



Morphofunctional Changes in Basophilic Cells of the Adenohypophysis during Post-resuscitation Disease

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Authors' contributions:

This work was carried out in collaboration between both authors. Author AGK developed the study, conducted statistical analysis, compiled a protocol and wrote the first draft of the manuscript. Author RII is a scientific consultant in this work. Both authors read and approved the final manuscript

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ABSTRACT

In the post-resuscitation period through the I-II-III-IV-V - stages and long - term periods (1 and 3 months) of post – resuscitation disease, the morpho functional activity of β -and d-basophil cells of the adenohypophysis was studied in white male rats with a weight of 180-220 g, who suffered a 10-minute stop of systemic circulation (compression of the vascular bundle of the heart by the method of V. G. Korpachev). False-operated animals served as a control. Morphological, morphometric, histochemical, and cytophotometric studies of the state of both β - and d - basophil cells of the adenohypophysis were performed. We used image analysis using a leys microscope with an electronic micro-nozzle attached to an Intel computer, and the content of the glycoprotein was studied using a cytophotometer. In the postoperative period during the phase I identified in the background of gipergidratace cytoplasmic β - and d - basophilic cells of the anterior pituitary, in the period of II-III stage disease gipergidratace nuclei β - and d - basophilic cells of the anterior pituitary revealed an increase in the excretion of glycoprotein in blood, i.e., the observed compensatory-adaptive reactions. Starting from stage IV and in remote periods of post-resuscitation disease, compensatory and restorative processes were observed against the background of hyperhydration of the nuclei.

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1. INTRODUCTION

The study of mechanisms and patterns of disorders developing at the level of the hypothalamic-pituitary system is essential for identifying the mechanism of reactivity disorders in the post-resuscitation period. Hypoxic and reoxygenation processes undoubtedly affect the morphofunctional state of the cells of the Central nervous system (CNS) [1], respectively, and the neurosecretory structures of the hypothalamic-pituitary system of the body [2,3,4]. Currently, one of the most urgent tasks of resuscitation is to find effective methods of protecting brain nerve cells and subcortical structures [5,6].

In the post-resuscitation period, the prevalence of activity of sympathoadrenal system and connection ergotropic functions of the body contributes to the prevalence catabolic processes ATP cell structure [7,8,9]. At the same time, the productive state of the body's cells remains at a disadvantage, that is, there is an imbalance between the sympathetic nervous system and the parasympathetic nervous system, between the catabolic and anabolic hormonal systems and processes [10,11,12, 13].

The main link responsible for the production of various States of the body is the preoptic and arcuate nucleus of the hypothalamus, as well as alpha and beta basophilic cells of the adenohypophysis, which lead to an increase in gonadal hormones and the subsequent development of physiological responses of the body [14,2].

To analyze the regularities and mechanisms of post-resuscitation changes in basophilic cells of the adenohypophysis, it is essential to study the morphofunctional activity of basophilic cells of the adenohypophysis in the post-resuscitation period when modelling a 10-minute clinical death.

1.1 Purpose of Research

To identify morphofunctional changes in the basophilic cells of the adenohypophysis in the I-II-III-IV-V stages and remote periods (1 and 3 months) of post-resuscitation disease when modelling 10-minute clinical death.

2. MATERIALS AND METHODS

In connection with this task, the study was conducted on 70 mongrel male rats with a bodyweight of 170-220 g. in which the state of clinical death and post-resuscitation illness was modeled according [15]. All the studied animals were divided into 2 groups.

Group I included 35 intact rats (false-operated animals).

In group II, 35 rats, post-resuscitation disease was simulated after 10 minutes of clinical death. At the same time, the studied rats were in the same conditions and on the same diet.

The slaughter of animals was carried out by instantaneous decapitation. For each term, 10 or more animals were slaughtered.

Pieces of the brain, including the hypothalamus and pituitary, were fixed in Buena's fluid. After posting on alcohols of ascending concentration, the pieces were filled with paraffin, then they were prepared into sections 5-7 microns thick, oriented in the frontal or sagittal planes .

Sections were coloured using the following methods:

1. The Color of the paraldehyde fuchsinfor Gomori to gab with the color of the azan for Heidengain.
2. Chromo - alum hematoxylin And phloxin staining by Homori.
3. Hematoxylin-eosin for a General overview of cross-sections and judgment of morphological shifts in cells of the hypothalamic-pituitary system.

The study of the adenohypophysis was carried out at the level of b - and d - basophil cells of the anterior pituitary lobe. The functional activity of basophil cells of the adenohypophysis were determined according to the criteria of the functional activity of cells (high, moderate and low activity) content of glycoprotein a measurement of the volume of nuclei of cytoplasma basophilic cells of the pituitary gland, which includes the calculation of the percentage of individual types of basophilic cells [16,17].

The content of glycoprotein in basophilic cells of the adenohypophysis was determined by two-wave cytophotometric method [18].

The volume of cytoplasm, nuclei and nucleoli of cells was measured using a micrometer MOV-1-15.

The functional character of the nuclei was evaluated using the nuclear-cytoplasmic index. Index = the nucleus /volume of the cytoplasm. An increase in the index indicates an increase in the genetic activity and hydration of cell nuclei. A decrease in the index indicates the hydration of the cytoplasm and a decrease in the genetic activity of cell nuclei [19].

To determine the reliability of differences between the indicators of individual groups of experimental animals, statistical processing was performed using the standard Microsoft Office – Excel 2000 software package. The differences between the two compared indicators were considered reliable at $P=0,05$ and $P < 0,05$.

3. RESULTS AND DISCUSSION

In the study, the morphofunctional reactivity of basophilic cells of the adenohypophysis in intact animals, β - and d - basophilic cells are scattered throughout the adenohypophysis (Fig. 1A). They are mainly defined around the vessels. When determining the functional activity of β - and d - basophilic adenocytes, cells are at a stage of different functional activity. At the same time, in β - and d-basophilic cells, the number of highly active cells is $10,6 \pm 0,4\%$ and $10,8 \pm 0,4\%$. The glycoprotein is located mainly in the pericaryon region. The drug is mainly dominated by cells of moderate functional activity, their number varies between $70,6 \pm 0,4\%$ and $70,4 \pm 0,6\%$, the glycoprotein in them is scattered throughout the cytoplasm, diffusely and loosely, and the number of cells of low functional activity, that is, with a densely located glycoprotein in the cytoplasm is determined within $18,8 \pm 0,4\%$ and $18,8 \pm 0,4\%$. On average, the content of glycoprotein in β - and d-basophilic cells is determined in the range of $155,8 \pm 3,3$ u. u. and $156,0 \pm 3,1$ u.u.

The value of the nuclear-cytoplasmic ratio in β - basophilic adenocytes is equal to $0,215 \pm 0,0009$, and in d-basophilic adenocytes the value of the nuclear-cytoplasmic ratio is less in comparison with β - basophilic adenocytes and is equal to $0,156 \pm 0,001$.

If the obtained data is interpreted with the data of A. L. Polenov (1971), we can say that the basophilic cells of the adenohypophysis are at the stage of moderate functional activity.

In the post-resuscitation period of stage I of the disease in the adenohypophysis (Fig. 1B) there is an increase in the functional activity of β - and d-basophilic cells, that is, there is a transition of basophilic cells to a higher functional activity, where the high functional activity in β -basophilic cells is increased to $16,0 \pm 0,9\%$, and in d - basophilic cells to $16,8 \pm 1,1$ ($P < 0,01$). Accordingly, there is a decrease in the number of basophilic cells of moderate and low functional activity, in β - basophilic cells to $68,8 \pm 1,0$ % ($P > 0,05$) and $15,2 \pm 0,4\%$ ($P < 0,01$), and in d - basophilic cells to $68,2 \pm 1,6\%$ ($P > 0,05$) and $15,0 \pm 0,7\%$ ($P < 0,01$) with a decrease in the glycoprotein in β - basophilic cells to $148,2 \pm 1,8$ ($P > 0,05$), and in d - basophilic cells up to $147,4 \pm 1,7$ units ($p > 0,05$). The index of the nuclear-cytoplasmic in β -and d - basophilic adenocytes decreases to significant values. In this case, in β -basophilic adenocytes, it is equal to $0,211 \pm 0,004$ ($P < 0,01$), and in d - basophilic adenocytes it is $0,153 \pm 0,0004$ ($P > 0,05$).

Stage II of the disease (Fig. 1C) in basophilic cells of the adenohypophysis, a further increase in the number of basophilic cells of high functional activity in β - basophilic cells to $27,8 \pm 1,2\%$ ($P < 0,001$), and in d - basophilic cells to $26,6 \pm 1,3\%$ ($P < 0,001$) with a decrease in the number of basophilic cells of moderate and low functional activity decreases in β - basophilic cells to $59,2 \pm 0,9\%$ ($P < 0,001$) and $13,0 \pm 1,0\%$ ($P < 0,001$), as well as the amount of glycoprotein to $144,6 \pm 1,9$ units ($p < 0,05$). In d-basophilic cells, the number of cells of moderate and low functional activity decreases to $59,8 \pm 1,4\%$ ($P < 0,01$) and $13,6 \pm 0,9\%$ ($P < 0,01$), including the amount of glycoprotein to $132,1 \pm 1,8$ u. u. ($P < 0,01$).

The index of the nuclear-cytoplasmic ratio, while in β - basophilic adenocytes decreases to $0,210 \pm 0,0004$ ($P < 0,01$), and in d - basophilic adenocytes to $0,153 \pm 0,0004$ ($P > 0,05$).

At stage III of the disease (Fig. 1D) basophilic cells of the adenohypophysis are in maximum functional activity. At the same time, the number of cells of high functional activity increases in β - and d - basophilic cells to $62,4 \pm 1,2\%$ ($P < 0,001$) and $61,2 \pm 1,4\%$ ($P < 0,001$). In β -basophilic cells, cells of moderate and low functional activity are reduced to minimum values of $30,8 \pm 1,1\%$ ($P < 0,001$) and $6,6 \pm 0,5\%$ ($P < 0,001$), d - basophilic cells to $31,6 \pm 1,3\%$ ($P < 0,001$) and $7,2 \pm 0,4\%$ ($P < 0,001$). At the same time, against the background of high functional activity, there is a decrease in the amount of glycoprotein in β -

basophilic cells to $127,1 \pm 2,4$ u. u. ($P < 0,01$), and in d - basophilic cells to $128,2 \pm 2,5$ u. u. ($P < 0,01$).

Where the index is nuclear-cytoplasmic ratio of β - basophilic denieth to $0,214 \pm 0,0004$ ($P > 0,05$), and d - basophilic denieth to $0,156 \pm 0,0004$ ($P > 0,05$), so that at this period occurred perpetrate nuclei of the basophilic cells of the anterior pituitary that corresponds to a substantial increase in the synthetic activity in the cell c data scientists [12].

Consequently, it can be said that in the early post-resuscitation period, β - and d-basophil cells during the I-II stage, there is a predominance of secretory activity of these cells, starting from the III stage of the disease, due to the activation of the genetic apparatus aimed at the synthesis of glycopptides. That is, in this period of post-resuscitation disease, there is a compensatory-adaptive reaction in the form of increased synthesis and secretion in the β - and d - basophil cells of the adenohypophysis.

Starting from the disease, the functional activity of basophilic cells of the adenohypophysis is still at the stage of enhanced synthesis and secretion (Fig. 1E). There is a decrease in the number of cells of high functional activity in β -basophilic cells to $59,6 \pm 0,8\%$ ($P < 0,001$) and d - basophilic cells of high functional activity to $57,6 \pm 0,8\%$, with an increase in the number of cells of moderate and low functional activity in β - basophilic cells to $32,0 \pm 0,8\%$ ($P < 0,001$) and $8,4 \pm 0,2\%$ ($P < 0,001$), the glycoprotein to $138,4 \pm 1,3$ u. ($P < 0,01$) and d - basophilic cells to $33,4 \pm 0,9\%$ ($P < 0,001$) and $9,0 \pm 0,3\%$ ($P < 0,001$) amount of glycoprotein to $139,4 \pm 1,2$ ($P < 0,001$), where the index of nuclear - cytoplasmic ratio of β - basophilic denieth increases to $0,214 \pm 0,0003$, and d - basophilic denieth to $0,156 \pm 0,0004$, where the performance slightly compared with previous series of observations ($P > 0,05$).

At stage V of the disease, the basophilic cells of the adenohypophysis still remain in the stage of high functional activity (Fig. 1G). There is a further decrease in the number of cells of high functional activity in β -basophilic cells to $50,6 \pm 0,5\%$ ($P < 0,001$), and in d - basophilic cells the number of highly active cells to $49,0 \pm 0,9\%$ ($P < 0,001$).

Cells of moderate and low functional activity in β -basophilic cells increased to $39,0 \pm 0,6\%$ ($P < 0,001$) and $10,4 \pm 0,5\%$ ($P < 0,001$), the amount of glycoprotein to $146,6 \pm 1,4$ ($P < 0,05$). In d-

basophilic cells, the number of cells of moderate and low functional activity increases to $39,8 \pm 1,1\%$ ($P < 0,001$) and $11,2 \pm 0,6\%$ ($P < 0,001$), and the amount of glycoprotein to $147,3 \pm 19$ ($P < 0,05$) compared to 24 - hour post - resuscitation disease, the index of the nuclear-cytoplasmic ratio remains increased compared to intact and previous series of observations. In this case, the index in β -basophilic adenocytes is $0,215 \pm 0,0004$ ($P > 0,05$) and in d - basophilic adenocytes $0,156 \pm 0,004$ ($P > 0,05$).

In the remote period of stage V of the disease (after 1 month) in the basophilic cells of the adenohypophysis, there is also a further increase in the content of glycoprotein, a decrease in the volume of cytoplasm, the volume of nuclei and nucleoli more in d-basophilic adenocytes (Fig. 1Z). The number of basophilic cells of moderate and low functional activity in β - basophilic cells increases to $49,6 \pm 1,4\%$ ($P < 0,001$) and $15,8 \pm 0,9\%$ ($P < 0,001$). The glycoprotein content is up to $148,0 \pm 1,3$ ($P < 0,05$). In d - basophilic cells, cells of moderate and low functional activity were increased, as well as β -basophilic cells to $50,8 \pm 1,2\%$ ($P < 0,001$) and $16,2 \pm 0,6\%$ ($P < 0,05$), the glycoprotein content to $149,4 \pm 2,5$ u.u. ($P < 0,01 - > 0,05$) compared to 24 - hour post-resuscitation disease. The number of cells with high functional activity in β - basophilic cells decreases to $34,6 \pm 0,8\%$ ($P < 0,001$). Such changes are more pronounced in d-basophilic cells. The number of cells with high functional activity decreases to $33,0 \pm 0,7\%$ ($P < 0,001$). The index of the nuclear-cytoplasmic ratio remains at a higher level. In basophilic adenocytes, it is within the range of $0,215 \pm 0,0004$ ($P > 0,05$). In d - basophilic adenocytes, it is reduced to $0,156 \pm 0,0004$ ($P > 0,05$), compared to animals that had post-resuscitation disease after 24 hours.

At the 3rd month of post-resuscitation illness (Fig. 1I) in the adenohypophysis, basophilic cells are still in the stage of high functional activity, As in this case, basophilic cells of high functional activity are at a high level compared to intact ones, the number of them in β - basophilic cells decreases in comparison with 24 - hour post - resuscitation disease to $35,6 \pm 0,7\%$ ($P < 0,001$) in d - basophilic cells, as well as β -basophilic cells, cells of high functional activity decrease to $35,4 \pm 0,9\%$ ($P < 0,001$). There is an increase in the number of basophilic cells of moderate and low functional activity, that is, there is a continuation of the recovery process in this period of post-resuscitation disease. Where in β -basophilic cells, the number of cells of

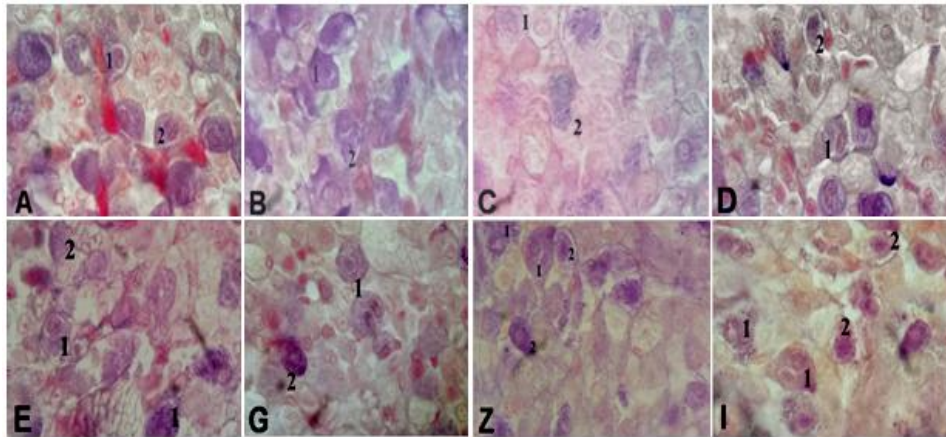


Fig. 1. Morphofunctional reaction of basophilic cells of the adenohypophysis in the post-resuscitation period in the simulation of 10-minute clinical death. Color of the paraldehyde fuchsinfor gomori to gab with the color of the azan for heidengain

Magnification: about. 100x, approx. 15x. Numbers are indicated: 1. β -basophilic cells, 2. d-basophilic cells.

Note: A-intact animals; during post-resuscitation illness: B-stage I; C-stage II; D-stage III; E-stage IV; G-stage V; Z-after 1 month; I-after 3 months

moderate and low functional activity increases to $48,0 \pm 1,3\%$ ($P < 0,001$) and $16,4 \pm 0,9\%$ ($P < 0,001$), and the amount of glycoprotein to $150,2 \pm 1,1$ ($P < 0,01$), as in d - basophilic cells, the number of cells of moderate and low functional activity increases to $47,4 \pm 1,3\%$ ($P < 0,001$) and $17,2 \pm 0,9\%$ ($P < 0,01$). The amount of glycoprotein increases to $151,0 \pm 1,4$ ($P < 0,01$) compared to 24 - hour post - resuscitation disease, but the number of cells of moderate and low functional activity, as well as the amount of glycoprotein in β - and d-basophil cells of the adenohypophysis are still at a slightly low level compared to intact cells ($P > 0,05$).

The index of the nuclear-cytoplasmic ratio in β - and d-basophilic adenocytes is still slightly high compared to intact ones in this period of post-resuscitation disease. Where the nuclear-cytoplasmic ratio in β - basophilic adenocytes decreases to $0,214 \pm 0,0004$ ($P > 0,05$), and in d - basophilic adenocytes to $0,157 \pm 0,0004$ ($P > 0,05$).

If the obtained data are interpreted with the data of scientists [19,20], then, starting from 3 days of the post-resuscitation period, these animals have a compensatory-restorative process against the background of hyperhydration of the basophilic cell nuclei of the adenohypophysis. The same as in this case, depending on the duration of post-resuscitation disease in the basophilic cells of the adenohypophysis, the hyperhydration of the nuclei decreases and the content of the glycoprotein increases. Thus, based on the data

obtained, the following conclusions can be drawn:

4. CONCLUSION

In the early post - resuscitation period-I-II-III stages of the disease, a compensatory-adaptive reaction occurs with an increase in the functional activity of β - and d-basophil cells of the adenohypophysis with the release of a glycoprotein into the blood. Starting from stage IV and in remote periods of post-resuscitation disease, compensatory and restorative processes were observed against the background of hyperhydration of the nuclei.

CONSENT

It is not applicable.

ETHICAL APPROVAL

It is not applicable.

COMPETING INTERESTS

Authors have declared that no competing interests exist.

REFERENCES

1. Moroz VV, Silachev DN, Plotnikov E. Yu, Zorova LD, Pevsner IB, Greben'chikov OA, Likhvantsev VV. Mechanisms of cell damage and protection in ischemia/ reperfusion and experimental justification of the use of

- lithium-based drugs in anesthesiology. General Resuscitation Science. 2013;9(1):63-72.
2. Hamrahian AH, Oseni TS, Arafah BM. Measurements of serum free cortisol in critically ill patients. *N Engl J Med*. 2004; 350:1629–1638.
 - Meethal SV, Liu T, Chan H. W, et al. Identification of a regulatory loop for the synthesis of neurosteroids: a steroidogenic acute regulatory protein-dependent mechanism involving hypothalamic-pituitary-gonadal axis receptors. *J. Neurochemistry*. 2009;110(3):1014–1027.
 3. Miller JB, Donnino MW, Rogan M, Goyal N. Relative adrenal insufficiency in post-cardiac arrest shock is under-recognized. *Resuscitation*. 2008;76:221–225.
 4. Schultz CH, Rivers EP, Feldkamp CS, Goad EG, Smithline HA, Martin GB, Fath JJ, Wortsman J, Nowak RM. A characterization of hypothalamic-pituitary-adrenal axis function during and after human cardiac arrest. *Crit Care Med*. 1993;21:1339–1347.
 5. Avrushchenko M. Sh, Zarzhetskiy Yu V, Moroz VV, Ostrov IV, Gudasheeva TA, Seredenin SB. Influence of the nerve growth factor gkc2 mimetic on the structural and functional state of the brain in the early post-rehabilitation period. *General resuscitation science*. 2012;8(5):19-23.
 6. Zarzhetsky Yu V, Moroz VV, Volkov AV. Influence of immunoactive drugs on functional recovery of the brain and steroid hormones in the post-resuscitation period. *General resuscitation science*. 2014;10(1): 5-11.
 7. Guyton AK, Hall DE. *Medical physiology: TRANS*. from English. edited By V. I. Kobrin. Moscow: Logosphere; 2008.
 8. Desborough JP. The stress response to trauma and surgery. *Br. J. Anaesth*. 2000; 85(1):109–17.
 9. Pene F, Hyvernat H, Mallet V, Cariou A, Carli P, Spaulding C, Dugue MA, Mira JP. Prognostic value of relative adrenal insufficiency after out-of-hospital cardiac arrest. *Intensive Care Med*. 2005;31:627–633.
 10. Popugaev KA, Savin IA. Somatotrophic insufficiency and the use of growth hormone in intensive care. Literature review. *Bulletin of anesthesiology and resuscitation*. 2011; 8(1):29-35.
 11. Volkov AV, Moroz VV, Ezhova KN, Zarzhetsky Yu V. The role of sex steroids in the recovery period after clinical death (experimental study). *General resuscitation science*. 2008;4(1):1-18.
 12. Fearnside MR, Cook RJ, McDougall P, McNeil RJ. The west mead head injury project outcome in severe head injury. A comparative analysis of pre-hospital, clinical and CT variables. *Br. J. Neurosurg*. 1993; 7(3):267–79.
 13. Hékimian G, Bagnon T, Thuong M, Monchi M, Dabbane H, Jaby D, Rhaoui A, Laurent I, Moret G, Fraisse F, et al. Cortisol levels and adrenal reserve after successful cardiac arrest resuscitation. *Shock*. 2004;22:116–119.
 14. Nikitina IL, Bayramov AA. Formation of gender and human reproductive system: past, present, future. *Treatment and prevention*. 2014;2:76-85.
 15. Korpachev VG, Losenkov SP, Tel AZ. Modeling of clinical death and post-resuscitation disease in rats. *Pat physiology*. 1982;78-80,
 16. Avtandilov GG. *Medical morphometry*. Moscow: Meditsina. 1990;384.
 17. Polenov AL. *Hypothalamic neurosecretion*. Ed. Nauka. 1971;159.
 18. Agroskin LS, Papayan GV. *Cytophotometry*. Nauka Publishing house Leningrad. 1977; 295.
 19. Taske K. *Introduction to quantitative and CITO-histological morphology*. Ed. Romanian. 1980;10-22.
 20. Dungan HM, Clifton DK, Steiner RA. Minireview: kisspeptin neurons central processors in the regulation of gonadotropin-releasing hormone secretion. *Endocrinology*. 2006;147(3):1154-1158.

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