# Increased <sup>18</sup>F-FDG Uptake in a Model of Inflammation: Concanavalin A–Mediated Lymphocyte Activation

Takayoshi Ishimori, MD<sup>1</sup>; Tsuneo Saga, MD<sup>1</sup>; Marcelo Mamede, MD<sup>1</sup>; Hisataka Kobayashi, MD<sup>2</sup>; Tatsuya Higashi, MD<sup>1</sup>; Yuji Nakamoto, MD<sup>1</sup>; Noriko Sato, MD<sup>1</sup>; and Junji Konishi, MD<sup>1</sup>

<sup>1</sup>Department of Nuclear Medicine and Diagnostic Imaging, Graduate School of Medicine, Kyoto University, Kyoto, Japan; and <sup>2</sup>Department of Diagnostic and Interventional Imagiology, Graduate School of Medicine, Kyoto University, Kyoto, Japan

The aim of this project was to study a mechanism that might explain the increased uptake of <sup>18</sup>F-labeled FDG seen in inflammation. The approach chosen was to examine the effect on <sup>18</sup>F-FDG uptake of acute activation of murine lymphocytes by concanavalin A (Con A). Methods: Immunocompetent BALB/c mice and nude mice received an intravenous injection of 10 mg/kg Con A. Twenty-four hours later, the mice received an intravenous injection of 0.74 MBq (20 μCi) <sup>18</sup>F-FDG. One hour later, biodistribution was determined. The distribution of the radiolabel in the liver was also evaluated by autoradiography. In vitro 18F-FDG uptake to splenocytes from BALB/c mice with and without Con A pretreatment were determined 30, 60, and 120 min after the splenocytes were mixed with <sup>18</sup>F-FDG (0.74 MBg [20 μCi]/200 μL). Results: In immunocompetent BALB/c mice, pretreatment with Con A significantly increased <sup>18</sup>F-FDG uptake in the spleen and liver. Autoradiographs of the liver showed that pretreatment with Con A produced a specific localization of <sup>18</sup>F-FDG at periportal areas, where numerous sites of cellular infiltration were observed. In vitro binding of <sup>18</sup>F-FDG to the splenocytes was significantly higher for Con A-pretreated BALB/c mice than for control mice. Conclusion: This study showed that Con A increased <sup>18</sup>F-FDG uptake. Con A-activated lymphocytes actively took up <sup>18</sup>F-FDG both in vitro and in vivo, and <sup>18</sup>F-FDG specifically accumulated in Con A-mediated acute inflammatory tissues.

**Key Words:** <sup>18</sup>F-FDG PET; concanavalin A; lymphocyte; acute inflammation

J Nucl Med 2002; 43:658-663

Application of PET with <sup>18</sup>F-labeled FDG has been widespread in clinical oncology (*1*–*3*). However, <sup>18</sup>F-FDG is not a cancer-specific agent and is known to accumulate in cases of acute inflammation, in granulomatous diseases, and

Received May 29, 2001; revision accepted Jan. 16, 2002. For correspondence or reprints contact: Takayoshi Ishimori, MD, Department of Nuclear Medicine and Diagnostic Imaging, Graduate School of Medicine, Kyoto University, 54 Kawahara-cho, Shogoin, Sakyo-ku, Kyoto, 606-8507 Japan.

E-mail: ishimori@kuhp.kyoto-u.ac.jp

in autoimmune diseases (4-6). Under such conditions, the suggestion is that <sup>18</sup>F-FDG is taken up by infiltrating cells such as macrophages, lymphocytes, and granulocytes. However, only a few studies have described <sup>18</sup>F-FDG uptake under these conditions using animal models (7).

Tiegs et al. (8) described a model of experimental liver injury induced by concanavalin A (Con A) in mice. This plant lectin derived from the jack bean is known to mitogenically activate T lymphocytes in vitro to produce lymphokines and monokines such as tumor necrosis factor (9). Two other studies have revealed that Con A induced T cell–dependent acute liver injury in mice (10,11). The purpose of this study was to investigate the effect of acute activation of murine lymphocytes by Con A on <sup>18</sup>F-FDG uptake.

# MATERIALS AND METHODS

## <sup>18</sup>F-FDG Preparation

 $^{18}$ F was produced by a  $^{20}$ Ne (d,  $\alpha$ )  $^{18}$ F nuclear reaction, and  $^{18}$ F-FDG was synthesized by the acetyl hypofluorite method (*12*).

# **Animal Model and Biodistribution Study**

Five-week-old female BALB/c mice and BALB/c nu/nu mice were obtained from Japan SLC Co. Ltd. (Hamamatsu, Japan). Group of mice (n=5 for each group) received an injection of 10 mg/kg Con A (Sigma, St. Louis, MO) through their tail veins. Twenty-four hours after injection of the Con A, the mice received an intravenous injection of 0.74 MBq (20  $\mu$ Ci) <sup>18</sup>F-FDG. The mice were killed 60 min later by ether inhalation, and blood and various organs were removed, weighed, and measured for radioactivity using a  $\gamma$ -counter. The percentage injected dose per gram of tissue was determined and was normalized to a 20-g mouse. All animal experiments were performed in accordance with the regulations of Kyoto University Animal Facility regarding animal care and handling.

# Autoradiography and Hematoxylin-Eosin Staining

Distribution of the radiolabel in the liver was evaluated using autoradiography. One hour after 37 MBq (1 mCi) <sup>18</sup>F-FDG had been injected into Con A-treated and untreated BALB/c mice, the

livers were removed and quickly frozen in an optimal-cutting-temperature compound (Sakura Finetrek U.S.A. Inc., Torrance, CA), from which 15- $\mu$ m frozen sections were made. Dried sections of the liver were placed in a lighttight cassette directly contacting X-OMAT XAR film (Eastman Kodak, Rochester, NY). After 4 h of exposure at room temperature, the films were processed through an automatic developer. The same sections were then stained with hematoxylin and eosin (H & E) for histologic comparison.

# Splenocyte Preparation and In Vitro Binding of <sup>18</sup>F-FDG

Groups of BALB/c mice (n=4 for each group) with and without Con A pretreatment were killed by cervical dislocation, the spleens were excised, and single-cell suspensions of splenocytes were prepared. Splenocytes ( $2 \times 10^6$  cells per 200  $\mu$ L) were then mixed with  $^{18}$ F-FDG (0.74 MBq [ $20 \mu$ Ci]/ $200 \mu$ L). After 30, 60, and 120 min of incubation at room temperature, the cells were spun and were washed twice with phosphate-buffered saline. The radioactivity of the cell pellets was then measured using a  $\gamma$ -counter.

### **Statistical Analysis**

Data were analyzed using the Mann–Whitney U test, and a probability value of < 0.05 was considered significant.

#### **RESULTS**

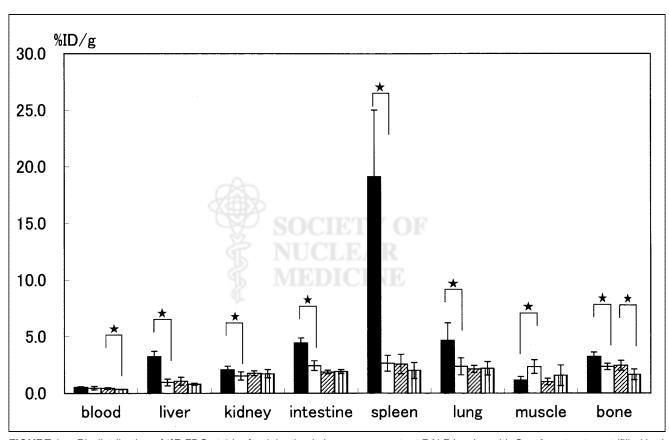
# Biodistribution of <sup>18</sup>F-FDG in Mice That Received Con A

The biodistributions of  $^{18}$ F-FDG in immunocompetent and immunodeficient mice with and without Con A pretreatment are summarized in Figure 1. In immunocompetent BALB/c mice, pretreatment with Con A markedly increased  $^{18}$ F-FDG uptake in the spleen (19.107%  $\pm$  5.900% with Con A vs. 2.645%  $\pm$  0.695% without Con A, P=0.009).  $^{18}$ F-FDG uptake in the liver was also 3.3-fold higher in the Con A–treated group than in the control group (P=0.009). In addition,  $^{18}$ F-FDG accumulation in the kidney, intestine, lung, and bone increased after Con A treatment.

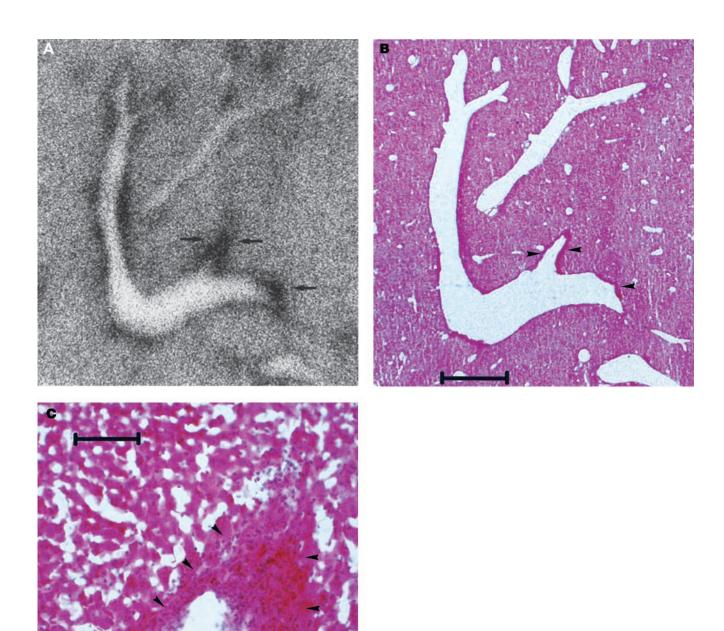
In contrast, Con A pretreatment of immunodeficient mice did not significantly change the <sup>18</sup>F-FDG uptake, except in bone and blood.

# Autoradiography and Histology of Liver

Autoradiographs of the liver of Con A-treated and untreated BALB/c mice are shown in Figures 2 and 3, along with the same section stained with H & E. Without Con A pretreatment, the livers appeared histologically normal, with



**FIGURE 1.** Biodistribution of  $^{18}F$ -FDG at 1 h after injection in immunocompetent BALB/c mice with Con A pretreatment (filled bar) or without Con A pretreatment (open bar) and in nude mice with Con A pretreatment (hatched bar) or without Con A pretreatment (striped bar). Values are expressed as mean and SD for percentage injected dose (%ID) per gram of tissue (n = 5 for each group). Stars indicate significant differences (P < 0.05).

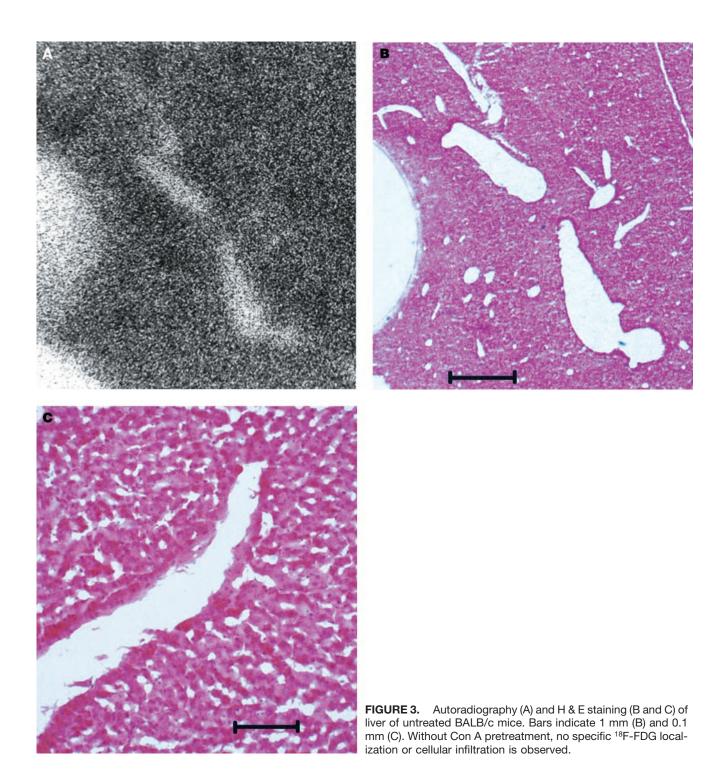


**FIGURE 2.** Autoradiography (A) and H & E staining (B and C) of liver of Con A-treated BALB/c mice. Bars indicate 1 mm (B) and 0.1 mm (C). After Con A pretreatment, <sup>18</sup>F-FDG localizes specifically at periportal areas (arrow), where numerous sites of cellular infiltration are observed through H & E staining (arrowhead).

no specific localization of <sup>18</sup>F-FDG detected by autoradiography (Figs. 2A and 3A). In contrast, 24 h after injection of Con A, a specific localization of <sup>18</sup>F-FDG was seen at periportal areas, where numerous sites of cellular infiltration were observed through H & E staining, corresponding to Con A–induced acute liver injury (Figs. 2A–2C). The infiltrated cells were mainly lymphocytes.

# In Vitro <sup>18</sup>F-FDG Uptake to In Vivo Activated Splenocytes

In vitro binding of  $^{18}$ F-FDG to the splenocytes from BALB/c mice was significantly higher when the mice were pretreated with Con A (Fig. 4). The higher uptake was first observed after 30 min of incubation and increased thereafter (from  $8.06\% \pm 2.38\%$  at 30 min to  $13.54\% \pm 6.06\%$  at 2 h).

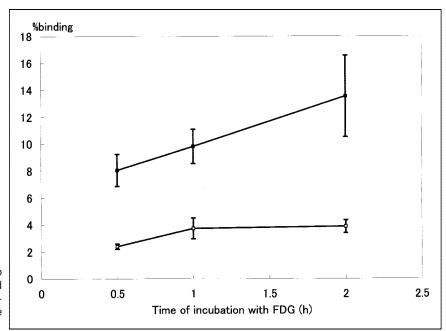


# **DISCUSSION**

 $^{18}\text{F-FDG}$  is widely used for the evaluation of malignant tumors in clinical oncology. At first,  $^{18}\text{F-FDG}$  PET was expected to play an important role in the differentiation of malignant from benign diseases ( $I{-}3$ ). However, it gave numerous false-positive results ( $I3{-}I9$ ). In addition to accumulating in malignant tissues,  $^{18}\text{F-FDG}$  has been shown to accumulate in nontumorous tissues, such as tissues with

acute inflammation, granulomatous tissues, and tissues containing autoimmune lesions (4-6,20).

A full understanding of the mechanism of this nontumorous <sup>18</sup>F-FDG uptake requires basic investigations of <sup>18</sup>F-FDG uptake into the cells responsive to inflammation, granulomatous disease, and autoimmunity. However, only a few studies have investigated <sup>18</sup>F-FDG uptake and distribution in inflammation that was induced experimentally in animal



**FIGURE 4.** In vitro binding of  $^{18}$ F-FDG to splenocytes from Con A-treated (**III**) and untreated (**III**) BALB/c mice. Values are expressed as mean and SD for percentage binding (n = 4 for each group).

models. Yamada et al. (7) reported that subcutaneous injection of turpentine oil could produce inflammation in rats, and high <sup>18</sup>F-FDG uptake in the inflammatory tissue was observed. Increased <sup>18</sup>F-FDG uptake in inflammation was also reported in animal models of bacterial infection (21,22), in which high <sup>18</sup>F-FDG uptake in the inflammatory cell infiltration was shown. In addition, Scharko et al. (21) studied <sup>18</sup>F-FDG distribution in activated lymphoid tissues after viral infection and showed high uptake in B cells. In this study, we selected Con A to activate murine lymphocytes and used this as a model to investigate <sup>18</sup>F-FDG uptake in inflammatory tissue and in activated lymphocytes. Con A is widely regarded as a model for investigating inflammation but has not yet been applied to <sup>18</sup>F-FDG-related experiments.

In this study, Con A pretreatment in immunocompetent mice caused a marked increase in <sup>18</sup>F-FDG uptake in the spleen, which is actually rich in lymphoid tissues. Increased <sup>18</sup>F-FDG uptake in the lung and intestine may also reflect the activation of lymphocytes in the lymphoid tissue of both organs. The effect of Con A was observed only with immunocompetent mice and not with T cell-deficient nude mice, indicating that Con A-mediated cellular activation takes place only in T lymphocytes and that activated T lymphocytes took up more <sup>18</sup>F-FDG than did nonactivated T lymphocytes. This finding was also confirmed by an in vitro binding study of <sup>18</sup>F-FDG to activated and nonactivated splenocytes—a study in which activated splenocytes showed more than 3-fold higher binding.

As reported by Tiegs et al. (8), Con A pretreatment induced acute liver injury that caused prominent cellular infiltration at periportal areas only in immunocompetent mice. As shown by autoradiography, <sup>18</sup>F-FDG specifically

accumulated in these areas, confirming that these infiltrating cells were activated T lymphocytes that actively took up <sup>18</sup>F-FDG.

This situation caused by Con A treatment did not exactly correspond to the situation of natural inflammation, because inflammatory cells other than T cells are also involved and may contribute to the high <sup>18</sup>F-FDG uptake in inflammatory tissues. In experimental inflammatory tissue, young fibroblasts, endothelial cells of vessels, and phagocytes of neutrophils and macrophages were reported to show high <sup>18</sup>F-FDG uptake (7), and high <sup>18</sup>F-FDG uptake into B cells was also reported (23). However, in addition to acute inflammation, the processes of T cell activation are also involved in the formation of autoimmunity, in graft and tumor rejection, and in other such events, and this murine model of Con A activation can be used for evaluating the mechanism of various diseases and also for developing specific methods to reduce unfavorable <sup>18</sup>F-FDG uptake in nontumorous tissues.

# CONCLUSION

This investigation showed that Con A activation of lymphocytes, a model of intense inflammation, markedly increased <sup>18</sup>F-FDG uptake by lymphocytes both in vitro and in vivo and that <sup>18</sup>F-FDG specifically accumulated in Con A-mediated acute inflammatory tissues. This experimental model would be applicable to further investigations to evaluate mechanisms of <sup>18</sup>F-FDG uptake in inflammatory cells.

# **REFERENCES**

- Delbeke D. Oncological applications of FDG-PET imaging: brain tumors, colorectal cancer, lymphoma and melanoma. J Nucl Med. 1999;40:591–603.
- Strauss LG. Positron emission tomography: current role for diagnosis and therapy monitoring in oncology. Oncologist. 1997;2:381–388.

- Inokuma T, Tamaki N, Torizuka T, et al. Value of fluorine-18-fluorodeoxyglucose and thallium-201 in the detection of pancreatic cancer. *J Nucl Med.* 1995; 36:229–235
- Shreve PD. Focal fluorine-18 fluorodeoxyglucose accumulation in inflammatory pancreatic disease. Eur J Nucl Med. 1998;25:259–264.
- Strauss LG. Fluorine-18 deoxyglucose and false-positive results: a major problem in the diagnostics of oncological patients. Eur J Nucl Med. 1996;23:1409–1415.
- Nakamoto Y, Saga T, Ishimori T, et al. FDG-PET of autoimmune-related pancreatitis: preliminary results. Eur J Nucl Med. 2000;27:1835–1838.
- Yamada S, Kubota K, Kubota R, Ido T, Tamahashi N. High accumulation of fluorine-18-fluorodeoxyglucose in turpentine-induced inflammatory tissue. J Nucl Med. 1995;36:1301–1306.
- Tiegs G, Hentschel J, Wendel A. A T cell-dependent experimental liver injury in mice inducible by concanavalin A. J Clin Invest. 1992;90:196–203.
- Gantner F, Leist M, Lohse AW, Germann PG, Tiegs G. Concanavalin A-induced T-cell-mediated hepatic injury in mice: the role of tumor necrosis factor. *Hepatology*. 1995;21:190–198.
- Nishikage T, Seki S, Toyabe S, et al. Inhibition of concanavalin A-induced hepatic injury of mice by bacterial lipopolysaccharide via the induction of IL-6 and the subsequent reduction of IL-4: the cytokine milieu of concanavalin A hepatitis. J Hepatol. 1999;31:18–26.
- Shirin H, Dotan I, Papa M, et al. Inhibition of concanavalin A-induced acute T cell dependent hepatic damage in mice by hypothyroidism. *Liver*. 1999;19:206– 211
- Tamaki N, Yonekura Y, Yamashita K, et al. Relation of left ventricular perfusion and wall motion with metabolic activity in persistent defects on thallium-201 tomography in healed myocardial infarction. Am J Cardiol. 1988;62:202–208.
- Bakheet SM, Powe J, Kandil A, Ezzat A, Rostom A, Amartey J. F-18 FDG uptake in breast infection and inflammation. Clin Nucl Med. 2000;25:100–103.
- 14. Zhuang H, Duarte PS, Pourdehand M, Shnier D, Alavi A. Exclusion of chronic

- osteomyelitis with F-18 fluorodeoxyglucose positron emission tomographic imaging. *Clin Nucl Med.* 2000;25:281–284.
- Strauss LG. Sensitivity and specificity of positron emission tomography (PET) for the diagnosis of lymph node metastases. Recent Results Cancer Res. 2000; 157:12–19
- Halter G, Storck M, Guhlmann A, Frank J, Grosse S, Liewald F. FDG positron emission tomography in the diagnosis of peripheral pulmonary focal lesions. *Thorac Cardiovasc Surg.* 2000;48:97–101.
- Goo JM, Im JG, Do KH, et al. Pulmonary tuberculoma evaluated by means of FDG PET: findings in 10 cases. *Radiology*. 2000;216:117–121.
- Bakheet SM, Saleem M, Powe J, Al-Amro A, Larsson SG, Mahassin Z. F-18 fluorodeoxyglucose chest uptake in lung inflammation and infection. *Clin Nucl Med*. 2000;25:273–278.
- Hustinx R, Smith RJ, Benard F, et al. Dual time point fluorine-18 fluorodeoxyglucose positron emission tomography: a potential method to differentiate malignancy from inflammation and normal tissue in the head and neck. *Eur J Nucl Med.* 1999;26:1345–1348.
- Sugawara Y, Braun DK, Kison PV, Russo JE, Zasadny KR, Wahl RL. Rapid detection of human infections with fluorine-18 fluorodeoxyglucose and positron emission tomography: preliminary results. Eur J Nucl Med. 1998;25:1238–1243.
- Scharko AM, Perlman SB, Hinds PW II, Hanson JM, Uno H, Pauza CD. Whole body positron emission tomography imaging of simian immunodeficiency virusinfected rhesus macaques. *Proc Natl Acad Sci USA*. 1996;93:6425–6430.
- Sugawara Y, Gutowski TD, Fisher SJ, Brown RS, Wahl RL. Uptake of positron emission tomography tracers in experimental bacterial infections: a comparative biodistribution study of radiolabeled FDG, thymidine, L-methionine, <sup>67</sup>Ga-citrate, and <sup>125</sup>I-HSA. Eur J Nucl Med. 1999;26:333–341.
- Hansson L, Ohlsson T, Valind S, et al. Glucose utilisation in the lungs of septic rats. Eur J Nucl Med. 1999;26:1340–1344.

