

Examination of the Subdiencephalic Rat Brain for Sites Mediating PGE₁-Induced Pyrexia

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OLORUNDARE, O. E. AND T. A. RUDY. *Examination of the subdiencephalic rat brain for sites mediating PGE₁-induced pyrexia.* PHARMACOL BIOCHEM BEHAV 25(2)347-351, 1986.—The subdiencephalic rat brain was mapped for sites capable of mediating prostaglandin-induced pyrexia. In conscious rats, PGE₁, 200 ng in a volume of 1 μl, was injected unilaterally into 412 sites between the midmesencephalon and the caudal medulla. Injections into only 12 sites caused a reproducible, short-latency core temperature increase of at least 0.5°C. None of these was located in the paramedian brainstem, which was considered a likely site of PGE₁ action because of the presence there of thermosensitive and pyrogen-sensitive neurons. Rather, the reactive loci were found in the hippocampus (5 sites) and in the vicinity of the cochlear nuclei (7 sites). Injections into only 2 sites in the latter region failed to produce pyrexia. In the hippocampus, however, injections at 31 sites in the same frontal planes as the reactive loci produced no effect. The possibility that the active hippocampal sites were associated with a distribution of injectate to PGE₁-sensitive neurons located within hippocampal cleavage planes rather than in a circumscribed region is discussed.

Rat	PGE ₁	Fever/pyrexia	Brainstem	Hippocampus	Cochlear nuclei
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THERE is an abundance of evidence that pyrogen-induced fevers are mediated ultimately by an action in the brain of cyclooxygenase products, in particular, prostaglandins of the E series [11]. It also seems likely that prostaglandins mediate fevers associated with acute hypothalamic trauma and with intraventricular hemorrhage [1, 35, 36]. It is generally assumed that the pyrexia effect of prostaglandins is due to an action upon neurons within the anterior hypothalamic/preoptic region (AH/PO). This assumption is based on the well-known importance of this region in the control of body temperature and upon "mapping" studies in which E series prostaglandins injected into the AH/PO produced hyperthermia, whereas injections into nearby loci did not (see [5] for references).

There is reason to believe, however, that prostaglandins may produce pyrexia through an action at a site or sites outside the AH/PO. Monkeys in which the AH/PO had been completely destroyed bilaterally nevertheless experienced strong pyrexia after IV injection of endogenous pyrogen or intracerebroventricular injection of bacterial endotoxin or PGE₁ [23]. A retention of at least some responsiveness to circulating pyrogen after large, histologically verified bilateral lesions of the AH/PO or after transection of the brainstem at the midbrain level has also been observed in goat [2], rabbit [6], cat [4], and man [22]. In rabbits and rats in which the AH/PO was intact, injection of leukocytic pyrogen and bacterial endotoxin, respectively, into the lower brainstem produced a body temperature increase [34,39]. Although

prostaglandins were not injected in these animals, the known ability of pyrogens to release prostaglandins from brain tissue [10] suggests that the pyrogen effects might have been mediated through the local release of prostaglandins. Finally, populations of thermosensitive neurons have been found in the lower brainstem of several species ([8, 9, 19, 21, 38]; see [32] for additional references). The pyrexia effect of prostaglandins injected into the AH/PO is probably mediated by an action on thermosensitive units [12, 13, 18]. There is thus a possibility that lower brainstem thermosensitive neurons are similarly responsive.

In a previous investigation, we injected a fixed dose of PGE₁ into many sites within the rat brain and found that only injections in or very near the AH/PO produced a temperature increase [44]. However, relatively few sites below the midmesencephalic level were examined. Although others have investigated in various species the pyrexia effect of E series prostaglandins injected into the subdiencephalic brain [14, 24, 40, 41], these studies were limited in scope. In view of the possibility that a site capable of mediating prostaglandin-induced hyperthermia exists in this portion of the brain, an extensive exploration of subdiencephalic tissue for PGE₁-sensitive sites was carried out in the present study.

METHOD

Forty albino rats (King Animal Labs, Oregon, WI) weighing 280-320 g at the time of surgery were used. Under pen-

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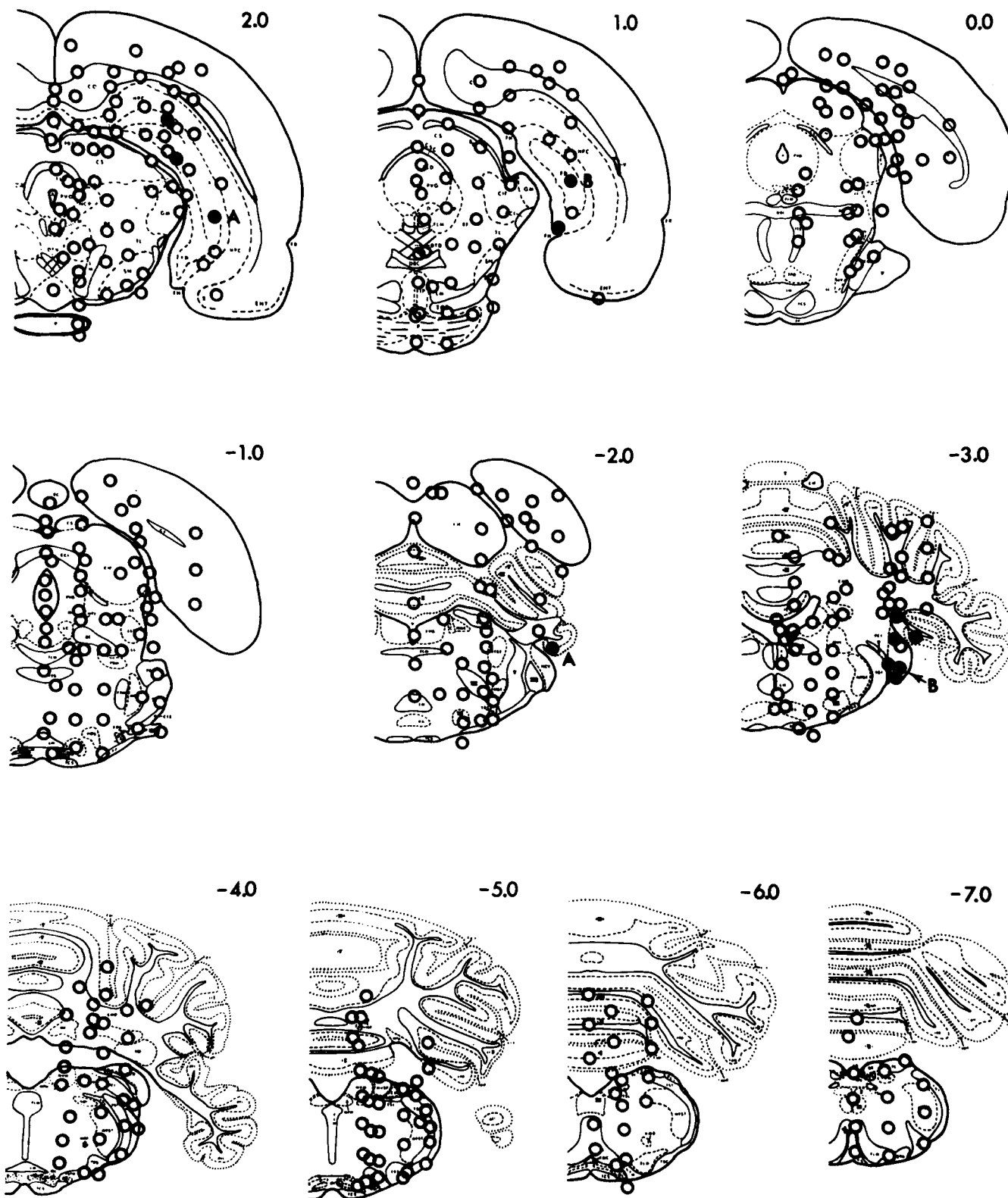


FIG. 1. Frontal sections of the rat brain illustrating the approximate positions of the PGE₁ injection sites. Open circles: unresponsive sites. Filled circles: responsive sites (see text for further explanation). A and B in planes 2.0 and 1.0 denote the sites whose responses to PGE₁ are shown in Fig. 2. A and B in planes -2.0 and -3.0 denote the sites whose responses to PGE₁ are shown in Fig. 3.

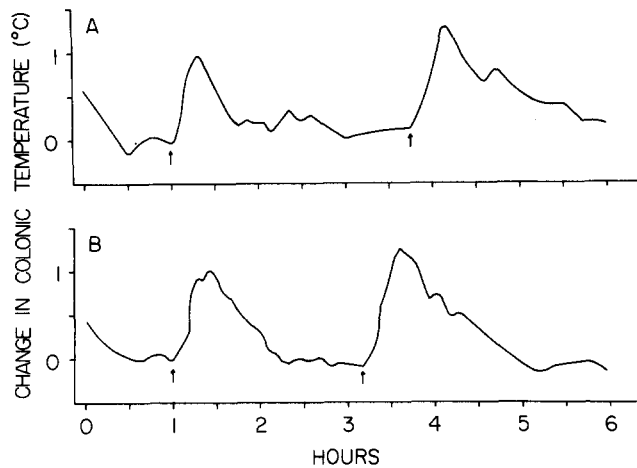


FIG. 2. Core temperature increases produced by injection of 200 ng PGE₁ into 2 responsive sites in the hippocampus. Arrows indicate times of injection. The positions of the 2 sites are shown in Fig. 1, AP planes 2.0 and 1.0.

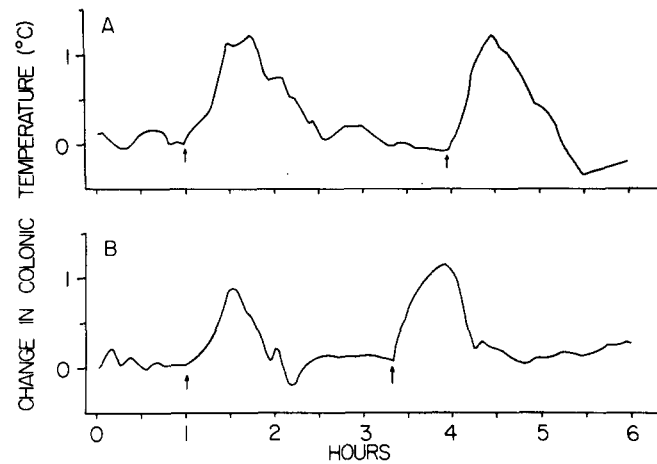


FIG. 3. Core temperature increases produced by injection of 200 ng PGE₁ into 2 responsive sites in the cochlear nucleus region. Arrows indicate times of injection. The positions of the 2 sites are shown in Fig. 1, AP planes -2.0 and -3.0.

tobarbital anesthesia (35 mg/kg IP) and using the stereotaxic atlas of Pellegrino, Pellegrino and Cushman [29], 1 to 3 stainless steel injection guides (24 gauge, thinwall) were implanted in the brain of each animal and secured to the skull with stainless steel screws and dental acrylic. The tips of most of the guides were placed high in the brain so that intracerebral injections could be made at several successive 1 mm depths of penetration below the guide tip. In rats with more than one guide, the cannulae were positioned to minimize the possibility of producing bilateral damage to any given structure. Following implantation, each guide was occluded with a stainless steel stylet. At least 5 days were permitted for recovery from surgery.

During experimental sessions, each rat was restrained in a loosely fitting, hemicylindrical wire mesh cage at an ambient temperature of $23.5 \pm 1.5^\circ\text{C}$. A thermistor probe was inserted into the colon 6 cm beyond the anus and the lead taped to the rat's tail. Continuous records of colonic temperature (T_c) were obtained using a bridge circuit and a potentiometric recorder. At the beginning of the session, the stylet was removed from the guide tube to be used and replaced with a 29 gauge injector cannula of appropriate length. The injector was connected by polyethylene tubing (PE-10) to a gas-tight Hamilton microsyringe. The injector and tubing had been filled previously with the solution to be injected and the syringe, with 70% alcohol. A small air bubble separated the two liquids. After T_c had stabilized (1-2 hr), 1 μl of fluid was injected over a 2 min period. In most sessions, the injector was left in position and 1 or 2 subsequent injections of the same substance (PGE₁ or 0.9% saline) were made at the same site. A minimum of 1 hr separated these injections. In some sessions, the original injector was then removed and replaced with another of identical length loaded with a different substance. In these instances, T_c was permitted to restabilize before the second substance (0.9% saline or PGE₁) was administered.

A minimum of 2 injections of a solution containing 200 ng of PGE₁ sodium was made into each available site in each rat. PGE₁ (Upjohn Diagnostics) was reacted with a stoichiometric amount of Na₂CO₃ to form a stock solution (1

mg/ml in 0.9% saline) which was stored at -70°C and diluted with 0.9% saline as needed. At sites where PGE₁ injections produced a temperature rise, 0.9% saline was also injected at least once. Within each guide track, experiments at each depth were completed before moving on to the next lower depth. Following the completion of all experiments in a rat, the animal was anesthetized and the brain fixed by intracardiac injection of 10% formalin. Transverse frozen sections of the brain were prepared, stained with cresyl violet and examined for the position of the injection sites.

RESULTS

In Fig. 1 are shown the approximate positions of the 412 sites tested with PGE₁. Filled circles represent sites where each of 2 consecutive injections of PGE₁ produced a temperature increase of at least 0.5°C which began within 5 min after injection and where an injection of 0.9% saline produced a temperature increase of less than 0.2°C . Open circles represent sites where PGE₁ failed to produce a criterion level temperature rise. Only 12 sites were responsive to PGE₁. Five of these were located in the hippocampus and 7 in or near the cochlear nuclei. Examples of responses elicited by hippocampal and cochlear nucleus injections are shown in Fig. 2 and 3.

DISCUSSION

In this study, a large standard dose of PGE₁ (200 ng) was used so that even weakly responsive loci might be detected. This is at least 4 times [44] and perhaps as much as 100 times [41] the dose of PGE₁ required to produce hyperthermia when injected into the AH/PO region of the rat. Nevertheless, injections at 97% of the sites failed to produce a body temperature increase. A region which is noteworthy because of its lack of responsiveness to PGE₁ is the brainstem core between the midpoint of the midbrain and the caudal medulla. Paramedian structures within this region in several species exhibit thermosensitivity ([8, 9, 19, 21, 38]; see [32] for additional references) and/or sensitivity to intravenously or intracerebrally injected endogenous pyrogen or bacterial

endotoxin [25, 34, 37, 39] and are thus likely sites of prostaglandin action. Although there are a few gaps in coverage (e.g., midline structures at AP -4.0 and -5.0), we made injections of PGE₁ into most aspects of the core of the lower brainstem. Our negative findings are in accord with those of others who have carried out limited explorations with E series prostaglandins of the paramedian midbrain [40,41] and medulla [14,24]. The results support the contention that some CNS populations of thermosensitive units either do not respond to E series prostaglandins or respond in a way which differs from thermosensitive units in the AH/PO [24,44]. Our data are also compatible with the suggestion that, at some CNS sites of action, pyrogens can cause fever through a mechanism not involving prostaglandins [6, 7, 30, 31, 44]. One must consider an alternative interpretation, however, and that is that the PGE₁ dose we used, albeit large, was distributed inadequately. It is possible that prostaglandin sensitive units in the brain stem are diffusely distributed and that our discrete injections of PGE₁ may have failed to activate a volume of tissue sufficient to elicit a temperature increase. It thus remains a possibility that an effect of prostaglandins on the lower brainstem core contributes to fever production in situations in which a large volume of tissue is exposed to these substances. Events which could produce such widespread exposure include intracranial infection, certain types of cerebral injury and, perhaps, the presence of high circulating titers of endogenous pyrogen.

The few sites wherein PGE₁ injections did produce pyrexia were located in or near the cochlear nuclei and in the hippocampus. Although for all responsive sites, the latency was short and the temperature rose rapidly, the maximum core temperature increase was not large (see Figs. 2 and 3). Since the dose of PGE₁ administered was considerably greater than that required to produce hyperthermia when injected into the AH/PO region [41,44], it seems safe to say that these extra-AH/PO sites are less sensitive to PGE₁ than the AH/PO region. Cochlear nucleus injections produced pyrexia with good reliability; 7 of 9 sites in that region were responsive. However, the cochlear nuclei have no known involvement in fever production or in normal thermoregulation. Furthermore, the cochlear nuclei protrude into the subarachnoid space, increasing the likelihood that injectate could enter the cerebrospinal fluid and be carried forward to the AH/PO. This possibility and other matters relating to the putative cochlear nucleus site of action are considered in detail in a companion paper [27]. In brief, the results of that

paper confirm that PGE₁ injections into the cochlear nucleus region reliably produce pyrexia and suggest that transport of PGE₁ to the AH/PO is not responsible for the temperature rise.

PGE₁ injections into the hippocampus produced pyrexia with less reliability than injections near the cochlear nuclei. Only 5 of the 36 sites which were in or very near the hippocampus were reactive to PGE₁, and these 5 sites were not clustered in a circumscribed area. The reason why only a few sites were responsive is not obvious, but one possible explanation relates to the convoluted structure of the hippocampus. In some instances, the injectate may have infiltrated along hippocampal cleavage planes, whereas in most injections the solution was distributed in the more typical spherical form. If this is the case, it would suggest that PGE₁ sensitive neurons in the hippocampus are distributed in a planar fashion rather than being congregated in discrete regions. Another possibility is that planar flow led the injectate toward the lateral ventricle or the subarachnoid space where it could then be transported to the AH/PO. This seems unlikely, however, because numerous injections directly into or quite near the lateral ventricle or the subarachnoid space in the same frontal planes as the responsive hippocampal sites failed to produce a temperature increase.

Although the reactivity of the hippocampus to PGE₁ requires further documentation, there is good reason to believe that the hippocampus participates in the control of body temperature and that modulation of its activity can have important thermoregulatory effects. There are abundant neuronal connections passing in both directions between the hippocampus and the hypothalamus [26,33]. Hippocampal EEG activity is influenced by changes in skin [17], body core [43] and hypothalamic [16] temperatures. Electrical stimulation of the hippocampus preferentially alters the firing rates of preoptic and septal temperature sensitive neurons in comparison to temperature insensitive units [3, 15, 28], produces changes in body temperature [28] and elicits "wet dog shakes" [20], a phenomenon believed by some to be a form of shivering [42].

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