NUTRIENT SENSING MECHANISMS

IN THE

SMALL INTESTINE:

Localisation of taste molecules in mice and

humans with and without diabetes

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A thesis submitted in fulfilment of the Degree of Doctor of Philosophy

Discipline of Physiology School of Molecular and Biomedical Sciences Adelaide University

October 2008

APPENDIX 5-HT IMMUNOREACTIVITY IN OTHER REGIONS OF THE GASTROINTESTINAL TRACT; ALTERATIONS IN 5-HT SIGNALLING PATHWAYS IN DISEASE

A1 Introduction

5-HT is an important paracrine signalling molecule and neurotransmitter in the gastrointestinal tract which activates intrinsic primary afferent neurons involved in peristaltic and secretory reflexes and extrinsic primary afferents involved in transmission of sensory information to the central nervous system system (105). 5-HT is synthesised in the gastrointestinal tract in enterochromaffin cells, myenteric neurons and mast cells (375). In the upper gastrointestinal tract 5-HT is released from enterochromaffin cells, and activates adjacent vagal afferent endings which have been shown to alter gastric motility patterns (22, 270, 381, 382). In the colon 5-HT also activates extrinsic primary afferents (130) and is implicated in the signalling of pain (376). The symptoms of abdominal discomfort and pain associated with functional bowel disorders such as dyspepsia and irritable bowel syndrome (IBS), are thought to result from a hypersensitivity of primary afferent neurons (32). An initial insult, such as inflammation, may lead to longstanding phenotypic and functional alterations in sensory signalling pathways. Expression of key molecules in serotonin synthesis are altered in IBS patients suggesting changes in the metabolism of 5-HT occur in this disease disease (49). Electrophysiological single-fibre recordings from colonic lumbar splanchnic afferents in both the normal and inflamed rat colon performed in our laboratory have shown increased responsiveness to 5-HT during and after dextran sulphate sodium (DSS)-induced inflammation (50). In the treated rats only, application of mast cell degranulator mimicked the response to 5-HT,

suggesting that mast cell released 5-HT is involved in this increased responsiveness of primary afferents in inflammation.

Immunohistochemistry for 5-HT was used in studies outlined in this thesis to identify intestinal enterochromaffin cells in investigations of the role of 5-HT as a mediator in intestinal taste signalling. The 5-HT primary antibody used produced reliable and strong immunolabelling of these cells in the gastrointestinal mucosa. Based on a possible role of alterations in 5-HT signalling in mast cells and sensory neurons contributing to symptoms in functional bowel disorders dual immunolabelling was performed for 5-HT and calcitonin gene-related peptide (CGRP) in the colon of rats subjected to experimental inflammation. The aim of this study was to explore whether increased sensitivity of serotonergic signalling in inflammation (50) may be associated with changes in the relationship between sensory fibres, labelled by CGRP, and 5-HT-releasing cells in the colonic serosa.

A2 Methods

All experiments were performed using adult male Sprague-Dawley rats weighing approximately 200g, housed conventionally with free access to water and a standard laboratory rodent diet. All studies were performed in accordance with the Australian code of practice for the care and use of animals for scientific purposes and with the approval of the Animal Ethics Committees of the Institute of Medical & Veterinary Science (Adelaide, Australia) and the University of Adelaide.

Colonic inflammation was induced in two Sprague-Dawley rats by the addition of 2%w/v dextran sulphate sodium (DSS) (MW 40000, ICN Biochemicals, Cleveland, Ohio) to drinking water for a period of 7 days. An additional two animals used as controls were housed in identical conditions but without DSS treatment for the same duration.

8. Appendix: 5-HT immunoreactivity in other regions of the gastrointestinal tract

Following deep anaesthesia with sodium pentobarbitone (60 mg/kg, ip) and transcardial perfusion with 4% paraformaldehyde, the distal colon was removed from rats. The most distal 4-5 cm, corresponding to the region used in electrophysiological studies, was retained including the mesenteric attachment, was then post-fixed for 2 hrs at room temperature (RT) in fresh fixative, washed three times for 20 min with phosphate-buffered saline (PBS) at pH7.4, then cryoprotected with 30% sucrose in PBS for 24 hrs at 4°C. The colon was subsequently frozen and 20 µm transverse sections cut. Sections were air dried for 10 min, after which the tissue was washed with PBS including 0.1% TritonX-100 (PBS-T). Tissue was then blocked with 2% goat serum, 1% bovine serum albumin, 0.05% Tween 20 and 0.1% gelatine in PBST for 60 mins at RT and subsequently incubated with monoclonal anti-5-HT (1:100; Dako, Sydney, Australia) and rabbit anti-CGRP (1:200; Calbiochem) in blocking solution in PBS-T overnight at 4°C. Tissue was then washed three times with PBS-T, and then incubated with a mixture of secondary antibodies: goat anti-rabbit Alexa Fluor 350 and donkey anti-mouse Alexa Fluor 555 (1:200; Molecular Probes, USA) for 45 min at RT. The tissue was then washed three times with PBS-T and mounted with ProLong Antifade (Molecular Probes, USA). Negative controls were prepared as above with the primary antibody omitted. Slides were allowed to dry overnight before viewing with an Olympus BX51 epifluorescence microscope. Images were taken with a Photometrics CoolSnap *fx* monochrome camera then pseudo-coloured.

Associations between CGRP containing nerve fibres and 5-HT containing mast cells were counted in the serosa from 15 randomly selected sections from each of the four rats. CGRP immunopositive nerve fibres were counted as associated with a mast cell if they were within 20 - 25 µm of each other, this distance corresponding to the diameter of the average mast cell over which 5-HT would be expected to diffuse readily.

A3 Results

Immunoreactivity for 5-HT was contained within individual cells in the mucosal epithelium, submucosa and in the serosa and mesentery of rat colon sections. CGRP immunoreactive nerve fibres were observed in all regions of the colon, in the mucosa, muscle layers and mesentery.

The DSS inflammatory protocol was validated by disease activity index score, histopathological assessment and myeloperoxidase (MPO) assay (50). Colonic sections from DSS-treated rats showed an increased level of background labelling for 5-HT and an increased number of 5-HT-cells in the mucosa and submucosa (data not shown). 5-HT immunoreactive cells in the serosa and mesentery were observed in thick sections from both inflamed and normal tissue. These cells had a granular appearance, and a morphology consistant with mast cells when examined under phase contrast (Nomarski) optics. No other 5-HT-immunoreactive structures were seen in these layers. Mast cells were frequently found in clusters of up to six cells surrounding mesenteric blood vessels in the serosa. CGRP-immunoreactive nerve fibres were also observed surrounding blood vessels entering the gut wall, and frequently in association with 5-HT immunolabelled mast cells (Figure A3.1). In inflamed specimens, the number of mast cells associated with CGRP fibres per section was higher (34 \pm 6.3%) than in non-inflamed specimens (17.0 \pm 4.9%, t-test, p < 0.05).

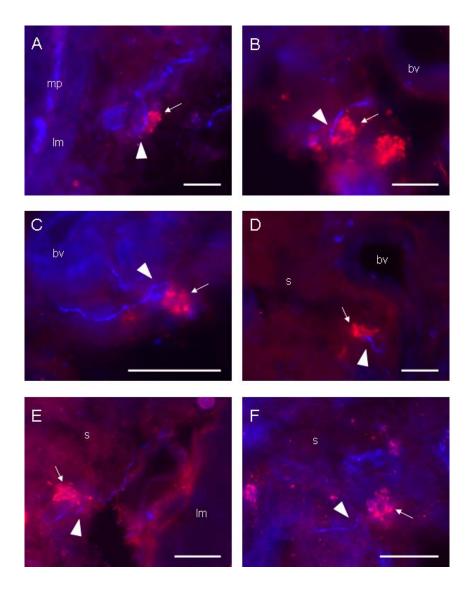


Figure A3.1 Immunohistochemistry for 5-HT and CGRP in the mesenteric border of rat colon.

Double label immunohistochemistry for 5-HT (red fluorescence) and CGRP (blue fluorescence) are shown in sections from dextran sulphate sodium (DSS)-treated rats (A-F). Arrows indicate 5-HT immunopositive mast cells which are in close association with CGRP immunoreactive nerve fibres (arrowheads). Mast cells and fibres are all located beyond the longitudinal muscle (Im) on the serosal (s) side of the mesenteric border region. Fibres and 5-HT immunopositive mast cells were frequently associated with mesenteric blood vessels (bv). Myenteric plexus; mp. Scale bars = 50µm.

A4 Discussion

It is well described that 5-HT activates colonic splanchnic afferents, and this process has been implicated in symptoms in postinfectious and postinflammatory states in humans (105). Functional studies performed in our laboratory show that colonic serosal and mesenteric extrinsic afferent endings exhibit increased sensitivity to 5-HT in inflammation, with an increase in proportion of responders and an increase in sensitivity reported, which is maintained after healing from inflammation (50). Immunohistochemical studies were undertaken in the current study to visualise associations between the 5-HT-containing mast cells and sensory nerves in the colonic serosa and mesentery, tissue regions where afferent electrophysiological recordings were obtained in in vitro colonic preparations (50).

5-HT-immunoreactive cells were identified in thick sections of the colonic serosa and mesentery from control and DSS - treated rats, as were colonic afferent nerve fibres labelled by CGRP (45). 5-HT cells were morphologically similar in appearance to mast cells, based on previous findings (230, 375). An increased number of these cells were observed in the colonic mucosa and submucosa, which were of comparable size and distribution to mast cells previously described in the inflamed rat colon (249). The number of close associations (20 μ m) between 5-HT-immunoreactive mast cells and CGRP immunopositive nerve fibres in the current study was also significantly higher in colons form DSS-treated rats compared to controls, and may underestimate the actual number of close associations (332).

Electrophysiological studies showed that robust responses to mast cell degranulation occurred exclusively in inflamed preparations, which may be attributable to altered 5-HT release. The immunohistochemical data indicates a higher probability of functional associations between sensory nerves and mast cells in this region of the inflamed rat colon, as has been shown anatomically in IBS in humans (11) and by others in the rat model of DSS-induced colitis (249). The initial insult of DSS affects only the mucosa at the level of the

8. Appendix: 5-HT immunoreactivity in other regions of the gastrointestinal tract

epithelial cells (54, 245) and therefore changes in the serosa or mesentery reflect signalling of the mucosal injury. This finding supports a role for 5-HT in responses to mast cell degranulation but does not exclude the possibility of involvement of other mediators such as histamine and proteases.

The increased probability of association between 5-HT-releasing cells and sensory afferent fibres in inflammation illustrates a potentially maladaptive response of 5-HT signalling that may increase gastrointestinal symptoms. Experimental models of diabetes in the rat have also shown an increase in the 5-HT content of enterochromaffin cells in the duodenum (338). This increase may lead to an increased activation of vagal afferents in the small intestine and gastrointestinal sensory and motor dysfunctions in diabetes. However changes in enteroendocrine cell populations in diabetes have yet to be thoroughly investigated. A technical issue to be resolved prior to use of such an immunohistochemical approach is the fact that gastrointestinal vagal afferents have no unifying immunohistochemical marker. As a consequence, an assessment of 5-HT signalling to gastrointestinal vagal afferents may require a combined approach of 5-HT immunolabelling with anterograde nerve tracing from the nodose ganglion.

In conclusion electrophysiologyical studies in our laboratory have shown that colonic serosal and mesenteric primary afferent endings exhibit increased sensitivity to 5-HT in inflammation. The current immunohistochemical studies add to this and suggest this may be due to increased associations between 5-HT immunopositive serosal mast cells and colonic sensory fibres in inflammation. These findings illustrate how altered 5-HT signalling in the gastrointestinal tract may contribute to sensory and motor dysfunctions in disease states.

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