

Biotransformation of arachidonic acid in the circulation of the dog

G.J. DUSTING, S. MONCADA,
K.M. MULLANE & J.R. VANE

Wellcome Research Laboratories, Langley Court, Beckenham, Kent BR3 3BS.

A major metabolite of arachidonic acid (AA) in blood vessels *in vitro* is the potent vasodilating substance, prostacyclin (PGI₂) (Moncada & Vane, 1977; Dusting, Moncada & Vane, 1978a). AA induces hypotension in anaesthetized dogs (Rose, Johnson, Ramwell & Kot, 1974) and dilates mesenteric and hindlimb vascular beds (Dusting *et al.*, 1978a). However, Wicks, Rose, Johnson, Ramwell & Kot (1976) found that AA caused vasoconstriction in perfused lobes of dog lung. Moreover, incubation of dog platelets with AA *in vitro* generates thromboxane A₂ (Chignard & Vargaftig, 1976) which constricts some vascular beds (Dusting *et al.*, 1978a). Therefore, we have examined the metabolic transformation of AA in blood and the pulmonary vascular bed in dogs.

AA metabolites were detected by the blood-bathed organ technique (Vane, 1964) using blood continuously withdrawn from the carotid artery of chloralose-anaesthetized dogs with up to 6 bioassay tissues including rat stomach strip (RSS), rat colon (RC) and spiral strips of rabbit aorta (RbA), rabbit coeliac (RbCA) or mesenteric (RbMA) artery and bovine coronary artery (BCA). A coil of silicone tubing maintained at 37°C interposed between the blood supply and the bioassay tissues allowed incubation of AA with blood for 0.1–4 minutes. AA (5–10 µg/ml) infused into this coil contracted all tissues, suggesting generation of thromboxane A₂ (TXA₂). Maximum contraction was obtained with an incubation time of 1 minute. TXA₂ (0.1–0.4 µg) also contracted all tissues. The half life of TXA₂ in blood was 30–57 s (5 experiments), a similar value to that in aqueous solutions at 37°C.

The AA-induced contractions were prevented by indomethacin (1 µg/ml blood or 5 mg/kg intravenously). Imidazole (100 µg/ml), an inhibitor of thromboxane synthetase (Moncada, Bunting, Mullane, Thorogood, Vane, Raz & Needleman, 1977), substantially reduced the amount of TXA₂-like material generated.

The bioassay tissues were treated with (Sar¹-Ile⁸)-angiotensin II (25 ng/ml), phenoxybenzamine (100

ng/ml) and propranolol (2 µg/ml) to antagonize the effects of released angiotensin and catecholamines. AA (50–800 µg kg⁻¹ min⁻¹ intravenously) reduced both pulmonary and systemic arterial pressures according to the dose, had no effect on RbA but relaxed RbCA, RbMA and BCA and contracted RSS and RC. The effects could be mimicked by direct infusions of prostacyclin (5–40 ng/ml). All effects of AA were abolished by indomethacin (5 mg/kg, intravenously).

Although AA is transformed into the vasoconstrictor TXA₂ when incubated for sufficient time with blood alone, it is transformed into a prostacyclin-like substance on passage through the lungs. Prostacyclin is not inactivated by the pulmonary circulation (Dusting, Moncada & Vane, 1978b). Thus, prostacyclin released from the lungs could have a circulating function.

References

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