

Hepatobiliary Toxicity of Ciprofloxacin (An Antibiotic) In Albino Rats

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Abstract: Various antibiotics are known to elicit side effects which may include toxicity to different body organs. Hence, the present study investigated the effect of ciprofloxacin (a wide-spectrum antibiotic) on hepatobiliary system in albino rats. Twenty (20) adult male albino rats were divided into five groups of four rats each. Groups A, B, C and D were treated orally with 3.57, 7.14, 14.28 and 21.42mg/kg body weights of ciprofloxacin solution respectively for seven consecutive days, while group E served as the control. The serum activity of Alanine aminotransferase (ALT), Aspartate aminotransferase (AST) and Alkaline phosphatase (ALP) were used to access the hepatotoxicity of the drug. There was a decrease in physical activities, feed and water intake in the treated groups, while the control showed no noticeable changes. The average body weight of the treated animals decreased, while that of the control increased. The total protein concentration of treated groups was not significantly different ($P>0.05$) from that of the control. The activities of the enzymes (AST, ALT and ALP) in the serum of the albino rats in the test groups were found to be significantly higher ($P<0.05$) from that of the control. This effect was found to vary among the doses. These findings are indicative that ciprofloxacin (an antibiotic) may be toxic to the cells of the hepatobiliary system.

Keywords: hepatobiliary, hepatotoxicity, ciprofloxacin and albino rats.

I. Introduction

Antibiotics are substances derived from microorganisms that inhibits or destroy the growth of other microorganisms. Antibiotics are used to treat infections caused by organisms that are sensitive to them, usually bacterial or fungi. They alter the normal microbial content of the body (example, in the lungs, bladder and intestine) by destroying one or more groups of harmless or beneficial organisms, which may result in infection (such as thrush in women) due to over growth of resistance organisms. These side effects are most likely to occur with broad-spectrum (those active against a wide variety of organisms) (Dorland, 2010).

Resistance may develop by the micro-organisms being treated; for example, through correct dosage or over prescription. Antibiotics should not be used to treat minor infections which will clear up unaided. Some antibiotics may cause allergic reactions (Dorland, 2010). With advances in the medicinal chemistry, most of today's antibacterial chemically is semi-synthetic modifications of various natural compounds (Von, 2006). These include the beta-lactamantibacterial, which include the penicillins. Compounds that are still isolated from living organisms are the aminoglycoside, whereas, other antibacterial, for example, the quinolones, the oxazolidinones and the sulfonamides are produced solely by chemical synthesis (Lindblad, 2008).

Antibiotics are commonly classified based on their mechanisms of action, chemical structure or spectrum of activity. Most target bacterial functions or growth process. Those that target the bacterial cell wall (penicilins and cephalosporins) or the cell membrane (polymyxins) or interfere with essential bacterial enzymes (quinolones and sulfonamides) have bacterial activities. Those that target protein synthesis (aminoglycosides, tetracyclins and macrolides) are usually bacteriostatic (Calderon and Sabundayo, 2007).

Fluoroquinolones are synthetic antibacterial agents that are used in the treatment of a variety of bacterial infections. The first quinolone, nalidixic acid was introduced in 1962 (Oliphant and Green, 2002). Fluoroquinolones induces their action by inhibiting DNA synthesis through promoting cleavage of bacterial DNA in the DNA-enzyme complexes of DNA gyrase and type IV topoisomerase, resulting in rapid bacterial death (Iannini *et al.*, 2001).

Like other quinolones, ciprofloxacin which contains ciprofloxacin hydrochloride induces hepatotoxicity, cholestatic jaundice, elevated level of total bilirubin, direct bilirubin, alkaline phosphatase, aspartate aminotransferase and prolonged prothrombin time (Hirsch and Lundquist (2009). Wayers *et al.* (2002) reported

increased in lipid hydroperoxide (COOH) in the liver of mice exposed to ciprofloxacin. Increased in lipid hydroperoxide (COOH) is a marker of ciprofloxacin induced stress in the liver. On the contrary other researchers reported the safety of ciprofloxacin on the hepatic system. One of such reports is the ability of ciprofloxacin to reverse inhibitory effects of ethanol and carbon tetrachloride on hepatic injury (Minuk *et al.*, 2005).

AIMS/OBJECTIVES

The aim of this research was to evaluate the hepatobiliary toxicity of ciprofloxacin (an antibiotic) in albino rats using Aspartate aminotransferase (AST), Alanine aminotransferase (ALT) and Alkaline phosphatase (ALP) activity as an indicator after treating the rats with the drug.

II. Materials And Methods

COLLECTION OF ALBINO RATS

Twenty adult male albino rats were collected from the Department of Veterinary, University of Nigeria, Nsukka, using steel cages and transferred to Ebonyi State University Animal House in Presco Campus, Abakaliki, Nigeria.

COLLECTION OF CIPROFLOXACIN TABLET

The ciprofloxacin tablets (500mg) were bought from Godal Pharmacy in Abakaliki, Ebonyi State.

PREPARATION OF CIPROFLOXACIN TABLET

Fourty tablets of ciprofloxacin weighing 2000mg were dissolved in 500ml of distilled water inside a beaker and stirred properly to form a solution. 40ml of the drug solution was measured and diluted with 400ml of distilled water, the concentration was obtained (4mg/ml). The drug solution was poured into a container and stored in refrigerator.

MEASUREMENT OF WEIGHT

The weight of the rats was measured daily, using a weighing balance and this was also used to determine the actual volume of the prepared solution of ciprofloxacin to be administered.

ANIMAL HANDLING AND TREATMENTS

The albino rats were divided into five groups of four rats each. The animals were fed with grower's mash and water on daily basis for seven days for acclimatization. The ciprofloxacin solution was administered to the animals using a 2ml syringe in accordance to their body weight. The animals in group E were the control and they were given distilled water while those in groups A, B, C and D were given 3.57, 7.14, 14.28, and 21.42mg/kg respectively for seven consecutive days.

COLLECTION OF BLOOD FROM ANIMALS

After seven days of administration, the animals were fasted overnight and blood samples were collected from them via cardiac puncture with mild anesthesia (diethylether). Blood sample was collected with a sterile bottle. The blood samples were taken to the laboratory where they were centrifuged and serum was removed for analysis.

DETERMINATION OF LIVER ENZYMES

Aspartate aminotransferase (AST), Alanine aminotransferase (ALT) and alkaline phosphatase (ALP) were determined by method described by Reitman and Frankel (1957).

III. Results

PHYSICAL OBSERVATIONS

There was a decrease in physical activities, feed and water intake in the animals treated with ciprofloxacin while the control group showed no noticeable changes.

AVERAGE WEIGHT (g) OF ANIMALS DURING SEVEN DAYS OF CIPROFLOXACIN SOLUTION ADMINISTRATION

There was a decrease in the average body weights of the treated groups (A, B, C and D) when compared with that of the control group E rats.

Table 1: CHANGES IN BODY WEIGHT

The average body weight of the groups

DOA	GROUP A	GROUP B	GROUP C	GROUP D	GROUP E
1	130.75±8.30	130.50±7.37	100.50±7.37	77.50±5.00	78.75±2.50
2	130.50±8.23	125.75±4.92	97.50±9.57	73.50±5.80	87.50±5.00
3	123.75±4.22	122.50±5.00	97.50±9.57	68.75±3.95	95.25±5.77
4	120.50±8.23	107.50±9.57	87.50±9.57	66.25±5.56	97.50±5.00
5	119.75±0.50	104.50±10.00	79.50±1.00	64.75±2.87	102.50±6.46
6	107.50±9.57	103.50±9.98	77.50±5.00	57.50±4.86	110.75±8.17
7	105.75±9.50	97.50±9.45	70.75±7.37	53.75±3.95	112.50±5.00

Values = Mean ± Standard Deviation
DOA = Day of Administration

AVERAGE PROTEIN CONCENTRATION, ENZYME ACTIVITY AND SPECIFIC ENZYME ACTIVITY FOR ALP

The protein concentration of the treated groups did not differ significantly (P>0.05), from that of the control. There was a significant increase (P<0.05) in the specific enzyme activity of the test groups when compared to the control.

Table 2: Changes in average enzyme activities, protein concentration and specific enzyme activity for ALP after seven days of drug administration.

ANIMAL GROUP	AVERAGE TOTAL PROTEIN (mg/l)	AVERAGE ACTIVITY (u/l)	SPECIFIC ENZYME ACTIVITY (u/l/mg/l)
A	0.48±0.08 ^c	17.37±0.88 ^c	286.71±7.13 ^b
B	0.49±0.07 ^b	22.41±1.43 ^b	284.48±7.55 ^b
C	0.44±0.01 ^a	27.28±2.08 ^a	408.86±5.78 ^a
D	0.40±0.06 ^b	34.31±1.23 ^a	538.82±9.02 ^c
E	0.63±0.04 ^a	12.00±1.20 ^b	164.04±5.83 ^a

All values are mean ± standard deviation, n = 4

Values within the same column having different superscript varied significantly (P<0.05)

AVERAGE PROTEIN CONCENTRATION (mg/ml), ENZYME ACTIVITY (u/l PROTEIN) FOR ALT

Table 3: Showed the result of protein concentration of enzyme activities of alkaline phosphatase (ALT). The protein concentration of the test groups did not differ significantly (P>0.05), from that of the control. There was a significant difference (P<0.05) between the specific enzyme activity of the test groups from the control.

Table 3: Changes in average enzyme activities, protein concentration and specific enzyme activity for ALT after seven days of drug administration.

ANIMAL GROUP	AVERAGE TOTAL PROTEIN (mg/l)	AVERAGE ACTIVITY (u/l)	SPECIFIC ENZYME ACTIVITY (u/l/mg/l)
A	0.48±0.08 ^c	135.42±3.09 ^a	37.12±7.31 ^c
B	0.49±0.07 ^b	161.76±6.73 ^b	47.09±10.01 ^a
C	0.44±0.01 ^a	177.81±3.29 ^a	62.70±4.40 ^b
D	0.40±0.06 ^b	206.20±9.78 ^c	88.37±11.10 ^a
E	0.63±0.04 ^a	103.04±6.50 ^b	19.17±2.56 ^b

All values are mean ± standard deviation, n = 4

Values within the same column having different superscript varied significantly (P<0.05)

AVERAGE PROTEIN CONCENTRATION (mg/ml), ENZYME ACTIVITY (u/I PROTEIN) FOR AST

Table 4: Showed the result of protein concentration of enzyme activities of aspartate aminotransferase (AST). The protein concentration of the test groups did not differ significantly ($P>0.05$), from that of the control. There was a significant difference ($P<0.05$) between the specific enzyme activity of the test groups from the control.

Table 4: Changes in average enzyme activities, protein concentration and specific enzyme activity for AST after seven days of drug administration.

ANIMAL GROUP	AVERAGE TOTAL PROTEIN (mg/1)	AVERAGE ACTIVITY (u/1)	SPECIFIC ENZYME ACTIVITY (u/1/mg/1)
A	0.48±0.08 ^c	27.68±1.62 ^b	59.19±4.19 ^a
B	0.49±0.07 ^b	31.19±1.87 ^b	65.30±5.10 ^a
C	0.44±0.01 ^a	40.54±0.87 ^a	93.20±7.04 ^b
D	0.40±0.06 ^b	49.91±3.07 ^c	129.93±9.93 ^c
E	0.63±0.04 ^a	21.23±1.33 ^b	33.91±3.84 ^a

AH values are mean ± standard deviation, n = 4

Values within the same column having different superscript varied significantly ($P<0.05$).

IV. Discussion

The actual biochemical mechanism, responsible for the observed decrease in physical activities, water intake and feed is not clear. However it may be due to some chemical constituents of the administered drug (ciprofloxacin). The work by James *et al.*, (2001), observed that some of the antibiotics influenced various body processes such as appetite and overall body metabolism of the animals. The influence may be as a result of the stimulation/inhibition of the cell metabolic enzymes.

The body weight of the animals treated with drug sample significantly decreased ($P>0.05$) while the control increased during the days of administration. The actual mechanism to support this loss of weight can be a suggestion for further studies (Young, 2007).

The protein analysis carried out on the serum revealed an insignificant difference ($P>0.05$) in protein concentration between the test groups and the control. This suggests that the chemical constituents of the drug at the doses administered may not influence the rate of protein synthesis and degradation. This report has also been presented by Douglas *et al.*, (2010) when the albino rats were treated with ofloxacin, an antibiotic drug.

V. Conclusion

Based on the results of this research, the use of ciprofloxacin tablet may lead to hepatobiliary toxicity especially when taken at higher dose. This is indicated by the rising activities of the enzymes AST, ALT and ALP as a result of the malfunction of the sites of their production. However, more investigations are required to establish the actual mechanisms involved.

References

- [1]. Anthony, G. S. (2011). Chronic Myelogenous Leukemia and AST levels. *Journal of Hematology*, **4**: 245-247.
- [2]. Appendix, E. (2012). Stem cell markers in stem cell information services. *Journal of Physiology*, **8**(5): 75-82.
- [3]. Bach, M. E., Wise, R., Andrew, J. M. and Edward, L. J. (2002). In vitro activity of Bay 09867, a new quinoline derivative, compared with those of other antimicrobial agents. **23**(4): 559-564.
- [4]. Ball, P. (2000). Quinolone generations: natural history or natural selection. *Journal of Antimicrobial agents*, **46**(1): 17-24
- [5]. Basset, R. (2008). Disposition at Toxic Drugs and chemicals in man, 8th edition, Biomedical publications, Foster city, CA, 313- 315.
- [6]. Bellantani, S., Saccoccio, G. and Costa, G. J. (2000). Drinking habits as cofactors of risk for alcohol Induced liver damage, *Journal of toxicology*, **41**(8): 45-50
- [7]. Bizzaro, N. and Tremolada, F. C. (2003). Serum alanine aminotransferase Levels among Volunteer blood Donors: effect of sex, alcohol intake and obesity. *Journal of Gastro-entormology*, **24**(2): 37-41.
- [8]. Bolhuis, M. S., Panday, P. N., Pranger, A. D., Kosterink, J. G. and Alffenaar, J. W. (2011). Pharmacokinetic drug interactions of antimicrobial drugs. *Journal of Pharmaceutics* **3**(4): 865- 913.
- [9]. Bums, C. J., Boswell, J. M. and Olsen, G. W., (2001). Liver enzyme activity and body mass index. *Journal of Hepatology* **38**: 1248-52
- [10]. Burtis, R., Ashwood, P., Ruja, K. and Bindu, M. (2005). Bacterial resistance prompt concern among health officials. *Journal of bacteriology*, **3**: 768-781.
- [11]. Calderon, M. and Sumbunyo, K. (2007). Harrison's principles at Internal Medicine. 16th edition McGraw-Hill, U.S.A. 2280-2281
- [12]. Chodgson, M. J., Van, D. H., Larches, K. and Karpf, M. (2001). Liver injury test in hazardous waste Workers: the role of obesity. *Journal of toxicology*, **31**(2): 38-42.

- [13]. Coleman, R. W. (2002). Ofloxacin-induced acute severe hepatitis. *Southern Medical Journal*, **84**(9): 11-58
- [14]. Davis, R. and Bryson, H. M. (2001). Levofloxacin Drugs, *Journal of Pharmaceutics*, **47**(4): 677-700
- [15]. Dianne, M. (2000). Ciprolabely racision letter 08/30/2000supplement 008 Nemonolified indication. US food and Drug administration. 2:211-217
- [16]. Dolands, M. (2010). Approach to the patient with liver Disease: A guide to commonly use liver tests, 7th edition, Cleveland clinic U.S.A, 227-230.
- [17]. Douglas, K. M., Owman, F. and Chitsulo, L. (2010). Determination of 5 nucleotidase and ALP levels. *Biochemistry journal*. **82**:34-39.
- [18]. Drusano, G. L. (2001). Absolute oral bioavailability of aprofloxacin. *Antimicrobial Agents chemotherapy*. **30**(3): 446-6.
- [19]. FDA (2011). Fluoroquinolone drugs taken by mouth or by injection. FDA drug safety communication. 4th edition, U.S.A, 67-101.
- [20]. Fletcher, T. M. (2008). Risk of hepatotoxicity associated with fluoroquinolones: A national case-control safety study. *Antimicrobial journal*. **71** (1) 37-43
- [21]. Friedman, J. and polifka, J. (2000). Tetratogenic effects of drugs: a resources for clinician (TERIS). Baltimore, Maryland: John Hopkins university press .England, 149-195
- [22]. Gabriel, F. (2002). New oral macrolide and fluoroquinolone antibiotics, interactions and safety. *Journal of Pharceutics*, **1**:192-199
- [23]. Giboney, M. D. and Paul, T. (2010). Mildly elevated liver transaminasa levels in the symptomatic patient. *American family physician* **4**:126-137
- [24]. Hans, B.M and Berg, K.F. (2000). Drug interaction with quinolone antibacterial. *Drug safety. Journal of Pharmaceutics*, **7**(4): 268-281.
- [25]. Hirsh, A. and Lundquist, I. B. (2009). Therapeutic effects of ciprofloxacin on the pharmacokinetics of carbamezepine in healthy adult. *Journal of Pharmaceutics*, **24**(1):63-68.
- [26]. Hugh, Young (2003) Ciprofloxacin resistente gonorrhoea: the situation in Scotland and implication for therapy. *Journal of Pharmaceutics*, **37**(5): 112-117.
- [27]. Iannai, P. B. (2001,2007). The safety profile of moxifloxacin and other fluoroquinolones in special patient populations *Journal of Pharmaceutics* **2**:144-57
- [28]. Jacobs, M. (2005). Worldwide overview of Antimicrobial Resistance International symposium. *Antimicrobial Agents and resistance. Journal of Pathology*, **3**(6): 226-229
- [29]. James, S. G., Rodvold, K. A. and Piscitelli, S. C. (2001). New oral fluoroquinolone antibiotics: an overview of pharmacokinetics, interactions, and safety. *Journal of Pharmacology*, **17**(1): 192-9.
- [30]. Jankneght R. R. (2009) Drug interactions with quinolones. *Journal of antimicrobial agent*. **26**:7-29.
- [31]. Kaler, D. (2007). Effect of copper and associated diseases. *Chemistry journal*, **3**(7): 199-204.
- [32]. Laurence, B., John, L. and Keith, P. (2005) Goodman and Gilman's *The Pharmacological Basis of therapeutics* Me Graw-Hill. 2th edition, U.S.A, 405-412.
- [33]. Lexi-Comp (2009). Ciprofloxacin merk New York 130-132 Lind bland, Z. (2008) Henry's clinical diagnosis and management by laboratory methods 21st edition mchpherson and pincus, editions philadelphia, 86-256.
- [34]. Lindblad, H. G. (2008). Drug Resistance. *Journal of Pharmacology*. **35**(6): 224-228.
- [35]. Linder J. A., Huang E. S., Steinman, M. A. and Gonzales, R. (2005). Fluoroquinolones prescribing in the united states. *Antimicrobial journal* **118**(3): 259-68.
- [36]. Loebstein, R., Addis, A. and Andreou, R. (2000) Pregnancy outcome following gestational exposure to fluoroquinolones. A multicenter prospective controlled study. *Antimicrobial Agents chemotherapy* **42**(6):1336-1339.
- [37]. Mcmillian, A. and Young H. (2007). Cefixime its therapeutic efficacy in lower Respiratory tract infections drugs. *Journal of Pharmaceutics*, **49**:107-212.
- [38]. Minuk, W. S. Vaher, D. and Vogelstein, B. (2005). *The metabolic and molecular bases of inherited diseases*. 8th edition. New York, 5313-5329.
- [39]. Murray, R. L. (2008). Alanine amonotransferase in: *methods in clinical chemistry*, Pesce; A.J., AND Kaplan, L.A. 5th editions, Mosby, St. Louis. Cleveland, 478-507.
- [40]. Nelson, M., Sharm, D. and Ansari, B. (2007). Assessment of therapeutic efficacy antibiotic drugs for typhoid fever in areas with intense spread, 3th editions, St. Mount, Oakland 3-26.
- [41]. Oliphant, C. M. and Green, G.M. (2002). Quinolones: a comprehensive review. *American physician* **65**(3): 455-64
- [42]. Polyanovsky, A.S., Denisova, G.L., Jenkin, E.A. and Meclancler, S.A. (2000). Serum aminotransferase concentration as evidence of hepatocellular damage. *Lancet*; **355**: 591-599
- [43]. Pomminer, Y., Leo, E., Zhang, H. and Marchand, C. (2010). DNA-topoisomerase and their poisoning by anti-cancer and antibacterial drugs. *Journal of Pharmacology*, **17**: 421-433.
- [44]. Reitman, S. and Frankel, S. (1957). *Journal of clinical pathology*. **28**:56.
- [45]. Renata Albrecht (2004). Ciprolabelling *Revist on Letter* 03-25-2004. supplement 049 patient population Altered.
- [46]. Schaefer, C.; Amoura-Elefant, E., Vial, T. and Ornoy, A. (2003). Pregnancy outcome after prenatal quinolones exposure. *European Jobstet Gynecology* **69**(2): 83-9.
- [47]. Shin, H. C., Kim, J. C., Chung, M. K. and Kim, J. C. (2003). Fetal and material tissue distribution of the new fluoroquinolones phammacol. *Journal of Pharmacology*, **136**(1): 95-102.
- [48]. Stork, W. (2008). *Fundamentals of clinical chemistry*. 4th. Edition, Elsevier India Publishing Company Limited, New Delhi. 317-328.
- [49]. Tietz, F. C., Burke, J., Qiang, W. and Salim, M. (2008). Interaction of Ciprofloxacin. *Journal of Pharmacology*. **23**(4): 335-339.
- [50]. Tomas, L., Huttova, J., Mistick, J. and Kogan, G. (2002). Effect of carboxymethylchiffin-glucan on the activity of some hydrolytic enzymes in maize plants chemical paper, **56**(5):326- 329.
- [51]. Vatopoulos, A. C. (2009). Bacterial Resistance to ciprofloxacin in Greece: Results from the National Electronic Surveillance System. *Journal of pathology*, **3**(1): 221-228
- [52]. Von, P. (2006). *Manual of Diagnostic and Laboratory Test*. 3rd. Edition. St. Louis: Mosb Elsevier, U.S.A, 49-51.
- [53]. Wang, P. (2012). Mechanism of Alanine aminotransferase proposed on the basis of its spartial structure. *Journal of Molecular Biology*, **174**(3): 497-525.
- [54]. Wayers, R. W., Johnson, C. E. and Carlin, S. A. (2002). Cefixime compared with amoxiillin for treatment of acute otitis. *Medical Journal of Pediatrics*, **1**:117-212.

- [55]. WHO. (2000). Assessment of therapeutic efficacy antibiotic drugs for typhoid fever in areas with intense spread, *Journal of Toxicology*, **4**: 3-26.
- [56]. Whyte, M. P. (2001). Hypophosphatasia in server, C.R. beaudet, A: L.7:123-128
- [57]. Wilkinson, J. H. (1970). Clinical significance of enzymes Activity measurement. *Journal of Clinical Chemistry*, **16**:882.
- [58]. Young, D. S. (2007). Effects of Drugs on chemical laboratory Test. 5th Edition, Association for clinical Chemistry St. Louis, U.S.A. **77**:1-8.