

Tadalafil attenuates hypotonicity-induced Ca²⁺ influx via TRPV2 and TRPV4 channels as well as ATP release in primary bladder urothelial cell cultures.

Xiao Dong^{1,2}, Hiroshi Nakagomi², Yui Matsuda², Tatsuya Miyamoto², Tatsuya Ihara², Satoru Kira², Norifumi Sawada², Takahiko Mitsui², Masayuki Takeda²
¹Department of Urology, the First Hospital of China Medical University ²Department of Urology, University of Yamanashi

Introduction & Objectives

Phosphodiesterase 5 (PDE5) inhibitor, tadalafil, improves lower urinary tract symptoms suggestive of benign prostatic hyperplasia. The mechanism is believed to smooth muscle relaxation, increased blood perfusion and modulation of sensory stimuli via increased activity of the NO/cGMP/protein kinase G pathway (1). The bladder urothelium is presumed to be involved in sensory mechanisms activated in response to physical and chemical stimuli (2). Urothelial cells express several receptors/ion channels including transient receptor potential (TRP) channels and secrete ATP capable of modulating, activating or inhibiting sensory neurons (2). However study for tadalafil in urothelium is few, here we investigated the distribution of PDE5, as well as the molecular mechanism for tadalafil in signal transduction focusing on TRP channels and ATP release of bladder urothelium.

Methods

Animals 10-12 week-old male Sprague-Dawley rats and C57BL/6 mice were used in all animal experiments. All procedures were conducted in accordance with the policies of the Institutional Animal Care and Use Committee of the University of Yamanashi .

Immunohistochemistry: Rat tissue was fixed with 4% PFA, cryosectioned (3 μm) and mounted on glass slides. Sections were incubated with primary antibody (rabbit anti-PDE5A [1:50] [Santa Cruz Biotechnology]) and subsequently, incubated with goat anti-rabbit HRP (1:1,000) (Santa Cruz Biotechnology) . Samples were examined using an Olympus BX53 microscope.

Western blot analysis: Tissue specimens and primary rat urothelial cell cultures were homogenized using an M-PER mammalian protein extraction reagent. Images were captured using an Image Quant LAS4000 imager. Anti-PDE5A (1:500) (Santa Cruz Biotechnology) and anti-β actin (1:20,000) (Santa Cruz Biotechnology) .

Primary urothelial cell cultures : Whole bladders were harvested from anesthetized rats, and urothelial cells were prepared as previously described (3).

Intracellular Ca²⁺ concentration: Measuring using a Ca²⁺ imaging system as previously described (3). Ca²⁺ influx was evaluated under exposure to isotonic (340mOsm), hypotonic (200mOsm), cannabidiol (CAD, TRPV2-selective agonist) (10mM), GSK1016790A (GSK, TRPV4-selective agonist) (30nM), ATP (P2X and Y agonist) (5mM) and PIP2 (TRPM7 agonist) (4mM) stimuli respectively with pretreated tadalafil (10mM) or the vehicle control (acetonitrile).

In vivo ATP levels : To quantify ATP release in vivo, 50 μL of saline supplemented with ARL 67165 (100 μM) was slowly injected into ureter-ligated bladders of control or tadalafil -treated mice via the urethra. The saline was subsequently collected, and ATP concentration was measured using a luciferase reagent (4).

Statistical analysis: All values are expressed as the mean ± SEM. The unpaired t-test was used for statistical analysis. For all analyses, P values of <0.05 were considered significant.

Results

Fig.1 PDE5 was expressed in the rat bladder urothelium

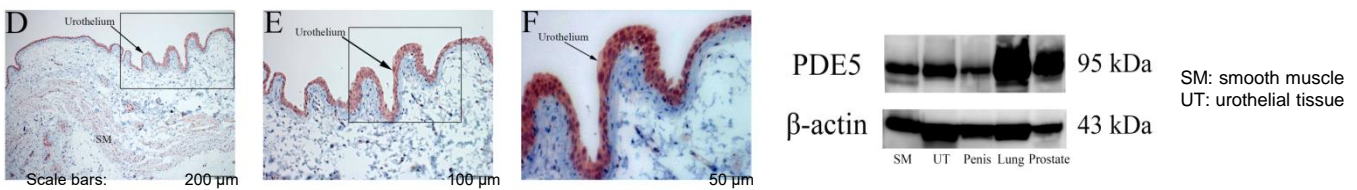


Fig.2 PDE5 was expressed in primary rat bladder urothelial cell cultures

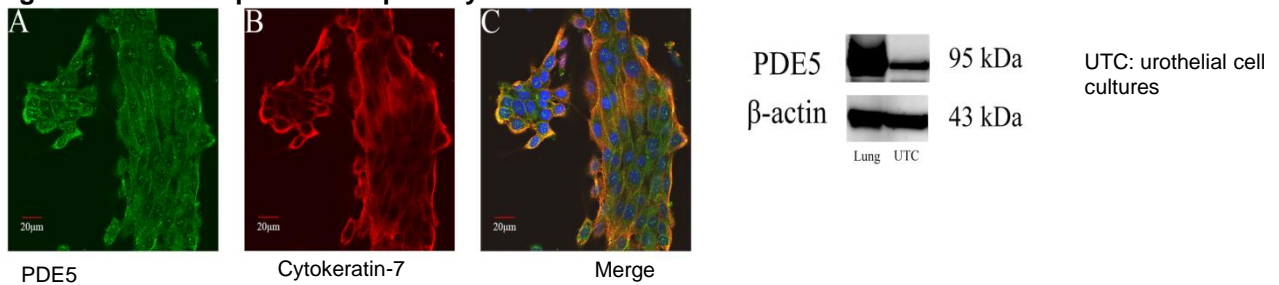


Fig.3 Tadalafil-mediated inhibition of hypotonicity-induced Ca²⁺ influx

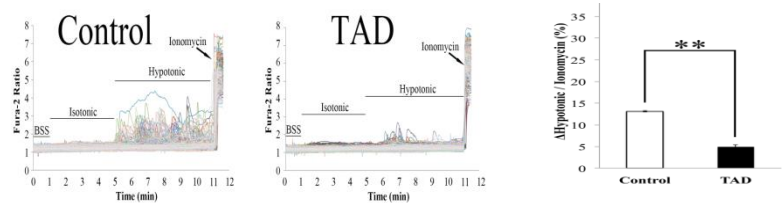


Fig.4 Tadalafil-mediated inhibition of Ca²⁺ influx induced by TRPV2 or TRPV4 agonism

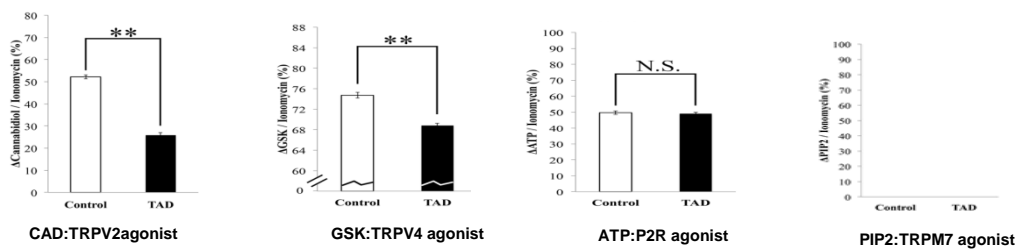
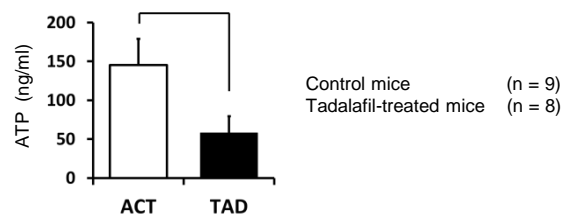
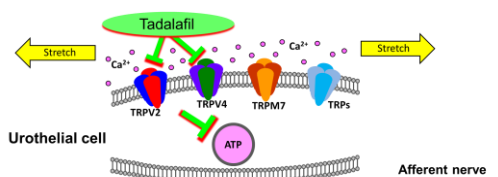


Fig.5 Tadalafil-mediated inhibition of stretch-induced ATP release in mouse bladder urothelium



Conclusions

Tadalafil attenuated Ca²⁺ influx via TRPV4 and TRPV2 channels and inhibited ATP release in bladder urothelium. Tadalafil could act an inhibitory role in urothelial signal transduction. These novel insights into the mechanism underlying the effect of tadalafil on bladder sensation might inform the development of additional treatments for bladder disorders such as overactive bladder.



References

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Conflict of Interest Disclosure

I have no potential conflict of interest to report