

## Patch clamp techniques to study effects of anesthetics on airway smooth muscle cells

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Inhalation anesthetics have a direct relaxant effect on airway smooth muscle. Recent research has done much to clarify the cellular mechanisms for contraction and relaxation in airway smooth muscles and has suggested a possible mechanism of action for inhalation anesthetics in these muscles [1,2]. As in other muscle cells, the free intracellular concentration of  $\text{Ca}^{2+}$  ( $[\text{Ca}^{2+}]_i$ ) plays a central role in regulation of airway smooth muscle tone [3]. Yamakage [1] demonstrated that relaxation of precontracted tracheal smooth muscle by halothane was associated with a decrease in  $[\text{Ca}^{2+}]_i$ . Because sustained contraction of this tissue requires the continued entry of extracellular  $\text{Ca}^{2+}$ , a possible mechanism for the airway relaxant effect of inhalation anesthetics is inhibition of voltage-dependent  $\text{Ca}^{2+}$  channels (VDC) [4].

Patch clamp techniques provide a means for directly studying properties of membrane ion channels [5]. Applications of these methods to airway smooth muscle cells have demonstrated a variety of  $\text{K}^+$  and  $\text{Ca}^{2+}$  channels that are likely of functional importance [6,7]. One patch clamp method, whole-cell recording, is particularly useful for quantifying  $\text{Ca}^{2+}$  current ( $I_{\text{Ca}}$ ) through VDC. In this report, we describe the results of a preliminary study that demonstrates inhibition by enflurane of  $I_{\text{Ca}}$  in isolated airway smooth muscle cells.

Porcine tracheal smooth muscle, dissected free of epithelium and connective tissue, was minced. The tissue fragments were digested in  $\text{Ca}^{2+}$ -free Tyrode's solution containing 0.1% collagenase, 0.05% trypsin

inhibitor, and 0.03% protease for 30 min at 37°C. Single cells were dispersed by repeated gentle aspiration into a plastic pipette, filtered through nylon mesh, and centrifuged at 200 g for 3 min. The cell pellet was resuspended in modified "K-B" solution [8] and stored at 4°C for up to 6 h before use.

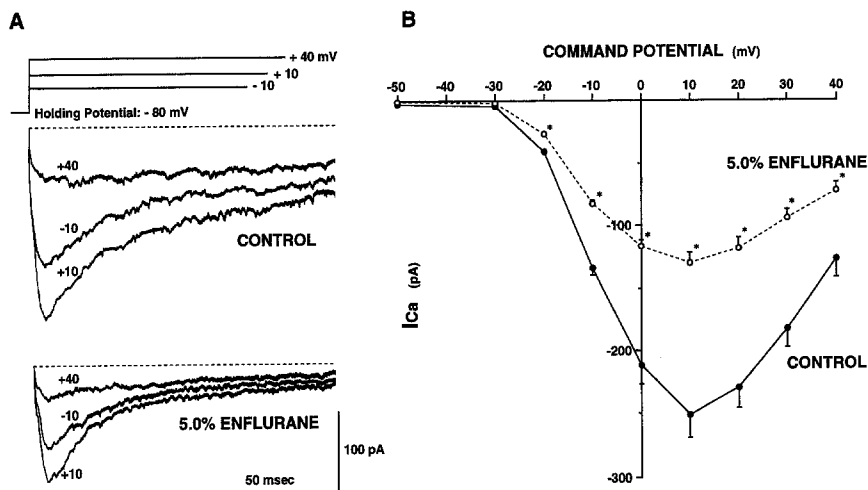
Micropipettes, manufactured using a Brown-Flaming horizontal puller, were coated with silicone rubber and heat-polished. These had resistance of 3–5 M $\Omega$  when filled with the recording solution. Recording solutions were chosen to inhibit  $\text{K}^+$  currents and enhance  $\text{Ca}^{2+}$  currents. The pipette solution contained (in mM): CsCl 130,  $\text{MgCl}_2$  4, EGTA 10,  $\text{Na}_2\text{ATP}$  5, and HEPES/Tris 10 (pH 7.2). The bath solution contained (in mM): TEACl 130,  $\text{MgCl}_2$  1,  $\text{CaCl}_2$  10, glucose 10, and HEPES/Tris 10 (pH 7.4).

A small volume of the cell suspension was placed in a perfusion chamber on the stage of the inverted microscope (Olympus CK2, Leeds Instruments, Minneapolis, MN, USA). At 400 $\times$  magnification, a three-dimensional oil-driven micromanipulator (MO-102, Narishige, Tokyo, Japan) was used to position the patch pipettes against the membranes of the airway smooth muscle cells. Slight suction was applied to the pipette interior to obtain a high-resistance seal (3–10 G $\Omega$ ), and the patch membrane was disrupted by strong negative pressure. This process provided low-resistance electrical access to the cell interior and allowed the diffusional replacement of cytoplasm with the pipette solution. Pulses (150 ms) were applied from a holding potential of –80 mV to command potentials of –50 to +40 mV to elicit whole-cell  $I_{\text{Ca}}$ . Membrane currents were amplified by a List EPC-7 patch clamp amplifier (List-Electronics, Great Neck, NY, USA) and the amplifier output was low-pass-filtered at 900 Hz. Threshold activation of  $I_{\text{Ca}}$  occurred at –20 mV, and the peak current amplitude ( $-252 \pm 18$  pA) was reached at +10 mV.

After several minutes of recording, cells were exposed to enflurane for 7 min by changing the inflow

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**Fig. 1A, B.** Effect of enflurane on inward  $\text{Ca}^{2+}$  currents through voltage-dependent calcium channels. **A** Recordings of  $\text{Ca}^{2+}$  current generated by progressive depolarizing pulses (only  $-10$ ,  $+10$ , and  $+40$  mV are shown). **B** The relationship of peak  $\text{Ca}^{2+}$  current and applied voltage. Each symbol represents mean  $\pm$  SEM of data from 5 cells.  $*P < 0.05$  vs. control

perfusate to one vigorously bubbled with the anesthetic (5.0% in air). The anesthetic significantly inhibited  $I_{\text{Ca}}$  throughout the voltage range studied (Fig. 1A). Enflurane produced a  $48 \pm 2\%$  reduction (mean  $\pm$  SEM,  $n = 5$ ) from the control peak current at  $+10$  mV. There was no apparent shift in the voltage-dependence of induced  $\text{Ca}^{2+}$  currents (Fig. 1B).

We conclude that enflurane has an inhibitory effect on VDC of porcine airway smooth muscle cells. These results are similar to those reported with halothane and/or isoflurane in canine coronary artery and guinea-pig portal vein smooth muscle cells [9,10]. Our studies suggest that one mechanism by which inhalation anesthetics decrease the intracellular  $\text{Ca}^{2+}$  concentration and cause smooth muscle relaxation is by direct inhibition of VDC.

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