

Abstract Type : Poster
Presentation No. : PFL 003

Acute and Chronic Renal Tubular Response to SGLT2 Inhibitors in Diabetic Mice

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Objectives: Inhibition of sodium-glucose cotransporter 2 (SGLT2) in proximal renal tubules may induce glucosuria and sodium excretion to lower serum glucose in patients with type 2 diabetes mellitus. The design of this study was to explore changes in electrolyte and associated transporters.

Methods: C57BLKsJ-db/db mice were used as spontaneous type 2 diabetic animal model. Dapagliflozin, a SGLT2 inhibitor, was fed with 1 mg/kg. Serum and urine were collected after 6-hours and 24-hours and kidneys were extracted for quantification of protein amount by Western blotting.

Results: Fraction excretion of sodium, potassium, phosphate, calcium and magnesium were all decreased after 6 hours and increased after 24 hours. In proximal renal tubules, the insignificant changes of sodium-hydrogen exchangers 3, type 2a and 2c sodium-phosphate cotransporters were noted. The protein expression of sodium-chloride cotransporters in distal tubules and sodium-potassium-2 chloride cotransporters in thick ascending limbs were enhanced at 6 hour but decrease to baseline at 24 hour. The epithelial sodium channels increased at both 6 and 24-hour sampling.

Conclusions: Inhibition of SGLT2 may alter renal tubular sodium handling and the expression of Na-dependent cotransporters. The underlying mechanism needs further exploration and investigation.

Table 1 Urine and serum electrolyte change

| Characteristic | db mice(n=3) | db+SGLT2 inhibitor 6 hr(n=3) | db+SGLT2 inhibitor 1day(n=3) |
|------------------------------|----------------|---------------------------------|---------------------------------|
| Blood | | | |
| GLU(mg/dL) | 895.00±76.69 | 139.00±20.61*** | 532.33±90.74* |
| Creatinine(mg/dL) | 0.60±0.08 | 0.40±0.00* | 0.53±0.05 |
| Na ⁺ | 152.00±1.41 | 163.00±4.32* | 157.33±2.49 |
| K ⁺ | 5.30±0.71 | 5.07±0.41 | 5.07±0.31 |
| Cl ⁻ | 103.67±1.70 | 107.33±4.11 | 111.33±2.36* |
| Ca ²⁺ | 8.93±0.12 | 10.03±0.05*** | 10.23±1.23 |
| P | 8.87±0.92 | 20.53±0.66*** | 11.40±1.82 |
| Mg ⁺ | 3.93±0.26 | 5.33±0.25** | 4.53±0.12 |
| BUN | 27.00±0.82 | 37.67±8.58 | 54.67±18.12 |
| Uric Acid | 2.57±1.17 | 3.83±0.87 | 2.33±0.42 |
| Urine | | | |
| Creatinine(mg/dL) | 25.60±2.78 | 12.08±1.39 | 13.77±1.52 |
| Na ⁺ /Creatinine | 1.27±0.20 | 0.85±0.05* | 1.85±0.64 |
| K ⁺ /Creatinine | 1.33±0.10 | 0.97±0.15* | 1.50±0.29 |
| Cl ⁻ /Creatinine | 0.66±0.02 | 1.18±0.18* | 1.03±0.11* |
| Ca ²⁺ /Creatinine | 0.07±0.01 | 0.03±0.01* | 0.04±0.02 |
| P/Creatinine | 11.96±0.47 | 1.52±0.52*** | 5.37±1.46** |
| Mg ⁺ /Creatinine | 0.44±0.05 | 0.18±0.06** | 0.43±0.28 |
| UUN | 2406.33±384.59 | 576.83±72.96** | 918.00±156.85** |
| UUA | 3.37±0.57 | 1.20±0.23** | 1.33±0.17** |
| Osm | 494.00±98.07 | 315.00±18.47 | 400.00±44.11 |

Table 1 :Urine and serum biochemistry data

Figure 1 NCC changes along with SGLT2 treatment

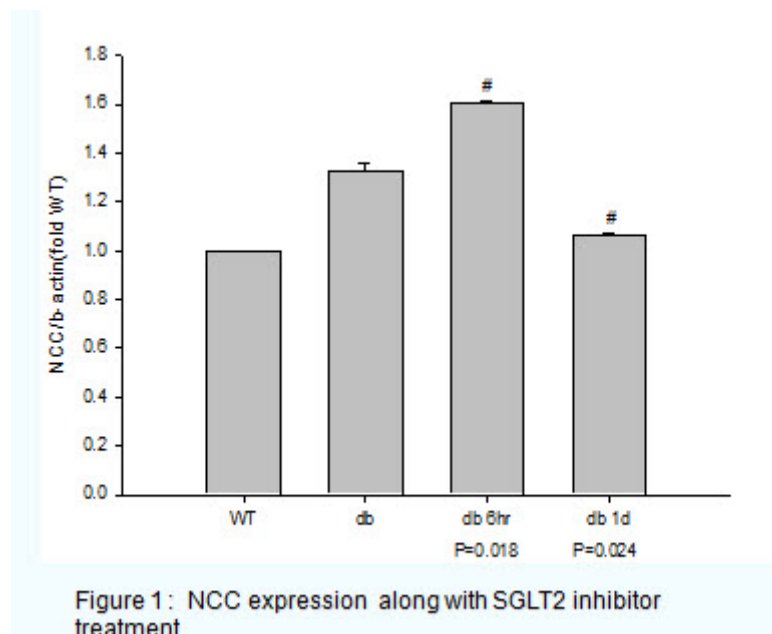


Figure 1: NCC expression along with SGLT2 inhibitor treatment