

## Rapid communication

## Microtubule disruption potentiates phenylephrine-induced vasoconstriction in rat mesenteric arterial bed

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**Abstract**

The pressor response induced by phenylephrine in the rat isolated mesenteric arterial bed was significantly increased following treatment with nocodazole, a drug that disassembles microtubules (10  $\mu$ M, 90 min). This increase was even greater in the presence of nitric oxide (NO) synthase inhibition, and completely reversed by paclitaxel (20  $\mu$ M), a stabilizer of microtubules. These results demonstrate that disassembly of microtubules enhances vasoconstriction to receptor activation, suggesting that the microtubules modulate the transduction of intracellular signals in endothelium and vascular smooth muscle cells. © 1998 Elsevier Science B.V. All rights reserved.

**Keywords:** Microtubule; Blood vessel; Nocodazole

Cytoplasmic microtubules serve as a network by which vesicles and membrane-bound organelles can travel. In addition, microtubules regulate cell shape and movement and participate in several cell signaling events (PeMan et al., 1983; Rowinsky et al., 1990). Disruption of microtubules induces shortening in cultured cells and potentiates agonist-induced contraction in isolated pulmonary arteries from rats (Sheridan et al., 1996). In this study we tested the hypothesis that microtubules oppose contraction induced by receptor activation.

Mesenteric arterial beds from normotensive Sprague–Dawley rats were perfused at 2.5 ml/min with a modified Krebs solution (37°C and pH 7.4) and the perfusion pressure was continuously monitored. A dose-response curve to phenylephrine (1.56–400 nmol) was performed after a 30 min stabilization period, followed by incubation with either an inhibitor of microtubular assembly, nocodazole (10  $\mu$ M), or vehicle (dimethyl sulfoxide, DMSO). After a 90 min incubation period another dose-response curve was again established. The same protocol was repeated in the presence of *N*<sup>ω</sup>-nitro-L-arginine (L-NNA, 300  $\mu$ M), an inhibitor of nitric oxide (NO) synthase, alone or combined with the microtubule stabilizer paclitaxel (20  $\mu$ M).

The pressor response induced by phenylephrine was significantly potentiated in the presence of nocodazole (ED<sub>50</sub> 101.3 vs. 79.8 nmol, Fig. 1A and D). Treatment with L-NNA caused a significant left shift of the dose–response curve induced by phenylephrine. The presence of nocodazole in the L-NNA treated vessels induced a further potentiation (ED<sub>50</sub> 17.6 vs. 4.5 nmol, Fig. 1B and D). This effect induced by nocodazole was completely blocked by paclitaxel (ED<sub>50</sub> 13.8 vs. 12.0 nmol, Fig. 1C and D).

Phenylephrine elicits intracellular responses by activating receptors linked to G<sub>α</sub>-mediated stimulation of phospholipase C which hydrolyzes the lipid precursor phosphatidylinositol 4,5-bisphosphate (PIP<sub>2</sub>) to generate second messengers, diacylglycerol and inositol 1,4,5-trisphosphate (IP<sub>3</sub>). Diacylglycerol and IP<sub>3</sub> trigger a variety of cellular functions by activating protein kinase C and mobilizing stored calcium (Malarkey et al., 1996).

It has been suggested (Popova et al., 1997) that the activity of phospholipase C is regulated through the interaction of tubulin, a cytoskeletal protein that constitutes the microtubules, with a specific G protein  $\alpha$  subunit or with the phospholipase C substrate PIP<sub>2</sub>.

Kolodney and Elson (1995) have shown that disruption of microtubules increases phosphorylation of the myosin regulatory light chain (LC<sub>20</sub>) in cultured fibroblasts. This effect could be explained by an increased activity of myosin light chain kinase or a reduced activity of myosin

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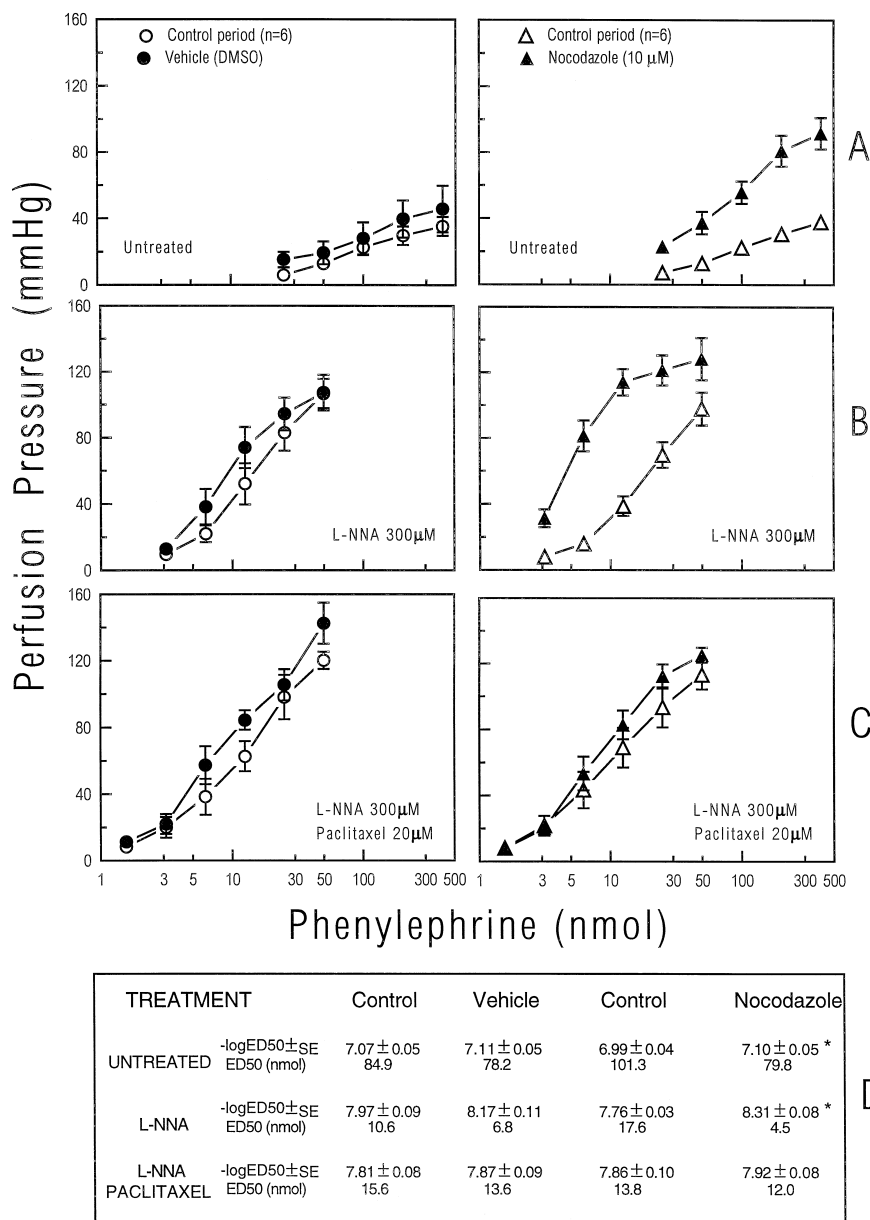


Fig. 1. Dose–response curve induced by phenylephrine in rat isolated mesenteric arterial bed in the presence of vehicle (DMSO) and nocodazole (10 μM) in untreated (A), L-NNA (300 μM) treated (B) and L-NNA (300 μM) and paclitaxel (20 μM) treated vessels (C). Panel D shows the  $-\log \text{ED}_{50} \pm \text{S.E.}$  and the  $\text{ED}_{50}$  (nmol) calculated for each curve showed in panels A, B, and C. ( $n = 6$ ) represents the number of experiments for each different protocol. \*  $P < 0.05$  (paired Student  $t$ -test).

light chain phosphatase induced by an increased protein kinase C activity.

Thus, the potentiation of the pressor response induced by phenylephrine in the presence of nocodazole, a drug causing microtubular disassembly or inhibition of microtubule polymerization (Hoebke et al., 1976), could be explained by an improvement of the phospholipase C signaling within the cell after disruption of microtubules, that could be causing an increase of the activity of the phospholipase C due to either a greater activation of G protein or an increase of  $\text{PIP}_2$  availability.

We can also hypothesize that microtubule disruption activates the endothelial NO synthase, since the potentia-

tion of the pressor response induced by phenylephrine by nocodazole in the presence of L-NNA, a NO synthase inhibitor, was much greater compared to that observed in untreated mesenteric vessels. This result supports the idea that disassembling microtubules would favor the disruption of the endothelial NO synthase-calveolin complex induced by agonist-promoted increases in  $[\text{Ca}^{2+}]_i$  which leads to an increase of the enzyme activity and an increase of NO production (Feron et al., 1998).

The effect of nocodazole in these experiments appears to be specific since the antineoplastic compound paclitaxel (former generic name taxol), which is known to cause an increased assembly of stable microtubules (Rowinsky et

al., 1990), completely reverted the potentiation due to nocodazole.

These results demonstrate that disassembly of microtubules enhances vasoconstriction to receptor activation, suggesting that the microtubules modulate the transduction of intracellular signals in endothelium and vascular smooth muscle cells.

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