Review

Release of vasoactive substances from endothelial cells by shear stress and purinergic mechanosensory transduction

GEOFFREY BURNSTOCK

Autonomic Neuroscience Institute, Royal Free and University College Medical School, London, UK

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ABSTRACT

The evidence for release of vasoactive substances from endothelial cells in response to shear stress caused by the viscous drag of passing fluids is reviewed and, in particular, its physiological significance both in short-term regulation of blood vessel tone and in long-term regulation of cell growth, differentiation, proliferation, and cell death in pathophysiological conditions is discussed. A new concept of purinergic mechanosensory transduction, particularly in relation to nociception, is introduced. It is proposed that distension of tubes (including ureter, vagina, salivary and bile ducts, gut) and sacs (including urinary and gall bladders, and lung) leads to release of ATP from the lining epithelium, which then acts on $P2X_{2/3}$ receptors on subepithelial sensory nerves to convey information to the CNS.

Key words: Vasculature; P2X_{2/3}receptors; ATP.

VASCULAR ENDOTHELIAL CELLS

Short-term regulation of vascular tone

For many years it was thought that vascular tone was controlled primarily by sympathetic nerves releasing noradrenaline (NA) with antagonistic parasympathetic cholinergic vasodilator control in some vessels. However, there have been some remarkable changes in our understanding of the mechanisms controlling vascular tone more recently, especially since the seminal studies of Furchgott concerning endothelialmediated vasodilatation (Furchgott & Zawadski, 1980) and dual control of vascular tone by perivascular nerves and endothelial cells (see Burnstock, 1990; Ralevic & Burnstock, 1996).

Perivascular nerves are confined to the adventitialmedial border in most blood vessels and it is now known that they consist of 4 different nerve types, namely: sympathetic nerves, which utilise as principal transmitters NA, ATP and neuropeptide Y (NPY); parasympathetic nerves, which often utilise vasoactive intestinal polypeptide (VIP) together with acetylcholine (ACh); sensory-motor nerves with a chemical coding consisting of calcitonin gene-related peptide (CGRP), substance P (SP) and, in some subpopulations, ATP; and the projections from neurons in intrinsic ganglia in the heart, lung, gut etc., which contain a variety of peptidergic, purinergic, nitrergic and classical transmitters depending on their location and species (see Burnstock & Ralevic, 1996).

Endothelial cells are now known to synthesise, store and release a variety of vasoactive substances in response to shear stress produced by changes in blood flow (see Bodin et al. 1994; Koller & Kaley, 1996; Ralevic & Burnstock, 1996; Loesch & Burnstock, 1998).

Nitric oxide (NO). Nitric oxide synthase (NOS) has been localised at both light and electron microscope levels in subpopulations of endothelial cells in most vessels and increased flow or shear stress results in an increase in synthesis and release of NO which then acts on smooth muscle to produce vasodilatation and/ or trophic actions (Pohl et al. 1986; Rubanyi et al. 1986; Busse et al. 1993; Lincoln et al. 1997). Since NOS inhibitors greatly increase the blood pressure in whole animals (Rees et al. 1989), it is likely that basal release of NO in response to changing blood flow patterns provides vasodilator tone in dynamic balance with sympathetic vasoconstrictor tone. Shear stress has also been shown to potentiate agonist-stimulated NO release evoked by a number of agonists such as ACh, SP, ATP and 5-hydroxytryptamine (5-HT) (Busse et al. 1994), probably since these substances are also released by shear stress (see below) to occupy receptors that also lead to NO release.

Endothelin-1. Endothelial cells synthesise and store constricting agents, notably endothelin (ET) (Yanagisawa et al. 1988). In addition to directly constricting vascular smooth muscle, ET can also act on the endothelium to release NO which produces vasodilatation (Warner et al. 1989). ET is released from aortic endothelial cells isolated from 12-mo-old rabbits when they are exposed to an increased perfusate flow rate (Milner et al. 1990a, 1992). Chronic hypoxia changes the ratio of ET to ATP release from rat aortic endothelial cells exposed to high flow (Bodin et al. 1992). It was suggested that, under these conditions of reduced arterial oxygen tension, a dynamic balance between ET (constrictor) and ATP (dilator) release could regulate the responses of vessels to shear stress. In double-labelling experiments using colloidal gold with postembedding electron microscopy, perhaps surprisingly, ET-1 and NOS have been shown by A. Loesch to be colocalised in some endothelial cells (Ralevic & Burnstock, 1995).

Choline acetyltransferase-acetylcholine. In the original studies by Furchgott and colleagues ACh, acting via muscarinic receptors on endothelial cells, was shown to release endothelium-derived relaxing factor (EDRF)/NO. However, it is unlikely that ACh released from perivascular nerves in medium to large blood vessels would survive degradation to reach the endothelial receptor sites. Therefore it was of interest when Parnavelas et al. (1985) demonstrated localisation of choline acetyltransferase, the synthetic enzyme for ACh, in vascular endothelial cells of vessels in the rat brain and they suggested that ACh was synthesised in the cells and released to cause NO release from adjacent endothelial cells. Later ACh was shown to be released during shear stress (Milner et al. 1989, 1990b; Kawashima et al. 1990).

Substance P. SP was shown subsequently also to be stored in subpopulations of endothelial cells in various arteries (Loesch & Burnstock, 1988; Linnik & Moskowitz, 1989; Milner et al. 1989) and released by shear stress (Milner et al. 1989, 1990*b*, 1995). In the perfused rat hindlimb, increase in flow caused release of SP into the effluent (Ralevic et al. 1990). After removal of the endothelium by perfusion with air bubbles, increased flow no longer evoked release of SP, showing that it was not originating from perivascular sensory nerves. Furthermore, neonatal capsaicin treatment, which destroys SP containing sensory nerves, had no effect on flow-induced release of SP.

Other vasoactive agents. There is now evidence that subpopulations of endothelial cells that vary in different vascular beds store a number of other vasoactive agents, including 5-HT, arginine-vasopressin, angiotensin II, histamine, atrial natriuretic peptide (ANP) and under some rare circumstances, CGRP, VIP and NPY (see Loesch & Burnstock, 1998). There is documented evidence for the release of some of these substances in response to increase in perfusion rate (e.g. Domer et al. 1992, 1993; Bodin et al., 1994, 1995).

ATP. ATP has been shown to be rapidly released from freshly dissociated or cultured endothelial cells (see Bodin et al. 1991, 1992; Bodin & Burnstock, 1995) and from different vascular beds in response to increased perfusion flow rate (Milner et al. 1989, 1990b; Bodin et al. 1991, 1992; Vials & Burnstock, 1996). It is a feature that with successive increases in flow there is progressive reduction in ATP release from endothelial cells, which is in marked contrast to the release of peptides such as endothelin which shows increased release with successive flow stimuli (Fig. 1; Bodin et al. 1991). The diminished release of ATP may be due to the limiting source of adenosine in the perfusion medium for reuptake into endothelial cells and conversion to ATP (Pearson & Gordon, 1979), while shear stress is known to increase synthesis of endothelin (Yoshizumi et al. 1989) which could account for the larger release of ET during the second flow-induced stimulation.

Flow-induced release of uridine nucleotides as well as purine nucleotides has been demonstrated from cultured endothelial cells of rabbit aorta (Saïag et al. 1995).

Long-term trophic actions of substances released from endothelial cells

While the early interest in substances released from endothelial cells was focused on their influence on vascular tone and platelet aggregation, it became increasingly clear that some of the substances released could also have long-term influences. For example, ET, SP, ATP and angiotensin II have all been shown to produce growth and/or proliferation of smooth muscle cells (see Schachter, 1990; Erlinge, 1998; Saita et al. 1998). This is of particular interest for pathological conditions such as hypertension, atherosclerosis, restenosis following angioplasty, diabetes



Fig. 1. Release of (*a*) endothelin and (*b*) ATP into Krebs' buffer perfusing freshly isolated rabbit aortic endothelial cells at low flow rate (0.5 ml/min) and a higher flow rate (3.0 ml/min, black bar on horizontal axis). Note that release of endothelin and ATP was significantly enhanced during high flow (P < 0.001, n = 5) and that a second period of increase in flow led to a further increase in endothelin release, in contrast to ATP release which was reduced with the second stimulus (see text) (from Milner et al. 1990*a*)

and malignancies (see Schachter, 1990; Kohler et al. 1991; Milner & Burnstock, 1994; Abbracchio, 1996). NO can inhibit proliferation of endothelial cells; this may occur in pathological states where production of NO in plaques and diseased vessels impedes reendothelialisation, thereby contributing to adverse thrombotic or vasospastic activities (Sarker et al. 1995). In contrast, SP has growth-promoting actions on endothelial cells (Villablanca et al. 1994), whereas adenosine, a breakdown product of ATP, stimulates retinal microvascular endothelial cell migration and tube formation (Lutty et al. 1998)

Human umbilical vessels are unusual in that not all the substances released during shear stress act on receptors on adjacent endothelial cells to influence local vascular tone. Histamine, 5-HT, ATP and ET, when released from umbilical endothelial cells in response to shear stress, produce local vasoconstriction (Sexton et al. 1996). However, endothelial cells in human umbilical veins that contain and release NPY and ANP, as well as NO, are inactive locally and it has been suggested that they may have trophic effects on fetal development (Cai et al. 1993a, b; Salas et al. 1995; Sexton et al. 1995).

Long-term sympathectomy suppresses flow-induced release of ATP and endothelin from endothelial cells isolated from the adult rat aorta (Milner et al. 1996).

Apart from its role as a vasoconstrictor, endothelin is a mitogenic agent to smooth muscle (Komuro et al. 1988; Hirata et al. 1989). ET is greatly increased in blood vessels in cancer where it appears to contribute to tumour enlargement (Shichiri et al. 1991; Shankar et al. 1998), and perhaps in atherosclerosis and restenosis (Dashwood et al. 1998).

MECHANISMS OF ENDOTHELIAL MECHANOTRANSDUCTION

By virtue of their position at the luminal surface of blood vessels, endothelial cells are ideally situated to act as sensors of, and as modulators of, changes in blood flow. The sensitivity of the endothelium to flow is supported by the morphological and cytoskeletal changes that occur in cultured endothelial cells subjected to shear stress (Flaharty et al. 1972). In some vessels, endothelial cells are subject to pulsatile laminar blood flow; in other regions, particularly arterial branch sites, blood flow is turbulent (Davies, 1988), and it has been suggested that this is more important in the predisposition of vessels for the development of atherosclerotic lesions.

The cellular and molecular pathways mediating mechanotransduction in endothelial cells have not been resolved. There is debate about whether shearstressed NO release is Ca²⁺-dependent or not (Korenaga et al. 1994; Kuchan & Frangos, 1994). It has been suggested that shear stress is sensed by integrins on the cell surface which interact with cytoskeletal proteins to recruit signalling proteins into focal adhesion complexes (Davies, 1995). Support for the involvement of the cytoskeleton in flow-mediated responses comes from studies of rabbit abdominal aorta endothelial cells (Hutcheson & Griffith, 1996). Cytochalasin B, an F-actin depolymerising agent, phalloidin, an F-actin stabilising agent and colchicine, a tubulin dimerisation inhibitor were employed to assess the contribution of the actin microfilament and microtubule lattice. The results were interpreted to suggest that the endothelial F-actin microfilament and microtubule networks are involved in the mechanotransduction pathway for flow-evoked EDRF release in rabbit aorta, athough, interestingly, these cytoskeletal elements appear to play no role in acetylcholine-induced EDRF release. Shear stress also activates G protein, $Gi_{2\alpha}$, which may be linked to the activation of K⁺ channels (Olesen et al. 1988) and increase in [Ca²⁺]_i (Rubanyi et al. 1986; Lewis & Smith, 1991). Three temporal signal responses to shear stress have been postulated: the immediate production of NO; a rapid response involving activation of extracellularly regulated kinases including MAPK and ERK1/2; and a sustained response involving tyrosine phosphorylation of focal adhesion kinase (FAK) (Takahashi et al. 1997). The 'immediate' response is concerned with short-term physiological control of vascular tone, while the 'rapid' and 'sustained' responses appear to be more related to long-term trophic events involved in vessel wall remodelling and adaptation (see also Davies, 1997). It has also been suggested that stretch-activated ion channels in vascular endothelial cells may act as mechanotransducers (Lansman et al. 1987).

It is interesting to note that mechanical stretch induces ET-1 mRNA and stimulates release of ET-1 from cardiomyocytes (Yamazaki et al. 1996). These authors also showed that stretching activates MAPK after 8 min, followed by an increase in protein synthesis in cardiomyocytes after 24 h. These effects were inhibited by an angiotensin II antagonist and, since the local renin-angiotensin system is considered to play a key role in the mechanism of stretch-induced hypertrophy of cardiomyocytes (Sadoshima et al. 1993), ET-1 and angiotensin II may cooperate in the induction of cardiomyocyte hypertrophy.

PURINERGIC MECHANOSENSORY TRANSDUCTION

Recent findings suggest that stretch deformation of epithelial cells leads to release of ATP via a selective ATP transport process to act on subepithelial sensory nerves initiating messages to be relayed to the CNS. Two such systems will now be explored.

Nociception

There were early hints about the actions of ATP on nociceptive sensory nerves (Bleehan & Keele, 1977; Bleehan, 1978; Burnstock, 1981; Coutts et al. 1981; Krishtal et al. 1988; Bouvier et al. 1991). However, more recently, cloning and characterisation of an extracellular receptor for ATP has provided direct evidence for $P2X_3$ receptor homomultimers and $P2X_{2/3}$ receptor heteromultimers on nociceptive sensory neurons (Chen et al. 1995; Lewis et al. 1995;

Burnstock & Wood, 1996). These receptors have been localised on subpopulations of nerve cell bodies in dorsal root, trigeminal and nodose ganglia and on their central and peripheral extensions with in situ hybridisation and immunohistochemical methods (Vulchanova et al. 1996, 1997; Bradbury et al. 1998; Llewellyn-Smith & Burnstock, 1998). Evidence in support of this hypothesis is beginning to appear from application of ATP and purinoceptor antagonists to in vivo pain models (e.g. Bland-Ward & Humphrey, 1997; Trezise & Humphrey, 1997; Dowd et al. 1998).

The possible sources of the ATP acting on $P2X_{2/3}$ receptors was discussed by Burnstock (1996*a*) in relation to pain associated with causalgia, reflex sympathetic dystrophy, cancer and vascular pain such as migraine, angina and ischaemia, where it was suggested that endothelial cells in the microcirculation might provide the source of the ATP acting on perivascular sensory nerve terminals.

It is now proposed (see Fig. 2) that in tubes such as ureter, vagina, gut, salivary and bile ducts, and sacs such as bladder and lung, the pain caused by distention works through a purinergic mechanosensory transduction mechanism, i.e. that the epithelial cells lining these organs release ATP to act on $P2X_{2/3}$ nociceptive receptors on subepithelial sensory nerve terminals which relay impulses to the CNS to be registered as pain. There is already supportive evidence for this concept in the bladder (see Ferguson et al. 1997; Morrison et al. 1998). This hypothesis is currently being tested further in our laboratory in distended sensory innervated preparations of ureter (Cervero & Sann, 1989) and vagina (Friese et al. 1997).

Hearing

There is extensive evidence for purinergic signalling in the inner ear, the outer hair cells showing particularly high sensitivity to ATP (see Housley, 1997; Chen & Bobbin, 1998). Studies with quinacrine, a fluorescent dye that has been shown to selectively label high levels of ATP bound to peptides in large granular vesicles (Irvin & Irvin, 1954; da Prada et al. 1978; Ekelund et al. 1980) have revealed that marginal cells of the stria vascularis in the inner ear are positively stained and these cells have been suggested as the source of ATP release involved in mechanosensory transduction in this system (White et al. 1995). ATP release has also been demonstrated from the organ of Corti (Wangermann, 1996). Levels of ATP measured in the endolymph (13 nM) and in perilymph (10 nM) even after some ectoenzymatic breakdown (Munoz et al.



Fig. 2. Schematic representation of hypothesis for purinergic mechanosensory transduction in tubes (e.g. ureter, vagina, salivary and bile ducts, gut) and sacs (e.g. urinary and gall bladders, and lung). It is proposed that distention leads to release of ATP from epithelium lining the tube or sac, which then acts on $P2X_{2/3}$ receptors on subepithelial sensory nerves to convey sensory/nociceptive information to the CNS.

1995) approach the threshold reported for functional responses in isolated guinea pig cochlea outer hair cells (Housley et al. 1992).

SUMMARY AND FUTURE DIRECTIONS

This article has focused on shear stress release of vasoactive substances from endothelial cells, but it has also been proposed that release of ATP from epithelial cells lining tubes and sacs in response to stretch is part of a mechanosensory transduction mechanism involved in pain. Another possible mechanosensory mechanism in the inner ear has been described and there are hints that mechanically released ATP may also be involved in purinergic signalling in embryonic development (see Burnstock, 1996b) and bone remodelling (Bowler et al. 1998), in cystic fibrosis (Watt et al. 1998). However, these proposals will need substantial further experimental work to establish them as biological processes of physiological significance. Discovering precisely how ATP is released from a variety of cell types, including endothelial and epithelial cells, odontoblasts and osteoblasts in response to mechanical stimuli is an exciting challenge. It appears likely that this release involves a special ATP transport mechanism as distinct from exocytotic release from nerves. There is considerable current interest in the possibility that mechanically stimulated ATP transport involves ATP-binding cassette (ABC) proteins, sulphonylurea receptors and/or cystic fibrosis transmembrane conductance regulator (CFTR) channel proteins. It is interesting in this respect that glibenclamide was reported to block flow-induced release of ATP from endothelial cells of the rat pulmonary vascular bed (Hasséssian et al. 1993). Clearly, discovery of ATP transporters and of agents that can enhance or inhibit release of ATP to mechanical stimulation would have significant therapeutic potential.

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