

A POSSIBLE ROLE FOR LIPOXYGENASE PRODUCTS AS REGULATORS OF AIRWAY SMOOTH MUSCLE REACTIVITY

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The size of guinea-pig isolated tracheal contractions induced by histamine was substantially augmented by pretreatment with the cyclo-oxygenase inhibitor, indomethacin. However, compounds which inhibit both the cyclo-oxygenase and lipoxygenase pathways of arachidonic acid metabolism not only did not augment histamine-induced contractions of the guinea-pig trachea, but also completely reversed the increased reactivity to histamine produced by indomethacin. The SRS-A (slow reacting substance of anaphylaxis) antagonist, FPL55712, and the anti-allergic drug, cromoglycate, had no effect on the augmentation of histamine-induced contractions by indomethacin.

Introduction The bronchoconstrictor response to small doses of inhaled spasmogens, including methacholine and prostaglandin $F_{2\alpha}$ ($PGF_{2\alpha}$), is often greater in asthmatics than in healthy individuals (Mathé, Hedquist, Holmgren and Svanborg, 1973; Ryo & Townley, 1976). The mechanism of this non-specific airway hyper-reactivity has yet to be clearly defined. Relevant to this phenomenon is the observation by Orehek, Douglas & Bouhuys (1975) that the size of guinea-pig tracheal contractions induced by histamine and several other spasmogens is increased by pretreatment with indomethacin. These authors suggested that indomethacin, by inhibiting the cyclo-oxygenase pathway of arachidonic acid metabolism, may reduce the effect of a relaxant prostaglandin such as PGE_2 . The present study was carried out to investigate whether augmentation of histamine-induced contractions of guinea-pig trachea by indomethacin might be due to diversion of arachidonic acid to lipoxygenase products. To investigate this hypothesis, we made use of compounds that inhibit both cyclo-oxygenase and lipoxygenase pathways of arachidonic acid metabolism, two such compounds being referred to as CLI, 3-amino-1-[*p*-(chlorophenyl)]-2-pyrazoline (Adcock, Garland, Moncada & Salmon, 1978b) and BW755C, 3-amino-1-[*m*-(trifluoromethyl)-phenyl]-2-pyrazoline (Higgs, Copp, Denyer, Flower, Tateson, Vane & Walker, 1978).

Method Male Porcellus guinea-pigs (250 to 300 g) were killed by a blow to the neck, the trachea was rapidly removed and placed in Tyrode solution of the following composition (mM): $NaCl_2$ 137, KCl 2.7, $CaCl_2$ 1.8, $MgCl_2$ 0.49, $NaHCO_3$ 11.9, NaH_2PO_4 0.4 and glucose 5.5. It was then cleaned of extraneous tissue, cut longitudinally through the cartilage to form a flat sheet and transverse cuts made to form a strip of tissue which was then suspended in an organ bath and superfused at a rate of 3 ml/min with Tyrode solution maintained at 37°C and gassed with 95% O_2 and 5% CO_2 . Responses were measured isotonicity with a Harvard heart/smooth muscle transducer and recorded on a Rikadenki 4-channel desk-top pen recorder. Each tracheal strip was then equilibrated under an initial tension of 6 g for 1.5 h; the load was reduced to 3 g just before the start of the experiment. At least two cumulative dose-response curves for histamine were obtained before the infusion of test compound(s) which was usually for 20 min before and during the next histamine dose-response curve. Responses were expressed as percentages of the maximum control response.

Results Indomethacin (1 μ g/ml) substantially augmented the histamine-induced contractions (Figure 1a) and this augmentation persisted for at least 2 h after its superfusion had ceased. Over the range of 0.1 ng/ml to 100 μ g/ml indomethacin, the dose-response curve was bell-shaped, maximum histamine responses in 16 preparations being approximately doubled by indomethacin at concentrations between 10 ng/ml to 10 μ g/ml. At higher concentrations the effect of indomethacin decreased in a dose-related manner, maximum responses to histamine becoming less than control (before treatment) when indomethacin was used at concentrations greater than 50 μ g/ml (five preparations). In contrast to its enhancing effect, this inhibition by indomethacin was completely reversed by washing the tissue for 20 min.

A number of phenyl pyrazolines have recently been described as mixed cyclo-oxygenase/lipoxygenase inhibitors, the two compounds used in this study were

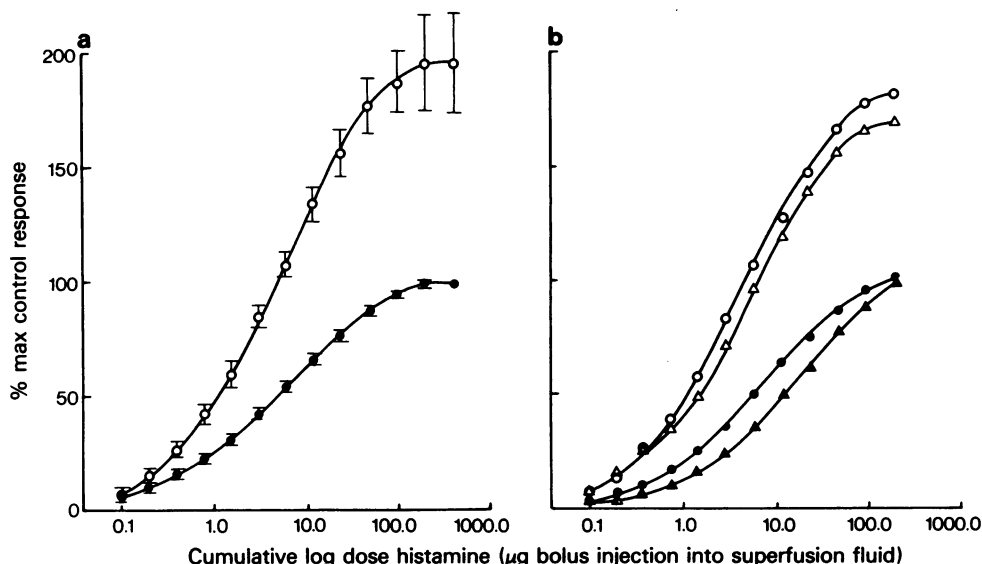


Figure 1 Histamine-induced contractions of guinea-pig trachea expressed as cumulative log dose-response curves either before (●; $n = 20$ in a, 2 in b) or after (○; $n = 7$ in a, 2 in b) treatment with indomethacin (1.0 µg/ml in a; 0.5 µg/ml in b). In (b) histamine responses after 20 min superfusion of indomethacin concomitantly with CLI (40 µg/ml) on the same preparation are shown by (▲) ($n = 2$). Following removal of CLI, indomethacin (0.5 µg/ml) superfusion was continued for a further 20 min (△; $n = 2$). Responses are expressed as percentages of the maximal control response and vertical lines show s.e. mean.

CLI (Adcock *et al.*, 1978b) and BW755C (Higgs *et al.*, 1978). When either of these inhibitors was superfused over the trachea at concentrations between 10 µg/ml to 40 µg/ml for 20 min before and during a histamine dose-response curve, the control histamine dose-response curve remained almost unchanged (results not illustrated). However, when superfused concomitantly with indomethacin (0.5 µg/ml), CLI (40 µg/ml) reduced the augmented histamine responses to control values. This effect of CLI was reversible. When superfusion of CLI was stopped but indomethacin treatment continued for a further 20 min histamine responses were again augmented (Figure 1b). Similar results (not illustrated) were obtained in two experiments with compound BW755C. These results with the mixed cyclo-oxygenase/lipoxygenase inhibitors suggest that indomethacin exerts its action not by removing the effect of a relaxant prostaglandin from the cyclo-oxygenase pathway, but by diverting arachidonic acid metabolism through the lipoxygenase pathway, a product of which might augment histamine-induced contractions.

Since it has been suggested that a product of the lipoxygenase pathway, leukotriene-C₄, may have slow reacting substance of anaphylaxis (SRS-A) like ac-

tivity (Murphy, Hammarström & Samuelsson, 1979) we investigated the action of the SRS-A antagonist, FPL55712 sodium 7-[3-(4-acetyl-3-hydroxy-2-propylphenoxy)-2-hydroxypropoxy]-4-oxo-8-propyl-4H-1-benzopyran-2-carboxylate (Augstein, Farmer, Lee, Sheard & Tattersall, 1973) against histamine contractions previously augmented by indomethacin. In two preliminary experiments, FPL55712 at a concentration of 0.5 µg/ml completely antagonized SRS-A-induced contractions of the guinea-pig trachea while leaving histamine contractions unchanged. However, the same concentration of FPL55712 neither prevented nor reversed indomethacin-augmentation of histamine contractions. Indomethacin (0.5 µg/ml) increased the maximum histamine contraction to $153 \pm 8\%$ of control (mean \pm s.e. mean; $n = 7$) in untreated preparations and to $164 \pm 12\%$ of control (mean \pm s.e. mean; $n = 3$) in tissues pretreated with FPL55712 (0.5 µg/ml); these values were not significantly different by *t* test. In three separate experiments where indomethacin (0.5 µg/ml) had already augmented maximum histamine contractions to $161 \pm 15\%$ of control, subsequent superfusion of FPL 55712 (0.5 µg/ml) left histamine responses unchanged at $159 \pm 13\%$ of control (mean \pm s.e. mean). In addi-

tion, we have tested the anti-allergic drug, cromoglycate, in this system to assess whether any part of its effect in asthmatics could be attributed to an inhibition of airway hyper-reactivity associated with lipoxygenase products. However, cromoglycate (50 $\mu\text{g/ml}$) neither prevented nor reversed the augmentation of histamine contractions by indomethacin, 0.5 $\mu\text{g/ml}$ (2 separate experiments, results not illustrated).

Discussion The present results confirm and extend previous observations that indomethacin augments histamine contractions of guinea-pig tracheal smooth muscle. From our results with mixed cyclo-oxygenase/lipoxygenase inhibitors we conclude that

this increased responsiveness may be attributed to an augmenting effect of lipoxygenase product(s) formed in greater quantity by diversion of arachidonic acid metabolism after cyclo-oxygenase inhibition. Of the several lipoxygenase products that might be responsible we appear to have ruled out leukotriene-C since high concentrations of FPL55712 did not prevent or reverse augmentation of responses by indomethacin. Thus, it may be concluded that lipoxygenase products other than leukotriene-C may have a pathological role in asthma. The present results point to them having a role in non-specific airway hyper-reactivity while previous experiments on perfused guinea-pig lungs (Adcock, Garland, Moncada & Salmon, 1978a; Adcock *et al.*, 1978b) suggested an action on allergic mechanisms.

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