Capturing the Sublimity of a Free Radical Gas

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This paper reviews the work related to nitric oxide (NO) done by the author and his postgraduates and colleagues in the past 7 years in the National University of Singapore. Our work shows that (i) NADPH-d and NO synthase (NOS) are often but not always identical; (ii) NO (as indicated by NADPH-d histochemistry and NOS immunohistochemistry) is generated in some endocrine (thyroid, parathyroid and ultimobranchial glands) and immune (thymus and bursa of Fabricius) organs and the cochlea. It is noted from the above studies that NO could possibly regulate blood flow through the various organs via its presence in the vascular endothelial cells and also via nitrergic neurons innervating the blood vessels. It could also regulate the activity of the secretary cells of these organs by being present in them, as well as acting through nitrergic neurons closely related to them. The paper also examines the Janus-faced nature of NO as a neuroprotective and neurodestructive agent, and the apparent noninvolvement of peroxynitrite and inducible NOS in neuronal death occurring in the red nucleus and nucleus dorsalis after spinal cord hemisection.

Keywords: Nitric oxide, NADPH-d, NOS, endocrine and immune organs, cochlea, neuroprotective, neurodestructive, peroxynitrite, nucleus dorsalis, red nucleus

INTRODUCTION

Reviews^[1-3] of the early history of nitric oxide (NO) reveal that this colourless gas was first

generated by heating potassium nitrate (nitre) with glowing charcoal in the absence of air. First named nitrous air because it was regarded as volatile nitre in the air, it was later renamed nitric oxide by Murray in 1806. Subsequent work by chemists showed that the gas could be generated by other methods. Of little compliment to the gas is the finding that it is an atmospheric pollutant, being the by-product of jet and motor engines. However, some sublimity of the gas is noted in its ability to reduce putrefaction. In fact, it has been utilised extensively for preserving meat and vegetables. The discovery by Mitchell et al. in 1916^[3] that the gas is also produced in biological systems and later verification by biologists further raised the status of the gas. In fact NO started to sublime when a series of studies [4,5] led to the conclusion that it is involved in macrophageinduced cytotoxicity directed against certain tumour cell types. Some of these studies also discovered the substrate required for the production of NO, viz., L-arginine, and the competitive inhibitors of the substrate, the N_G-substituted L-arginine analogues. Later study by Murad et al. [6] led to the conclusion that NO released by nitroglycerine can relax smooth muscle cells.



In fact, NO could be the equivalent of endothelium derived relaxing factor or some related substance, from which NO is released. [7,8] Furchgott and Ignarro then presented in a scientific meeting in 1986 their discovery of NO as a signal molecule in the organism. Such landmark discovery of a gas inspired many cell and molecular biologists to study more of its properties, resulting in the capture of more of its sublimity (and ignobility). In fact, the findings of the trio, Furchgott, Murad, and Ignarro, laid the foundation for the discovery of the sensational Viagra, an anti-impotence drug. During the first two weeks on the market in the United States, 36,809 prescriptions of this drug were dispensed. The trio were awarded the Nobel Prize for Medicine in 1998.

While reviews of the genesis, biochemistry, physiology and mechanism of action of nitric oxide are not lacking (e.g. Refs. [9-14]) the anatomical distribution of NO is usually cursorily dealt with. The present review is not an attempt to provide an exhaustive account of the anatomical localisation of NO, rather to put together the findings of our laboratory in the past 7 years. The anatomical review will be followed by an analysis of the Janus-faced nature of NO, which has bewildered NO scientists for many years.

Note on NOS Isoforms

Before reviewing our past work, a brief note on the nitric oxide synthase (NOS) isoforms should be in place. The cell cannot directly regulate the concentration of NO. It has to regulate it by controlling NO synthesis. For this reason the structure of NOS has become a major interest of molecular biologists and has been extensively studied and reviewed, as stated earlier. An understanding of its molecular structure will lay the foundation for the development of drugs for the treatment of diseases related to over- or underproduction of NO. At least 3 isoforms of NOS have been characterised, and these may be either constitutive or inducible. The neuronal (NOS I) and endothelial (NOS III) forms are said to be

constitutive as their activation (by calcium/calmodulin) to produce NO does not require new enzyme synthesis. Though normally present in the cell, they may also be induced under conditions of disease and trauma. The inducible (NOS II), now known as the immunological form of NOS, was first detected in macrophages stimulated by a variety of cytokines. It is not normally detectable in the cell and requires new protein for its synthesis, but is not dependent on calcium for its activation. In addition to macrophages, NOS II has also been induced in microglia and astrocytes. Unlike the constitutive NOS that produces NO for short period, NOS II produces large amount of NO for sustained periods. While this could lead to cytotoxic action on micro-organisms and tumour cells, it may also lead to disease states.

ANATOMICAL LOCALISATION OF NO

As NO is a gas, it cannot be captured for visualisation in an anatomical locus. Its precise cellular location is usually indicated by nicotinamide adenine dinucleotide hydrogen phosphate-diaphorase (NADPH-d) histochemistry and/or NOS immunohistochemistry. In the histochemical method, first introduced by Thomas and Pearse[15] and subsequently modified by other workers, oxidative enzymes that possess diaphorase activity reduce tetrazolium dyes in the presence of NADPH to a dark blue formazan precipitant. The first anti-NOS antibodies developed were against purified rat cerebellar nNOS.[16]

Is NADPH-d Always Colocalised with NOS?

It has been claimed that NADPH-d is NOS, [17,18] or that the two will only colocalise when the tissue is fixed in 4% paraformaldehyde. [19] Our findings showed total colocalisation of NADPH-d and NOS in pancreatic ganglion neurons, [20] and in neuronal and non-neuronal cells of some immune



(thymus, ultimobranchial gland and bursa of Fabricius) and endocrine (thyroid and parathyroid) organs fixed by 4% paraformalydehyde. [21-23] The same is also true of the neurons of the nucleus dorsalis after axotomy. [24] There is, however, a discrepancy in localisation between the two enzymes in the facial motoneurons after axotomy. [25] Also, while red nucleus neurons display positive NOS I immunofluorescence, they do not stain for NADPH-d in normal as well as experimental rats subjected to spinal cord hemisection. [24] Other observations made by us also suggest that NADPH-d and NOS are not the same enzyme even though they may be found in the same cell. Thus, while NADPH-d is localised in the membrane of the nucleus, rough endoplasmic reticulum, mitochondria and other subcellular organelles in the chick thymus and guinea pig cochlea, [26,27] and in the membrane of the synaptic vesicle in the rat spinal trigeminal nucleus, [27a] NOS I is diffusely present in the neuronal cytoplasm and axoplasm with no relationship to any subcellular organelle in the spiral ganglion cells and pancreatic neurons in the guinea pig. [27,28] This confirms a previous report [29] of the cytosolic nature of NOS, although particulate fractions of NOS have also been identified [30] and NOS I has been localised to the sarcolemma of fast muscle fibres.[31] In addition, it is well known that NO is produced and released on demand without involving vesicular structures of the nerve endings. [32] Based on these findings, future work using the two enzymes as indicators for the presence of NO should do a colocalisation study before assuming that the results from one enzyme may be applied to the other.

DISTRIBUTION AND FUNCTIONS OF NO

NO, as revealed by NADPH-d histochemistry and NOS immunohistochemistry and also by other methods, has been reported in the vasculature, [7,8,34] macrophages and neutrophils (for review, see Moncada et al.[9]) neural tissue^[9,11,32–40] including the retina, [41] sensory [42]

and autonomic[9,43-46] ganglion neurons, and the nerve plexuses surrounding the carotid body, [47,48] carotid sinus, [49] respiratory tract, [50,51] gastrointestinal tract, [52,53] urinary tract, [54,55] reproductive organs, [56,57] endocrine organs like the adrenal gland, [58] the endocrine pancreas [59] and the pituitary gland, [60] and other tissues like the skeletal muscle. [31,61] Studies related to neurons show that in the brain, NO is a ubiquitous neural messenger involved in a wide variety of brain functions and pathologies. These include noradrenaline, dopamine and glutamate release, wakefulness, morphogenesis, synaptic plasticity, learning, memory, long-term potentiation, regulation of gene expression, circadian rhythm, olfaction, cerebrovascular system regulation, and food intake. It may also be associated with. stroke, cerebral ischaemia, Alzheimer's disease and Huntington's disease. NO is most likely the endothelium derived relaxing factor which brings about vasodilation. It also causes relaxation of smooth muscles in other body systems such as the gastrointestinal and respiratory tracts. In addition, it is responsible for the regulation of renal haemodynamics and excretory function, and a host of other key biological functions. Its major biochemical target is the soluble guanylate cyclase, forming the second messenger, cyclic guanosine monophosphate (cGMP), the level of which is thereby raised to act on different classes of enzymes to bring about complex response characteristics. Analysis of the results by various investigators cited in the above literature reveals that many of the responses elicited by NO are of an inhibitory nature. These include inhibition of contraction of smooth muscles in blood vessels, urogenital tract and bronchial tree; force output of skeletal muscle; platelet formation; substance P and cholinergic transmission in ileum; chemoreceptors in carotid body, and sensory nerves in the mesentery. Also, NO depresses the background activity in the dorsal horn, is colocalised with GABA in a number of CNS regions like the lamina II of the spinal cord and the cerebral cortex, brings about long-term depression in the



hippocampus and the cerebellum, is cytostatic on microbes and is tumoricidal, and prevents neuronal differentiation. Lastly, NOS I gene knockout mice show aggressive behaviour and excessive inappropriate sexual behaviour. [62]

Differences between NO and Classical Neurotransmitters

The above and related works have established NO as a neurotransmitter in the peripheral nervous system. Though it is clear that it is a neuronal messenger in the central nervous system, further work needs to be done to establish its neurotransmitter nature in every location it is found. As a neurotransmitter, NO differs from the classical ones in that it is not stored in any synaptic vesicles; rather, it is synthesised on demand by NOS from L-arginine. Judging from the diffuse distribution of NOS, NO may be generated anywhere in a neuron. When released it diffuses across cellular membranes and brings about its action by acting on intracellular targets of adjacent cells. Its diffusion distance in the peripheral tissue is 0.5 mm but has not been established in the brain. Neither is its half-life known, though it is often said to be between 3 and 5 s.

Our Findings Related to the Distribution and Possible Functions of NO

(i) In Immu ne and Endoc rine Organs

Our laboratory was the first to report the presence of a variety of NADPH-d/NOS positive nonneuronal cells at the corticomedullary junction in the chick and rat thymus. [63] Downing [64] subsequently confirmed this finding. The results suggested a role of NO in modulating the function of the labelled undifferentiated, lymphoid, cystic, myoid, endocrine-like and some other epithelial reticular cells. Latter work by Fehsel et al.[65] showed that NO could induce apoptosis in thymocytes. We also reported colocalisation of NADPH-d with neuron specific enolase in some

cells associated with blood vessels in the interlobular connective tissue and at the corticomedullary junction, [66,67] thus establishing the existence of intrathymic neurons for the first time. Unlike the central nervous system, nitrergic nerves were not demonstrable in the embryonic thymus of the chick until E17, indicating that NO plays no part in early development of the organ. At E17 and later, NO might be required to facilitate the egress of T-lymphocytes from the thymus through the thymic vasculature, as the first mature T-lymphocytes are detected towards the end of the gestation period.

In addition, another group in our laboratory[21-23] reported nitrergic reactivity in neuronlike cell bodies and fibres and endothelial cells of larger blood vessels of the thyroid, parathyroid and ultimobranchial glands and immune organs such as the bursa of Fabricius of chickens. Nitrergic reactivity was detected in the thyroid follicular epithelial cells, parathyroid chief cells, cystic epithelial cells and C cells of the ultimobranchial gland, and interfollicular epithelial cells and lymphocytes of the bursa of Fabricius. Besides the above organs, NADPH-d reactivity has also been demonstrated in pancreatic ganglion neurons and endothelial lining of the vasculature of the pancreas of many mammalian (including monkeys) and avian species. [68]

With regard to the pattern that NO normally regulates the activities of the organ secreting it, two common features emerge from the above studies. (1) Judging from the distribution of NADPH-d and NOS I, it is likely that NO regulates blood flow through the organ via its presence in the vascular endothelial cells, as well as via nitrergic neurons innervating the blood vessels. (2) NO also regulates the activity of the secretary cells of these organs by being present in them, as well as acting through nitrergic neurons closely related to them. This is supported by a previous finding[69] that the nerve fibres, which deviate from blood vessels and appear to terminate in relation to the chief cells of the parathyroid gland, are secretary fibres.



In addition to the above two common features, NO should regulate the activities of thymocytes of the thymus and lymphocytes of the bursa of Fabricius, as nitrergic reactivity has been detected in these cell types, and nitrergic nerve fibres have been found closely related to them. As the thymus and the bursa of Fabricius are the exclusive organs forming T and B lymphocytes respectively in the bird, the NO generated and released may act as a messenger molecule for communication with their microenvironment. Its exact roles in immunoregulation await physiological elucidation.

(ii) In the Coch lea

Our study^[27] showed that NO may be involved in the regulation of guinea pig and human cochlear blood flow and in the neurotransmission of the inner hair cells. NOS immunoreactivity exists in both afferent and efferent innervation of the inner hair cells, as demonstrated in the spiral ganglion neurons and the inner spiral and radial nerve fibres.

COEXISTENCE OF NO WITH OTHER NEUROACTIVE CHEMICALS

As stated earlier, NO may coexist with acetylcholine or noradrenaline. It may also coexist with various peptides[70-75] such as vasoactive intestinal peptide (VIP), somatostatin, calcitonin gene related peptide, galanin, neuropeptide Y (NPY), tachychinin and substance P. Our studies^[20,76] have also demonstrated nitrergic neurons containing various peptides such as VIP, NPY, substance P, calcitonin gene-related peptide and bombesin, as well as choline acetyltransferase (ChAT), and dopamine- β -hydroxylase (D β H), an enzyme involved in the synthesis of noradrenaline. With double labelling in adjacent sections, we have shown that certain pancreatic neurons may contain as many as 4 neuroactive chemicals: ChAT/NOS/VIP/NPY, ChAT/ NOS/VIP/D β H, ChAT/NOS/NPY/D β H. The coexistence of a plethora of neuroactive chemicals in the pancreatic ganglion neurons opens up a new vista to research into the mechanisms of neuronal transmission in the pancreas. Our studies were the first to report the coexpression of NADPH-d and D β H activities in the pancreatic neurons, and also reveal that the same nitrergic pancreatic neurons may contain both ChAT and $D\beta H$, suggesting that the same neuron may synthesise both acetylcholine and noradrenaline and that their axon terminals might use both acetylcholine and noradrenaline. It is not impossible that acetylcholine release is controlled by noradrenaline, as noradrenaline release is controlled by acetylcholine. [77] Our study is supported by another report that some pelvic ganglion neurons also contain both ChAT and tyrosine hydroxylase.[78]

COLOCALISATION WITH GLUTAMATE RECEPTORS

Our study^[79] has demonstrated the anatomical localisation of glutamate receptor AMPA subunits (Glur 1, Glur 2/3 and Glur 4) in pancreatic islet and ganglion cells. This provides the morphological basis for the hormone secretion mediated by these receptors. [80] We also demonstrated the colocalisation of Glur 2/3 and Glur 4 with NADPH-d in the majority of pancreatic ganglion neurons of the guinea pig. Although there is convincing evidence that some neuronal effects of glutamate in the central nervous system may be mediated by NO,[81,82] one cannot assume that such is the case in the peripheral nervous system. Our study, however, has provided evidence to show that it does occur with pancreatic neurotransmission.

NITRIC OXIDE - FRIEND OR FOE?

Whether NO is a friend rendering neuroprotection or a foe causing neurodestruction has sparked off intense interest and discussion.



Proponents of the neurodestructive role of NO hypothesised that when produced in excessive amounts, as indicated by an upregulation of NADPH-d or NOS, NO might be responsible for the neuronal death observed after sciatic neurectomy in 1-day-old rats, [83] spinal root avulsion^[84] or axotomy of the vagus nerve.^[85] This is supported by the observation that NOS inhibitors can significantly reduce the death of NOS positive motoneurons induced by spinal root avulsion.[84] They can also protect some cultured cortical neurons from death induced by exposure to glutamate neurotoxicity.[86] NO might exert its neurotoxic effect by inhibiting enzymes involved in DNA synthesis, and might also suppress mitochondrial electron transport as well as the citric acid cycle by binding to iron-sulphur prosthetic groups. [87,88] On the other hand, NOScontaining neurons have been shown to be resistant to neurodegenerative disease such as Huntington's chorea and excitatory amino acid neurotoxicity. [89,90] Also some in vivo, [91,92] in vitro[93-95] and brain slice[96] studies showed no significant neurodestruction, and in fact, even neuroprotective effects of NO.

Our Findings

A series of our investigations in the above subject has led us to believe that NO has a dual role of neurodestruction and neuroprotection. In one set of experiments, we^[97] showed that about 60% of the sciatic motoneurons in BALB/c mice are lost within the first 15 days after sciatic nerve cut at day 5 postnatal. During this period, none of the ventral horn cells expressed NADPH-d reactivity. The fact that neuronal death could occur in the absence of NADPH-d expression indicates that NO is not responsible for motoneuron death induced by neurectomy at the fifth postnatal day. In fact, it is doubtful whether NO is responsible for the neuronal cell death induced by sciatic neurectomy in 1-day-old rats, especially when Liet al. [98] and our study have demonstrated no significant difference in the number of cells

lost, whether the sciatic nerve is cut at the first or fifth day after birth. NO may, in fact, have a beneficial function as suggested by another study of ours^[99] which showed sprouting of NADPH-d positive facial motoneurons in adult rats subjected to facial nerve compression. NO may protect injured neurons from the by-products of increased metabolic activity as a result of its free radical-scavenger function.[100] A related important observation is the increased diaphorase staining of the vascular endothelium on postnatal day 7 when the total soluble nitric oxide synthase activities (measured by radiometric assay) in the facial motor nucleus and surrounding tissue are high.[101] This suggests that the increase in total NOS activities immediately after facial nerve compression may be predominantly endothelial. This could lead to vasodilation and therefore improved blood supply to the region containing the cell bodies of the neurons whose axonal processes had been compressed. L-NAME administration had no significant effect upon the period taken for maximal facial function recovery.[102] Our recent study in the cochlea also showed that the destructive effect on auditory hair cells of an NO donor, sodium nitroprusside, is not due to NO, rather to the cyanide released from the donor. [103] In fact, nitroglycerin, another NO donor, infused into the perilymphatic space could protect nerve endings at the base of inner hair cells from injury. [104] Lastly, NOS immunoreactive neurons in the arcuate nucleus in the mouse appear to be selectively spared after neonatal glutamate treatment, although they appeared less intensely stained for the enzyme. [105] This is consistent with reports demonstrating that nitrergic neurons are relatively spared in the hippocampus of brains obtained from patients who died of Alzheimer's disease[106] and in the striatum of Parkinson and Alzheimer brains.[107]

While all the above studies point to a neuroprotective role of NO, our experiment on the rat after facial nerve avulsion^[25] seems to point to a neurodestructive role of the gas. After avulsion



of the facial nerve, the number of NADPH-d and NOS positive neurons increases steadily with increasing survival time. Neuronal death occurs at a time closely parallel to the development of intense NADPH-d/NOS reactivity in the facial motoneurons. Daily administration of L-NAME protects only 17% of the neurons from death. This might be due to the fact that the chemical was introduced intraperitoneally rather than in a concentrated dosage to the site of NO genesis. Also, it was delivered at 24 h interval. Shorter time intervals for its deliverance might be able to maintain an adequate sustained level of the chemical to give a more beneficial effect. However, one cannot rule out the possibility that the small percentage of neurons salvaged by L-NAME could mean that NO might not be that destructive after all.

Our subsequent work^[24] on two different central nuclei has also shed light on the subject, especially as it is an in vivo study. It showed marked differences in NOS I expression between nucleus dorsalis (ND) and red nucleus (RN) after axotomy at the lower thoracic cord segment of the rat. Neurons of ND, which normally do not express NOS I reactivity, show intense NOS I staining after axotomy and display signs of degenerative changes. Shortly afterwards, there is significant neuronal loss in the ND. L-NAME injection^[108] after spinal cord hemisection reduces neuronal loss in the ipsilateral ND, implicating a neurodestructive role of NO. On the other hand, NOS I immunoreactivity is moderately expressed in neurons of the RN in normal rats. It is upregulated on both sides of the nucleus after cord hemisection. Neuronal loss in the contralateral RN is not detected until 4 weeks after NOS I upregulation. No significant neuronal loss is found in the ipsilateral nucleus, even though 10-28% of the RN neurons project to the ipsilateral spinal cord. As there is no apparent difference in NOS I expression between the ipsilateral and contralateral RN, it seems unlikely that NO is responsible for the death of neurons in the contralateral RN. In fact, the administration

of L-arginine results in significant reduction of neuronal loss in the contralateral RN, but treatment with L-NAME has no effect.

Despite what has been $said^{[109-116]}$ about the oxidative stress and neurotoxicity of some putative endogenous NO derivatives like peroxynitrite and thiol compounds, beneficial biological effects of S-nitrosoglutathione (GSNO) have been reported by not a few investigators in a number of tissues[117-121] and also recently by Rauhala et al., [122] who suggested that the neuroprotective effect of GSNO and/or NO may be due to their potent antioxidative properties in terminating the lipid peroxidation chain reactions caused by redox cycling of iron-oxygen complexes. We also show that peroxynitrite plays no or little role in the neurodegeneration in the ND and RN after axotomy. [24] Most neurons in the RN of normal rats are weakly reactive to nitrotyrosine, a marker for peroxynitrite. After axotomy, neurons in both ipsilateral and contralateral RN show progressive increase in NT immunoreactivity. The increase parallels that of NOS staining in the RN. However, there is no difference in NT immunostaining between the ipsilateral and contralateral nuclei. There is also no NT staining in the ND.

Lastly, the involvement of NOS II has been implicated in the development of such pathological conditions as cerebral ischaemia, [123] experimental allergic encephalitis,[124] multiple sclerosis, [125] and subarachnoid haemorrhage. [126] It is conjectured that the excessive NO produced may cause oxidative injury, leading to the cascade of pathological events seen in these conditions. Our study, [127] however, observed the expression of NOS II only in the supraventricular amoeboid microglial cells after intraperitoneal injections of lipopolysaccharide or interferon- γ in neonatal BALB/c and athymic mice. Also, after lower thoracic spinal cord hemisection in rats, though intense microglial reaction could be observed in the ND and the RN, and a large number of the neurons in these two regions (32% in the ND and 13% in the RN) eventually die, there is no expression of NOS II in the affected nuclei. [24]



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