Differential In Vivo and In Vitro Intestinal Permeability to Lactulose and Mannitol in Animals and Humans: A Hypothesis

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Background/Aims: Clinical interpretation of urinary recovery ratios of lactulose and mannitol is hampered by incomplete understanding of the mechanisms of transmucosal passage. The aim of this study was to compare in vivo and in vitro probe permeability. Methods: Stripped sheets of small intestine from rodents and human biopsy specimens were mounted in Ussing chambers, and mucosa-to-serosa fluxes of lactulose and mannitol were determined. Urinary recovery of orally applied probes was measured in rodents, cats, and humans. Results: In vitro lactulose/mannitol flux ratios were close to 0.8 in all species. Urinary recovery ratios differed between rodents and cats or humans; low ratios in cats and humans were due to high mannitol recovery. Conclusions: Interspecies variation in urinary recovery of mannitol is caused by differences specific for the intact small intestines in vivo. Because hyperosmolality of villus tips in vivo varies, being highest in humans and cats as a result of vascular countercurrent multiplication, it is hypothesized that the high urinary recovery of mannitol in these species is caused by solvent drag through pores that allow the passage of mannitol but not of lactulose. Therefore, the lactulose/mannitol ratio is primarily a standard for the normal functioning of villus epithelial cells in metabolite absorption and for normal villus blood flow.

The urinary recovery ratio of orally ingested lactulose and mannitol is frequently used as a noninvasive tool in the diagnosis of intestinal disorders. An increased ratio is usually considered to be indicative of changes in small intestinal barrier function and/or morphology, e.g., an increased permeability to antigenic luminal substances and villus atrophy. Mean mannitol recoveries in humans range from 16% to 20%, whereas the lactulose recoveries range from 0.2% to 0.8%, an unexpectedly large difference regarding the molecular dimensions of these probes. The low lactulose/mannitol (L/M) recovery ratio (about 0.025) is caused neither by a difference in luminal processing in the small intestine nor large differences in metabolism or renal clearance of these two compounds.1

Diffusion of lactulose and mannitol through nonrestrictive aqueous pores follows diffusion of solutes in aqueous solution, which is inversely related to the square root of their molecular weight or to the cube root of their molecular weight for solutes with a molecular weight larger than ±15 times the molecular weight of the solvent.2 Resulting L/M diffusion ratios would be 0.73 or 0.81, respectively. Application of the Stokes-Einstein diffusion relation, in which diffusion is inversely related to the molecular radius of the solute, leads to comparable L/M diffusion ratios: 0.71 to 0.80, based on mannitol and lactulose diameters of 0.67 and 0.95 nm3 or 0.8 and 1.0 nm, respectively.4

The discrepancy between L/M urinary recovery ratios and theoretical L/M diffusion ratios led to the concept of the intestinal epithelium as a heteroporous layer with a high incidence of small pores permitting the diffusion of mannitol while excluding the passage of lactulose and a small population of larger pores allowing the diffusion of both lactulose and mannitol. It is generally accepted that the larger pores are located in the tight junctions. Two hypotheses about the location of the small pores and, hence, the main mannitol diffusion pathway have been described: the transcellular model formulated by Menzies4 and the paracellular model formulated by Hollander.5 The transcellular model postulates that “permeation of water-soluble, lipid-insoluble molecules of mannitol-like radius or below can take place freely through numerous small ‘water pores’ situated in the cell membranes of the mucosal enterocytes, whereas those of greater size can only pass very slowly through large paracellular ‘water channels’ of low incidence.” The paracellular model is based on the difference in tight junction
structure in villi and crypts and on a difference in accessibility of luminal compounds to villi and crypts. The villus tight junctions have more strand structures and are postulated to be selectively permeable to mannitol-sized and smaller solutes, whereas the crypt tight junctions have fewer strands and are permeable to both lactulose and mannitol but are less accessible for luminal substances than villus tight junctions. Both Menzies' and Hollander's stress that experimental proof for their hypothesis is scarce and that the basic mechanisms regulating the in vivo intestinal permeation of probes of differing sizes are incompletely understood.

Interestingly, the L/M urinary recovery ratios in rodents may exceed the values in humans by a factor 10 or more. There is no comprehensive explanation for this difference.

In intestinal research in vitro, mannitol is used as a probe for paracellular permeability, but, to our knowledge, there are no studies comparing the simultaneous in vitro intestinal permeability of mannitol and lactulose in humans or laboratory animals.

The question arises whether the large difference between mannitol and lactulose recovery in humans in vivo also applies to the human intestine in vitro and to laboratory animals either in vivo or in vitro. Therefore, we studied the permeability of mannitol, lactulose, and horseradish peroxidase (HRP) in stripped sheets of ileum of rats, guinea pigs, and rabbits and in human small intestinal biopsy specimens mounted in Ussing chambers. We also determined the in vitro mucosa-to-serosa flux of polyethylene glycol (PEG) 4000 and investigated the effect of solvent flow on the \[^{53}Cr\]ethylenediamine-tetraacetic acid (EDTA)/mannitol ratio in stripped rat ileum. Furthermore, we examined the urinary recovery of lactulose and mannitol after oral ingestion in rats, guinea pigs, rabbits, and humans.

**Materials and Methods**

**In Vitro Experiments**

Female rats (Wistar; 250–350 g), guinea pigs (Dunkin Hartley; 350–600 g), and rabbits (New Zealand white; 1.5–2.5 kg) were anesthetized by intraperitoneal injection (rats, 1.0 mL/kg) or killed by intraperitoneal (guinea pigs; 1.5 mL/kg) or intravenous (rabbits, 1.0 mL/kg) injection of Nembutal (Abbott, Santa Clara, CA). In rats, a midline abdominal ventral incision was made, and segments of distal ileum were ligated, incised next to the ligatures, and rinsed with Ringer's solution to remove intestinal contents. After ligating the blood supply to the segment, it was removed and rapidly placed in an ice-cold, carbogenerated (humidified 95% O\textsubscript{2} plus 5% CO\textsubscript{2}) Krebs–Ringer's solution. The segment was stripped of muscle layers, and flat sheets of tissue were mounted in Ussing chambers within 5 minutes after cutoff of the blood supply. In rabbits and guinea pigs, a ventral abdominal incision was made, and the ileum was rapidly removed, rinsed of luminal contents, and placed in an ice-cold, carbogenerated Krebs–Ringer's solution. A distal segment was stripped of muscle layers, and tissues were mounted in Ussing chambers within 10 minutes after the death of the animal. Exposed serosal area was 0.2 cm\textsuperscript{2} (rat, guinea pig) or 3.14 cm\textsuperscript{2} (rabbit), free of Peyer's patches. Silicone grease was used to minimize edge damage. Both compartments contained 3 mL (rabbits, 10 mL) of a thermostated (37°C), carbogenerated, and continuously stirred Krebs–Ringer's bicarbonate solution. Ringer's composition (in mmol/L) as follows: NaC\textsubscript{1}, 117.5; KCl, 5.7; NaHCO\textsubscript{3}, 25.0; NaH\textsubscript{2}PO\textsubscript{4}, 1.2; CaCl\textsubscript{2}, 2.5; and MgSO\textsubscript{4}, 1.2, with a pH of 7.3 after carbogeneration and osmolality of 290 mOsm/kg (after addition of probe solutions). In some experiments, transepithelial potential difference and resistance were continuously monitored with Ringer-calomel electrodes and by voltage deflections induced by 10-μA bipolar current pulses through platinum wires. Resistance was calculated according to Ohm's law. The electrodes and platinum wires were connected with the chambers via Ringer-agar bridges.

Human forceps biopsy specimens were obtained by routine oral endoscopy (duodenum) or colonoscopy (ileum) and immediately placed in an ice-cold carbogenerated Krebs–Ringer's solution. Suitable tissue was orientated and mounted under a dissection microscope in Ussing chambers as used by Grasset et al., using a modified aperture. The time between obtaining the specimens and the mounting in Ussing chambers was <15 minutes. Compartments contained 1.5 mL Ringer's; exposed serosal area was 0.0175 cm\textsuperscript{2}; and transepithelial potential difference and resistance were continuously monitored as described earlier using 1-μA bipolar current pulses through platinum wires connected to the chambers via Ringer-agar bridges.

In the first series of experiments with rat ileum, after a 15-minute equilibration period, 10 μmol/L \[^{14}C\]mannitol (2 μCi), 10 μmol/L \[^{3}H\]PEG 4000 (4000 μCi), and 10 μmol/L HRP were added to the mucosal compartment (final osmolality, 290 mOsm/kg). Serosal samples were taken every 15 minutes and replaced by an equal volume. In the next series, 10 mmol/L of both mannitol and lactulose were added to the mucosal side (in some of the experiments, together with 10 μmol/L HRP), and 10 mmol/L inosine and 5 mmol/L NaCl were added to the serosal side to maintain isosmolality. Serosal samples of 0.2 mL were taken every 15 minutes during 150 minutes and replaced by fresh Ringer's solution containing 10 mmol/L inosine and 122.5 mmol/L NaCl. The samples were analyzed using high-performance liquid chromatography (HPLC). In other experiments, 50 μCi \[^{53}Cr\]EDTA and 10 μCi \[^{14}C\]mannitol were added together with 10 mmol/L mannitol and lactulose to the mucosal side, and serosal samples of 0.2 mL were taken and replaced by fresh Ringer's every 4 minutes during the first 20 minutes, at 30 minutes, and every 15 minutes during the remaining 120 minutes. In some of these experiments (rat ileum only), the mucosal bathing solution...
was replaced by a hypotonic Ringer’s solution (134 mOsm/kg) with reduced NaCl content or the serosal solution was replaced by a hypertonic Ringer’s solution (640 mOsm/kg) containing a higher mannitol concentration at the time of probe additions.

**HPLC**

Serosal samples of 100 µL (containing 0.002% NaN₃ as a preservative) were analyzed for mannitol and lactulose content by HPLC using two anion exchange columns in series (Carbonpack PA1; Dionex, Breda, The Netherlands), with a 0.1-mol/L NaOH solution as the isocratic mobile phase followed by pulsed amperometric electrochemical detection on a gold electrode (Dionex PED).

**Detection of Radiochemicals**

Samples of 100 or 200 µL were mixed with 5 mL scintillation fluid (Lumogold; Packard, Meriden, CT) and counted in a scintillation counter (Packard 1600CA) using the 3H window for detection of [53Cr]EDTA. Correlation coefficient between radiochemical and HPLC detection of mannitol was >0.99.

**Colorimetric Assay of HRP Activity**

The appearance of intact HRP in the serosal bath was measured enzymatically. In short, a 0.1-mL sample of test solution was mixed with 1.4 mL phosphate buffer (0.1 mol/L, pH 6.0) containing 0.003% H₂O₂, and 0.009% ortho-dianisidine dihydrochloride. The linear, HRP concentration-dependent rate of increase in optical absorption at 460 nm was determined with an Eppendorf photometer (Hamburg, Germany).

**In Vivo Experiments**

Animals were placed in metabolic cages at 6 AM with free access to water and food, and control urine was collected until 6 PM. At 6 PM, an aqueous solution containing 0.1 g/mL mannitol and 0.2 g/mL lactulose (1140 mOsm/kg) was given intrarhyngeally with a cannulated syringe (rabbits and cats, 5.0 mL; guinea pigs and rats, 1.0 mL). Urine was collected overnight until 6 AM, and NaN₃ (0.002%) was added as a preservative. During the experiments, food intake by the animals was minimal, resembling the mild fasting conditions in the human tests. Volunteers fasted during the morning until 12 AM but were allowed to drink water or tea without sugar; at 9 AM, after collection of control urine, they ingested a 100-mL aqueous solution containing 2.3 g mannitol and 5.5 g lactulose (290 mOsm/kg). One volunteer was intubated with a flexible polyethylene tube inserted into the small intestine until the ligament of Treitz under X-ray monitor guidance; then 0.5 g of Duolite MB 5113 resin was added per milliliter of supernatant, stirred for 1 hour, and precipitated. Samples from animals were diluted 10-fold and human samples were diluted 50-fold in distilled water before HPLC analysis of 100-µL aliquots as described earlier.

**Ethical Guidelines**

The in vitro studies of human intestinal tissue were approved by the local medical ethical committee, and all animal studies were approved by the local welfare committee for animal experiments.

**Results**

**In Vitro Experiments**

Electrophysiology. All tested tissues except those from guinea pigs showed a serosa-positive potential difference of 1–3 mV after mounting in the Ussing chambers; this difference decreased to steady-state values of 0.2–1.5 mV within 15–30 minutes. Transepithelial resistance at this time ranged from 20 to 40 Ω cm² and remained constant during the time course of the flux experiments (150 minutes from time of addition of the probes). Guinea pig ileum had higher steady-state potential difference values (about 4 mV) and resistance values of 40–50 Ω cm². Histological appearance of tissues at the end of experiments judged by light and electron microscopy was normal, except for excess mucus production, especially by rabbit and human tissues. The maintenance of a low cellular electrochemical sodium potential by the tissues was tested by bilateral addition of 10 mmol/L D-glucose at the end of the flux experiments, resulting in serosa-positive potential changes of about 2 mV in human specimens and 4–6 mV in the animal tissues. This shows that even after prolonged experimental periods, the cells maintain their sodium gradient; therefore, apparently they are not anoxic.

**Mannitol, PEG 4000, and HRP flux.** In the first series of experiments, we compared the fluxes of the probes, [³⁵Cl]mannitol, [³H]PEG 4000 (average molecular weight, 4 kilodaltons), and HRP (molecular weight, 40 kilodaltons), through stripped rat ileum (n = 7). The fluxes of mannitol and PEG 4000 reached a steady-state value at 30 minutes and remained constant until the end of the experimental period (150 minutes). Mannitol flux was 184 ± 30 pmol·cm⁻²·h⁻¹, and PEG 4000 flux was
Table 1. In Vitro Steady-State Fluxes of Lactulose and Mannitol and L/M Flux Ratios

<table>
<thead>
<tr>
<th>Species and tissue</th>
<th>Mannitol flux (nmol·cm⁻²·h⁻¹)</th>
<th>Lactulose flux (nmol·cm⁻²·h⁻¹)</th>
<th>L/M flux ratio</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea pig ileum</td>
<td>133 ± 10</td>
<td>100 ± 3</td>
<td>0.76 ± 0.04</td>
<td>6</td>
</tr>
<tr>
<td>Rat ileum</td>
<td>174 ± 24</td>
<td>118 ± 15</td>
<td>0.68 ± 0.02</td>
<td>8</td>
</tr>
<tr>
<td>Rabbit ileum</td>
<td>70 ± 11</td>
<td>62 ± 9</td>
<td>0.89 ± 0.03</td>
<td>4</td>
</tr>
<tr>
<td>Human duodenum</td>
<td>153 ± 13</td>
<td>127 ± 14</td>
<td>0.84 ± 0.09</td>
<td>4</td>
</tr>
<tr>
<td>Human ileum</td>
<td>193 ± 30</td>
<td>144 ± 16</td>
<td>0.78 ± 0.05</td>
<td>8</td>
</tr>
</tbody>
</table>

NOTE. Fluxes are means ± SEM from 30 to 150 minutes; n = number of tissue preparations per biopsy specimen (two tissues per animal or human).

27 ± 5 pmol·cm⁻²·h⁻¹. The flux of HRP reached a steady-state value at about 75 minutes (3.1 ± 0.4 pmol·cm⁻²·h⁻¹) and remained constant. The apparent permeability coefficients for mannitol and PEG 4000 were calculated from the flux divided by the concentration as follows: $P_{mannitol} = 5.1 \times 10^{-6} \pm 0.8 \times 10^{-6}$ cm/s and $P_{PEG4000} = 0.75 \times 10^{-6} \pm 0.14 \times 10^{-6}$ cm/s. Their ratio was 0.15 ± 0.02. The HRP fluxes in the other tissues were comparable with the flux in rat ileum (guinea pig ileum, 2.5 ± 0.5 [n = 5]; rabbit ileum, 4.3 ± 1.8 [n = 6]; human duodenum, 4.5 ± 0.8 [n = 4]; and human ileum, 3.1 ± 1.1 pmol·cm⁻²·h⁻¹ [n = 8]).

Mannitol and lactulose flux. Steady-state fluxes of both mannitol and lactulose from 30 to 150 minutes and flux ratios during the same time span are summarized in Table 1. In all preparations, mean fluxes of lactulose and mannitol were in the range of 100 nmol·cm⁻²·h⁻¹, and L/M flux ratios were close to theoretical diffusion ratios through nonrestrictive aqueous pores (0.7–0.8).

To compare the time course of the fluxes during the first 30 minutes after addition of the probes, we used [¹⁴C]mannitol and, instead of lactulose, [⁵¹Cr]EDTA, because HPLC detection of lactulose and mannitol during this initial period was not sensitive enough to detect flux kinetics during short-term intervals (4 minutes).

Results of human duodenal biopsy specimens are summarized in Figure 1. The flux data for both probes show similar kinetics. Moreover, the [⁵¹Cr]EDTA/[¹⁴C]mannitol flux-ratios were comparable with L/M ratios as detected by HPLC (Table 1). Absolute and relative data similar to those obtained for human specimens in Figure 1 were obtained with rabbit, rat, and guinea pig ileum (results not shown).

Effect of anisosmotic solutions. In an attempt to manipulate the solute flux ratio through the stripped rat ileum, we used anisosmotic solutions and measured the [¹⁴C]mannitol and [⁵¹Cr]EDTA fluxes. Control [⁵¹Cr]EDTA/[¹⁴C]mannitol flux ratio was 0.78 ± 0.01 (n = 8). With serosal hyperosmolar Ringer’s solution, the individual fluxes increased but the flux ratio decreased to 0.59 ± 0.04 (n = 4; P < 0.01). With mucosal hyposmolar solution, the flux ratio decreased to 0.66 ± 0.03 (n = 5; P < 0.01), whereas the individual fluxes decreased 2–3-fold. Bilateral hyposmolality of 134 mOsm/kg gave a similar decrease of probe fluxes, but [⁵¹Cr]EDTA/[¹⁴C]mannitol flux ratio was 0.80 ± 0.01 (n = 4), not different from control values.

In Vivo Experiments

The urinary recoveries of lactulose and mannitol, expressed as a percentage of oral dose, and the L/M ratios found in the tested species are summarized in Table 2. L/M ratios in guinea pigs and rats were close to in vitro L/M flux ratios (Table 1) or differed by a factor 3 in rabbits. In contrast, this difference exceeds a factor 30 in humans, because of an extremely high mannitol recovery.

![Figure 1](attachment:image.png)
Table 2. In Vivo Urinary Recoveries of Lactulose and Mannitol and L/M Recovery Ratios

<table>
<thead>
<tr>
<th>Species</th>
<th>Mannitol recovery (% of applied dose)</th>
<th>Lactulose recovery (% of applied dose)</th>
<th>L/M recovery ratio</th>
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<tbody>
<tr>
<td>Guinea pig</td>
<td>4.95 ± 1.65</td>
<td>3.00 ± 1.10</td>
<td>0.60 ± 0.02</td>
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</tr>
<tr>
<td>Rat</td>
<td>4.05 ± 1.48</td>
<td>2.07 ± 0.66</td>
<td>0.56 ± 0.06</td>
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</tr>
<tr>
<td>Rabbit</td>
<td>2.12 ± 0.74</td>
<td>0.64 ± 0.27</td>
<td>0.28 ± 0.06</td>
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<td>Human</td>
<td>21.5 ± 2.64</td>
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<td>Cat</td>
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NOTE. The urinary recoveries of lactulose and mannitol are expressed as percentage of applied dose. Recovery time in animals was 12 hours in animals and 6 hours in humans; n = number of animals or human volunteers. Values are mean ± SEM.

Urinary recoveries and L/M ratios of cats closely resembled those of humans.

In animal studies, hyperosmolar solutions were given, whereas humans ingested isotonic solutions. After application of hyperosmolar test solutions to humans (5 g mannitol and 10 g lactulose in 50 mL H2O; 1140 mOsm/kg), urinary recovery of mannitol was 17.5% ± 0.5%, lactulose recovery was 0.33% ± 0.08%, and L/M ratio was 0.019 ± 0.004 (n = 2). These values are comparable with those obtained with isosmolar test solutions.

To compare L/M recovery ratios of in vivo bolus ingestion with those of in vivo continuous infusion in humans, a single in vivo experiment with continuous infusion of lactulose and mannitol was performed. Six-hour urinary recovery of mannitol was 10.8% and that of lactulose 0.35%, giving an L/M ratio of 0.033. After isosmolar bolus ingestion by the same volunteer, 6-hour mannitol recovery was 14.5%, lactulose recovery was 0.33%, and L/M ratio was 0.023, indicating no marked difference in recovery between bolus and continuous application of probe solutions in humans.

Finally, as a preliminary test for the hypothesis formulated in the Discussion, 8 volunteers ingested 100 mL of an isosmolar test solution containing 27.4 mmol/L of both lactulose and mannitol, 66.1 mmol/L NaCl, and 100 mmol/L glucose (290 mOsm/kg). Six-hour urinary recovery was 35.9% ± 4.3% for mannitol and 0.58% ± 0.11% for lactulose, and L/M ratio was 0.016 ± 0.002. Mannitol recovery was significantly higher and L/M ratio was significantly lower than values shown in Table 2 (P < 0.01 and P < 0.05, respectively; one-tailed t test).

**Discussion**

The most noticeable finding in this study and the study of Delahunty and Hollander is that the high urinary mannitol recovery of humans and cats (Table 2) was not observed in rats, guinea pigs, and rabbits and was not reflected in a high mannitol permeability in in vitro experiments (Table 1). It is suggested that the high mannitol recovery in humans is caused by the diffusion through a large number of small pores that exclude lactulose. It may be postulated that rodents do not have these small pores; however, we hypothesize that rodents have these pores but that their presence is less manifest in vivo than in humans and cats and that diffusion through these pores is even less evident in vitro experiments.

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The second finding is that in vitro human tissue does not show the large discrimination between mannitol and lactulose-sized molecules. It may be suggested that the in vitro experiments with human tissue do not reflect the in vivo situation because the excised tissue has acquired artifactual large pores that pass lactulose without restriction. Consequently, based on the high mannitol recovery in vivo, we might expect to find a high lactulose permeability in vitro in case of tissue damage. However, a comparison of the in vitro mannitol fluxes in rodents and humans and the lactulose fluxes does not corroborate this suggestion. A more appropriate interpretation of the in vitro fluxes may be that the human intestinal tissues lose their high mannitol permeation after excision (see item 2 below).

**Permeability Studies In Vitro**

We do not know of a method to measure the passive permeability coefficient of in vivo epithelium without complicating factors of absorptive and secretory water flow and effects of blood flow. However, the results show arguments to validate in vitro experiments in permeability studies.

1. The HRP flux values were similar to values reported previously and appeared to result primarily from endocytosis (Kiliaan, Bijlsma, Scholten, Taminiau, and Groot, unpublished observations, and Walker et al.). The permeability ratio of PEG 4000 to mannitol (0.15 ± 0.02) is less than expected from free diffusion (0.21 or 0.36, based on square or cube ratios of molecular weights), suggesting some restriction.

2. The in vitro studies (Table 1) show the interspecies similarity of lactulose and mannitol permeability. There is no evidence for an increased lactulose flux in human tissue, as would have been expected if the
experimental handling of this tissue had induced larger pores. Instead, the in vitro mannitol flux data are not different from the data of rodents, therefore suggesting that the mannitol flux is smaller than in vivo.

3. From the flux ratios of PEG 4000 to mannitol (0.15 ± 0.02) and lactulose to mannitol (0.68 ± 0.02) observed in in vitro rat ileum, we can calculate the PEG 4000/lactulose flux ratio (0.22). This is comparable with the urinary recovery ratio of probes of similar molecular diameter (fluorescein isothiocyanate–dextran 3000/lactulose, 0.19) obtained in in vivo experiments with humans. This shows the similarity of rat intestine in vitro and human intestine in vivo with respect to the permeability of this range of larger molecules.

4. The in vitro permeability found for mannitol in the present study is fully comparable with recently published values for in vitro rat ileum stripped from its serosal layer and is only 1.3 times larger than found with nonstripped ileum.

5. The reduction of the in vitro [51Cr]EDTA/mannitol flux ratio through rat ileum by anisosmotic solutions shows that, under special circumstances, the permeation of mannitol can be preferentially increased, with lactulose being restricted.

6. The observed L/M and [51Cr]EDTA/mannitol ratios are in the same range as [51Cr]EDTA/mannitol ratios measured in monolayers of the rat IEC-18 ileal cell line (mean value, 0.67±0.23), which has a transepithelial resistance of about 30 Ω·cm², comparable with the values for animal and human tissues. The filter-grown cells do not require extensive dissection and handling but apparently have no mannitol-selective pores.

7. The electrophysiological parameters of the in vitro small intestine of rats, rabbits, and guinea pigs in our study are all close to literature values, and these parameters and glucose-elicited potential responses in the human biopsy specimens are similar to those reported for jejunal suction biopsy specimens.

Therefore, we suggest that the observed in vitro L/M ratios in rodent small intestinal tissues, which are close to theoretical diffusion ratios of these probes through nonrestrictive aqueous pores, reflect the in vivo permeability ratio in these species and that the human tissue has lost the high mannitol permeation after excision. Also, the kinetics of [51Cr]EDTA and mannitol fluxes through in vitro human duodenum (Figure 1) suggest that both probes diffuse with the same time course through a similar pathway and that the expected high-permeability pathway for mannitol is not apparent.

Comparison of In Vivo Animal and Human Recoveries

A potentially complicating factor in the comparison of the in vivo data is the difference in recovery time between animal (12 hours, due to the time required to collect urine from the cats and rabbits) and human experiments (6 hours). However, according to the literature, the 0–24-hour and 0–10-hour recovery ratios are similar to the 0–5-hour recovery ratio in humans. Thus, we feel confident in comparing the 0–6-hour recoveries in humans with the 0–12-hour recoveries in animals. Another complicating factor, namely, the difference in osmolality of test solutions applied to animals and humans, can also be ruled out by human test results: L/M recovery ratios in human volunteers after hyperosmolar (1140 mOsm/kg) or isosmolar test solutions were in the same range, corroborating reports that lactulose and L-rhamnose recoveries in humans show only minor changes until the test solution osmolality is increased to 1500 mOsm/kg or higher.

The question remains what pathway is used by mannitol in vivo so that the recovery in humans and cats is about an order of magnitude larger than in the rodents (Table 2) and why this high mannitol permeation is lost in humans after excision. In the following section, we address the relevance of factors differing between rodents and humans or cats.

Villus Heights

Considering clinical data of double sugar tests in the diagnosis of small intestinal diseases, undisputable increases in L/M ratios are obtained in cases of celiac disease, in which mannitol recovery is decreased and lactulose recovery is enhanced. These recovery changes are most prominent when there is a marked villus atrophy. Because the species in our study show substantial differences in villus height, the question arises whether the villus height correlates with L/M ratios. We averaged relevant literature data on villus height in Table 3. Comparison of these villus height data to in vivo L/M ratios shows an inverse correlation only in the case of ileal villus height values. In contrast, there is no such correlation between villus height and L/M ratios in vitro. Thus, it can be concluded that this morphological difference alone cannot explain the interspecies variation in L/M ratios. Accordingly, the difference between in vitro and in vivo L/M ratios and the interspecies difference in permeability ratio in vivo should be caused by physiological factors unique for the intact intestine in living animals and humans.
Table 3. Summary of Literature Data of Villus Heights in Micrometers

<table>
<thead>
<tr>
<th>Species</th>
<th>Duodenum n (N)</th>
<th>Jejunum n (N)</th>
<th>Ileum n (N)</th>
<th>Study (ref no.)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guinea pig</td>
<td>—</td>
<td>— (0)</td>
<td>576 ± 20</td>
<td>15 (1)</td>
</tr>
<tr>
<td>Rat</td>
<td>573 ± 48</td>
<td>26 (3)</td>
<td>415 ± 54</td>
<td>48 (8)</td>
</tr>
<tr>
<td>Rabbit</td>
<td>1010 ± 5</td>
<td>120 (1)</td>
<td>754 ± 112</td>
<td>28 (4)</td>
</tr>
<tr>
<td>Human</td>
<td>636 ± 41</td>
<td>30 (3)</td>
<td>640 ± 38</td>
<td>40 (2)</td>
</tr>
<tr>
<td>Cat</td>
<td>1072</td>
<td>6 (1)</td>
<td>963</td>
<td>2 (1)</td>
</tr>
</tbody>
</table>

NOTE. Values are mean ± SEM using relative error analysis in case of multiple sources to obtain overall SEM. n, number of animals or humans; N, number of references. Values of duodenum and jejunum in cats represent medians as given in the references.

Villus Hyperosmolality

One of the main differences between the in vitro and in vivo situation is the blood supply. An important consequence of the opposite blood flow in villus arterioles and capillaries is the maintenance of hyperosmolality in the villus tips as a result of countercurrent multiplication.53–56 Because of interspecies variation in architecture of the villus blood vessels,57 there is a varying efficiency of the countercurrent exchange, leading to differences in villus tip hyperosmolality. The comparison of these tip osmolalities, summarized in a study of Hallbäck et al.,58 to in vivo L/M ratios also shows a negative correlation (Figure 2). The interspecies similarity in in vitro L/M ratios and in vivo villus tip osmolalities due to the absence of a countercurrent mechanism is consistent with this correlation. It should be noted that Hallbäck et al.55 argued that their data of the villus hyperosmolality in vivo human small intestine may be an underestimation of the actual physiological values because of methodological limitations that were not present in their animal studies.

Because a high villus osmolality induces water absorption, we suggest that the difference between lactulose and mannitol recovery in vivo in humans and cats is caused by the solvent drag of mannitol induced by hyperosmolality in their villus tips. The solvent drag may only affect the flux of mannitol, presumably because the solvent flux is through pores that selectively allow the passage of mannitol and/or smaller molecules and are restrictive to lactulose-sized substances. As a consequence of the small difference in molecular diameter of lactulose and mannitol, the mannitol passage through these pores must occur in a single-file array, which may explain the small contribution of these pores to the in vitro passive diffusion of mannitol when no solvent flow drags the molecules through these small pores. This hypothesis allows for a combined explanation of the in vivo and in vitro small intestinal permeation of both probes in various species. An advantage of this solvent drag–related model to existing transcellular and/or paracellular passive diffusion–related hypotheses is that it permits experimental testing and validation with existing techniques. For instance, as shown in Results, we induced solvent drag across stripped rat ileum in an Ussing chamber by a mucosa-to-serosa osmotic gradient and found that the mucosa-to-serosa water flow could decrease the [51Cr]-EDTA/mannitol ratio. This shows that also in stripped rat ileum, there is some evidence for the existence of small mannitol-selective pores. With this type of experiment, hyperosmolality is not restricted to the villi and solvent drag may also occur through the crypt regions.

One may affect the hyperosmolality in the villus tip by modulation of the apical Na+-coupled glucose carrier.59 The hypothesis predicts that in the presence of luminal glucose and NaCl, the solvent drag of mannitol should increase. Recently, Jodal et al.59 using in situ perfusion of the lumen of rat jejunal with a Krebs–Henseleit solution containing [51Cr]EDTA and [14C]-
mannitol found that the $[^{51}\text{Cr}]$EDTA/mannitol clearance ratio was 0.47. This ratio is an order of magnitude larger than the urinary recovery ratio in humans and cats and of the same magnitude as found in vitro. Interestingly, this ratio decreased by a factor 3 in the presence of 30 mmol/L glucose in the isosmolar perfusate, as a result of a threefold increase of the mannitol clearance. In our study with human volunteers, the urinary recovery of mannitol increased with a factor 1.7 and L/M ratio decreased with a factor 1.4 after oral ingestion of a test solution containing glucose plus NaCl, whereas the lactulose recovery was not significantly different from values obtained with test solutions containing only lactulose and mannitol. These results suggest a selective coupling of mannitol fluxes to enhanced water absorption induced by the active uptake of Na$^+$ and glucose through villus enterocytes. Moreover, the clinical observation of a decreased mannitol recovery in the case of villus atrophy, as seen in celiac disease, is readily explained by an impairment in the efficiency of the countercurrent multiplication mechanism caused by shortening of the vascular structure in the villi. Similar observations have been reported with gluten-sensitive dogs. The cellobiose/mannitol recovery ratio, which is 0.05 during gluten-free diet, increased significantly during a wheat-containing diet because of reduction of mannitol recovery. Before gluten challenge, both control dogs and sensitive dogs showed a 5-hour urinary recovery of mannitol of about 50%, which correlates well to the finding of Bond et al. of a very efficient countercurrent multiplication mechanism in this species. The efficiency of this mechanism will also be reduced in states of both intestinal ischemia and excess, nonabsorptive hyperemia. Assuming that in vivo mannitol recovery predominantly reflects the magnitude of solvent drag caused by villus tip hyoperosmolarity, individual recovery data of mannitol and lactulose may provide more specific clinical information than only L/M ratios. Whereas lactulose recovery may represent paracellular passive diffusion over the mucosal barrier as a whole, mannitol recovery depends mainly on water absorption in the upper part of the villus. In general, as a consequence of the "solvent drag hypothesis," mannitol recovery will be reduced by malabsorption of sodium and/or impaired sodium-coupled nutrient uptake, by disturbances in blood flow through the villi, or by shortening of the villi and their vasculature.

Recently, two reports showing evidence for solvent drag as one of the mechanisms for mannitol uptake from in vivo–perfused rat intestine were published. Although lactulose-sized probe permeability was not determined in a study by Kruglik et al., their finding of a reduction of water absorption and the solvent drag–mediated component of mannitol uptake by luminal hyperosmolar solutions and by the secretory agent chenodeoxycholic acid stresses the importance of this mechanism. In addition, the finding of Jodal et al. that blocking of neurally mediated cholinergic secretory activity by atropine and hexamethonium caused increased water and mannitol absorption, whereas $[^{51}\text{Cr}]$EDTA uptake was unaffected, indicates the restriction of solvent drag effects to mannitol-sized (and smaller) probe molecules.

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