

Our goal was to investigate how oxidative stress can influence the viability, phenotypic characteristics and cytokine production of non-activated pDCs or those activated by Toll-like receptor 9 (TLR9) agonists. We also studied how the experimental oxidative stress conditions, which were used for pDCs, change the viability of other lymphoid and myeloid cells.

Cells were isolated from peripheral blood of healthy donors by the method of magnetic separation. The xanthine oxidase/xanthine (enzyme-substrate) system and hydrogen peroxide were used to create the conditions of oxidative stress. After treatment, the alterations in viability and the phenotypic changes of cells were detected by four-color flow cytometry. The levels of IFN- $\gamma$  and TNF- $\alpha$  cytokines were measured in the supernatants of cell cultures by ELISA.

Our data demonstrate that pDCs are very sensitive to oxidative stress, because exposure to reactive oxygen species significantly decreases their viability, lowers the expression of all examined surface antigens (BDCA-2, HLA-DQ, BDCA-4) and reduces their cytokine production. Our results also indicate that oxidative stress eliminates the activating effects of TLR9 agonists on pDCs. We found that there are significant differences in the sensitivity of lymphoid and myeloid cells to oxidative stress. The lymphoid cells, similarly to pDCs, showed strong responses to oxidative stress, whereas myeloid cells did not.

Lowered expression of cell surface molecules and decreased cytokine production suggest that pDCs exposed to reactive oxygen species produced by inflammatory cells may induce immunological tolerance instead of adaptive immune response upon interaction with naive T-cells. This phenomenon may provide an opportunity for a new, dendritic cell based therapy, in which pDCs treated with reactive oxygen species *in vitro* can be used to create immunological tolerance to a certain antigen *in vivo*, for example in the treatment of autoimmune diseases or severe allergic inflammations.

## Measurement of redox parameters in the blood plasma of dogs with renal disease

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Renal disease is common in older dogs and cats, which can lead to cirrhosis and kidney failure. The symptoms appear several months after the onset of the disease when about 66-75% of the kidney tissue is irreversibly damaged. Many old dogs carry some degree of kidney disease, but its progress can be slowed down with an appropriate treatment. Correct diagnosis and therapy require the knowledge of the mechanism of the development of kidney disease and of the parameters, which may play important role during an effective treatment. In addition to previously described medical parameters, little is known about the molecules leading to oxidative stress in canine kidney failure.

Based on literature data, find redox parameters that can be useful during the treatment of kidney diseases. Methods: Blood samples of 60 healthy and 81 dogs with kidney disease (blood plasma creatinine concentration >140  $\mu$ mol/L) were used to determine different redox and routinely measured laboratory parameters. Whole blood stationary free radical concentration was determined using electron spin resonance (ESR) spectroscopy. Malondialdehyde and hydroxynonenal were measured as markers of lipid peroxidation, while protein oxidation was assessed by production of carbonylated proteins. Some antioxidant parameters relevant in kidney disease were also determined: glutathione ratio, enzymatic activity of SOD, as well as FRAP (ferric reducing ability of plasma) and TAS (total antioxidant status).

Free radical concentration of whole blood was significantly higher in samples taken from dogs with kidney disease compared to those taken from healthy animals. Malondialdehyde on its own showed no differences between the two groups, only when measured together with hydroxynonenal, a significant raise in lipid peroxidation was observed in renal disease. Plasma protein carbonylation was significantly higher in the group presenting kidney disease. Within the measured antioxidants reduced glutathione showed differences between the two groups as its levels were higher in diseased dogs compared to their healthy counterparts, and the activity of SOD increased in the same samples as well.

Concentration of free radicals in the blood of dogs with kidney disease is higher than in healthy animals. Lipid peroxidation increased in blood plasma of dogs with kidney disease. Levels of protein carbonyls also increased in blood plasma of dogs with kidney ailment. An induction of the antioxidant mechanism was seen in the blood plasma of sick dogs.

Markers of oxidative stress could be observed in the blood samples of dogs with kidney disease. Question: in addition to an antioxidant rich diet, what other recommendations can be made to slow down the progression of kidney failure and to allow dogs to live as close to normal life as possible under the given circumstances?

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