

Abstract

Metabolism of Cathinones in Functional Hepatocyte-like Cells Derived from Human Neonatal Mesenchymal Stem Cells: An Enantioselectivity Approach [†]

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- [†] Presented at the 8th International Electronic Conference on Medicinal Chemistry, 1–30 November 2022; Available online: <https://ecmc2022.sciforum.net/>.

Abstract: Liver damage is a common issue associated with synthetic cathinones abuse. Indeed, human stem cell-derived hepatocyte-like cells (HLCs) have been used as alternative *in vitro* models for hepatotoxicity studies, due to their ability to maintain a stable hepatic-specific phenotype. Furthermore, all cathinone derivatives are chiral, and their biological effects can differ for each enantiomer. Thus, the aim of this work was to evaluate the cytotoxicity and metabolism of pentedrone and methylone enantiomers using HLC models. Human neonatal mesenchymal stem cells were differentiated into HLCs by a three-step differentiation protocol and maintained under 2D and 3D culture conditions. Subsequently, pentedrone and methylone enantiomers were isolated by HPLC using a chiral stationary phase. Cell viability was evaluated through the CellTiter-Glo assay and the formation of methylone and pentedrone metabolites was analyzed by GS-MS. The racemates of pentedrone and methylone exhibited potential hepatotoxicity in a concentration-dependent manner in both models. Different cytotoxic profiles for pentedrone enantiomers were observed in HLC 3D, with *R*-(-)-pentedrone being the most cytotoxic. Concerning HLC 2D metabolic assays, *S*-(-)-methylone was preferentially metabolized via *N*-demethylation, whereas *R*-(+)-methylone was metabolized by *O*-demethylation and *N*-hydroxylation. However, in HLC 3D assays, *R*-(+)-methylone was preferentially metabolized by all metabolic pathways, except for *O*-demethylation. Regarding pentedrone enantiomers, the metabolic pathways studied were more pronounced for *R*-(-)-pentedrone, namely *N*-demethylation and β -keto reduction in both models. Overall, this study revealed stereoselectivity in cytotoxicity and metabolism pathways for pentedrone and methylone.

Keywords: pentedrone; methylone; cytotoxic; metabolism; enantiomers; HLCs



Citation: Silva, B.; Rodrigues, J.S.; Miranda, J.P.; Almeida, A.S.; Fernandes, C.; Guedes de Pinho, P.; Remião, F. Metabolism of Cathinones in Functional Hepatocyte-like Cells Derived from Human Neonatal Mesenchymal Stem Cells: An Enantioselectivity Approach. *Med. Sci. Forum* **2022**, *14*, 79. <https://doi.org/10.3390/ECMC2022-13302>

Academic Editor: Alfredo Berzal-Herranz

Published: 1 November 2022

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Supplementary Materials: The following are available online at <https://www.mdpi.com/article/10.3390/ECMC2022-13302/s1>.

Author Contributions: All authors have substantially participated in the research or article preparation. J.P.M., C.F., P.G.d.P. and F.R. planned and supervised the work. Both B.S. and J.S.R. conducted the experimental work. A.S.A. contributed in part of the research (metabolites synthesis). B.S. wrote the first draft of the manuscript. All authors have read and agreed to the published version of the manuscript.

Funding: Bárbara Silva acknowledges University of Porto/Faculty of Medicine University of Porto through FSE—Fundo Social Europeu, NORTE2020—Programa Operacional Regional do Norte for her grant (NORTE-08-5369-FSE-000011). The work was partially supported by national funds by FCT—Foundation for Science and Technology through the projects UIDB/04423/2020 and UIDP/04423/2020 (Group of Natural Products and Medicinal Chemistry) and European Regional Development Fund (ERDF), through the COMPETE—Programa Operacional Fatores de Competitividade (POFC) program in the framework of the program PT2020. Partially supported by FEDER funds through the Operational Programme for Competitiveness and Internationalisation (COMPETE 2020), Portugal, and UIDB/04378/2020. This study was partially supported by FCT (PTDC/MED-TOX/29183/2017 and SFRH/BD/144130/2019 to JSR) and by strategic funding for iMed.Ulisboa (UIDB/04138/2020 e UIDP/04138/2020).

Conflicts of Interest: The authors declare no conflict of interest.