

## MUSCARINIC RECEPTORS SUBTYPES M<sub>2</sub> AND M<sub>3</sub> IN HUMAN URINARY BLADDER DISORDERS AND THEIR CLINICAL CORRELATIONS

### Hypothesis / aims of study

The cellular localization and role(s) of different muscarinic receptors in human urinary bladder syndromes is uncertain. We have studied the muscarinic receptor subtypes M<sub>2</sub> and M<sub>3</sub> in the human urinary bladder, and related changes in the receptor density of patients with detrusor overactivity, painful bladder syndromes and controls to clinical measures such as urinary frequency and urgency.

### Study design, materials and methods

Bladder specimens obtained from patients with painful bladder syndrome (PBS, n=11), idiopathic detrusor overactivity (IDO, n=12), and asymptomatic microscopic hematuria (controls, n=16), were immunostained using specific antibodies to muscarinic receptor subtypes M<sub>2</sub>, M<sub>3</sub> and vimentin (a marker for myofibroblasts). Results of immunostaining were quantified with computerized image analysis, and were correlated with the clinical dysfunction (Frequency and Urgency scores).

### Results

M<sub>2</sub>- and M<sub>3</sub>-immunoreactivity was observed in the urothelium, nerve fibres, and detrusor layers: in addition, strong "myofibroblast-like" cell staining, similar to vimentin, was present in the suburothelial region and detrusor muscle. A significant increase in the sub-urothelial myofibroblast-like M<sub>2</sub>-immunoreactivity was seen in both PBS (P=0.0062) and IDO (P=0.0002), and myofibroblast-like M<sub>3</sub>-immunoreactivity in IDO (P=0.0122), with a trend in PBS. The M<sub>2</sub>- and M<sub>3</sub>-immunoreactivity significantly correlated with the Urgency score (P=0.0002 and 0.0206 respectively) (fig c and d), and M<sub>2</sub>-immunoreactivity with the Frequency Score (P=0.0029)(fig a). No significant difference was seen in the M<sub>2</sub>-, M<sub>3</sub>-urothelial and detrusor or vimentin- immunostaining.

Fig (1a) frequency score compared with M<sub>2</sub> immunoreactive area (1b) M<sub>3</sub> immunoreactive area

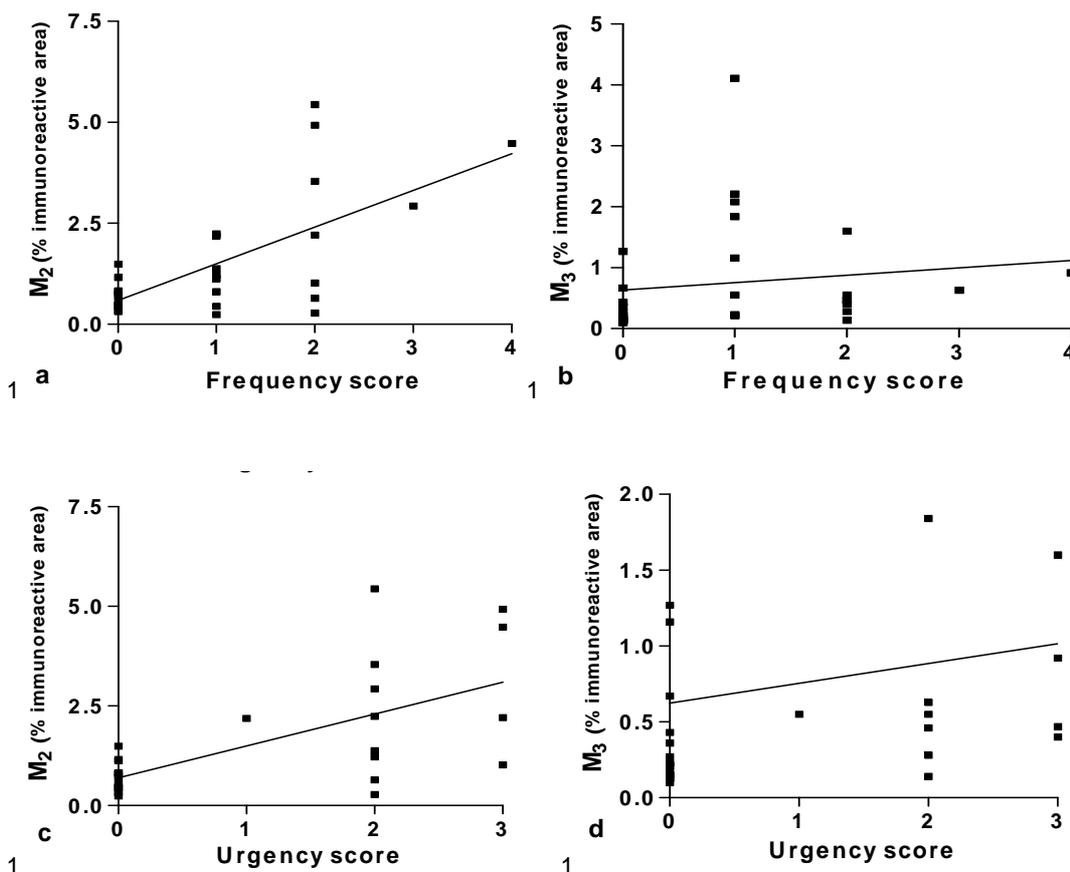
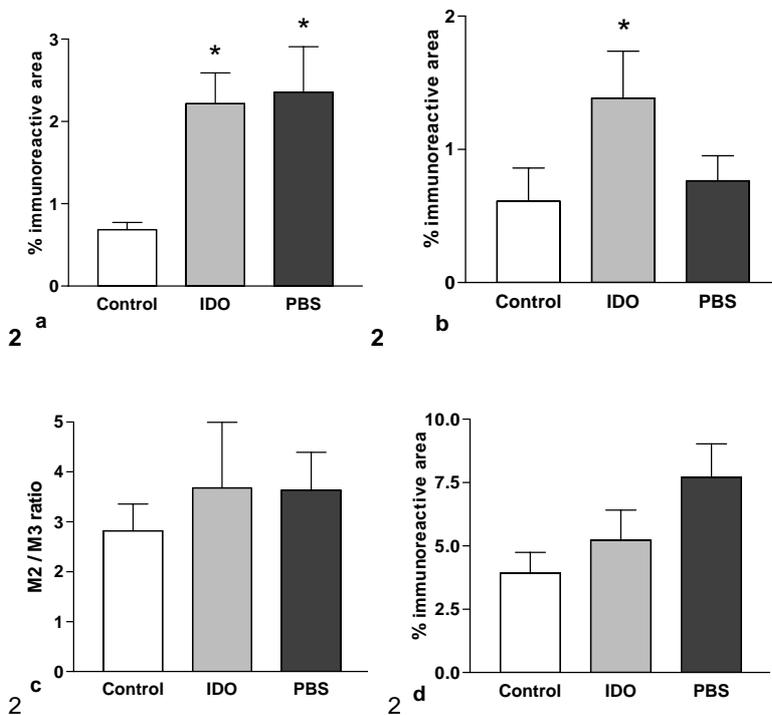


Fig (1c) urgency score correlated against M<sub>2</sub> immunoreactive area (1d) against M<sub>3</sub> immunoreactive area



Bar charts showing the relative % area (mean  $\pm$ SEM) of **(2a)** M<sub>2</sub>-immunoreactive myofibroblasts, **(2b)** M<sub>3</sub>-immunoreactive myofibroblasts, **(2c)** M<sub>2</sub> / M<sub>3</sub> Ratio (%) and **(2d)** Vimentin staining in control (n=16), IDO (n=12) and PBS (n=11) groups.

#### Interpretation of results

This study demonstrates the cellular localisation and distribution of muscarinic receptors M<sub>2</sub> and M<sub>3</sub> in the human urinary bladder disorders. The increase in M<sub>2</sub>- and M<sub>3</sub>-immunostaining in myofibroblast-like cells in clinical bladder syndromes, and correlation with clinical scores, suggests a potential role in pathophysiological mechanisms and the therapeutic effect of anti-muscarinic agents.

#### Concluding message

Muscarinic receptors do correlate with clinical symptoms in detrusor overactivity and painful bladder syndrome. M<sub>2</sub> and M<sub>3</sub> immunoreactivity correlate with urinary frequency and only M<sub>2</sub> significantly correlate to urgency.

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**HUMAN SUBJECTS:** This study was approved by the Hammersmith Ethics Committee and followed the Declaration of Helsinki. Informed consent was obtained from the patients.