



Nicotinic receptors involved in gastric noradrenaline release evoked by electrical stimulation of the splanchnic nerve in rats

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Abstract

In the present experiment, we tried to compare the functional nicotinic receptors activated by electrical stimulation of the greater splanchnic nerve (containing preganglionic sympathetic nerves) to those activated by (-)-nicotine, using the isolated rat stomach. The stomach was perfused with Krebs-Ringer solution and endogenous noradrenaline released into the perfusate was electrochemically measured using high-performance liquid chromatography. The release of noradrenaline evoked by repeated application of 30 mM (-)-nicotine rapidly declined. However, the release of noradrenaline evoked by electrical stimulation of the splanchnic nerve at 2.5 Hz was not disturbed by the appearance of tachyphylaxis for (-)-nicotine. The (-)-nicotine-induced release of noradrenaline was abolished by diltiazem, but this reagent had no effect on the electrically evoked release of noradrenaline. The electrically evoked release of noradrenaline was not influenced by atropine, but was reduced to approximately 50% by hexamethonium. This electrically evoked release of noradrenaline was not influenced by α -bungarotoxin, α -conotoxin ImI (blockers of α 7 nicotinic receptors) or dihydro- β -erythroidine (a blocker of $\alpha 4\beta 2$ nicotinic receptors), but was reduced to about 50% by mecamylamine (a blocker of $\alpha 3\beta 4$ nicotinic receptors). The (-)-nicotine-induced release of noradrenaline has already been shown to be partially blocked by dihydro-β-erythroidine and to be abolished by mecamylamine as shown by Yokotani et al. [Eur. J. Pharmacol. 402 (2000) 223.]. These results suggest that the gastric release of noradrenaline in response to electrical stimulation of the greater splanchnic nerve is mediated by cholinergic (probably ganglionic $\alpha 3\beta 4$ nicotinic receptor-mediated) and non-cholinergic mechanisms in rats. However, the functional nicotinic receptor activated by electrical stimulation of the splanchnic nerve seems to be different in character from that activated by (-)-nicotine. © 2001 Published by Elsevier Science B.V.

Keywords: Splanchnic nerve, greater; Celiac ganglion; Noradrenaline release; Stomach, rat; Nicotinic receptor; Nicotine

1. Introduction

In the past decade, a great diversity of neuronal nicotinic receptors have been detected using molecular biological techniques (Schoepfer et al., 1990; Cooper et al., 1991; Séguéla et al., 1993; Sargent, 1993; McGehee and Role, 1995). Neuronal nicotinic receptor subunits are composed of eight types of α subunit ($\alpha 2 - \alpha 9$) and three types of β subunit ($\beta 2 - \beta 4$). Three α subunits ($\alpha 2$, $\alpha 3$ and $\alpha 4$) form functional, heteromeric receptors in combination with β subunits ($\beta 2$ and $\beta 4$) and three other α subunits ($\alpha 7$, $\alpha 8$ and $\alpha 9$) form functional, homomeric receptors. In the peripheral autonomic ganglia such as rat superior cervical ganglia and the chick ciliary ganglia, the same complement

of nicotinic genes ($\alpha 3$, $\alpha 5$, $\alpha 7$, $\beta 2$ and $\beta 4$ subunit genes) is expressed (Corriveau and Berg, 1993; Mandelzys et al., 1995). However, it is not clear which subtype of nicotinic receptors is actually involved in excitation–secretion coupling.

Previously, we reported that intravenously administered (-)-nicotine inhibits vagally stimulated gastric acid secretion by the activation of gastric sympathetic nerves in rats (Yokotani et al., 1986). Activation of gastric sympathetic nerves reduces the release of acetylcholine from vagus nerve terminals by adrenergic α -adrenoceptor-mediated mechanisms, thereby inhibiting vagally stimulated gastric acid secretion (Yokotani et al., 1984, 1993). Using the isolated, vascularly perfused rat stomach (Wang et al., 2000; Yokotani et al., 2000), we demonstrated that (-)-nicotine acts on nicotinic receptors localized on celiac ganglia, thereby evoking the release of noradrenaline from postsynaptic sympathetic nerve terminals, since this alkaloid-induced release of noradrenaline was abolished by

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tetrodotoxin, a blocker of Na⁺ channels (Sershen et al., 1997).

The release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve (containing presynaptic sympathetic nerves) of the isolated rat stomach is attenuated by hexamethonium, indicating that acetylcholine released from preganglionic nerve terminals also acts on the nicotinic receptor localized on the celiac ganglia (Yokotani et al., 1992). In the present study, therefore, we attempt to compare the functional nicotinic receptor involved in gastric noradrenaline release by electrical stimulation of the greater splanchnic nerve to that activated by (—)-nicotine, using several nicotinic receptor antagonists.

2. Materials and methods

2.1. Perfusion experiments

Male Wistar rats (Shizuoka Laboratory Animal Center, Hamamatsu, Japan) weighing about 350 g were housed for at least 2 weeks in an air-conditioned room and fasted overnight before experiments. Details of the experimental procedures were as described elsewhere (Yokotani et al., 1992). Briefly, under urethane anesthesia, the abdomen was opened with a midline incision. After ligation of the abdominal aorta just above where the celiac artery branches, a cannula was inserted into the celiac artery via an incision placed on the opposite side of the aorta, and modified Krebs-Ringer solution (pH 7.4) bubbled with a mixture of 95% O₂-5% CO₂ maintained at 37 °C was perfused at a constant flow rate of 4 ml/min. Modified Krebs-Ringer solution was composed of 117.5 mM NaCl, 4.7 mM KCl, 2.4 mM CaCl₂, 1.1 mM MgCl₂, 1.1 mM NaH₂PO₄, 25 mM NaHCO₃, 11.1 mM glucose, 0.1% of bovine serum albumin, 10 µM pargyline and 1 µM phentolamine. After the start of the stomach perfusion, the cannula inserted into the carotid artery was opened to exsanguinate the animal. The right side greater splanchnic nerve was cut peripherally to the bifurcation of the adrenal branch. A cannula was inserted into the lumen of the stomach via a pylorus ring to drain the contents of the stomach throughout the experiments. The esophagus, duodenum, spleen and pancreas were dissected after ligation of the vessels, and the vascularly perfused stomach connected to the intact greater splanchnic nerve was kept in a chamber prewarmed at 37 °C. In this preparation, the celiac ganglia (the gastric sympathetic ganglia) remain intact (Yokotani et al., 1992). Each 2-min effluent from the portal vein was collected in chilled tubes containing 0.5 ml of 4 N perchloric acid, 2 ng of 3,4-dihydroxybenzylamine as an internal standard, and 1 drop of 2% sodium pyrosulfite solution.

After an equilibration period of 60 min, the following experiments were done to evoke the release of noradrena-

line: (1) electrical stimulation consisting of square-wave pulses (2.5 Hz, 10 mA, 2 ms duration for 1 min) was applied by bipolar platinum electrodes in the presence or absence of test reagents such as diltiazem, atropine, hexamethonium, α -bungarotoxin, α -conotoxin ImI, dihydro- β -erythroidine or mecamylamine; (2) (–)-nicotine (3 × 10⁻⁵ M) was repeatedly applied for 2 min in the perfusion medium or applied only once for 2 min in the presence or absence of diltiazem.

All experiments were conducted in compliance with the Guiding Principles for the Care and Use of Laboratory Animals approved by the Japanese Pharmacological Society and the Guidelines for Animal Experiments of the Kochi Medical School.

2.2. Noradrenaline assay in the medium and the stomach

At the end of each experiment, the stomach was homogenized in 20 ml of 0.4 N perchloric acid containing 16.8 mg of disodium EDTA, 2 drops of 4% sodium pyrosulfite solution and 500 ng of 3,4-dihydroxybenzylamine as an internal standard. The homogenate was centrifuged for 10 min at $14,000 \times g$ at 4 °C. The supernatant was analyzed to determine the tissue level of noradrenaline.

Catecholamines in the effluent and the supernatant of the tissue homogenate were extracted by the method of Anton and Sayre (1962) with a slight modification, and were assayed electrochemically using high-performance liquid chromatography (Yokotani et al., 1992). Specifically, to each 3 ml of acidified sample or an aliquot (0.1 ml) of supernatant was added 30 mg of activated alumina. The pH was then adjusted to 8.6 with 3 ml of 1.5 M Tris–HCl (pH 8.6) containing 0.1 M disodium EDTA, and then samples were shaken for 10 min. The supernatant was discarded and the alumina was washed three times with double-deionized water, and catecholamines were eluted with 300 μl of 4 % of acetic acid containing 0.1 mM disodium EDTA.

The high-performance liquid chromatography-electrochemical detection system consisted of a solvent delivery system (Model 880-PU; Japan Spectroscopic, Tokyo, Japan), a sample processor (Model 851-AS; Japan Spectroscopic), an ODS column (Cosmosil 5C18; Nacalai Tesque, Kyoto, Japan) and an electrochemical detector (Model CB-100; Eicom, Kyoto, Japan) equipped with a graphite electrode. The solvent system consisted of 100 mM KH₂PO₄, 0.02 mM disodium EDTA, 4.5 mM sodium octane sulfonate and 15% methanol. This assay could measure 2 pg of noradrenaline accurately.

2.3. Evaluation and statistical analyses

The amount of noradrenaline in each sample was calculated using the peak height ratio relative to that for 3,4-di-

hydroxybenzylamine, an internal standard. Fractional release of noradrenaline was calculated as percentage of the tissue content per 2 min. Basal release of noradrenaline was calculated by averaging the amount in the two subsequent samples before each electrical stimulation. The amounts of noradrenaline released above the basal level by the first and the second electrical stimulation are expressed as S_1 and S_2 , and the effects of test reagents were evaluated as S_2/S_1 ratios. All values are expressed as the means \pm S.E.M.

All data were analyzed by repeated-measure analysis of variance (ANOVA), followed by post hoc analysis with the Bonferroni method for comparing the control group to the groups treated with test reagents in Table 1. Student's *t*-test was used for comparing the control group treated with (–)-nicotine alone to the group treated with (–)-nicotine plus test reagent in Fig. 2B. *P* values less than 0.05 were taken to indicate significance.

2.4. Compounds

The following drugs were used: atropine sulfate, diltiazem hydrochloride, hexamethonium chloride, mecamylamine hydrochloride, (—)-nicotine hydrogen tartrate, pargyline hydrochloride, phentolamine hydrochloride (Sigma, St. Louis, MO, USA); α -bungarotoxin, dihydro- β -erythroidine hydrobromide, (Research Biochemicals International, Natick, MA, USA); α -conotoxin ImI (Peptide Institute, Osaka, Japan). All other reagents were of the highest grade available (Nacalai Tesque).

3. Results

3.1. The effect of repeated administration of (-)-nicotine on the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve

The amount of noradrenaline remaining in the stomach was 763 ± 16 ng (n=63). Spontaneous release of noradrenaline was about 0.03% of its tissue content per 2 min. In the present experiments, (-)-nicotine $(3 \times 10^{-5} \text{ M for 2 min})$ was applied three times after the first electrical stimulation of the greater splanchnic nerve at 2.5 Hz for 1 min and followed by the second electrical stimulation of this nerve (Fig. 1). The release of noradrenaline evoked by (-)-nicotine rapidly declined after repeated application. However, the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve was not influenced by repeated application of (-)-nicotine. The S_2/S_1 ratio for electrical stimulation of the greater splanchnic nerve was 1.06 ± 0.11 (n=4).

3.2. Effects of diltiazem on the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve or by (-)-nicotine

The effect of diltiazem, a blocker of the L-type voltage-activated Ca^{2+} channel, was examined on the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve at 2.5 Hz or by (-)-nicotine $(3 \times 10^{-5} \text{ M})$ (Fig. 2). The basal release of noradrenaline

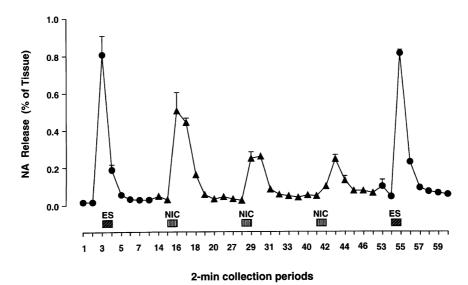


Fig. 1. Effect of repeated administration of (-)-nicotine on the release of noradrenaline (NA) evoked by electrical stimulation of the greater splanchnic nerve. (-)-Nicotine $(3 \times 10^{-5} \text{ M}, \text{ for } 2 \text{ min})$ was applied three times after the first electrical stimulation and was followed by a second electrical stimulation of the splanchnic nerve. ES, electrical stimulation of the splanchnic nerve at 2.5 Hz, 10 mA, 2 ms duration for 1 min: NIC, nicotine $(3 \times 10^{-5} \text{ M}, \text{ for } 2 \text{ min})$. NA release is expressed as percentage of tissue content per 2 min. Values are means \pm S.E.M. (n = 4).

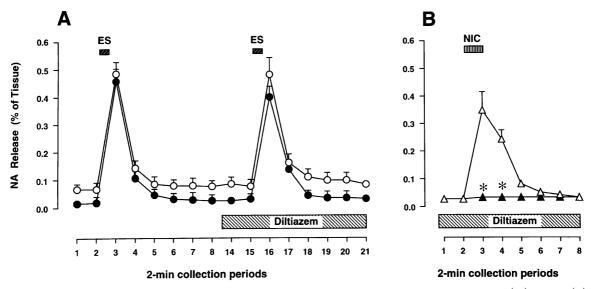


Fig. 2. Effect of diltiazem on the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve or by (-)-nicotine. (A) Electrical stimulation (ES) of the splanchnic nerve at 2.5 Hz for 1 min: diltiazem (10^{-5} M) was added 14 min before the second electrical stimulation and was present throughout the experiment. \bigcirc , control group (n = 4); \bigcirc , diltiazem-treated group (n = 5). (B) Application of (-)-nicotine (NIC) to the perfusion medium (3×10^{-5} M for 2 min): diltiazem (10^{-5} M) was added 14 min before application of (-)-nicotine. \triangle , control group (n = 6); \triangle , diltiazem-treated group (n = 5). *Significantly different (P < 0.05) from the control. Other conditions were the same as those for Fig. 1.

was not affected by 10^{-5} M diltiazem. The release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve was not influenced by 10^{-5} M diltiazem (Fig. 2A); however, the (-)-nicotine-induced release of noradrenaline was abolished by this reagent (Fig. 2B). In experiments with electrical stimulation of the greater splanchnic nerve (Fig. 2A), the S_2/S_1 ratio was 1.08 ± 0.09 for the control group (n = 4) and 0.87 ± 0.09 for the diltiazem-treated group (n = 5), respectively. These values were not significantly different.

3.3. Effect of atropine, hexamethonium, α -bungarotoxin, α -conotoxin ImI, dihydro- β -erythroidine and mecamy-lamine on the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve

The effects of atropine and several kinds of nicotinic receptor antagonist were examined on the release of nor-adrenaline evoked by electrical stimulation of the greater splanchnic nerve at 2.5 Hz (Table 1). Atropine and nicotinic receptor antagonists (hexamethonium, α -bungarotoxin, α -conotoxin ImI, dihydro- β -erythroidine and mecamylamine) had no effect on the basal release of noradrenaline.

Atropine $(10^{-6} \text{ and } 10^{-5} \text{ M})$ had no effect on the electrically evoked release of noradrenaline. Hexamethonium $(10^{-4} \text{ and } 5 \times 10^{-4} \text{ M})$ significantly reduced this evoked response and the maximal inhibitory effect was observed at 10^{-4} M (the S_2/S_1 ratio was 0.54 ± 0.07 , n = 4). This values was significantly different from that of control $(1.06 \pm 0.08, n = 5)$. However, there was no further inhibition by atropine (10^{-5} M) in addition to hexamethonium (data not shown).

The electrically evoked release of noradrenaline was not influenced by α -bungarotoxin (3 × 10⁻⁷ M), α -conotoxin ImI (10⁻⁶ M), or dihydro-beta-erythroidine (10⁻⁶ and 10⁻⁴ M). Mecamylamine effectively attenuated this electrically evoked response in a concentration-dependent manner (10⁻⁶ to 10⁻⁴ M). The S_2/S_1 ratio was 0.57 \pm 0.05 (n = 4) at 10⁻⁴ M mecamylamine and this value was

Table 1 Effects of atropine, hexamethonium, α -bungarotoxin, α -conotoxin ImI, dihydro- β -erythroidine and mecamylamine on the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve

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Antagonist	Concentration (µM)	Number	S_2/S_1 ratio ^a
Control	_	5	1.06 ± 0.08
Atropine	1	3	1.05 ± 0.02
	10	5	1.00 ± 0.06
Hexamethonium	100	4	$0.54 \pm 0.07^{\mathrm{b}}$
	500	4	0.55 ± 0.03^{b}
α-Bungarotoxin	0.3	4	0.91 ± 0.02
α-Conotoxin ImI	1	6	0.92 ± 0.03
Dihydro- β -erythroidine	1	4	1.14 ± 0.12
	10	5	1.01 ± 0.12
	100	5	0.95 ± 0.15
Mecamylamine	1	4	0.89 ± 0.04
	10	6	0.78 ± 0.03
	100	4	0.57 ± 0.05^{b}

The greater splanchnic nerve of the isolated rat stomach was electrically stimulated twice at 2.5 Hz for 1 min. Treatments with several kinds of antagonist were started 14 min before the second electrical stimulation and continued throughout the experiments. Other conditions are the same as those for Figs. 1 and 2.

^aEffects of these reagents are expressed as S_2/S_1 ratio. All values are expressed as means \pm S.E.M.

^bSignificantly different (P < 0.05) from the control.

significantly different from that of control $(1.06 \pm 0.08, n = 5)$. This inhibitory effect of mecamylamine was almost the same as that of 10^{-4} M hexamethonium.

4. Discussion

In the present experiment, the gastric release of noradrenaline evoked by (-)-nicotine declined rapidly after repeated (–)-nicotine application. However, the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve (containing preganglionic sympathetic nerve) was not influenced by (-)-nicotine-induced desensitization. (–)-Nicotine-induced desensitization has also been demonstrated for dopamine release from rat synaptosomes (Rowell and Hillebrand, 1994). Recently, the rate of desensitization of nicotinic receptors has been shown to vary depending on the receptor subunit composition (Cachelin and Jaggi, 1991; Gross et al., 1991). This evidence suggests a difference in character between the nicotinic receptor activated by (-)-nicotine and that activated by electrical stimulation of the greater splanchnic nerve to elicit the release of noradrenaline from the rat stomach.

(–)-Nicotine-induced release of noradrenaline from the rat stomach was abolished by diltiazem (a blocker of L-type voltage-activated Ca²⁺ channels), but this reagent had no effect on the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve (containing the presynaptic sympathetic nerve). L-Type voltage-activated Ca2+ channels seem to be localized on the celiac ganglia, since diltiazem had no effect on the release of noradrenaline evoked by electrical stimulation of the periarterial nerve around the left gastric artery (the postsynaptic sympathetic nerve) of the isolated rat stomach (Yokotani et al., 1998; Wang et al., 2000). Several types of voltage-activated Ca2+ channels are localized on sympathetic ganglia (Gonzalez-Burgos et al., 1995); however, it is not clear which type of voltage-activated Ca²⁺ channel is actually involved in excitation-secretion coupling (Carrier and Ikeda, 1992). The present results clearly demonstrate that (-)-nicotine acts on ganglionic nicotinic receptors, thereby activating ganglionic L-type voltage-activated Ca²⁺ channels to elicit the release of noradrenaline from the stomach. Electrical stimulation of the greater splanchnic nerve elicits the release of noradrenaline from the stomach without activation of L-type voltage-activated Ca²⁺ channels. These results also suggest a difference in character between nicotinic receptors activated by (-)nicotine and those activated by electrical stimulation of the greater splanchnic nerve to elicit noradrenaline release from the rat stomach.

Next, we examined the mechanism involved in the release of noradrenaline in response to electrical stimulation of the greater splanchnic nerve. Activation of preganglionic nerve elicits several responses in ganglia (Taylor and Brown, 1998). Acetylcholine released from the pre-

ganglionic nerve terminal acts on the nicotinic receptor to generate the fast excitatory postsynaptic potential (EPSP). This is followed by several events, which amplify or suppress this signal. These include the slow EPSP; the late, slow EPSP; and an inhibitory postsynaptic potential (IPSP). The slow EPSP is generated by acetylcholine-induced activation of muscarinic receptors (Cassell and McLachlan, 1987). The late, slow EPSP is mediated by peptides found in ganglia (Vanner et al., 1993). In the present experiments, the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve was not influenced by atropine, but was effectively attenuated by hexamethonium (approximately 50% inhibition). This suggests that the release of noradrenaline evoked by electrical stimulation of the greater splanchnic nerve is mediated by a cholinergic (nicotinic receptor-mediated) mechanism and a non-cholinergic mechanism. The release of catecholamines from rat adrenal medulla has also been shown to be stimulated by cholinergic and peptidergic transmitters released from the splanchnic nerve (Wakade, 1998).

We have already characterized the (-)-nicotineactivated nicotinic receptor localized on the celiac ganglia using several kinds of nicotinic receptor antagonist (Yokotani et al., 2000). The (-)-nicotine-induced release of noradrenaline was not influenced by α -bungarotoxin or α -conotoxin ImI (antagonists of the α 7 subunit-containing nicotinic receptor) (Pereira et al., 1996), was partially blocked by dihydro-β-erythroidine (a relatively selective antagonist of the $\alpha 4\beta 2$ subunit-containing nicotinic receptor) and was abolished by mecamylamine (a relatively selective antagonist of the $\alpha 3\beta 4$ subunit-containing nicotinic receptor). In the present experiments, the electrically evoked release of noradrenaline was not influenced by α-bungarotoxin, α-conotoxin ImI or dihydro-β-erythroidine, but was reduced to approximately 50% by mecamylamine. This mecamylamine-induced inhibition was almost the same as that induced by hexamethonium (approximately 50% inhibition), indicating that mecamylamine abolishes the ganglionic nicotinic receptor-mediated release of noradrenaline elicited by electrical stimulation of the greater splanchnic nerve. Mecamylamine has been shown to be more effective than dihydro-β-erythroidine at α3β4 subunit-containing nicotinic receptors and dihydro- β -erythroidine is most effective at $\alpha 3\beta 2$ subunit-containing nicotinic receptors (Luetje and Patrick, 1990; Alkondon and Albuquerque, 1993; Cachelin and Rust, 1995). Based on these findings, it seems likely that (-)-nicotine activates α 3β2 and/or α 3β4 subunit-containing nicotinic receptors and that acetylcholine released from preganglionic sympathetic nerve terminals activates $\alpha 3\beta 4$ subunit-containing nicotinic receptors localized on celiac gan-

The involvement of voltage-activated Ca²⁺ channels has also been shown in nicotine-induced [³H]-dopamine release from rat striatal synaptosomes (Prince et al., 1996; Soliakov and Wonnacott, 1996). In the apical dendrites of

pyramidal cells of the rat neocortex, a subthreshold excitatory postsynaptic potential, mediated by the activation of glutamate receptors, causes an increase in dendritic [Ca²⁺]; by activation of voltage-activated Ca2+ channels (Markram and Sakmann, 1994). In the present study, therefore, it seems likely that the binding of (-)-nicotine to nicotinic receptors (probably localized on the extrasynaptic surface of the ganglia) initiates an excitatory postsynaptic potential, thereby activating ganglionic L-type voltage-activated Ca²⁺ channels. Na⁺ and Ca²⁺ entries into the sympathetic ganglia through nicotinic receptors and L-type Ca²⁺ channels evoke an action potential sufficient to initiate noradrenaline release. Acetylcholine released from preganglionic nerve terminals seems to activate nicotinic receptors (probably localized on the intrasynaptic active zone of the ganglionic postsynaptic surface), thereby evoking an action potential sufficient to initiate noradrenaline release without activation of L-type voltage-activated Ca²⁺ channels.

In conclusion, functional nicotinic receptors activated by electrical stimulation of the greater splanchnic nerve (preganglionic sympathetic nerve) seem to be different in character from those activated by (—)-nicotine to elicit the release of noradrenaline from the rat stomach.

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