

Selenium Pretreatment Protects Against Renal Ischemia Reperfusion Injury by Inducing Mitochondrial Biogenesis

Amin Abdollahzade Fard¹ , Leila Chodari² , Telli Alizade³ , Farah Madatli³ , Elham Ahmadian^{4*} , Fariba Mahmoodpoor⁵ 

1. Nephrology and Kidney Transplant Research Center, Clinical Research Institute, Urmia University of Medical Sciences, Urmia, Iran

2. Dept. of Physiology, School of medicine, Urmia University of Medical Sciences, Urmia, Iran

3. Dept. of Pharmaceutical Technology and Management, Faculty of Pharmacy, Azerbaijan Medical University, Baku, Azerbaijan

4. Kidney Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

5. Research Center for Integrative Medicine in Aging, Aging Research Institute, Tabriz University of Medical Sciences, Tabriz, Iran

Article Info

 [10.32598/jambr.32.150.41](https://doi.org/10.32598/jambr.32.150.41)

Received: 2023/11/17

Accepted: 2023/12/02

Published Online: 17 May 2024

Corresponding Information:

Elham Ahmadian

Kidney Research Center, Tabriz University of Medical Sciences, Tabriz, Iran

E-Mail: ahmadian.elham@yahoo.com

ABSTRACT

Background & Objective: Acute kidney injury (AKI) is a rapid loss of kidney function that is associated with high morbidity and mortality. Oxidative hazard, inflammation, mitochondrial deterioration and depletion of cellular energy stores, which terminate in organ dysfunction, are the major hallmarks of AKI. The current experimental investigation attempted to evaluate the effects of selenium (Se), a pivotal micronutrient, on the ischemia/reperfusion (IR)-induced kidney damage emphasizing on the biogenesis of mitochondria.

Materials & Methods: Male Wistar rats (n = 18) were randomly allocated into three groups: sham, IR, and Se + IR. Rats in the last group 1 h before IR induction, were treated with Se (0.5 mg/kg) intraperitoneally. Six hours after reperfusion blood and kidney tissue samples were collected, and animals were euthanized. In addition to the evaluation of biochemical factors and histopathology, the protein levels of sirtuin1 (SIRT-1), and peroxisome proliferator-activated receptor-gamma coactivator 1- α (PGC-1 α) of the kidney tissues were determined via western blotting.

Results: Pre-treatment with Se could significantly improve IR-induced kidney function markers (creatinine and BUN) as well as the pathological alteration in comparison with the IR group ($P < 0.05$). Moreover, in the Se + IR group, a substantial surge of the Sirt-1 and PGC-1 α at the protein level was recorded compared to the IR group.

Conclusion: The results proposed that Se displays a protective role against renal IR injury via up-regulating proteins involved in mitochondrial biogenesis. Due to the pivotal role of mitochondria in renal tubules, these results offer insight into the plausible preventative and/or therapeutic effects of Se against AKI after further studies.

Keywords: Selenium, Ischemia, Reperfusion Injury, Mitochondria, Sirtuins



Copyright © 2023, This is an original open-access article distributed under the terms of the Creative Commons Attribution-noncommercial 4.0 International License which permits copy and redistribution of the material just in noncommercial usages with proper citation.

Introduction

Leishmaniasis is a worldwide parasitic disease that Renal ischemia/reperfusion (IR) injury is a major cause of acute kidney injury (AKI), a frequently occurring event under extensive surgeries, transplantation and infections (1, 2). Also, ischemic AKI is accompanied by high morbidity and mortality, for instance, it can turn into chronic kidney disease or increase the risk of graft rejection after transplantation (3). Reactive oxygen species (ROS) production, tubular epithelial cell (TEC) damage, mitochondrial dysfunction, and the inflammatory cascade are involved in the pathophysiology of IR (4). Currently, there is no effective

therapeutical option to target the underlying pathophysiology of ischemic AKI.

Taking into account that mitochondrial damage and subsequent energy depletion are among the key elements involved in the pathogenesis of AKI, the role of mitochondrial biogenesis and its main regulators [e. g. peroxisome proliferator-activated receptor-gamma coactivator-1 α (PGC-1 α) and sirtuins (SIRTs)] are essential in the recovery of renal function (5, 6). SIRTs are pivotal regulatory proteins that mediate diverse biological processes such as metabolism, oxidative balance,

inflammation, mitochondrial energetics, and aging (7). Among seven types of SIRT, SIRT1 and SIRT3 are highly expressed in the renal proximal tubules, preserving the integrity of cellular mitochondrial content and homeostasis (8).

So far, extensive research has been done to develop effective pharmacological agents for the prevention/treatment of IR injury (3, 9, 10). Accordingly, oxidative stress, inflammatory cascade and the apoptotic machinery have been considered as the main targeted signaling pathways to be addressed (11-13).

Selenium (Se) as a well-known trace element with diverse biological actions (cofactor of selenoproteins, ROS scavenging, and anti-inflammatory function) is abundantly found in meat products, seafood, and cereals (14). It has been demonstrated that Se deficiency is connected with the pathogenesis of several human diseases including metabolic disorders, cancer and renal diseases (15, 16). Recent studies have enlightened the role of the kidney in the metabolism of Se since different selenoproteins such as glutathione peroxidase are synthesized in the kidney (17). Therefore, a tight connection between the plummeted level of Se and the defects in selenoproteins has been detected. Moreover, it has been suggested that Se supplement can significantly reduce the severity of chronic diseases (18). However, the possible role of Se in preventing renal ischemic injury via the modulation of mitochondrial biogenesis-related signals remains to be evaluated. In light of these considerations, this study aimed to evaluate the effect of Se on a kidney model of IR injury.

Materials and Methods

In the current *in vivo* experiment, eighteen Wistar male adult rats were obtained from Pasture Institute (Tehran, Iran). Rats (220 ± 10 gr) randomly were divided into three groups ((i) Sham, (ii) IR, (iii) Se + IR groups) after 10 days of adaptation to the new environment. A single dose of Se (5 mg/kg) was intraperitoneally injected 1 h before the induction of IR in groups ii and iii [19]. Animals were housed according to the Laboratory Animals Care standards of the National Institutes of Health [20], and the Helsinki declaration of ethics in medical research. Also, all procedures in this study were approved by the Ethics Committee at Tabriz University of Medical Sciences (IR.TBZMED.VCR.REC.1400.228).

Induction of ischemia reperfusion (IR) injury

In vivo, kidney IR was induced according to the previously described methods [20, 21]. In brief, the combination of xylazine (10 mg/kg) and ketamine (90 mg/kg) (via intraperitoneal injection) was utilized to anesthetize the animals. In the Sham group, only kidney vascular manipulation without clamping was performed. In the IR group, unilateral IR injury was established via non-traumatic vascular forceps to block the left kidney vascular for 45 min. The ischemic kidney was distinguished when the red-colored kidneys

got pale, then the forceps were removed and the abdominal area was stitched. Six h later blood samples were collected and kidney tissue were separated after animals were euthanized via intraperitoneal thiopental sodium (200 mg/kg) injection.

Biochemical and histopathological assessment

Bio-Merieux colorimetric assay kits were used to evaluate serum levels of BUN and creatinine. To assess the pathological changes in the kidney, paraffinated samples were stained by H&E (hematoxylin and eosin) and examined under a light microscope (Olympus, Japan).

Evaluation of mitochondrial proteins

The effect of Se on protein levels of SIRT-1 and PGC-1 α was determined using western blotting as described previously according to Santa Cruz Biotechnology, Inc. [22]. Beta-actin was used as a housekeeping protein (sc-47778, Santa Cruz Biotechnology Inc).

Statistical analysis

The graphPad Prism 9 Software was applied to analyze the data (SPSS, Inc.). The values were indicated as the mean $\pm$ SEM. One-way ANOVA test was used to compare the differences between the groups, followed by multiple comparisons with Tukey's post-hoc. A P-value < 0.05 was considered statistically significant.

Results

The effects of Se on kidney function and histopathology Augmented serum levels of BUN and creatinine 6 h after IR induction confirmed the negative effect of IR on kidney function. Pretreatment with Se 1 h prior to IR induction considerably could decrease serum BUN and creatinine compared to the IR group (P < 0.05 Table 1). The effects of Se pretreatment on the histopathology of IR-induced kidney tissues are presented in Figure 1. Intact renal cells and normal histological appearance were observed in the Sham group; while elevated immune cell infiltration, formation of hyaline cast, epithelial cell damages and glomerular injuries were detected in the IR group. Pretreatment with Se could lessen the histological damages due to IR kidney injury (Figure 1).

Table 1. Kidney function markers in the studied groups

	Creatinine (mg/dl)	BUN (mg/dl)
Sham	0.62 $\pm$ 0.14	19.8 $\pm$ 6.8
IR	1.7 $\pm$ 0.27*	46.2 $\pm$ 8.1*
Se + IR	0.88 $\pm$ 0.19 [#]	32 $\pm$ 5.5 [#]

Ischemia reperfusion (IR), Selenium (Se).

*Significantly different (p < 0.05)

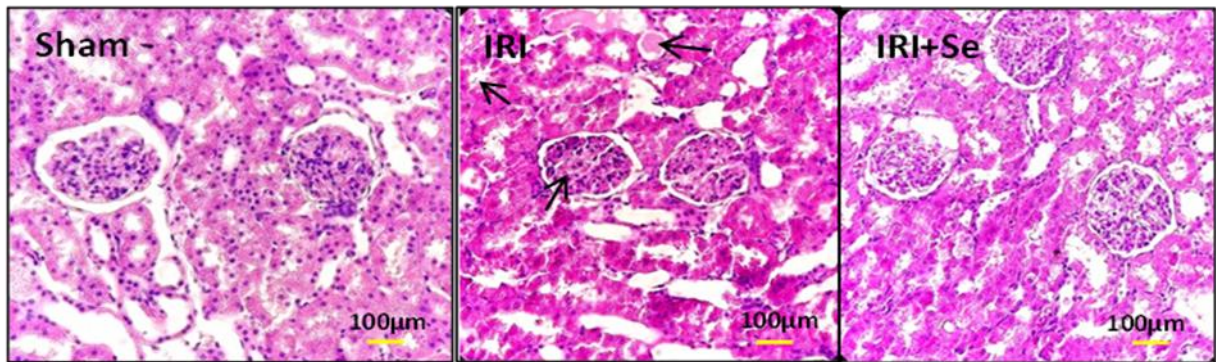


Figure 1. Evaluation of kidney histopathological alterations in the studied groups. Ischemia reperfusion (IR), Selenium (Se). The arrows indicate hyaline crystals in tubules, damages in the membrane of epithelial cells and glomerular injuries in IR group.

The effects of Se on mitochondrial biogenesis

Figure 2 illustrates the protein expression of SIRT-1 and PGC-1 α in different experimental groups. Accordingly, a significant decrease in the SIRT-1, and

PGC-1 α levels was observed in the kidney of IR rats compared to the control group. In Se + IR treated animals, a significantly higher level of SIRT-1 PGC-1 α content was found compared to the IR group (Fig. 2 A& B).

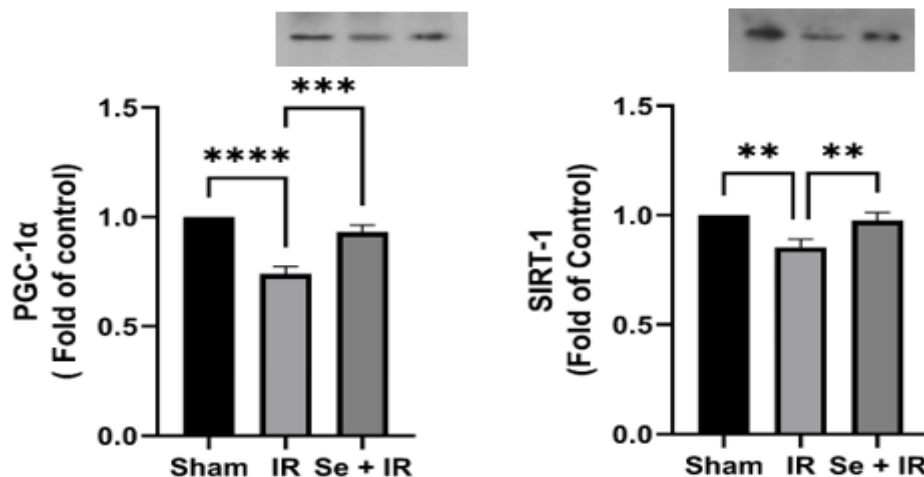


Figure 2. Effect of Se on protein levels of PGC-1 α (A), SIRT-1 (B). β -actin was used as a housekeeping control. Data are presented as mean $\pm$ SEM. Selenium: Se; ischemia/reperfusion: IR, PGC-1 α : Peroxisome proliferator-activated receptor gamma coactivator 1-alpha, Sirtuin-1: SIRT-1.

Discussion

IR injury is the leading cause of AKI. Several signaling pathways are responsible for IR kidney damage. Among them, oxidative stress, inflammatory response and mitochondrial dysfunction are of great importance (3, 23). Therefore, the administration of antioxidant agents which can also affect other signaling

cascades is considered an effective therapeutic approach against free radical-induced damage and its consequences (24). Se is a strong antioxidant micronutrient with proven protective effects against multiple human diseases such as IR injury (in the brain, bladder and heart), myocardial infarction, and organ

transplantation (25, 26). Thus, the current study aimed to evaluate the plausible beneficial impact of Se in renal IR with a focus on the main pathways related to the biogenesis of mitochondria in vivo. Our results indicated that Se could efficiently improve biochemical kidney function markers in IR rats. Previous research has shown that antioxidants are effective compounds in relieving post-IR renal function parameters (27, 28). So, it could be suggested that the diminution of renal function markers in serum might be related to the antioxidant properties of Se. Also, it should be mentioned that glutathione and thioredoxin systems as key constituents of the endogenous antioxidant network contain selenoproteins (glutathione peroxidase (GPx) and thioredoxin reductase (TrxR)) that encompass selenocysteine at their active site responsible for their enzymatic activity (29). Our result also demonstrated that Se lowers the infiltration of inflammatory cells and improves kidney damage in histopathological analysis.

Mitochondrial deterioration is one of the key events in charge of the stimulation of cell death pathways during ischemic injuries (30). Trace element selenium has been revealed to reverse neural cell death in hypoxic/ischemic injury of the brain via modulating mitochondrial function and biogenesis (31). Also, Se has significantly reduced heavy metal-induced nephrotoxicity via ameliorating oxidative stress and mitochondrial dysfunction (32). Stressed mitochondria can return to their normal function through anti-oxidant defenses, using selective removal of injured macromolecules and undergoing the unique process of fusion and consequent fission. In case of unsuccessful recovery, the autophagy system eliminates the injured mitochondria. If the mitochondrial disruption is extensive and severe, apoptosis and cell death cascades initiate (33). Considering the abundance of mitochondrial content in proximal tubules, this series of events is critical to cell turnover in the human kidney (34). Mitochondrial respiration evaluation has revealed that Se supplementation substantially escalates mitochondrial content and up-regulates mitochondrial biogenesis mediators in trophoblasts (35). In this study, Se could surge the master factor of mitochondrial biogenesis (PGC-1 α) in comparison with the IR group insignificantly. The role of Sirtuins in the kidneys has gained great attention as the factor of protection in younger animals over their older equivalents in enduring IR injury (36). The activity of SIRT-1 relies on the NAD⁺ for enzymatic deacetylation that confers its ATP-sensing features, thereby linking the energy status of the cells to other biological processes, such as inflammation, metabolism and apoptosis, (37, 38). In the current investigation, Se could significantly enhance the SIRT-1 level to prohibit ROS formation and maintain post-IR intracellular ATP levels.

Conclusion

Collectively, this empirical study showed that the pretreatment with trace element, Se, before the induction of renal IR injury, could significantly improve renal function markers, ameliorate histopathological alteration and stimulate the expression of proteins connected with mitochondrial biogenesis. Since the formation of excess ROS during IR results in the diminution of mitochondrial biogenesis, considering the antioxidant role of Se, it could be proposed that Se can enhance mitochondrial turnover through its ROS-scavenging properties. However, it is important to design a dose-dependent study and investigate more detailed signaling pathways of Se in kidney IR injury for its possible use in the prevention and/or treatment of AKI in a clinical setting.

In conclusion, data from several primary investigations demonstrated that *Leishmania* viability was significantly reduced in the promastigote and amastigote phases. However, further research is needed to evaluate and employ this compound as a potential leishmaniasis therapy in the future.

Acknowledgments

The authors would like to express their gratitude to the Kidney Research Center of Tabriz University of Medical Sciences for supporting this research.

Authors' Contribution

AF Amin: Data collection or management, C Leila: Data analysis, A Telli: Data collection, M Farah: Data collection, T Vugar Ali: Data analysis, A Elham: Protocol/project development, Manuscript writing/editing.

Conflict of Interest

The authors declare that they have no conflict of interest.

Funding

This work was financially supported by the Kidney Research Center of Tabriz University of Medical Sciences, Tabriz, Iran (Grant No. 67855)

Ethics Approval and consent to participate

The Helsinki declaration of ethics in medical research was honored in this study. Protocols of the experiment were planned according to the standards of the National Institute of Health for Laboratory Animals Care. The study was approved by the Ethics committee of Tabriz University of Medical Sciences. Tabriz, Iran (IR.TBZMED.VCR.REC.1400.228).

References

1. Zhou M, Tang W, Fu Y, et al, Progranulin protects against renal ischemia/reperfusion injury in mice. *Kidney Int.* 2015; 87(5): 918-29.
<https://doi.org/10.1038/ki.2014.403>
PMid:25607110
2. Hosszu A, Antal Z, Lenart L, et al. σ 1-receptor agonism protects against renal ischemia-reperfusion injury. *J Am Soc Nephrol.* 2017. 28(1): 152-65.
<https://doi.org/10.1681/ASN.2015070772>
PMid:27056295 PMCID:PMC5198266
3. Han SJ, Lee HT. Mechanisms and therapeutic targets of ischemic acute kidney injury. *Kidney Res Clin Pract.* 2019; 38(4): 427.
<https://doi.org/10.23876/j.krcp.19.062>
PMid:31537053 PMCID:PMC6913588
4. Sharfuddin AA, Molitoris BA. Pathophysiology of ischemic acute kidney injury. *Nature Rev Nephrol.* 2011. 7(4): 189-200.
<https://doi.org/10.1038/nrneph.2011.16>
PMid:21364518
5. Ralto KM, Parikh SM.. Mitochondria in acute kidney injury. *Semin Nephrol.* 2016;36(1):8-16
<https://doi.org/10.1016/j.semnephrol.2016.01.005>
PMid:27085731 PMCID:PMC4834465
6. Tran M, Parikh SM. Mitochondrial biogenesis in the acutely injured kidney. *Nephron Clin Pract.* 2014. 127(1-4): 42-45.
<https://doi.org/10.1159/000363715>
PMid:25343819
7. Carafa V, Rotili D, Forgione M, et al. Sirtuin functions and modulation: from chemistry to the clinic. *Clin Epigen.* 2016. 8:1-21.
<https://doi.org/10.1186/s13148-016-0224-3>
PMid:27226812 PMCID:PMC4879741
8. Kong L, Wu H, Zhou W, et al. Sirtuin 1: a target for kidney diseases. *Molec Med.* 2015. 21: 87-97.
<https://doi.org/10.2119/molmed.2014.00211>
PMid:25587857 PMCID:PMC4461580
9. Chatterjee PK., Novel pharmacological approaches to the treatment of renal ischemia-reperfusion injury: a comprehensive review. *Naunyn-Schmiedeberg's Arch Pharmacol.* 2007. 376 (1-2): 1-43.
<https://doi.org/10.1007/s00210-007-0183-5>
PMid:18038125
10. Malek M, Nematbakhsh M. Renal ischemia/reperfusion injury; from pathophysiology to treatment. *J Renal Injury Prevent.*2015; 4(2): 20.
11. Kezic A, Spasojevic I, Lezaic V, Bajcetic M. Mitochondria-targeted antioxidants: future perspectives in kidney ischemia reperfusion injury. *Oxid Med Cell Longev.* 2016. 2016. PMC4894993.
<https://doi.org/10.1155/2016/2950503>
PMid:27313826 PMCID:PMC4894993
12. Ala M, Khoshdel M, Dehpour AR. Empagliflozin enhances autophagy, mitochondrial biogenesis, and antioxidant defense and ameliorates renal ischemia/reperfusion in nondiabetic rats. *Oxid Med Cell Longev.*2022; 2022:1197061
<https://doi.org/10.1155/2022/1197061>
PMid:35126806 PMCID:PMC8816566
13. Granata S, Votrico V, Spadaccino F, et al. Oxidative stress and ischemia/reperfusion injury in kidney transplantation: Focus on ferroptosis, mitophagy and new antioxidants. *Antioxidants*, 2022. 11(4): 769.
<https://doi.org/10.3390/antiox11040769>
PMid:35453454 PMCID:PMC9024672
14. Kieliszek M, Bano I, Zare H.A comprehensive review on selenium and its effects on human health and distribution in middle eastern countries. *Biol Trace Element Res.* 2022. 200(3): 971-87.
<https://doi.org/10.1007/s12011-021-02716-z>
PMid:33884538 PMCID:PMC8761138
15. Barchielli G, Capperucci A, Tanini D. The role of selenium in pathologies: An updated review. *Antioxidants*, 2022. 11(2): 251.
<https://doi.org/10.3390/antiox11020251>
PMid:35204134 PMCID:PMC8868242

16. Golin A., Tinkov A, Aschner M, Farina M, da Rocha T. Relationship between selenium status, selenoproteins and COVID-19 and other inflammatory diseases: a critical review. *J Trace Element Med Biol.* 2022:127099.
<https://doi.org/10.1016/j.jtemb.2022.127099>
PMid:36372013 PMCID:PMC9630303
17. Zachara B. Selenium and selenium-dependent antioxidants in chronic kidney disease. *Adv Clin Chem.* 2015. 68:131-51.
<https://doi.org/10.1016/bs.acc.2014.11.006>
PMid:25858871
18. Fu S, Zhang L, Ma F, et al. Effects of selenium on chronic kidney disease: A mendelian randomization study. *Nutrients*, 2022. 14(21): 4458.
<https://doi.org/10.3390/nu14214458>
PMid:36364721 PMCID:PMC9654848
19. Ahmadi K, Roshan-Milani S, Asgharzadeh F, Pourjabali M, Fard AA. In vitro and in vivo pretreatment with selenium mitigates tetrahydrocannabinol-induced testicular cell apoptosis: the role of AKT and p53 pathways. *Biol Trace Element Res.* 2021. 199: 2278-87.
<https://doi.org/10.1007/s12011-020-02322-5>
PMid:32815089
20. Kang KP, Lee JE, Lee A, et al. Effect of gender differences on the regulation of renal ischemia reperfusion induced inflammation in mice. *Molec Med Report.* 2014. 9(6): 2061-68.
<https://doi.org/10.3892/mmr.2014.2089>
PMid:24682292 PMCID:PMC4055478
21. Topdağı Ö, Tanyeli A, Akdemir F, et al. Preventive effects of fraxin on ischemia/reperfusion-induced acute kidney injury in rats. *Life Sci.* 2020. 242:117217.
<https://doi.org/10.1016/j.lfs.2019.117217>
PMid:31884094
22. Lotfi B, Bagheri Y, Abdollahpour A, et al. Protective effect of eprosartan against ischemic acute renal injury: Acting on NF- κ B, caspase 3, and Sirtuin 1. *Int Immunopharmacol.* 2023. 115 109690.
<https://doi.org/10.1016/j.intimp.2023.109690>
PMid:36640709
23. Zhao M, Wang Y, Li L, et al. Mitochondrial ROS promote mitochondrial dysfunction and inflammation in ischemic acute kidney injury by disrupting TFAM-mediated mtDNA maintenance. *Theranostics*, 2021. 11(4): 1845.
<https://doi.org/10.7150/thno.50905>
PMid:33408785 PMCID:PMC7778599
24. Amini N, Sarkaki A, Dianat M, et al. Protective effects of naringin and trimetazidine on remote effect of acute renal injury on oxidative stress and myocardial injury through Nrf-2 regulation. *Pharmacol Rep.* 2019. 71(6): 1059-66.
<https://doi.org/10.1016/j.pharep.2019.06.007>
PMid:31604166
25. Mojadadi A, Au A, Salah W, Witting P, Ahmad G. Role for selenium in metabolic homeostasis and human reproduction. *Nutrients.* 2021. 13(9): 3256.
<https://doi.org/10.3390/nu13093256>
PMid:34579133 PMCID:PMC8469766
26. Ostróžka-Cieślik A, Dolińska B, Ryszka F. Therapeutic potential of selenium as a component of preservation solutions for kidney transplantation. *Molecules.* 2020. 25(16): 3592.
<https://doi.org/10.3390/molecules25163592>
PMid:32784639 PMCID:PMC7463670
27. Cui X, Lin L, Sun X, Wang L, Shen R. Curcumin protects against renal ischemia/reperfusion injury by regulating oxidative stress and inflammatory response. *Evid Based Complement Alternat Med.* 2021. 2021: PMC8605918
<https://doi.org/10.1155/2021/8490772>
PMid:34812266 PMCID:PMC8605918
28. El-Sayed SS, Shahin RM, Fahmy A, Elshazly S. Quercetin ameliorated remote myocardial injury induced by renal ischemia/reperfusion in rats: Role of Rho-kinase and hydrogen sulfide. *Life Sci.* 2021. 287: 120144.
<https://doi.org/10.1016/j.lfs.2021.120144>
PMid:34785193

29. Saito Y. Selenoprotein P as an in vivo redox regulator: disorders related to its deficiency and excess. *J Clin Biochem Nutr.* 2020. 66(1): 1-7.
<https://doi.org/10.3164/jcbrn.19-31>
PMid:32001950 PMCID:PMC6983434
30. Kuznetsov AV, Javadov S, Margreiter R, et al. The role of mitochondria in the mechanisms of cardiac ischemia-reperfusion injury. *Antioxidants*, 2019. 8(10): 454.
<https://doi.org/10.3390/antiox8100454>
PMid:31590423 PMCID:PMC6826663
31. Mehta SL, Kumari S, Mendelev N, Li P. Selenium preserves mitochondrial function, stimulates mitochondrial biogenesis, and reduces infarct volume after focal cerebral ischemia. *BMC Neurosci.* 2012. 13(1): 1-12.
<https://doi.org/10.1186/1471-2202-13-79>
PMid:22776356 PMCID:PMC3411431
32. Zhou Y, Zhang S, Liu C, Cai Y. The protection of selenium on ROS mediated-apoptosis by mitochondria dysfunction in cadmium-induced LLC-PK1 cells. *Toxicol In Vitro.* 2009. 23(2): 288-94.
<https://doi.org/10.1016/j.tiv.2008.12.009>
PMid:19135140
33. Archer SL. Mitochondrial dynamics-mitochondrial fission and fusion in human diseases. *New Eng J Med.* 2013. 369(23): 2236-51.
<https://doi.org/10.1056/NEJMr1215233>
PMid:24304053
34. Ho KM, Morgan D. The proximal tubule as the pathogenic and therapeutic target in acute kidney injury. *Nephron.* 2022. 146(5): 494-502.
<https://doi.org/10.1159/000522341>
PMid:35272287
35. Khera A, Dong L, Holland O, et al. Selenium supplementation induces mitochondrial biogenesis in trophoblasts. *Placenta*, 2015. 36(8): 863-69.
<https://doi.org/10.1016/j.placenta.2015.06.010>
PMid:26154583
36. Khader A, Yang W, Kuncewitch M, et al. Sirtuin 1 activation stimulates mitochondrial biogenesis and attenuates renal injury after ischemia-reperfusion. *Transplant.* 2014;98(2): 148-56.
<https://doi.org/10.1097/TP.0000000000000194>
PMid:24918615
37. Xie J, Zhang X, Zhang L. Negative regulation of inflammation by SIRT1. *Pharmacol Res.* 2013. 67(1): 60-67.
<https://doi.org/10.1016/j.phrs.2012.10.010>
PMid:23098819
38. Nogueiras R., Habegger K, Chaudhary N, et al. Sirtuin 1 and sirtuin 3: physiological modulators of metabolism. *Physiol Rev.* 2012;92(3):1479-1514.
<https://doi.org/10.1152/physrev.00022.2011>
PMid:22811431 PMCID:PMC3746174

How to Cite This Article:

Abdollahzade Fard A, Chodari L, Alizade T, Madatli F, Ahmadian E, F Mahmoodpoor. Selenium Pretreatment Protects Against Renal Ischemia Reperfusion Injury by Inducing Mitochondrial Biogenesis *J Adv Med Biomed Res.* 2024; 32(150): 41-47.