



Effects of cigarette smoke exposure on nicotinic acetylcholine receptor subunits $\alpha 7$ and $\beta 2$ in the sudden infant death syndrome (SIDS) brainstem

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ABSTRACT

It is postulated that nicotine, as the main neurotoxic constituent of cigarette smoke, influences SIDS risk through effects on nicotinic acetylcholine receptors (nAChRs) in brainstem nuclei that control respiration and arousal. This study compared $\alpha 7$ and $\beta 2$ nAChR subunit expression in eight nuclei of the caudal and rostral medulla and seven nuclei of the pons between SIDS ($n = 46$) and non-SIDS infants ($n = 14$). Evaluation for associations with known SIDS risk factors included comparison according to whether infants had a history of exposure to cigarette smoke in the home, and stratification for sleep position and gender. Compared to non-SIDS infants, SIDS infants had significantly decreased $\alpha 7$ in the caudal nucleus of the solitary tract (cNTS), gracile and cuneate nuclei, with decreased $\beta 2$ in the cNTS and increased $\beta 2$ in the facial. When considering only the SIDS cohort: 1—cigarette smoke exposure was associated with increased $\alpha 7$ in the vestibular nucleus and increased $\beta 2$ in the rostral dorsal motor nucleus of the vagus, rNTS and Cuneate, 2—there was a gender interaction for $\alpha 7$ in the gracile and cuneate, and $\beta 2$ in the cNTS and rostral arcuate nucleus, and 3—there was no effect of sleep position on $\alpha 7$, but prone sleep was associated with decreased $\beta 2$ in three nuclei of the pons. In conclusion, SIDS infants demonstrate differences in expression of $\alpha 7$ and $\beta 2$ nAChRs within brainstem nuclei that control respiration and arousal, which is independent on prior history of cigarette smoke exposure, especially for the NTS, with additional differences for smoke exposure ($\beta 2$), gender ($\alpha 7$ and $\beta 2$) and sleep position ($\beta 2$) evident.

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Introduction

Cigarette smoke exposure is the second major modifiable risk factor for the sudden infant death syndrome (SIDS), after prone sleep position (Mitchell and Milerad, 2006). SIDS is defined as “the sudden unexplained death of an infant less than 1 year of age after a thorough case investigation, including a complete autopsy, examination of a death scene, and review of the clinical history” (Willinger et al., 1991).

Although the exact mechanism by which cigarette smoking increases the risk of SIDS is not known, a credible hypothesis is that nicotine affects neuronal nicotinic acetylcholine receptors (nAChRs) in brainstem nuclei in a manner that diminishes normal respiration

and arousal during sleep (Cohen et al., 2005; Lena et al., 2004). In neonatal mice, prenatal nicotine exposure affects the respiratory rhythm pattern generator and causes a decline in central chemoreception during early postnatal life (Eugenin et al., 2008). Nicotine is one of the main constituents of cigarette smoke (Slotkin, 1998) with actions in the brain predominantly mediated through binding to nAChRs. The nAChRs are made up of 12 different subunits including nine α subunits ($\alpha 2$ – $\alpha 10$) and three β subunits ($\beta 2$ – $\beta 4$) (reviewed by Sargent, 1993); they are pentameric structures assembled from homomeric or heteromeric combinations of the 12 different subunits organized around a central pore (reviewed by Gotti and Clementi, 2004).

This study focuses on the $\alpha 7$ and $\beta 2$ subunits. The $\alpha 7$ subunit predominantly exists as a homomeric structure, and was chosen because it is the most abundant and widespread subtype in the brain (Breese et al., 1997; Dominguez del Toro et al., 1994; Quik et al., 2000). It has many important functions including modulation of glutamatergic and cholinergic neurotransmitter release, synaptic plasticity, regulation of neuronal growth, differentiation and survival, regulation of calcium-dependent gene expression, and mediation of circuit excitability (reviewed by Gotti and Clementi, 2004).

Abbreviations: ABD, abducens; AN, arcuate nucleus; Cun, cuneate; DMNV, dorsal motor nucleus of the vagus; DR, dorsal raphe; FAC, facial; Grac, gracile; XII, hypoglossal nucleus; ION, inferior olivary nucleus; LC, locus coeruleus; MR, median raphe; nAChRs, nicotinic acetylcholine receptors; NTS, nucleus of the tractus solitarius; SIDS, sudden infant death syndrome; SpT, spinal trigeminal; SO, superior olivary; Vest, vestibular.

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The $\beta 2$ subunit is commonly seen in the heteromeric $\alpha 4\beta 2$ nAChR subtype. Of particular interest to this study, the $\beta 2$ subunit is involved in regulation of respiration (Cohen et al., 2005) and sleep (Lena et al., 2004), and mediates the action of nicotine on brainstem nuclei (Cohen et al., 2002). In neonatal rat brainstem slices, activation of $\alpha 4\beta 2$ nAChRs leads to increased respiratory frequency and decreased inspiratory amplitude in the hypoglossal nucleus and pre-Bötzinger complex (Shao and Feldman, 2001). Moreover, $\beta 2$ knockout mice had depressed breathing and compensatory responses to repetitive hypoxia during sleep (Cohen et al., 2002) compared to wild type mice, and the pups from the knockouts had unstable breathing and impaired arousal (Cohen et al., 2005). Other modulating functions of the $\beta 2$ nAChRs include neuronal development and plasticity (Champtiaux and Changeux, 2002), survival and apoptosis (Hejmadi et al., 2003; Mechawar et al., 2004), and protection from excitotoxicity (Stevens et al., 2003).

Our hypothesis was that the immunohistochemical expression of $\alpha 7$ and $\beta 2$ subunits is changed in brainstem nuclei of SIDS infants compared to non-SIDS infants, and for infants with a history of cigarette smoke exposure compared to non-exposed infants. The clinical history available also permitted examination for associations between changes in brainstem expression of these receptors and two other risk factors for SIDS: gender and sleep position.

Materials and methods

Data and tissue collection. The methods for data and tissue collection have been described in detail previously (Machaalani and Waters, 2008). Briefly, death scene reports, a death scene investigation checklist, and autopsy records were accessed at the Department of Forensic Medicine in Glebe, NSW, Australia, for all cases of sudden death in infants aged 28 days to 1 year for the period 1997 to 2004. All cases were number coded and identifying information (name and address) was removed prior to analysis. This study was approved by The Human Ethics Committees of the University of Sydney, and Central Sydney Area Health Service.

Cases were included if a complete clinical history and the results of the death scene examination were available, a complete autopsy had been performed, the brain had been examined by a neuropathologist after a period of fixation, and paraffin blocks of tissue from the medulla and pons were available. From the total of 196 cases over the period of study, only the 60 cases with information regarding their smoke exposure status could be included in this study. Smoke exposure status was derived from the Police Death Scene Investigation checklist (P534 NSW) where the question asks: "Does anyone in the household smoke? Yes or No". Infants where the response was "Yes" were considered to have a history of cigarette smoke exposure and were included in the smoke-exposed group.

Serial tissue sections (7 μ m) were collected from 10% neutral buffered formalin fixed and paraffin embedded blocks, mounted on slides coated with 3-aminopropyltriethoxysilane, and then subjected to immunohistochemical staining.

Immunohistochemistry. Immunostaining was performed as previously detailed (Machaalani et al., 2010) using commercial antibodies for $\alpha 7$ (ab10096, Abcam Ltd), a rabbit polyclonal synthetic peptide conjugated to KLH which corresponds to amino acids 28–42 of human nicotinic acetylcholine receptor, and $\beta 2$ (AChR $\beta 2$ (H-92): sc-11372, Santa Cruz Biotechnology, Inc), a rabbit polyclonal raised against amino acids 342–433 mapping near the C-terminus of the subunit of human origin. Although tests using knockout (KO) tissue demonstrate that several antibodies against the nicotinic AChRs are non-specific to their targets (Moser et al., 2007), the $\alpha 7$ antibody used in this study did not demonstrate this characteristic; although not tested in KO tissue by the Moser group it was tested in the proteomics study by Paulo et al. (2009). Paulo et al. (2009) used α -bungarotoxin isolated and bead supported

immunoprecipitation Western blot, with corresponding Coomassie stained gel, and found no band for $\alpha 7$ in KO tissue compared to wild type that revealed a band at 56 kDa. Additional evidence from the Paulo group regarding the specificity of this antibody included testing its presence in untransfected human embryonic kidney (HEK) cells versus cells transfected with the $\alpha 7$ -5HT_{3A} chimeric construct (personal communication). Additional confirmation of the antibody's specificity has recently come from a different group (Mielke and Mealing, 2009). The specificity of the $\beta 2$ antibody we used has been demonstrated in several studies including (1) Quitadamo et al. (2005) who applied it in immunofluorescent IHC on hippocampal tissue from $\beta 2$ KOs and found no staining compared to the wild type mice, (2) Pollock et al. (2007) who used two $\beta 2$ antibodies (MAb270 and sc-11372) and found similar results in immunoblots of brain cells, and (3) Kabbani and Levenson (2007) who performed a similar proteomic study to Paulo et al. (2009) and found no $\beta 2$ band in the Western blot or the corresponding Coomassie stained gel within the KO homogenized brain tissue compared to wild type tissue.

Detailed methodology of our laboratory's standard immunohistochemical protocol using the above mentioned antibodies has been provided previously (Browne et al., 2010; Machaalani et al., 2010). Briefly, all steps were carried out at room temperature unless otherwise noted. After deparaffinization and microwave antigen retrieval in Tris-EDTA buffer (1 mM EDTA, 1 mM Na citrate, 2 mM; pH 9) on high for 14 min (Black and Decker 700W, USA), sections were quenched for endogenous peroxidase activity, incubated in 10% normal horse serum (NHS) in phosphate buffered saline (PBS) for 30 min, and then incubated in each of the respective primary antibodies ($\alpha 7$ diluted 1:500 and $\beta 2$ diluted 1:300 in 1% NHS) overnight at 4 °C. Sections were then incubated in the secondary antibody (biotinylated horse anti-mouse IgG/anti rabbit IgG, Vector Laboratories Inc.) for 40 min, then with the avidin-biotin peroxidase reagent (Vectastain ABC kit; Vector laboratories Inc.) for 40 min. Color was developed with DAB, counterstained with Harris' hematoxylin, and sections were mounted in DPX. Negative control sections were immunostained as above, but the primary antibody was replaced with 1% NHS.

Nuclei studied. Our analyses were confined to 4 levels from the pons and medulla: the rostral pons at the isthmus; the caudal pons at the genu of the facial nerve; and the rostral and caudal medulla. The anatomical levels and nuclei were identified with reference to Plates X–XIII, XXVII, XXV, and XXIII of the atlas Cytoarchitecture of the Human Brainstem (Olszewski and Baxter, 1954) and Fig. 17 (caudal) and Fig. 23 (rostral) of the Atlas of the Human Brainstem (Paxinos and Huang, 1995).

The nuclei studied from the pons included: locus coeruleus (LC), dorsal raphe (DR), median raphe (MR), abducens (ABD), facial (FAC), superior olivary (SO), and the spinal trigeminal (SpT). The nuclei from the medulla included: arcuate (AN), cuneate (Cun), dorsal motor nucleus of the vagus (DMNV), gracile (Grac), inferior olivary nucleus (ION), vestibular (Vest), nucleus of the tractus solitarius (NTS), and the hypoglossal (XII) nucleus. Adjacent H&E stained sections were used to define the anatomic boundaries of the brainstem nuclei being studied.

Quantification. All quantification was performed with the use of computerized image analysis systems at the Australian Key Centre for Microscopy and Microanalysis, University of Sydney. Images were captured at $\times 10$ magnification using the Nikon Eclipse E800 light microscope and sensicam CCD camera. The number of images captured per nucleus ranged from 1 to 6, depending on the size of each nucleus. All slides were coded so that analysis was performed blinded to the diagnosis.

Only neuronal staining was analyzed. A manual count of neurons was undertaken, identifying the positive and the negative stained

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