

## Mini Review

### \*Corresponding author

Feng Li, PhD

Department of Respiratory Medicine  
Shanghai First People's Hospital  
Shanghai Jiao Tong University  
No.100, Haining Road, Shanghai  
200080 PR, China  
Tel. 0086 21 63071428  
Fax: 0086 21 63071428  
E-mail: [lifeng741@aliyun.com](mailto:lifeng741@aliyun.com)

Volume 2 : Issue 2

Article Ref. #: 1000PRRMOJ2113

### Article History

Received: April 16<sup>th</sup>, 2015

Accepted: May 26<sup>th</sup>, 2015

Published: May 26<sup>th</sup>, 2015

### Citation

Zhang P, Zhou X, Li F. Hydrogen sulfide in airway diseases. *Pulm Res Respir Med Open J.* 2015; 2(2): 81-83. doi: [10.17140/PRRMOJ-2-113](https://doi.org/10.17140/PRRMOJ-2-113)

### Copyright

©2015 Li F. This is an open access article distributed under the Creative Commons Attribution 4.0 International License (CC BY 4.0), which permits unrestricted use, distribution, and reproduction in any medium, provided the original work is properly cited.

## Hydrogen Sulfide in Airway Diseases

Pengyu Zhang, Xin Zhou and Feng Li\*

Department of Respiratory Medicine, Shanghai First People's Hospital, Shanghai Jiao Tong University, Shanghai, 200080 PR, China

Hydrogen Sulfide (H<sub>2</sub>S) is a colorless, water-soluble gas with the odor of rotten eggs. H<sub>2</sub>S can be produced *via* non-enzymatic pathways, but is mainly synthesized from L-cysteine as the substrate by Cystathionine-γ-lyase (CSE), Cystathionine-β-synthetase (CBS) and 3-mercaptopyruvate sulfur transferase (3MTS).<sup>1</sup> H<sub>2</sub>S is now recognized as the third signaling gas-transmitter after Carbon monoxide (CO) and Nitric Oxide (NO), and it plays an important role in the pathophysiology of airway disease, such as asthma and Chronic Obstructive Pulmonary Disease (COPD).<sup>1</sup>

### H<sub>2</sub>S AND ASTHMA

Asthma is a chronic airway disorder characterized as airway inflammation, airway hyper-responsiveness (AHR), and airway remodeling, which is caused by inflammatory cells such as eosinophils, mast cells, T-helper 2 (Th2) lymphocytes, neutrophils, and structural cells such as airway epithelial cells and airway smooth muscle cells (ASMCs). The levels of H<sub>2</sub>S in serum were decreased in patients with stable asthma or acute exacerbation asthma.<sup>2</sup> The changes in serum H<sub>2</sub>S levels or exhaled air were positively correlated with FEV<sub>1</sub>% and negatively with the total count of sputum cells and neutrophils percentage.<sup>2,3</sup> Similar findings were observed in pediatric asthmatics. The serum levels of H<sub>2</sub>S were significantly decreased in asthmatic children compared to healthy children and the levels were positively correlated with lung function.<sup>4</sup> Therefore, it was proposed that H<sub>2</sub>S level could be used as a biomarker for asthma.<sup>5</sup>

Animal studies showed that the serum H<sub>2</sub>S level, the production rate of H<sub>2</sub>S in lung tissue, and the expression of CSE were decreased in an Ovalbumin (OVA)-induced rat model of asthma.<sup>6,7</sup>

Exogenous supplementation with Sodium Hydrogen Sulfide (NaHS, an exogenous donor of H<sub>2</sub>S) improved the airway flow and attenuated airway inflammation and remodeling in the model,<sup>6</sup> while inhibition in the synthesis of H<sub>2</sub>S aggravated the development of airway inflammation and AHR.<sup>7</sup>

### H<sub>2</sub>S AND COPD

Chronic Obstructive Pulmonary Disease (COPD) is a chronic airway disease characterized by chronic inflammation and parenchymal destruction (emphysema), which ultimately contributes to irreversible airflow obstruction. Cigarette Smoke (CS) or other noxious particles are the main etiologic factors for the development of COPD. A clinical study investigating the relation of serum H<sub>2</sub>S levels to the severity of COPD showed that serum H<sub>2</sub>S levels were significantly higher in patients with stable COPD than in patients with Acute Exacerbation of COPD (AECOPD) and control subjects. Serum H<sub>2</sub>S levels were positively correlated with the percentage of predicted FEV<sub>1</sub> value, and negatively correlated with the proportion of neutrophils in sputum in all patients.<sup>8</sup> This study indicated that H<sub>2</sub>S may be involved in the pathogenesis of airflow obstruction in COPD and may be connected with disease activity and severity. Moreover, sputum H<sub>2</sub>S levels were higher in AECOPD patients than those in stable COPD patients. Thus, the high sputum-to-serum ratio of H<sub>2</sub>S may indicate an ongoing neutrophilic inflammation.<sup>9</sup>

The important role of H<sub>2</sub>S in COPD was further confirmed through animal studies. Han, et al. showed that chronic CS could down-regulate the expression of CSE and CBS in the rat lung, while treatment with NaHS could inhibit both airway inflammation and airway remodeling as well as attenuate the development of emphysema and pulmonary artery hypertension.<sup>10</sup> Another study showed that the treatment with NaHS reduced the airway inflammation and AHR caused by Cigarette Smoke (CS) while treatment with PPG (the inhibitor of CSE) further aggravated the development of airway inflammation and AHR due to the inhibition of the production of endogenous H<sub>2</sub>S.<sup>11</sup>

## THE ROLE OF H<sub>2</sub>S IN MODULATING AIRWAY DISEASE

### Anti-inflammatory

Presently, most studies demonstrate that H<sub>2</sub>S possesses an anti-inflammatory function in many models of respiratory disease, including asthma,<sup>6,7</sup> COPD.<sup>10,11</sup> Although the anti-inflammatory mechanism of H<sub>2</sub>S is not clear, the exogenous addition of H<sub>2</sub>S could inhibit Th2-cytokines like IL-5 and IL-13 in addition to eosinophil in the BAL fluid in an OVA-induced murine asthma model.<sup>7</sup> Treatment with NaHS could decrease the production of pro-inflammatory cytokines such as IL-6 and IL-8 and increase the production of anti-inflammatory cytokines such as IL-10 in the plasma and lung tissues.<sup>12</sup>

### Anti-oxidative

H<sub>2</sub>S can freely cross the plasma membrane and the mitochondrial membrane to scavenge Reactive Oxygen Species (ROS) and Reactive Nitrogen Species (RNS).<sup>13</sup> Moreover, H<sub>2</sub>S enhances the production of reduced Glutathione (GSH) by enhancing cystine/cysteine transporters and redistributes GSH to mitochondria.<sup>14</sup> NaHS increased the ratio of reduced/oxidized glutathione (GSH/GSSG) and decreased the content of 8-hydroxy-deoxyguanosine (8-OHdG) in the lungs of CS-exposed mice,<sup>10</sup> which was similar to our findings that NaHS inhibited ozone-induced oxidative stress in a murine model.<sup>15</sup> Benetti, et al. confirmed that NaHS treatment abolished the increased lipid peroxidation in the allergic mouse lungs and increased Superoxide dismutase (SOD), Glutathione peroxidase (GPx) and Glutathione Reductase (GR) enzyme activities.<sup>16</sup> Nuclear factor (erythroid-derived 2)-like 2, also known as Nrf2, is a key transcription factor that regulates the expression of many important antioxidant proteins that protect against oxidative damage triggered by injury and inflammation.

### Regulation of Cell Proliferation and Apoptosis

H<sub>2</sub>S can inhibit cell proliferation; however, the effects of H<sub>2</sub>S on cellular apoptosis are complex. An *in vitro* study showed that both NaHS (the fast-releasing H<sub>2</sub>S donor) and GYY4137 (the slow-releasing H<sub>2</sub>S donor) suppressed human Airway Smooth Muscle Cell (ASMC) proliferation induced by Fetal Bovine Serum (FBS) and the proinflammatory cytokines

IL-1 $\beta$  and IL-8.<sup>17</sup> H<sub>2</sub>S decreased the migration and proliferation of a human lung fibroblast cell line (MRC5) stimulated by FBS and basic Fibroblast Growth Factor (bFGF), which is probably related to the fact that H<sub>2</sub>S inhibits ERK-1/2 phosphorylation in MRC5 cells.<sup>18</sup>

### Inhibitory Effect on AHR

Animal experiments showed that NaHS reduced the AHR caused by OVA,<sup>7</sup> ozone,<sup>19</sup> and cigarette smoke,<sup>11</sup> while treatment with PPG aggravated the development of AHR. The underlying mechanism may be related to the direct relaxant effect on bronchial smooth muscle as well as anti-inflammatory and anti-oxidative effects of NaHS. Kube, et al. found that NaHS relaxed the carbachol-precontracted mouse bronchial rings, and this relaxant effect was not affected.<sup>20</sup> The mechanism may be due to that NaHS activates large conductance Calcium activated potassium channels (BKCa) or activates K (ATP) channels in airway smooth muscle cells.<sup>21,22</sup>

### Inhibitory Effect on Airway Remodeling

NaHS inhibited goblet cell hyperplasia, airway mucus secretion, collagen deposition, and subepithelial fibrosis in an OVA-induced rat asthma model.<sup>6</sup> NaHS also inhibited increases in bronchial thickness in a CS-induced mouse emphysema model.<sup>10</sup> NaHS reduces increases in right ventricular systolic pressure, the thickness of pulmonary vascular walls, and the ratio of right ventricle/left ventricle+septum in a CS-induced mouse emphysema model.<sup>10</sup> The inhibitory effect on vascular remodeling by H<sub>2</sub>S may be related to the roles of H<sub>2</sub>S in promoting the apoptosis of pulmonary artery SMC,<sup>18</sup> and in reducing collagen deposition in the pulmonary vasculature.<sup>23</sup>

## PERSPECTIVE

H<sub>2</sub>S is a novel gas molecule with many biological effects. More research is needed to clarify the metabolism and mechanism of H<sub>2</sub>S in airway diseases. Clinical studies have shown that the level of H<sub>2</sub>S in plasma, sputum, and exhaled breath could reflect the disease condition and severity of asthma or COPD. Since H<sub>2</sub>S plays many roles in airway disease, more focused studies about the effects of H<sub>2</sub>S on respiratory protection is urgently needed. Currently, some pharmaceutical companies are developing slow-releasing, controllable H<sub>2</sub>S donors and H<sub>2</sub>S-releasing hybrid drugs. These drugs may pave new way for the treatment of airway diseases.

## ACKNOWLEDGEMENT

This work was supported by grants No. 81100024 from the National Natural Science Foundation of China and No. 2011274 from the Shanghai Health Bureau.

**CONFLICTS OF INTEREST:** None.

## REFERENCES

1. Hatziefthimiou A, Stamatou R. Role of hydrogen sulphide in airways. *World J Respirol.* 2015; In press
2. Wang P, Zhang G, Wondimu T, Ross B, Wang R. Hydrogen sulfide and asthma. *Exp Physiol.* 2011; 96: 847-852.
3. Zhang J, Wang X, Chen Y, Yao W. Correlation between levels of exhaled hydrogen sulfide and airway inflammatory phenotype in patients with chronic persistent asthma. *Respirology.* 2014; 19: 1165-1169. doi: [10.1111/resp.12372](https://doi.org/10.1111/resp.12372)
4. Tian M, Wang Y, Lu YQ, et al. Correlation between serum H<sub>2</sub>S and pulmonary function in children with bronchial asthma. *Mol Med Rep.* 2012; 6: 335-338. doi: [10.3892/mmr.2012.904](https://doi.org/10.3892/mmr.2012.904)
5. Chung KF. Hydrogen sulfide as a potential biomarker of asthma. *Expert review of respiratory medicine.* 2014; 8: 5-13. doi: [10.1586/17476348.2014.856267](https://doi.org/10.1586/17476348.2014.856267)
6. Chen YH, Wu R, Geng B, et al. Endogenous hydrogen sulfide reduces airway inflammation and remodeling in a rat model of asthma. *Cytokine.* 2009; 45: 117-123. doi: [10.1016/j.cyto.2008.11.009](https://doi.org/10.1016/j.cyto.2008.11.009)
7. Zhang G, Wang P, Yang G, et al. The inhibitory role of hydrogen sulfide in airway hyperresponsiveness and inflammation in a mouse model of asthma. *Am J Pathol.* 2013; 182: 1188-1195. doi: [10.1016/j.ajpath.2012.12.008](https://doi.org/10.1016/j.ajpath.2012.12.008)
8. Chen YH, Yao WZ, Geng B, et al. Endogenous hydrogen sulfide in patients with COPD. *Chest.* 2005; 128: 3205-3211. doi: [10.1378/chest.128.5.3205](https://doi.org/10.1378/chest.128.5.3205)
9. Saito J, Mackay AJ, Rossios C, et al. Sputum-to-serum hydrogen sulfide ratio in COPD. *Thorax.* 2014; 69: 903-909. doi: [10.1136/thoraxjnl-2013-204868](https://doi.org/10.1136/thoraxjnl-2013-204868)
10. Han W, Dong Z, Dimitropoulou C, et al. Hydrogen sulfide ameliorates tobacco smoke-induced oxidative stress and emphysema in mice. *Antioxid Redox Signal.* 2011; 15: 2121-2134. doi: [10.1089/ars.2010.3821](https://doi.org/10.1089/ars.2010.3821)
11. Chen YH, Wang PP, Wang XM, et al. Involvement of endogenous hydrogen sulfide in cigarette smoke-induced changes in airway responsiveness and inflammation of rat lung. *Cytokine.* 2011; 53: 334-341. doi: [10.1016/j.cyto.2010.12.006](https://doi.org/10.1016/j.cyto.2010.12.006)
12. Li T, Zhao B, Wang C, et al. Regulatory effects of hydrogen sulfide on IL-6, IL-8 and IL-10 levels in the plasma and pulmonary tissue of rats with acute lung injury. *Exp Biol Med (Maywood).* 2008; 233: 1081-1087. doi: [10.3181/0712-RM-354](https://doi.org/10.3181/0712-RM-354)
13. Whiteman M, Armstrong JS, Chu SH, et al. The novel neuro-modulator hydrogen sulfide: an endogenous peroxynitrite 'scavenger'? *J Neurochem.* 2004; 90: 765-768. doi: [10.1111/j.1471-4159.2004.02617.x](https://doi.org/10.1111/j.1471-4159.2004.02617.x)
14. Kimura Y, Goto Y, Kimura H. Hydrogen sulfide increases glutathione production and suppresses oxidative stress in mitochondria. *Antioxid Redox Signal.* 2010; 12: 1-13. doi: [10.1089/ars.2008.2282](https://doi.org/10.1089/ars.2008.2282)
15. Zhang P, Li F, Wiegman CH, et al. Inhibitory effect of hydrogen sulfide on ozone-induced airway inflammation, oxidative stress and bronchial hyperresponsiveness. *Am J Respir Cell Mol Biol.* 2015; 52: 129-137. doi: [10.1165/rcmb.2013-0415OC](https://doi.org/10.1165/rcmb.2013-0415OC)
16. Benetti LR, Campos D, Gurgueira SA, et al. Hydrogen sulfide inhibits oxidative stress in lungs from allergic mice in vivo. *Eur J Pharmacol.* 2013; 698: 463-469. doi: [10.1016/j.ejphar.2012.11.025](https://doi.org/10.1016/j.ejphar.2012.11.025)
17. Perry MM, Hui CK, Whiteman M, et al. Hydrogen sulfide inhibits proliferation and release of IL-8 from human airway smooth muscle cells. *Am J Respir Cell Mol Biol.* 2011; 45: 746-752. doi: [10.1165/rcmb.2010-0304OC](https://doi.org/10.1165/rcmb.2010-0304OC)
18. Fang LP, Lin Q, Tang CS, et al. Hydrogen sulfide suppresses migration, proliferation and myofibroblast transdifferentiation of human lung fibroblasts. *Pulm Pharmacol Ther.* 2009; 22: 554-561. doi: [10.1016/j.pupt.2009.07.003](https://doi.org/10.1016/j.pupt.2009.07.003)
19. Zhang P, Li F, Wiegman CH, et al. Inhibitory effect of hydrogen sulfide on ozone-induced airway inflammation, oxidative stress and bronchial hyperresponsiveness. *Am J Respir Cell Mol Biol.* 2015; 52: 129-137. doi: [10.1165/rcmb.2013-0415OC](https://doi.org/10.1165/rcmb.2013-0415OC)
20. Kubo S, Doe I, Kurokawa Y, et al. Hydrogen sulfide causes relaxation in mouse bronchial smooth muscle. *J Pharmacol Sci.* 2007; 104: 392-396. doi: [10.1254/jphs.SC0070199](https://doi.org/10.1254/jphs.SC0070199)
21. Huang J, Luo YL, Hao Y, et al. Cellular mechanism underlying hydrogen sulfide induced mouse tracheal smooth muscle relaxation: role of BKCa. *Eur J Pharmacol.* 2014; 741: 55-63. doi: [10.1016/j.ejphar.2014.07.004](https://doi.org/10.1016/j.ejphar.2014.07.004)
22. Fitzgerald R, DeSantiago B, Lee DY, et al. H<sub>2</sub>S relaxes isolated human airway smooth muscle cells via the sarcolemmal K (ATP) channel. *Biochem Biophys Res Commun.* 2014; 446: 393-398 doi: [10.1016/j.bbrc.2014.02.129](https://doi.org/10.1016/j.bbrc.2014.02.129)
23. Li X, Jin H, Bin G, et al. Endogenous hydrogen sulfide regulates pulmonary artery collagen remodeling in rats with high pulmonary blood flow. *Exp Biol Med (Maywood).* 2009; 234: 504-512. doi: [10.3181/0807-RM-230](https://doi.org/10.3181/0807-RM-230)