

# SURVIVAL AND HISTOPATHOLOGICAL STUDY OF ANIMALS BEARING EHRLICH TUMOR TREATED WITH A RHODIUM(II) AMIDATE

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## ABSTRACT

The survival of 90% of a tumor-bearing population treated with the complex  $\text{Rh}_2(\text{CF}_3\text{CONH})_4$  was examined and the pharmacological parameter  $\text{Surv}_{90}$  determined. Histopathological alterations raised for this drug in several tissues were studied in Balb-c mice. A  $\text{Surv}_{90}$  dose of  $3.8 \times 10^{-3}$  mol/kg was found.

## INTRODUCTION

The use of rhodium (II) dimers as possible antitumoral agents has been investigated, and the recent literature reports a number of examples of these complexes which could overcome the toxicities of the carboxylates initially proposed [1]. Relatively few data are available about the biodistribution, pharmacokinetics and histopathology of the rhodium (II) dimer complexes. Souza and coworkers [2] investigated the distribution of rhodium in mice submitted to treatment with the adduct of rhodium propionate and sodium isonicotinate, by means of ICP-AES. Craciunescu and coworkers [3] performed a study of the biological activity, nephro, hepato and hematotoxicity of adducts of rhodium(II) and iridium(II) dimers with classical organic antimalarial drugs. Also, these authors described the renal histopathology after the administration of the complex  $\text{Rh}_2(\text{CH}_3\text{COO})_4(\text{mepacrine})_2$ .

Recently, the pharmacological parameters  $\text{IC}_{50}$  (against Ehrlich ascites and U937 and K562 human leukemia cells) and  $\text{LD}_{50}$  (in male Balb-c mice) of the complex  $\text{Rh}_2(\text{CF}_3\text{CONH})_4$  (tfacam) were reported. The  $\text{LD}_{50}$  of tfacam was close to the value obtained for cisplatin in similar conditions (cf. [4] and references therein). These results encouraged subsequent studies in the biological destinations of this and other rhodium (II) complexes. In this work, the pharmacological parameter  $\text{Surv}_{90}$  was determined (defined as the dose that allows the survival of 90% of the tumor-treated animals [5]) of the drug tfacam. The histopathological study of brain, blood, kidney, spleen, liver, lungs, bone marrow, testes and ovary tissues from Balb-c mice treated with this complex are also presented.

## MATERIALS AND METHODS

The complex tfacam was synthesized and suspended in an aqueous solution (5% of Tween<sup>TM</sup>-80) as described in [4].

a) Survival test: Male Balb-c mice were inoculated *i.p.* with  $5 \times 10^5$  cells of Ehrlich tumor and treated *i.p.* after 24 h with different volumes of a  $1.2 \times 10^{-3}$  M tfacam solution. Alive and dead animals were counted after 39 days.

b) Histopathological test: Fourteen healthy Balb-c mice were divided in three groups. Two animals received *i.p.* 500  $\mu\text{L}$  of saline (control group). Seven animals received 500  $\mu\text{L}$  of the aqueous Tween<sup>TM</sup>-80 solution. Five animals received 500  $\mu\text{L}$  of a  $2.0 \times 10^{-3}$  M tfacam solution so that each one of them had approximately the  $\text{Surv}_{90}$  dose.

The mice were sacrificed to collect tissue (heart, lungs, blood, liver, kidneys, testes, ovary, brain and bone marrow) after 25 days. Those parts were kept in a 10% formol solution and then in blocks of paraffin and finally in slides to be observed in hematoxylin-eosin coloration in an optic microscope. No animals died for toxic effects of the drug during this period.

## RESULTS

a) Survival test: Table I shows the counts after the experimental period.

Table I: Determination of the parameter  $Surv_{90}$ 

Dose ( $\times 10^{-5}$ mol/kg)	Initial number	Dead after 39 days	% of survival
Control <sup>a</sup>	7	7	0
1.0	7	2	71
1.5	8	2	75
2.1	5	1	80
2.6	8	1	84

<sup>a</sup> only Tween™ --80

From these data, it was found a  $Surv_{90}$  value of  $3.8 \times 10^{-5}$  mol/kg for the complex tfacam.

b) Histopathological test: No differences were observed between the control group and the group of animals that received only Tween™-80 solution.

The mice that received the rhodium drug showed the abnormalities reported in Table II.

Table II: Histopathological alterations observed in the mice treated with the  $Surv_{90}$  dose of tfacam

Animal	Histopathological alterations
1	no alterations
2	hepatic necrosis
3	hepatic necrosis; hemorrhagic points in the lungs; tubular necrosis in the kidneys
4	hepatic necrosis; pneumonia; tubular necrosis in the kidneys; focal brain demyelination
5	tubular necrosis in the kidneys

## DISCUSSION

Craciunescu *et al.* [3] used half of the  $LD_{50}$  of the drug  $Rh_2(CH_3COO)_4(mepacrine)_2$  and found alterations described as light to moderate nephrotoxicity, and no hepatotoxicity.

With the *i.p.* injection of tfacam solution in the range of 1.0 to  $2.6 \times 10^{-5}$  mol/kg, a linear dependence between the survival rate and the dose was obtained. The extrapolation to 90% afforded us the value of  $Surv_{90} = 3.8 \times 10^{-5}$  mol/kg. However, this dose is close to the  $LD_{50}$  of the drug ( $4.8 \times 10^{-5}$  mol/kg [4]). The injection of the  $Surv_{90}$  dose in five animals didn't cause any deaths. The toxic effects appeared mainly in the liver and kidneys.

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## REFERENCES

- [1] see, for example, Souza AR, Najjar R, Glikmanas S, Zyngier SB *J.Inorg. Biochem.* 1996, **64**, 1-5; Pruchnik FP, Bien M, Lachowicz T *Met.-Based Drugs* 1996, **3**, 185-195; Pruchnik FP, Kluczevska G, Wilczok A, Mazurek U, Wilczok T *J. Inorg. Biochem.* 1997, **65**, 25-34; Bien M, Lachowicz TM, Rybka A, Pruchnik FP, Trynda L *Met.-Based Drugs*, 1997, **4**, 81-88
- [2] Souza, AR; Najjar, R; Oliveira, E; Zyngier, SB *Met.-Based Drugs* 1997, **4**, 39-41
- [3] Craciunescu, DG; Molina, C; Parrondo, E; Alonso, MP; Lorenzo, C; Doadrio, JC; Gutierrez, MT; Frutos, MI; Gaston, E; Certad, G; Ercoli, N *An. Real Acad. Farm.* 1991, **57**, 15-36
- [4] Espósito, BP; Zyngier, SB; Souza, AR; Najjar, R *Met.-Based Drugs* 1997, **4**, 333-338
- [5] Skippes, HE; Schmidt, LH *Cancer Chemother. Rep.* 1962, **17**, 1-143

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