Regulation of Colonic Mucosal Blood Flow by Exogenous Ecosanoids in the Rat

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We measured colonic mucosal blood flow using a reflectance spectrophotometry in Wistar rats during and after continuous injection of prostaglandins (PGs: PGE1, PGE2, and PGI2), as vasodilators, and thromboxane A2 (TXA2) as a vasoconstrictor. Administration of PGs increased colonic mucosal blood volume and oxyhemoglobin saturation of the colonic mucosal tissue, representing a parameter of mucosal oxygenation. The dose used did not change arterial blood pressure. These results suggest that PGs regulate colonic mucosal hemodynamics and oxygenation, and may thus act as cytoprotective substances. On the other hand, TXA2 injection diminished colonic mucosal blood flow compared with the same dose of PGI2 injection and acted against PGI2. Our results suggest that TXA2 and PGI2 regulate colonic mucosal hemodynamics.

Key words: Prostaglandins, inflammatory bowel disease, colonic vascularization, thromboxane A2, cyclic adenosine monophosphate.

INTRODUCTION

Prostaglandins (PGs) are important substances influencing vascular reactivity, and may provide cytoprotection to the microcirculation. The cytoprotective role of PGs was initially reported in the gastric mucosa (1). Subsequent studies indicated that PGE2, PGI2, and d-mPGF2a increase gastric mucosal blood flow when administered at non-secretory doses (2-4). Furthermore, the cytoprotective activity of PGs has also been demonstrated in an animal model of inflammatory bowel diseases (IBD) (5, 6). It has been recognized that the vasodilatory action of PGs enhances colonic blood flow in rabbit colitis (7), and that the administration of PGE2 in the dog increases mesenteric blood flow (8). These studies suggest that PGs play a significant cytoprotective role in both gastric and colonic mucosa. However, the relationship between colonic mucosal microcirculation and exogenous PGs is still unclear.

On the other hand, the combination of thromboxane A2 (TXA2) and PGI2 has been demonstrated to regulate the cardiovascular system (9), while a reduction of 6-keto- PGF1α (PGI2 metabolite) thromboxane B2 (TXA2 metabolite) ratio may alter the cytoprotective capacity of the mucosa of active inflammatory bowel disease (10, 11). We examined the effect of several PGs (PGE1, PGE2, PGI2) and TXA2 on the pattern of colonic mucosal blood flow in normal rats.

METHODS

Ecosanoids (PGE combined cyclodextrin: PGE1-α-cyclodextrin and PGE2-β-cyclodextrin), PGE metabolites (15-keto-PGE1 and 15-keto-PGE2), PGI2 sodium salt, and TXA2 (ONO-3708, STA2) were supplied by ONO Pharmaceutical Co.,(Osaka, Japan). Male Wistar rats of approximately 300 g body weight were anesthetized with i.p. injection of pentobarbitar (50 mg/kg). SHR (Spontaneous hypertensive rat) and WKY (Wistar Kyoto rat) rats were also used as control groups to examine sympathetic nerve activity. PGs or TXA2 were administered, in normal saline, at an infusion rate of 0.1 ml/min, through a cannula inserted into the femoral vein. Control rats received the vehicle only (normal saline). We also monitored arterial blood pressure through a cannula inserted into the common cervical artery. Infusion of the drug continued for 30 min, and the experiment was followed by another period of 60 min of observation.

The tip of an optic fiber was attached to the caecal mucosa before the injection of ecosanoids. The colonic mucosal hemoglobin concentration index (IHb), a parameter of microcirculatory blood volume, and mucosal oxyhemoglobin saturation index (ISO2), a parameter of mucosal oxygenation, were measured by a tissue spectrum analyzer TS-200 (Sumitomo Electric Industries, Ltd. Osaka, Japan). IHb and ISO2 were calculated according to the equation provided by Sato et al. (12). These experiments were performed in 90 min commencing with the start of ecosanoids injection. IHb and ISO2 were expressed as a percent change to the basal value before the administration of ecosanoids. The changes of IHb and ISO2 caused by the ecosanoids injection were compared with the changes of those caused by the saline injection as the...
control. Furthermore, the serum PGE2 and cAMP (cyclic adenosine monophosphate) were measured using radio immune assay.

Data were expressed as mean ± SEM. Statistical analysis was performed using Student's t-test, and a p value of < 0.05 was considered to indicate the presence of a significant difference.

RESULTS
Effect of PG administration on colonic blood flow. Injection of 0.1 μg/kg/min of PGE1 caused a progressive increase in IHb and ISO. IHb increased maximally to 14.7 ±8.6 % at 80 min after the start of injection while ISO was 15.8±8.0 % at 75 min. On the other hand, a dose of 1.0 μg/kg/min or 10 μg/kg/min of the same substance caused a decrease in systemic blood pressure and the level of IHb and ISO. However, under these conditions, IHb increased slowly to the higher level than the control level and ISO returned to the control level following the recovery of blood pressure (Fig. 1).

Infusion of 0.1 μg/kg/min of PGE2 caused a gradual increase in IHb and ISO. The maximal increase of IHb was 10.7±4.5 % at 70 min after the start of infusion, while ISO was 12.5±8.1 % at 85 min after the start of PGE2 injection. When infused at 1.0 μg/kg/min or 10 μg/kg/min, PGE2 reduced systemic blood pressure and the level of IHb and ISO, but IHb and ISO returned slowly to the control level following the recovery of blood pressure (Fig. 2). We also examined the effect of PGE metabolites, 15-keto-PGE1 and 15-keto-PGE2, at a dose of 5 μg/kg/min. Such dose failed to influence IHb. The injection of 1.0 μg/kg/min of PGI2 had an effect similar to that of 0.1 μg/kg/min of PGE, and did not change systemic blood pressure. The maximal increase of IHb was 11.5±8.2 % at 50 min while that of ISO was 10.9±7.6 % at 85 min after the start of PGI2 injection in a dose of 1.0 μg/kg/min. The level of IHb and ISO did not change significantly during and after the administration of 0.1 μg/kg/min of PGI2. However, a severe hypotension and reduction in IHb and ISO levels were observed during injection of 10 μg/kg/min of PGI2, but both IHb and ISO increased slowly to the higher level than the control level following the recovery of blood pressure (Fig. 3).

Figure 1. The effect of exogenous PGE, on colonic mucosal blood volume, mucosal oxygenation and blood pressure. PGE, was continuously injected for 30 min at a concentration of 0.1 μg/kg/min (closed circles), 1.0 μg/kg/min (closed squares) and -10 μg/kg/min (open squares). Open circles: saline injection to control rats. Solutions were administered using the same flow rate in the femoral vein of anesthetized rats. Index of colonic mucosal hemoglobin concentration (upper panel) and colonic mucosal oxyhemoglobin saturation (middle panel) were measured by a tissue spectrum analyzer during monitoring of blood pressure (lower panel) during 90 min.

Figure 2. The effect of exogenous PGE, on colonic mucosal blood volume, mucosal oxygenation and blood pressure. The conditions were similar to those in Fig. 1.
Figure 3. The effect of exogenous PGI₂ on colonic mucosal blood volume, mucosal oxygenation and blood pressure. The conditions were similar to those of Fig. 1.

Effect of TXA₂ administration on colonic blood flow. Whereas the injection of 0.1 μg/kg/min of TXA₂ failed to influence systemic blood pressure, the drug reduced IHb significantly during injection to -12.2 ± 4.7% at 30 min. The level of IHb returned, however, to the control level at 60 min after the commencement of TXA₂ injection. In contrast, injection of a larger dose of TXA₂ (1.0 μg/kg/min) caused a significant fall in systemic blood pressure and further reduced the level of IHb and ISO₂ (IHb, -28.4 ± 11.8%; ISO₂, -46.5 ± 24.6%, at 30 min after the start of TXA₂ injection). However, as the blood pressure started to gradually recover, IHb and ISO₂ also progressively increased (Fig. 4). Injection of 0.01 μg/kg/min of TXA₂ failed to have an effect on colonic blood flow. Injection of 10 μg/kg/min of TXA₂ caused a severe and rapid fall in systemic blood pressure and death. Furthermore, the simultaneous injection of 1.0 μg/kg/min of PGI₂ and TXA₂ was also examined. A combination of PGI₂ and TXA₂ showed compromised values with little or no change in blood pressure, IHb and ISO₂ (Fig. 5).

Kinetics of residual PGE₃ following the administration of PGE₂. Administration of PGE₂ (10 μg/kg/min) caused an initial decrease in IHb and ISO₂, but the level of both compounds increased slowly after the cessation of injection. The serum concentration of PGE₂ reached a peak level

Figure 4. The effect of exogenous TXA₂ on colonic mucosal blood volume, mucosal oxygenation and blood pressure. The conditions were similar to those in Fig. 1.

Figure 5. Effects of combination of PGI₂ and TXA₂ on colonic mucosal hemoglobin concentration (upper panel) and colonic mucosal oxyhemoglobin saturation (lower panel).
Figure 6. The concentration of serum PGE2 following the administration of exogenous PGE2 and the effect of such level on colonic mucosal blood volume, mucosal oxygenation and blood pressure. The concentration of serum PGE2 was measured after the injection of 10 μg/kg/min of PGE2 to confirm whether the residual PGE2 (upper panel) influences recovery of colonic mucosal hemoglobin concentration, colonic mucosal oxyhemoglobin saturation and blood pressure (lower panel).

Figure 7. Serum cAMP level and effect on colonic mucosal blood volume after administration of exogenous PGE2 and PGI2. The concentration of serum cAMP (upper panel) was measured after the injection of 0.1 μg/kg/min and 10 μg/kg/min of PGE2 and 1.0 μg/kg/min PGI2 to examine whether cAMP influences the increase in colonic mucosal hemoglobin concentration (lower panel).

Figure 8. A comparison of the effect of PGE2 on colonic blood volume and blood pressure between SHR and WKY rats. The effect of 10 μg/kg/min of PGE2 injection was compared with saline injection in SHR and WKY to confirm the correlation between IHb of colonic mucosa and sympathetic nerve activity. Upper panel: colonic mucosal hemoglobin concentration during and after saline injection in SHR and WKY rats. Middle panel: colonic mucosal hemoglobin concentration during and after injection of 10 μg/kg/min of PGE2 in SHR and WKY rats. Lower panel: blood pressure level during and after saline and 10 μg/kg/min of PGE2 injection in SHR and WKY rats.

at 30 min after the start of injection, then diminished to the initial value (Fig. 6).

Kinetics of serum cAMP following the administration of PGE2 or PGI2. Injection of PGE2 (0.1 μg/kg/min) or PGI2 (1.0 μg/kg/min) caused a gradual increase of IHb until 60 min after injection, but failed to influence the level of serum cAMP. However, a higher dose of PGE2 (10 μg/kg/min) further reduced IHb during injection but the level returned slowly following cessation of PGE2 injection. Injection of such a high dose of PGE2 markedly elevated serum cAMP during infusion of PGE2, but the level rapidly decreased after the end of injection, although it did not return to baseline value (Fig. 7).

Effect of PGE2 administration on colonic blood flow in SHR and WKY rats. IHb was measured in hypertensive (SHR) and nonhypertensive rats (WKY) in order to examine the correlation between IHb and sympathetic nerve activity. As shown in Fig. 8, under control condi-
tions, IHb diminished in SHR rats compared with WKY rats. Administration of 10 μg/kg/min of PGE₂ reduced IHb acutely in both groups of rats, but the level recovered gradually to the initial level following cessation of injection. There were no statistical differences between SHR and WKY rats.

DISCUSSION

The major finding of our study is a gradual increase in colonic mucosal blood volume caused by the administration of exogenous PGs (PGE₃, PGE₂, and PGI₂). The increase was not due to changes in blood pressure. Furthermore, we also observed an increase in colonic mucosal blood volume caused by the administration of exogenous PGs (PGE₃, PGE₂, and PGI₂). The increase in IHb was not due to changes in blood pressure. Nevertheless, we also observed an increase in colonic mucosal blood volume with the administration of a high dose of PGs, without affecting the systemic blood pressure. Our results suggest that PGs may be one of the cytoprotective substances involved in increasing colonic mucosal blood flow.

Reflectance spectrophotometry can determine not only tissue blood volume but also the average oxygen-deoxyhemoglobin equilibrium in tissue by measuring the absorbance of hemoglobin and tissue oxygen saturation, respectively (13). The present study also demonstrated that exogenous PGs also increased ISO₂, representing increased tissue oxygen saturation, without influencing blood pressure. Several investigators described a vasodilatory effect for PGs by demonstrating an increase in gastric mucosal blood flow (1, 2). In this regard, Dousa (14) reported that PG stimulates cAMP formation, which in turn accelerates the production of glycoprotein and glycosaminoglycan. It was also suggested that PG could provide mucosal cytoprotection by providing a sufficient level of tissue oxygen in mucosa. Thus, our results suggest a possible cytoprotective role for exogenous PGs in addition to that already described in the gastric mucosa. Our conclusion is based on the finding that several PGs increased colonic mucosal blood flow and local tissue oxygen saturation.

TXA₃ induces platelet aggregation and constriction of vascular smooth muscles, while PGI₂ markedly suppresses platelet aggregation and dilates vascular smooth muscles. Thus, TXA₃ and PGI₂ play an important role in regulating mucosal circulation by maintaining homeostasis in the cardiovascular system (15). Our results demonstrated that PGI₂ increased colonic mucosal blood volume while maintaining a normal blood pressure, while TXA₃ reduced it. These results suggest that the colonic microcirculation is regulated by a balance between PGI₂ and TXA₃.

Several studies have examined the effect of exogenous PGs on vascular smooth muscles (16-18). By using SHR and WKY rats in the present study, we were able to rule out any action of exogenous PG on the sympathetic nervous system, since no difference in colonic hemo-
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REFERENCE