

Effect of lisinopril on glomerular and tubular injury in a surgical rat model of progressive chronic kidney disease and kidney failure

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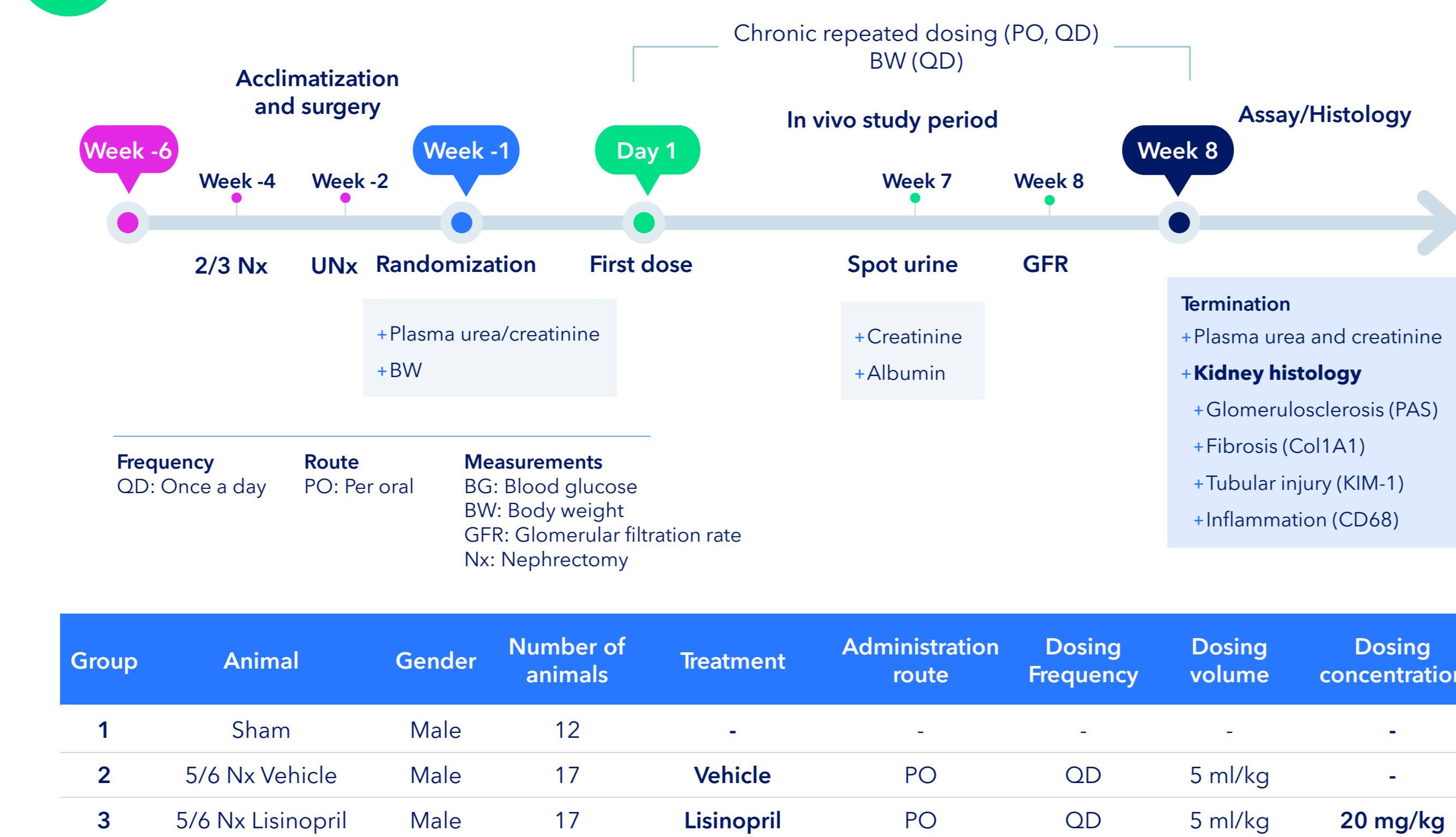
Background & Aim

Development of renal fibrosis is a hallmark of chronic kidney disease (CKD), underlying the progressive loss of kidney function and progression to end-stage kidney disease. The 5/6 nephrectomy (Nx) rat model of CKD displays progressive albuminuria, glomerulosclerosis, tubulointerstitial fibrosis, and loss of kidney function. Here, we characterised the effect of lisinopril, a standard ACE inhibitor, on kidney histopathology, renal biochemical markers, and kidney function in 5/6 Nx rats.

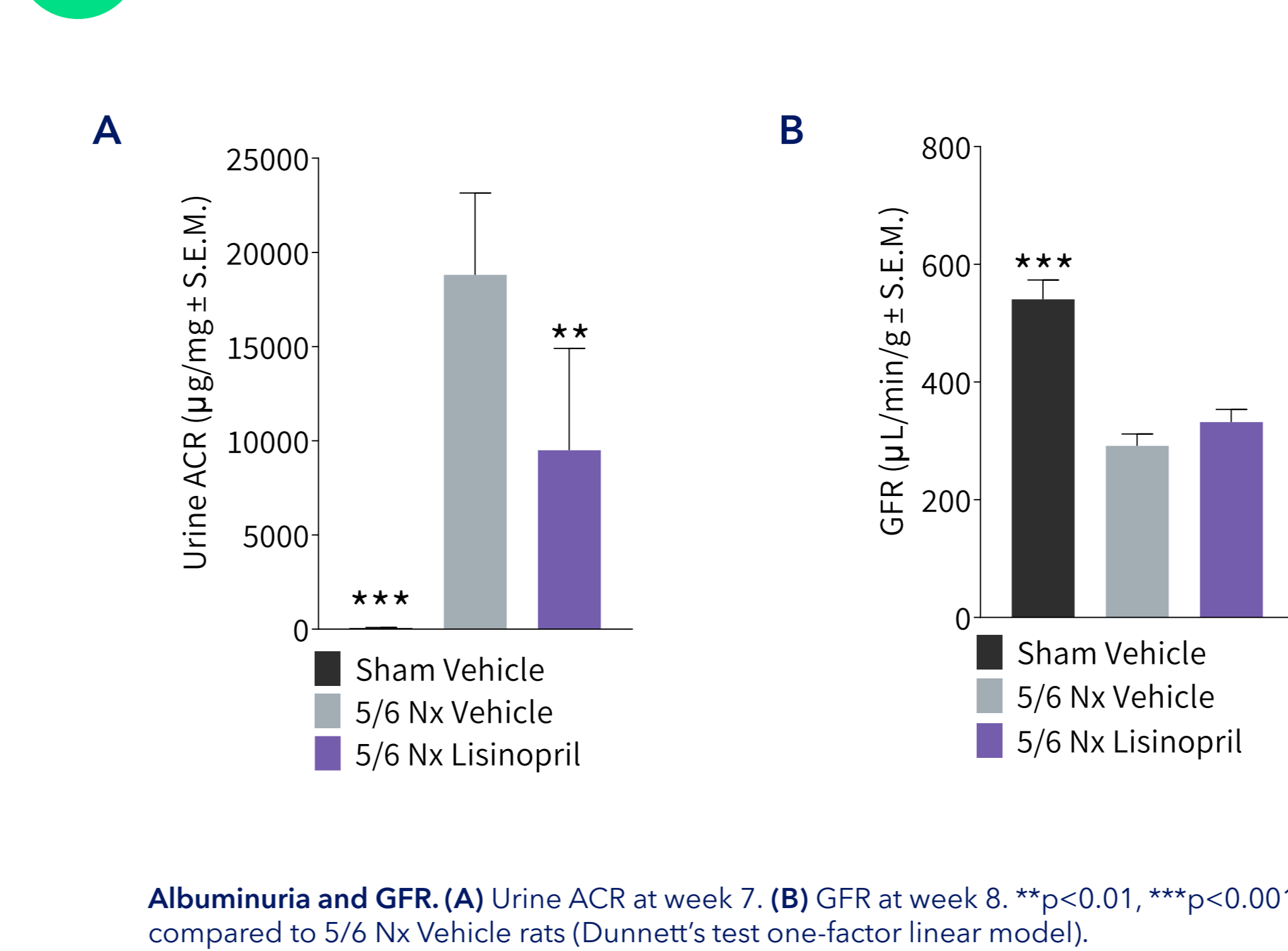
Methods

Male Wistar rats (9 weeks old) underwent either sham operation or 2/3 nephrectomy of the right kidney at week -4 and nephrectomy of left kidney at week -2. Rats were randomised into study groups at week -1 based on plasma urea, creatinine, and body weight. 5/6 Nx rats received either vehicle or Lisinopril (20 mg/kg, PO, QD), for a total of 8 weeks, starting on day 1. The albumin-to-creatinine ratio (ACR) was measured at week 7 and the glomerular filtration rate (GFR) at week 8. Terminal plasma was sampled for analysis of urea and creatinine. The remaining right kidney was harvested for quantitative histological assessment of glomerulosclerosis (PAS staining), macrophage infiltration (CD68), tubular injury (KIM-1), and fibrosis (Col1a1).

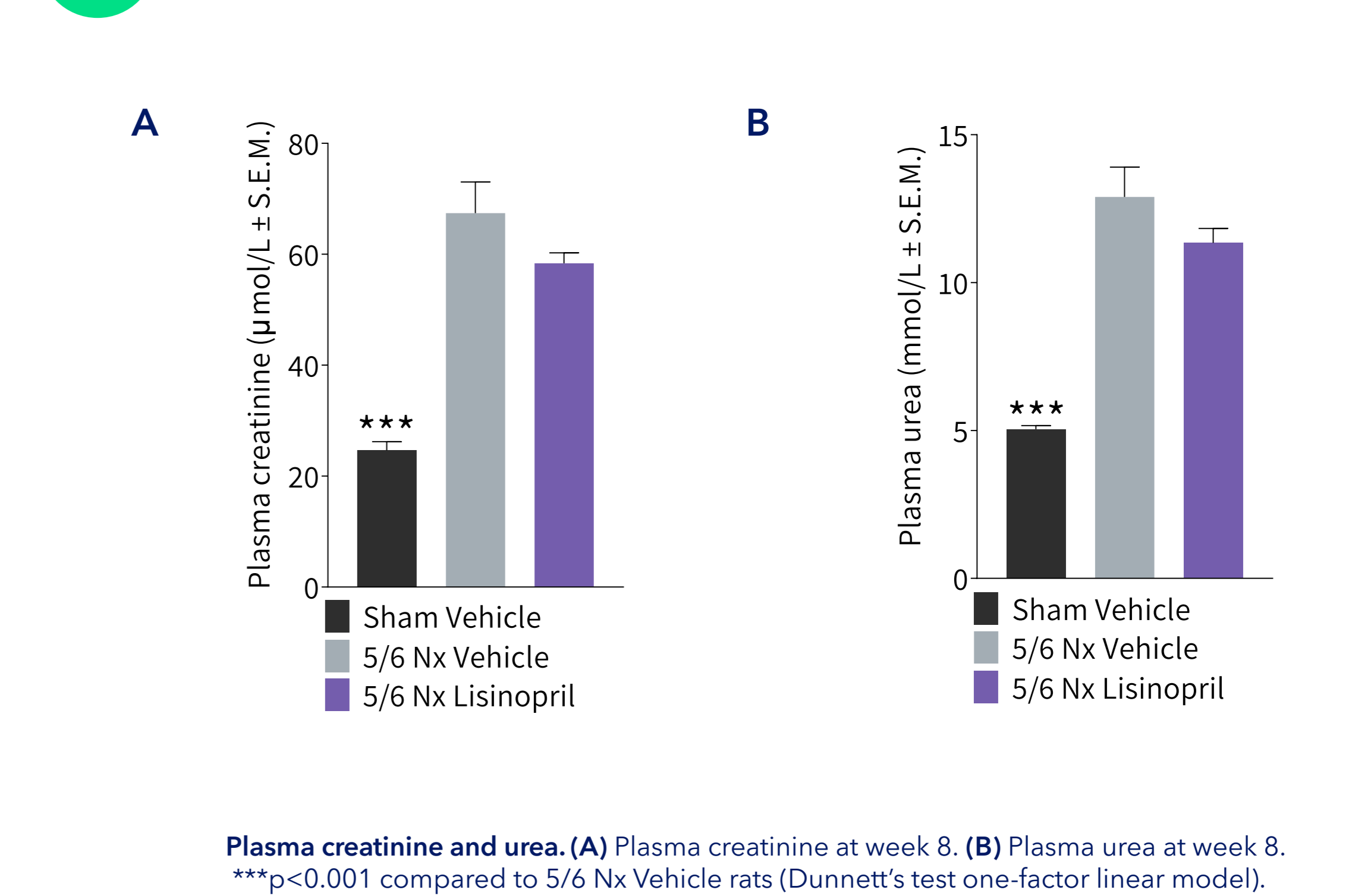
1 Study outline



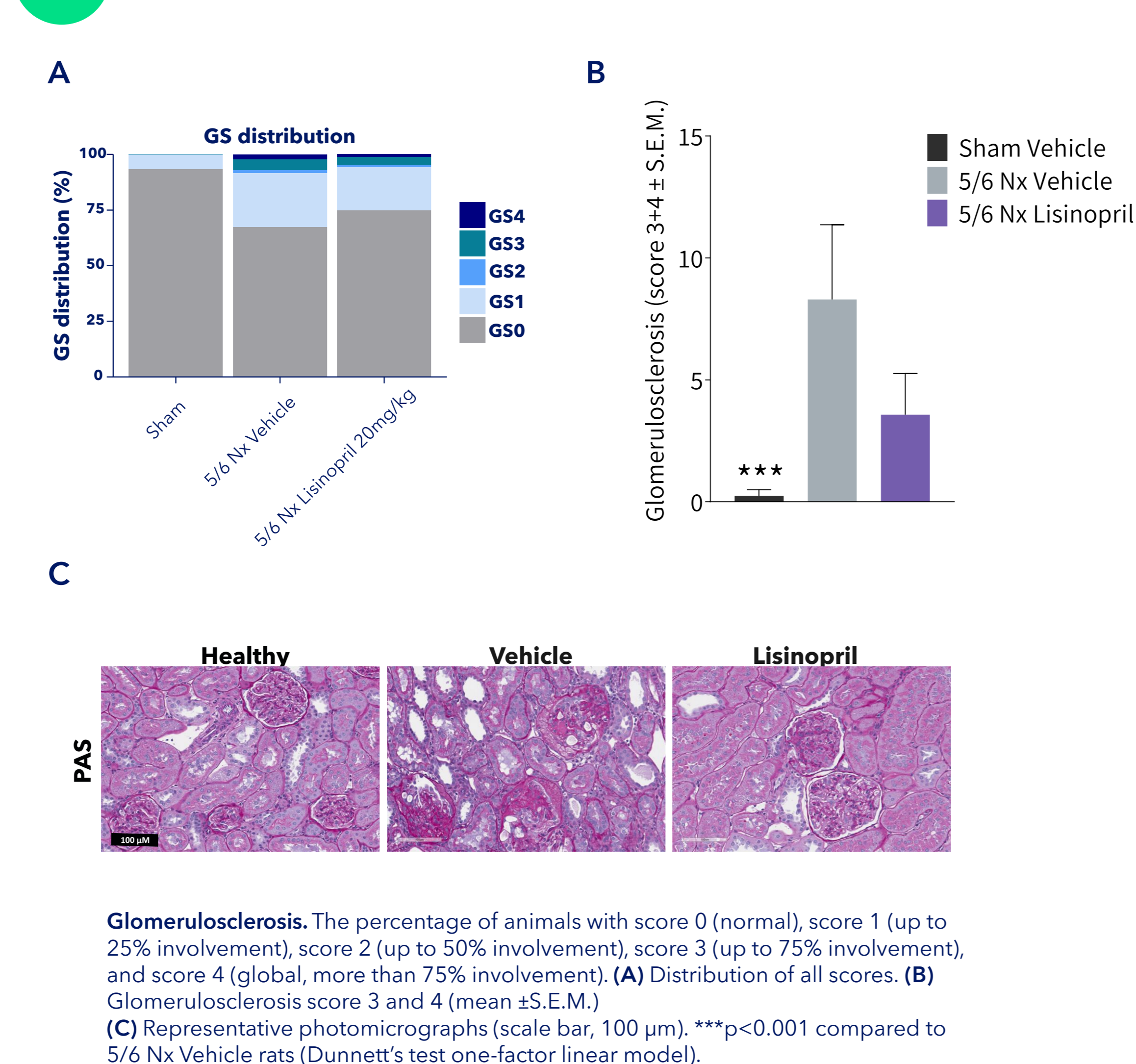
2 Albuminuria and GFR



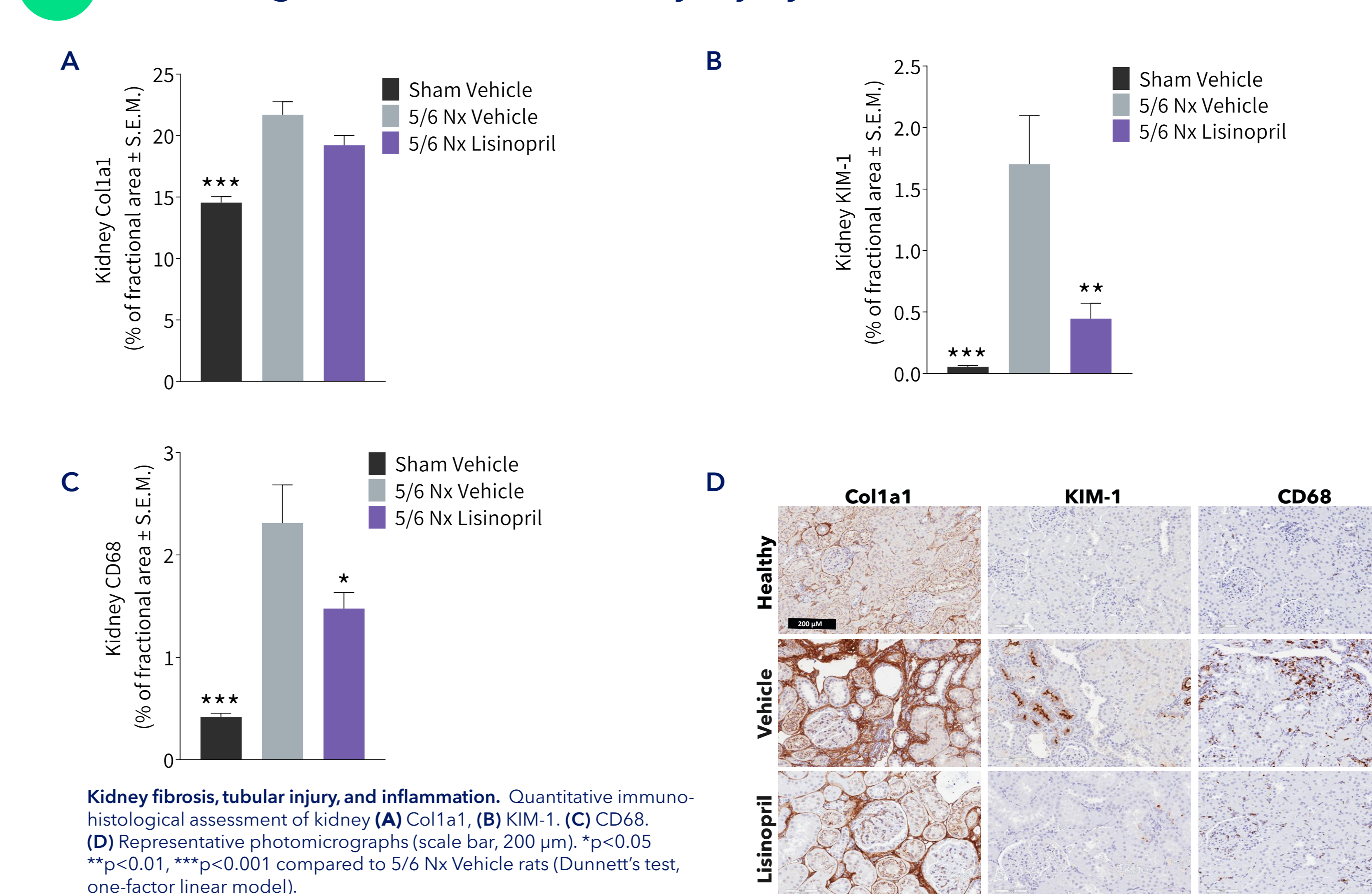
3 Plasma creatinine and urea



4 Glomerulosclerosis



5 Histological markers of kidney injury



Conclusion

The present study in 5/6 Nx rats establishes that lisinopril

- + Improves albuminuria
- + Reduces tubular injury
- + Reduces renal inflammation

These findings support nephroprotective effects of lisinopril in CKD and highlights the applicability of the 5/6 Nx rat model in preclinical drug development.



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