

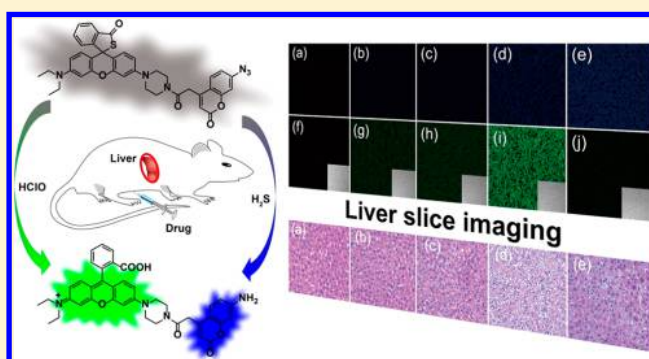
Evaluating Drug-Induced Liver Injury and Its Remission via Discrimination and Imaging of HClO and H₂S with a Two-Photon Fluorescent Probe

Xiaoyun Jiao,[†] Yongsheng Xiao,[†] Yong Li, Muwen Liang, Xilei Xie, Xu Wang,* and Bo Tang*[‡]

College of Chemistry, Chemical Engineering and Materials Science, Collaborative Innovation Center of Functionalized Probes for Chemical Imaging in Universities of Shandong, Key Laboratory of Molecular and Nano Probes, Ministry of Education, Institute of Molecular and Nano Science, Shandong Normal University, Jinan 250014, P. R. China

Supporting Information

ABSTRACT: Drug-induced liver injury (DILI) has aroused wide concern. Finding new markers or indicators as well as detoxification molecules for DILI is of great significance and good application prospect, which can help develop effective preclinical screening methodology and corresponding treatment protocols. Herein, in this article, DILI caused by antidepressant drugs of duloxetine and fluoxetine and its remission were evaluated by a two-photon fluorescent probe, RPC-1, through discriminating and imaging HClO and H₂S simultaneously. By being applied both in vitro and in vivo, RPC-1 revealed slight up-regulation of HClO and negligible liver damage after administration of either of the two drugs. In contrast, an apparent up-regulation of HClO and obvious liver damage was observed after combined administration of the drugs. Meanwhile, the pretreatment of *N*-acetyl cysteine (NAC) resulted in the increasing of endogenous H₂S level, which contributed to the remission of DILI. The histological analysis and serological test both gave good consistency with the imaging results. These findings demonstrate that HClO may be an appropriate indicator of DILI, and H₂S plays an important role in the antidotal effect of NAC. We envision that RPC-1 can be used as a powerful tool to predict clinical DILI and study the effect of antidote, as well as explore the molecular mechanisms involved.



Drug-induced liver injury (DILI) has caused serious concern in public health issues. Moreover, it has become one of the most common considerations for a drug to be rejected from applications for a marketing license.^{1,2} Since DILI is hard to predict, the preclinical screening methods for DILI are vital to reduce hepatotoxicity, improve patient safety, and raise therapeutic effect.^{3,4} Fluorescence imaging is real-time, sensitive, and noninvasive^{5–12} and has emerged as an efficient methodology for DILI testing.^{13–15} Fluorescent probes specific for hepatotoxicity's biomarker imaging will contribute to the comprehensive understanding of pathogenesis and development of detoxification reagents.

HClO, one of the highly reactive oxygen species (hROS), is produced by myeloperoxidase (MPO)-mediated peroxidation of chloride ions¹⁶ and is centrally linked to innate host defense, playing an important role in killing pathogens.¹⁷ Meanwhile, the high oxidation ability of HClO makes it to be a double-edged sword that is harmful to organism, such as disabling mitochondria function of hepatocytes¹⁸ or causing covalent cross-links between DNA and protein.¹⁹ Although the up-regulation of HClO level in cancer cells upon anticarcinogen stimulation has been testified,²⁰ the fluctuation of HClO in liver tissue upon clinical drug challenge is much less clear.

Considering the sensibility of HClO toward pathogens and foreign matters, we speculated that the drug metabolites may also initiate an up-regulation of endogenous HClO level, endowing HClO with good potential as an indicator for DILI prediction. Herein, a fluorescent probe specific for HClO can contribute to the validation of the above assumption.

In our previous work,¹⁴ *N*-acetyl cysteine (NAC) was proved to be an antidote against DILI. But the mechanism of detoxification has not been studied in depth. It is well-known that NAC is the precursor of *L*-cysteine,²¹ which is a substrate of cystathionine β -synthase (CBS) and cystathionine γ -lyase (CSE) to produce endogenous H₂S.^{21,22} So NAC can be used as a H₂S promoter or stimulator.²³ Meanwhile, H₂S has shown protective or curative effects against organ injuries, including liver damage,²⁴ cardiac injury,²⁵ and kidney injury,²⁶ etc. Therefore, we speculated that H₂S, the metabolic product of NAC, may participate in the protection effect of NAC against drug-related organ injury. Therefore, a direct and reliable

Received: March 12, 2018

Accepted: May 21, 2018

Published: May 21, 2018

method that can visualize H₂S during drug challenge will give evidence of this issue.

To investigate the potential of HClO as an indicator for DILI and the H₂S-mediated NAC antidotal effect, in this work, a new two-photon fluorescent probe, **RPC-1**, was designed and synthesized for the discrimination and imaging of HClO and H₂S simultaneously. **RPC-1** exhibits two emission bands corresponding to HClO and H₂S, respectively. Upon excitation with a two-photon laser, the presence of one or both of HClO/H₂S results in dramatic fluorescence enhancement within their own channels. Utilizing its outstanding features, **RPC-1** was successfully employed in exploring hepatotoxicity events caused by two antidepressant drugs, namely duloxetine and fluoxetine, both in vitro and in vivo. With the aid of **RPC-1**, we found that the incubation of either of these two drugs resulted in slight increase of HClO level and negligible liver damage. However, the combination drug pretreatment resulted in dramatic up-regulation of HClO, which was accompanied by obvious liver tissue injury. The remediation of liver damage was achieved by using NAC, which brought an apparent rise in H₂S level. These results demonstrate that HClO can be used as an indicator for DILI, and endogenous H₂S contributes greatly to the antidotal effect of NAC. It also reminds us of the risk of severe liver injury caused by the combination of antidepressant drugs, which should be avoided clinically.

■ EXPERIMENTAL SECTION

Materials. Unless otherwise stated, all reagents for synthesis were purchased from commercial suppliers and were used without further purification. *N*-Acetyl cysteine (NAC) was purchased from Aladdin Industrial Corporation (Shanghai). 3-(4,5-Dimethylthiazol-2-yl)-2,5-diphenyl tetrazolium bromide (MTT) was purchased from Sigma. Duloxetine and fluoxetine were obtained from Energy Chemical (Shanghai). The solvents were purified by conventional methods before use. Satorius ultrapure water (18 MΩ·cm) was used to prepare all aqueous solution. Silica gel (200–300 mesh) used for column chromatography was purchased from Qingdao Haiyang Chemical Co., Ltd. Test kits of alanine aminotransferase (ALT) and aspartate aminotransferase (AST) were purchased from Nanjing Jiancheng Bioengineering Institute. All the cells were purchased from the Cell Bank of the Chinese Academy of Science (Shanghai, China). Kunming mice (20 g) were purchased from the School of Medicine at Shandong University.

Instruments. ¹H NMR and ¹³C NMR spectra were recorded on a Bruker Avance 400 spectrometer (Bruker Co., Ltd., Germany) with tetramethylsilane (TMS) as the internal standard. The mass spectra were obtained by Bruker maxis ultrahigh resolution-TOF MS spectrometer (Bruker Co., Ltd., Germany). Absorption spectra measurements were performed at room temperature on a UV-1700 UV–visible spectrophotometer (Shimadzu, Japan) with 1.0 cm quartz cells. Fluorescent spectra measurements were performed on FLS-980 Edinburgh fluorescence spectrometer (Edinburgh Instruments Ltd., England) with a xenon lamp and 1.0 cm quartz cuvettes at the slits of 2.0/2.0 nm. MTT assay was performed using a TRITURUS microplate reader. Fluorescence imaging of cells and mice was performed with the Zeiss LSM 880 NLO two-photon confocal laser scanning microscope (Zeiss, Germany) with an objective lens (×20).

Synthesis of RPC-1. The synthetic route of **RPC-1** is shown in Scheme S1.

Synthesis of Compound 1. The solution of 2-(4-diethylamino-2-hydroxy-benzoyl) benzoic acid (150 mg, 0.48 mmol) and *N*-(3-hydroxyphenyl)piperazine (85.3 mg, 0.48 mmol) in 5 mL of trifluoroacetic acid was heated at 90 °C for 12 h and then cooled to room temperature. The mixture was concentrated under vacuum and purified by column chromatography on silica gel (dichloromethane/methanol, 10:1 v/v) to afford compound **1** as a red solid (160 mg, 73%). ¹H NMR (400 MHz, DMSO-*d*₆): δ 7.97 (d, *J* = 7.5 Hz, 1H), 7.77 (t, *J* = 8.6 Hz, 1H), 7.70 (t, *J* = 7.4 Hz, 1H), 7.25 (d, *J* = 7.6 Hz, 1H), 6.68–6.72 (m, 2H), 6.49 (d, *J* = 8.7 Hz, 1H), 6.44 (q, *J* = 4.6 Hz, 3H), 3.35 (q, *J* = 7.0 Hz, 4H), 3.12 (t, *J* = 5.3 Hz, 4H), 2.81 (t, *J* = 4.8 Hz, 4H), 1.09 (t, *J* = 7.0 Hz, 6H). ¹³C NMR (100 MHz, DMSO-*d*₆): δ 169.31, 153.60, 152.95, 152.60, 149.60, 135.85, 130.37, 129.09, 128.70, 127.07, 124.92, 124.53, 111.81, 108.81, 105.37, 101.21, 97.36, 84.67, 60.23, 48.91, 45.89, 44.26, 21.24, 14.56, 12.79. HRMS (ESI): calcd for C₂₈H₃₀N₃O₃⁺ [*M*]⁺ = 456.2281, found 456.2291.

Synthesis of Compound 2. Compound **1** (160 mg, 0.35 mmol), 9-fluorenylmethyl chloroformate (130 mg, 0.5 mmol), and NaHCO₃ (125 mg, 1.5 mmol) were violently stirred in 10 mL of dry acetonitrile under nitrogen for 3 h at room temperature. After the solvent was removed under reduced pressure, the obtained dark red solid was dissolved in ethyl acetate for filtration. The filtrate was washed with H₂O and dried over anhydrous MgSO₄. Then, the solvent was removed under vacuum, and the residue was purified by silica gel column chromatography using petroleum ether/ethyl acetate (10:1, v/v) as eluent to obtain the product as dark red solid (210 mg, 88%). ¹H NMR (400 MHz, DMSO-*d*₆): δ 7.99 (d, *J* = 7.5 Hz, 1H), 7.90 (d, *J* = 7.4 Hz, 2H), 7.78 (t, *J* = 6.4 Hz, 1H), 7.71 (t, *J* = 7.3 Hz, 1H), 7.64 (d, *J* = 7.4, 2H), 7.41 (t, *J* = 7.2 Hz, 2H), 7.34 (t, *J* = 7.3 Hz, 2H), 7.25 (d, *J* = 7.6 Hz, 1H), 6.77 (s, 1H), 6.71 (q, *J* = 6.5 Hz, 1H), 6.52 (d, *J* = 8.8 Hz, 1H), 6.42–6.48 (m, 3H), 4.42 (d, *J* = 6.4 Hz, 2H), 4.29 (t, *J* = 6.4, 1H), 3.44 (t, *J* = 6.5, 4H), 3.36 (q, *J* = 6.9, 4H), 3.15 (t, *J* = 6.3 Hz, 4H), 1.09 (t, *J* = 6.9 Hz, 6H). ¹³C NMR (100 MHz, DMSO-*d*₆): δ 169.29, 154.76, 152.88, 152.68, 152.57, 149.62, 144.29, 141.26, 135.86, 130.40, 129.09, 128.85, 128.12, 127.60, 127.02, 125.46, 124.95, 124.50, 120.61, 112.29, 109.52, 108.91, 105.30, 101.94, 97.34, 84.47, 67.01, 60.22, 47.63, 47.27, 44.26, 21.23, 14.56, 12.79. HRMS (ESI): calcd for C₄₃H₄₀N₃O₅⁺ [*M*]⁺ = 678.2962, found 678.2922.

Synthesis of Compound 3. To a stirred solution of compound **2** (210 mg, 0.31 mmol) in 1,2-dichloroethane (5 mL), 0.2 mL of phosphorus oxychloride was added dropwise, and the mixture was stirred for 4 h at 95 °C. After the solvent was removed under vacuum, the residue was dissolved in 5 mL of tetrahydrofuran and added dropwise into a solution containing thiocarbamide (76.0 mg, 1.0 mmol), triethylamine (1.0 mL), tetrahydrofuran (10.0 mL), and H₂O (100 μL). After being stirred overnight at room temperature, the solvent was removed under reduced pressure. The residue was dissolved with 50 mL of water and extracted with ethyl acetate. The organic layer was collected and dried over anhydrous sodium sulfate. After concentration, it was purified by silica gel column chromatography (petroleum ether/ethyl acetate, 5:1 v/v) to afford compound **3** as white solid (73 mg, 35%). ¹H NMR (400 MHz, DMSO-*d*₆): δ 7.90 (d, *J* = 7.5 Hz, 2H), 7.83 (d, *J* = 7.2 Hz, 1H), 7.70 (t, *J* = 6.3 Hz, 1H), 7.58–7.65 (m, 3H), 7.41 (t, *J* = 7.8, 2H), 7.34 (t, *J* = 6.3 Hz, 2H), 7.17 (d, *J* = 7.7 Hz, 1H), 6.66 (d, *J* = 8.8 Hz, 3H), 6.61 (d, *J* = 4.1 Hz, 1H), 6.39 (q, *J* = 6.3 Hz, 1H), 6.32 (s, 1H), 4.41 (d, *J* = 6.5 Hz, 2H), 4.29 (t, *J* =

6.6 Hz, 1H), 3.43 (t, $J = 6.8$, 4H), 3.31 (q, $J = 6.4$, 4H), 3.11 (t, $J = 5.3$ Hz, 4H), 1.08 (t, $J = 6.9$ Hz, 6H). ^{13}C NMR (100 MHz, DMSO- d_6): δ 196.22, 157.52, 154.76, 152.00, 151.73, 148.69, 144.30, 141.27, 135.67, 135.02, 130.01, 129.81, 129.44, 128.14, 127.61, 125.47, 123.01, 120.63, 112.73, 112.32, 109.19, 107.75, 102.05, 97.35, 67.03, 62.43, 60.23, 47.73, 47.25, 44.18, 26.81, 21.24, 14.56, 12.86. HRMS (ESI): calcd for $\text{C}_{43}\text{H}_{39}\text{N}_3\text{O}_4\text{S}$ [$\text{M} + \text{H}$] $^+$ = 694.2734, found 694.2682.

Synthesis of Compound 4. Compound 3 (73 mg, 0.11 mmol) was dissolved in acetonitrile containing 15% piperidine and stirred for 30 min at room temperature. Then, the solvent was removed under vacuum, and the residue was purified by silica gel column chromatography using dichloromethane/methanol (20:1, v/v) as eluent to obtain the product as white solid (35 mg, 67%). ^1H NMR (400 MHz, DMSO- d_6): δ 7.82 (d, $J = 7.7$ Hz, 1H), 7.68 (t, $J = 7.6$ Hz, 1H), 7.59 (t, $J = 7.5$ Hz, 1H), 7.16 (d, $J = 7.7$ Hz, 1H), 6.64 (s, 2H), 6.60 (t, $J = 4.9$ Hz, 2H), 6.38 (q, $J = 7.6$ Hz, 1H), 6.31 (d, $J = 4.7$ Hz, 1H), 3.31 (q, $J = 8.0$ Hz, 4H), 3.09 (t, $J = 6.4$ Hz, 4H), 2.81 (t, $J = 5.3$ Hz, 4H), 1.07 (t, $J = 6.8$ Hz, 6H). ^{13}C NMR (100 MHz, DMSO- d_6): δ 196.16, 157.46, 151.95, 151.75, 151.06, 148.70, 135.71, 134.99, 130.03, 129.98, 129.49, 127.67, 123.05, 112.99, 112.67, 109.25, 107.66, 102.40, 97.28, 62.27, 45.25, 44.19, 42.97, 12.85. HRMS (ESI): calcd for $\text{C}_{28}\text{H}_{29}\text{N}_3\text{O}_2\text{S}$ [$\text{M} + \text{H}$] $^+$ = 472.2053, found 472.2058.

Synthesis of Compound RPC-1. A mixture of compound 5 (24.5 mg, 0.1 mmol) and EDC·HCl (19.2 mg, 0.1 mmol) was stirred in dry dichloromethane (3 mL) for 30 min at room temperature. Then, compound 4 dissolved in 2 mL of dry dichloromethane was added. After that, 4-dimethylaminopyridine (6.1 mg, 0.05 mmol) was added and stirred for 6 h at room temperature. The solvent was removed under reduced pressure, and the residue was purified by silica gel column chromatography (petroleum ether/ethyl acetate, 2:1 v/v) to afford probe **RPC-1** as yellowish white solid (10.5 mg, 15%). ^1H NMR (400 MHz, DMSO- d_6): δ 7.83 (d, $J = 7.9$ Hz, 1H), 7.71 (d, $J = 4.1$ Hz, 1H), 7.68 (d, $J = 4.8$ Hz, 1H), 7.61 (t, $J = 8.0$ Hz, 1H), 7.17 (t, $J = 4.0$, 2H), 7.11 (q, $J = 6.4$ Hz, 1H), 6.68–7.13 (m, $J = 8.4$ Hz, 3H), 6.62 (d, $J = 7.9$ Hz, 1H), 6.40 (q, $J = 4.1$ Hz, 1H), 6.33 (t, $J = 6.6$ Hz, 2H), 4.08 (s, 2H), 3.72 (t, $J = 4.1$ Hz, 2H), 3.61 (t, $J = 4.0$ Hz, 2H), 3.30–3.33 (m, $J = 4.4$ Hz, 6H), 3.22 (t, $J = 4.3$ Hz, 2H), 1.08 (t, $J = 4.0$ Hz, 6H). ^{13}C NMR (100 MHz, DMSO- d_6): δ 196.21, 170.80, 167.19, 159.98, 157.52, 154.52, 151.62, 148.68, 143.64, 135.65, 135.01, 130.00, 129.43, 128.01, 127.65, 123.00, 117.06, 115.99, 115.20, 112.50, 112.22, 109.18, 107.74, 107.26, 101.88, 97.34, 62.44, 60.22, 48.02, 47.65, 45.32, 44.18, 41.42, 36.52, 21.23, 14.55, 12.85. HRMS (ESI): calcd for $\text{C}_{39}\text{H}_{34}\text{N}_6\text{O}_5\text{S}$ [$\text{M} + \text{H}$] $^+$ = 699.2384, [$\text{M} + \text{Na}$] $^+$ = 721.2203, found 699.2395, 721.2212.

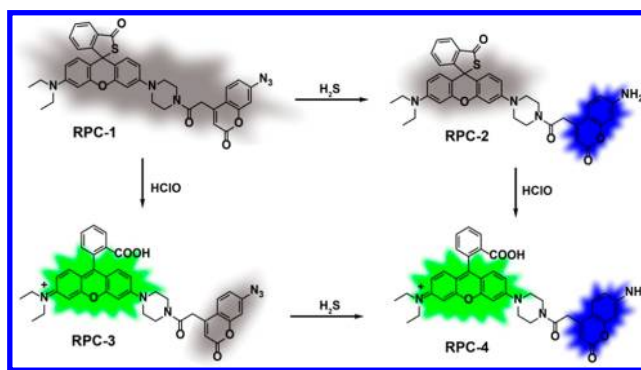
RESULTS AND DISCUSSION

Design and Synthesis of RPC-1. In the recent years, the development of single fluorophore-based probes for HClO (thio-spiro ring opening^{27–29}) or H₂S (reduction of azide to amine^{30–35}), as well as the reversible sensing of HClO/H₂S pair (selenide and selenoxide interconversion^{36,37}), have helped a lot for the deep understanding of HClO or H₂S biofunctions. However, the indistinguishable emission limited their further application. Utilizing a mixed solution of two different probes may be a choice. But some drawbacks still exist, such as different subcellular distribution and metabolic pathway of different probes, mutual interference in measurement, and

more disturbance on organism, etc. Fortunately, the dual fluorophore-based probes with dual reaction sites have paved a way for the imaging of two closely related substances in living cells.^{38–42}

The suitable fluorophores for fabricating such a probe should possess high quantum yield and distinguishable emission, as well as good specificity toward one specie only. Therefore, we chose 7-amino coumarin and rhodamine B, which are linked by a rigid piperazine, to constitute the skeleton. 7-Amino coumarin moiety is featured with an excitation maximum at 360 nm and an emission maximum at 445 nm. Rhodamine B moiety is characterized with an excitation maximum at 545 nm and an emission maximum at 580 nm. Moreover, rhodamine B can be also excited by 360 nm, paving the way for a dual-response two-photon probe with single excitation. Then we selected thiolactone^{27–29} and azido^{30–35} specific for HClO and H₂S to mask rhodamine B and 7-amino coumarin, respectively, to obtain **RPC-1** (detailed synthesis route, see [Scheme S1](#)). The spirocyclization of rhodamine B and azidation of 7-amino coumarin give low fluorescence background, which will recover dramatically in the presence of HClO or H₂S, guaranteeing good sensitivity in biological system ([Scheme 1](#)).

Scheme 1. Chemical Structure of RPC-1 and the Proposed Dual-Detection Mechanism



Spectral Response of RPC-1 to HClO and H₂S. The spectral response of **RPC-1** to HClO and H₂S was first investigated. The absorption spectra of **RPC-1** ([Figure S1](#)) gave maximum absorbance at 360 and 545 nm in the presence of H₂S and HClO, respectively, which correspond to the absorption spectra of 7-amino coumarin and rhodamine B. When H₂S and HClO were added simultaneously, the absorbance at 360 and 545 nm both increased, indicating the formation of **RPC-4**. Then the fluorescence spectra were investigated ([Figure 1](#)). As can be seen, upon incubation with different concentrations (0–100 μM) of H₂S, the gradual fluorescence enhancement (emission maximum at 445 nm with 360 nm excitation) of **RPC-1** was observed ([Figure 1a](#)). The fluorescence intensity exhibited a good linear ($R^2 = 0.9901$) response to H₂S, and the LOD (3 σ_0 /K) was estimated to be 192.1 nM ([Figure 1a](#) inset). Meanwhile, the fluorescence of **RPC-1** (emission maximum at 580 nm with 545 nm excitation) increased with increasing HClO concentration in the range of 0–100 μM ([Figure 1b](#)), displaying a linear relationship ($R^2 = 0.9913$) and a LOD of 19.8 nM ([Figure 1b](#) inset). This resulted from the D- π -A structure recovering induced through the reduction of azido by H₂S^{31,32} and the ring opening initiated by HClO.^{27–29} Then the whole emission spectra of **RPC-1** were obtained after adding H₂S and HClO successively. As can be

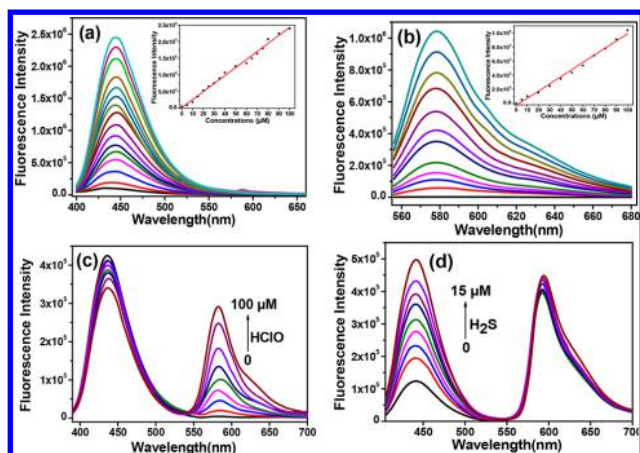


Figure 1. Fluorescence response of **RPC-1** ($10 \mu\text{M}$) to H_2S and HClO in PBS buffer (50 mM , $\text{pH } 7.4$, $\text{DMF } 10\% \text{ v/v}$). (a) Response of **RPC-1** to H_2S (0 – $100 \mu\text{M}$). $\lambda_{\text{ex}}/\lambda_{\text{em}} = 360/445 \text{ nm}$. Inset: linear equation. (b) Response of **RPC-1** to HClO (0 – $100 \mu\text{M}$). $\lambda_{\text{ex}}/\lambda_{\text{em}} = 545/580 \text{ nm}$. Inset: linear equation. (c) Response of **RPC-1** to HClO (0 – $100 \mu\text{M}$) in the presence of H_2S ($15 \mu\text{M}$) with 360 nm excitation. (d) Response of **RPC-1** to H_2S (0 – $15 \mu\text{M}$) in the presence of HClO ($100 \mu\text{M}$) with 360 nm excitation. Slit width: $2 \text{ nm}/2 \text{ nm}$.

seen in [Figure 1c](#), after various concentrations of HClO were added to the H_2S -pretreated **RPC-1** solution, very weak dropping of fluorescence at 445 nm and gradual fluorescence increase at 580 nm were observed, meaning that the addition of HClO could hardly influence the response of **RPC-1** toward H_2S . Correspondingly, the addition of H_2S to the HClO -pretreated **RPC-1** solution also induced a gradual fluorescence increase at 445 nm and negligible fluorescence variation at 580 nm ([Figure 1d](#)), suggesting that H_2S could not interfere with the signal of HClO . Therefore, **RPC-1** showed good dual-response character with satisfied emission separation and single-wavelength excitability. The responses of **RPC-1** to HClO and H_2S were also investigated with two-photon excitation of 750 nm ([Figure S2](#)), suggesting that **RPC-1** was suitable for a two-photon platform. The pH investigation ([Figure S3](#)) showed that **RPC-1** could work well in a physiological environment pH range.

Identification of the Reaction Mechanism. The reaction mechanism of **RPC-1** with H_2S and HClO was explored and identified by high-resolution mass spectrometer analysis ([Figure S4](#)). Upon the incubation of **RPC-1** with H_2S , the reaction mixture was found to have a mass peak at m/z 695.2280 ([Figure S4a](#)), corresponding to **RPC-2** as shown in [Scheme 1](#). The solution of probe with HClO gave a mass peak at m/z 683.2589 ([Figure S4b](#)), corresponding to **RPC-3** as shown in [Scheme 1](#). The results forcefully support the reaction-activated fluorescence turn-on mechanism illustrated in [Scheme 1](#).

Kinetic Investigation of **RPC-1.** The kinetic profiles of **RPC-1** were investigated ([Figure S5](#)). In the absence of H_2S and HClO , the constant and low fluorescence intensity indicated that **RPC-1** was low background and stable toward light irradiation (line 1 in [Figure S5a](#) and [Figure S5b](#)). In the presence of H_2S , the fluorescence gradually increased and reached a plateau at about 900 s and then leveled off ([Figure S5a](#), line 2). The addition of HClO induced a rapid and drastic fluorescence enhancement within seconds ([Figure S5b](#), line 2). This significantly faster reaction of **RPC-1** toward HClO than

H_2S contributes to the accurate dual-detection like the situation shown in [Figure 1d](#).

The Specificity Investigation. The specificity of **RPC-1** toward H_2S and HClO was explored. As illustrated in [Figure S6](#), no obvious fluorescence intensity change was triggered after incubation of **RPC-1** with a panel of intracellular substances except H_2S and HClO , guaranteeing the accuracy of simultaneous discrimination and detection of H_2S and HClO through dual-channel mode.

Visualizing H_2S and HClO in Live Cells. The feasibility of **RPC-1** for mapping H_2S and HClO level in biological system was assessed. MTT assay suggested that **RPC-1** possessed good biocompatibility ($\text{IC}_{50} = 162.1 \mu\text{M}$, [Figure S7](#)). Then, the exogenous H_2S and HClO were imaged in HepG2 cells with two-photon excitation microscopy. As displayed in [Figure S8](#), in the control group, negligible fluorescence signal was observed in both of the two channels. However, significant enhancement of intracellular fluorescence intensity was obtained upon adding H_2S and HClO , respectively. Moreover, the colocalization experiments were performed to show the advantage of **RPC-1**. The cells incubated with **RPC-1** gave a Pearson's colocalization coefficient of 0.9671 between the blue and green channels after adding both H_2S and HClO ([Figure S9](#)). However, the cells incubated with compound **4** and compound **5** separately gave a Pearson's colocalization coefficient of only 0.7075 with apparent dotted distribution of the dyes ([Figure S10](#)). The results confirmed that **RPC-1** could give more reliable and accurate information relative to the mixed usage of two different probes.

Subsequently, the endogenously generated H_2S and HClO in RAW264.7 cells were imaged by **RPC-1**. First, NAC, a H_2S promotor,²³ was incubated with the cells. As can be seen in [Figure 2](#) and [Figure S11](#), after treatment of NAC, stronger

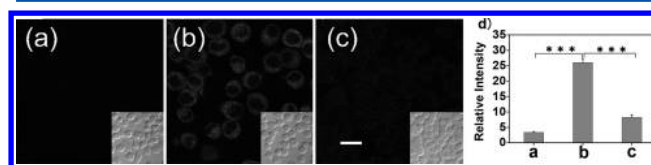


Figure 2. TPM imaging of endogenous H_2S in RAW264.7 cells. (a) Cells stained with **RPC-1** ($10 \mu\text{M}$, 60 min). (b) Cells were exposed to NAC (1.0 mM , 12 h) and then incubated with **RPC-1** ($10 \mu\text{M}$, 60 min). (c) Cells were exposed to NAC (1.0 mM) and PPG (50.0 mg/L) for 12 h and then incubated with **RPC-1** ($10 \mu\text{M}$, 60 min). (d) Relative fluorescence intensity of (a), (b), and (c). The images were obtained with 750 nm excitation and 400 – 500 nm collection. Values are the mean \pm s.d. for $n = 3$, $***p < 0.001$. Scale bar = $20 \mu\text{m}$.

fluorescence signal in cells was observed than in the control group, meaning up-regulation of intracellular H_2S level induced by NAC. The increased fluorescence could be effectively attenuated by DL-propargylglycine (PPG), an inhibitor for CBS and CSE,³⁸ indicating good performance of **RPC-1** for endogenous H_2S detection. Also the role of NAC to raise H_2S level was further confirmed. Subsequently, endogenous HClO was stimulated by LPS and PMA,⁴³ and the images were captured ([Figure 3](#) and [Figure S12](#)). As can be seen, apparent fluorescence enhancement was observed after stimulation, which declined after 4-aminobenzoic acid hydrazide (ABAH, an MPO inhibitor⁴⁴) pretreatment. The endogenous H_2S and HClO in HepG2 cells were also imaged by **RPC-1** ([Figures S13](#) and [S14](#)).

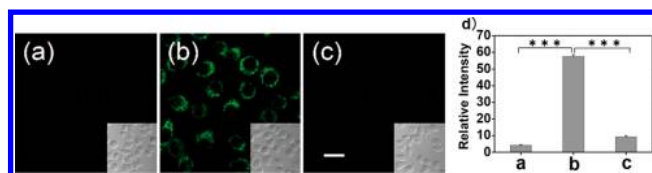


Figure 3. TPM imaging of endogenous HClO in RAW264.7 cells. (a) Cells stained with RPC-1 (10 μ M, 60 min). (b) Cells were exposed to LPS (1.0 μ g/mL, 12h) and then incubated with PMA (1.0 μ g/mL, 60 min), followed by treatment with RPC-1 (10 μ M, 60 min). (c) Cells were stained with ABAH (50.0 μ M, 2h), and then successively treated with LPS (1.0 μ g/mL, 12h) and PMA (1.0 μ g/mL, 60 min), followed by treatment with RPC-1 (10 μ M, 60 min). (d) Relative fluorescence intensity of (a), (b), and (c). The images were obtained with 750 nm excitation and 550–650 nm collection. Values are the mean \pm s.d. for $n = 3$, *** $p < 0.001$. Scale bar = 20 μ m.

Visualizing H₂S and HClO in DILI Models. Encouraged by the good analytical features of RPC-1 in both solution and live cells, we applied RPC-1 to map the synergistic changes of H₂S and HClO level in DILI models. As is well-known, depression is a serious disorder, affecting 12–17% of the population at some point in life, resulting in major social and economic consequences.^{45,46} To treat depression, antidepressant drugs are widely used. Although DILI induced by antidepressant drugs administration is frequent, the fact is that it is hard to predict. Therefore, exploring the possibility of HClO to be an indicator for DILI prediction appears to be very important. Fluoxetine and duloxetine are popular antidepressant drugs^{47,48} and normally are taken long-term. They are metabolized by the same CYP450 isoenzymes.⁴⁹ However, the fact in reality is that few research studies on the liver injury of taking these two antidepressant drugs in combination has been reported.⁴⁹ Therefore, visualization of the liver damage with the aid of RPC-1 at the cellular and tissue level may provide direct evidence on the understanding of nosogenesis and remission of DILI.

So the influence of fluoxetine and duloxetine challenge at a cellular level was first investigated by RPC-1. As presented in Figure 4, adding fluoxetine or duloxetine solely induced slight fluorescence enhancement in both the blue channel (400–500 nm, Figure 4b and 4c) and the green channel (550–650 nm, Figure 4h and 4i), indicating there was almost no up-regulation of HClO and H₂S under such a condition. In contrast, an apparent up-regulation of HClO was observed after combined administration (successively with a time interval of 2 h) of the two drugs (Figure 4j). Meanwhile, the endogenous H₂S level was correspondingly increased (Figure 4d). This indicated that the cells were more sensitive to the combined administration of the drugs. Then the effect of NAC was investigated. As can be seen, the fluorescence of green channel apparently declined (Figure 4k), and the signal of blue channel was even higher than that without NAC pretreatment (Figure 4e vs Figure 4d). The results showed that NAC pretreatment indeed increased the content of endogenous H₂S, and the HClO level was effectively depressed. When the cells were preincubated with PPG, the NAC-induced H₂S was suppressed (Figure 4f). Compared with Figure 4k, apparent increase of HClO level was reobserved (Figure 4l), confirming the antidotal role of H₂S. Similar results from HepG2 cells were obtained under the drug challenge (Figure S15).

Subsequently, the hepatotoxicity of fluoxetine and duloxetine was visualized at tissue level to deeply verify the toxicity

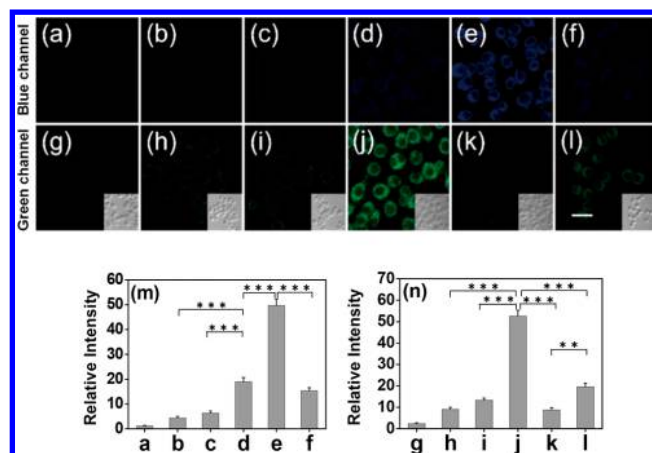


Figure 4. TPM imaging of endogenous H₂S and HClO in RAW264.7 cells upon drug treatment. (a) and (g) Cells stained with RPC-1 (10 μ M, 60 min). (b) and (h) Cells were exposed to fluoxetine (250 μ M, 2h) and then incubated with RPC-1 (10 μ M, 60 min). (c) and (i) Cells were exposed to duloxetine (250 μ M, 2h) and then incubated with RPC-1 (10 μ M, 60 min). (d) and (j) Cells were exposed to fluoxetine (250 μ M, 2h) and then incubated with duloxetine (250 μ M, 2h), followed by treatment with RPC-1 (10 μ M, 60 min). (e) and (k) Cells were exposed to NAC (1.0 mM, 1h) and then successively treated with fluoxetine (250 μ M, 2h) and duloxetine (250 μ M, 2h), followed by treatment with RPC-1 (10 μ M, 60 min). (f) and (l) Cells were exposed to PPG (50.0 mg/L, 2h) and NAC (1.0 mM, 1h) and then successively treated with fluoxetine (250 μ M, 2h) and duloxetine (250 μ M, 2h), followed by treatment with RPC-1 (10 μ M, 60 min). (m) and (n) Relative fluorescence intensity of (a)–(f) and (g)–(l). The images were obtained with 750 nm excitation and 400–500 nm (a–f) and 550–650 nm (g–l) collection, respectively. Values are the mean \pm s.d. for $n = 3$, *** $p < 0.001$. Scale bar = 20 μ m.

mechanism. Generally, Kunming mice were divided into five groups. As the control group, the first group was processed with an intraperitoneal injection of PBS buffer before a tail-vein injection of RPC-1. The second and third groups were given an intraperitoneal injection of PBS buffer solution containing fluoxetine or duloxetine and then a tail-vein injection of RPC-1 2 h later. The fourth group was processed first with an intraperitoneal injection of fluoxetine, followed by injection of duloxetine, and then RPC-1. The last group was pretreated with an intraperitoneal injection of NAC for 2 h before drug and probe administration. Then all the mice were anesthetized and dissected to isolate the livers, which were cut into slices for TPM fluorescence imaging. As shown in Figure 5, low fluorescence intensity was obtained in mice liver tissue in the control group, implying low HClO and H₂S level under normal conditions (Figure 5a and 5f). Similar to the results in cells, the addition of either of fluoxetine or duloxetine induced slight fluorescence enhancement in both the blue channel (Figure 5b and 5c) and the green channel (Figure 5g and 5h). By contrast, after administration of both fluoxetine and duloxetine, the mice liver in the fourth group emitted obvious fluorescence in the blue channel and green channel, indicating up-regulated H₂S and HClO after combined treatment by the drugs. Meanwhile, for the mice pretreated with NAC before drug administration, negligible fluorescence signal change was observed in the green channel, accompanied by a higher signal in the blue channel, meaning down-regulation of HClO and corresponding H₂S increase through NAC promotion. The results from tissue imaging confirmed the protection-mediated role of H₂S during the NAC treatment and verified that combined administration

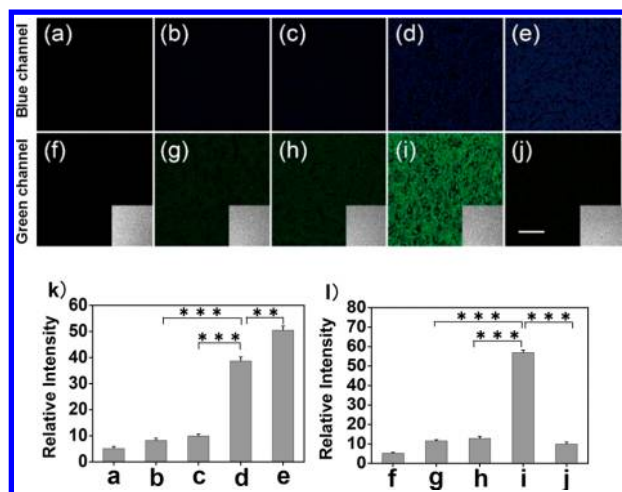


Figure 5. TPM images of rat liver slices. The mice were injected intraperitoneally with various substances and then injected with RPC-1 (100 μ M, 200 μ L) via tail vein. (a) and (f) PBS buffer only as control group. (b) and (g) Fluoxetine (100 mg/kg, 2 h). (c) and (h): Duloxetine (100 mg/kg, 2 h). (d) and (i): Fluoxetine (100 mg/kg, 2 h) and then duloxetine (100 mg/kg, 2 h). (e) and (j): NAC (500 mg/kg, 1 h) and then fluoxetine (100 mg/kg, 2 h), followed by duloxetine (100 mg/kg, 2 h). (k) and (l) Relative fluorescence intensity of (a)–(e) and (f)–(j). The images were obtained with 750 nm excitation and 400–500 nm (a)–(e) and 550–650 nm (f)–(j) collection, respectively. Values are the mean \pm s.d. for $n = 3$, ** $p < 0.01$, *** $p < 0.001$. Scale bar = 50 μ m.

of fluoxetine and duloxetine could induce hepatotoxicity via up-regulation of HClO.

Next, the histological analysis on liver tissues was carried out to identify histological changes during drug administration. Briefly, Kunming mice liver sections were prepared from five groups processed with various conditions, including PBS buffer only, one drug administration, combined drug administration, and NAC pretreatment (Figure 6). As can be seen in Figure 6d,

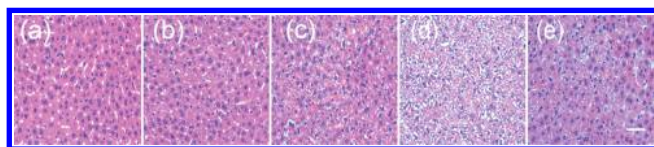


Figure 6. Representative H&E staining images of the liver of mice treated with various conditions. (a) PBS buffer only as control group. (b) Fluoxetine (100 mg/kg). (c) Duloxetine (100 mg/kg). (d) Fluoxetine (100 mg/kg) and duloxetine (100 mg/kg). (e) NAC (500 mg/kg) and then fluoxetine (100 mg/kg), followed by duloxetine (100 mg/kg). Scale bar = 20 μ m.

compared with only one drug administration (Figure 6b and 6c), the obvious histological changes, including rupture of cell membrane, cellular shrinkage or blebbing, and condensation of chromatin, could be observed after combined drug administration, implying liver injury. The mice in NAC pretreatment group (Figure 6e) displayed no distinct changes in histological analysis, indicating that the liver injury could be effectively suppressed by NAC. Taken together, these results were in good agreement with the observation of *in vitro* fluorescent imaging using HClO as an indicator and H₂S for remission (Figure 4 and Figure 5). Since CYP450 enzyme system is responsible for phase I oxidative reactions,⁵⁰ we inferred that both fluoxetine and duloxetine, which target CYP450 enzyme, can inhibit or

alter CYP450 enzyme activity, thus affecting the concentrations of the drugs or their metabolites, which brings liver injury. Meanwhile, the organism's self-protection mechanism was activated to up-regulate H₂S level, which can be promoted by adding NAC.

Serum concentrations of alanine aminotransferase (ALT) and aspartate aminotransferase (AST) are the most commonly used variables for assessment of liver damage.^{51,52} Using the commercial test kits, the activities of ALT and AST in model mice were analyzed. As can be seen in Figure 7, compared with

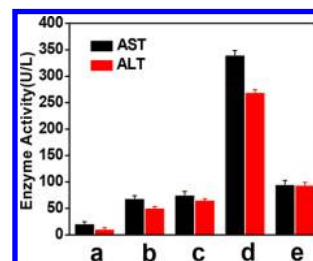


Figure 7. Activities of AST and ALT in mice serum treated with various conditions. (a) PBS buffer only as control group. (b) Fluoxetine (100 mg/kg). (c) Duloxetine (100 mg/kg). (d) Fluoxetine (100 mg/kg) and duloxetine (100 mg/kg). (e) NAC (500 mg/kg) and then fluoxetine (100 mg/kg), followed by duloxetine (100 mg/kg). Values are the mean \pm s.d. for $n = 3$.

the control (Figure 7a), treatment of fluoxetine or duloxetine induced a mild increase of enzyme activity (Figure 7b and 7c). However, combined treatment of the two drugs resulted in a strong increase of enzyme activity (Figure 7d), indicating occurrence of severe liver injury. After pretreatment of NAC, the enzyme activity decreased and approximated the value of the single drug group (Figure 7e), displaying the remission effect of NAC. The enzyme activity test further confirmed the conclusions from cell and tissue analysis which used HClO as a DILI indicator.

Finally, drug-induced hepatotoxicity and H₂S generation and remission were monitored *in vivo* through a real-time way. As can be seen from Figure S16, after only one drug administration, the fluorescence of mice liver displayed negligible variation in both channels. Combined drug administration induced relatively obvious fluorescence enhancement in both channels, giving evidence of the up-regulation of both H₂S and HClO. Moreover, no obvious intensity augment in green channel was observed in NAC pretreatment group, which was accompanied by fluorescence increase in blue channel, showing suppression of HClO and increase of H₂S through NAC promotion. Both *in vitro* and *in vivo* results revealed for the first time the early warning potential of HClO for DILI and H₂S-mediated remission effect of NAC.

CONCLUSION

In conclusion, a new two-photon fluorescent probe, RPC-1, for the simultaneous discrimination and imaging of H₂S and HClO has been constructed. With the excellent properties of RPC-1, HClO as an efficient indicator for antidepressant-induced hepatotoxicity was exploited and verified. The synergetic variation of HClO and H₂S level gave evidence of the protection role of endogenous H₂S, which can be promoted by NAC. We envision that RPC-1 may be employed as a powerful tool to predict drug-induced liver injury and explore the molecular mechanism associated with H₂S protection.

■ ASSOCIATED CONTENT

S Supporting Information

The Supporting Information is available free of charge on the ACS Publications website at DOI: 10.1021/acs.analchem.8b01106.

Experimental details, synthetic route, mass spectra, figures, imaging photos, and NMR spectra (PDF)

■ AUTHOR INFORMATION

Corresponding Authors

*E-mail: tangb@sdnu.edu.cn.

*E-mail: wangxu@sdnu.edu.cn.

ORCID 

Bo Tang: 0000-0002-8712-7025

Author Contributions

†These authors contributed equally to this work.

Notes

The authors declare no competing financial interest.

■ ACKNOWLEDGMENTS

This work was supported by the National Natural Science Foundation of China (21390411, 21535004, 91753111, 21775093, and 21505088).

■ REFERENCES

- (1) Nasr, A.; Lauterio, T. J.; Davis, M. W. *Adv. Ther.* **2011**, *28*, 842–856.
- (2) Chen, M.; Vijay, V.; Shi, Q.; Liu, Z.; Fang, H.; Tong, W. *Drug Discovery Today* **2011**, *16*, 697–703.
- (3) Sakatis, M.; et al. *Chem. Res. Toxicol.* **2012**, *25*, 2067–2082.
- (4) Dimasi, J. *Clin. Pharmacol. Ther.* **2001**, *69*, 297–307.
- (5) Jiao, X.; Li, Y.; Niu, J.; Xie, X.; Wang, X.; Tang, B. *Anal. Chem.* **2018**, *90*, 533–555.
- (6) Xie, X.; Tang, F.; Shangguan, X.; Che, S.; Niu, J.; Xiao, Y.; Wang, X.; Tang, B. *Chem. Commun.* **2017**, *53*, 6520–6523.
- (7) Niu, J.; Fan, J.; Wang, X.; Xiao, Y.; Xie, X.; Jiao, X.; Sun, C.; Tang, B. *Anal. Chem.* **2017**, *89*, 7210–7215.
- (8) Xie, X.; Li, M.; Tang, F.; Li, Y.; Zhang, L.; Jiao, X.; Wang, X.; Tang, B. *Anal. Chem.* **2017**, *89*, 3015–3020.
- (9) Li, Y.; Wang, X.; Yang, J.; Xie, X.; Li, M.; Niu, J.; Tong, L.; Tang, B. *Anal. Chem.* **2016**, *88*, 11154–11159.
- (10) Xie, X.; Yang, X.; Wu, T.; Li, Y.; Li, M.; Tan, Q.; Wang, X.; Tang, B. *Anal. Chem.* **2016**, *88*, 8019–8025.
- (11) Wang, X.; Lv, J.; Yao, X.; Li, Y.; Huang, F.; Li, M.; Yang, J.; Ruan, X.; Tang, B. *Chem. Commun.* **2014**, *50*, 15439–15442.
- (12) Wang, X.; Sun, J.; Zhang, W.; Ma, X.; Lv, J.; Tang, B. *Chem. Sci.* **2013**, *4*, 2551–2556.
- (13) Shuhendler, A.; Pu, K.; Cui, L.; Uetrecht, J.; Rao, J. *Nat. Biotechnol.* **2014**, *32*, 373–380.
- (14) Li, Y.; Xie, X.; Yang, X.; Li, M.; Jiao, X.; Sun, Y.; Wang, X.; Tang, B. *Chem. Sci.* **2017**, *8*, 4006–4011.
- (15) Cheng, D.; Xu, W.; Yuan, L.; Zhang, X. *Anal. Chem.* **2017**, *89*, 7693–7700.
- (16) Pattison, D.; Davies, M. *Biochemistry* **2006**, *45*, 8152–8162.
- (17) Prokopowicz, Z.; Arce, F.; Biedron, R.; Chiang, C.; Ciszek, M.; Katz, D.; Nowakowska, M.; Zapotoczny, S.; Marcinkiewicz, J.; Chain, B. *J. Immunol.* **2010**, *184*, 824–835.
- (18) Jaeschke, H. *Am. J. Physiol.-Gastr. L.* **2006**, *290*, 1083–1088.
- (19) Kulcharyk, P. A.; Heinecke, J. *Biochemistry* **2001**, *40*, 3648–3656.
- (20) Zhu, H.; Fan, J.; Wang, J.; Mu, H.; Peng, X. *J. Am. Chem. Soc.* **2014**, *136*, 12820–12823.
- (21) Szabo, C. *Nat. Rev. Drug Discovery* **2007**, *6*, 917–935.
- (22) Whiteman, M.; Le Trionnaire, S.; Chopra, M.; Fox, B.; Whatmore, J. *Clin. Sci.* **2011**, *121*, 459–488.
- (23) Zanardo, R.; Brancalone, V.; Distrutti, E.; Fiorucci, S.; Cirino, G.; Wallace, J. *FASEB J.* **2006**, *20*, 1411–1418.
- (24) Tan, G.; Pan, S.; Li, J.; Dong, X.; Kang, K.; Zhao, M.; Jiang, X.; Kanwar, J.; Qiao, H.; Jiang, H.; Sun, X. *PLoS One* **2011**, *6*, e25943.
- (25) Wang, X.; Yang, C.; Zheng, D.; Mo, L.; Lan, A.; Yang, Z.; Hu, F.; Chen, P.; Liao, X.; Feng, J. *Mol. Cell. Biochem.* **2012**, *363*, 419–426.
- (26) Kasinath, B. *Kidney Int.* **2014**, *85*, 1255–1258.
- (27) Ding, S.; Zhang, Q.; Xue, S.; Feng, G. *Analyst* **2015**, *140*, 4687–4693.
- (28) Zhou, J.; Li, L.; Shi, W.; Gao, X.; Li, X.; Ma, H. *Chem. Sci.* **2015**, *6*, 4884–4888.
- (29) Zhan, X.-Q.; Yan, J.-H.; Su, J.-H.; Wang, Y.-C.; He, J.; Wang, S.-Y.; Zheng, H.; Xu, J.-G. *Sens. Actuators, B* **2010**, *150*, 774–780.
- (30) Lippert, A.; New, E.; Chang, C. *J. Am. Chem. Soc.* **2011**, *133*, 10078–10080.
- (31) Mao, G.-J.; Wei, T.-T.; Wang, X.-X.; Huan, S.; Lu, D.-Q.; Zhang, J.; Zhang, X.-B.; Tan, W.; Shen, G.-L.; Yu, R.-Q. *Anal. Chem.* **2013**, *85*, 7875–7881.
- (32) Chen, B.; Li, W.; Lv, C.; Zhao, M.; Jin, H.; Jin, H.; Du, J.; Zhang, L.; Tang, X. *Analyst* **2013**, *138*, 946–951.
- (33) Bae, S. K.; Heo, C. H.; Choi, D. J.; Sen, D.; Joe, E.-H.; Cho, B. R.; Kim, H. M. *J. Am. Chem. Soc.* **2013**, *135*, 9915–9923.
- (34) Yang, S.; Qi, Y.; Liu, C.; Wang, Y.; Zhao, Y.; Wang, L.; Li, J.; Tan, W.; Yang, R. *Anal. Chem.* **2014**, *86*, 7508–7515.
- (35) Zhang, J.; Guo, W. *Chem. Commun.* **2014**, *50*, 4214–4217.
- (36) Lou, Z.; Li, P.; Pan, Q.; Han, K. *Chem. Commun.* **2013**, *49*, 2445–2447.
- (37) Wang, B.; Li, P.; Yu, F.; Song, P.; Sun, X.; Yang, S.; Lou, Z.; Han, K. *Chem. Commun.* **2013**, *49*, 1014–1016.
- (38) Yi, L.; Wei, L.; Wang, R.; Zhang, C.; Zhang, J.; Tan, T.; Xi, Z. *Chem. - Eur. J.* **2015**, *21*, 15167–15172.
- (39) Zhang, P.; Li, J.; Li, B.; Xu, J.; Zeng, F.; Lv, J.; Wu, S. *Chem. Commun.* **2015**, *51*, 4414–4416.
- (40) Yuan, L.; Lin, W.; Xie, Y.; Chen, B.; Zhu, S. *J. Am. Chem. Soc.* **2012**, *134*, 1305–1315.
- (41) Chen, W.; Pacheco, A.; Takano, Y.; Day, J.; Hanaoka, K.; Xian, M. *Angew. Chem., Int. Ed.* **2016**, *55*, 9993–9996.
- (42) Ang, C. Y.; Tan, S. Y.; Wu, S.; Qu, Q.; Wong, M. F. E.; Luo, Z.; Li, P.-Z.; Selvan, S. T.; Zhao, Y. *J. Mater. Chem. C* **2016**, *4*, 2761–2774.
- (43) Li, G.; Lin, Q.; Sun, L.; Feng, C.; Zhang, P.; Yu, B.; Chen, Y.; Wen, Y.; Wang, H.; Ji, L.; Chao, H. *Biomaterials* **2015**, *53*, 285–295.
- (44) Hu, J.; Wong, N.; Gu, Q.; Bai, X.; Ye, S.; Yang, D. *Org. Lett.* **2014**, *16*, 3544–3547.
- (45) Kessler, R.; McGonagle, K.; Zhao, S.; Nelson, C.; Hughes, M.; Eshleman, S.; Wittchen, H.; Kandler, K. *Arch. Gen. Psychiatry* **1994**, *51*, 8–19.
- (46) Wong, M. L.; Licinio, J. *Nat. Rev. Neurosci.* **2001**, *2*, 343–351.
- (47) Demirdaş, A.; Nazıroğlu, M.; Övey, İ. *Mol. Neurobiol.* **2017**, *54*, 4683–4695.
- (48) Mun, A.; Lee, S.; Kim, G.; Kang, H.; Kim, J.; Kim, S. *Anticancer Res.* **2013**, *33*, 3691–3698.
- (49) Voican, C. S.; Corruble, E.; Naveau, S.; Perlemuter, G. *Am. J. Psychiatry* **2014**, *171*, 404–415.
- (50) Wille, S. M.; Cooreman, S. G.; Neels, H. M.; Lambert, W. E. *Crit. Rev. Clin. Lab. Sci.* **2008**, *45*, 25–89.
- (51) Lee, I.; Liu, J.; Yang, K. *Am. J. Trop. Med. Hyg.* **2005**, *72*, 221–226.
- (52) Holoman, J.; Glasa, J.; Galbavy, S.; Danis, D.; Molnarova, A.; Kazar, J.; Bednarova, A.; Misianik, J. *Bratislav. Lek. Listy* **2002**, *103*, 70–75.