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## In vivo and in vitro evidences that carotenoids could modulate the neutrophil respiratory burst during dietary manipulation

■ **Summary** *Background* The primary role of polymorphonuclear neutrophils (PMNs) is to destroy pathogenic microorganisms after

phagocytosis by producing reactive oxygen species (ROS) and toxic molecules. However, PMNs produce sufficient amounts of ROS during an oxidative burst to be autotoxic and detrimental to their own functions and to possibly cause DNA damage, protein and lipid oxidation and cell membrane destructuration. *Objective* The aim of this study was to investigate *in vivo* the role of the antioxidant capacities of carotenoids in modulating ROS content in PMNs during oxidative burst. Moreover to investigate the direct or indirect effect of carotenoids, the modification of PMN ROS content was explored after *in vitro* supplementation with  $\beta$ -carotene or lycopene, chosen taking account of their vitamin A and no vitamin A precursor effect, respectively. *Design In vivo study:* Venous blood was collected from 10 healthy male volunteers and ROS production from phorbol myristate acetate (PMA)-stimulated PMNs was determined, by flow cytometry using the fluorescent dye dihydrorhodamine 123, at baseline, after 3 weeks of carotenoid depletion (carotenoid intake limited to 25 % of usual intake) and after 5 weeks of carotenoid repletion (30 mg  $\beta$ -carotene, 15 mg lycopene and 9 mg lutein per day). *In vitro study:* ROS content in PMA-stimulated PMNs isolated from carotenoid depleted

subjects and controls was quantified after an *in vitro* enrichment with  $\beta$ -carotene (1  $\mu\text{mol/L}$ ) or lycopene (0.3  $\mu\text{mol/L}$ ). *Results In vivo* carotenoid depletion increased PMN  $\text{H}_2\text{O}_2$  content after PMA activation by 38 % ( $p < 0.05$  vs baseline), while supplementation for 5 weeks restored basal  $\text{H}_2\text{O}_2$  generation ( $p < 0.05$  vs depletion). Although  $\text{H}_2\text{O}_2$  measurement in PMNs from non-depleted subjects was not affected by an *in vitro* supply with  $\beta$ -carotene or lycopene, a significant decrease in  $\text{H}_2\text{O}_2$  content by 78.9 % and 81.2 %, respectively, was observed in PMNs from carotenoid depleted subjects ( $p < 0.01$  vs depleted control subjects). *Conclusions* The carotenoid ROS quenching capacities control both *in vivo* and *in vitro* the PMNs ROS generation and probably protect these cells against DNA, membrane lipid and protein damages during oxidative burst. Moreover, these effects appear independent from the metabolic conversion of carotenoids to vitamin A.

■ **Key words** carotenoids – beta-carotene – lycopene – lutein – depletion – oxidative burst – reactive oxygen species – humans – polymorphonuclear neutrophils – flow cytometry – dihydrorhodamine

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## Introduction

Polymorphonuclear neutrophils (PMNs) migrate into tissues in response to invading pathogens. Their primary role is to destroy pathogenic microorganisms after phagocytosis by producing lethal reactive oxygen species (ROS) during a complex process known as the respiratory burst [1]. Superoxide ( $O_2^{\cdot-}$ ) is formed initially after the reduction of molecular oxygen by single electrons. The latter originate from nicotinamide adenine dinucleotide phosphate (NADPH) generated *via* the oxidative segment of the pentose phosphate pathway. This process is catalyzed by the NADPH oxidase system which is an enzyme complex present in PMNs and other immune cells. In resting cells, NADPH oxidase is dissociated and thus inactive consisting in one membrane bound and four components stored in cytosolic granules [1, 2]. Upon PMN activation, the cytosolic proteins translocate to the membrane component and a functional electron-transfer system is formed leading to  $O_2^{\cdot-}$  generation. The  $O_2^{\cdot-}$  is thereafter rapidly transformed into other ROS which include hydrogen peroxide ( $H_2O_2$ ), hydroxyl radical ( $\cdot OH$ ) and hypochlorous acid ( $HOCl$ ) [3]. The importance of  $O_2^{\cdot-}$  and  $H_2O_2$  production for PMN bactericidal activity is well known since a lack of production of these molecules in patients with chronic granulomatous disease results in an increased susceptibility to bacterial infection [4].

The respiratory burst products are not only able to kill invading microorganisms, but in excess may also damage host cells and, consequently, may be responsible for some of the tissue destructure associated with many inflammatory reactions. In this context, the ROS quenching ability of PMNs is important since free radicals produced in biological systems, i. e. during oxidative burst, cause DNA damage, protein and lipid oxidation and cell membrane destructure. Baehner et al. [5] observed that PMNs elaborate sufficient amounts of  $H_2O_2$  during oxidative burst to be autotoxic and to retard cell movement during chemotaxis and phagocytosis.

Previous studies [6, 7] have shown that carotenoids such as  $\beta$ -carotene, lycopene or canthaxanthin are potent quenchers of free radical species. These micronutrients are present in significant amounts in human plasma and tissues [8, 9] and may have specific protective function related to their high antioxidant capacity [10]. For example, the consumption of tomato products, which contain large amounts of lycopene, has a significant reducing effect on oxidative damage to lymphocyte DNA caused by  $H_2O_2$  in *ex vivo* experiments [11]. In the same way, low carotenoid status in cystic fibrosis patients increased ROS concentration and normalisation of their carotenoid status reduced pulmonary inflammation [12].

This study aimed to investigate from healthy volunteer population the effects of *in vivo* depletion and re-

pletion of carotenoids on  $H_2O_2$  content in stimulated PMNs. Moreover, in order to determine whether conversion to vitamin A is involved in this effect [13], we measured the modification of PMN ROS content after *in vitro* supplementations with  $\beta$ -carotene or lycopene, representing a provitamin A and non-provitamin A carotenoid, respectively.

## Subjects and methods

### ■ Characteristics of the subjects

Ten male healthy non-smokers ( $56 \pm 4$  years) were enrolled from the French volunteer population recruited for the European VITAGE project examining the fat soluble vitamins status and functions during healthy ageing (FP5-RTD, QLK1-CT-99-00830).

None of the volunteers was suffering from any relevant acute or chronic disease, had any signs of infection or inflammation nor was taking any drugs known to affect the immune system (anti-inflammatory drugs, hormones, analgesics, recent vaccination). They were all lean with a body mass index within the normal ranges (20 to 25 kg/m<sup>2</sup>) and did not follow a specific dietary regimen nor take antioxidant supplement. The study was carried out after approval by the Auvergne County Ethics Committee and was performed in accordance with the ethical standards of the Declaration of Helsinki. All subjects gave informed written consent prior to their inclusion in the study.

### ■ Experimental design

**Blood sample treatment:** Fasting peripheral blood samples were collected into vacutainer tubes containing EDTA at baseline (12 ml) and after carotenoid depletion (12 ml) and repletion (6 ml) periods. One part (6 ml) of the blood was used for the determination of ROS concentration in stimulated PMNs and the other part (6 ml) was employed to isolate PMNs and to study the *ex vivo* effects of carotenoid enrichment, using baseline and depleted samples only. All samples were immediately used for the oxidative burst assay.

**For *in vivo* carotenoid manipulation in healthy humans,** 6 ml of blood were initially used for baseline determinations of ROS production by stimulated PMNs. Thereafter, the subjects were on a carotenoid-depleted diet for 3 weeks. In order to limit the carotenoid intake to 25% of the usual intakes, a nutritional training was organized to explain to the volunteers how to compose their meals to have low intakes of fruits and vegetables containing carotenoids. Another blood sample was taken after this 3 week-depletion period. Afterwards participants immediately started the 5 week-repletion

period taking 3 capsules per day containing a total of 30 mg/d  $\beta$ -carotene, 15 mg/d lycopene and 9 mg/d lutein (corresponding to a total of 54 mg/d all-trans carotenoids), together with the diet usually consumed before the study. At the end of this period, a final blood sample was collected. These amounts of carotenoids are like those usually used in large carotenoid supplementation studies [14].

For *in vitro* PMN  $\beta$ -carotene or lycopene enrichment assay, 6 ml of blood were collected both from non-depleted subjects and from carotenoid-depleted subjects to isolate PMNs.

### ■ PMN preparations

From the blood obtained after *in vivo* carotenoid treatments, red blood cells were haemolyzed using ammonium chloride solution. Leukocytes were thereafter washed twice in RPMI-1640 medium (Sigma-Aldrich, Saint Quentin Fallavier, France). Cells were tested for viability (> 95 %) using trypan blue dye exclusion test. The population of PMNs was recognized using the flow cytometer gating (see below).

Concerning the *in vitro* supplementation assay, 6 ml of whole blood were stratified on a discontinuous Ficoll-Hypaque density gradient (Histopaque® 1077 and 1119, Sigma-Aldrich) and then centrifuged (700 g, 30 min, 20 °C) to obtain PMNs. PMNs were then collected on the corresponding layer ( $1.077 < \text{density} < 1.119$ ) and washed in RPMI-1640 medium (Sigma-Aldrich). Cells were tested for purity (> 95 %) and viability (> 95 %) using May-Grunwald-Giemsa staining and trypan blue dye exclusion test, respectively. The final cell suspension was adjusted in RPMI-1640 medium to the cell density of  $1.10^6$  PMN/ml after counting in a Malassez chamber. PMNs were thereafter suspended in RPMI medium without carotenoids or enriched with all-trans carotenoids:  $1 \mu\text{mol/L}$   $\beta$ -carotene or  $0.3 \mu\text{mol/L}$  lycopene.  $\beta$ -carotene and lycopene were first dissolved in tetrahydrofuran (THF, Sigma-Aldrich) and added to RPMI-1640 PMN suspension ( $10^6/\text{ml}$ ) in appropriate volumes to obtain chosen carotenoid enrichment and to limit the THF concentration at 0.25 %. For each PMN suspension, 4 assays were performed as follows: 1) PMNs with RPMI (control), 2) PMNs with RPMI + THF 0.25 % (control THF), 3) PMNs with  $\beta$ -carotene ( $1 \mu\text{mol/L}$  in THF 0.25 %) and 4) PMNs in lycopene ( $0.3 \mu\text{mol/L}$  in THF 0.25 %). The final concentrations of  $\beta$ -carotene and lycopene were chosen within physiological concentrations found in healthy non-depleted human serum. The  $\text{H}_2\text{O}_2$  concentration in PMNs was quantified by flow cytometry immediately after the addition of the THF or carotenoids as indicated below.

### ■ Flow cytometry analysis of $\text{H}_2\text{O}_2$ content in stimulated PMNs

PMNs ( $10^6$  cells/ml) were preincubated for 15 min at 37 °C under permanent shaking with dihydrorhodamine 123 (DHR,  $1 \mu\text{mol/L}$ ). DHR is freely permeable, and after oxidation by ROS into rhodamine 123 (RHO) it emits a bright fluorescence. Since RHO is known to bind to cellular membranes, the fluorescent signal is exclusively localized inside the cell [15]. PMNs were then stimulated with phorbol 12-myristate 13-acetate (PMA:  $10 \mu\text{mol/L}$ , Sigma-Aldrich) for 10 min at 37 °C. This latter agent activates NADPH oxidase by enhancing protein kinase C and, thus, stimulates production of ROS. After activation, PMNs were kept on ice to stop reactions until flow cytometry analysis.

Analyses were carried out on a Coulter Epics XL (Beckman-Coulter, Villepinte, France) equipped with an argon laser (488 nm emission) and interfaced to the System II software (Beckman-Coulter). PMNs were recognized on the basis of the forward-angle light scatter (FS) and the side-angle light scatter (SS) allowing to identify PMNs and to exclude other cell types (a few contaminating lymphocytes and erythrocytes), debris and aggregates from the analysis. A total of  $10^4$  events were collected in the PMN gate. A sodium chloride/potassium chloride solution (Beckman Coulter) was used as sheath fluid. The fluorescence of cells was recorded under 488 nm excitation. Green fluorescence from DHR was measured in the FL1 channel through a 525 nm band pass filter (BP) in combination with a 550 nm dichroic long pass (DL) mirror. As previously shown, DHR is specifically oxidized by  $\text{H}_2\text{O}_2$  [15], allowing the quantification of  $\text{H}_2\text{O}_2$  production by estimating DHR fluorescence intensities.

### ■ Plasma carotenoid analysis

Extraction of carotenoids was performed from 400  $\mu\text{L}$  plasma samples using ethanol containing echinenone ( $0.2 \mu\text{g/ml}$ ) as an external standard and 800  $\mu\text{L}$  of hexane. After vortex mixing for 10 min at 446 g, the supernatant fraction was decanted twice and the combined extract evaporated to dryness under  $\text{N}_2$  and redissolved in the mobile phase (acetonitrile/dichloromethane (1:1 vol/vol)). Analysis by reverse-phase high-performance liquid chromatography was performed according to a method previously described [16]. The apparatus consisted of a two columns set in series, a 3  $\mu\text{m}$  Nucleosil C18 ( $150 \times 4.6$  mm, inner diameter, Interchim, Montluçon, France) and a 5  $\mu\text{m}$  Vydac TP54 C18 ( $250 \times 4.6$  mm, Hesperia, CA, USA). The columns were coupled to a Waters system (Waters SA, Saint Quentin en Yvelines, France) with an UV-VIS detector (Waters 996) set at 450 nm. An isocratic mobile phase of acetonitrile/

dichloromethane/methanol containing 50 mM ammonium acetate/water (70/10/15/5: v/v/v/v) with a flow rate of 2 ml/min was used. Carotenoid concentrations were calculated using their respective standards (Hoffmann-La Roche, Basel, Switzerland) in the all-trans form for the  $\beta$ -carotene and lutein, and in both cis and all-trans forms for lycopene. A photodiode array detector supported by the Millennium 32 Chromatography Manager computing system (Waters) was used to confirm the spectrum identity of carotenoids. Furthermore, the carotenoid concentrations in the sample were corrected by the recovery of the external standard echinenone. The recovery rates were between 80 and 100 %. The coefficient of variation was always lower than 10 %.

### Statistical analysis

Data are presented as means  $\pm$  SEM. Statistical analysis was performed on PCSM software (Deltasoft, Grenoble, France). Comparison of means was carried out using the repeated-measure analysis of variance (ANOVA) for the *in vivo* experiment and by one-way ANOVA for the *in vitro* experiment. In both cases the ANOVA was followed by the Newman-Keuls post hoc test. Values of  $p < 0.05$  were considered as significant.

## Results

### Carotenoid intakes and plasma concentrations at baseline and after carotenoid-depletion and repletion periods

Baseline plasma carotenoid concentrations are in agreement with the literature (Table 1) [17]. As documented by the food consumption records, 3-weeks carotenoid depletion period induced a reduction of  $75.8 \pm 14.1$  % and  $99.4 \pm 0.4$  % of the usual  $\beta$ -carotene and lycopene intakes, respectively. Under these conditions, plasma  $\beta$ -carotene, lycopene and lutein levels were reduced by 38 %, 44 % and 24 %, respectively (Table 1). After 5 weeks of carotenoid supplementation, plasma  $\beta$ -carotene, lycopene and lutein concentrations were approximatively

**Table 1** Carotenoid concentrations in plasma at baseline and after carotenoid-depletion and repletion periods

$\mu\text{mol/L}$	$\beta$ -carotene (all trans)	Lycopene (all trans)	Lutein (cis-trans)
Baseline	$1.017 \pm 0.170^a$	$0.372 \pm 0.112^a$	$0.394 \pm 0.056^a$
Depletion	$0.631 \pm 0.091^a$	$0.208 \pm 0.052^a$	$0.300 \pm 0.036^a$
Repletion	$3.677 \pm 0.906^b$	$1.266 \pm 0.143^b$	$0.758 \pm 0.076^b$

Values are means  $\pm$  SEM. Repeated-measure analysis of variance (ANOVA) + Newman-Keuls test:  $a \neq b$  with  $p < 0.01$  for the same carotenoid studied

6, 6 and 3 times, respectively, higher compared to the depleted status ( $p < 0.01$  vs basal and depleted periods). In addition, plasma retinol concentrations were not modified throughout the study (data not shown).

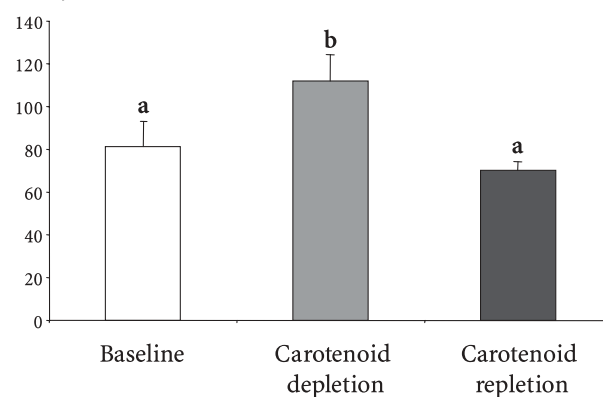
### H<sub>2</sub>O<sub>2</sub> content in stimulated PMNs at baseline and after *in vivo* carotenoid depletion and repletion periods

At baseline, the content of H<sub>2</sub>O<sub>2</sub> in PMA-activated PMNs reached values common for healthy adults [18], while carotenoid depletion induced a significant increase (38 %,  $p < 0.05$  vs basal state, Fig. 1). In addition, supplementation with  $\beta$ -carotene, lycopene and lutein for 5 weeks restored basal H<sub>2</sub>O<sub>2</sub> content by PMA-stimulated PMNs ( $p < 0.05$  vs depletion period).

### H<sub>2</sub>O<sub>2</sub> content in stimulated PMNs from carotenoid depleted subjects after *in vitro* $\beta$ -carotene or lycopene treatment

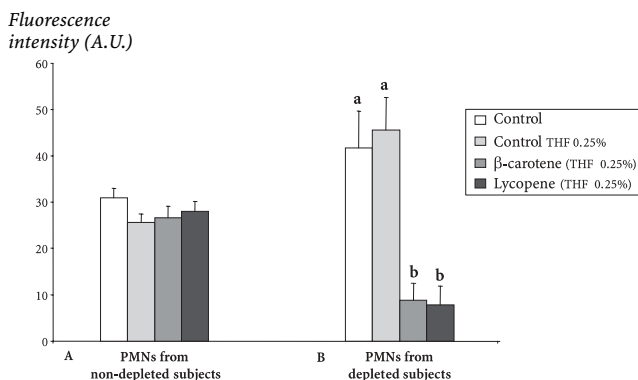
As already shown [19, 20], THF used at low concentration (0.25 % final) for carotenoid solubilization was not toxic for PMNs and did not significantly modify their ROS production (NS: control THF versus Control, Fig. 2a and 2b). H<sub>2</sub>O<sub>2</sub> measurement in PMNs from non-depleted subjects was not affected by the *in vitro*  $\beta$ -carotene or lycopene treatment (Fig. 2a). On the other hand, *in vitro* addition of  $\beta$ -carotene and lycopene to PMNs from carotenoid depleted subjects resulted in an important decrease in H<sub>2</sub>O<sub>2</sub> content by 79 % and 81 %, respectively.

Fluorescence  
intensity (A.U.)



**Fig. 1** Hydrogen peroxide content in PMA-stimulated PMNs at baseline conditions and after carotenoid depletion and repletion periods. Hydrogen peroxide content was quantified at baseline, after 3 weeks of carotenoid depletion (diet avoiding carotenoid-containing food) and after 5 weeks of carotenoid repletion (3 pills/d containing a total of 30 mg  $\beta$ -carotene, 15 mg lycopene or 9 mg lutein). Results are expressed as fluorescence intensity (Arbitrary unit, A.U.). Values are means  $\pm$  SEM. Repeated-measure analysis of variance (ANOVA) + Newman-Keuls test:  $a \neq b$  with  $p < 0.05$





**Fig. 2** In vitro enrichment with  $\beta$ -carotene or lycopene and its effects on hydrogen peroxide content in PMA-stimulated PMNs from non depleted subjects (A) and 3 weeks carotenoid depleted subjects (B). Hydrogen peroxide content was quantified after in vitro PMN treatment with  $0.6 \mu\text{mol/L}$   $\beta$ -carotene or  $0.3 \mu\text{mol/L}$  lycopene (respectively dissolved in THF 0.25%) or without carotenoid (control, THF (0.25 %)). Results are expressed in fluorescence intensity (Arbitrary unit, A.U.). Values are means  $\pm$  SEM. Analysis of variance (ANOVA) + Newman-Keuls test ( $a \neq b$  with  $p < 0.05$ ). THF tetrahydrofuran

respectively ( $p < 0.01$  versus Control, Fig. 2b). Moreover, we confirmed that carotenoid depletion enhanced the  $\text{H}_2\text{O}_2$  content of PMA stimulated PMNs (35 % depleted vs non-depleted subjects, Fig. 2b), as previously shown in the *in vivo* assay (38 % depleted versus basal status).

## Discussion

It has been suggested that carotenoid consumption should be increased because of their antioxidant properties [21]. However, despite some observations in animal models, there are few studies in humans describing the *in vivo* and *in vitro* effects of carotenoid supplementation on ROS content in PMNs of carotenoid-depleted subjects. In this study, we showed that carotenoid depletion and repletion affect plasma carotenoid levels in healthy male humans. However, dietary manipulations used, i.e. a decrease in vegetable and fruit intakes, may probably induce a plasma reduction in other micronutrients, such as vitamins or phenolic compounds which were not determined in the present investigation. In addition, the dietary restriction used results in a reduction of the plasma concentrations of the three carotenoids studied but without significance probably because of the low number of subjects and the short depletion period. However, all recruited subjects had good response to carotenoid supplementation as evidenced by a significant rise in serum carotenoid concentrations.

*In vivo* and *in vitro* changes in carotenoid exposure modulated the  $\text{H}_2\text{O}_2$  content in PMNs. DHR fluorescence intensities obtained during the *in vitro* carotenoid enrichment were lower as compared to those measured from PMNs isolated after the *in vivo* investigation. This

may be linked to the longer cell preparative procedure used for the *in vitro* assay.

Previous studies [22, 23] have shown that plasma carotenoid concentrations were strongly related to lymphocyte and PMN carotenoid status: an increase in plasma carotenoid content led to an enrichment in leukocyte carotenoid concentrations. In our study, *in vivo* carotenoid depletion might strongly enhance the ability of PMA-stimulated PMNs to produce reactive oxygen species *in vitro*. However, the high  $\text{H}_2\text{O}_2$  content in PMNs might also be explained by an imbalance between the production of ROS and the reduced antioxidant molecules in the cell. In addition, supplemental *in vitro* or *in vivo* carotenoids normalized ROS content in PMNs. This observation clearly demonstrated that carotenoids modulated the amount of ROS in PMNs during oxidative burst, probably by a quenching effect. Such an antioxidative effect has been expressed by other studies focusing on the quenching effects of vitamin E on PMN oxidative burst [24–26]. However, some authors [27] observed that repletion with  $\beta$ -carotene (15 mg/d during 4 weeks) of previously carotenoid-depleted healthy male adults did not affect superoxide production by PMA-stimulated PMNs. In this latter study, in spite of no variation in ROS production,  $\beta$ -carotene supplementation reduced serum lipid peroxide concentrations with an inverse relationship between serum  $\beta$ -carotene and lipid peroxide levels [27].

In addition to their quenching properties, carotenoids might act by modulating the activity of enzymes implicated in the ROS biochemical pathway. Dixon et al. [28] evaluated, in adult women, the effect of carotenoid depletion (68 days) and repletion (15 mg/d during 28 days) periods on the erythrocyte superoxide dismutase (SOD) activity. This activity was depressed in carotene-depleted women and recovered with repletion. On the other hand, Girodon et al. [29] failed to show any modification of the SOD activity in humans receiving  $\beta$ -carotene supplementation (6 mg/d) during 2 years. The biological effects of carotenoids on the ROS biochemical pathway might be dependent on the cellular pool of other antioxidants and ROS precursors. These latter points need to be elucidated by additional studies.

Cell culture experiments [30, 31] demonstrated that high concentrations of  $\beta$ -carotene ( $10^{-5}$  mol/L) or lycopene ( $3 \cdot 10^{-6}$  mol/L) increase the level of DNA strand breaks in HT29 or HepG2 cells exposed to  $\text{H}_2\text{O}_2$ . These high  $\beta$ -carotene and lycopene concentrations cannot be achieved in human plasma, even by consuming a diet very rich in carotenoids and supplements, probably due to a control mechanism regulating plasma carotenoid levels [32]. That is also the reason why we used physiological amounts of carotenoids in the present *in vitro* study ( $\beta$ -carotene  $10^{-6}$  mol/L or lycopene  $3 \cdot 10^{-7}$  mol/L). Thus, we demonstrated the effect of small quantities of

carotenoids which can be achieved by following the recommended intake of carotenoid-rich food.

Studies using animal models [33] also showed that  $\beta$ -carotene or canthaxanthin supplementation decreased the oxidative damage generated in immune cells during inflammatory responses. These two carotenoids inhibited the loss of macrophage receptors following exposure to ROS. The protective effects of carotenoids on membrane structure may explain the immune-enhancing action of these micronutrients. This action may include the quenching of ROS which exert immune-suppressive properties [34]. Peroxidation of cell membrane lipids can decrease membrane fluidity and, therefore, depress phagocytosis. In addition, membrane receptors, required for endothelium adhesion and antigen recognition by immune cells, can also be damaged by peroxidation of membrane lipids [33, 34].

We also confirmed *in vitro* the antioxidant capacities of carotenoids on  $H_2O_2$  generated during oxidative burst in PMA-stimulated PMNs. *In vitro* carotenoid treatment of the cells isolated from carotenoid-depleted subjects allowed us to separate the direct and vitamin A-conversion independent effects of carotenoids on  $H_2O_2$  content in PMNs. It was not possible to determine whether the effects observed in our study after the *in vivo* carotenoid supplementation were due to carotenoids themselves or to vitamin A which can itself decrease ROS content in immune cells [13, 35–38]. We therefore exposed *in vitro* carotenoid-depleted PMNs to  $\beta$ -carotene or lycopene at physiological concentrations. Lycopene is a carotenoid without provitamin A function but with antioxidant activity, whereas  $\beta$ -carotene possesses both antioxidant and provitamin A properties, through the  $\beta$ -carotene-monooxygenase activity. The profiles of PMN respira-

tory burst response to PMA are almost superimposable whatever the carotenoid used. Therefore, the modulating effects of carotenoids on PMN ROS production *in vivo* seem to be independent of their conversion to vitamin A. This latter observation remains to be confirmed by the *ex vivo* treatment of PMN with retinol.

In conclusion, our data demonstrated a potential role of carotenoids at physiological levels on the modulation of PMN oxidative burst. However, because of the experimental design, i. e. dietary manipulation, used in the present study, the *in vivo* effects observed concerning ROS may be related not only to carotenoids but probably to other micronutrient fluctuations. However, we clearly showed that the quenching capacities of carotenoids modulated *in vitro* ROS content in PMNs. This may protect PMNs against DNA, membrane lipid and protein damages during oxidative burst, and also may avoid collateral tissue damages by diffusible ROS during inflammation. In addition, the anti-oxidant capacity of carotenoids may contribute to their immune-enhancer effect by avoiding the destructure of membranes and receptors. This effect appeared independent from the metabolic conversion of carotenoids to vitamin A. However, more studies are required to evaluate the importance of the consumption of carotenoid-rich foods in improving the nonspecific immune response and reducing the risk of the development of diseases related to oxidative stress.

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