



The role of nitric oxide in inflammation and oxidative stress

Sajad Papi¹, Fariba Ahmadizar², Amin Hasanvand^{3*}

¹Department of Pharmacology and Toxicology, Faculty of Pharmacy, Lorestan University of Medical Sciences, Khorramabad, Iran

²Department of Epidemiology, Erasmus University Medical Center, Rotterdam, Netherlands

³Hepatitis Research Center, Department of Pharmacology and toxicology, Faculty of Pharmacy, Lorestan University of Medical Sciences, Khorramabad, Iran

*Correspondence to

Amin Hasanvand, Ph.D,

Email:

Amin.Hasanvand@lums.ac.ir

Received 9 January 2019

Accepted 20 March 2019

Published online 13 April 2019

Keywords: Nitric oxide, Inflammation, Oxidative stress, Mediators of immunity, Immune system, Endothelium relaxing factor

Abstract

Nitric oxide (NO) is one of the most important components of blood vessels' health. NO is a gas compound with different physiological and biochemical effects on the body. It is a free radical, which plays as an endogenous and endothelium relaxing factor. NO has a protective role in digestive system which also plays different roles in the immune system as a mediator of immunity; e.g. regulating immune response, and stimulation and suppression of the immune system. NO has three isoforms each of which is expressed by a special gene. These isoforms include neuronal nitric oxide synthase (nNOS) and endothelial nitric oxide synthase (eNOS) which both are depending on calcium and calmodulin. The third isoform, independent on calcium and calmodulin, is inducible nitric oxide synthase (iNOS). Even in special conditions such as renal ischemia-reperfusion, it has been shown that high iNOS and low eNOS levels are involved in increased inflammation and connective tissue damage.

Citation: Papi S, Ahmadizar F, Hasanvand A. The role of nitric oxide in inflammation and oxidative stress. *Immunopathol Persa.* 2019;5(1):e08. DOI:10.15171/ipp.2019.08.

Introduction

Nitric oxide (NO) is a gas compound with a short half-life which has different physiological and biochemical effects on the body. NO plays as a messenger molecule in many biological systems. The majority of effects of NO is through producing circular guanosine monophosphate. NO is produced by nitric oxide synthases (NOS) enzyme in the body. NO enzyme has three major isoforms including neural, endothelial, and inductive isoforms (1). In process of producing NO, L-arginine amino acid is used as a substrate. Studies have shown that depending on the type of the producer enzyme, NO can have both apoptotic and anti-apoptotic effects (8). Studies suggest that in hypothyroidism, NOS in tissues is disturbed, because thyroid hormones are involved in NOS therefore in hypothyroidism (9). In this study, the role of NO synthesized by different isoforms of NOS enzyme in the process of inflammation and oxidative stress is investigated by studying various articles of different databases.

Materials and Methods

For this mini-review, we searched Scopus,

Key point

NOS is an enzyme which synthesizes NO and L-arginine citrulline in several stages, and it uses nicotinamide adenine dinucleotide phosphate and other cofactors to facilitate this process. In this study, we reviewed the role of NO synthesized by different isoforms of NOS enzyme in the process of inflammation and oxidative stress.

PubMed/Medline, EBSCO, Embase, Web of Science, directory of open access journals (DOAJ) and Google Scholar (1991 to 2019) with keywords of nitric oxide, neuronal nitric oxide synthase (nNOS), endothelial nitric oxide synthase (eNOS), inducible nitric oxide synthase (iNOS), inflammation, mediators of immunity, immune system, endothelium relaxing factor, free radical and oxidative stress.

Nitric oxide effects in the body

NO has different effects inside the body; it plays roles in platelet aggregation, cytotoxicity, blood flow, synaptic transmission, and neurotransmitters (2). NO plays a protective role in digestive system (3). As a free radical, NO also plays the role of being as an endogenous and



endothelium relaxing factor (4). In the immune system, NO works as an antibacterial and antiviral compound has a role in stimulation and suppression of the immune system (5). It has different biological roles in female and male genital systems. Some of these roles include ovulation, menstruation, and sperm mobility (6). NO has a role in heart rate, movements of digestive system, and tonus bronchus (7).

Nitric oxide synthases enzyme

NOS enzyme is an enzyme which synthesizes NO and L-arginine citrulline in several stages, using nicotinamide adenine dinucleotide phosphate and other cofactors (Figure 1) (10).

In terms of structure, NOS is a homodimeric enzyme and despite its simplicity, has a complex structure (11).

Different isoforms of nitric oxide synthases

NOS has three isoforms each of which is expressed by a special gene. These isoforms include nNOS and eNOS, both depending on calcium and calmodulin. The third isoform which is independent on calcium and calmodulin, is iNOS (12). With the increased concentration of calcium and calmodulin, the probability of connection of iNOS and nNOS to calmodulin is increased and these two produce a higher amount of NO. However, even in very little amounts of calcium, iNOS can connect to calmodulin and production of NO by iNOS takes more time and it creates high concentrations of NO (13). So far, different isoenzymes of NOS have been released among which we can mention sheep brain (14), cow pancreas (15), human platelet (15), and mitochondria of liver cells of rats (15,16). Each of these isoforms has their unique Km and Vmax and even, they may be different from each other in terms of structure and function (16,17).

The role of nitric oxide in inflammation and oxidative stress

NO is an effective free radical in cancers (2). NO can cause a reaction with superoxide and create mediators such as nitrite and nitrogen dioxide which can cause damage to cell DNA. Low levels of NO synthesized by eNOS has pre-cancer effects (18). Depending on conditions and type of cells, NOS plays both inflammatory and anti-inflammatory activities (2). Low levels of NO produced by eNOS can stimulate and regulate pre-inflammatory cytokines, cyclooxygenase 2, and KB nuclear factor (NF-κB) (19). On the other hand, high levels of eNOS in kidney tissue and in the process of renal ischemia-reperfusion can play an important role in reduction of oxidative stress, inflammation, and renal tissue damage. Whereas increased levels of iNOS isoform exacerbate damage and inflammation (20). In 1997, Bédard et al showed that in adjacency of induction tumor necrosis cytokines and interferon gamma, production of NO increases due to increased activity of iNOS. In fact, during this process,

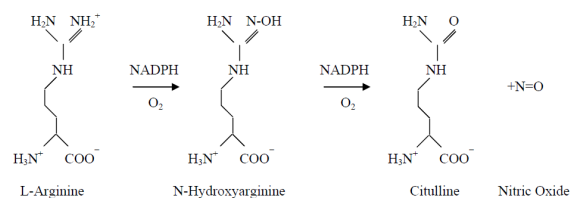


Figure 1. Structure of L-arginine and related molecules.

increased gene expression of iNOS plays the most important role (21). Studies have shown that using specific inhibitor of iNOS called N6-(1-Iminoethyl)-L-Lysine hydrochloride during ischemia-reperfusion induction in kidney tissue of rat decreased renal damage, sodium excretion, and glomerular filtration compared with the rates who had not received the inhibitor (22). In another study, it was showed that rats with low levels of nNOS have long term hippocampus, muscle pain, and nausea (23). On the other hand, decreased eNOS in rats led to blood pressure and unnatural changes in them (24). The rats with low levels of iNOS are more sensitive to inflammatory damages and tumors, but they are more resistant to septic and shock (25). NO formed by eNOS activity plays a role in the prevention of adhesion of leukocytes and platelets to the wall of arteries (26). Studies suggest the effective role of iNOS in inflammation process and exacerbation of inflammation. NO which is synthesized by iNOS plays a role in regulation and increase of cyclooxygenase-2 enzyme (27). Cyclooxygenase-2 enzyme plays an important role in inflammation process during illness and inflammation (28). Studies suggest that during the process of kidney ischemia-reperfusion, inhibition of iNOS by specific inhibitors leads to reduction of inflammation and renal damages. In fact, NO produced by iNOS is effective in inflammation and renal damages during the process of ischemia-reperfusion (29). Studies have shown that immunoglobulin E increases expression of iNOS through reacting with CD-23 and keratinocyte cells (30). Moreover, evidence shows that during inflammation, asthma, and stimulation of the immune system, the amount of iNOS increases (31). Synthesis of high levels of NO which is mainly done by iNOS plays pre-inflammatory roles (32). Whereas increased nNOS can be effective in making the arteries and respiratory muscles loose and improve respiration (33). Studies suggest that increased inflammation and renal damages are caused by decreased activity of eNOS during ischemia-reperfusion (34). Additionally, studies have indicated that gene expression of eNOS is effective in apoptosis stimulation and decreased movement and invasion of cancer cells (35). It has been suggested that the activity of eNOS is very important in the inhibition of reactive oxygen species; therefore, it has a role similar to that of superoxide dismutase enzyme (36).

Studies indicate different roles of NO in inflammation process for which inhibiting drugs can be effective in treating and controlling the diseases. Glucocorticoids

specifically inhibit expression of iNOS. Specific inhibitors of iNOS such as alkaloids were being investigated suggesting that they are promising factors to inhibit inflammatory response systematic syndrome (37). Studies have shown that expression of iNOS increases the incidence of infections, therefore, using glucocorticoid steroids can be effective in reduction of the effects of infection through inhibition (38). In a previous study, the effects of anthocyanins on iNOS and eNOS were investigated where they showed that increased eNOS plays a role in homeostasis of coronary arteries, while increased iNOS raises the probability of heart diseases (39). There is evidence suggesting the role of eNOS on energy production and using fatty acids by muscles (40). High level of reactive oxygen species leads to oxidative stress. Studies have indicated that eNOS plays a role in preservation of balance between reactive oxygen species and antioxidants (41). Nuclear factor kappa light chain enhancer of activated B cells (NF-Kb) causes iNOS synthesis and this condition leads to edema and hyperalgesia (42). Studies suggest that isoforms of eNOS and nNOS always exist in low levels but in activated status while iNOS isoform increases in case of inflammation and in response to inflammatory cytokines and lipopolysaccharides (43). The amount of iNOS increases in response to interleukins and tumor necrosis factor- α (44). In pathologic conditions, the amount of NO produced by iNOS is increased and it can reveal neurotoxic characteristics (45). NO produced by iNOS and nNOS plays a role in activation of cyclooxygenase and inflammatory response, particularly neural inflammation by nNOS (46). Evidence suggests that in pathologic conditions, there is a key relationship between cyclooxygenase and iNOS enzyme. During inflammation, iNOS increases the amount of cyclooxygenase-2 and as a result, it leads to increased effects of cytotoxic (47). Studies have shown that using iNOS inhibitor leads to decreased production of prostaglandin E (48). Additionally, studies revealed that stress condition cause changes in structure of endothelial cells and finally, it leads to increased activity of eNOS (49). In general, factors such as cyclooxygenase, lipopolysaccharide, tumor necrosis factor- α , interferon- γ , interleukin-1 β play a role in increased activity of iNOS (50). Overall, nNOS is mainly involved in neural tissue while iNOS and eNOS are both mainly involved in inflammation and immune system, and in blood pressure regulation, respectively (51).

Conclusion

In general, it can be stated that two forms of nNOS and eNOS are constantly and continuously produced in low levels by relevant cells. However, iNOS is of inductive type and it plays a significant role in immunity and inflammation process. This isoform increased in inflammation condition and it exacerbates inflammatory effects. Even in special conditions such as renal ischemia-reperfusion, high levels of iNOS but low levels of eNOS are involved in increased

inflammation and tissue damage.

Authors' contribution

SP searched the data and prepared the primary draft. FA and AH edited and finalized the manuscript. All authors read and signed the final manuscript.

Conflicts of interest

The author declared no competing interests.

Ethical considerations

Ethical issues (including plagiarism, data fabrication, double publication) have been completely observed by the authors.

Funding/Support

None.

Reference

1. Ånggård E. Nitric oxide: mediator, murderer, and medicine. *Lancet*. 1994;343:1199-206.
2. Ying L, Hofseth LJ. An emerging role for endothelial nitric oxide synthase in chronic inflammation and cancer. *Cancer Res*. 2007;67:1407-10. doi: 10.1158/0008-5472.CAN-06-2149.
3. Lanas A. Role of nitric oxide in the gastrointestinal tract. *Arthritis Res Ther*. 2008;10:S4.
4. Henderson AH. St Cyres lecture. Endothelium in control. *Br Heart J*. 1991;65:116-25.
5. Cuzzocrea S, Mazzon E, Dugo L, Barbera A, Centorrino T, Ciccolo A, et al. Inducible nitric oxide synthase knockout mice exhibit resistance to the multiple organ failure induced by zymosan. *Shock*. 2001;16:51-8.
6. Rosselli M, Keller R, Dubey RK. Role of nitric oxide in the biology, physiology and pathophysiology of reproduction. *Hum Reprod Update*. 1998;4:3-24.
7. Schrier RW. Need to intervene in established acute renal failure. *J Am Soc Nephrol*. 2004;15:2756-8.
8. Fukumura D, Kashiwagi S, Jain RK. The role of nitric oxide in tumour progression. *Nat Rev Cancer*. 2006;6:521-34. doi: 10.1038/nrc1910.
9. Carrillo-Sepúlveda MA, Ceravolo GS, Fortes ZB, Carvalho MH, Tostes RC, Laurindo FR, et al. Thyroid hormone stimulates NO production via activation of the PI3K/Akt pathway in vascular myocytes. *Cardiovasc Res*. 2010;85:560-70. doi: 10.1093/cvr/cvp304.
10. Bartberger MD, Olson LP, Houk K. Mechanisms of peroxynitrite oxidations and rearrangements: the theoretical perspective. *Chem Res Toxicol*. 1998;11:710-1. doi: 10.1021/tx9800553.
11. Herrero MB, Gagnon C. Nitric oxide: a novel mediator of sperm function. *J Androl*. 2001;22:349-56.
12. Baek KJ, Thiel BA, Lucas S, Stuehr DJ. Macrophage nitric oxide synthase subunits. Purification, characterization, and role of prosthetic groups and substrate in regulating their association into a dimeric enzyme. *J Biol Chem*. 1993;268:21120-9.
13. Blaise GA, Gauvin D, Gangal M, Authier S. Nitric oxide, cell signaling and cell death. *Toxicology*. 2005;208:177-92. doi: 10.1016/j.tox.2004.11.032.
14. Crack PJ, Tetaz T, Smith A. Purification, characterisation and distribution of ovine neuronal nitric oxide synthase. *Comp Biochem Physiol B Biochem Mol Biol*. 1998;120:727-33.
15. Nam SW, Seo DW, Sung DS, Han JW, Hong SY, Lee HW. Nitric oxide synthase from bovine pancreas: purification and characterization. *Arch Pharm Res*. 1998;21:128-34.
16. Tatoyan A, Giulivi C. Purification and characterization of a nitric-oxide synthase from rat liver mitochondria. *J Biol Chem*. 1998;273:11044-8.

17. Sharma S. Nitric oxide and the kidney. *Indian J Nephrol.* 2004;14:77-84.
18. Hofseth LJ, Hussain SP, Wogan GN, Harris CC. Nitric oxide in cancer and chemoprevention. *Free Radic Biol Med.* 2003;34:955-68.
19. Connelly L, Jacobs AT, Palacios-Callender M, Moncada S, Hobbs AJ. Macrophage endothelial nitric-oxide synthase autoregulates cellular activation and pro-inflammatory protein expression. *J Biol Chem.* 2003;278:26480-7. doi: 10.1074/jbc.M302238200.
20. Chen H, Xing B, Liu X, Zhan B, Zhou J, Zhu H, et al. Ozone oxidative preconditioning protects the rat kidney from reperfusion injury: the role of nitric oxide. *J Surg Res.* 2008;149:287-95. doi: 10.1016/j.jss.2007.12.756.
21. Bédard S, Marcotte B, Marette A. Cytokines modulate glucose transport in skeletal muscle by inducing the expression of inducible nitric oxide synthase. *Biochem J.* 1997;325:487-93.
22. Moreno C, López A, Llinás MT, Rodríguez F, López-Farré A, Nava E, et al. Changes in NOS activity and protein expression during acute and prolonged ANG II administration. *Am J Physiol Regul Integr Comp Physiol.* 2002;282:R31-R7. doi: 10.1152/ajpregu.2002.282.1.R31.
23. Huang PL, Dawson TM, Bredt DS, Snyder SH, Fishman MC. Targeted disruption of the neuronal nitric oxide synthase gene. *Cell.* 1993;75:1273-86.
24. Shesely EG, Maeda N, Kim H-S, Desai KM, Kregge JH, Laubach VE, et al. Elevated blood pressures in mice lacking endothelial nitric oxide synthase. *Proc Natl Acad Sci USA.* 1996;93:13176-81.
25. Mashimo H, Goyal R. Lessons from genetically engineered animal models. IV. Nitric oxide synthase gene knockout mice. *Am J Physiol.* 1999;277:g745-50. doi: 10.1152/ajpgi.1999.277.4.G745.
26. Ignarro LJ. Nitric oxide as a unique signaling molecule in the vascular system: a historical overview. *J Physiol Pharmacol.* 2002;53:503-14.
27. Ye Y, Lin Y, Manickavasagam S, Perez-Polo JR, Tieu BC, Birnbaum Y. Pioglitazone protects the myocardium against ischemia-reperfusion injury in eNOS and iNOS knockout mice. *Am J Physiol Heart Circ Physiol.* 2008;295:H2436-46. doi: 10.1152/ajpheart.00690.2008.
28. Bishop-Bailey D, Mitchell JA, Warner TD. COX-2 in cardiovascular disease. *Arterioscler Thromb Vasc Biol.* 2006;26:956-8. doi: 10.1161/01.ATV.0000219672.68024.bc.
29. Bayat G, Shid Moosavi S, Owji S. Effect of a selective adenosine A1-receptor antagonist, DPCPX, on renal tissue damages and functional disturbances in early phase of ischemia/reperfusion-induced acute renal failure in anesthetized rats [Thesis]. Shiraz Shiraz: University of Medical Sciences. 2003.
30. Becherel P, Le Goff L, Arock M. CD23 (FcεRII) activation induces the nitric oxide synthase pathway in human keratinocytes: possible relevance in cutaneous allergic diseases. *Res Immunol.* 1995;146:703-7.
31. Rossi A, Kapahi P, Natoli G, Takahashi T, Chen Y, Karin M, et al. Anti-inflammatory cyclopentenone prostaglandins are direct inhibitors of IκB kinase. *Nature.* 2000;403:103-8. doi: 10.1038/47520.
32. Guzik T, Korbut R, Adamek-Guzik T. Nitric oxide and superoxide in inflammation. *J Physiol Pharmacol.* 2003;54:469-87.
33. Belvisi MG, Stretton CD, Yacoub M, Barnes PJ. Nitric oxide is the endogenous neurotransmitter of bronchodilator nerves in humans. *Eur J Pharmacol.* 1992;210:221-2.
34. Schneider R, Raff U, Vornberger N, Schmidt M, Freund R, Reber M, et al. L-Arginine counteracts nitric oxide deficiency and improves the recovery phase of ischemic acute renal failure in rats. *Kidney Int.* 2003;64:216-25. doi: 10.1046/j.1523-1755.2003.00063.x.
35. Khalkhali-Ellis Z, Hendrix MJ. Nitric oxide regulation of maspin expression in normal mammary epithelial and breast cancer cells. *Am J Pathol.* 2003;162:1411-7. doi: 10.1016/S0002-9440(10)64274-5.
36. Ceriello A. New insights on oxidative stress and diabetic complications may lead to a "causal" antioxidant therapy. *Diabetes Care.* 2003;26:1589-96.
37. McDonald MC, Izumi M, Cuzzocrea S, Thiemermann C. A novel, potent and selective inhibitor of the activity of inducible nitric oxide synthase (GW274150) reduces the organ injury in hemorrhagic shock. *J Physiol Pharmacol.* 2002;53:555-69.
38. Barnes PJ, Liew F. Nitric oxide and asthmatic inflammation. *Immunol Today.* 1995;16:128-30.
39. Okopien B, Krysiak R, Madej A, Belowski D, Zieliński M, Kowalski J, et al. Effect of simvastatin and fluvastatin on plasma fibrinogen levels in patients with primary hypercholesterolemia. *Pol J Pharmacol.* 2004;56:781-7.
40. Rottman JN, Bracy D, Malabanan C, Yue Z, Clanton J, Wasserman DH. Contrasting effects of exercise and NOS inhibition on tissue-specific fatty acid and glucose uptake in mice. *Am J Physiol Endocrinol Metab.* 2002;283:E116-23. doi: 10.1152/ajpendo.00545.2001.
41. Agarwal A, Tvrdá E, Sharma R. Relationship amongst teratozoospermia, seminal oxidative stress and male infertility. *Reprod Biol Endocrinol.* 2014;12:45. doi: 10.1186/1477-7827-12-45.
42. Yang Y, Yu T, Lian Y-j, Ma R, Yang S, Cho JY. Nitric oxide synthase inhibitors: a review of patents from 2011 to the present. *Expert Opin Ther Pat.* 2015;25:49-68. doi: 10.1517/13543776.2014.979154.
43. Costa B, Conti S, Giagnoni G, Colleoni M. Therapeutic effect of the endogenous fatty acid amide, palmitoylethanolamide, in rat acute inflammation: inhibition of nitric oxide and cyclooxygenase systems. *Br J Pharmacol.* 2002;137:413-20. doi: 10.1038/sj.bjp.0704900.
44. Morris SM Jr. Arginine metabolism: boundaries of our knowledge. *J Nutr.* 2007;137:1602S-9S. doi: 10.1093/jn/137.6.1602S.
45. Ignarro LJ. Nitric oxide. A novel signal transduction mechanism for transcellular communication. *Hypertension.* 1990;16:477-83.
46. Saha RN, Pahan K. Signals for the induction of nitric oxide synthase in astrocytes. *Neurochem Int.* 2006;49:154-63. doi: 10.1016/j.neuint.2006.04.007.
47. Ye Y, Lin Y, Manickavasagam S, Perez-Polo JR, Tieu BC, Birnbaum Y. Pioglitazone protects the myocardium against ischemia-reperfusion injury in eNOS-and iNOS-Knockout mice. *Am J Physiol Heart Circ Physiol.* 2008 ;295:H2436-46. doi: 10.1152/ajpheart.00690.2008.
48. Nogawa S, Forster C, Zhang F, Nagayama M, Ross ME, Iadecola C. Interaction between inducible nitric oxide synthase and cyclooxygenase-2 after cerebral ischemia. *Proc Natl Acad Sci U S A.* 1998;95:10966-71.
49. Fleming I, Bauersachs J, Fisslthaler B, Busse R. Ca²⁺-independent activation of the endothelial nitric oxide synthase in response to tyrosine phosphatase inhibitors and fluid shear stress. *Circ Res.* 1998;82:686-95.
50. Bulgrin J. Nitric oxide synthesis is suppressed in steroid-impaired and diabetic wounds. *Wounds.* 1995;7:48-57.
51. He W, Kwesiga MP, Gebreyesus E, Liu S. Nitric oxide and oxidative stress-mediated cardiovascular functionality: from molecular mechanism to cardiovascular disease. *Vascular Biology.* 2019. doi: 10.5772/intechopen.82556.