Huber and Keppler 1987).

## 2.2 Transcellular Leukotriene Synthesis

Interaction between different cell types allows for enzymatic cooperation in leukotriene synthesis, also termed transcellular synthesis (Dahinden et al. 1985; McGee and Fitzpatrick 1986; Odlander et al. 1988; Dahinden and Wirthmueller 1990; Feinmark 1990; Jones and Fitzpatrick 1990). In neutrophils,  $\text{LTA}_4$  formed in excess of the capacity for intracellular  $\text{LTB}_4$  synthesis is released into the extracellular fluid where it can be stabilized by albumin. Neutrophil-derived  $\text{LTA}_4$  is a precursor for leukotriene synthesis particularly in cell types deficient in 5-lipoxygenase, such as erythrocytes, platelets, and vascular endothelial cells. As an example,  $\text{LTA}_4$  hydrolase in erythrocytes generates  $\text{LTB}_4$  from neutrophil-derived  $\text{LTA}_4$  (McGee and Fitzpatrick 1986). Moreover,  $\text{LTA}_4$ , released from neutrophils and bound to albumin, serves in the synthesis of  $\text{LTC}_4$  by mast cells

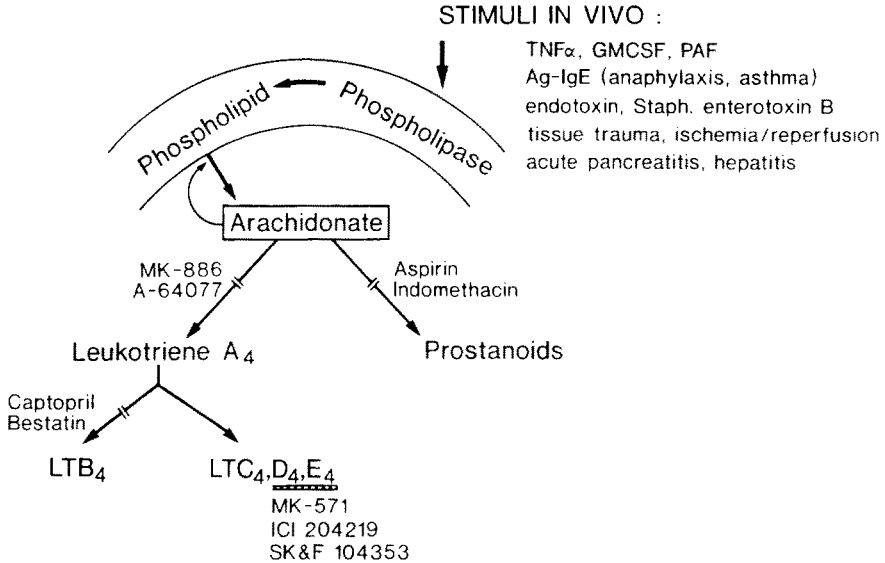
(Dahinden et al. 1985; Dahinden and Wirthmueller 1990). Thereby, the capacity of mast cells for LTC<sub>4</sub> generation is augmented. Leukotriene production under conditions where cell-cell cooperation occurs differs quantitatively and qualitatively from the sum of the separate cellular biosynthetic capacities. In disease processes different cell combinations may exist as compared to the normal condition. Transcellular leukotriene synthesis not only contributes to systemic leukotriene production but also influences the efficacy of inhibitors of leukotriene biosynthesis, which differ in their action on different cell types.

### 2.3 Inhibition of Leukotriene Biosynthesis and Action

Selective inhibition of leukotriene biosynthesis or selective blockade of the receptors for LTD<sub>4</sub> and LTE<sub>4</sub> or for LTB<sub>4</sub> is not only of therapeutic interest. These approaches furthermore serve to define the role of the leukotrienes under pathophysiological conditions. The recent development of biosynthesis inhibitors and of receptor antagonists has resulted in a considerable increase in selectivity and in compounds which are effective in the low nanomolar concentration range (Fitzsimmons and Rokach 1989; Ford-Hutchinson 1991a, b; Aharony and Krell 1991).

*Direct inhibitors of 5-lipoxygenase* have been described and many of them are "redox" inhibitors, presumably reducing the iron at the active site of the enzyme (for review see Fitzsimmons and Rokach 1989). Natural lipoxygenase inhibitors include the flavonoid compounds and hydroxylated cinnamic acids with cirsiol and caffeic acid, respectively, as potent representatives in both groups. Nordihydroguaiaretic acid (NDGA) is a commercial antioxidant which inhibits lipoxygenase enzymes. NDGA is a widely used antioxidant inhibitor which lacks sufficient selectivity for 5-lipoxygenase and efficacy in the living mammalian organism. Among the quinone inhibitors Takeda's AA-861 represents a prototype compound with limitations comparable to NDGA. These compounds may be valuable in studies with cells in culture, but, in addition to a number of side effects, they do not sufficiently suppress systemic leukotriene production in the intact organism. Direct 5-lipoxygenase inhibitors that are effective in vivo and exhibit sufficient selectivity include compounds with hydroxamate or *N*-hydroxyurea functionalities. One of these drugs- A-64077 or zileuton [*N*-(1-benzo-thien-2-ylethyl)-*N*-hydroxyurea] is an effective inhibitor of leukotriene biosynthesis in man (Bell et al. 1992). As indicated in Fig. 3, this leads to an inhibition of both LTB<sub>4</sub> and systemic LTC<sub>4</sub> synthesis.

As an alternative approach to direct enzyme inhibition, *interference of 5-lipoxygenase translocation* to the plasma membrane by compounds



**Fig. 3.** The arachidonate cascade with several of its stimuli in the intact mammalian organism and with the sites of action of biosynthetic inhibitors and examples for LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists. Synthesis of leukotrienes may be elicited in vivo by a number of pathophysiological stimuli (for review see Keppler 1988) as well as physiological primers and elicitors such as the granulocyte-macrophage colony-stimulating factor (GMCSF; Denzlinger et al. 1990). Inhibitors of leukotriene biosynthesis from the first generation of drug development include MK-886 (Gillard et al. 1989; Ford-Hutchinson 1991a) and A-64077 (Bell et al. 1992), as well as captopril and bestatin with their additional potential to inhibit LTA<sub>4</sub> hydrolase (Örning 1991a, b). More potent, second generation inhibitors of LTA<sub>4</sub> synthesis include MK-591, A-78773, and ICI's D-2138. Some selective and potent antagonists of LTD<sub>4</sub>/LTE<sub>4</sub> receptors, MK-571, ICI 204219, and SK&F 104353, are indicated (Snyder and Fleisch 1989; Piper and Krell 1991; Lewis et al. 1991)

which bind to FLAP induces potent and selective suppression of the synthesis of leukotrienes (Gillard et al. 1989; Ford-Hutchinson 1991a; Evans et al. 1991). The indole derivative MK-886 (Gillard et al. 1989), which binds with high affinity to FLAP (Rouzer et al. 1990), does not significantly affect 5-lipoxygenase itself but blocks leukotriene synthesis in intact cells and in vivo. Systemic leukotriene production, measured by an index metabolite in bile during guinea pig anaphylaxis, is completely suppressed by MK-886 (Guhlmann et al. 1989). MK-886 also suppresses cysteinyl leukotriene excretion into human urine to a large extent (Ford-Hutchinson 1991a). FLAP, as a novel drug target for inhibiting the biosynthesis of leukotrienes, also binds a group of quinoline derivatives which inhibit leukotriene synthesis in intact cells with a similar mechanism of action and at lower concentrations than MK-886 (Evans et al. 1991).



*Selective inhibition of LTB<sub>4</sub> biosynthesis*, without inhibition of LTC<sub>4</sub> synthesis, has become feasible as a consequence of the discovery that benztatin and captopril inhibit LTA<sub>4</sub> hydrolase with IC<sub>50</sub> concentrations of 4 and 11 μM, respectively (Örning et al. 1991a, b). The functional resemblance of LTA<sub>4</sub> hydrolase to metallohydrolase enzymes (Haeggström et al. 1990) will necessitate chemical modification of the drugs for successful and selective inhibition of LTB<sub>4</sub> synthesis in vivo, without or with little inhibition of peptidases and angiotensin-converting enzyme.

*Inhibition of LTB<sub>4</sub> action* has been achieved by the development of LTB<sub>4</sub> receptor antagonists. Among these, the hydroxyacetophenone derivative LY 255283 has 50% inhibitory potency in the binding assay at a concentration of 87 nM (Herron et al. 1992).

*LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists* are, at present, most promising in drug development for antiasthma therapy (Piper and Krell 1991). Reasons to develop LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists have included the lack of evidence for signal transduction via LTC<sub>4</sub> receptors in man, the higher biological potency of LTD<sub>4</sub> relative to LTC<sub>4</sub>, and the rapid formation of LTD<sub>4</sub> and LTE<sub>4</sub> from LTC<sub>4</sub> on cell surfaces and in the blood circulation in vivo. At least three new structural classes of high-affinity LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists have been developed and tested in man. These are SK&F 104353, ICI 204,219, and MK-571 (for reviews see Snyder and Fleisch 1989; Piper and Krell 1991; Lewis et al. 1991). These third-generation LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists are several orders of magnitude more potent and display a several hundred-fold improvement in their selectivity for LTD<sub>4</sub>/LTE<sub>4</sub> receptors than the first antagonist, FPL 55712, developed in 1973 against slow-reacting substance of anaphylaxis (Augstein et al. 1973). Affinities of these antagonists were determined in the low nanomolar concentration range for the LTD<sub>4</sub>/LTE<sub>4</sub> receptor in human airways and guinea pig trachea (Aharony and Krell 1991). Doses that are 50% effective in vivo after intravenous administration in the guinea pig are 46 nmol/kg for the indole-based ICI 204,219, 2 nmol/kg for the quinoline-based analog MK-571, and 550 nmol/kg for the LTD<sub>4</sub>/LTE<sub>4</sub> analog SK&F 104353 (Aharony and Krell 1991). These compounds act as competitive antagonists, are highly effective in man, and contribute to a definition of LTD<sub>4</sub>-mediated pathophysiological processes.

### 3 Transport of Leukotrienes During Biosynthesis and Excretion

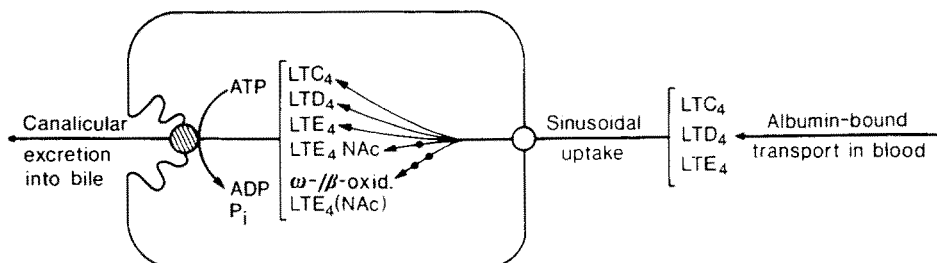
Transport controls not only the release of LTC<sub>4</sub> (Lam et al. 1989; Schaub et al. 1991) and LTB<sub>4</sub> (Lam et al. 1990) from leukotriene-generating cells but also the removal of these mediators from the blood circulation in vivo. The liver is the most active organ for uptake, metabolic inactivation, and biliary excretion of leukotrienes (Appelgren and Hammarström 1982; Keppler et al. 1985; Hagmann et al. 1989; Wettstein et al. 1989). In addition, transport during renal excretion and during the limited intestinal reabsorption of cysteinyl leukotrienes contributes to the control of leukotriene concentrations in body fluids.

#### 3.1 The Export Carrier Releasing LTC<sub>4</sub> After Its Biosynthesis

The release of LTC<sub>4</sub> has been studied in cultured human eosinophils incubated with exogenous LTA<sub>4</sub> (Lam et al. 1989). This transport is saturable, temperature-dependent, and inhibited by intracellular LTC<sub>5</sub>, suggesting a carrier mediated process. The mechanism underlying the export of LTC<sub>4</sub> has been elucidated in plasma membrane vesicles prepared from murine mastocytoma cells and characterized as a primary-active, ATP-dependent process with apparent  $K_M$  values of 48  $\mu M$  for ATP and 110 nM for LTC<sub>4</sub> (Schaub et al. 1991). Among the cysteinyl leukotrienes, LTC<sub>4</sub> is the best substrate for this ATP-dependent export carrier (Fig. 2). The relative transport rates at a concentration of 10 nM are 1.00, 0.31, 0.12, and 0.08 for LTC<sub>4</sub>, LTD<sub>4</sub>, LTE<sub>4</sub>, and *N*-acetyl-LTE<sub>4</sub>, respectively (Schaub et al. 1991). LTC<sub>4</sub> transport is competitively inhibited by the glutathione *S*-conjugate *S*-(2,4-dinitrophenyl)glutathione, and by several other amphiphilic anions including LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists (Schaub et al. 1991). Primary-active ATP-dependent transport is insignificant with LTB<sub>4</sub> as a substrate. Therefore, inhibition of the LTC<sub>4</sub> export carrier in leukotriene-synthesizing cells by structural analogs and LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists may serve as a novel pharmacological approach to interfere selectively with LTC<sub>4</sub> production without influencing LTB<sub>4</sub> generation. Isolation and molecular characterization of the LTC<sub>4</sub> export carrier from leukotriene-generating cells, such as mast cells, eosinophils, and monocytes, will answer the question whether this carrier belongs to the family of the ATP-dependent glutathione conjugate export carrier originally described in the erythrocyte plasma membrane (Kondo et al. 1980).

### 3.2 Leukotriene Uptake into Hepatocytes

Leukotrienes released into the blood circulation, with or without prior or subsequent interaction with leukotriene receptors, undergo rapid elimination from blood predominantly due to uptake by the liver (Appelgren and Hammarström 1982; Hagmann et al. 1984; Denzlinger et al. 1985; Huber and Keppler 1990; Hagmann and Korte 1990). Albumin serves as transport protein in the blood circulation (Falk et al. 1989). Uptake by hepatocytes has been demonstrated both for cysteinyl leukotrienes (Ormstad et al. 1982; Uehara et al. 1983; Weckbecker and Keppler 1986; Leier et al. 1992) and for  $\text{LTB}_4$  (Hagmann and Korte 1990; Leier et al. 1992). Uptake of  $\text{LTC}_4$ ,  $\text{LTD}_4$ ,  $\text{LTE}_4$ , and  $N$ -acetyl- $\text{LTE}_4$  across the sinusoidal (basolateral) membrane into hepatocytes is independent of a  $\text{Na}^+$ -gradient and a  $\text{K}^+$ -diffusion potential (Leier et al. 1992). The uptake may be driven by high-affinity binding to intracellular proteins and by the unidirectional, ATP-dependent transport across the canalicular (apical) membrane into bile (Fig. 4; Ishikawa et al. 1990). At a concentration of 10 nM, the relative uptake rates into rat hepatocytes for  $\text{LTC}_4$ ,  $\text{LTD}_4$ ,  $\text{LTE}_4$ , and  $\text{LTB}_4$  are 1.0, 1.3, 1.6 and 1.6, respectively. The  $K_M$  values for the leukotrienes range between 100 and 200 nM (Leier et al. 1992). Leukotriene-binding proteins possibly involved in hepatocellular transport were identified by the method of direct photoaffinity labeling in the deep-frozen state using the  $^3\text{H}$ -labeled leukotriene itself as the photolabile ligand (Falk et al. 1989; Müller et al. 1991b, Leier et al. 1992). Liver membrane subfractions enriched with sinusoidal plasma membranes contain a 48-kDa polypeptide labeled both with  $[^3\text{H}]\text{LTE}_4$  and  $[^3\text{H}]\text{LTB}_4$ . This polypeptide is not labeled by cysteinyl leukotrienes in hepatoma cells which are deficient in cysteinyl leukotriene uptake (Müller et al. 1991b; Leier et al. 1992). There is no convincing



**Fig. 4.** Transport of cysteinyl leukotrienes through hepatocytes. Uptake across the sinusoidal membrane may be followed by intracellular degradation (Keppler et al. 1989; Jedlitschky et al. 1991) and ATP-dependent export across the canalicular membrane into bile (Ishikawa et al. 1990). The latter process may be rate-limiting in overall hepatobiliary cysteinyl leukotriene elimination

evidence, however, that his 48-kDa polypeptide represents the transporter responsible for leukotriene uptake. It may rather be an intracellular, membrane-associated polypeptide binding the leukotrienes (Leier et al. 1992) as well as related amphiphilic substances (Kurz et al. 1989). The dihydroxy fatty acid LTB<sub>4</sub> differs from the cysteinyl leukotrienes by its entry into hepatoma cells, possibly as a result of its facilitated diffusion (Leier et al. 1992). Kinetic studies in hepatocytes employing inhibitors indicate the existence of distinct uptake systems for the cysteinyl leukotrienes and LTB<sub>4</sub> in the sinusoidal membrane. The substrate specificity of the transporters involved in leukotriene uptake across the sinusoidal hepatocyte membrane will be defined more precisely after reconstitution of the purified transporter in liposomes. The interaction of both cysteinyl leukotrienes and LTB<sub>4</sub> with hepatocytes does not lead to detectable receptor-mediated signal transduction if the mediators are added in the physiological nanomolar concentration range. This indicates that the hepatocyte uptake systems are transporters and not receptors for the leukotrienes.

### 3.3 The Cysteinyl Leukotriene Export Carrier in the Hepatocyte Canalicular Membrane

During the vectorial transport across the hepatocyte some of the leukotriene metabolites retain their structure and some undergo oxidative degradation from the  $\omega$ -end (Figs. 4, 5). Products of  $\omega$ - and  $\beta$ -oxidation of LTE<sub>4</sub>, *N*-acetyl-LTE<sub>4</sub>, and LTB<sub>4</sub>, as well as unmodified LTC<sub>4</sub>, LTD<sub>4</sub>, LTE<sub>4</sub>, and *N*-acetyl-LTE<sub>4</sub>, are substrates for the leukotriene export carrier in the canalicular (apical) membrane of hepatocytes (Ishikawa et al. 1990). The mechanisms of this transport has been analyzed by use of plasma membrane vesicles enriched in canalicular membranes. The inside-out vesicles incubated in the presence of labeled cysteinyl leukotrienes and ATP showed primary-active, ATP-dependent uptake, corresponding to ATP-dependent export across the canalicular membrane into bile (Ishikawa et al. 1990). Primary-active, ATP-dependent transport seems to be domain-specific with a location in the canalicular but not in the sinusoidal hepatocyte membrane (Fig. 4). This is indicated by transport studies in vesicle preparations from different membrane domains (Ishikawa et al. 1990) and by photoaffinity labeling with the <sup>35</sup>S-labeled ATP analog ATP- $\gamma$ -S of canalicular and sinusoidal membranes (Müller et al. 1991a). Among the cysteinyl leukotrienes, LTC<sub>4</sub> is the best substrate for the canalicular export carrier. Apparent  $K_M$  values are 0.25, 1.5, and 5.2  $\mu$ M for LTC<sub>4</sub>, LTD<sub>4</sub>, and *N*-acetyl-LTE<sub>4</sub>, respectively, whereas the  $K_M$  value for the cysteine *S*-conjugate, LTE<sub>4</sub>, is more than 10  $\mu$ M (Ishikawa et al. 1990). In addition,  $\omega$ -carboxyl-LTB<sub>4</sub>, but not LTB<sub>4</sub> itself, is a substrate for ATP-dependent trans

port across the canalicular membrane. Mutual competition among the cysteinyl leukotrienes and between leukotrienes and several glutathione *S*-conjugates and glucuronate conjugates suggests a common export carrier (Ishikawa et al. 1990; Akerboom et al. 1991). The term leukotriene export carrier is preferred since LTC<sub>4</sub> is the endogenous substrate with the highest known affinity for this carrier. As indicated by the transport of LTD<sub>4</sub> and *N*-acetyl-LTE<sub>4</sub> via this ATP-dependent carrier, the glutathione moiety is not a structural determinant of the substrate properties, although it may be a property providing higher affinity for the active site of the carrier. ATP-dependent glutathione *S*-conjugate transport has been originally described in erythrocyte inside-out membrane vesicles (Kondo et al. 1980) and subsequently observed in other tissues (Kobayashi et al. 1988, 1990; Ishikawa et al. 1989; Akerboom et al. 1991). The carriers expressed in different tissues may be similar in substrate specificity but are distinct as evidenced by the hereditary deficiency of the leukotriene export carrier in liver (Huber et al. 1987) and its simultaneous presence in erythrocytes (Board et al. 1992).

The ATP-dependent leukotriene export carrier in the canalicular membrane is apparently absent or inactive in a mutant strain of rats in which cysteinyl leukotriene excretion into bile is reduced to less than 2% of normal (Huber et al. 1987; Ishikawa et al. 1990). These mutant rats are partially deficient in the hepatobiliary excretion of several other non-bile salt amphiphilic organic anions, such as bilirubin glucuronide and dibromosulfophthalein (Jansen et al. 1985). The defect in this TR<sup>-</sup> mutant rat strain is considered analogous to the one in Dubin-Johnson syndrome in man and in Corriedale sheep (Jansen et al. 1985; Kitamura et al. 1992). Deficiency of the leukotriene export carrier in the canalicular membrane is compensated by metabolic inactivation and degradation of the leukotrienes in the hepatocyte resulting in an increased renal excretion of leukotriene catabolites (Huber et al. 1987; Keppler et al. 1991).

Inhibition of ATP-dependent transport of LTC<sub>4</sub> in liver is observed in the presence of various glutathione *S*-conjugates in the micromolar concentration range (Ishikawa et al. 1989). Moreover, structural analogs of LTD<sub>4</sub> and LTE<sub>4</sub>, developed as LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists and devoid of a glutathione moiety and a fatty acid side chain, are not only potent inhibitors of LTC<sub>4</sub> transport in mastocytoma cells (Schaub et al. 1991) but also of the export carrier in the canalicular membrane. Cyclosporin A interferes with the hepatobiliary excretion of cysteinyl leukotrienes (Hagmann et al. 1989). Recent studies demonstrate 50% inhibition of ATP-dependent LTC<sub>4</sub> transport across the rat liver canalicular membrane at a cyclosporin A concentration of 4.5 μM. This inhibition by cyclosporin A is analogous to the inhibition of the ATP-dependent multidrug export carrier

(p-glycoprotein) by this immunosuppressant (Foxwell et al. 1989; Speeg et al. 1992).

### 3.4 Elimination and Transport In Vivo

The pathways of elimination of leukotrienes in the intact organism were originally studied by autoradiographic (Appelgren and Hammarström 1982) and invasive techniques, mostly by use of  $^3\text{H}$ -labeled leukotrienes (Hagmann et al. 1984; Denzlinger et al. 1985, 1986; Hammarström et al. 1985; Huber et al. 1990; Maltby et al. 1990). Few studies addressed the elimination and in vivo degradation of  $\text{LTB}_4$  (Serafin et al. 1984; Hagmann and Korte 1990). More extensive investigations dealt with the elimination of different cysteinyl leukotrienes (Hagmann et al. 1984, 1986; Örnig et al. 1985, 1986; Sala et al. 1990; Keppler et al. 1991, 1992). Once released into the blood circulation, the leukotrienes are selectively bound to albumin (Falk et al. 1989) and eliminated predominantly by hepatobiliary excretion. Using *N*-acetyl- $\text{LTE}_4$  as a representative tracer, half-lives in blood during the initial elimination period were 38 s in the rat and 4 min in man (Keppler et al. 1992). The advantage of using *N*-acetyl- $\text{LTE}_4$ , radioactively labeled in the *N*-acetylcysteine moiety, is the metabolic stability of the label as opposed to the extensive loss of tritium from leukotrienes labeled in the arachidonate-derived fatty acid moiety during  $\beta$ -oxidation from the  $\omega$  end (Keppler et al. 1989; Jedlitschky et al. 1991). *N*-Acetyl- $\text{LTE}_4$  is also an endogenous metabolite of  $\text{LTC}_4$  in human urine (Huber et al. 1989; Maltby et al. 1990) and in rodent bile (Hagmann et al. 1986). Moreover, *N*-acetyl- $\text{LTE}_4$  is eliminated and transported on the same routes and at comparable rates as the other cysteinyl leukotrienes,  $\text{LTC}_4$ ,  $\text{LTD}_4$ , and  $\text{LTE}_4$ . For administration of the labeled compound in vivo it is advantageous that the biological activity of *N*-acetyl- $\text{LTE}_4$  is low when compared to  $\text{LTD}_4$  and  $\text{LTC}_4$  (Lewis et al. 1981; Samhoun et al. 1989). Within 1 h, 80% of intravenously administered *N*-acetyl- $\text{LTE}_4$  is excreted in the rat with bile, either intact or after partial oxidative degradation from the  $\omega$  end of the fatty acid chain (Jedlitschky et al. 1991). At the same time, renal excretion in the rat amounts to about 2%. In man and in the monkey cysteinyl leukotriene excretion into urine represents a much higher proportion than in rodents and amounts to about 50% of the hepatobiliary excretion (Denzlinger et al. 1986; Maltby et al. 1990; Keppler et al. 1992).

*Positron emission tomography* using carbon-11 labeled, positron-emitting *N*-[ $^{11}\text{C}$ ]acetyl- $\text{LTE}_4$  enables noninvasive analyses of elimination kinetics, organ distribution, and transport of this cysteinyl leukotriene (Keppler et al. 1991). In the rat, the initial distribution phase was characterized by a

rapid disappearance of  $^{11}\text{C}$  radioactivity from the blood circulation. This was accompanied by an increase in the leukotriene concentration in liver reaching its maximum 4 min after intravenous injection. In the *cynomolgus* monkey this maximum was reached after 12 min. As a consequence of hepatobiliary excretion, increasing amounts of *N*-[ $^{11}\text{C}$ ]acetyl-LTE<sub>4</sub> and its  $\omega$ - $\beta$ -oxidized metabolites were detected in the intestines. Only negligible amounts of the leukotrienes were monitored in the urinary bladder of the rat within 50 min. Renal excretion was significant, however, in the monkey, which is in accordance with previous invasive tracer studies in this species (Denzlinger et al. 1986). Kinetic analyses indicated a mean transit time of the cysteinyl leukotriene through the liver of 17 min in the rat and of 34 min in the monkey (Keppler et al. 1991). In a mutant rat strain with a hereditary defect of the hepatobiliary transport of cysteinyl leukotrienes across the hepatocyte canalicular membrane (Huber et al. 1987; Ishikawa et al. 1990) elimination of leukotriene radioactivity from the blood circulation was retarded, the mean transit time or storage period in the liver was extended to 54 min, and leukotriene excretion into the intestines was below detectability. This impaired hepatobiliary elimination was compensated by transport of  $\omega$ - $\beta$ -oxidized metabolites from the liver back into blood with subsequent renal excretion. This was monitored by the sharp rise in  $^{11}\text{C}$  radioactivity in the urinary bladder of mutant rats. A similar shift from hepatobiliary to renal cysteinyl leukotriene elimination was observed in rats with extrahepatic cholestasis due to surgical ligation of the bile duct. Leukotrienes labeled with a short-lived, positron-emitting radioisotope thus provide quantitative insight into the pathways of their elimination and transport in vivo and into the relative contribution of liver and kidney to these processes under normal and under pathophysiological conditions.

#### 4 Metabolic Deactivation and Inactivation of Leukotrienes

Enzyme-catalyzed chemical modification of the leukotrienes determines their biological activity. Removal of the  $\gamma$ -glutamyl moiety from LTC<sub>4</sub> yields the biologically most potent cysteinyl leukotriene, LTD<sub>4</sub> (Fig. 2). On the other hand, modification of the cysteinylglycine moiety of LTD<sub>4</sub> and  $\omega$ -oxidation followed by  $\beta$ -oxidation of LTE<sub>4</sub>, *N*-acetyl-LTE<sub>4</sub>, and LTB<sub>4</sub> result in deactivation and inactivation of these leukotrienes (Fig. 5). Inactivation of potent mediators is equally important as their biosynthesis since the relative rates of synthesis and inactivation determine the concentration of the biologically active leukotrienes at the receptor.

#### 4.1 Deactivation of LTD<sub>4</sub> in the Mercapturate Pathway

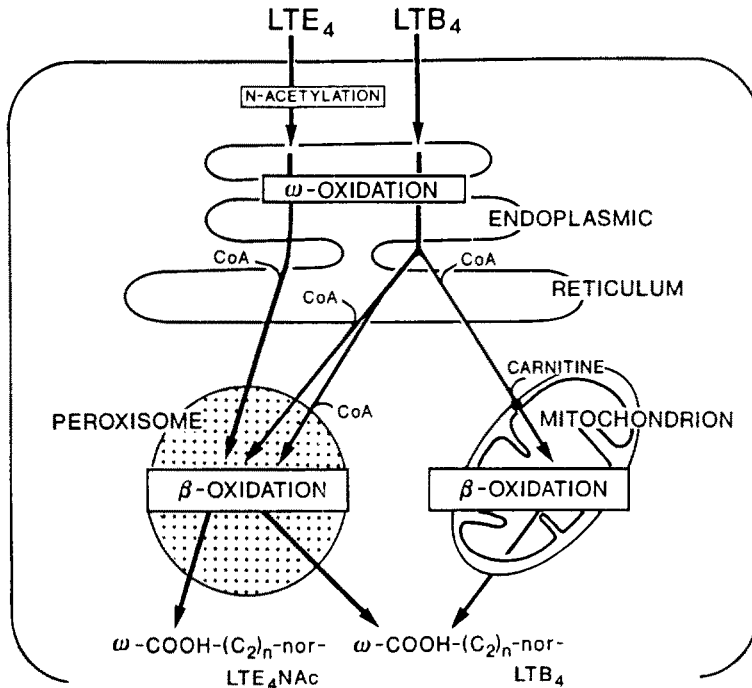
The rank order of molar potencies of the cysteinyl leukotrienes in most assay systems is LTD<sub>4</sub>>LTC<sub>4</sub>>LTE<sub>4</sub>>*N*-acetyl-LTE<sub>4</sub> (Lewis et al. 1981; Samhoun et al. 1989). LTD<sub>4</sub> is irreversibly hydrolyzed to LTE<sub>4</sub> and glycine (Fig. 2). The reaction is catalyzed by a dipeptidase (Bernström and Hammarström 1981), which has been purified from microvillus membranes (Kozak and Tate 1982) and characterized as an ectoenzyme (Huber and Keppler 1987). The dipeptidase is associated in the membrane with other enzymes of the mercapturate pathway (Hughey et al. 1978). Removal of the glycine moiety from LTD<sub>4</sub> leads to a considerable loss of biological activity by about two orders of magnitude (Samhoun et al. 1989). Degradation of the glutathione conjugate LTC<sub>4</sub> to LTD<sub>4</sub>, LTE<sub>4</sub>, and *N*-acetyl-LTE<sub>4</sub> follows the mercapturate pathway, originally known as a route of detoxification of xenobiotics (Hagmann et al. 1986; Huber and Keppler 1988). In this pathway, the cysteinyl leukotrienes are endogenous substrates in the nanomolar concentration range (Denzlinger et al. 1985). Inhibition of the deactivation of LTD<sub>4</sub> to LTE<sub>4</sub>, both on cultured cells and in the rat, is induced by L-penicillamine (Huber and Keppler 1987). This interference also prevents the generation of the mercapturate, *N*-acetyl-LTE<sub>4</sub>, and of  $\omega$ -oxidized polar metabolites of LTE<sub>4</sub> and *N*-acetyl-LTE<sub>4</sub>.

*N*-Acetyl-LTE<sub>4</sub> is formed by intracellular *N*-acetylation of LTE<sub>4</sub> with acetyl-coenzyme A (CoA). The enzyme catalyzing this reaction is present in liver, kidney, spleen, skin, and lung of the rat (Bernström and Hammarström 1986). Endogenous *N*-acetyl-LTE<sub>4</sub> was originally identified in rat bile (Hagmann et al. 1985, 1986) and feces (Örning et al. 1986) as the predominant LTC<sub>4</sub> catabolite. In human urine, but not in the bile, this mercapturate is present as a minor metabolite amounting to about 10% of LTE<sub>4</sub> (Huber et al. 1989, 1990; Sala et al. 1990; Maltby et al. 1990). *N*-acetyl-LTE<sub>4</sub> retains at least 30% of activity relative to LTE<sub>4</sub> (Lewis et al. 1981) and may be equipotent as LTE<sub>4</sub> in some assays (Samhoun et al. 1989). Therefore, catabolism of LTC<sub>4</sub> in the mercapturate pathway is associated with biological activation to LTD<sub>4</sub>, followed by partial deactivation to LTE<sub>4</sub> and *N*-acetyl-LTE<sub>4</sub>. Complete inactivation of the cysteinyl leukotrienes is only achieved by oxidation at the  $\omega$  end of the fatty acid moiety (Samhoun et al. 1989).

#### 4.2 Oxidative Inactivation of Leukotrienes

$\omega$ -Oxidation of LTB<sub>4</sub> to  $\omega$ -hydroxy-LTB<sub>4</sub>,  $\omega$ -aldehyde-LTB<sub>4</sub>, and  $\omega$ -carboxy-LTB<sub>4</sub>, which is associated with a reduction of biological activity, has





**Fig. 5.** Compartmentation of inactivation and degradation of LTE<sub>4</sub> and LTB<sub>4</sub> in the hepatocyte. Products of peroxisomal β-oxidation may be dinor, tetranor, and hexanor metabolites of the LTE<sub>4</sub>, *N*-acetyl-LTE<sub>4</sub>, or LTB<sub>4</sub> [ $\omega$ -COOH-(C<sub>2</sub>)<sub>n</sub>-nor-leukotriene]. (Reproduced with permission from Jedlitschky et al. 1991)

been observed in leukocytes (Hansson et al. 1981; Powell 1984; Soberman et al. 1988; Lewis et al. 1990) as well as in hepatocytes (Harper et al. 1986; Baumert et al. 1989; Shirley and Murphy 1990; Sumimoto et al. 1990; Jedlitschky et al. 1990; Shirley et al. 1992). By identification of  $\omega$ -carboxy-dinor-LTB<sub>4</sub> and  $\omega$ -carboxy-tetranor-LTB<sub>3</sub> in hepatocyte suspensions, these cells were shown to β-oxidize  $\omega$ -carboxy-LTB<sub>4</sub> from the  $\omega$  end (Harper et al. 1986; Jedlitschky et al. 1991). Ethanol at moderate concentrations interferes with the further catabolism of  $\omega$ -hydroxy-LTB<sub>4</sub> (Baumert et al. 1989). As a result, not only LTB<sub>4</sub> and  $\omega$ -hydroxy-LTB<sub>4</sub> (Baumert et al. 1989) but also 3-hydroxy-LTB<sub>4</sub> increases in hepatocytes (Shirley et al. 1992). The latter are potent calcium-mobilizing and chemotactic metabolites (Shirley et al. 1992).

The liver converts LTE<sub>4</sub> and *N*-acetyl-LTE<sub>4</sub> to the respective  $\omega$ -hydroxy and  $\omega$ -carboxy metabolites (Örning 1987; Ball and Keppler 1987; Stene and Murphy 1988). Further degradation by β-oxidation from the  $\omega$  end yields  $\omega$ -carboxy-dinor, -tetranor, and -hexanor derivatives of LTE<sub>4</sub>

and *N*-acetyl-LTE<sub>4</sub> (Stene and Murphy 1988; Sala et al. 1990; Huber et al. 1990). All these  $\omega$ -carboxy derivatives of LTE<sub>4</sub> and *N*-acetyl-LTE<sub>4</sub> are biologically inactive (Samhoun et al. 1989).

Additional pathways for the catabolism of cysteinyl leukotrienes have been described on the basis of *in vitro* experiments. These include the degradation of LTC<sub>4</sub>, LTD<sub>4</sub>, and LTE<sub>4</sub> to 6-*trans*-LTB<sub>4</sub> diastereoisomers and the subclass-specific *S*-diastereoisomeric sulfoxides by myeloperoxidase from activated human polymorphonuclear leukocytes and monocytes (Lee et al. 1983). Additionally, cysteinyl leukotrienes may be inactivated by hydroxyl radicals yielding 6-*trans*-isomers of LTB<sub>4</sub> (Henderson et al. 1982). These pathways for inactivation of cysteinyl leukotrienes have been outlined repeatedly (Lewis et al. 1990), however, there is no evidence for their significance in the intact organism where the metabolites recovered from injected LTC<sub>4</sub>, LTD<sub>4</sub>, LTE<sub>4</sub>, or *N*-acetyl-LTE<sub>4</sub> in bile and urine account for most of the administered leukotrienes and exclude a detectable contribution from myeloperoxidase-catalyzed degradation *in vivo* (Huber et al. 1987; Jedlitschky et al. 1991).

### 4.3 Peroxisomal Degradation by $\beta$ -Oxidation from the $\omega$ End

The peroxisomal  $\beta$ -oxidation pathway for very long-chain fatty acids involves acyl-CoA oxidase (EC 1.3.99.3), the bifunctional or rather trifunctional protein displaying enoyl-CoA hydratase (EC 4.2.1.17), 3-hydroxyacyl-CoA dehydrogenase (EC 1.1.1.35), and  $\Delta^3$ ,  $\Delta^2$ -enoyl-CoA isomerase (EC 5.3.3.8) activity, and the peroxisomal 3-ketoacyl-CoA thiolase (EC 2.3.1.16), as well as auxiliary enzymes such as 2,4-dienoyl-CoA reductase (EC 1.3.1.34; Osmundsen et al. 1991). The increased degradation of leukotrienes in the  $\beta$ -oxidation pathway after treatment of rats with clofibrate, an inducer of peroxisome proliferation, led to the suggestion that  $\beta$ -oxidation of leukotrienes may be localized in peroxisomes (Keppler et al. 1989). Both the long-chain structure of the leukotrienes and the structures of their degradation products by  $\beta$ -oxidation in rat hepatocytes (Shirley and Murphy 1990) and in human urine (Sala et al. 1990; Huber et al. 1990) are in line with peroxisomal leukotriene breakdown. It is of interest that the leukotrienes, in contrast to the prostaglandins, are not degraded from the carbon-1-carboxyl group but from the  $\omega$  end by  $\beta$ -oxidation of the  $\omega$ -carboxy metabolites derived from LTB<sub>4</sub>, LTE<sub>4</sub>, and *N*-acetyl-LTE<sub>4</sub>. Direct evidence for an exclusive degradation of cysteinyl leukotrienes in peroxisomes has been obtained by use of isolated liver peroxisomes and direct photoaffinity labeling of the peroxisomal enzymes of  $\beta$ -oxidation with  $\omega$ -carboxy-*N*-[<sup>3</sup>H]acetyl-LTE<sub>4</sub> (Jedlitschky et al. 1991). In addition,

isolated peroxisomes catalyze the  $\beta$ -oxidation from the  $\omega$  end of  $\omega$ -carboxy-LTB<sub>4</sub> yielding the dinor and the tetranor catabolites (Jedlitschky et al. 1991). In vitro experiments indicate that the degradation of LTB<sub>4</sub> can also proceed in liver mitochondria, as indicated in Fig. 5. It is unlikely, however, that the mitochondrial  $\beta$ -oxidation of  $\omega$ -carboxy-LTB<sub>4</sub> plays a major role in the intact organism since LTB<sub>4</sub> degradation is severely impaired in patients with Zellweger syndrome, a disorder of peroxisomal biogenesis (Mayatepek et al. 1992). In this inherited disease the defect of peroxisomal leukotriene degradation results in increased levels of the biologically active, proinflammatory mediators LTE<sub>4</sub> and LTB<sub>4</sub>. In addition, the concentrations in urine of  $\omega$ -carboxy-LTE<sub>4</sub> and  $\omega$ -carboxy-LTB<sub>4</sub>, which are the immediate substrates for peroxisomal  $\beta$ -oxidation, are manifold increased (Mayatepek et al. 1992). These findings in humans with peroxisome deficiency underline the essential role of peroxisomes in the catabolism of leukotrienes.

## 5 Analysis of Cysteinyl Leukotrienes and LTB<sub>4</sub>

Quantitative determinations of the leukotrienes can be accomplished by radioimmunoassays, high-performance liquid chromatography (HPLC), mass spectrometry after gas chromatography, bioassays, or combinations of these techniques. Separation of leukotriene metabolites by HPLC (Borgeat et al. 1990) often serves as initial step prior to detection with high sensitivity. For unequivocal identification gas chromatography/mass spectrometry is the method of choice (Murphy 1984; Mathews 1990; Murphy and Sala 1990).

### 5.1 Methods for Determination in Biological Fluids

Difficulties in leukotriene analysis include (a) the short half-life of these mediators in vivo and in most biological fluids, (b) their presence in low nanomolar or picomolar concentration, (c) their susceptibility to oxidative degradation during sample preparation, and (d) the artificial generation of leukotrienes from cells during sampling particularly the leukotriene release from blood leukocytes during attempts to measure blood plasma leukotrienes (Denzlinger et al. 1986).

Most measurements of LTB<sub>4</sub> in biological fluids have employed sensitive radioimmunoassays after verification of the identity of substance by HPLC or mass spectrometry (Tateson et al. 1988; Lehr et al. 1991; Mayatepek et al. 1992).

The endogenous cysteinyl leukotrienes have been analyzed in fluids into which these substances are excreted and present at sufficient concentrations, particularly in bile (Hagmann et al. 1984, 1985; Denzlinger et al. 1985, 1986; Keppler 1988) and urine (Denzlinger et al. 1986; Keppler et al. 1988; Huber et al. 1989; Tagari et al. 1989; Taylor et al. 1989; Nicoll-Griffith et al. 1990; Denzlinger et al. 1990; Fauler et al. 1991). These determinations have been based on tracer studies which have defined species-characteristic index metabolites for systemic cysteinyl leukotriene production (Keppler et al. 1988). In humans, the measurement of urinary  $\text{LTE}_4$  reflects about 5% of the systemic  $\text{LTC}_4$  production (Maltby et al. 1990); in the rat, *N*-acetyl- $\text{LTE}_4$  represents the index metabolite of choice to be analyzed in bile and corresponding to about 13% of systemic  $\text{LTC}_4$  generation (Huber and Keppler 1987) and in the guinea pig biliary  $\text{LTD}_4$  amounts to 20%–50% of  $\text{LTC}_4$  administered into the systemic blood circulation (A. Keppler et al. 1987; Guhlmann et al. 1989). In each case, HPLC separation of the respective index metabolite in urine or bile should precede the quantitative analysis by immunoassay or mass spectrometry, and the results should be corrected for the recovery of internal standards. The percentages of cysteinyl leukotrienes eliminated into bile and urine are influenced by the relative transport capacities of these organs as well as by the enzyme activities degrading the cysteinyl leukotrienes in the vascular bed, hepatocytes, and kidney. Nevertheless, these determinations provide useful information on the role of leukotrienes under pathophysiological conditions and on the action of inhibitors of their synthesis, whereas analyses in blood are less meaningful because of the short half-life of these mediators in the systemic circulation and the risk of their artificial *ex vivo* synthesis and release from blood cells (Denzlinger et al. 1986; Heavy et al. 1987; Keppler 1988).

## 5.2 Generation of Cysteinyl Leukotrienes In Vivo Under Pathophysiological Conditions

Pathophysiological conditions associated with enhanced systemic generation of cysteinyl leukotrienes have been described in experimental animals and in humans. In most instances, local release of the mediators leads to elimination with the blood circulation followed by biliary and renal excretion of detectable quantities. Under a few experimental conditions, such as in the anaphylactic shock in the guinea pig (A. Keppler et al. 1987; Guhlmann et al. 1989), a causal relationship has been established between the quantity of leukotriene release and the clinical symptoms.

In humans, biliary  $\text{LTE}_4$  is increased in acute pancreatitis (Keppler 1988). Enhanced urinary  $\text{LTE}_4$  excretion is associated with fulminant hepatitis, liver cirrhosis, and hepatorenal syndrome (Huber et al. 1989; Moore et al. 1990), antigen challenge in asthma patients (Taylor et al. 1989; Tagari et al. 1989, 1990; Christie et al. 1991), adult respiratory distress syndrome and burns (Fauler et al. 1991; Westcott et al. 1991), systemic lupus erythematosus (Hackshaw et al. 1992), and treatment with certain cytokines, such as granulocyte-macrophage colony-stimulating factor (Denzlinger et al. 1990), and tumor necrosis factor- $\alpha$ . In addition to urinary  $\text{LTE}_4$ , both  $\text{LTE}_4$  and  $\text{LTB}_4$  have been determined in significant quantities in sputum from patients with cystic fibrosis and asthma (Piper et al. 1991). In the monkey, intoxication with staphylococcal enterotoxin B (Denzlinger et al. 1986) and endotoxin from *Salmonella abortus equi* elicited increased biliary and urinary  $\text{LTE}_4$  excretion.

Systemic anaphylaxis leads to an immediate release of relatively large amounts of cysteinyl leukotrienes detected as  $\text{LTD}_4$  in guinea pig bile (A. Keppler et al. 1987; Guhlmann et al. 1989), or as *N*-acetyl- $\text{LTE}_4$  in rat bile (Foster et al. 1988), or as  $\text{LTE}_4$  in sheep lymph during cyclooxygenase blockade (Robinson et al. 1986). Biliary cysteinyl leukotrienes also increase after immunological challenge of the isolated rat or guinea pig liver (Hagmann et al. 1991).

In the rat, where 85%–90% of the systemic  $\text{LTC}_4$  production is reflected by the biliary excretion of metabolites, various pathophysiological conditions have been studied by analysis of *N*-acetyl- $\text{LTE}_4$  in bile. These disease states include endotoxin shock (Hagmann et al. 1984, 1985, 1986; D. Keppler et al. 1987), different types of tissue trauma such as surgical trauma, bone fracture, burn injury (Denzlinger et al. 1985), shock induced by platelet-activating factor (Huber and Keppler 1987) and by tumor necrosis factor- $\alpha$  (Huber et al. 1988), and fulminant experimental hepatitis (Hagmann et al. 1987).

## 6 Leukotriene-Mediated Disease Processes and Their Prevention

The biological actions of  $\text{LTC}_4$ ,  $\text{LTD}_4$ ,  $\text{LTE}_4$ , and  $\text{LTB}_4$ , as well as actions of some of the metabolites, such as *N*-acetyl- $\text{LTE}_4$  and  $\omega$ -hydroxy- $\text{LTB}_4$ , have been well defined (Dahlén et al. 1981; Lewis and Austen 1984; Piper 1984; Feuerstein 1985; Drazen and Austen 1987; Samuelsson et al. 1987; Guhlmann et al. 1989; Rola-Pleszczynski 1989; Ford-Hutchinson 1990; Lehr et al. 1991; Shaw and Krell 1991; Shirley et al. 1992). Moreover, analysis of leukotriene concentrations in biological fluids and tissues have established that the concentrations and amounts of these mediators under

some conditions are sufficient to elicit pathophysiological responses in humans and experimental animals (A. Keppler et al. 1987; Keppler et al. 1988; Guhlmann et al. 1989; Taylor et al. 1989). Of particular importance are the recent results from clinical studies with receptor antagonists and inhibitors of leukotriene biosynthesis. The development of both types of compounds has reached a high degree of selectivity in their actions and sufficient bioavailability (Gillard et al. 1989; Aharony and Krell 1991; Ford-Hutchinson 1991b; Jones et al. 1991; Lewis et al. 1991; Piper and Krell 1991; Herron et al. 1992). Thus, the criteria to define and the means to treat leukotriene-mediated disease processes are available. Anaphylactic shock in the sensitized guinea pig may serve as an example where selective inhibition of leukotriene biosynthesis *in vivo* (by MK-886) prevents the generation of otherwise lethal amounts of endogenous LTC<sub>4</sub>, and where the above mentioned criteria have been fulfilled (Guhlmann et al. 1989).

Asthma is the human disease in which the most convincing evidence has been presented to implicate the cysteinyl leukotrienes as key mediators (Piper and Krell 1991; Lewis et al. 1991). This conclusion is based on the bronchoconstrictor activity of inhaled LTC<sub>4</sub>, LTD<sub>4</sub>, and LTE<sub>4</sub> (Drzen and Austen 1987), on the generation of cysteinyl leukotrienes during the asthmatic attack (Taylor et al. 1989), and on the results from clinical studies with third-generation LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists (Lewis et al. 1991). In other inflammatory diseases, local or systemic leukotriene production has been measured and suggests a role in pathogenesis; however, the importance remains to be proven by successful clinical intervention or prevention by use of leukotriene biosynthesis inhibitors, LTD<sub>4</sub>/LTE<sub>4</sub> receptor antagonists, and/or LTB<sub>4</sub> receptor antagonists. The leukotrienes may act within a network of mediators involving cytokines and other arachidonate metabolites. Diseases in which inhibition of leukotriene synthesis or action may prove to be beneficial include, in addition to asthma and anaphylaxis, psoriasis, adult respiratory distress syndrome, neonatal pulmonary hypertension, allergic rhinitis, gout, rheumatoid arthritis, inflammatory bowel disease, acute and fulminant hepatitis, hepatorenal syndrome, glomerulonephritis, and possibly sepsis. The use of selective leukotriene synthesis inhibitors and receptor antagonists may result not only in therapeutic progress but also in a deeper and more detailed understanding of the role of leukotrienes under normal and pathophysiological conditions.

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