

which occurred between 10^{-5} and 10^{-4} M for both compounds. The gradual relaxation phase was antagonized by propranolol while the steep relaxation phase was not. It is concluded that medroxoalol and labetalol have β_2 -adrenoceptor agonist activity which relaxes uterine muscle, and an additional relaxant activity which is unrelated to β -adrenoceptor activation.

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Aminophylline-induced contractions of rabbit ear artery in high- K^+ Ca^{2+} -free medium

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The phasic plus tonic components of the bimodal response of rabbit ear artery to noradrenaline (NA) has been attributed to release of Ca^{2+} from cellular stores and mobilization of extracellular Ca^{2+} respectively (Bevan et al 1973; Steinsland et al 1973). Since methylxanthines produce contractures of both skeletal (Bianchi 1961; Endo 1975; Bianchi & Friedman 1979) and cardiac (Chapman & Leoty 1976; Matsumura & Narita 1980) muscle through Ca^{2+} release from sarcoplasmic reticulum (for a review see Fabiato & Fabiato 1977) it appeared worthwhile to determine the effect of aminophylline on rabbit ear artery under experimental conditions suitable for studying cellular Ca^{2+} mobilization-dependent contractions.

Methods

Male albino rabbits, 2.5-3 kg were anaesthetized with urethane (1.5 g kg^{-1} i.p.) and heparinized (1000 U.I. i.v.). A 3 cm segment of central ear artery was dissected free from adhering tissues, cannulated at both ends with polyethylene tubing and transferred to a 7 ml organ bath (at 37°C) with a volume maintained constant by means of an overflow. The arterial segment was perfused intraluminally by means of De Saga 131900 six-channels peristaltic pump at a rate of 5 ml min^{-1} while extraluminal perfusion at a rate of 8 ml min^{-1} was obtained by means of a Mariotte bottle. Both intraluminal and extraluminal perfusion fluid were gassed with 95% O_2 and 5% CO_2 and heated at 37°C . Changes in intraluminal perfusion pressure, recorded by means of a pressure transducer, were taken as an indirect

measure of arterial contraction over the resting tone ($20.4 \pm 0.8 \text{ mmHg}$; $n = 19$). The artery was perfused intra and extraluminally with Krebs solution (mM) (NaCl 119, $NaHCO_3$ 25, KCl 4.7, $MgSO_4$ 1.5, KH_2PO_4 1.2, $CaCl_2$ 2.5, glucose 11). After 1 h stabilization period the perfusion fluid was replaced with high- K^+ Ca^{2+} free-solution (NaCl 69, $NaHCO_3$ 25, KCl 54.7 $MgSO_4$ 1.5 KH_2PO_4 1.2 glucose 11 mM) which produced a rapid contraction followed by return to basal values. Five minutes later intraluminal perfusion fluid was substituted with high- K^+ Ca^{2+} -free solution containing NA or aminophylline at the desired concentration which produced a contraction followed by a return to resting values. Preliminary experiments showed that a 25 min perfusion with Krebs solution provided comparable responses to subsequent challenge with NA or aminophylline. When testing the influence of aminophylline (10^{-2} M) on contractions produced by a supramaximal (5×10^{-6} M) dose of NA, the procedure was similar to that described above with the difference than 2 min before NA challenge the inner perfusion fluid was substituted with a high K^+ - Ca^{2+} -free solution containing aminophylline.

Results

In high- K^+ Ca^{2+} -free medium both NA (1×10^{-8} - 5×10^{-6} M) and aminophylline (1×10^{-3} - 5×10^{-2} M) produced a dose-dependent transient contraction with maximal values of 68.7 ± 2.2 and $17.49 \pm 0.5 \text{ mmHg}$ respectively (Fig. 1). The ED50 values calculated according to Litchfield & Wilcoxon (1949) where 7.97×10^{-8} M (3.92×10^{-8} - 1.62×10^{-7}) and 3.15×10^{-3} M

* Correspondence.

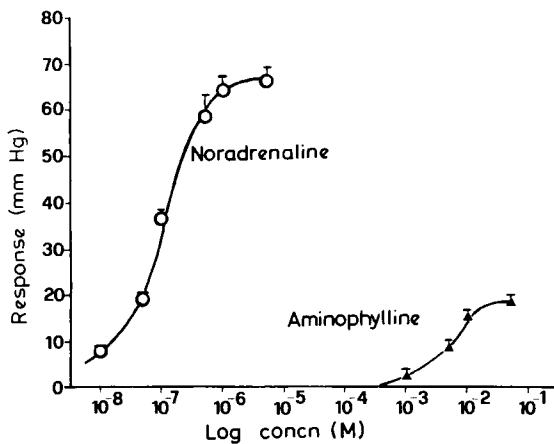


FIG. 1. Dose-response relationship for NA and aminophylline induced contraction in high- K^+ Ca^{2+} -free medium in rabbit ear artery. Each point represents mean \pm s.e. of at least 6 experiments.

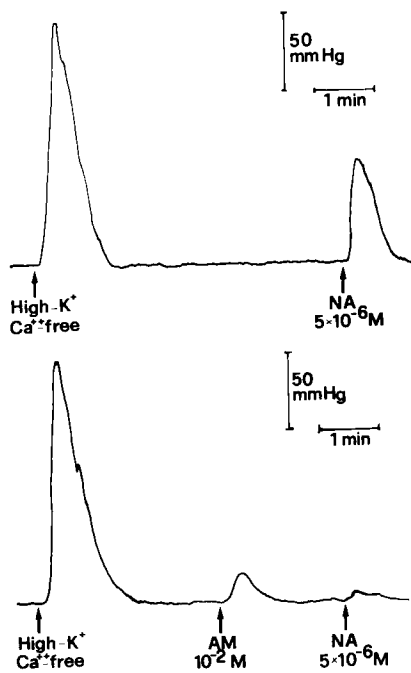


FIG. 2. Typical tracing showing the effect of aminophylline pretreatment on the contraction elicited by supramaximal dose of NA in high- K^+ Ca^{2+} -free medium.

($1.03 \times 10^{-3} - 9.64 \times 10^{-3}$) for NA and aminophylline respectively. Aminophylline pretreatment produced a $93.9 \pm 1.8\%$ ($n = 6$) inhibition of NA induced contractions (Fig. 2).

Discussion

It is well known that a high- K^+ medium induces mobilization of La^{3+} -sensitive, loosely bound, membrane Ca^{2+} stores (Weiss 1977), while Ca^{2+} -free medium eliminates trans-membrane Ca^{2+} movements. Therefore a contraction elicited in the high- K^+ Ca^{2+} -free medium should be strictly dependent upon the utilization of tightly bound cellular Ca^{2+} stores.

If this holds true, our results indicate that aminophylline is capable of mobilizing tightly bound cellular Ca^{2+} stores in smooth cells of the rabbit ear artery. Since Ca^{2+} release from sarcoplasmic reticulum is responsible for methylxanthine-induced contractions of both skeletal and cardiac muscles (Fabiato & Fabiato 1977) it is suggested that a similar mechanism might be responsible for aminophylline-induced contraction of the rabbit ear artery.

Although the possibility that aminophylline, at a concentration of 10^{-2} M, antagonized NA effects through phosphodiesterase inhibition cannot be ruled out, the hypothesis that aminophylline and NA utilize common Ca^{2+} stores in producing transient contraction in high- K^+ Ca^{2+} -free medium in rabbit ear artery is supported by recent findings (Deth & Lynch 1981) which indicate that in rabbit aorta caffeine and NA stimulate ^{45}Ca efflux through a similar mechanism.

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