

Proportional Impact of Inhibitors on Vascular Reactivity - Unraveling the Effects of Titanium Dioxide on Endothelium-Dependent Relaxation

Pratyush Venkatesh, Talia N. Seymore, Chelsea M. Cary, Phoebe A. Stapleton
Rutgers, The State University of New Jersey

Nano-titanium dioxide (nTiO₂), an engineered nanoparticle extensively used in consumer products. Exposure to nanosized particles during pregnancy has been shown to impair maternal health and fetal growth. We have previously identified that maternal inhalation of aerosolized nTiO₂ during gestation can impair uterine arterial relaxation, limiting blood delivery to the fetoplacental unit, a process that can have dangerous implications for fetal health. The purpose of this study was to identify the mechanism of nTiO₂-induced vaso-impairment. We hypothesized that maternal nTiO₂ inhalation will impair endothelium-dependent dilation due to reduced nitric oxide (NO) bioavailability. Pregnant rats were exposed to aerosolized nTiO₂ nanoparticles (9.48 μg/m³ ± 0.11) from gestational day (GD) 5 to 19. Particle aerodynamic diameter was measured in real-time using a scanning mobility particle sizer (SMPS) (125.26 nm ± 1.82). On GD 20, maternal aorta and uterine artery were isolated, excised, and threaded onto metal wires to evaluate vasoactive responses to increased concentrations (10⁻⁹M – 10⁻⁴M) methacholine (an endothelium-dependent dilator). These measures were repeated in the presence of N(γ)-nitro-L-arginine methyl ester (L-NAME; 10⁻⁴M), an endothelial nitric oxide synthase inhibitor. Although L-NAME successfully inhibited vasorelaxation, there were no significant differences between the vascular reactivity of control and exposed animals (82.0 ± 7.2 vs 74.8 ± 12.3 percent maximum tension in uterine arteries). By understanding the effects exerted by nTiO₂ exposure during pregnancy, we can formulate targeted preventive strategies aimed at preserving maternal and fetal health while mitigating the potential risks associated with nTiO₂ exposure during gestation. Supported by NIH R01ES031285 and NIH R25ES020721.

