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Research Article

The possible suppressive effects of 24,25-dihydroxycholecalciferol on secondary hyperparathyroidism and increased bone resorption were investigated in adult rats raised on a diet normal in calcium, phosphorus, and vitamin D, and subjected to acute bilateral nephrectomy. The animals had received subcutaneous radiocalcium 4 wk before the experiment. 5 h after nephrectomy an increase in serum total calcium, ⁴⁵Ca-specific activity, citrate, phosphorus, and magnesium concentrations were observed. Serum immunoreactive parathyroid hormone increased, while serum calcitonin decreased. The osteoclast count in the tibial metaphyses was augmented. The biochemical and histological changes observed were partly parathyroid hormone and calcitonin independent, as they also occurred in parathyroidectomized hypocalcemic rats. Pretreatment with 650 pmol of 24,25-dihydroxycholecalciferol 16 h before nephrectomy prevented bone calcium mobilization and diminished the rise in serum total calcium and citrate both in parathyroid-intact and in parathyroidectomized animals. In parathyroid-intact rats, serum immunoreactive parathyroid hormone and calcitonin remained normal in spite of the fall in serum-ionized calcium, and the number of osteoclasts did not increase. In parathyroidectomized rats, 24,25-dihydroxycholecalciferol did not prevent the postnephrectomy rise in the osteoclast count. This latter observation suggests that this metabolite exerts its effect on bone either by acting on cells other than osteoclasts, i.e., the osteocytes, or by inhibiting cell activity. At equimolar dosage 1,25-dihydroxycholecalciferol had a potent stimulatory effect on bone resorption. This effect of 1,25-dihydroxycholecalciferol [...]

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Suppressive Effects of 24,25-Dihydroxycholecalciferol on Bone Resorption Induced by Acute Bilateral Nephrectomy in Rats

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ABSTRACT The possible suppressive effects of 24,25-dihydroxycholecalciferol on secondary hyperparathyroidism and increased bone resorption were investigated in adult rats raised on a diet normal in calcium, phosphorus, and vitamin D, and subjected to acute bilateral nephrectomy. The animals had received subcutaneous radiocalcium 4 wk before the experiment. 5 h after nephrectomy an increase in serum total calcium, ^{45}Ca -specific activity, citrate, phosphorus, and magnesium concentrations were observed. Serum immunoreactive parathyroid hormone increased, while serum calcitonin decreased. The osteoclast count in the tibial metaphyses was augmented. The biochemical and histological changes observed were partly parathyroid hormone and calcitonin independent, as they also occurred in parathyroidectomized hypocalcemic rats. Pretreatment with 650 pmol of 24,25-dihydroxycholecalciferol 16 h before nephrectomy prevented bone calcium mobilization and diminished the rise in serum total calcium and citrate both in parathyroid-intact and in parathyroidectomized animals. In parathyroid-intact rats, serum immunoreactive parathyroid hormone and calcitonin remained normal in spite of the fall in serum-ionized calcium, and the number of osteoclasts did not increase. In parathyroidectomized

rats, 24,25-dihydroxycholecalciferol did not prevent the postnephrectomy rise in the osteoclast count. This latter observation suggests that this metabolite exerts its effect on bone either by acting on cells other than osteoclasts, i.e., the osteocytes, or by inhibiting cell activity. At equimolar dosage 1,25-dihydroxycholecalciferol had a potent stimulatory effect on bone resorption. This effect of 1,25-dihydroxycholecalciferol was partly blocked by the simultaneous administration of 24,25-dihydroxycholecalciferol.

The potential clinical significance of these observations remains to be determined.

INTRODUCTION

It is well established that vitamin D_3 (cholecalciferol) must undergo metabolic conversion in order to promise its physiological actions (1-4). The first conversion occurs in the liver and leads to the formation of 25-hydroxycholecalciferol. This metabolite is the major circulating form of vitamin D_3 , and is the precursor of dihydroxylated derivatives: 1,25-dihydroxycholecalciferol ($1,25\text{-[OH]}_2\text{D}_3$),¹ 24,25-dihydroxycholecalciferol ($24,25\text{-[OH]}_2\text{D}_3$), and 25,26-dihydroxycholecalciferol ($25,26\text{-[OH]}_2\text{D}_3$). $1,25\text{-[OH]}_2\text{D}_3$ is considered the active, hormonal, form of cholecalciferol because it exerts the

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¹Abbreviations used in this paper: iCT, immunoreactive calcitonin; iPTH, immunoreactive parathyroid hormone; $1,25\text{-[OH]}_2\text{D}_3$, 1,25-dihydroxycholecalciferol; $24,25\text{-[OH]}_2\text{D}_3$, 24,25-dihydroxycholecalciferol.

two major effects of vitamin D₃, i.e., stimulation of bone resorption and enhancement of intestinal calcium and phosphorus absorption (1–4). The physiological significance of 24,25-(OH)₂D₃ and 25,26-(OH)₂D₃ is less clear. It has been demonstrated that these two metabolites are considerably less potent than 1,25-(OH)₂D₃ on bone calcium mobilization or on intestinal calcium absorption (1, 5, 6). Recent data, however, suggest that 24,25-(OH)₂D₃ may play biologically important roles. It has been shown that 1,25-(OH)₂D₃ cannot satisfy all of the functions of vitamin D in the laying hen (7), and that 1,25-(OH)₂D₃ and 24,25-(OH)₂D₃ are required for the normal development of chick embryos (8). Ornoy et al. (9) have demonstrated that 24,25-(OH)₂D₃ alone is sufficient to prevent rachitic bone lesions. Other investigators (10) have shown that 24,25-(OH)₂D₃ is able to suppress formation of endosteal fibrosis, even in the absence of 1,25-(OH)₂D₃. A suppressive effect of this metabolite on parathyroid gland secretion has been demonstrated in experiments of various design (11–13). In vitro studies from our laboratory produced evidence that 24,25-(OH)₂D₃ at very low concentrations stimulates the synthesis of specific proteoglycans by chondrocytes (14) and suppresses the action of agents known to stimulate bone resorption, such as parathyroid hormone, vitamin D, and heparin (15, 16). A few clinical trials have led to the assumption that 24,25-(OH)₂D₃ may be the metabolite that principally promotes bone formation (17). At the present time, no information is available on a possible in vivo suppressive effect of this metabolite on bone resorption.

We have investigated this point in view of the potential therapeutic value of 24,25-(OH)₂D₃ in the management of the pathological increases in bone resorption. Bilaterally nephrectomized rats were chosen as experimental models, as this procedure provokes a marked increase in bone calcium mobilization. Our results demonstrate that a single pharmacological dose of 24,25-(OH)₂D₃, i.e., 650 pmol, has a potent inhibitory effect on the biochemical and histological changes of increased bone resorption observed 5 h after nephrectomy, and partly blocks the stimulatory effect of 1,25-(OH)₂D₃ on bone resorption. These effects appear to be related not only to an inhibitory action on parathyroid gland hypersecretion, but also to the depression of bone-cell response to parathyroid hormone, 1,25-(OH)₂D₃, and acute uremia.

METHODS

Male Wistar rats weighing 180–200 g were fed a diet containing 0.45% calcium, 0.30% phosphorus, and 30 IU/g of vitamin D₃ (Laboratoire Roussel, Paris, France). The animals were randomly separated into two main groups: those to undergo a bilateral nephrectomy, and those to undergo a sham operation. In each major group a subgroup of animals was injected intraperitoneally with 650 pmol of 24,25-

(OH)₂D₃ or 1,25-(OH)₂D₃, or with a combination of 650 pmol of 24,25-(OH)₂D₃ and 650 pmol of 1,25-(OH)₂D₃ dissolved in 0.05 ml of 95% ethanol. Control animals were given the solvent alone. Thereafter, all animals were fasted.

16 h after intraperitoneal administration of vitamin D metabolite(s) or the solvent, nephrectomy or a sham operation was performed under ether anesthesia, using a posterolateral approach. During nephrectomy special precautions were used to preserve the adrenals. In each subgroup of animals some rats had been injected with 5 μCi of ⁴⁵Ca in 0.05 μl of saline solution 4 wk before nephrectomy or sham operation. In addition, some animals injected with solvent alone or with 650 pmol of 24,25-(OH)₂D₃ or with both metabolites were parathyroidectomized 48 h before nephrectomy. To ascertain that the animals had been successfully parathyroidectomized, blood samples were obtained 48 h after surgery and serum calcium concentrations were determined. Only those rats with serum calcium concentrations <6.5 mg/dl were used. The synthetic 24R,25-(OH)₂D₃ and 1,25-(OH)₂D₃ used in these studies were gifts from Dr. M. R. Uskovic (Research Laboratories, Hoffmann-La Roche, Inc., Nutley, N. J.).

5 h after nephrectomy or sham operation, blood samples were collected anaerobically from the abdominal aorta in 3-ml vacuum tubes (Vacutainer, Becton-Dickinson & Co., North Canaan, Conn.), and both tibial metaphyses were removed. Blood samples were analyzed for serum total calcium, ⁴⁵Ca-specific activity, ionized calcium, citrate, phosphorus, magnesium, immunoreactive parathyroid hormone (iPTH), immunoreactive calcitonin (iCT), total protein concentrations, and blood pH. In tibial metaphyses the osteoclasts were counted.

Serum calcium concentration was determined by a semi-automated complexometric technique with the aid of a Titrator (Marius Calcium Titrator, Amsterdam, Netherlands). Serum phosphorus was measured by the method of Fiske and Subbarow (18), adapted to an Auto Analyzer (Technicon Corp., Domont, France). Magnesium was measured by absorption flame spectrophotometry (Perkin-Elmer Corp., Norwalk, Conn., model 305), and serum total proteins with a refractometer (American Optical Corp., Scientific Instrument Div., Buffalo, N. Y.). Determination of serum citrate was performed according to an enzymatic technique (19). The Space-Stat 2 ionized calcium analyzer (Orion-Biomedical Division, Orion Research, Cambridge, England) was used for serum-ionized calcium determinations. Blood pH was measured at 37°C with a capillary glass pH-electrode (Ingold, Zurich, Switzerland). Parathyroid hormone levels were estimated radioimmunologically with [¹²⁵I]iodo-bovine PTH-(bPTH [1–84]) and anti-bPTH serum (chicken 12 M), as previously described (20). The coefficient of variation of the assay is 12%. Calcitonin levels were measured by radioimmunoassay according to the technique of Heynen and Franchimont (21) modified according to the method of Roos and Defetos (22). For concentrations of iCT varying from 100 to 1,000 pg/ml the interassay variation is 5%. Determinations of ⁴⁵Ca were performed by spotting 0.5 ml of serum in Instagel solution. The radioactivity was counted with a Packard-Tri-Carb liquid scintillation spectrometer (model 3320, Packard Instrument Co., Downers Grove, Ill.), equipped with an external standardization system.

For osteoclast counts, both proximal tibial metaphyses were fixed in a mixture of 2% glutaraldehyde (Ladd Research Industries, Inc., Burlington, Vt.) and 1.2% formaldehyde (Merck, AG, Darmstadt, West Germany), decalcified in 10% ethylene-diamine-tetracetic acid (Prolabo, Paris, France), and embedded in esterwax (BDH Chemicals Ltd., Poole, England). 4-μm-thick transverse sections were stained with toluidine blue (BDH Chemicals Ltd.) at pH 6.4. Osteoclasts were identified as large multinucleated cells with foamy cytoplasm

on or near bone surfaces. Osteoclasts with a single nucleus were identified by their cytoplasmic appearance and their typical brush border. All osteoclasts were counted at the ossification zone 2,000 μm below the cartilage plate at magnification $\times 500$ over an area of 2.18 mm^2 . The value for each animal represents the means of the cell numbers in three sections in the middle of the metaphyses at 200 μm distance from each other. The fact that the selected area could be considered representative of the whole metaphyseal zone was previously ascertained by counting in two animals the osteoclast numbers on sections taken at 200- μm distance over the whole metaphysis.

Results were expressed as mean values \pm SEM. The significance of the differences between groups was assessed by Student's *t* test (23).

RESULTS

Effects of nephrectomy in parathyroid-intact and parathyroidectomized animals. Compared with sham-

operated animals, nephrectomized parathyroid-intact rats had significantly higher serum total calcium, citrate, phosphorus, and magnesium concentrations (Table I). Serum ^{45}Ca -specific activity was increased, and ionized calcium concentration significantly decreased 5 h after nephrectomy without any significant change in blood pH or serum total protein concentration. Serum iPTH levels reached 10.5 ± 2.5 vs. 2.0 ± 0.54 $\mu\text{leq/ml}$ in sham-operated controls, and serum iCT was decreased to less than half the control value. In tibial metaphyses a highly significant ($P < 0.001$) augmentation in osteoclast number was found in nephrectomized rats.

In previously parathyroidectomized animals (Table I) nephrectomy was also followed by an increase in serum total calcium, ^{45}Ca -specific activity, phosphorus, and magnesium. However, the increase in

TABLE I

Summary of Results 5 h after Bilateral Nephrectomy or Sham Operation in Parathyroid-intact and Parathyroidectomized Rats

	Parathyroid-intact			Parathyroidectomized		
	Sham-operated	Nephrectomized	P	Sham-operated	Nephrectomized	P
Serum						
Total calcium, mg/dl	10.0 \pm 0.1 (20)	13.1 \pm 0.1 (28)	<0.001	5.2 \pm 0.2 (15)	7.2 \pm 0.2 (12)	<0.001
Ionized calcium, mg/dl	5.1 \pm 0.05 (12)	4.8 \pm 0.1 (8)	<0.01	2.7 \pm 0.09 (10)	2.5 \pm 0.1 (9)	NS
^{45}Ca -specific activity, cpm $\times 10^3/\text{mg total Ca}$	3.5 \pm 0.2 (7)	4.4 \pm 0.2 (14)	<0.05	2.9 \pm 0.03 (7)	3.3 \pm 0.1 (14)	<0.001
Citrate, mg/dl	3.8 \pm 0.2 (12)	26.4 \pm 0.9 (15)	<0.001	3.7 \pm 0.3 (11)	14.4 \pm 0.6 (12)	<0.001
Phosphate, mg/dl	8.1 \pm 0.2 (18)	13.6 \pm 0.4 (20)	<0.001	11.3 \pm 0.3 (10)	17.2 \pm 0.8 (12)	<0.001
Magnesium, mg/dl	2.0 \pm 0.07 (12)	3.0 \pm 0.1 (15)	<0.001	1.6 \pm 0.05 (11)	2.3 \pm 0.1 (12)	<0.001
Total protein, g/dl	5.7 \pm 0.09 (14)	5.7 \pm 0.01 (8)	NS	5.9 \pm 0.9 (10)	5.7 \pm 0.7 (12)	NS
iPTH, $\mu\text{leq/ml}$	2.0 \pm 0.54 (10)	10.5 \pm 2.6 (10)	<0.01			
iCT, pg/ml	260 \pm 7 (8)	100 \pm 6 (8)	<0.001			
Blood						
pH	7.36 \pm 0.03 (12)	7.28 \pm 0.03 (9)	NS	7.35 \pm 0.01 (10)	7.37 \pm 0.02 (9)	NS
Tibial metaphyses						
Osteoclast count, per 2.18 mm^2	81.1 \pm 1.2 (12)	103.5 \pm 2.7 (10)	<0.001	56 \pm 2.5 (14)	76 \pm 2.2 (9)	<0.001

All values are mean \pm SEM. Numbers in parentheses are the numbers of animals. *P* values compare nephrectomized rats with sham-operated animals in parathyroid-intact and parathyroidectomized groups. NS, not significant.

serum calcium and citrate from control levels was smaller ($\Delta\text{Ca} + 2.0$ mg/dl and $\Delta\text{citrate} + 10.7$ mg/dl) than those observed in parathyroid-intact animals ($\Delta\text{Ca} + 3.1$ mg/dl and $\Delta\text{citrate} + 22.6$ mg/dl). No significant changes were noted in serum-ionized calcium and total protein concentrations, nor were there any changes in blood pH in rats that were parathyroidectomized and nephrectomized. These animals had a decreased number of osteoclasts in their tibial metaphyses, compared with parathyroid-intact rats (56 ± 2.5 vs. 81.1 ± 1.2). The increase in the osteoclast number observed after bilateral nephrectomy was, however, comparable to that noted in parathyroid-intact animals.

Effect of 24,25-(OH)₂D₃ pretreatment. In a preliminary study, the effects of pretreatment with 130, 325, and 650 pmol of 24,25-(OH)₂D₃ on serum calcium concentration in nephrectomized and sham-operated controls were analyzed. These doses did not induce any significant change in serum calcium concentra-

tion of sham-operated controls (10.2 ± 0.2 , 10.1 ± 1 , and 10.2 ± 0.2 mg/dl in pretreated groups vs. 10.1 ± 0.1 mg/dl in sham-operated controls). They did, however, significantly decrease the hypercalcemic response to nephrectomy (serum calcium concentration: 12.3 ± 0.2 , 12.4 ± 0.2 , and 11.1 ± 0.2 mg/dl in rats pretreated with, respectively, 130, 325, and 650 pmol of 24,25-(OH)₂D₃ vs. 13.1 ± 0.2 mg/dl in untreated controls ($P < 0.05$ and $P < 0.001$). Since 650 pmol of 24,25-(OH)₂D₃ showed the greatest activity, this dosage was chosen for further investigation of the effects of this metabolite on biochemical and histological changes induced by nephrectomy.

The intraperitoneal administration of 650 pmol of 24,25-(OH)₂D₃ 16 h before nephrectomy significantly reduced the hypercalcemic and hypercitratemic responses to nephrectomy both in parathyroid-intact (Table II) and in parathyroidectomized rats (Table III). These suppressive effects were accompanied by an in-

TABLE II
Summary of Results 5 h after Bilateral Nephrectomy in Parathyroid-intact Rats Pretreated 16 h before Nephrectomy with 24,25-(OH)₂D₃, 1,25-(OH)₂D₃, 24,25-(OH)₂D₃ plus 1,25-(OH)₂D₃, or with the Vehicle Alone

	Pretreatment				P			
	Vehicle	24,25-(OH) ₂ D ₃	1,25-(OH) ₂ D ₃	1,25-(OH) ₂ D ₃ + 24,25-(OH) ₂ D ₃	24,25-(OH) ₂ D ₃ vs. vehicle	1,25-(OH) ₂ D ₃ vs. vehicle	1,25-(OH) ₂ D ₃ + 24,25-(OH) ₂ D ₃ vs. vehicle	1,25-(OH) ₂ D ₃ + 24,25-(OH) ₂ D ₃ vs. 1,25-(OH) ₂ D ₃
Serum								
Total calcium, mg/dl	13.1±0.1 (28)	11.1±0.2 (22)	14.6±0.3 (10)	12.9±0.6 (10)	<0.001	<0.001	NS	<0.02
Ionized calcium, mg/dl	4.8±0.1 (14)	4.8±0.1 (7)	5.4±0.06 (9)	4.9±0.04 (9)	NS	<0.001	NS	<0.001
⁴⁵ Ca-specific activity, cpm × 10 ³ /mg total Ca	4.4±0.2 (14)	3.3±0.2 (6)	5.2±0.1 (9)	4.6±0.1 (10)	<0.01	<0.01	NS	<0.01
Citrate, mg/dl	26.4±0.9 (15)	18.1±2.8 (12)	38.8±1.5 (10)	34.3±4.1 (10)	<0.01	<0.001	<0.02	NS
Phosphate, mg/dl	13.6±0.4 (10)	13.2±0.1 (21)	10.6±0.3 (20)	12.6±0.4 (9)	NS	<0.01	NS	<0.001
Magnesium, mg/dl	3.0±0.1 (15)	2.8±0.1 (11)	3.1±0.1 (10)	5.6±0.04 (9)	NS	NS	NS	NS
Total protein, g/dl	5.7±0.01 (8)	5.8±0.06 (13)	5.7±0.1 (10)	5.6±0.04 (8)	NS	NS	NS	NS
iPTH, µeq/ml	8.73±0.9 (22)	2.8±0.7 (6)	2.14±0.29 (6)	4.74±0.54 (8)	<0.01	<0.001	<0.02	<0.01
iCT, pg/ml	100±6 (8)	265±5 (8)	240±30 (7)	280±26 (10)	<0.001	<0.01	<0.001	NS
Blood								
pH	7.28±0.03 (9)	7.31±0.03 (7)	7.19±0.01 (9)	7.48±0.02 (9)	NS	<0.001	NS	NS
Tibial metaphyses								
Osteoclast count, per 2.18 mm ²	103.5±2.7 (10)	86.1±2.8 (8)	95.7±5 (10)	94.9±3.27 (6)	<0.001	NS	NS	NS

All values are mean±SEM. Numbers in parentheses are the numbers of animals. NS, not significant. The dose used for each metabolite is 650 pmol.

TABLE III

Summary of Results 5 h after Bilateral Nephrectomy in Parathyroidectomized Rats Pretreated 16 h before Nephrectomy with 24,25-(OH)₂D₃, 1,25-(OH)₂D₃, 24,25-(OH)₂D₃ plus 1,25-(OH)₂D₃, or with Vehicle Alone

	Pretreatment				P			
	Vehicle	24,25-(OH) ₂ D ₃	1,25-(OH) ₂ D ₃	1,25-(OH) ₂ D ₃ + 24,25-(OH) ₂ D ₃	24,25-(OH) ₂ D ₃ vs. vehicle	1,25-(OH) ₂ D ₃ vs. vehicle	1,25-(OH) ₂ D ₃ + 24,25-(OH) ₂ D ₃ vs. vehicle	1,25-(OH) ₂ D ₃ + 24,25-(OH) ₂ D ₃ vs. 1,25-(OH) ₂ D ₃
Serum								
Total calcium, mg/dl	7.2±0.2 (28)	5.9±0.3 (20)	12.5±0.3 (10)	9.3±0.4 (17)	<0.001	<0.001	<0.001	<0.001
Ionized calcium, mg/dl	2.5±0.1 (14)	2.4±0.2 (9)	4.7±0.1 (10)	4.5±0.1 (7)	NS	<0.001	<0.001	NS
⁴⁵ Ca-specific activity, cpm × 10 ³ /mg total Ca	3.3±0.1 (14)	2.7±0.1 (8)	3.8±0.1 (8)	3.7±0.09 (10)	<0.02	<0.01	<0.05	NS
Citrate, mg/dl	14.4±0.6 (12)	12.7±1.2 (7)	23.7±0.2 (10)	15.8±3.1 (7)	NS	<0.001	NS	<0.001
Phosphate, mg/dl	17.2±0.8 (12)	15.2±0.3 (19)	14.9±0.7 (6)	14.4±0.4 (8)	NS	NS	<0.01	NS
Magnesium, mg/dl	2.3±0.8 (12)	1.9±0.4 (7)	2.9±0.1 (6)	2.51±0.14 (8)	NS	<0.01	NS	<0.05
Total protein, g/dl	5.7±0.7 (12)	5.9±0.6 (8)	5.8±0.2 (6)	5.6±0.04 (8)	NS	NS	NS	NS
Blood								
pH	7.37±0.02 (9)	7.38±0.03 (7)	7.36±0.02 (6)	7.46±0.01 (8)	NS	NS	NS	NS
Tibial metaphyses								
Osteoclast count, per 2.18 mm ²	76±2.2 (15)	72.3±4.4 (7)	91.5±2.7 (6)	102.97±5.12 (7)	NS	<0.01	<0.001	<0.05

All values are mean±SEM. Numbers in parentheses are the numbers of animals. NS, not significant. The dose used for each metabolite is 650 pmol.

hibition of the rise in serum ⁴⁵Ca-specific activity. In addition, pretreatment with 24,25-(OH)₂D₃ completely abolished the postnephrectomy increase in serum iPTH concentration, and prevented the postnephrectomy fall in serum iCT concentration. The increase in metaphyseal osteoclast number was not observed in nephrectomized rats pretreated with 24,25-(OH)₂D₃ when the animals were parathyroid intact. In contrast, the metabolite did not prevent the augmentation in the number of osteoclasts in parathyroidectomized rats. The rise in serum phosphorus and magnesium concentrations and the fall in serum ionized calcium concentration were comparable in 24,25-(OH)₂D₃ or vehicle-pretreated animals.

Effect of 1,25-(OH)₂D₃ pretreatment. To compare the effect of 24,25-(OH)₂D₃ and 1,25-(OH)₂D₃ in this experimental model, 650 pmol of 1,25-(OH)₂D₃ were injected 16 h before nephrectomy or sham operation in parathyroid-intact and parathyroidectomized rats (Table III). Pretreatment with 1,25-(OH)₂D₃ had opposite effects when compared with pretreatment with 24,25-(OH)₂D₃: the degree of hypercalcemia was more pronounced, whereas the serum-ionized calcium,

⁴⁵Ca-specific activity, citrate, and magnesium concentrations were further increased in parathyroid-intact and parathyroidectomized rats. The administration of 1,25-(OH)₂D₃ significantly decreased serum phosphate in parathyroid-intact nephrectomized rats. Such a decrease in high serum phosphate after 1,25-(OH)₂D₃ administration has been reported (24). Serum iPTH and iCT levels remained unchanged after nephrectomy. The osteoclast number in tibial metaphyses was not significantly changed by the administration of 1,25-(OH)₂D₃ in parathyroid-intact rats, but markedly increased in parathyroidectomized rats. Compared with 24,25-(OH)₂D₃ or vehicle-pretreated animals, 1,25-(OH)₂D₃-pretreated rats had lower blood pH after nephrectomy. As with 24,25-(OH)₂D₃ treatment, 1,25-(OH)₂D₃ administration did not influence the serum total protein concentration.

Effect of 1,25-(OH)₂D₃ plus 24,25-(OH)₂D₃ pretreatment. Given the fact that two dihydroxylated metabolites of vitamin D exhibited different effects, it was of interest to see whether 24,25-(OH)₂D₃ could inhibit the bone resorbing action of 1,25-(OH)₂D₃. For this purpose, both metabolites were injected simul-

taneously 16 h before nephrectomy or sham operation to parathyroid-intact and parathyroidectomized rats. Results show that in parathyroid-intact animals (Table II) the administration of 24,25-(OH)₂D₃ attenuates the hypercalcemic effect of 1,25-(OH)₂D₃. The serum-specific activity of ⁴⁵Ca was also decreased in rats pretreated with 24,25-(OH)₂D₃ plus 1,25-(OH)₂D₃, when compared with those treated with 1,25-(OH)₂D₃ alone. However, the increase in osteoclast number and in serum citrate of 1,25-(OH)₂D₃-pretreated rats was not affected by the simultaneous administration of 24,25-(OH)₂D₃. Pretreatment with 24,25-(OH)₂D₃ abolished the decrease in serum phosphate and normalized the blood pH induced by 1,25-(OH)₂D₃ administration.

Although in parathyroidectomized rats (Table II) the presence of 24,25-(OH)₂D₃ also attenuated the hypercalcemic and hypermagneseemic effects of 1,25-(OH)₂D₃, the hypercalcemic effect of 1,25-(OH)₂D₃ predominated over the hypocalcemic action of 24,25-(OH)₂D₃. The increase in serum-specific activity of ⁴⁵Ca and in osteoclast number due to 1,25-(OH)₂D₃ pretreatment persisted in spite of the simultaneous administration of 24,25-(OH)₂D₃. As with 24,25-(OH)₂D₃ or 1,25-(OH)₂D₃, the administration of both metabolites did not influence the serum total protein concentrations.

DISCUSSION

The results of the present investigation indicate two conclusions. The first concerns some biological anomalies manifest 5 h after bilateral nephrectomy in rats, i.e., the increase in bone resorption and the marked rise in serum calcium concentration. The second conclusion concerns the comparative effects of 24,25-(OH)₂D₃ and 1,25-(OH)₂D₃ in this model of acute renal failure.

The hypercalcemia that characterizes the early period following bilateral nephrectomy is a well-known phenomenon in experimental animals (25–29). It has also been occasionally reported in man suffering from acute renal failure (30–34).

On the basis of indirect data such as sequential analysis of serum citrate variations (26, 29) and the study of the calcium fraction chelated by circulating phosphate (28), it has been suggested that this early hypercalcemia is accompanied by a decrease in serum-ionized calcium concentration, the latter stimulating parathyroid hormone secretion. The measurement of serum ionized calcium and iPTH concentrations performed in the present study support these assumptions. Furthermore, our results show for the first time to our knowledge that in this experimental model circulating concentrations of iCT are lowered after acute nephrectomy. This decrease is not due to a dilutional effect of nephrectomy, since total protein in serum is not

changed. Apparently, the increased bone resorption, as evaluated by the rise in serum total calcium and specific activity of ⁴⁵Ca, is mediated by a stimulation of parathyroid hormone secretion and additionally caused by a fall in the serum concentration of calcitonin. The kidney is important for the clearance of both active and inactive fragments of these hormones (35, 36). Hence, it is difficult to be sure that the observed changes in circulating levels of iPTH and iCT reflect changes in the secretion of the biologically active hormones. Nevertheless, serum concentrations of iPTH were decreased and iCT normalized when serum-ionized calcium was raised by the administration of 1,25-(OH)₂D₃. These observations suggest that the results obtained with the immunoassays used have some biological relevance even in nephrectomized animals. Our experiments, furthermore, demonstrate an increase in serum total calcium as well as a rise in the release of previously incorporated ⁴⁵Ca and an increase in the number of osteoclasts even in parathyroidectomized rats in response to nephrectomy. These observations indicate that in acutely uremic rats factors other than parathyroid hormone contribute to the increase in bone resorption. The present investigation does not identify these factors. It is notable, however, that acidosis, at least at this stage of postnephrectomy, is not involved since in both parathyroid-intact and parathyroidectomized rats bilateral nephrectomy does not cause changes in blood pH.

A comparison of the effects of the two dihydroxylated metabolites of vitamin D, 1,25-(OH)₂D₃ and 24,25-(OH)₂D₃, on the hormonal, biochemical, and bone abnormalities present at an early stage after nephrectomy demonstrates that at equimolar doses the two derivatives are highly active but exhibit different activities. Pretreatment with 1,25-(OH)₂D₃ increases bone resorption after bilateral nephrectomy and exaggerates the rise in serum levels of total calcium and citrate and that of the specific activity of ⁴⁵Ca. 1,25-(OH)₂D₃, furthermore, augments the serum concentration of ionized calcium and, as a consequence, lowers parathyroid hormone and increases calcitonin levels. The resorptive effect of 1,25-(OH)₂D₃ is observed in both parathyroid-intact and parathyroidectomized rats. These observations are in agreement with the well-established stimulating effects of this potent metabolite of vitamin D on bone resorption (37–39).

In contrast, pretreatment with 24,25-(OH)₂D₃ reduces the rise in serum total calcium concentration and specific activity of ⁴⁵Ca. It normalizes serum iPTH levels in spite of the persistence of decreased ionized calcium concentrations. A direct suppressive effect of 24,25-(OH)₂D₃ independent of changes in extracellular calcium concentration (11–13) is thus confirmed in the present investigation. Similarly, the rise in serum iCT levels after treatment with 24,25-(OH)₂D₃ does not

appear to involve modifications in serum-ionized calcium concentrations.

The inhibitory effect of 24,25-(OH)₂D₃ on bone calcium mobilization was seen not only in parathyroid-intact but also in rats deprived of their parathyroid glands. Hence, it can be assumed that 24,25-(OH)₂D₃ can act on bone in the absence of the parathyroids. This hypothesis is strengthened by previous results obtained in rat calvaria in vitro, showing that the presence of small concentrations of 24,25-(OH)₂D₃ (1 nm to 1 pM) in the culture medium significantly diminishes both the stimulation of the activity of bone enzymes, such as acid phosphatases and β-glucuronidase, and the release of ⁴⁵Ca induced by different substances causing bone resorption i.e., parathyroid hormone, vitamin A, and heparin (16).

Furthermore, our present results demonstrate that the simultaneous administration of 24,25-(OH)₂D₃ partly attenuates the stimulating effect of 1,25-(OH)₂D₃ on bone resorption. This effect of 24,25-(OH)₂D₃ is observed even though equimolar doses of the two metabolites are used. Yet, since the circulating concentrations of 1,25-(OH)₂D₃ are ~0.1 of those of 24,25-(OH)₂D₃, the amount of 1,25-(OH)₂D₃ given to our animals is clearly much higher than the 24,25-(OH)₂D₃ they received. This difference, however, is compensated by the fact that the half-life of 1,25-(OH)₂D₃ is shorter when compared with that of 24,25-(OH)₂D₃, and short compared with the 16-h period between the administration of this metabolite and nephrectomy (1).

It should be noted that pretreatment with 24,25-(OH)₂D₃ prevents the increase in the number of osteoclasts in tibial metaphyses in parathyroid-intact rats. Even though a comparable inhibition of the release of previously incorporated ⁴⁵Ca is also seen in parathyroidectomized rats pretreated with 24,25-(OH)₂D₃, a reduction of the number of osteoclasts was not observed. This observation suggests either that the inhibitory effect of 24,25-(OH)₂D₃ on bone resorption involves cells other than osteoclasts, i.e., osteocytes, and/or that this metabolite suppresses the activity of the osteoclasts and not their numbers.

In conclusion, our study demonstrates the high potency of 24,25-(OH)₂D₃ in inhibiting the bone resorption and calcium mobilization provoked by nephrectomy. The presence of this metabolite also partly inhibits the bone resorbing action of 1,25-(OH)₂D₃. Whether this action is specific for 24,25-(OH)₂D₃ or shared by additional vitamin D metabolites cannot be established by the present study. Clearly, the effects of 24,25-(OH)₂D₃ are different from those of 1,25-(OH)₂D₃. They also differ from the effects of large doses of 25-hydroxycholecalciferol, as we have previously demonstrated that the administration of this latter metabolite to anephric rats increases the mobilization of calcium from bone (40). Whether 25,26-

dihydroxycholecalciferol is able to suppress increased bone resorption as does 24,25-(OH)₂D₃ remains to be determined. The doses of 24,25-(OH)₂D₃ used in these experiments appear pharmacological relative to known existing concentrations in the normal homeostatic environment. Therefore, these observations would suggest that for effective suppression of bone resorption, pharmacological doses of this metabolite must be administered. The potential clinical significance of these data remains to be determined.

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REFERENCES

1. DeLuca, H. F. 1978. Vitamin D metabolism and function. *Arch. Intern. Med.* **138**: 836-847.
2. Holick, M. F., and M. B. Clark. 1978. The photobiogenesis and metabolism of vitamin D. *Fed. Proc.* **37**: 2567-2574.
3. Kodicek, E. 1974. The story of vitamin D from vitamin to hormone. *Lancet*. **I**: 325-329.
4. Norman, A. W., and H. L. Henry. 1974. 1,25-dihydroxyvitamin D: a hormonally active form of vitamin D. *Recent Prog. Horm. Res.* **30**: 431-480.
5. Stern, P. H., H. F. DeLuca, and N. Ikekawa. 1975. Bone resorbing activities of 24-hydroxy stereoisomers of 24-hydroxyvitamin D₂ and 24,25-dihydroxyvitamin D₃. *Biochem. Biophys. Res. Commun.* **67**: 965-971.
6. Miravet, L., J. Redel, M. Carre, M. L. Queille, and P. Bordier. 1976. The biological activity of synthetic 25,26-dihydroxycholecalciferol and 24,25-dihydroxycholecalciferol in vitamin D deficient rats. *Calcif. Tissue Res.* **21**: 145-152.
7. Sunde, M. L., C. M. Turk, and H. F. DeLuca. 1978. The essentiality of vitamin D metabolites for embryonic chick development. *Science (Wash. D. C.)*. **201**: 1067-1069.
8. Henry, H. L., and A. W. Norman. 1978. Vitamin D: two dihydroxylated metabolites are required for normal chicken egg hatchability. *Science (Wash. D. C.)*. **201**: 835-837.
9. Ornoy, A., D. Goodwin, D. Noft, and S. Edelstein. 1978. 24,25-dihydroxyvitamin D is a metabolite essential for bone formation. *Nature (Lond.)*. **276**: 517-519.
10. Malluche, H. H., H. Henry, W. Meyer-Sabellek, D. Sherman, S. G. Massry, and A. W. Norman. 1980. Effects and interactions of 24R,25(OH)₂D₃ and 1,25-(OH)₂D₃ on bone. *Am. J. Physiol.* **238**: E494-E496.
11. Care, A. D., R. F. L. Bates, D. W. Pickard, M. Peakock, S. Tomlinson, J. L. H. O'Riordan, E. B. Mawer, C. M. Taylor, H. F. DeLuca, and A. W. Norman. 1977. The effects of vitamin D metabolites and their analogues on the secretion of parathyroid hormone. *Calcif. Tissue Res.* **21**: 142-146.
12. Canterbury, J. M., S. Lerman, A. J. Claffin, H. Henry, A. W. Norman, and E. Reiss. 1978. Inhibition of parathyroid

- hormone secretion by 25-hydroxycholecalciferol and 24,25-dihydroxycholecalciferol in the dog. *J. Clin. Invest.* **61**: 1375-1383.
13. Canterbury, J. M., G. Gavellas, J. J. Bourgoignie, and E. Reiss. 1980. Metabolic consequences of oral administration of 24,25-dihydroxycholecalciferol to uremic dogs. *J. Clin. Invest.* **65**: 571-576.
 14. Corvol, M. T., M. F. Dumontier, M. Garabédian, and R. Rappaport. 1978. Vitamin D and cartilage. II. Biological activity of 25-hydroxycholecalciferol and 24,25- and 1,25-dihydroxycholecalciferol on cultured growth plate chondrocytes. *Endocrinology.* **102**: 1269-1274.
 15. Lieberherr, M., E. Pezant, M. Garabédian, and S. Balsan. 1977. Phosphatase content of rat calvaria after in vivo administration of vitamin D₃ metabolites. *Calcif. Tissue Res.* **23**: 235-239.
 16. Lieberherr, M., M. Garabédian, H. Guillozo, M. Bailly du Bois, and S. Balsan. 1979. Interaction of 24,25-dihydroxyvitamin D₃ and parathyroid hormone on bone enzymes in vitro. *Calcif. Tissue Int.* **27**: 47-52.
 17. Russel, R. G. G., J. A. Kanis, R. Smith, N. D. Adams, M. Bartlett, T. Cudy, M. Cochran, G. Heynen, and G. T. Warner. 1977. Physiological and pharmacological aspect of 24,25-dihydroxycholecalciferol in man. In *Hemostasis of Phosphate and Other Minerals. Proceedings of the Third International Workshop on Phosphate and Other Minerals.* Madrid, Spain, July 1977. Plenum Publishing Corp., New York. 487-503.
 18. Fiske, C. H., and Y. Subbarow. 1925. The colorimetric determination of phosphorus. *J. Biol. Chem.* **66**: 374-400.
 19. Moellering, H., and W. Gruber. 1966. Determination of citrate with citrate lyase. *Anal. Biochem.* **17**: 369-376.
 20. Grubenmann, W., U. Binswanger, W. Hunziker, and J. A. Fischer. 1978. Effects of calcium intake and renal function on plasma immunoreactive parathyroid hormone levels in rats. *Horm. Metab. Res.* **10**: 365-458.
 21. Heynen, G., and P. Franchimont. 1974. Human calcitonin radioimmunoassay in normal and pathological conditions. *Europ. J. Clin. Invest.* **4**: 213-222.
 22. Roos, B. A., and L. J. Deftos. 1976. Radioimmunoassay of calcitonin in plasma, normal thyroid, and medullary carcinoma of the rat. *J. Lab. Clin. Med.* **88**: 173-182.
 23. Schwartz, D. 1963. *Méthodes statistiques à l'usage des Médecins et Biologistes.* Flammarion et Cie, Paris. 3me édition. 157.
 24. Garabédian, M., E. Pezant, L. Miravet, C. Fellot, and S. Balsan. 1976. 1,25-Dihydroxycholecalciferol effect on serum phosphorus homeostasis in rats. *Endocrinology.* **98**: 794-799.
 25. Freeman, S., and T. S. Chang. 1950. Effect of thyro-parathyroidectomy and vitamin D upon serum calcium and citric acid of normal and nephrectomized dogs. *Am. J. Physiol.* **160**: 341-347.
 26. Elliot, J. R., and S. Freeman. 1956. Parathyroid function and the plasma citric acid and calcium response to nephrectomy. *Endocrinology.* **59**: 181-189.
 27. Simpson, D. P. 1963. Effect of nephrectomy on citrate metabolism in rat. *Am. J. Physiol.* **205**: 1049-1052.
 28. Talmage, R. V., R. J. Toft, and R. Davis. 1960. Parathyroid activity in nephrectomized rats. *Tex. Rep. Biol. Med.* **18**: 298-308.
 29. Jastak, J. T., A. B. Morrison, and L. G. Raisz. 1968. Effects of renal insufficiency on the parathyroid gland and calcium homeostasis. *J. Clin. Invest.* **215**: 84-89.
 30. Tavili, A. S., J. M. Evanson, S. B. de Baker, and V. Hewitt. 1964. Idiopathic paroxysmal myoglobinuria with acute renal failure and hypercalcemia. *N. Engl. J. Med.* **271**: 283-287.
 31. Bütikofer, E., and J. Molleyres. 1968. Akute iskämische Muskelnekrosen, reversible Muskelverkalkungen, und sekundäre Hypercalcemia bei akuter Anurie. *Schweiz. Med. Wochenschr.* **98**: 961-965.
 32. Gossman, H. H., and H. Lange. 1968. Hypercalcemia in acute renal failure. *Ann. Intern. Med.* **69**: 1332-1335.
 33. Turkington, R. W., H. K. Delcher, F. A. Neelon, and H. J. Gitelman. 1968. Hypercalcemia following acute renal failure. *J. Clin. Endocrinol. Metab.* **28**: 1224-1226.
 34. Leonard, C. D., and E. R. Eichner. 1970. Acute renal failure and transient hypercalcemia in idiopathic rhabdomyolysis. *JAMA (J. Am. Med. Assoc.)*. **211**: 1539-1540.
 35. Martin, K. J., K. A., Hruska, J. J. Freitag, S. Klahr, and E. Slatopolsky. 1979. The peripheral metabolism of parathyroid hormone. *N. Engl. J. Med.* **301**: 1092-1098.
 36. Singer, F. R., J. F. Habener, E. Greene, P. Godin, and J. T. Potts, Jr. 1972. Inactivation of calcitonin by specific organs. *Nature (Lond.)*. **237**: 269-270.
 37. Holick, M. F., M. Garabédian, and H. F. DeLuca. 1972. 1,25-dihydroxycholecalciferol: metabolite of vitamin D₃ active on bone in anephric rats. *Science (Wash. D. C.)*. **176**: 1146-1147.
 38. Raisz, L. G., C. L. Trummel, and H. F. DeLuca. 1972. 1,25-dihydroxycholecalciferol a potent stimulator of bone resorption in tissue culture. *Science (Wash. D. C.)*. **175**: 768-769.
 39. Reynolds, J. J., H. Pavlovitch, and S. Balsan. 1976. 1,25-dihydroxycholecalciferol increases bone resorption in thyroparathyroidectomized mice. *Calcif. Tissue Res.* **21**: 207-212.
 40. Pavlovitch, H., M. Garabédian, and S. Balsan. 1973. Calcium-mobilizing effect of large doses of 25-hydroxycholecalciferol in anephric rats. *J. Clin. Invest.* **52**: 2656-2659.