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HYDROGEN PEROXIDE ACTIVATES HIGH THRESHOLD INTRAMURAL VASCULAR AFFERENTS VIA TRPA1 BUT NOT TRPV1 CHANNELS IN THE GUINEA PIG BLADDER

Hypothesis / aims of study

There is an increasing body of evidence that ischemia/reperfusion injury, which is largely attributable to effects of reactive oxygen species (ROS), contributes to the initiation of many bladder dysfunctions including overactive bladder induced by bladder outlet obstruction. Focal regions of hypoxia are well documented in animal models of bladder outlet obstruction (1). It has been also shown that intravesically applied hydrogen peroxide (H_2O_2 , ~10 mM) evoked bladder overactivity, most likely acting on capsaicin-sensitive afferents in the bladder (2). However, it is still unclear which particular class of sensory neurons are activated by ROS and what are their major targets. The aim of this study was to determine the effect of oxidative stress induced by hydrogen peroxide on the major classes of bladder afferents and its mechanism of action on sensory neurons.

Study design, materials and methods

[']Close-to-target' single unit extracellular recordings were made from fine nerve trunks of pelvic nerves entering the guinea pig bladder in flat sheet preparations *in vitro* as previously described (3). The major classes of bladder afferents were distinguished on the basis of their responses to isotonic stretch (1-40 g), von Frey stroking (10-50 mg) and capsaicin sensitivity. All experiments were performed in the presence of nicardipine (4 μ M). H₂O₂ was applied either by adding into a small chamber, which was sealed above marked receptive field area of particular afferent, or by direct application into the bath. If an afferent unit was spontaneously active, its spontaneous firing rate was subtracted from overall responses evoked by H₂O₂ and other drugs. Results are expressed as means ± SEM. The use of "n" numbers refers to the number of afferent units and N to the number of animals.

<u>Results</u>

Four major classes of bladder afferents were recorded in this study: capsaicin-insensitive low threshold stretch-sensitive muscular and muscular-urothelial afferents and capsaicin-sensitive stretch-insensitive urothelial and high threshold intramural 'vascular' afferents, which were previously described in detail (3). Local application to the receptive field or bath application of H_2O_2 (300-500 μ M for 2 min) activate the majority of capsaicin-sensitive (70%, 24 out of 36 units, N=22) urothelial and high threshold vascular afferents but not low threshold muscular or muscular-urothelial afferents (N=14).

The mechanism of action H_2O_2 on high threshold capsaicin-sensitive vascular afferents was studied in detail in urothelium-free bladder preparations. Bath application of H_2O_2 induced concentration-dependent (30-1000 μ M, N=7) activation of high threshold mechanoreceptors, with threshold between 30 and 100 μ M. H_2O_2 (300 μ M for 2 min) evoked reproducible regular bursting firing of high threshold vascular afferents of 0.78 ± 0.2 Hz (n=21, N=14). In most cases, both H_2O_2 and TRPA1 agonist, mustard oil, activated the same afferents. Mustard oil produced concentration-dependent activation of high threshold vascular afferents with EC₅₀ = 55.2 μ M (n=6, N=4).

Bath application of TRPA1 antagonist, HC-030031 (10 μ M for 30 min), inhibited H₂O₂ (300 μ M)-induced activation of vascular afferents by 65 ± 8% (n=11, N=7, P<0.05). In contrast, TRPV1 antagonist, capsazepine (10 μ M for 30 min) did not affect the action of H₂O₂ on vascular afferents (+1 ± 15%, n=5, N=3). Capsaicin application (0.5 μ M for 30 s) evoked activation of high threshold vascular afferents with mean firing of 3.6 ± 0.7 Hz (n=12, N=8). The activation of these afferents during second application of capsaicin (after 30 min of washing) was reduced by 16 ± 5% (n=5, N=4, P<0.05). Capsaicin-induced activation of vascular afferents was also inhibited by HC-030031 by 27 ± 4% (n=4, N=3, P<0.05). However, this inhibition was not different (P=0.1, NS) from the decline seen during second application of capsaicin alone. In contrast, application of capsazepine abolished the effect of second application of capsaicin (by 99.6 ± 1%, n=7, N=4).

The role of other ROS (in particular, hydroxyl radical) in the activation of vascular afferents produced during H_2O_2 -induced oxidative stress was determined by using dimethylthiourea (a hydroxyl radical scavenger) and deferoxamine (an iron-chelator that prevents formation of hydroxyl radical). Unexpectedly, dimethylthiourea (10 mM) itself evoked activation of capsaicin-sensitive vascular afferents with mean firing of 0.63 ± 0.29 Hz (n=8, N=5). While in 5 out 8 units dimethylthiourea reduced H_2O_2 (300 µM)-induced activation, overall it did not significantly affect H_2O_2 induced responses (n=8, N=5, P=0.34, NS). Deferoxamine (1 mM for 30 min) reduced the H_2O_2 -produced responses by 49 ± 14% (P<0.05, n-6, N=4). Prostaglandins synthesis inhibitor, dexketoprofen (3 µM for 45 min) inhibited spontaneous activity and H_2O_2 (300 µM)-induced activation of high threshold vascular afferents by 68 ± 13% (n=4, N=3, P<0.05) and 74 ± 13% (n=6, N=4, P<0.05), respectively. Application of superoxide anion radical generator, pyrogallol (1 mM for 2 min) produced activation (mean firing 0.83 ± 0.4 Hz, n=4, N=3) of the same afferents that were activated by H_2O_2 although with a longer latency.

Interpretation of results

Our results indicated that H_2O_2 strongly activates majority of capsaicin-sensitive urothelial and high threshold vascular afferents in the guinea pig bladder in vitro but not low threshold stretch-sensitive mechanoreceptors. The activation of high threshold intramural vascular afferents by H_2O_2 is mediated via TRPA1 but not TRPV1 channels since TRPA1 but not TRPV1 channels antagonists reduced its effect. It is likely that during oxidative stress produced by H_2O_2 application, in addition to direct activation of afferents by H_2O_2 itself, release of both prostaglandins and formation of other ROS (in particular hydroxyl radical) can contribute to overall activation of high threshold vascular afferents in the bladder.

Concluding message

The results of current study show that H₂O₂, in concentration range that have been detected in inflammation or reperfusion after ischemia, evoked long-lasting activation of majority of capsaicin-sensitive urothelial and high threshold vascular afferents. The data demonstrate that the TRPA1 channels on the endings of capsaicin-sensitive fibres are the major targets of ROS. Our data

support current hypothesis that increased production of ROS during ischemia/reperfusion injury seen in bladder outlet obstruction triggers the development of bladder overactivity via stimulation of capsaicin-sensitive afferents.

References

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Disclosures

Funding: supported by grant #1046881 from the NH&MRC of Australia **Clinical Trial:** No **Subjects:** ANIMAL **Species:** guinea pigs **Ethics Committee:** Animal Welfare Committee at Flinders University