

Neuropeptides in pelvic afferent pathways

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Summary. Neurochemical and pharmacological experiments have raised the possibility that several neuropeptides including, vasoactive intestinal polypeptide (VIP), peptide histidine isoleucine amide (PHI), substance P, calcitonin gene-related peptide (CGRP), neurokinin A, cholecystokinin (CCK) and opioid peptides may be transmitters in afferent pathways to the pelvic viscera. These substances are widely distributed in: 1) nerve fibers in the pelvic organs, 2) visceral afferent neurons in the lumbosacral dorsal root ganglia and 3) at sites of afferent termination in the spinal cord. Double staining immunocytochemical techniques have shown that more than one peptide can be localized in individual visceral afferent neurons and that neuronal excitatory (VIP, substance P, CCK) and inhibitory peptides (leucine enkephalin) can coexist in the same afferent cell. Studies with the neurotoxin, capsaicin, indicate that peptidergic afferent pathways are involved in the initiation of central autonomic reflexes as well as peripheral axon reflexes which modulate smooth muscle activity, facilitate transmission in autonomic ganglia and trigger local inflammatory responses.

Key words. Urinary bladder; reproductive organs; large intestine; VIP; substance P; CGRP; opioid peptides; capsaicin; peptide coexistence; visceral reflexes; spinal cord.

Introduction

Afferent pathways to the pelvic viscera play an essential role in the neural regulation of various physiological functions, including micturition, defecation and reproduction^{17,20}. The anatomical and electrophysiological properties of these pathways have recently been described in some detail^{16,52,68,90,92,96}. On the other hand, the mechanisms underlying transmission at visceral afferent synapses are still relatively unexplored.

Presently, the neuropeptides are attracting considerable attention as putative transmitters in visceral afferent pathways. These substances are widely distributed in nerve fibers in the pelvic organs^{2,3,29,30,74,77} and at sites of visceral afferent termination in the lumbosacral spinal cord^{16,21,40,56}. Immunocytochemical and axonal tracing experiments have shown that a large percentage of pelvic visceral afferent neurons contain peptides^{16,18,48,63,113,114} and that more than one peptide can occur in these cells^{16,25,58}. Insight into the physiological role of the neuropeptides has also been obtained by examining the effects of capsaicin on the activity of the pelvic organs^{41,46,77-79,81}. Capsaicin is a very useful experimental tool for these studies since it is thought to act selectively on peptidergic afferents to release transmitters and in large doses to cause neuronal degeneration^{9,27}.

This chapter will review the neurochemical and pharmacological data suggesting that peptides function as transmitters in the afferent innervation of the pelvic viscera.

Peptidergic afferent innervation of the pelvic organs

The afferent innervation of the pelvic viscera (i.e., the urinary tract, distal bowel and reproductive organs) originates in the lumbosacral dorsal root ganglia and is carried by several peripheral nerves (fig. 1)^{17,20,52,68}. The hypogastric and lumbar colonic nerves contain axons from the lumbar dorsal root ganglia^{16,17,52,92,93}, whereas the pelvic and pudendal nerves carry afferent pathways from the sacral dorsal root ganglia^{16,17,52,90,102}. The pudendal nerves also contain somatic afferent axons innervating superficial and deep structures in the perineum (fig. 1), many of which are closely linked functionally with the pelvic viscera^{16,18,122}.

Various peptides including substance P and related tachykinins (neurokinin A, neuropeptide K and eledoisin-like peptide)^{3,13,14,18,28,36,37,39,41,65,77,86,113,116,118,119}, calcitonin gene related peptide (CGRP)^{29,31,103,114} vasoactive intestinal polypeptide (VIP)^{35,36,38,39,48,61,64,65,77}, peptide histidine isoleucine amide (PHI)^{14,35}, galanin^{7a}, cholecystokinin (CCK)¹⁴, somatostatin¹⁴, enkephalins^{14,18,21,77}, and dynorphins¹⁴ are present in nerves and ganglia within and projecting to the urogenital

tract and the large intestine. The origin of these peptidergic nerves has been examined using surgical and/or chemical denervation techniques.

In rats and guinea pigs the administration of capsaicin, a neurotoxin, which acts selectively on small diameter afferent fibers to deplete transmitter stores and to induce neuronal degeneration, reduces the levels of substance P^{28,41,46,47,84,104,113,118,119}, neurokinin A^{46,47} and CGRP^{29,31,35,114} at various sites in the pelvic viscera, but does not change the levels of VIP^{14,35,100,119} or enkephalins^{14,35}. Surgical interruption of the extrinsic nerves (pelvic and hypogastric nerves) or removal of the lumbosacral dorsal root ganglia produces a similar selective decrease in substance P and CGRP immunoreactivity^{14,29,86,87,114}, whereas removal of the peripheral autonomic ganglia (pelvic ganglia) or transection of postganglionic nerves produces a genera-

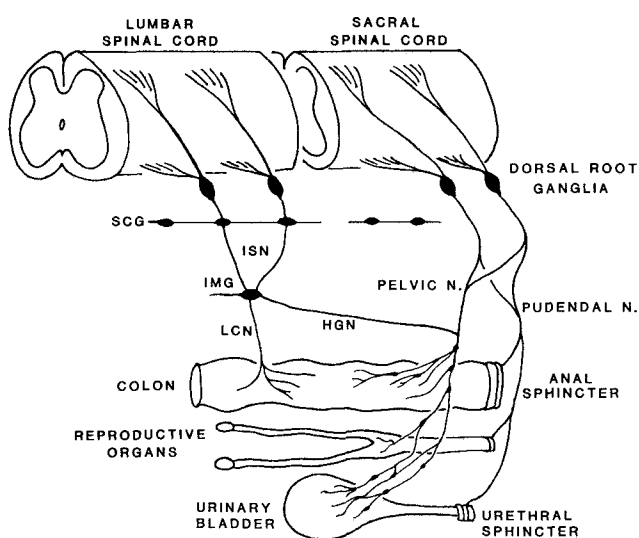


Figure 1. Diagram showing the peripheral pathways for afferent innervation of the pelvic viscera in the cat. Neurons in the sacral dorsal root ganglia send axons into the pelvic and pudendal nerves. The pelvic nerves innervate exclusively the viscera whereas the pudendal nerves innervate visceral as well as somatic structures such as the anal and urethral sphincters and the perineum. Neurons in the lumbar dorsal root ganglia send axons into the lumbar colonic (LCN) and hypogastric nerves (HGN). The latter axons pass through the sympathetic chain ganglia (SCG) and then the inferior splanchnic nerves (ISN) to the inferior mesenteric ganglia (IMG). The HGN passes caudally to join the pelvic nerve.

lized decrease in peptide immunoreactivity in certain pelvic organs as well as a decrease in markers for cholinergic and adrenergic nerves^{87,114}. CGRP, substance P and VIP are not altered following the administration of 6-hydroxydopamine in doses which destroys adrenergic efferent axons^{29,87,114,119}. These data indicate that CGRP, substance P and related tachykinins are present in afferent pathways to the pelvic viscera.

It should be noted, however, that the failure of capsaicin and deafferentation to change the levels of other peptides does not exclude the possibility that these peptides are also present in afferent axons. For example, VIP is contained in a large population of efferent axons in the pelvic viscera^{38,73,74,77,87}. This population of VIP axons would remain after deafferentation and might obscure the changes in a smaller population of VIP afferent axons³⁵. This seems to be a likely possibility since VIP has been detected in visceral afferent neurons in the dorsal root ganglia (see below)^{56,59}. In addition, certain peptidergic afferents may not be sensitive to capsaicin¹²⁶.

Immunocytochemical studies^{3,29,31,45} have demonstrated a widespread distribution of substance P and CGRP-containing afferent axons in the pelvic viscera. Although the tissue concentrations of CGRP are greater than those of substance P, the distribution of the two peptides is very similar. Indeed, double staining techniques in which antisera to substance P and CGRP were applied to the same tissue sections revealed that the two peptides are co-localized in axonal varicosities in various organs³¹, including the intestine and the urogenital tract.

In the rat and guinea pig the highest concentrations of CGRP occur in the ureter and bladder base with lower concentrations in the bladder dome, urethra and reproductive organs including the cervix, vagina, uterus, fallopian tubes and the ovaries^{29,114}. In the urogenital tract the substance P and CGRP axons are located throughout the submucosal plexus, adjacent to the epithelium, in the smooth muscle layers and around blood vessels^{29,31,77,87}. The high density of these axons in proximity to the epithelial layers of the urogenital organs contrasts with the more prominent distribution of efferent cholinergic, adrenergic and VIPergic axons in the smooth muscle areas in these organs^{3,87,127}.

In the wall of the intestine substance P/CGRP afferent axons are distinguished from axons of intrinsic peptidergic neurons by their sensitivity to capsaicin^{28,31}. Using this technique it has been shown in the guinea pig intestine, that substance P CGRP afferent fibers are relatively sparse in the myenteric plexus, but as in the urogenital organs are common beneath the epithelium and in the submucosal plexus where they follow blood vessels and form loose plexuses within the submucosal ganglia³¹. Axons which are resistant to capsaicin treatment have a different distribution.

Substance P afferent axons and varicosities are also present in prevertebral sympathetic and pelvic ganglia which provide input to the pelvic viscera^{13,14,77,86}. In the inferior mesenteric ganglion (IMG, see fig. 1) of the guinea pig, the substance P varicosities form perineuronal networks around the principal ganglion cells^{14,86}. At the ultrastructural level some of these varicosities were seen to make synaptic contacts with dendrites⁸⁶. The substance P varicosities were eliminated by capsaicin pretreatment or by surgical deafferentation which interrupted the connections between the IMG and the lumbar dorsal root ganglia^{14,86}. Axonal tracing studies have confirmed the afferent projections from the lumbar dorsal root ganglia to the IMG¹.

Other peptides including VIP, CCK, bombesin and dynorphin are also present in afferent pathways to the IMG, however, these substances are located primarily in axonal pathways arising from neurons in the intestine¹⁴. Thus, transection of the inferior splanchnic nerves central to the ganglion (fig. 1) does not alter these peptidergic axons whereas tran-

section of the lumbar colonic nerves and hypogastric nerves peripheral to the ganglion markedly reduces their density.

The distribution of visceral afferent axons in peripheral ganglia and at various sites within the pelvic organs suggests that afferent pathways acting through the release of neurotransmitters in the periphery may have a variety of modulatory functions on nerve, smooth muscle and secretory cells in addition to the traditional sensory functions of afferent pathways. This peripheral modulatory function will be discussed in a later section.

Identification of neuropeptides in visceral dorsal root ganglion cells

Immunocytochemical techniques have been used in combination with axonal tracing methods to examine the distribution of neuropeptides in afferent neurons innervating the pelvic viscera of cat^{16,21,23,25,56,58,60,63,71}, rat^{35,48,113,114,119} and guinea pig¹³. In the cat, fluorescent dyes were applied to the pelvic^{16,63} and hypogastric nerves^{23,25,58} to label various populations of visceral afferent cells. The dyes were also used in the cat and rat to label cells innervating individual organs such as the urinary bladder^{25,35,60,114}, colon^{25,60}, kidney^{71,114}, ureter¹¹⁴ and female reproductive tract^{48,119} and to label visceral and somatic afferent pathways in the pudendal nerve⁶³. Colchicine was administered in many studies to increase the levels of peptides in the ganglion cells.

As shown in table 1, a large percentage of afferent neurons projecting to the pelvic and hypogastric nerves of the cat exhibited peptide immunoreactivity. Indeed, the sum of the percentages of neurons containing individual peptides exceeded 100%. The significance of this finding will be discussed below. VIP was the most common peptide occurring in 42–45% of lumbosacral visceral afferent neurons (fig. 2C). Leucine enkephalin, cholecystokinin (CCK) and substance P were present in 21–37% of the neurons, and methionine enkephalin was present in 10% of the neurons. Somatostatin was detected in very few cells (0–2%) whereas dynorphin 1–8, dynorphin 1–17 and dynorphin B were undetectable in dorsal root ganglion cells with immunocytochemical techniques^{7,23,25}. Dynorphin B was identified, however, in lumbosacral dorsal root ganglia using radioimmunoassay⁷.

In the same cats in which the pelvic nerve afferents were labeled another fluorescent dye was applied to the pudendal nerve to label visceral and somatic afferent neurons innervating the perineum, reproductive organs and anourethral structures⁶³. VIP, CCK and methionine enkephalin were detected less frequently in these cells as compared to pelvic nerve afferent neurons, however, other peptides occurred in similar proportions in both afferent populations. The greatest difference was seen with VIP (10% vs 42%) suggesting that this peptide may be highly localized to visceral afferents. This difference between somatic and visceral cells might be even larger since those VIP cells which project to the pudendal nerve may also innervate visceral (eg. urethral and anal mucosa) rather than somatic structures (eg. cutaneous tissue).

The degree of association between VIP and visceral afferent pathways can also be examined by analyzing the data in the reverse manner to determine what proportion of VIP cells project to the viscera. It has been estimated that 66% of the VIP cells in the cat sacral dorsal root ganglia project to the pelvic nerve and 11% to the pudendal nerve; leaving 23% of the cells unidentified. These cells presumably innervate somatic structures. It should be noted, however, that pelvic nerve afferents represent only a small fraction (less than 10%) of the neurons in the sacral dorsal root ganglia. This further underscores the very strong association at this level of the spinal cord between VIP and visceral afferent pathways. As noted for peptidergic afferents in other animals⁴⁰, pep-

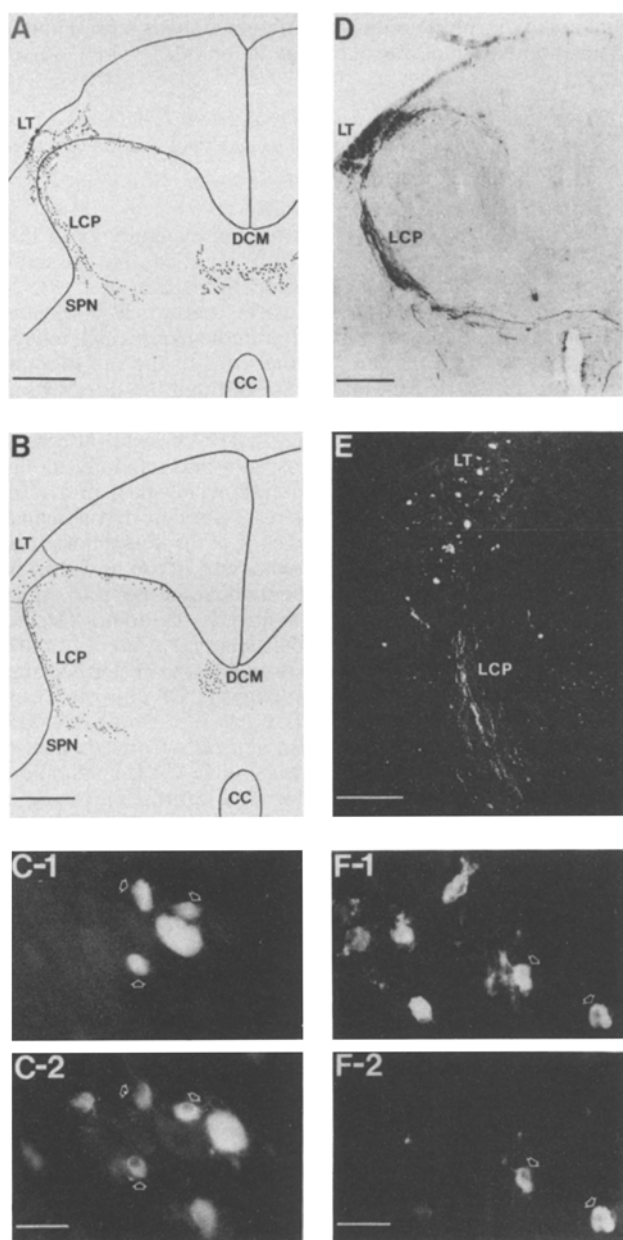


Figure 2. Afferent pathways to the sacral spinal cord. *A* Camera lucida drawing of the central projections of bladder afferents in the sacral (S_2) dorsal horn (DH) of the cat. Afferent terminals were labeled by transganglionic transport of HRP from nerves on the surface of the bladder. Labeled axons were present in Lissauer's tract (LT), the lateral collateral pathway (LCP), the sacral parasympathetic nucleus (SPN) and the dorsal commissure (DCM). *B* Afferent projections in the S_2 dorsal horn of the cat labeled by HRP injected into the external urethral sphincter. *C* Two photomicrographs of the same section through the S_2 dorsal root ganglion showing bladder afferent cells (C-1) labeled by fast blue injected into the bladder wall. Several of these labeled cells (arrows in C-1 and C-2) contain VIP-immunoreactivity (VIP-IR). Dye labeled cells were blue when visualized with UV light at 340–380 nm excitation wavelength and VIP cells were green when visualized with UV light at 430–480 nm wavelength. *D* The distribution of VIP-IR in LT and LCP of the S_2 segment of the cat spinal cord. *E* VIP-IR in the sacral dorsal horn of the S_3 segment of the cat spinal cord. Large bundles of VIP axons are present in LT and smaller numbers of axons are present in lamina I on the lateral edge of the dorsal horn. *F* Co-localization of substance P-IR and VIP-IR in sacral (S_2) dorsal root ganglion cells of the cat. Substance P-IR (F-1) stained with TRITC (red color, at 530–560 nm excitation wavelength) and in F-2 the same section showing VIP-IR in two of the same ganglion cells (arrows) stained with FITC (green color at 430–480 nm excitation wave-

length). VIP was detected with rabbit polyclonal antisera, whereas substance P was detected by rat monoclonal antisera. Calibration represents 250 μ m in A and B, 50 μ m in C, 300 μ m in D, 220 μ m in E and 60 μ m in F. (From de Groat et al., 1986)

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tide-containing cells in cat lumbosacral dorsal root ganglia were in general small to medium size cells less than 40 μ m in average diameter. VIP cells had the smallest average diameter (30 μ m) whereas somatostatin cells had the largest average diameter (36 μ m). The size of VIP cells is consistent with the observation that VIP is present only in unmyelinated afferents^{43,91} and is associated primarily with visceral afferent neurons which are on the average, considerably smaller than somatic neurons^{16,63}.

The distribution of peptides in afferent pathways to individual organs was studied in the cat and rat. In the cat, VIP and substance P were the most common peptides in bladder and colon afferents (table 1, range 18–25%)^{23,25,60}. Substance P was also detected in 24% of renal afferents in the cat⁷¹ and in 16% of bladder afferents in the rat¹¹³. Somatostatin was rarely detected in visceral afferents^{25,113}. CGRP was present in a large percentage (45–90%) of the dorsal root ganglion cells innervating the kidney¹¹⁴, urinary bladder¹¹⁴, ureter¹¹⁴ and female reproductive organs⁴⁸ in the rat. It is noteworthy that in the more rostral dorsal root ganglia (T_{10} – L_3) there was a higher percentage of these cells with CGRP than in the caudal (L_6 – S_1) ganglia. This suggests that different functional groups of visceral afferents in the rat may utilize different transmitters. On the other hand, this difference was not seen in the cat where hypogastric-afferent neurons in the upper lumbar ganglia exhibited a spectrum of peptide-immunoreactivity similar to that of pelvic nerve afferent neurons in the sacral dorsal root ganglia (table 1).

Co-localization of neuropeptides in lumbosacral visceral afferent pathways

The large percentage (greater than 100%) of cat lumbosacral visceral afferent neurons containing neuropeptides suggests that some peptides must coexist in afferent neurons⁶³. This was confirmed using double staining techniques where two peptides could be identified on the same tissue section (fig. 2F). Coexistence was examined in the general population of sacral afferent neurons²² and in bladder, colon and hypogastric afferent neurons in the cat^{16,25,60}. As shown in table 2 for colon afferents, coexistence of certain peptides is very common. For example, a large percentage (50–56%) of cells containing leucine enkephalin exhibit substance P or VIP; and a large percentage (51%) of VIP cells contain substance P (fig. 2F) or leucine enkephalin. However, leucine enkephalin is not co-localized with somatostatin. Similar patterns of co-localization were noted in bladder and hypogastric nerve afferents and in unlabeled afferents in the lumbosacral dorsal root ganglia.

The sum of the mean percentages of leucine enkephalin cells containing other peptides exceeds 100% indicating that more than two peptides must be contained in one cell. Preliminary studies of thin serial sections (6 μ m) allowing the same DRG cell to be visualized in three consecutive sections confirmed that three peptides eg., VIP, substance P and CCK could occur in the same cell.

Co-localization of neuropeptides in unidentified dorsal root or sensory ganglion cells of the cat⁷⁵, rat^{12,15,33,40,76,104,121,124} and guinea pig^{30,31,69} has also been reported. Three and sometimes four peptides have been identified in single cells in the cat⁷⁵. Among the various peptide combinations the most extreme example of co-localization is that occurring with CGRP and substance P where virtually all substance P cells contain CGRP^{31,33,76}. However, a certain population of CGRP cells does not contain substance P.

length). VIP was detected with rabbit polyclonal antisera, whereas substance P was detected by rat monoclonal antisera. Calibration represents 250 μ m in A and B, 50 μ m in C, 300 μ m in D, 220 μ m in E and 60 μ m in F. (From de Groat et al., 1986)

Table 1. Distribution of neuropeptides in lumbosacral dorsal root ganglion cells of the cat and rat

	Cat					Rat			
	PN	HGN	PUDN	BLD	Colon	BLD	Kid-Ur.	Rep. org.	
VIP	42	45	10	25	14	+	—	—	
LENK	30	21	24	5	7	—	—	—	
CCK	29	25	12	1	3	—	—	—	
SP	24	37	21	23	18	16 ^b	— +	—	
MENK	10	9	3	—	—	—	—	—	
SS	2	0	0	2	2	0	—	—	
DYN	0	0	0	0	0	—	—	—	
CGRP	—	—	—	—	—	90 ^a 60 ^b	90 ^a 90 ^b	66–86 ^a 45–63 ^b	
Total	137	137	70	56	44				

Numbers indicate percentages of neurons exhibiting each peptide. PN, pelvic nerve; HGN, hypogastric nerve; PUDN, pudendal nerve; BLD, bladder; Kid-Ur, kidney-ureter; Rep. org., reproductive organs; VIP, vasoactive intestinal polypeptide; LENK, leucine enkephalin; CCK, cholecystokinin; SP, substance P; MENK, methionine enkephalin; SS, somatostatin; DYN, dynorphin 1–17; CGRP, calcitonin gene-related peptide. Data for HGN were obtained from upper lumbar ganglia. All other data were from sacral ganglia in the cat. (+) cells present but percentages not reported; (—), data not available. ^a T₁₀–L₃ ganglia, ^b L₆–S₁ ganglia. See text for literature references.

Table 2. Co-localization of peptides in sacral dorsal root ganglion cells innervating the colon of the cat

	LENK	SP	VIP	CCK	SS
LENK	—	56	50	6	0
SP	27	—	42	7	—
VIP	51	52	—	—	—
CCK	11	22	—	—	—
SS	0	—	—	—	—

Numbers indicate percentages of neurons in the left column exhibiting immunoreactivity for other peptides. Each percentage represents the average for several hundred cells in sacral dorsal root ganglia of two cats. (—) indicates data not available. Abbreviations are the same as in table 1. (From de Groat et al., 1987)

The significance of peptide co-localization in visceral afferent neurons is still uncertain, however, the demonstration of neuronal inhibitory (enkephalins)^{18,21,23,54,55} and excitatory substances (substance P, VIP and CCK)^{53,61,62,67,88,89,98,101,104,120} in the same cells raises a number of interesting possibilities. For example, enkephalins as well as excitatory peptides may be transported to central and peripheral afferent terminals and co-released (fig. 3)^{24,25}. Since primary afferent terminals have opioid receptors that mediate presynaptic inhibition^{54,55,72,125} enkephalins could be co-released with VIP or substance P, and then act in a negative feedback or autoinhibitory manner to depress the release of other peptides (fig. 3)^{24,25}. Enkephalins might also act postsynaptically to inhibit second-order neurons. A similar action could occur at peripheral afferent terminals in the viscera (fig. 8).

It is also noteworthy that enkephalins are co-localized with various substances having synaptic excitatory actions (e.g. substance P, VIP and CCK)^{53,61,62,67,88,89,101,104,120} but not with somatostatin which has synaptic inhibitory effects¹⁰⁴. However, somatostatin was co-localized with substance P in nonvisceral afferent neurons²². Thus both inhibitory peptides coexist with excitatory peptides but not with each other. Dynorphins and endorphins are also present in sensory ganglia^{6,30,49,50,66,69,97,115,123} and in afferent projections to the spinal cord^{7,23,25}. Although dynorphin immunoreactivity has not yet been detected in visceral afferent neurons, the central projections of dynorphin immunoreactive dorsal root axons to areas receiving visceral afferent input suggests that dynorphins are present in visceral afferent pathways^{7,16,23,25}. Further studies will be necessary to determine whether enkepha-

lin- and dynorphin-containing afferent systems represent the same population of dorsal root ganglion cells.

The relationship between central projections of visceral afferent pathways and the distribution of neuropeptides in the lumbosacral spinal cord.

Anatomy of visceral afferent pathways

Horseradish peroxidase (HRP) tracing experiments in the cat^{19,70,90,92,93}, monkey¹⁰² and rat⁹⁴ revealed that visceral afferent pathways have a characteristic pattern of distribution in the spinal cord and that this pattern is markedly different from that of somatic afferent neurons which innervate the skin¹⁶. In the sacral spinal cord of the cat afferent axons from the pelvic organs pass through the dorsal root entry zone within the areas occupied by fine diameter fibers and then enter Lissauer's tract (fig. 4)⁹⁰. Visceral afferents can extend several segments rostrally and caudally along Lissauer's tract giving off collaterals which pass in a thin shell laterally and medially around the dorsal horn (figs 4 and 5). At the apex and on the lateral edge of the dorsal horn this shell of visceral afferents (approximately 70 μm in width) is present in lamina I and a few fibers extend deeper into outer lamina II. Inner lamina II and laminae III–IV do not receive visceral afferent input. The bands of visceral afferents on the lateral and medial edge of the dorsal horn are termed the lateral and medial collateral pathways (LCP and MCP) of Lissauer's tract, respectively.

Axons in the LCP, which extend ventrally from Lissauer's tract through lamina I into lateral laminae V–VII and lamina X, exhibit several patterns of termination (fig. 5). In some sections, axons end in lateral lamina V (designated 'a' in fig. 5). In other sections, axons extend into medial lamina V and VII and the lower one-third of the dorsal gray commissure ('b' in fig. 5). Less frequently, labeled axons extend into dorsomedial lamina V ('c') or ventrally into lateral lamina VII ('d'), in the region of the sacral parasympathetic nucleus⁹⁵.

In serial transverse sections the intensity of labeling in the LCP exhibits considerable variation from section to section. Horizontal sections show that this variability is related to a

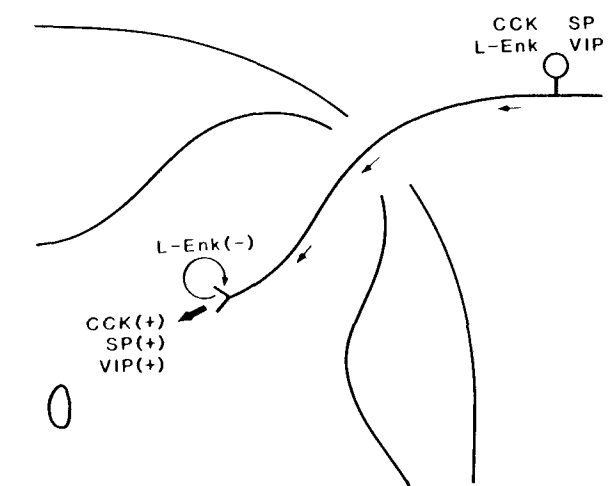


Figure 3. Diagram illustrating possible function of leucine enkephalin (L-Enk) in primary afferent neurons. L-Enk may be released at afferent terminals in the spinal cord and interact with opioid receptors on the terminals to mediate feedback inhibition of the release of excitatory transmitters, such as substance P (SP), vasoactive intestinal polypeptide (VIP) and cholecystokinin (CCK). L-Enk-IR has been identified in dorsal root ganglion cells containing either SP, VIP or CCK. However, it is not known whether all 4 peptides are localized in the same population of primary afferent neurons. (From de Groat et al., 1986)

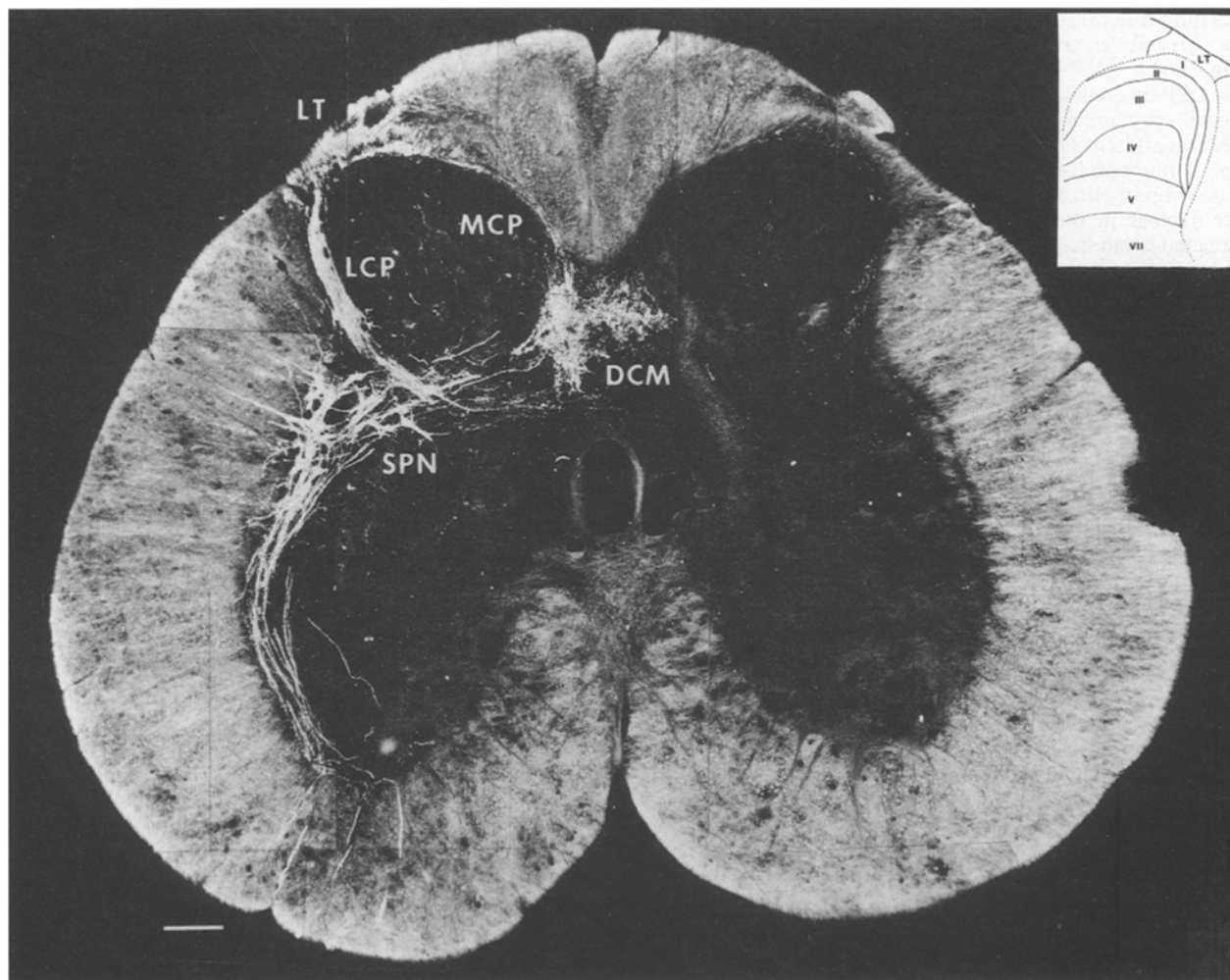


Figure 4. Transverse section of S_2 spinal cord showing labeling of primary afferents and preganglionic neurons after application of HRP to the left pelvic nerve in the cat. Pelvic afferents enter Lissauer's tract (LT). Afferent collaterals enter lamina I and extend laterally in a large bundle, the lateral collateral pathway (LCP), into the area of the sacral parasympathetic nucleus (SPN). Collaterals also extend medially in a smaller group, the medial collateral pathway (MCP), into the dorsal gray commissure

(DCM), where they expand into a large terminal field ipsilaterally and contralaterally. Small numbers of afferents are also present in contralateral laminae I and V. This photomicrograph was made using darkfield illumination with polarized light. Bar represents 200 μ m. Inset shows the laminar organization of the sacral dorsal horn according to Rexed. (From Morgan et al., 1981)

periodic grouping of collateral bundles along the length of the spinal cord. The average distance between bundles (center to center) is approximately 215 μ m, while the average bundle width is approximately 100 μ m. Axons extending from lamina I medially through lamina V and VII to the dorsal gray commissure also occur in bundles.

The MCP consists of a thin band of axons which passes dorsoventrally along the medial edge of the dorsal horn into the region of the dorsal gray commissure, where the pathway expands into diffuse terminal fields on both sides of the midline (fig. 4 and areas 'f' and 'g' in fig. 5). Some axons in the MCP extend into lamina V, to overlap with the dorsomedial projections from the LCP ('e').

A similar pattern of central afferent projections has been noted for: 1) afferent pathways to individual pelvic organs in the cat (urinary bladder, colon, uterus) (fig. 2A)^{16,23}, 2) pudendal afferent input from deep perineal structures such as the urethra and external urethral sphincter (fig. 2B)^{16,102,117}, 3) the hypogastric and lumbar colonic nerve pathways in the cat^{92,93} and 4) pelvic nerve afferents in the monkey and rat^{94,96}. One spinal projection noted only in the rat consisted of a longitudinal bundle of pelvic nerve axons ventral to the central canal⁹⁴.

Distribution of neuropeptides at sites of visceral afferent termination in the spinal cord

Sites in the lumbosacral spinal cord which receive visceral afferent input also receive dense peptidergic projections. As might be expected those peptides present in dorsal root ganglion cells (eg., VIP, substance P, CGRP, CCK and opioid peptides) are also very prominent in the spinal dorsal horn. However, there are significant differences in the spinal distribution of these peptides.

For example, VIP exhibits an unusual segmental distribution which suggests an association with visceral afferents^{4-6,16,21,23,34,43,56,57,59,109,111,117}. In various species VIP-IR is considerably higher in the sacral segments than in other segments of the spinal cord. This is most striking in the cat^{6,16,21,34,35,43,56,59} and man^{4,5,23,57} but was also noted in monkeys and guinea pigs^{16,23,34}. PHI which is co-localized with VIP in neurons has a similar distribution in the human, rat and cat spinal cord^{5,10,35}.

In the lumbosacral spinal cord the VIP-containing axons also exhibit a striking similarity to certain components of the visceral afferent pathways (fig. 2D,E)^{90,94,96}. In the cat, which has been studied in the most detail VIP-immunoreactivity in

the lumbosacral spinal cord is distributed most prominently in Lissauer's tract and in the area of the LCP (fig. 2D)^{6,21,35,43,56,59}. VIP axons extend ventromedially from the LCP through laminae V-VII into the ventral region of the dorsal gray commissure (lamina X) (fig. 6A), similar to the visceral afferent projections to area 'b' illustrated in figure 5. Small numbers of VIP axons also extend into the sacral parasympathetic nucleus and in some cats to pudendal motor nucleus in the ventral horn. Very few VIP fibers are detected in laminae II-IV of the dorsal horn. A similar distribution was noted in man^{4,23,57} (fig. 2E), monkey^{23,34} and rodents^{34,35,109}. Electron microscopy has revealed that VIP-immunoreactivity (VIP-IR) in cat primary afferent pathways is localized in unmyelinated axons which form large (1–5 μ m) varicosities in the LCP^{43,91}.

In the LCP, VIP-IR exhibits a distinctive periodic pattern in the rostrocaudal axis, consisting of bundles of axons spaced at approximately 210 μ m along the length of the cord (fig. 7)^{6,43,56,59}. This pattern is similar to the periodic distribution of visceral afferent axons in this region⁹⁰. VIP-IR in Lissauer's tract and the LCP of the cat is almost completely eliminated by lumbosacral dorsal rhizotomy (fig. 6) although VIP-IR at other sites (lamina X) remains. The latter may be associated with VIP neurons intrinsic to the spinal cord^{34,109}. VIP-IR in the spinal cord of the cat is also significantly decreased by transection of the pelvic nerve³⁵, whereas electrical stimulation of the pelvic nerve releases VIP-IR from the spinal cord⁸. These observations provide considerable indirect support for a transmitter function of VIP in sacral visceral afferents.

Substance P-IR also coincides with sites of visceral afferent termination in the lumbosacral spinal cord^{43,59}, however, in contrast to VIP-IR, substance P-IR is distributed more uniformly at all segmental levels^{16,32,40,43,59,104,112}. Substance P-

IR and VIP-IR also exhibit certain differences in the sacral spinal cord of the cat (fig. 6). For example, substance P is distributed more evenly on the medial and lateral sides of the dorsal horn and in deeper lamina (II and III). In addition substance P axons from the LCP pass into the dorsal part rather than the ventral part of the dorsal gray commissure (fig. 6). Substance P-IR is reduced to lesser extent than VIP-IR by sacral dorsal rhizotomy and only certain areas such as the ventral LCP are clearly affected (fig. 6)⁵⁹. Substance P axons in this area exhibit a periodic distribution similar to VIP axons^{16,21,59}. Substance P-IR and VIP-IR are both present in the lumbosacral autonomic nuclei. Substance P-IR has also been identified in the human sacral spinal cord in the lateral marginal zone of the dorsal horn and in the area of the sacral autonomic nucleus^{23,26}.

Thus substance P inputs to the spinal dorsal horn and intermediate gray matter are clearly, more complicated than VIP inputs and are likely to be derived from multiple sources including somatic and visceral afferent pathways as well as neurons within the central nervous system^{26,40,104}. However, certain components of the substance P afferent pathways correspond to visceral afferent terminations in the cord.

CGRP³³ and CCK^{16,21,40,43} are distributed across all spinal segmental levels in the cat and like substance P are most prominent in the superficial laminae of the dorsal horn. Projections into lamina V and X also occur. The concentrations in the spinal cord are reduced by dorsal rhizotomy^{21,33}. Dynorphin B⁷ and dynorphin 1–17²³ also exhibit a prominent localization in Lissauer's tract and in the marginal zone (LCP) on the lateral edge of the dorsal horn in the sacral spinal cord of the cat. The dynorphin axons exhibit a periodic distribution in the LCP similar to VIP and are markedly reduced in density following sacral dorsal rhizotomy^{7,23}. On the other hand, leucine and methionine enkephalin-immunoreactivity in the LCP is not changed following rhizotomy.

Somatostatin distribution in the sacral dorsal horn of the cat is markedly different from other peptides⁴³. Somatostatin containing varicosities are present in lamina II-III and in the region of the sacral parasympathetic nucleus, but are absent in the LCP. This distribution is consistent with the results of the studies on dorsal root ganglia indicating that visceral afferents rarely contain somatostatin^{16,23,63,113}.

Peptide distributions in the rat lumbosacral spinal cord^{10a,12,15,32–35,40,104,109,110,112,126} in general follow the pattern seen in the cat but there are some differences. For example, the high level of VIP in the sacral segments as compared to other cord segments is not as striking as in the cat³⁴, suggesting that VIP may have widespread functions in the rat. Another difference which is particularly relevant to visceral afferent pathways is the distribution of peptides in the area around the central canal. Longitudinal bundles of peptidergic axons are present dorsal and ventral to the central canal. Afferent pathways to the pelvic viscera project into the ventral bundle⁹⁴. The density of CGRP^{33,35}, substance P^{15,35,51,109}, VIP/PHI^{35,51}, and galanin^{10a} immunoreactivity in this region as well as in the superficial lamina of the dorsal horn⁵¹ is markedly reduced by transection of the dorsal roots or the administration of capsaicin neonatally. This indicates that peptidergic afferents make an important contribution to the ventral bundle. CCK immunoreactivity^{51,55a,109} has also been identified in these areas; however, there are concerns about the interpretation of CCK immunocytochemistry. For example, capsaicin treatment reduces the numbers of CCK positive axons identified in the spinal dorsal by immunocytochemistry but does not change the CCK levels determined by radioimmunoassay¹¹⁰. Recently it has been reported that many antibodies used for the identification of CCK in the rat cross-react with CGRP. This raises the possibility that CCK-like immunoreactivity in primary afferent neurons in the rat may represent CGRP or a similar peptide.

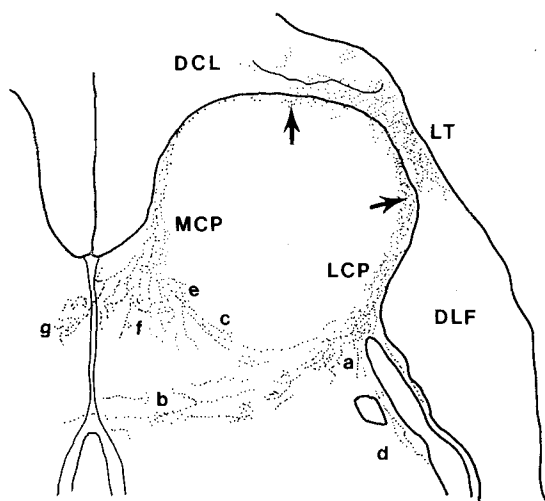


Figure 5. Different patterns of pelvic nerve afferent collaterals from Lissauer's tract in the S₂ segment of the cat. Ventral roots were cut to eliminate efferent labeling. Camera lucida drawings are composed from seven individual sections. These patterns were observed consistently in all experiments in various combinations. The lateral collateral pathway (LCP) exhibited four patterns (a, b, c, d). Many axons ended at the junction of laminae I and V (a), while others continued into lamina V to end in the lower third of the dorsal gray commissure (b). Less frequently, LCP axons ended dorsomedially in medial lamina V (c) or extended into lateral lamina VII (d). The medial collateral pathway (MCP) exhibited three patterns (e, f, g). The most common were the ipsilateral (f) and the contralateral (g) terminal fields in the upper two-thirds of the dorsal gray commissure. Less frequently, axons extended laterally into medial lamina V (e). Arrows show boundaries of Lissauer's tract. DLF, dorsolateral funiculus; DCL, dorsal column; CC, central canal. (From Morgan et al., 1981)

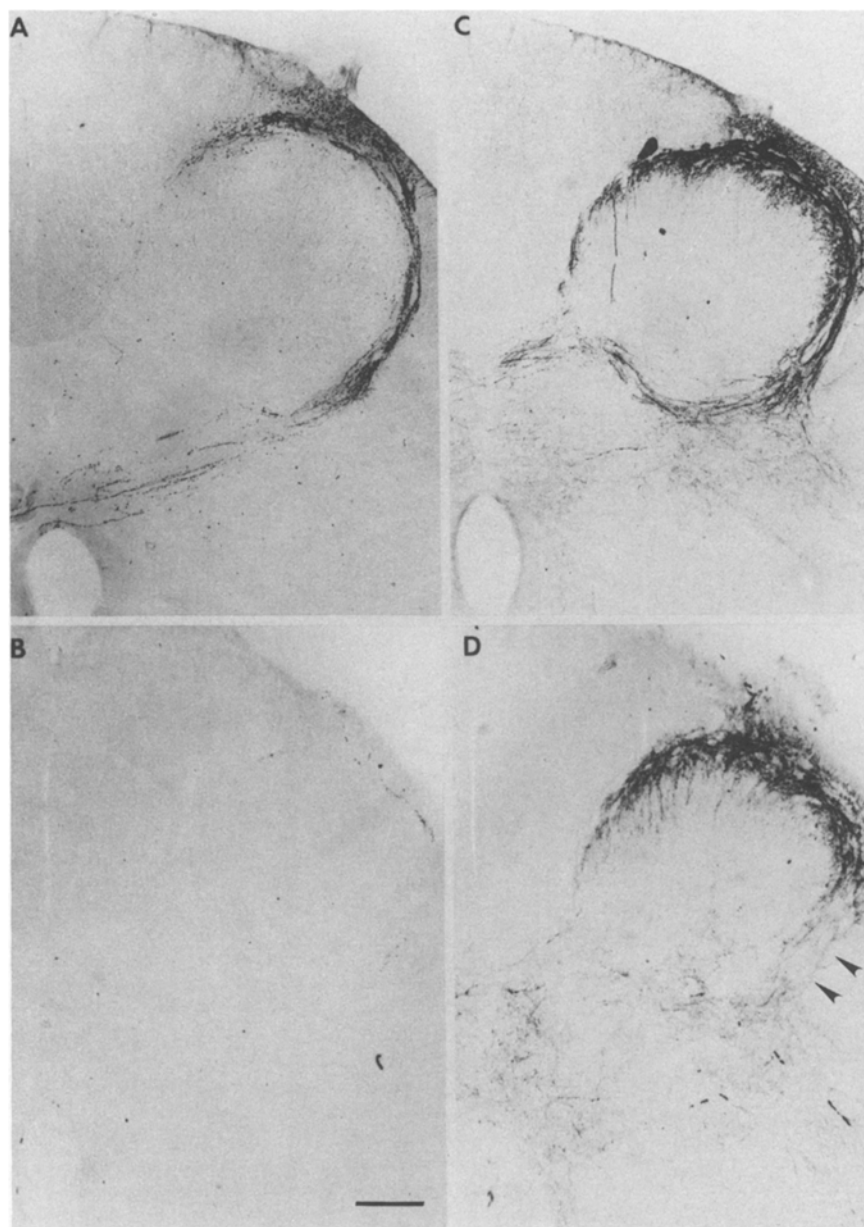


Figure 6. Transverse sections of the S₂ dorsal horn showing VIP-IR (A, B) and substance P-IR (C, D) in normal (A, C) and 5 weeks after unilateral sacral dorsal and ventral root transection (B, D). Note: VIP-IR in the lateral collateral pathway passed ventrally to the region of the central canal (A), whereas substance P-IR passed dorsally into the dorsal gray

commissure (C). Deafferentation caused a marked reduction in VIP-IR in Lissauer's tract and lamina I (B) and only a slight reduction in substance P-IR on the medial side of the dorsal horn and in lateral lamina I (D, arrows). Calibration bar = 200 μ m. (From Kawatani et al., 1985)

Peptidergic (CGRP, substance P, VIP, CCK, galanin) axons are also very prominent in the lumbosacral autonomic nuclei in the rat^{10a, 33, 34, 109, 110}. These axons parallel the distribution of visceral afferent projections⁹⁴ and are reduced in number by dorsal rhizotomy or capsaicin treatment^{33-35, 40, 51, 104}.

Physiological role of peptidergic visceral afferent neurons

It is now recognized that afferent neurons can release neuropeptides from peripheral terminals in the viscera as well as from central terminals in the spinal cord and brain^{8, 45-47, 54, 78, 79, 81, 126}. Thus, visceral dorsal root ganglion cells are likely to have multiple functions including: 1) transmission of sensory and reflexogenic signals to the central nervous system and 2) modulation of various peripheral

mechanisms such as effector organ activity, local blood flow, autonomic ganglionic transmission, and afferent receptor sensitivity (fig. 8)^{40, 47, 78, 79}. It seems appropriate, therefore, to consider the visceral dorsal root ganglion cell and its processes as an anatomical substrate for mediating peripheral efferent as well as afferent responses (fig. 8). Several examples of efferent-afferent functions of peptidergic neurons have been demonstrated in the pelvic viscera using the neurotoxin, capsaicin^{9, 42, 45-47, 80-85, 78, 105-107, 120}. These experiments have been conducted primarily on the neural pathways to the urinary tract of the rat and guinea pig; which are very sensitive to capsaicin.

Several laboratories have examined the effect of capsaicin on the micturition reflex^{42, 79, 83-85, 113}. Micturition is triggered by pelvic nerve afferent pathways which convey activity from

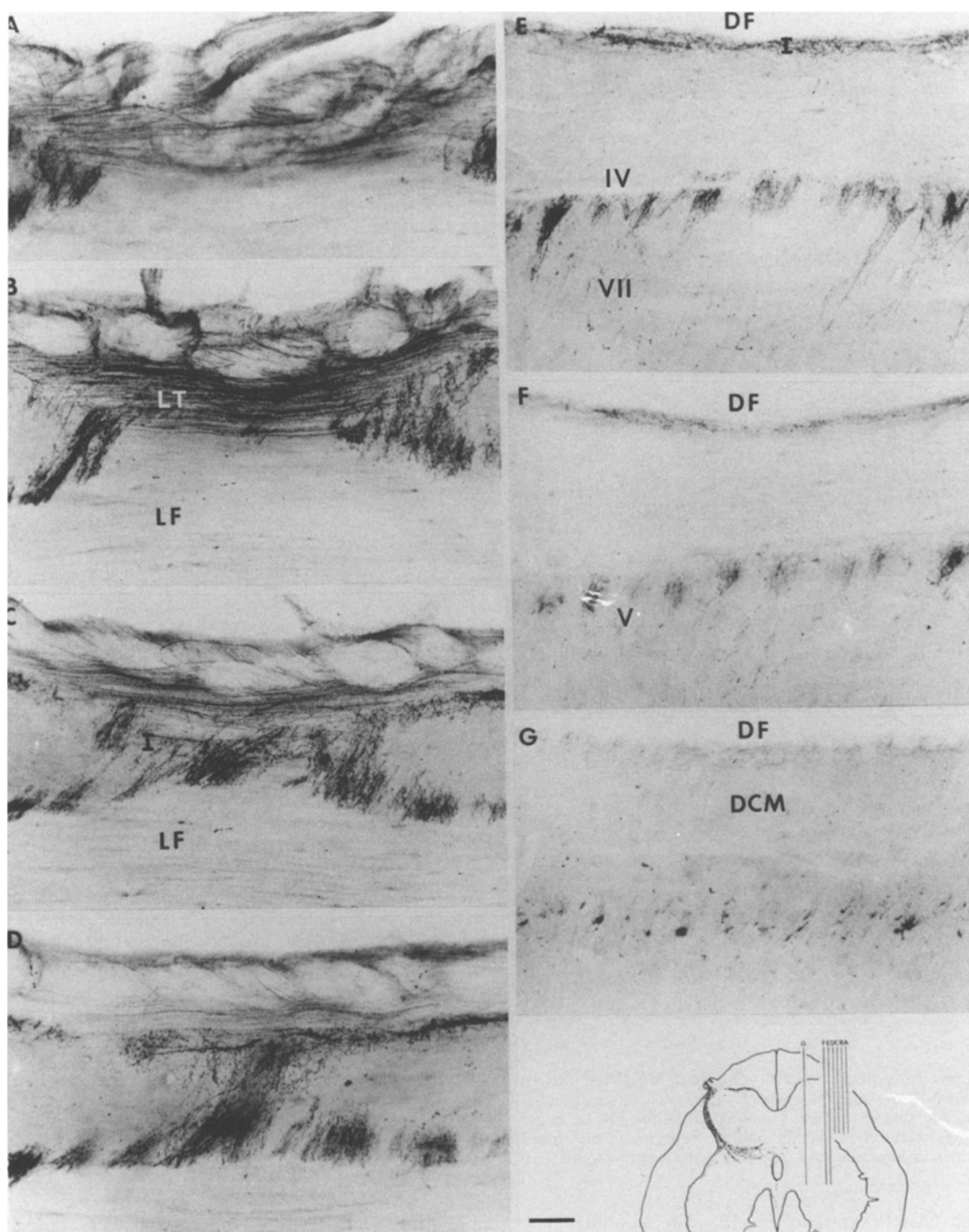


Figure 7. Sagittal sections showing the VIP distribution in the S_1 segment of the spinal cord. Dorsal edge is at the top of each photomicrograph and rostral is to the left. *A* VIP-IR in dorsal rootlets, Lissauer's tract, and lamina I. *B* Rostrocaudal bundles of VIP axons in Lissauer's tract (LT) and lamina I. *C* Dorsoventral VIP fibers in lamina I. *D* Discrete bundles of VIP axons in the ventral part of lateral lamina I. VIP-IR is not present in inner lamina II and laminae III-IV (IV). *E, F* Periodic appearance of VIP-IR at the junction between lateral laminae I and V. Ventral

projections of VIP axons end abruptly in ventral lamina V (V). A few VIP fibers extend into lamina VII (bottom) and are present in the medial collateral pathway in lamina I (top of photomicrograph). *G* VIP-IR in lateral collateral pathway breaks up into individual fibers or small bundles with a lateromedial orientation (bottom of the photomicrograph); VIP-IR on the medial side of the dorsal horn (medial collateral pathway, top of photomicrograph). DCM, dorsal commissure; DF, dorsal funiculus; LF, lateral funiculus. Calibration bar = 200 μ m. (From Kawatani et al., 1985)

tension receptors in the bladder wall^{17,18,20}. These afferents trigger reflex firing in the sacral efferent pathways to produce detrusor contractions and bladder emptying. Administration of capsaicin markedly alters the micturition reflex. The acute effects of capsaicin administered systemically (50 mg/kg, s.c.) or topically to the bladder are to enhance bladder activity and to facilitate micturition^{79-81,83-85}. For example, topical application of capsaicin to the bladder elicits an initial tonic contraction followed by large rhythmic contractions. Various pharmacological and neurophysiological data indicate that the tonic contraction is due to release of substance P or a related tachykinin from afferent fibers in the bladder. These substances exert direct excitatory actions on the bladder smooth muscle^{83-85,105}. The rhythmic contractions are attributed to tachykinin-induced facilitation of the micturition reflex pathway possibly due to stimulation or sensitization of tension receptors in the bladder wall. These effects of capsaicin are mimicked by the topical administration of exogenous substance P to the bladder^{79,85}. The effects are eliminated either by chronic deafferentation, by pretreatment with capsaicin or by the administration of a substance P antagonist^{79,83,105}.

The systemic administration of capsaicin to urethane anesthetized adult rats also produces a delayed-onset (> 30 min) depression of the micturition reflex⁴². The duration of this depression has not been reported, however, it is likely to be prolonged since pretreatment of adult rats with capsaicin (50 mg/kg, s.c.) four days prior to study significantly alters the bladder volume and intravesical pressure necessary to induce micturition in urethane anesthetized animals⁸³. The intrathecal or intracerebroventricular administration of capsaicin to adult rats elicits a similar prolonged (4-60 days) depression of the micturition reflex, suggesting that the depletion of peptidergic afferent projections in the central nervous system is in part responsible for the effects of capsaicin. Furthermore, since capsaicin pretreatment did not alter the magnitude of the bladder contractions during micturition or the responses of the bladder to stimulation of somatic afferent pathways, it was concluded that capsaicin does not act on the peripheral efferent pathway or the central reflex mechanism involved in the micturition reflex but that it interferes with the afferent pathways from the bladder which relay pressure-volume information to the central nervous system^{83,106}.

The administration of capsaicin to neonatal rats produces a greater deficit in micturition^{42,79,105,106,113,114}, consistent with the more prominent effect of the neurotoxin on peptidergic afferent fibers in neonatal animals. Animals 2-6 months of age treated with capsaicin as neonates exhibited a 50% loss of bladder afferent innervation¹¹³, an almost complete loss of substance P afferent innervation¹¹³ and a marked reduction of substance P and CGRP levels in the bladder^{113,114}. These animals had hypertrophied bladders (4-fold increase in weight of the empty bladders), which contained large volumes of urine (greater than 5 ml volume versus less than 1 ml for untreated animals). There was also an increased incidence of bladder calculi and enlargement of the prostate gland. In addition, the bladders from capsaicin-treated animals did not exhibit excitatory reflexes in response to distension. However, strips of bladder smooth muscle from these animals did respond normally to exogenous acetylcholine, substance P and electrical field stimulation, indicating that the efferent excitatory pathway to the bladder was intact¹⁰⁵.

The neonatally capsaicin-treated animals also formed less urine in response to a water load, suggesting that they had impaired renal function⁴². This was not observed in animals treated with capsaicin after the early postnatal period.

Capsaicin administered to neonatal and adult rats and guinea pigs also affects the afferent innervation of the ureter^{11,29,44-47,78,82,107,114}. This was demonstrated immunocy-

tochemically as a depletion of CGRP^{29,114}, substance P and related tachykinins^{45,78,107} in the ureter and at the ultrastructural level as a degeneration of a large percentage of the unmyelinated axons in the ureter^{11,44}.

The functional consequences of capsaicin-induced destruction of ureter-afferents is uncertain; however, pharmacological studies indicate that peptides released from afferents might have multiple functions in the ureter^{46,47,78,82,107}. For example, electrical or chemical stimulation of the innervation of the ureter elicits: 1) inhibition of ureteral motility, 2) facilitation of ureteral motility and 3) an inflammatory response characterized by plasma protein extravasation. These effects are mimicked by acute administration of capsaicin and can be blocked by pretreatment with large doses of capsaicin. It was concluded that the responses are mediated by substances released from afferent nerves.

Various evidence indicates that tachykinins and CGRP are mediators of the afferent evoked responses in the ureter since capsaicin is known to release these substances in various tissues⁷⁸. For example, exogenous substance P and neurokinin A mimic the facilitatory effect of capsaicin on ureteral motility^{47,78,82}, whereas CGRP mimics the inhibitory effect⁴⁷. In addition substance P antagonists block the facilitatory response induced by capsaicin⁴⁶.

Capsaicin pretreatment also influences spontaneous motility of the rat ureter⁸². Isolated segments of rat ureters maintained *in vitro* are normally quiescent. However, 50% of ureteral segments obtained from rats pretreated with capsaicin exhibit spontaneous rhythmic activity. This suggests that capsaicin sensitive nerves may have an inhibitory role in controlling ureteral motility.

Peptidergic afferent pathways may also control pelvic visceral function by influencing transmission in autonomic ganglia. As noted in a preceding section, peptidergic afferent varicosities are prominent in autonomic ganglia^{13,14,77,86} and afferent fibers are located in close proximity to the ganglion cells^{1,14,86}. Furthermore, many peptides which are contained in visceral afferent neurons (e.g. substance P, CGRP, VIP and CCK) have facilitatory and/or excitatory effects when administered exogenously to ganglion cells^{61,62,67,88,89,108,120}. In the lumbosacral visceral pathways the most detailed analysis of visceral afferent inputs to autonomic ganglion cells has been obtained in the inferior mesenteric ganglion of the guinea pig^{13,14,67,120}. It has been shown that electrical stimu-

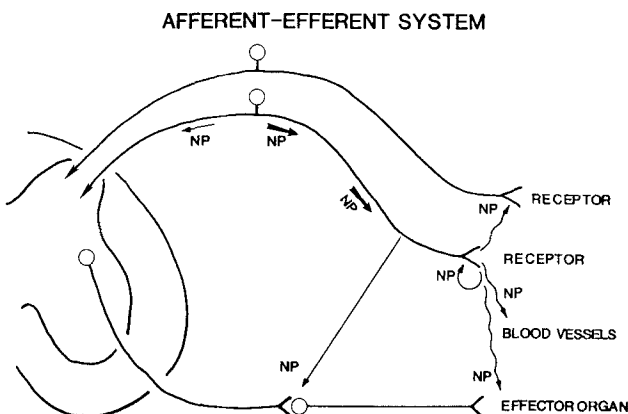


Figure 8. Diagram showing the possible functions of neuropeptides (NP) in visceral afferent neurons. Neuropeptides transported to central afferent terminals may function as transmitters or modulators at synapses in the spinal cord. Neuropeptides transported peripherally may regulate: 1) transmission in autonomic ganglia, 2) effector organ activity, 3) afferent receptor sensitivity, and 4) local blood flow. Thus visceral dorsal root ganglion cells and their processes appear to represent an anatomical substrate for the mediation of efferent as well as afferent responses.

lation of afferent axons from the lumbar dorsal root ganglia elicits a noncholinergic slow EPSP in the ganglion cells^{67,120}. This response could be mimicked by the application of substance P to the ganglion cells and could be blocked by the administration of a substance P antagonist or by prolonged treatment with capsaicin, which depletes substance P levels in ganglia.

Other peptides (VIP, CCK, neurokinin A)^{62,88,89,108}, also produce slow noncholinergic depolarizations of autonomic ganglion cells. These substances have been implicated as transmitters in peripheral afferent pathways passing from the intestine to the inferior mesenteric ganglion¹⁴. However, they have not yet been shown to mediate excitatory synaptic potentials elicited by afferent input from the dorsal root ganglion cells.

Summary

In summary, pharmacological and immunocytochemical studies have raised the possibility that synaptic transmission at visceral afferent terminals in the spinal cord and in the periphery may involve various peptide transmitters and that both excitatory and inhibitory transmitters may be released from the same afferent neuron. It is also clear that while many peptides are present in afferents there are considerable differences in the numbers of neurons containing each peptide. For example, VIP and CGRP are present in a large percentage of visceral afferents whereas other peptides such as somatostatin are not present or are in very few cells. In addition, some peptides (eg, VIP) are prominently associated with visceral neurons whereas others (substance P) are equally distributed in visceral and somatic neurons. These findings raise the possibility that there may be a preferential distribution of some peptides between visceral and somatic systems and that certain of these substances might be useful markers of specific populations of afferents.

On the other hand, it is clear that peptides are not likely to be organ specific since there is considerable overlap in the spectrum of peptidergic afferents innervating the urinary bladder and colon of the cat. This finding is of particular interest since the reflex mechanisms in these two organs are controlled by different types of afferent fibers: A δ afferents which initiate micturition and C-fiber afferents which stimulate defecation^{20,23}. Thus, different functional groups of afferents innervating the pelvic viscera may utilize the same peptide transmitters.

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Neuropeptides and the microcircuitry of the enteric nervous system

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Summary. The discovery of neuropeptides in enteric neurons has revolutionized the study of the microcircuitry of the enteric nervous system. From immunohistochemistry, it is now clear that some individual enteric neurons contain several different neuropeptides with or without other transmitter-specific markers and that these markers occur in various combinations. There is evidence from experiments in which nerve pathways are interrupted that populations of enteric neurons with different combinations of markers have different projection patterns, sending their processes to distinct targets using different routes. Correlations between the neurochemistry of enteric neurons and the types of synaptic inputs they receive are also beginning to emerge from electrophysiological studies. These findings imply that enteric neurons are chemically coded by the combinations of peptides and other transmitter-related substances they contain and that the coding of each population correlates with its role in the neuronal pathways that control gastrointestinal function.

Key words. Neuropeptides; enteric nervous system; intestine.

The mammalian gastrointestinal tract contains about as many neurons as the spinal cord²⁸. These intrinsic (enteric) neurons, along with the processes of sympathetic, parasympathetic and sensory neurons supplying the gut, and enteric glial cells, make up the enteric nervous system (ENS), which is now generally classified as a third division of the autonomic nervous system. The cell bodies of the enteric neurons are grouped into ganglia in two main plexuses: the submucous plexus, discovered by Meissner in 1857²², in the loose connective tissue of the submucosa, and the myenteric plexus, described by Auerbach in 1864¹, which lies between the longitudinal and circular layers of the muscularis externa. Non-ganglionated plexuses, which are continuous with the main ganglionated plexuses, supply the muscle layers, the mucosa and blood vessels.

The ENS influences or controls a variety of functions, including movement of digesta along the gastrointestinal tract, gastric acid secretion, transport of water and electrolytes, release of gastrointestinal hormones, and blood flow^{29,30}.

Enteric reflexes persist even when the gut is disconnected from the central nervous system (e.g., Bayliss and Starling^{2,3}). Hence, the ENS must contain several different functional types of neurons, namely motor neurons to the muscle, secretomotor and vasomotor neurons, interneurons and sensory neurons. Furthermore, these neurons must be arranged in an orderly fashion to form circuits that govern the different enteric reflexes. The need to unravel the internal circuitry of the ENS was recognized early, but this analysis was frustrated until the past decade by the inadequacy of neurohistological and pathway tracing techniques. Since 1975, however, our knowledge of neuronal pathways in the ENS has increased significantly because of the discovery of neuropeptides in enteric neurons and because of technical advances, including light and electron microscopical methods for immunohistochemistry on whole mount preparations of separated gut layers, techniques for lesioning enteric nerve pathways, and correlated physiological, pharmacological and electrophysiological studies. The ways in which these devel-