

Comparison of the Intestinal Secretory Response to 5-Hydroxytryptamine in the Rat Jejunum and Ileum In-vitro

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Abstract

A secretory response to 5-hydroxytryptamine (5-HT) is observed throughout the intestinal tract; this investigation has compared the nature of this response in the jejunum and ileum of the rat in-vitro.

Different basal electrical activity was observed for jejunal and ileal sheets of rat small intestine. In both intact and stripped preparations the basal short-circuit current (SCC) was greater and the tissue resistance lower in the jejunum than in the ileum. 5-HT caused concentration-dependent increases in SCC in intact and stripped preparations of both regions. EC₅₀ values were similar in the jejunum and ileum, stripped sheets from both regions showing greater sensitivity. In the ileum the maximum increase in SCC induced by 5-HT was similar in intact and stripped sheets, but in the jejunum the response was greater in intact preparations. The jejunal response to 5-HT was reduced in the absence of bicarbonate but unaffected by lack of chloride, whereas the ileal response was inhibited by removal of chloride but unaltered in bicarbonate-free conditions. In intact sheets the tetrodotoxin-sensitive neural component was greater in the jejunum. In stripped sheets a neural component could still be detected in the ileum, but not in the jejunum.

There are, therefore, fundamental differences in the way in which the jejunum and ileum respond to 5-HT stimulation—the jejunal response is primarily a result of stimulation of bicarbonate secretion whereas chloride secretion predominates in the ileum. The myenteric plexus appears to play a more prominent role in the jejunum; in the ileum other neural elements also contribute to the response.

Intestinal secretion induced by 5-hydroxytryptamine (5-HT) stimulation is complex, with both neural and non-neural components contributing to the response (McKay & Perdue 1993; Cooke 1994; Franks et al 1996). There is, moreover, a considerable number of 5-HT receptor subtypes (Bradley et al 1986; Hoyer & Schoeffter 1991; Hoyer et al 1994) and evidence is emerging that several of these might be involved in the intestinal response to 5-HT challenge (Scott et al 1992; Ayton et al 1995; Hardcastle & Hardcastle 1995, 1996a). Thus 5-HT₂ (Beubler & Horina 1990; Beubler et al 1990, 1993; Siriwardena & Kellum 1993), 5-HT₃ (Baird & Cuthbert 1987; Beubler & Horina 1990; Cooke et al 1991; Beubler et al 1993) and 5-HT₄ (Borman & Burleigh 1993; Burleigh & Borman 1993; Budhoo & Kellum 1994) receptors have all been implicated in 5-HT action in the gut, although the location of the various subtypes within the intestine has yet to be clarified. There is general agreement that 5-HT₃ receptors in the intestinal tract are located on sensory neurones (Fozard 1987) and activate a cholinergic mechanism to stimulate secretion (Hendriks et al 1989; Cooke et al 1991). However, 5-HT₃ antagonists do not abolish the response to 5-HT, although they do eliminate the secretory effects of selective 5-HT₃ agonists (Hardcastle & Hardcastle 1995). Moreover, 5-methoxytryptamine, a 5-HT agonist that lacks affinity for 5-HT₃ receptors, is also capable of inducing a secretory response (Hardcastle & Hardcastle 1991, 1995). There is some evidence that 5-HT has a direct action on the transporting cells. In guinea-pig small intestine 5-HT₂ receptors, linked to the pro-

duction of inositol tris phosphate (IP₃), have been located on the crypt cells (Siriwardena et al 1993) and in chicken small intestine a 5-HT-induced rise in cytoplasmic calcium levels, measured fluorimetrically, has been reported in isolated enterocytes (Hirose & Chang 1988). It therefore appears that in its stimulation of intestinal secretion 5-HT might have both direct and indirect actions. The situation is further complicated by regional differences in response to 5-HT. In pig small intestine the magnitude of the response to 5-HT varies along the length of the gut (Grondahl et al 1996), whereas in rat proximal and distal colon the receptors responsible for the 5-HT-induced rise in transintestinal electrical activity both in-vivo and in-vitro are different, with 5-HT₃ receptors making a greater contribution in the proximal region (Ayton et al 1995). There is also an indication that there might be differences in the ionic basis of the response in the jejunum and ileum (Donowitz et al 1980; Hardcastle et al 1981; Urquhart et al 1988). The current study was therefore designed to investigate further regional differences in 5-HT-induced secretion in rat small intestine by comparing the responses of the jejunum and ileum to 5-HT challenge. A preliminary report of this work has been published (Hardcastle & Hardcastle 1996b).

Materials and Methods

Chemicals

5-Hydroxytryptamine creatinine sulphate, furosemide and tetrodotoxin were obtained from Sigma (Poole, Dorset, UK) and dimethylsulphoxide from BDH (Poole, Dorset, UK). All drugs were dissolved in 154 mM NaCl except for furosemide for which the vehicle was dimethylsulphoxide.

Animals

Experiments were performed on male Wistar rats, 230–250 g, obtained from the Sheffield Field Laboratories and allowed free access to food and water. They were anaesthetized with sodium pentobarbitone (Sagatal, 60 mg kg⁻¹ i.p.).

Measurement of transintestinal electrical activity across ileal sheets

The potential difference (PD), short-circuit current (SCC) and tissue resistance were measured across paired sheets of intact and stripped (outer muscle layers and myenteric plexus removed) small intestine. Jejunal sheets were taken immediately distal to the ligament of Treitz and ileal sheets from the region immediately proximal to the terminal 5 cm of the small intestine. Each sheet was mounted in an Ussing chamber with an aperture of 1.925 cm² and incubated at 37°C in Krebs bicarbonate saline oxygenated with 95% O₂ + 5% CO₂. The serosal fluid contained 10 mM glucose and the mucosal fluid 10 mM mannitol and the volume of each was 5 mL. The PD was measured using salt-bridge electrodes connected via calomel half-cells to a differential input electrometer with output to a two-channel chart recorder (Linseis L6512). Current was applied across the tissue via conductive plastic electrodes and tissue resistance determined from the PD change induced by a 100 µA current pulse, taking into account the fluid resistance. The initial resistances of each tissue pair did not differ by more than 25%. The SCC generated by the sheets was calculated from PD and resistance measurements by use of Ohm's law.

The tissues were left to stabilize for 10 min after mounting and then electrical activity was measured at 1-min intervals. After 5 min basal readings 5-HT agonists were added to the serosal solution. Cumulative concentration–response curves were constructed by applying the next concentration of agonist at the peak of the response to the previous application, as described by Bunce et al (1991). When the effects of furosemide or tetrodotoxin were investigated the drug was added to the serosal solution of the test sheet as soon as the sheets were set up, with control sheets receiving an equivalent volume of vehicle. To test tissue viability and possible non-specific actions of the test conditions, glucose (10 mM) was added to the mucosal solution of both sheets 10 min after the final addition of agonist. In experiments performed to investigate the ionic basis of the 5-HT response the composition of the bathing medium was changed. The effects of lack of

chloride were tested by replacing chloride in the serosal solution with gluconate; under bicarbonate-free conditions a Krebs phosphate buffer, oxygenated with 100% O₂, was used on both sides of the tissue. When present, furosemide was added to the serosal solution of test sheets at a concentration of 1 mM while control sheets received an equivalent volume of vehicle (dimethylsulphoxide, 0.5% v/v). Preliminary experiments indicated that the vehicle alone did not inhibit the response to 5-HT.

Expression of results

Results are expressed as mean values ± s.e.m. A *t*-test, paired or unpaired as appropriate, was used to assess the significance of any differences observed. EC50 values were calculated as geometric means (95% confidence limits) and statistical analysis was performed on log-transformed data.

Results

Basal electrical activity in intact and stripped jejunum and ileum

In intact and stripped preparations the basal SCC was greater and the tissue resistance lower in the jejunum than in the ileum (Table 1). The intact jejunum generated a higher PD than the intact ileum, but in stripped preparations PD values were similar in the two regions (Table 1). Removal of the muscle layers and myenteric plexus had different effects on basal electrical activity in the two regions. In the jejunum all three indices were significantly reduced, whereas in the ileum PD and SCC values rose but the tissue resistance remained unchanged (Table 1).

Response to 5-HT

5-HT induced concentration-dependent increases in the SCC of both intact and stripped preparations of jejunum and ileum (Fig. 1). In intact preparations jejunal and ileal responses were similar, with maximum increases in SCC of 61.2 ± 8.4 µA cm⁻² (n = 26) in the jejunum and 49.8 ± 5.4 µA cm⁻² (n = 30) in the ileum (*P* > 0.05). Corresponding EC50 values were 12.8 (9.6–17.1) µM and 12.5 (9.7–16.1) µM. The stripped preparations were more sensitive to the action of 5-HT, with EC50 values being lower for both the jejunum (4.1 (3.1–5.4) µM; n = 27; *P* < 0.001) and the ileum (3.2 (2.6–3.9) µM; n = 30; *P* < 0.001). Again values did not differ significantly in the two regions (*P* > 0.05). In the jejunum the maximum

Table 1. Basal electrical activity of intact and stripped sheets of rat jejunum and ileum.

| | | Number of observations | Potential difference (mV) | SCC (-µA cm ⁻²) | Resistance (ohm cm ²) |
|----------|---------|------------------------|---------------------------|-----------------------------|-----------------------------------|
| Intact | Jejunum | 58 | 2.4 ± 0.1 | 62.7 ± 3.2 | 40.5 ± 1.4 |
| | Ileum | 56 | 1.0 ± 0.1 | 15.6 ± 2.1 | 61.2 ± 2.3 |
| | | | <i>P</i> < 0.001 | <i>P</i> < 0.01 | <i>P</i> < 0.001 |
| Stripped | Jejunum | 57 | 1.5 ± 0.1† | 49.6 ± 2.8† | 29.6 ± 0.9† |
| | Ileum | 62 | 1.5 ± 0.1† | 25.5 ± 2.4† | 57.9 ± 1.8 |
| | | | <i>P</i> > 0.05 | <i>P</i> < 0.001 | <i>P</i> < 0.001 |

Each value was measured 15 min after the sheets were mounted and represents the mean ± s.e.m. of the number of observations indicated. All potential difference and SCC values are serosa positive. An unpaired *t*-test was used to assess the significance of any differences observed. *P*-values in the table relate to comparison of values from the jejunum and ileum. † *P* < 0.01, ‡ *P* < 0.001, significant difference between results from intact and stripped preparations.

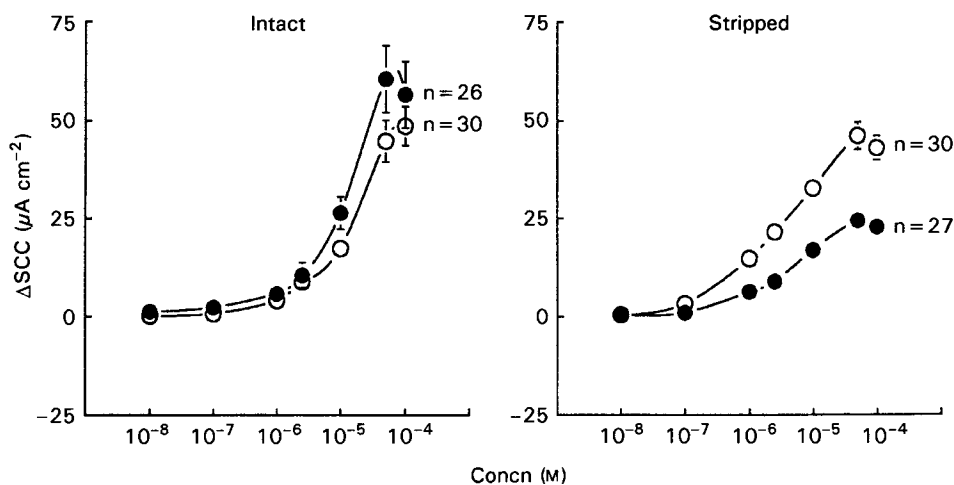


FIG. 1. Concentration-dependence of action of 5-HT on intact and stripped sheets of rat jejunum (●) and ileum (○). The increases in SCC (Δ SCC) induced by cumulative additions of 5-HT are plotted as a function of log agonist concentration and each point represents the mean \pm s.e.m. of the number of observations indicated. The error bar is sometimes smaller than the symbol.

increase in SCC was reduced in the stripped preparation to $25.6 \pm 2.6 \mu\text{A cm}^{-2}$ ($P < 0.001$), although in the stripped ileum the maximum response ($46.5 \pm 3.5 \mu\text{A cm}^{-2}$) was not reduced significantly from the value obtained for intact sheets ($P > 0.05$). In the stripped preparation, therefore, the maximum SCC change was greater in the ileum than in the jejunum ($P < 0.001$).

Ionic basis of the response to 5-HT

In both intact and stripped sheets of jejunum removal of chloride from the serosal solution or the presence of furosemide failed to inhibit the increase in SCC induced by 5-HT, although in the ileum these conditions significantly reduced the 5-HT response (Fig. 2). In contrast, bicarbonate-free conditions caused a marked decrease in the jejunal response to 5-HT, without affecting the ileal response (Fig. 2). The response to 10 mM luminal glucose (intact jejunum $125.0 \pm 14.6 \mu\text{A cm}^{-2}$, $n = 28$; stripped jejunum $127.4 \pm 8.2 \mu\text{A cm}^{-2}$, $n = 24$; intact ileum $100.6 \pm 11.8 \mu\text{A cm}^{-2}$, $n = 22$; stripped ileum $103.4 \pm 6.1 \mu\text{A cm}^{-2}$, $n = 24$) was unaffected by removal of serosal chloride or the presence of furosemide in either preparation of jejunum or ileum ($P > 0.05$ in all cases). The absence of bicarbonate reduced the glucose response in both intact (control $107.6 \pm 12.5 \mu\text{A cm}^{-2}$; bicarbonate-free $30.9 \pm 6.5 \mu\text{A cm}^{-2}$, $n = 8$; $P < 0.01$) and stripped (control $155.2 \pm 15.4 \mu\text{A cm}^{-2}$; bicarbonate-free $88.6 \pm 7.5 \mu\text{A cm}^{-2}$, $n = 8$; $P < 0.01$) preparations of jejunum, although in the ileum the glucose response was unaffected by these conditions ($P > 0.05$ for both). However, the extent of inhibition of the response to glucose in intact jejunum was significantly less than that to 5-HT (glucose $70.9 \pm 6.1\%$; 5-HT $83.3 \pm 5.0\%$, $n = 8$; $P < 0.05$), although in the stripped preparation the difference was not significant ($P > 0.05$).

Effect of tetrodotoxin on the response to 5-HT

In the jejunum tetrodotoxin reduced the basal SCC in intact sheets by $47 \pm 5\%$ ($n = 12$; $P < 0.001$), but was without effect in stripped preparations ($P > 0.05$). In the ileum tetrodotoxin had no significant effect on the basal SCC in either preparation

($P > 0.05$ for both). However, in both intact and stripped sheets the basal SCC in the presence of the neurotoxin was lower in the ileum than in the jejunum (intact jejunum $31.0 \pm 3.3 \mu\text{A cm}^{-2}$, $n = 12$; intact ileum $11.2 \pm 3.1 \mu\text{A cm}^{-2}$, $n = 12$; $P < 0.001$; stripped jejunum $46.5 \pm 4.8 \mu\text{A cm}^{-2}$, $n = 7$; stripped ileum $18.7 \pm 2.5 \mu\text{A cm}^{-2}$, $n = 8$; $P < 0.001$). Tetrodotoxin did not alter tissue resistance in any preparation ($P > 0.05$ in all cases). Tetrodotoxin caused a significant inhibition of the response to 5-HT in intact preparations of both jejunum and ileum (Fig. 3). The extent of inhibition was, however, more marked in the jejunum (jejunum $86.3 \pm 1.9\%$, $n = 4$; ileum $57.4 \pm 2.7\%$, $n = 4$; $P < 0.001$). Stripping the intestine reduced the extent of inhibition in the ileum (to $25.0 \pm 8.2\%$, $n = 8$, $P < 0.05$ compared with intact sheets) and abolished it in the jejunum. The residual response to 5-HT in the presence of tetrodotoxin was increased by stripping in both the jejunum (intact $11.3 \pm 0.5 \mu\text{A cm}^{-2}$, $n = 4$; stripped $28.8 \pm 5.6 \mu\text{A cm}^{-2}$, $n = 6$; $P < 0.05$) and the ileum (intact $25.9 \pm 2.3 \mu\text{A cm}^{-2}$, $n = 4$; stripped $44.2 \pm 1.3 \mu\text{A cm}^{-2}$, $n = 8$; $P < 0.001$), although in the absence of tetrodotoxin stripping had no effect in the ileum (intact $61.3 \pm 5.8 \mu\text{A cm}^{-2}$, $n = 4$; stripped $63.2 \pm 6.2 \mu\text{A cm}^{-2}$, $n = 8$; $P > 0.05$) and reduced the response in the jejunum (intact $87.6 \pm 15.1 \mu\text{A cm}^{-2}$, $n = 4$; stripped $39.5 \pm 6.4 \mu\text{A cm}^{-2}$, $n = 6$; $P < 0.01$).

Discussion

This study has demonstrated that for both basal and 5-HT-stimulated transintestinal electrical activity there are clear differences between values measured in the jejunum and ileum of the rat. Under basal conditions the SCC was lower and the tissue resistance higher in the ileum in both intact and stripped preparations. The increased tissue resistance in more distal regions of the small intestine is a reflection of the reduced permeability of the paracellular pathway, the main determinant of transintestinal conductivity (Schultz et al 1974). Neural mechanisms contributed to the greater basal SCC in intact jejunal sheets, because tetrodotoxin caused a reduction of 47%. Most of this neural activity involved the myenteric plexus,

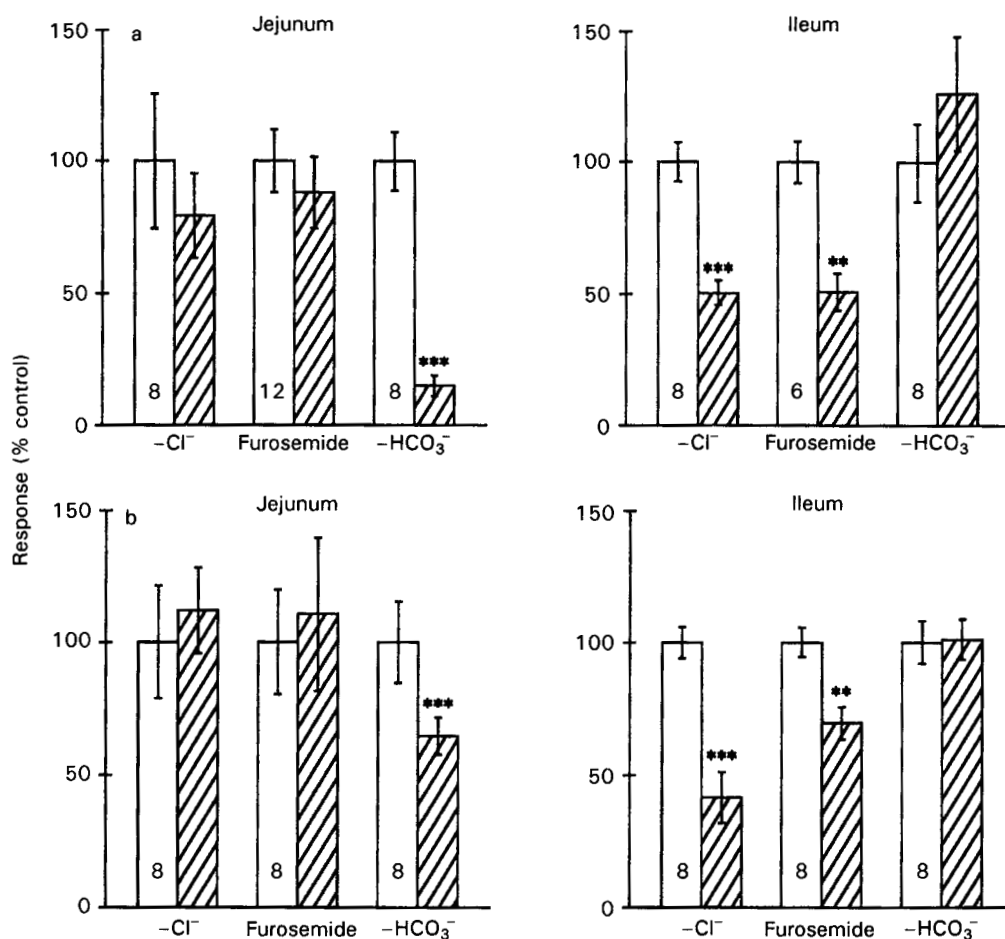


FIG. 2. Ionic basis of the response of intact (a) and stripped (b) sheets of rat jejunum and ileum to 100 μM 5-HT. Chloride was replaced with gluconate in the serosal solution ($-\text{Cl}^-$) and bicarbonate with phosphate on both sides of the tissue ($-\text{HCO}_3^-$). Furosemide was added to the serosal solution to give a final concentration of 1 mM, with control sheets receiving an equivalent volume (0.5% v/v) of the vehicle (dimethylsulphoxide). The increase in SCC induced by 5-HT is given as a percentage of control values. \square Control; ▨ test. 100% Values are $78.9 \pm 7.2 \mu\text{A cm}^{-2}$ ($n = 28$) and $28.1 \pm 1.9 \mu\text{A cm}^{-2}$ ($n = 22$) in intact preparations and $45.8 \pm 5.0 \mu\text{A cm}^{-2}$ ($n = 24$) and $56.2 \pm 2.9 \mu\text{A cm}^{-2}$ ($n = 24$) in stripped preparations of jejunum and ileum, respectively. Each bar represents the mean \pm s.e.m. of the number of observations indicated; a paired t -test was used to assess significance. $**P < 0.01$; $***P < 0.001$.

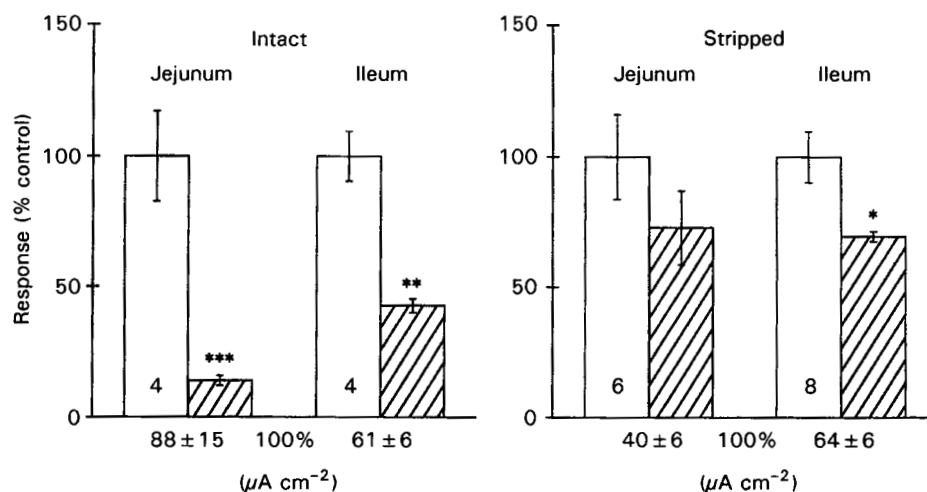


FIG. 3. Effect of serosal tetrodotoxin (10 μM) on the increase in SCC induced by 100 μM 5-HT in intact and stripped sheets of rat jejunum and ileum. The increase in SCC is given as a percentage of control values, with 100% values indicated. \square Control; ▨ plus tetrodotoxin. Each bar represents the mean \pm s.e.m. of the number of observations indicated; a paired t -test was used to assess significance. $*P < 0.05$; $**P < 0.01$; $***P < 0.001$.

because tetrodotoxin had no significant effect on basal electrical activity in stripped jejunal sheets. Similar observations have been made in mouse jejunum (Sheldon et al 1989; Grubb 1995). That tetrodotoxin failed to inhibit basal SCC in jejunal sheets from mice with cystic fibrosis, which lack the ability to secrete chloride, suggests the existence of a neurally activated basal secretory tone in normal tissues (Grubb 1995). Tetrodotoxin did not alter basal SCC values in either preparation of rat ileum; this contrasts with the inhibition observed for intact and stripped sheets of guinea-pig and rabbit ileum (Hubel 1978; Baird & Cuthbert 1987; Smith et al 1990). This might, however, represent a species difference as other studies in the rat also failed to demonstrate a tetrodotoxin-sensitive component in basal SCC (Li et al 1994). In the presence of the neurotoxin basal SCC was still lower in the ileum than in the jejunum, suggesting that there must be a contribution from non-neural mechanisms. The simplest explanation is that the area of transporting tissue relative to the serosal area is lower in more distal regions of the small intestine (Levin et al 1983).

As well as differences in basal electrical activity, responses to 5-HT were also different in the jejunum and ileum. In intact preparations the maximum increase in SCC induced by 5-HT was similar in jejunum and ileum, but there was a far greater neural component in the jejunum where tetrodotoxin reduced the response to 5-HT by 86%, compared with 57% inhibition in the ileum. The myenteric plexus contributed to the neural processes involved in the jejunal response as its removal in the stripped preparation reduced by 58% the increase in SCC induced by a maximal concentration of 5-HT. In the ileum the myenteric plexus seemed to be less important. Stripping did not reduce the maximum SCC response to 5-HT, although the tetrodotoxin-induced inhibition of 5-HT action was reduced in the stripped preparation. This suggests some involvement of the myenteric plexus together with a contribution from other neural elements within the gut wall and is in agreement with results from other studies of guinea-pig (Cooke & Carey 1985; Baird & Cuthbert 1987) and rat (Castro et al 1987) small intestine.

In both the jejunum and ileum the residual response to 5-HT in the presence of tetrodotoxin was increased by stripping, although in the absence of the neurotoxin stripping reduced the response in the jejunum and had no effect in the ileum. It therefore appears that a non-neural (i.e. tetrodotoxin-insensitive) inhibitory mechanism is removed with the outer muscle layers and myenteric plexus. A possible candidate is nitric oxide which is produced not only by enteric neurones (Brookes 1993) but also by the enterocytes (Tepperman et al 1993) where its release is unlikely to be affected by tetrodotoxin. Several reports have suggested that nitric oxide has a pro-absorptive action in the intestine (Barry et al 1994; Schirgi-Degen & Beubler 1995), although other studies point to a pro-secretory role (Izzo et al 1994, 1996; Rhoads et al 1995; Kadowaki et al 1996). It is possible that the site of nitric oxide release might be important, with neural nitric oxide involved in stimulating secretion (Kadowaki et al 1996) whereas epithelial nitric oxide promotes absorption.

Differences between the jejunal and ileal responses to 5-HT are not confined to the mechanisms by which secretion is stimulated. In addition, different electrogenic ion transport processes are activated by 5-HT in these two regions of the intestinal tract. It has been established for many years that in

mid and distal regions of the small intestine 5-HT induces chloride secretion (Ormsbee & Fondacaro 1985). However, a preliminary report by Urquhart et al (1988) suggested that in the jejunum bicarbonate, rather than chloride, was the anion secreted and this is supported by the current study. The reasons for this difference are not clear. It has been shown that bicarbonate ions can pass through the anion channels that open on secretory stimulation (Frizzell & Halm 1990) and if bicarbonate ions were present at a higher concentration in jejunal enterocytes they might preferentially leave the cell through the open anion channels. Mucosal carbonic anhydrase activity is greater in the jejunum than in the ileum (Charney et al 1986) and this could lead to higher intracellular bicarbonate levels in the more proximal regions of the small intestine.

5-HT-induced intestinal secretion is, therefore, a complex process, involving several different 5-HT receptor subtypes acting at different locations. This complexity is increased by the findings of the current study which indicate that in rat small intestine there are, in addition, regional differences in the nature of the response, with bicarbonate secretion predominating in the jejunum and chloride secretion in the ileum. Moreover, the balance between neural and non-neural components varies in these two regions. Such differences explain why there is yet no consensus about the mechanisms underlying the intestinal secretory response to 5-HT.

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