

Effect of muscarinic receptor antagonists on contractions of circular muscle in human colon

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Muscarinic receptors are commonly expressed in the digestive tract. Today, muscarinic receptors include several subtypes, already characterized in several animal models. However, the functional role of M₁, M₂, M₃ and M₄ subtypes in human colon is poorly defined (1-2). Therefore, we started a pilot study testing the effect of selective muscarinic receptor antagonists (M₁-M₄) on betanechol-evoked contractions in human colonic circular muscle. **METHODS.** Segments of sigmoid colon were obtained from 6 male patients (mean age 74.8yrs, range 68-80yrs) undergoing left hemicolectomy for non-obstructive sigmoid cancer according to a protocol approved by the local ethics committee. Colonic circular muscle strips were taken from macroscopically normal areas. Strips (15x3mm; deprived of the mucosa) were mounted isometrically in an organ bath with oxygenated Krebs solution at 37° C and placed under a tension of 20-24mN. After a 60-min stabilization period, at least two comparable response to carbachol (10⁻⁴M) were recorded before studying the response to muscarinic receptor antagonists. Cumulative concentration-response curves were obtained with betanechol (10⁻⁸-10⁻²M) in the absence and in the presence of M₁-M₄ antagonists (10⁻⁹-10⁻⁵M) added 30 min before betanechol curves. The following antagonists were tested: pirenzepine dihydrochloride (M₁), AF-DX116 (M₂), 4-DAMP (M₃), PD 102807 (M₄). EC₅₀ values were calculated from log concentration-response curves, and 95% confidence intervals (CIs) were calculated using nonlinear regression. **RESULTS.** All strips contracted concentration-dependently when exposed to betanechol. The lowest effective concentration for M₁, M₂ and M₄ receptor antagonists was 10⁻⁶M, whereas for the M₃ receptor antagonist it was 10⁻⁸M. EC₅₀ value for betanechol was 4.43 x10⁻⁵M (95% CI 2.10-9.35x10⁻⁵M). EC₅₀ values for M₁, M₂, M₃ and M₄ were 3.06x10⁻⁴M (95% CI 2.54-3.7x10⁻⁴M), 1.34x10⁻⁴M (95% CI 3.67x10⁻⁵M-4.87x10⁻⁴M), 4.22x10⁻⁴M (95% CI 3.38-5.27x10⁻⁴M), 1.17x10⁻⁴M (95% CI 7.42x10⁻⁵M-1.84x10⁻⁴M) respectively. The shift to the right of the betanechol concentration-response curve was statistically significant in the presence of the M₁ and M₃ receptor antagonist. **CONCLUSION.** These preliminary data indicate that, in elderly male patients, the most representative muscarinic receptor mediating bethanechol-induced contraction is the M₃ subtype. Further studies aimed at characterizing possible age- and gender-dependent differences are warranted to optimize the approach to smooth muscle motility disorders.

(1) Harrington AM et al. 2010 Neurogastroenterol Motil 22, 999-1007

(2) Krueger D et al. 2013 Neurogastroenterol Motil May 19. doi: 10.1111/nmo.12156.