

## Original Research Article

# Investigation of Factors Affecting Microdialysis Probe Delivery and Recovery of Puerarin In Vitro

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### Abstract

**Purpose:** To investigate in vitro the factors affecting microdialysis probe delivery and recovery of puerarin.

**Methods:** The recovery and delivery of puerarin were tested for extraction efficiency and retro-dialysis methods. Factors such as drug concentration, stirring speed, additives and length of membrane were studied to determine differences between recovery and delivery.

**Results:** It was observed that the delivery of the targeting analyte was different from its recovery. Both delivery and recovery of puerarin were independent of the concentration of the drug. Probe delivery increased from 62.18 to 67.98 % ( $p < 0.01$ ), recovery from 59.19 to 78.44 % ( $p < 0.01$ ), as stirring speed was increased from 0 to 800 rpm. The difference between them directly correlated with stirring speed in the range 2.99 to 10.46 %. Besides additives, length of membrane also had a strong influence on delivery and recovery. Probe delivery in saline containing 10 % each of ethanol and propylene glycol declined from 62.18 to 42.12 % ( $p < 0.01$ ), while recovery increased slightly but insignificantly ( $p < 0.01$ ). Both delivery and recovery declined when the length of membrane was reduced.

**Conclusion:** The in vitro experiments indicate that it would be incorrect to equate delivery with recovery of puerarin in in vivo microdialysis experiments.

**Keywords:** Microdialysis, Puerarin, Recovery, Probe delivery.

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## INTRODUCTION

Microdialysis is a dynamic technique for sampling. It has been widely applied in many fields in the last half-century and the technique is increasingly getting more sophisticated. It is a method that has been used for sampling free-form drug from the blood and extracellular fluid of different tissues, like muscles, organs, either in animals, human or plants [1]. Owing to the selective permeability of semi-permeable membranes, there were no bio-macromolecules in the collected samples. It is characterized by its

continuity, real-time when sampling *in vivo* and its easy sample pretreatment.

In microdialysis experiments, targeting compounds are removed from the solution surrounding the probe by a diffusion gradient established via the continuous perfusion of blank medium through the probe. Under this non-equilibrium condition, the concentration in the dialysate will always represent a fraction of the real concentration outside. The ratio between the fraction and the actual concentration outside is known as recovery. On the contrary, with the perfusion of drug-containing solution through the probe, the ratio between fraction diffused to

outside and the perfusion concentration is called as delivery.

Usually, the real concentration of analyte in extracellular fluid (ECF) *in vivo* experiments can be calculated by dividing the sample concentration by delivery itself or the internal standard added in the perfusion solution [2-5]. However, it is only if there were no significant differences between delivery and recovery *in vitro*, can the delivery *in vivo* be considered as the recovery of free-form drug in ECF. However, microdialysis is a sensitive method. The delivery and recovery can be affected by several factors [6].

Puerarin is extracted from *Pueraria lobata*, a traditional Chinese medicine. Different preparations of puerarin are now being used in clinics in China. Unlike compounds with hydrophilicity or lipophilicity, it is an isoflavone C-glycoside with weak hydrophilicity but poor water solubility. The aim of this study was to investigate the possibility of replacing recovery with delivery *in vivo* using two methods, namely, extraction efficiency and retro-dialysis methods.

## EXPERIMENTAL

### Chemicals

Puerarin was obtained from National institutes for Food and Drug Control (Beijing, China), sodium chloride from Beijing Chemical Reagents Company (Beijing, China), Methanol (CH<sub>3</sub>OH) and acetic acid (CH<sub>3</sub>COOH) from Mreda technology Inc (USA), High purity water was obtained from Hangzhou Wahaha Group Co, Ltd (Zhejiang, China)..

### Chromatographic conditions

The high performance liquid chromatography (HPLC) system used consisted of an Agilent LC-20AD solvent delivery module, a 10AV UV detector module (Agilent). Sample injections were made into a G2171BA valve with a 100µl injection loop. An injection volume of 20 µl was used for all sample analyses. The system was operated using Agilen Chem Station B.04.03 software. A Agilent ZORBAX Eclipse Plus C<sub>18</sub> column (3.5µm, 4.6 x 10 mm, USA) was employed. The mobile phase consisted of methanol/1 % CH<sub>3</sub>COOH (24/76, v/v). All HPLC mobile phases were filtered through a 50 mm, 0.22 µm nylon filter (Jinteng Experiment Equipment Co, Ltd) prior to use. An isocratic elution was employed at a flow rate of 1ml/min. All sample analyses were carried out using UV detection at 250 nm with a deuterium lamp. The

analytical method was developed to be linear in the range 0.08248 - 8.248 µg/ml ( $r^2 = 0.9999$ ). The regression curve was  $A = 97.1940C + 0.5759$ .

### Microdialysis system

Microdialysis probe with membrane length of 10mm and 2mm, molecular weight cut-off of 20 kDa, pumps and syringes (CMA Microdialysis, Sweden) were used in this study.

### *In vitro* characterization of microdialysis probes

The *in vitro* probe recovery of Puerarin was determined by two methods: extraction efficiency method and retrodialysis method. All methods were carried out in a stirred vial with different stirring speed, solution or perfusate at 37± 0.2 °C. Each experiment was described as follows.

#### Retro-dialysis method

In the retro-dialysis experiment, a probe was placed in a vial with 10 ml saline in it. The standard solution of puerarin in saline was pumped through the probe at 1.5 µl/min for 2 h. Thereafter, 6 samples were collected every 20 min. The concentration of puerarin in the samples and perfusate were determined by HPLC method as previously described as described above. Delivery (E<sub>D</sub>), determined by retro-dialysis method, was computed as in Eq 1.

$$E_D = \frac{C_{in} - C_{out}}{C_{in}} \times 100\% \dots\dots\dots (1)$$

#### Extraction efficiency method

In the extraction efficiency experiment, a probe was placed in a vial with 10 ml standard solution of Puerarin while different drug-free solution was pumped through the probe at 1.5 µl/min for 2h. Thereafter, a total of 6 dialysate samples were collected every 20 min. The concentration of puerarin in the collected samples and vial were determined by HPLC. Recovery (E<sub>R</sub>) was determined as in Eq 2.

$$E_R = \frac{C_{out}}{C_{solution}} \times 100\% \dots\dots\dots (2)$$

### Data analysis

Several samples were excluded because some of the inserts in the sample vials might have been contaminated as they appeared pale when injected. Analysis of the data was performed by SAS8.2 software by Student's *t*-test or ANOVA. Differences were considered significant at  $p < 0.05$ .

## RESULTS

### Delivery and Recovery

In these experiments, the concentration of puerarin was set at 1 µg/ml. The stirring speed was maintained at 100 rpm in this experiment.  $E_R$  and  $E_D$  were 71.60 and 58.67 %, respectively.

There was significant difference ( $p < 0.01$ ) between  $E_D$  and  $E_R$  for puerarin, which indicates that under certain conditions, substituting retro-dialysis method for extraction efficiency method was not feasible. So, several factors affecting  $E_D$  and  $E_R$  were studied, in the following experiments.

### Influence of drug concentration on $E_D$ and $E_R$

In Whitakers experiments [7], the  $E_D$  of the target compound, doxorubicin, was significantly higher than  $E_R$ , which was ascribed to its strong absorption to membrane. The probe membrane became and remained red in color after perfusion also proved its absorption visually. However, puerarin is a colorless solution, and so solutions with different drug concentration were tested. Theoretically,  $E_D$  or  $E_R$  at different concentrations displayed no differences, if the drug has no adsorption properties [8]. The data are shown in Table 1.

There were significant differences between  $E_R$  and  $E_D$  at each concentration. However, for the same method, the result of different concentrations did not shown significant differences.

### Probe clearance of puerarin

The concentration of puerarin in the samples decreased sharply and was not detectable by the time second sample was taken, as shown in Fig 1.

### Influence of stirring speed of probe on $E_R$ and $E_D$

The delivery and recovery data at each speed are depicted in Fig 2. With increase in stirring speed,  $E_R$  or  $E_D$  rose gradually. The difference between delivery and recovery was directly related to stirring speed from 2.99 to 10.46 %.

### Influence of different solutions on $E_R$ and $E_D$

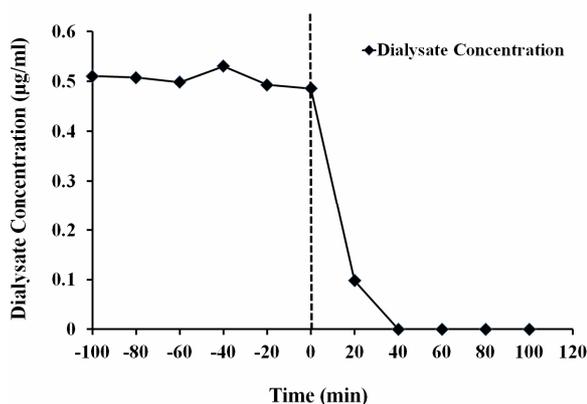
The solubility of puerarin in the first two solutions (saline 1 and saline 2 containing 10 % ethanol

and 10 % propylene (80/10/10, v/v/v)) was 3.36 and 12.01 mg/ml, respectively. Solubility in the third solution (saline 3 containing 5 % HP-β-CD, (5/100, w/v)) was > 13.09 mg/ml, probably because more drug molecules might be trapped by HP-β-CD after treatment by ultrasonic waves (Fig 3).

**Table 1:** Influence of drug concentration to  $E_R$  and  $E_D$  (mean±SD, n = 5 or 6)

| Concentration of perfusate (µg/ml) | $E_D^a$           |   | $E_R$             |  |
|------------------------------------|-------------------|---|-------------------|--|
|                                    | Average $E_D$ (%) | Concentration of drug-containing solution (µg/ml) | Average $E_R$ (%) |  |
| 1.07                               | 58.67±3.41        | 1.06  | 71.60±1.79*       |  |
| 2.08                               | 61.27±0.84        | 2.06  | 73.31±1.20**      |  |
| 4.02                               | 58.77±3.53        | 3.99  | 71.77±1.46***     |  |

<sup>a</sup> $E_R$  is significantly different from  $E_D$  at  $p < 0.01$ , when the concentration is 1µg/ml; \*\*  $E_R$  is significantly different from  $E_D$  at  $p < 0.01$ , when the concentration is 2µg/ml; \*\*\*  $E_R$  is significantly different from  $E_D$  at  $p < 0.01$ , when the concentration is 4 µg/ml

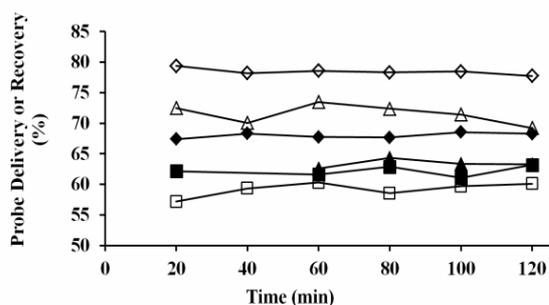


**Fig 1:** Probe clearance of puerarin

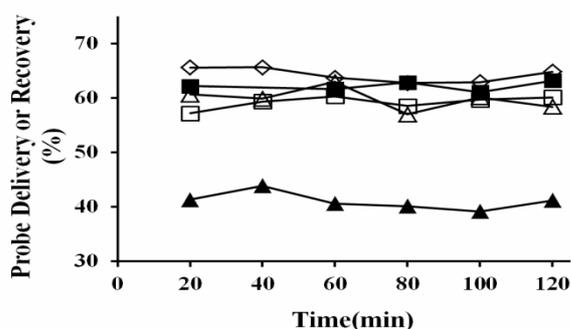
Due to the trapping property of HP-β-CD, retro-dialysis method was not used for it. Most of the drug may be trapped after agitation when the perfusion solution is prepared and this may affect its detection directly. In order to minimize the risk of trapping by HP-β-CD, the stirring speed in these experiments was set at 0 rpm. The results are depicted in Fig 3.  $E_D$  decreased in solution 2 while  $E_R$  increased slightly in solutions 2 and 3, when compared with saline group.

### Influence of length of membrane on $E_R$ and $E_D$

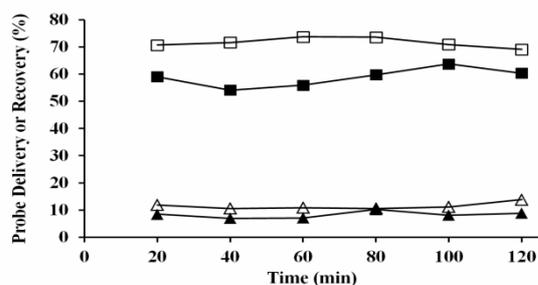
Both of  $E_D$  and  $E_R$  decreased significantly, as shown in Fig 4 but the difference should not be ignored.



**Fig 2:** Delivery and recovery at various stirring speed. ■ = Delivery of 0 rpm group; □ = Recovery of 0 rpm group; ▲ = Delivery of 100 rpm group; △ = Recovery of 100 rpm group; ◆ = Delivery of 800 rpm group; ◇ = Recovery of 800 rpm group. **Note:** Probe recovery was significantly different from delivery at  $p < 0.01$  at stirring speed of 0, 100 and 800 rpm



**Fig 3:** Delivery and recovery of puerarin in different solutions. ■ = Delivery of Solution 1; □ = Recovery of Solution 1; ▲ = Delivery of Solution 2; △ = Recovery of Solution 2; ◆ = Delivery of Solution 3; ◇ = Recovery of Solution 3. **Note:** Delivery of solution 2 is significantly different from delivery of solution 1 at  $p < 0.01$  while recovery of solution 3 is significantly different from recovery of solution 1 at  $p < 0.01$ .



**Fig 4:** Delivery and recovery of puerarin with different length of probe membrane; ■ = Delivery of 10 mm membrane; □ = Recovery of 10 mm membrane; ▲ = Delivery of 2 mm membrane; △ = Recovery of 2 mm membrane

## DISCUSSION

In microdialysis experiments, both recovery and delivery should be tested at steady state. Due to the fact that they are vulnerable to numerous factors, great differences are observed [9].

Whitaker [7] found that the absorption of the membrane led to the difference between  $E_D$  and  $E_R$ . It was not feasible to replace  $E_R$  with  $E_D$  when adsorption existed. However, the results of our absorption experiments showed that the difference was irrelevant to adsorption. The membrane did not adsorb puerarin.

The viscosity of blood and depth of anesthesia may affect the flow velocity of blood of animals *in vivo* experiments. A fast rate may be helpful to the diffusion of analyte. So we chose stirring speed *in vitro* to simulate the flow velocity of blood in *in vivo* experiments. In the present study, the stirring speed exerted a tremendous influence on the results.  $E_R$  or  $E_D$  rose gradually with increase in stirring speed from 0 to 800 rpm, which agree with the results of Stenken's experiments [10]. For the retro-dialysis experiment, stirring can avoid high local concentration, which is helpful to the diffusion of analyte. For the extraction efficiency method, the fluid boundary layer [11], which affects mass transport through the membrane, may be reduced by high stirring speed. Besides, a low stirring speed may minimize the gap between  $E_R$  and  $E_D$ . The results indicate that, for some compounds, delivery cannot be regarded as recovery in *in vivo* experiment, especially when the animals are awake.

Frequently, different additives are added to the perfusate in order to increase *in vivo* recovery of targeting compounds. We investigated three different solutions. In all of these solutions, there were significant differences between  $E_R$  and  $E_D$ . It is noteworthy that, compared with the saline group,  $E_D$  of solution 2 reduced, while  $E_R$  increased slightly. This also indicates that additives in perfusate can increase recovery, but will also enlarge the gap between  $E_R$  and  $E_D$ . When additives are added to the perfusate solution, delivery cannot be considered to be equivalent to recovery of the probe in *in vivo* experiments when calculating the real concentration of ECF.

Shortening of length of probe membrane may also lead to decrease in  $E_R$  and  $E_D$ . Here too recovery was significantly different from delivery. In *in vivo* microdialysis experiments, the real concentration of analyte in ECF can be calculated by dividing the sample concentration by recovery. However, recovery was obtained in this study by *in vivo* retro-dialysis experiment. This method is based on the fact that, under certain conditions,  $E_R$  is equal to  $E_D$ . In the present case, the difference between  $E_R$  and  $E_D$  cannot be eliminated. Therefore, the actual concentration of analyte *in vivo* cannot be

calculated as described above. It is necessary to introduce another coefficient  $k$  as previously suggested [12,13].  $C_{ECF}$  can be calculated according to Eqs 3 and 4. Alternatively, *in vivo* recovery can be obtained by no-net-flux method [14].

$$k = \frac{E_{R(invivo)}}{E_{D(invivo)}} = \frac{E_{R(invivo)}}{E_{D(invivo)}} \dots\dots\dots (3)$$

$$C_{ECF} = \frac{C_{sample}}{k \cdot E_{D(invivo)}} \dots\dots\dots (4)$$

## CONCLUSION

These results indicate that,  $E_D$  should not be considered as a substitute for  $E_R$ , especially when one needs to know the real concentration of analyte in ECF.

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