Endothelium-Derived Relaxing Factor Modulates Endothelin Action in Afferent Arterioles

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Endothelin is a potent vasoconstrictor, whereas endothelium-derived relaxing factor (EDRF) is a potent vasodilator. Both are produced by the endothelium. Although they have been studied extensively in large vessels, little is known about their actions in renal microvessels. Using microdissected rabbit afferent arterioles, we studied the vascular response to synthetic endothelin and its interaction with EDRF and the effect of endothelin on renin release. Afferent arterioles were either microperfused in vitro at 60 mm Hg to measure luminal diameter or incubated without microperfusion to assess renin release. When added to the bath, $10^{-10}$ or $10^{-9}$ M endothelin decreased the diameter by $32 \pm 8\%$ ($n=7$, $p<0.01$) or $76 \pm 7\%$ ($p<0.0001$), respectively. Pretreatment with N-nitro L-arginine, which inhibits synthesis of EDRF, decreased basal diameter by $15 \pm 1\%$ ($p<0.001$) and augmented endothelin-induced constriction; decrease in diameter with $10^{-9}$ M endothelin was $78 \pm 10\%$ ($n=4$, $p<0.01$ versus nontreated). In afferent arterioles preconstricted by endothelin, acetylcholine at concentrations of $10^{-8}$ to $10^{-5}$ M increased the diameter in a dose-dependent manner. Basal renin release was $0.62 \pm 0.15$ ng angiotensin I/hr/afferent arterioles/hr ($n=13$) and was not affected by endothelin ($10^{-10}$ to $10^{-6}$ M). Increase in renin release by isoproterenol was the same in afferent arterioles pretreated with vehicle or endothelin ($10^{-7}$ M; $\Delta$, $0.49 \pm 0.21$ versus $0.42 \pm 0.19$; $n=13$). In summary, endothelin constricts afferent arterioles but, at the same doses, does not inhibit renin release, and afferent arterioles, small resistant vessels, produces EDRF, which in turn participates in the control of basal tone and opposes vasoconstrictor action of endothelin. (Hypertension 1991;17:1052–1056)
Acetylcholine. Afferent arterioles were exposed to 5×10⁻¹⁰ M endothelin for 20 minutes, during which constriction stabilized. Then, the bath was exchanged by medium containing both 5×10⁻¹⁰ M endothelin and increasing doses of acetylcholine (10⁻⁸, 10⁻⁷, 10⁻⁶, and 10⁻⁵ M), and the arterioles were observed for 20 minutes at each dose.

Effect of Endothelin on Renin Release

Methods of microdissection and incubation of arterioles were described previously. In each rabbit, approximately 20 afferent arterioles with glomerulus and macula densa removed were microdissected from the outer cortex and divided into control and experimental groups. Arterioles in each group were transferred to a ladle with a nylon mesh bottom and preincubated in a small plastic microtube containing 1 ml oxygenated MEM with 0.1% BSA (MEM–0.1% BSA). After preincubation, arterioles were incubated in 100 μl of MEM–0.1% BSA for two consecutive 20-minute periods by transferring the ladle from one tube to the other. Renin released into the incubation medium was measured by radioimmunoassay of angiotensin I (Ang I), and the hourly renin release rate from a single arteriole was calculated and expressed in nanograms of Ang I per hour per arteriole per hour.

Effect on basal renin release. Afferent arterioles were incubated in MEM–0.1% BSA for the first period and then transferred to a microtube containing endothelin for the second period. Three concentrations—10⁻¹⁰, 10⁻⁹, and 10⁻⁸ M—were studied in six rabbits; 10⁻⁷ and 10⁻⁶ M concentrations were studied in seven other rabbits.

Effect on isoproterenol-stimulated renin release. Endothelin at a concentration of 10⁻⁷ M or its vehicle (saline) was added to the medium from preincubation to the end of incubations; isoproterenol at a concentration of 10⁻⁵ M was added during the second incubation period. The isoproterenol-induced increases in renin release in vehicle- and endothelin-treated arterioles were compared.

Statistics

Values are expressed as mean±SEM. All statistical analyses were performed using absolute values. Repeated-measures analysis of variance was used to examine whether control values changed over time. Paired t-tests were used to examine whether changes in diameter induced by endothelin or N-Arg were significant, whether changes in renin release caused by endothelin were significant when compared with time controls, and whether changes in renin release caused by isoproterenol differed between nontreated and endothelin-treated groups. An independent two-sample t-test was used to examine whether endothelin-induced changes in diameter differed between nontreated and N-Arg–treated groups. A pooled regression analysis followed by a one-sample t-test on the slope of the dose–response curve were used to
FIGURE 1. Plots of change in luminal diameter induced by endothelin (ET) in microperfused afferent arterioles treated with either vehicle or N^\textsuperscript{-}nitro L-arginine (N-Arg), which inhibits synthesis of nitric oxide (an endothelium-derived relaxing factor). *p<0.01 and **p<0.001 compared with nontreated group. ET at a concentration of 10^\textsuperscript{-}9 M caused a maximal vasoconstriction in both groups.

examine whether changes in diameter induced by acetylcholine were significant.

Results

Response to Endothelin

Basal luminal diameters were 15.8±1.1, 15.4±1.0, and 15.1±0.9 μm before application of 10^\textsuperscript{-}11, 10^\textsuperscript{-}10, or 10^\textsuperscript{-}9 M endothelin, respectively, indicating stable basal diameter. Endothelin decreased the diameter in a dose-dependent manner (Figure 1). The decreases (Δ) at concentrations of 10^\textsuperscript{-}11, 10^\textsuperscript{-}10, and 10^\textsuperscript{-}9 M were 0.6±0.4 (n=7, p=NS), 5.1±1.3 (p<0.01), and 11.5±1.3 μm (p<0.0001), respectively, representing 3±1.8%, 32±8%, and 76±7% decreases from the control diameter. With 10^\textsuperscript{-}10 M endothelin, full response was attained between 10 and 15 minutes after application compared with ~1 minute with 10^\textsuperscript{-}9 M endothelin.

Inhibition of EDRF Synthesis

Figure 2 shows an example of endothelin-induced vasoconstriction in nontreated (left) and N-Arg-treated afferent arterioles as well as the change in basal diameter induced by N-Arg (right). With N-Arg pretreatment, basal diameter decreased by 15±1% from 17.4±0.1 to 14.7±0.3 μm (n=4, p<0.001). Furthermore, N-Arg augmented the vasoconstrictor action of endothelin (Figure 1); after N-Arg pretreatment, 10^\textsuperscript{-}11 and 10^\textsuperscript{-}10 M endothelin decreased diameters by 3.7±0.4 (26±3%) and 11.6±1.2 μm (78±10%), respectively, which was significantly larger than nontreated arteriole diameters. With 10^\textsuperscript{-}9 M endothelin, vasoconstriction reached a maximum in both N-Arg-treated and nontreated groups.

Effect of Acetylcholine

Endothelin at a concentration of 5×10^\textsuperscript{-}10 M reduced the diameter from 17.3±1.3 to 9.7±1.3 μm

FIGURE 2. Photomicrographs of examples of endothelin (ET)-induced vasoconstriction in nontreated (left) and N^\textsuperscript{-}nitro L-arginine (N-Arg)-treated afferent arterioles and change in basal diameter by N-Arg (right). Magnification, ×600.
Effect on Basal Renin Release

Table 1 shows the effect of endothelin on the basal renin release rate. Despite strong vasoconstrictor action in microperfused afferent arterioles, endothelin at concentrations of 10^{-10} to 10^{-6} M had no effect on basal renin release.

Effect on Isoproterenol-Stimulated Renin Release

Isoproterenol increased renin release from 0.61±0.15 to 1.09±0.28 ng Ang I/hr/afferent arterioles/hr (n=6, p<0.02). Acetylcholine increased the diameter significantly in a dose-dependent manner (p<0.02), with the diameter reaching 14.2±1.0 μm (86±12% of control values) at 10^{-3} M (Figure 3).

Discussion

The present study demonstrates that endothelin causes strong constriction of afferent arterioles. However, endothelin had no effect on renin release at concentrations as great as a thousandfold that needed for maximal vasoconstriction. Furthermore, our observations suggest that afferent arterioles produce EDRF, which in turn influences both the basal tone of the arterioles and the vasoconstrictor action of endothelin.

The effect of endothelin on the renal microvasculature was recently studied directly by Loutzenhiser et al in the isolated, perfused hydronephrotic rat kidney. They showed that endothelin caused strong constriction of the arterioles, whereas it had less effect on the efferent arteriole. In the afferent arterioles, the threshold concentration was 0.01 nM and ED50 was in the 10^{-10} M range, showing a concentration–response relation similar to that of the present study. Consistent with previous observations both in vivo and in vitro, the action of endothelin was substantially different from that of angiotensin II (Ang II) or norepinephrine in our preparation. Endothelin was more potent than Ang II (ED50, 10^{-9} to 10^{-8} M) or norepinephrine (ED50, 10^{-7} M), whereas endothelin-induced constriction was slower in onset (especially at a concentration of 10^{-10} M) and difficult to wash out (15–20 minutes for 10^{-9} M).

Endothelin has been demonstrated to decrease renin release in vitro. It has been postulated that the renin-inhibitory and vasoconstrictor actions of endothelin may share a common mechanism, which is mediated by an increase in intracellular calcium. However, to our knowledge, effects of endothelin on afferent arteriolar resistance and renin release have never been studied directly in comparable preparations. In the present study, although endothelin caused very strong vasoconstriction, it did not alter basal or isoproterenol-stimulated renin release, even at concentrations as great as thousandfold that required to cause maximal vasoconstriction. These observations may suggest that the mechanism of endothelin-induced afferent arteriole constriction is not directly linked to the inhibition of renin release.

It is not clear why endothelin inhibited renin release in other studies but not in the present study. It could be argued that the lack of endothelin effect on renin release results from the inability of our preparation to respond to inhibitors of renin release. However, this is unlikely because we have shown that both adenosine (or its analogue) and the presence of the attached macula densa inhibit renin release. It may be that structures other than afferent arterioles (e.g., the macula densa and glomeruli) are necessary for endothelin to inhibit renin release. It is also possible that endothelin enhanced the production of prostaglandin I2, thereby overcoming the renin-inhibitory action of endothelin.

In vivo experiments have shown that intravenous administration of N^o-monomethyl L-arginine
(LNMMA), another compound that inhibits nitric oxide synthesis, increased systemic as well as renal vascular resistance. In addition, low doses of endothelin caused vasodilation that was blocked by LNMMA, suggesting that endothelin may induce EDRF synthesis. However, these studies did not exclude the possibility that the changes observed were merely secondary to, for example, a possible increase in renin release. Because our preparation is free of systemic hemodynamic or hormonal influences, results from the present study strongly suggest that EDRF, which is produced locally in afferent arterioles, may be important in the regulation of both basal tone and vascular response to endothelin.

Kon et al recently reported that when acetylcholine, an EDRF-dependent vasodilator, was infused into the proximal portion of the main renal artery, renal blood flow and glomerular filtration rate increased, whereas infusion into the distal portion had either the opposite or no effect. This may indicate that the renal microvasculature downstream from the main renal artery produces little EDRF in response to acetylcholine. In contrast, results from both the present study and that by Edwards have demonstrated that acetylcholine dilates isolated afferent arterioles preconstricted by either endothelin or noradrenaline, strongly suggesting that renal microvasculature can produce EDRF.

In conclusion, the present study shows that although endothelin is a potent vasoconstrictor, it does not inhibit renin release in rabbit afferent arterioles, suggesting that different mechanisms are involved. It also provides evidence that afferent arterioles, small resistance vessels (~20 μm in diameter) may produce EDRF, which in turn plays an important role in the control of afferent arteriole resistance.

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References


KEY WORDS • vascular reactivity • renin • N^2-nitro L-arginine • acetylcholine • endothelin • arterioles • endothelium
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