Amiodarone Inhibits *Trypanosoma cruzi* Infection and Promotes Cardiac Cell Recovery with Gap Junction and Cytoskeleton Reassembly *In Vitro* ©

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Received 16 August 2010/Returned for modification 18 October 2010/Accepted 31 October 2010

We present the results of the first detailed study of the antiproliferative and ultrastructural effects of amiodarone on *Trypanosoma cruzi*, the causative agent of Chagas’ disease. Moreover, we report the effects of this compound on the recovery of F-actin fibrils, connexin43, and contractility in *T. cruzi*-infected cardiac myocytes. Amiodarone is the most prescribed class III antiarrhythmic agent and is frequently used for the symptomatic treatment of Chagas’ disease patients with cardiac compromise. In addition, recent studies identified its antifungal and antiprotozoal activities, which take place through 

| Ca2+ | homeostasis disruption and ergosterol biosynthesis blockade. We tested different concentrations of amiodarone (2.5 to 10 μM) on infected primary cultures of heart muscle cells and observed a dose- and time-dependent effect on growth of the clinically relevant intracellular amastigote form of *T. cruzi*. Ultrastructural analyses revealed that amiodarone had a profound effect on intracellular amastigotes, including mitochondrial swelling and disorganization of reservosomes and the kinetoplast and a blockade of amastigote-trypomastigote differentiation. Amiodarone showed no toxic effects on host cells, which recovered their F-actin fibrillar organization, connexin43 distribution, and spontaneous contractility concomitant with the drug-induced eradication of the intracellular parasites. Amiodarone is, therefore, a promising compound for the development of new drugs against *T. cruzi*. |

Chagas’ disease is the largest parasitic disease burden and a major cause of heart disease and heart-related deaths in Latin America, where it affects approximately 16 to 18 million people (25, 38). The disease is caused by the protozoan parasite *Trypanosoma cruzi*, which possesses a life cycle involving a mammalian host and an insect vector (31).

Chemotherapy against *T. cruzi* is limited to two compounds, namely, benznidazole (a 2-nitroimidazole) and nifurtimox (a 5-nitrofuran), which are mostly active in acute- and early chronic-phase patients but are of limited efficacy in the prevalent chronic stage (8, 34). Moreover, *T. cruzi* exhibits considerable biological variability, indicating possible variations in virulence, pathogenicity, oxidative stress, and drug resistance (23, 27, 36), which may pose an important challenge in the search of safer and more effective chemotherapeutic agents for the specific treatment of Chagas’ disease.

Studies in the last 2 decades have permitted the identification of several new drug targets for this parasite. Among the most promising are (i) the essential cathepsin L-like protease cruzipain, (ii) the unique Kinetoplastida enzymes trypanothione reductase and trypanothione synthase, and (iii) the inhibitors of de novo sterol biosynthesis pathways, such as imidazole and triazole derivatives (5, 33–35). There is also strong evidence that bispophonates can accumulate in the parasite’s acidocalcisomes and interfere with the activity of enzymes involved in isoprenoid biosynthesis, such as farnesyl diphosphate synthase (13). Using *T. cruzi*-infected cardiomyocytes, we previously demonstrated that the bispophonate risedronate has a potent and selective in vitro effect against this parasite, resulting in recovery of the cardiac cells after the treatment (16). This compound also exhibited marked in vivo antiparasitic activity in a murine model of acute Chagas’ disease (18). Another promising approach is the recent discovery of the anti-*T. cruzi* activity of the antiarrhythmic drug amiodarone, which is frequently prescribed for the symptomatic treatment of Chagas’ disease patients (4). In the heart, the effects of this compound include inhibition of Na+ channels, L-type Ca2+ channels, K+ channels, and the Na+/Ca2+ exchanger, leading to its characteristic antiarrhythmic action. It was found that the *in vitro* and *in vivo* activity against *T. cruzi* was mediated by disruption of the parasite’s Ca2+ homeostasis and a blockade of ergosterol biosynthesis at the level of oxidosqualene cyclase (4).

Although the antiparasitic activity of amiodarone has been demonstrated previously, there is a lack of data regarding the effect of this compound on the ultrastructure of *T. cruzi* and its host cells and the recovery of these cells after the antiparasitic treatment. Primary cultures of murine cardiac myocytes have been the method of choice to demonstrate alterations in the host cell induced by this parasite. In these studies, many as-
pects of this relationship were clarified, such as alterations in intracellular calcium dynamics (2, 17), changes in the cell cytoskeleton (24, 30), and cell-cell junction (1, 12). Gap junction channels are critical to maintaining cardiac homeostasis by allowing the free flow of ions and metabolites between cardiac myocytes, which contributes to the synchronized contraction of and signal exchange throughout the tissue. Gap junctions are composed of the connexin family of transmembrane proteins that assemble as end-to-end alignments of hexameric connexon subunits, thereby forming intercellular conduits for molecules of up to 1 kDa. Connexin43 (Cx43) is the most abundant gap junction protein in ventricular myocytes, being localized at intercalated disks in normal myocardium (15).

In the present study, we demonstrate the effects of amiodarone on the proliferation and ultrastructure of intracellular amastigote forms of Trypanosoma cruzi growing in cardiomyocytes and the recovery of the host cells. We evaluated the recovery of spontaneous contractility of cardiomyocytes and the distribution of F-actin and Cx43 after treatment.

MATERIALS AND METHODS

Parasites. The Y (MHOM/BR/1950/Y) strain of T. cruzi was used in this work. Trypomastigote forms of T. cruzi were obtained from the supernatant of infected heart muscle cells grown in Dulbecco’s modified Eagle medium (DMEM; Sigma Aldrich, St. Louis, MO) supplemented with 5% fetal bovine serum (FBS; Cultilab, São Paulo, Brazil), 1 mM CaCl₂, 1 mM l-glutamine, 2% chicken embryo extract, 1,000 U/ml penicillin, and 50 µg/ml streptomycin. After 96 h of infection, the parasites were collected, centrifuged, and resuspended in DMEM.

Cardiac cell cultures. Hearts of 18-day-old Swiss Webster mouse embryos were submitted to mechanical and enzymatic dissociation as previously described (22). Briefly, cells were harvested using 0.05% trypsin and 0.01% collagenase in phosphate-buffered saline (PBS) at 37°C. Ventricular heart muscle cells (HMCs) were plated on 0.02% gelatin-coated plastic flasks, on glass coverslips, in 24-well plates, or in petri dishes. Cells were maintained at 37°C in a 5% CO₂ atmosphere in DMEM for 72 h before the experiments. Use and handling of the animals were approved by the Ethics Committee for the Use of Laboratory Animals, FIOCRUZ (CEUA), protocol P70/09.2.

Infection of cultures and treatments. Heart muscle cells were plated in 24-well plates at a density of 1.5 × 10⁶ cells/well in glass coverslips and infected with culture-derived trypomastigotes (20:1, parasites/host cells) in a final volume of 300 µl DMEM. After 2 h, the cultures were washed with PBS to remove non-adherent parasites and maintained in DMEM. Treatment with 2.5 to 10 µM amiodarone was performed by using the following two protocols: (i) addition immediately after the interaction step and (ii) addition at 48 h after infection.

DNA staining. DNA was stained with DAPI (4’,6-diamidino-2-phenylindole). Images were acquired with an Olympus laser scanning confocal microscope.

RESULTS

Effect of amiodarone on intracellular T. cruzi amastigotes and host cells. Using two different treatment protocols, amiodarone caused a strong inhibition of the infection of HMCs (Fig. 1 to 3). When the drug was added immediately after infection (protocol i) (Fig. 1), dose- and time-dependent reductions in the percentages of infected cells were observed.
The inhibition was statistically significant after 24 h of treatment with 10 μM amiodarone (P < 0.05), 48 h with 5 μM (P < 0.01), and 96 h with 2.5 μM (P < 0.01) (Fig. 1A). IC₅₀ values with protocol i were 5.85 ± 1.4 μM at 96 h and 3.14 ± 1.2 μM at 120 h. Amiodarone had also an inhibitory effect on the number of intracellular amastigotes (Fig. 1B), as revealed by light microscopy (Fig. 3), significant for 10 μM amiodarone at 24 h of treatment (P < 0.05). Addition of amiodarone to cultures at 48 h after infection (protocol ii) also led to a highly significant reduction in the percentage of infected cells (Fig. 2). After 48 h of treatment (96 h of infection), 5 μM amiodarone already reduced significantly (P < 0.05) the parasitism of cultures, which was also observed at 96 h treatment with 2.5 μM amiodarone (Fig. 2A). In this protocol, IC₅₀ values were 4.47 ± 0.3 μM and 2.24 ± 0.24 μM at 96 and 120 h, respectively. This inhibitory effect was also observed for the number of intracellular amastigotes in the HMCs (Fig. 2B). Moreover, amiodarone inhibited the release of trypomastigotes from infected cells in this model after completion of the intracellular cycle of the parasite. In control (untreated)-infected HMC cultures, the first two peaks of trypomastigote release to the supernatant occurred at 96 h and 192 h postinfection (Fig. 2C). Treatment with 5 and 10 μM amiodarone, starting 48 h postinfection, drastically inhibited such release after 48 h of treatment (96 h postinfection), while at 96 and 144 h, no trypomastigotes were detected in the supernatant (Fig. 2C). Amiodarone at the concentrations used in the experiments (up to 10 μM) had no apparent cytotoxic effects on the myocytes, as shown in Fig. 1C and 2D.

Light microscopy observations showed that treatment with amiodarone induced drastic morphological alterations on intracellular amastigotes (Fig. 3B, C, and E, insets). We confirmed this observation through transmission electron microscopy of infected HMCs and released parasites after 144 h of treatment of infected HMCs with 5 μM amiodarone. Infected untreated HMCs displayed abundant intracellular amastigotes in the cells' cytoplasm, with the expected kinetoplast morphology (bar shaped) (Fig. 4A). A drastic loss of cytoplasmatic content and the formation of membrane inclusions inside the amastigotes were visualized in treated cultures; these cells also exhibited mitochondrial swelling, disorganization of reservosomes and the kinetoplast, probably associated with the disruption of Ca²⁺ homeostasis (4), and a blockade of amastigote-trypomastigote differentiation (Fig. 4B). Untreated amastigotes spontaneously released from their host cells also displayed their characteristic morphology (Fig. 4C). There was a marked damage in amastigotes released to the medium from amiodarone-treated (5 μM) cultures, such as kinetoplast alterations, and in the Golgi apparatus (Fig. 4D).

Cell physiology recovery after treatment with amiodarone. In order to assess the recovery of host cell ultrastructure and physiology after the treatment of infected cultures with amiodarone, we evaluated gap junction protein Cx43 (detected by immunofluorescence) and actin filaments (stained with phalloidin). T. cruzi infection is known to disrupt gap junctional communication through Cx43 protein reduction (1). Figure 5 shows that infected untreated HMCs (Fig. 5D to F) totally lost Cx43 immunoreactivity at 192 h postinfection compared to that...
of control uninfected cells (Fig. 5A to C), which displayed well-formed gap junction plaques (Fig. 5C) and abundant myofibrils, as revealed by phalloidin staining. After treatment with 5 μM amiodarone for 144 h, infection was nearly abolished, as revealed by DAPI staining. In these cultures, Cx43 levels were comparable to those of age-matched uninfected cultures (Fig. 5I), and phalloidin staining revealed the presence of both polygonal and filamentous structures, indicative of cytoskeleton reassembly (Fig. 5H).

We also assessed the impact of *T. cruzi* infection on cardiac myocytes. Primary cardiac myocytes were obtained and infected with the Y strain of *T. cruzi*. After 2 h of infection, cultures were treated with 5 or 10 μM amiodarone. At 96 h postinfection (hpi), untreated cultures (A) displayed cells with trypomastigote forms of the parasite already evading host cells. Cultures treated with 5 μM (B) and 10 μM (C) of amiodarone displayed intracellular parasites with severe morphological alterations (arrows). (C) Interestingly, an amiodarone concentration of 10 μM induced a drastic reduction of parasitism. After 144 h of infection (corresponding to 142 h of treatment), we observed that in nontreated cultures (D), 70 to 80% of cardiomyocytes were infected. Treatment with 5 μM amiodarone (E) drastically reduced the number of parasites, whereas the use of 10 μM amiodarone (F) almost eliminated the parasitism of the cultures. Insets show details of intracellular parasites in higher magnification. P, parasites; N, nucleus.

**FIG. 3.** Effects of amiodarone on the intracellular cycle of *T. cruzi*. Primary cardiac myocytes were obtained and infected with the Y strain of *T. cruzi*. After 2 h of infection, cultures were treated with 5 or 10 μM amiodarone. At 96 h postinfection (hpi), untreated cultures (A) displayed cells with trypomastigote forms of the parasite already evading host cells. Cultures treated with 5 μM (B) and 10 μM (C) of amiodarone displayed intracellular parasites with severe morphological alterations (arrows). (C) Interestingly, an amiodarone concentration of 10 μM induced a drastic reduction of parasitism. After 144 h of infection (corresponding to 142 h of treatment), we observed that in nontreated cultures (D), 70 to 80% of cardiomyocytes were infected. Treatment with 5 μM amiodarone (E) drastically reduced the number of parasites, whereas the use of 10 μM amiodarone (F) almost eliminated the parasitism of the cultures. Insets show details of intracellular parasites in higher magnification. P, parasites; N, nucleus.
myocyte spontaneous electrocontractility, and the results are shown in Fig. 5J. The parasites’ proliferation was associated with a progressive reduction in the cardiomyocytes’ contraction, which followed the disorganization of the contractile apparatus as well as the disappearance of the gap junctions of these cells. After 48, 96, and 144 hours of infection (protocol i), untreated controls displayed a 28, 31, and 45% reduction in spontaneous contractility ($P < 0.05$), respectively, whereas treatment with amiodarone (5 $\mu$M) restored the number of spontaneous beatings to levels indistinguishable from those of uninfected cultures at 96 ($P < 0.05$) and 144 ($P < 0.01$) hours of treatment. We observed no significant effect on contractility when the same dose of amiodarone was added to uninfected cultures (not shown).

FIG. 4. (A) Effects of amiodarone on the ultrastructure of intracellular T. cruzi (Y strain) amastigotes. Untreated HMCs after 192 h of infection with T. cruzi, displaying severe intracellular damage and intact amastigote forms (P) and presenting a bar-shaped kinetoplast (K), nucleus (N), and flagellum (F). (B) Infected cultures treated with 5 $\mu$M amiodarone for 144 h showed parasites with membrane blebs (arrows), loss of intracellular material (stars), and kinetoplast (K) alterations. (C) Released parasites from untreated cultures displayed acidocalcisomes (AC) and a bar-shaped kinetoplast (K), reservosome (R), and flagellum (F), as expected. (D) Parasites obtained from cultures treated with 5 $\mu$M amiodarone (144 h) showed important alterations in the kinetoplast and Golgi apparatus (arrow).
FIG. 5. Amiodarone induced the recovery of host cell homeostasis. After eradicating the infection, we observed the recovery of morphological and functional aspects of cardiac myocytes cultures, as assessed by immunofluorescence and measuring of the spontaneous electrocontractility of the cells. (A to C) Uninfected cultured myocytes displayed abundant connexin43 immunoreactivity (C) as well as striated patterns of F-actin staining (B). (D to F) Highly infected cultures, at 144 h of infection, presented destruction of the F-actin cytoskeleton (E) and loss of Cx43 plaques (F). (G to I) Treatment with 5 μM amiodarone for 142 h decreased parasitism and induced recovery of host cells, as evidenced by F-actin and Cx43 recovery, which included striations (H) and the presence of gap junction plaques (I). (J) The spontaneous electrocontractility of the myocytes culture was evaluated by counting the number of contractions per 10 s. We observed that T. cruzi-infected cultures had a progressive decrease in electrocontractility, whereas treatment with 5 and 10 μM amiodarone restored cultures to normal levels of electrocontractility. *, P < 0.05; **, P < 0.01 (ANOVA).
DISCUSSION

Human Chagas’ disease results from infection by *T. cruzi*, and tissue damage arises from both direct parasite action and the inflammatory process that ensues (7). Cytolysis and fibrosis are key components associated with Chagas’ disease’s pathological manifestations, along with a sustained and diffuse inflammation of the affected organs (31). The growing perception that chronic-phase manifestations are associated with the persistence of the parasite in the mammalian tissues (32) and that the two available drugs (benznidazole and nifurtimox) have important limitations, particularly in the chronic phase (6), has stimulated the search for new trypanocidal compounds. Amiodarone is frequently used as an antiarrhythmic in chronic-phase Chagas’ disease patients with cardiac compromise (21, 26), and it also has antifungal (9, 10) and antiprotozoal (4, 28) activities, which were recently described. It was shown that the drug disrupts the parasite’s Ca$^{2+}$ homeostasis and also blocks ergosterol biosynthesis, resulting in excellent parasitidal activity with low cytotoxicity (4). The results obtained in this work clearly confirm that amiodarone has potent and selective activity against *T. cruzi*, with no significant effects on their preferred host cells, cardiomyocytes, and at doses that do not induce the well-known antiarrhythmic action of the drug on these cells. This selective action was confirmed by ultrastructural analysis of amiodarone-treated cultures (Fig. 4), which revealed massive alterations of the parasites, allowing at the same time the full structural and functional recovery of the cardiomyocytes (see below). The ultrastructural effects of amiodarone on intracellular amastigotes were similar to those previously described for other sterol biosynthesis inhibitors, such as riseredronate (16), ketoconazole, and terbinafine (19, 37).

We also investigated whether amiodarone treatment would induce host-cell recovery, concomitant with the elimination of the intracellular parasites’ burden. We have previously shown that infection by *T. cruzi* induces a cytoskeletal disruption in HMCs due to myofibrillar breakdown (24) and that treatment with riseredronate and posaconazole allowed reassembly of cytoskeletal elements (16, 29). The present results show that amiodarone allowed the reorganization of the actin-containing cytoskeleton and with risedronate and posaconazole allowed reassembly of cytoskeletal elements (16, 29). The present results show that amiodarone allowed the reorganization of the actin-containing cytoskeleton and with risedronate and posaconazole allowed reassembly of cytoskeletal elements (16, 29).

cells were capable of synthesizing new Cx43 molecules and made their successful delivery to the plasma membrane. More importantly, HMCs restored their spontaneous contractility after treatment with 5 μM amiodarone to levels comparable to those in control cultures. This observation is of interest since it permits us to speculate that during *in vivo* infection, *T. cruzi* disturbs synchronous contractility, which can be reverted with the use of amiodarone alone or in combination with another inhibitor of the parasite’s sterol biosynthesis, such as posaconazole, which results in synergistic effects (4).

To summarize, our results showed that amiodarone has a selective antiproliferative effect on *T. cruzi* in an *in vitro* model of infection of cardiac cells. Treatment induced ultrastructural damage to intracellular amastigotes but promoted full structural and functional recovery of the host cells. This compound should be considered, beyond its known antiarrhythmic activity, as an important antiparasitic agent and a lead for the development of new specific treatments of this neglected disease.

ACKNOWLEDGMENTS

This work was supported with grants from FIOCRUZ, CNPq, and FAPEJER.

REFERENCES


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