Common mechanism of secretory diarrhoea

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The studies of intestinal electrolyte processes have eluded the attempts to identify the common mechanism involved in secretory type of diarrhoea. The pathogenesis of secretory diarrhoea involves the coupled interactions of Ca²⁺, PI, PKC, PGs, intramural nerves and cholinergic muscarinic receptor activation. These interactions may result in increase in intracellular Ca²⁺ levels. The increased Ca²⁺ may thus serve an important intracellular mediator involved in the stimulation of intestinal fluid secretion.

THE worldwide impact of acute infectious diarrhoeal diseases is immense, with an estimated 3-5 billion cases per year, resulting in 3-5 million deaths each year. A survey reported more than 3 million deaths each year due to diarrhoea². Eighty per cent of these deaths occur in children below two years of age³. It is estimated that the children less than two years of age in developing countries suffer 6-10 episodes of diarrhoea per year, thus approximately 17% of their life in this age group is spent with diarrhoea⁴. A close scrutiny of facts and figures available from National and International sources indicates that first two years of life of a child born in India continues to be crucial from health point of view. It has been estimated that approximately 3 million children die before completion of one year and one million die before attaining childhood every year and these deaths in one way or other are related to diarrhoeal diseases and their effects⁵.

Infectious diarrhoea is generally secretory in nature and can result from bacterial, viral and parasitic infections. The bacteria commonly implicated in the etiology of diarrhoea include conventional enteropathogens like Shigella, Salmonella, enteropathogenic *E. coli* (EPEC), Vibrio cholerae and new enterotoxigenic *E. coli* (ETEC), enteroinvasive *E. coli* (EIEC), enteroaggregative *E. coli* (EAEC), Yersinia, Aeromonas, campylobacter and recently isolated Vibrio 0139 synonym Bengal⁶⁻⁹.

The understanding of underlying pathophysiological mechanisms of acute secretory diarrhoea is growing steadily, now thanks to the intense research interest in the physiology of intestinal electrolyte transport. Considerable insights have been obtained with respect to normal cellular mechanisms of ion transport, though the studies of intestinal electrolyte transport are complicated by several factors (Table 1).

Structural basis for intestinal electrolyte transport

The epithelium of small intestine is located at the interfacial surface, the intestinal lumen is in continuity with external environment. The material absorbed from lumen must first traverse this epithelium to gain access to mucosal blood and lymph vessels.

Structural organization of mucosa of small intestine

The luminal surface of small intestine is so organized that surface area is greatly amplified. Numerous microscopic mucosal villi increase the absorptive surface some seven to 14-fold¹⁰. Depending on the mammalian species and portion of small intestine, villus height and shape vary. Diseases that affect the mucosal function often perturb normal villus structure, thus affecting absorptive surface of small intestine¹¹.

The intestinal mucosa is divided into three distinct layers (Figure 1). The deepest is the muscularis mucosa that separates mucosa from submucosa. Its contractile properties help in the movement of villi and emptying of crypt luminal contents¹². The lamina propria is the middle mucosal layer, which is bounded above by epithelium and below by muscularis mucosa. The lamina contains eosinophils, mast cells, fibroblasts, unmyelinated nerve fibres, blood and lymph vessels. The lamina propria provides support to intestinal epithelial cells and also contains blood vessels that nourish the epithelium. The third layer of intestinal mucosa constitutes a continuous sheet of epithelial cells which line the villi and crypts. The crypt epithelium is composed of undifferentiated cells, mucus secreting goblet cells, endocrine

Table 1. Regulation of cellular mechanisms of ion transport

- 1. Presence and simultaneous function of both absorptive and secretory processes.
- 2. Transmucosal movement of ions through both cellular and transcellular pathways.
- 3. Presence of multiple cell types.
- 4. Structural heterogeneity of epithelial cells.

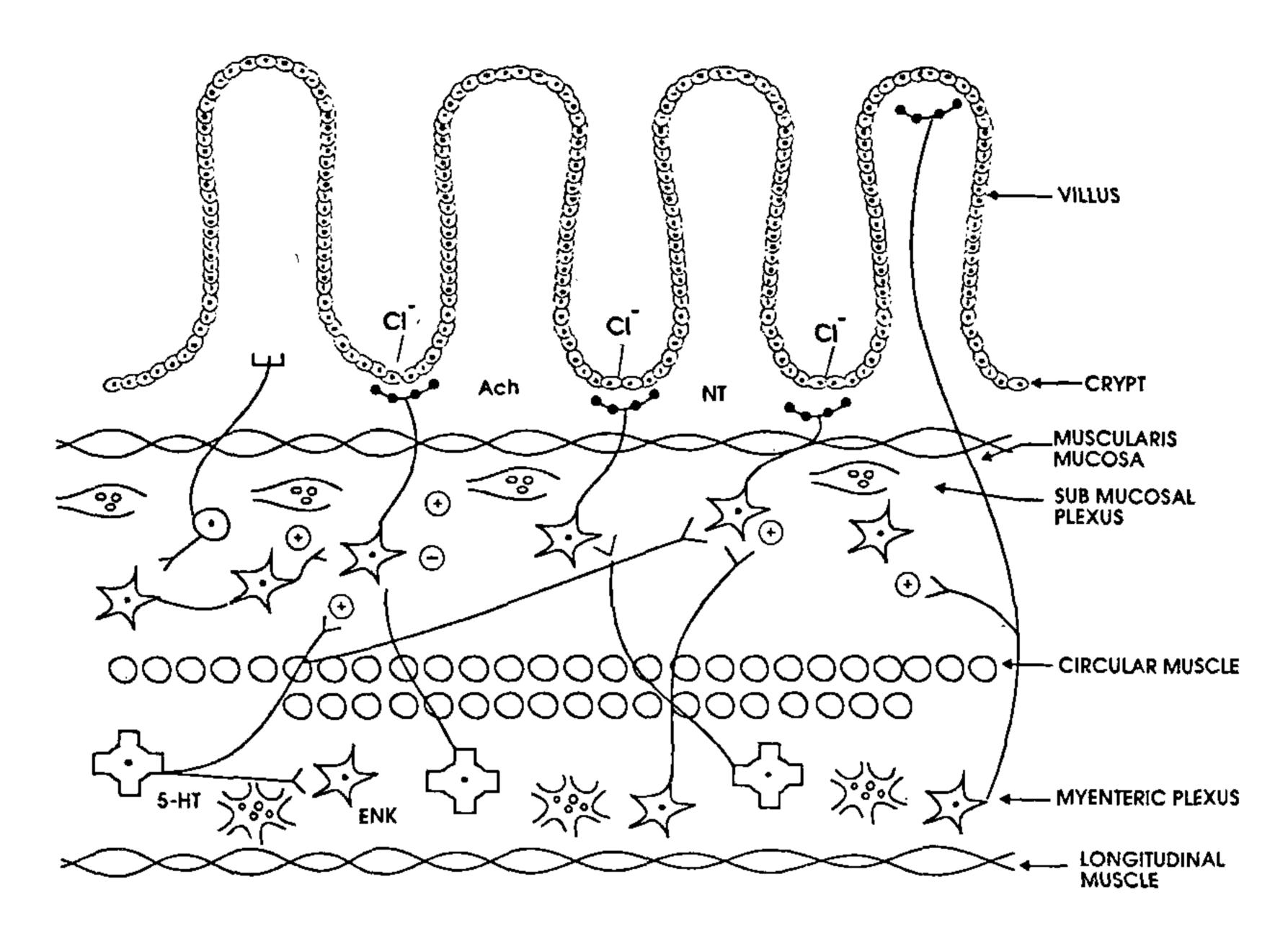


Figure 1. Functional morphology of mucosa of small intestine.

epithelial cells, tuft cells and Paneth cells with secretory granules. The epithelium lining the villi contains absorptive cells, termed as enterocytes, mucus secreting goblet cells, few endocrine epithelial cells, rare caveolated cells, cup cells. Additionally, a specialized epithelial cell, the M cell overlies the apex of Peyer's patches.

The functions of crypt epithelium include epithelial cell renewal, secretion into crypt lumen, electrolyte and water secretion and endocrine secretion both into the lamina propria and into the lumen. The major known function of villus epithelium is absorption of nutrients¹².

Cellular mechanisms of ion transport

Na⁺ and Cl⁻ together are by far the major ions of fluid transported during absorption or secretion by small intestine. Na⁺, in particular, plays a central role in the energetics of the intestinal absorption via the transcellular route. The fluid and electrolyte transported depend upon the net effect of absorptive and secretory processes.

Na⁺ absorption mainly occurs by three mechanisms (Table 2). The driving force for Na⁺ entry is the hydrolysis of ATP catalysed by Na⁺, K⁺-ATPase located at basolateral membrane of enterocytes¹³. This pump exchanges Na⁺ out of K⁺ in, thus establishing a steep electrochemical gradient for Na⁺ entry from lumen (Figure 2). The small intestine of most mammals also possesses a secretory mechanism¹⁴, which normally functions at a low basal level (Table 2). Previous findings support a distribution of secretory function to the crypt cells^{15,16}. Recently, it has been demonstrated that crypts also

Table 2. Ion transport processes

- I. Absorptive processes
 - 1. Electrogenic sodium absorption
 - 2. Non-electrolyte stimulated Na⁺ absorption
 - 3. Electroneutral sodium chloride absorption
- II. Secretory processes
 - 1. Sodium secretion
 - 2. Chloride secretion

absorb fluid and Cl⁻ secretion occurs in presence of intracellular or extracellular messengers¹⁷.

The mechanisms of electrolyte transport differ in various segments of mammalian intestine. In jejunum, Natentry occurs by (i) Na⁺/H⁺ exchange, (ii) Na⁺ substrate cotransport, (iii) Na⁺-PO₄ and Na⁺-SO₄⁻² co-transport but active Cl⁻ absorption does not occur, there is no evidence of direct linking of Na⁺ and Cl⁻ transport, and no Cl⁻/HCO₃ or Cl⁻/OH⁻ exchanger¹⁸. In mammalian ileum, Na⁺ and Cl⁻ transport are linked and Na-substrate mechanism is less prominent¹⁹. The mammalian distal colon demonstrates amiloride sensitive Na⁺ absorption pathway whereas proximal colon possess a coupled NaCl transport mechanism²⁰.

Pathophysiological mechanisms in diarrhoeal diseases

Cyclic nucleotides

Cyclic nucleotides stimulate intestinal secretion by three potential mechanisms: (i) altered activity of ion trans-

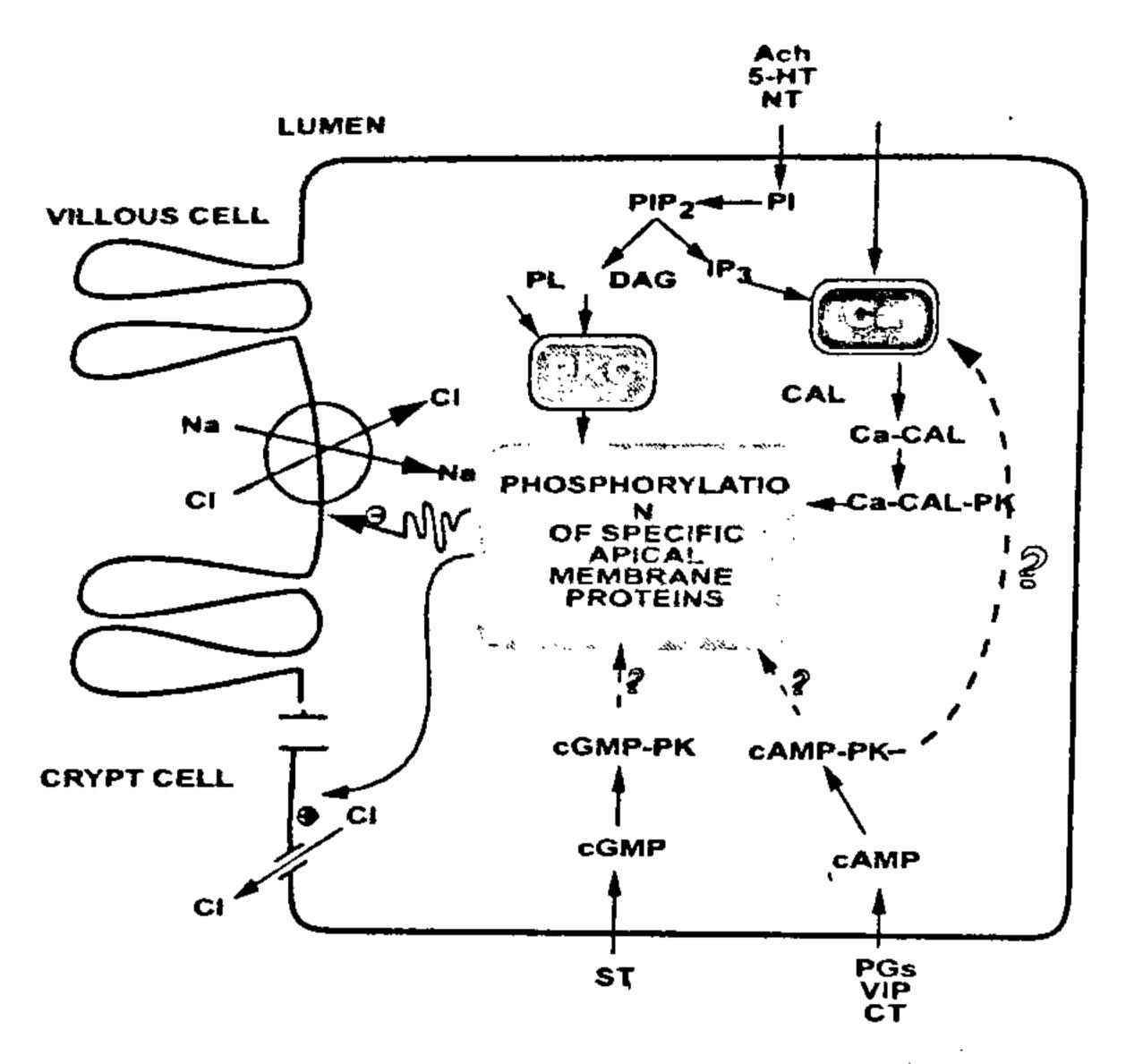


Figure 2. Regulation of intestinal secretion by extracellular mediators and intracellular messengers.

porters, (ii) modulation of tight junctions, and (iii) increase in intracellular calcium levels.

The elevation of cAMP or cGMP levels in intestinal epithelial cells stimulates active chloride secretion by inhibiting electroneutral NaCl absorption in intestinal epithelium²¹. Cyclic AMP acts via stimulation of A kinase with direct phosphorylation and activation of the major chloride channel identified in intestinal epithelial cells, the cystic fibrosis transmembrane conductance regulator (CFTR)²². Second, cyclic AMP regulates intestinal epithelial cell secretion via effects on cytoskeletal proteins. The chloride secretory response to cAMP is dependent on microtubules²³. Further, the apical membrane recruitment of CFTR in T84 cells in response to cyclic AMP is dependent on microtubules but not calcium or F (filamentous) actin²⁴. The mechanism by which activation of cAMP reorganizes F actin is not known. Besides its effect on ion transporters, the study on CT-treated animal tissues, Campylobacter jejuni and Salmonella typhimurium heat labile toxin suggest that cyclic AMP potentially contributes to intestinal secre $tion^{25-27}$.

Lastly, cyclic AMP-dependent agonists stimulate increases in intracellular calcium (Ca²⁺)_i in T84 intestinal epithelial cells. The cAMP-mediated increase in (Ca²⁺)_i occurs via a pathway (Figure 2) distinct from that mediated by inositol triphosphate (IP₃) or protein kinase C (PKC)^{28,29}.

Intracellular calcium

There are several potential mechanisms by which ele-

vation in (Ca²⁺), levels stimulates a net intestinal secretion. The elevation of (Ca²⁺), levels alters the regulation of several ion-transporting proteins. The increased (Ca2+), may activate calmodulin-dependent protein kinases (Ca-CaM) or calcium-dependent protein kinase (PKC)³⁰. These activated kinases may phosphorylate membrane proteins that affect the activity of apical membrane Na⁺/H⁺, exchanger (Figure 2) resulting the decreased Na⁺ absorption³¹. Secondly, Ca-CaM dependent protein kinases and PKC may activate CFTR³². Undoubtedly, elevated calcium is enough signal to stimulate chloride secretion in intestinal epithelial cells in the absence of additional second messengers. The previous studies based on evaluating the role of calcium in the presence of its agonists and antagonists suggest its involvement in pathogenesis of many diarrhoeagenic organisms^{26,33-36}. Additionally, calcium has been known to regulate tight junctions, suggesting that changes in (Ca2+), levels modulate the intestinal permeability and contribute to intestinal secretion³⁷.

Protein kinase C

The PKC family consists of multiple isoenzymes that differ from each other in one way or other³⁸. Specific isoforms of PKC are present in various intestinal cell types. The metabolism of phosphatidyl inositol by phospholipase C (PLC) results in generation of IP, and diacylglycerol (DAG). IP, releases calcium from intracellular calcium stores whereas DAG activates PKC. The role of PKC activation in stimulating intestinal secretion has been examined by use of activators and inhibitors of PKC with help of Ussing chambers^{26,35,39}. Besides causing intestinal secretion, PKC activation also leads to dissembly of intestinal epithelial cell cytoskeleton and modulation of tight junction⁴⁰. Thus it suggests that PKC activation may contribute to intestinal secretion through direct effects on ion transporters as well as through regulation of paracellular transport pathway.

Phospholipases

The activation of phospholipases leads to changes in intracellular mediators which regulate transport of fluid and electrolytes. The most studied examples are (i) release of arachidonic acid metabolites by the activation of PLA₂ and (ii) release of intracellular calcium through activation of PLC. Activation of PLA₂ leads to the release of AA metabolites, viz. prostaglandins (cyclooxygenase pathway products) and leukotrienes (lipooxygenase pathway products). Certain prostaglandins and leukotrienes may serve to amplify the secretory response for example, prostaglandin I₂ (PGI₂) can activate enteric nervous system and leukotriene B4 stimulates the

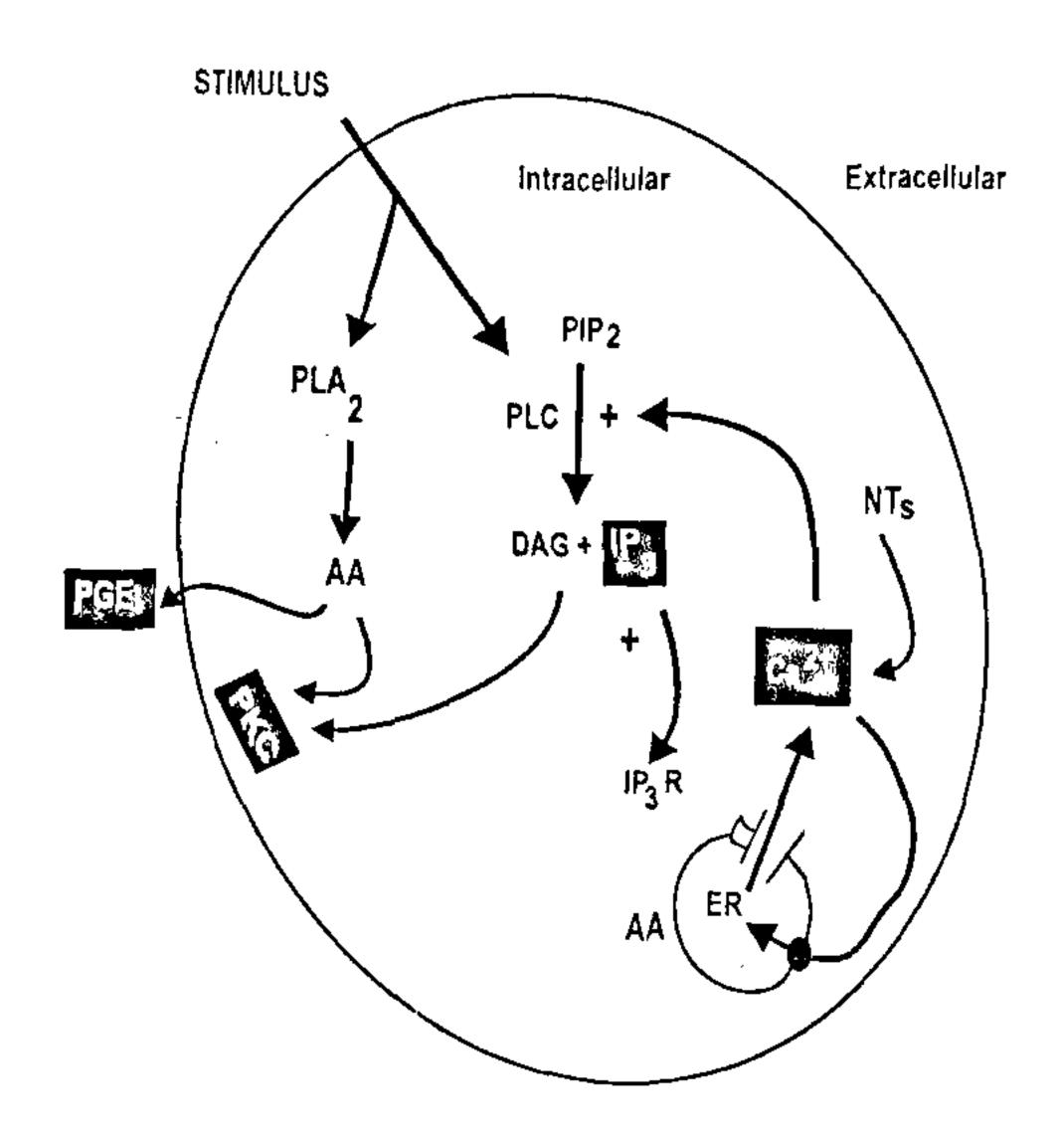


Figure 3. Proposed pathophysiological mechanism(s) involved in secretory diarrhoea.

recruitment of PMNs, leading to an inflammatory response in intestine. Activation of PKC regulates ion transport through the release of calcium and PKC activators as summarized above⁴¹. Recently, additional signalling pathways that involve the activation of PLD and phosphatidyl specific PLC have been identified^{38,42}. These pathways lead to the release of lipid metabolites (e.g. diacyl glycerol and phosphatidic acid) that regulate specific cell functions.

Enteric nervous system

Considerable evidence exists regarding the involvement of one or more components of enteric nervous system in secretory responses to bacterial toxins⁴³. Neural pathways appear to involve villus to crypt neural reflexes. The neuropeptides (Figure 1) such as those secreting substance P, 5-HT, vasoactive intestinal peptide (VIP)^{44,45} and acetylcholine have been implicated in the secretory responses to *C. difficile* toxin A, CT, *E. coli* heat stable enterotoxins (STa and STb) and Shigella toxin^{36,46-48}. Several bacterial pathogens and/or their toxins have been shown to alter intestinal myoelectric patterns. These include CT, *E. coli* STa, wild type and recombinant *V. cholerae* strains, Shigella toxin and various classes of *E. coli* [e.g. enteropathogenic *E. coli* (EPEC), ETEC and enteroinvasive *E. coli* (EIEC)]^{36,49-51}.

Summary

Diarrhoea is one of the major causes of mortality during infancy and early childhood in developing countries.

The underlying pathophysiological mechanisms in secretory diarrhoea involves the complex interaction of several biochemical pathways. Calcium may be located at the cross over point of various pathways involving PKC, prostaglandins, intramural nerves and cyclic nucleotides. Increased calcium (either through extracellular calcium or release of calcium from intracellular stores) may activate PKC by its translocation from cytosolic to membrane, thereby phosphorylate membrane proteins. The sequence of interaction leading to an increase in intracellular Ca²⁺ appears central to the control of diarrhoea modulating ion transport through activation of protein kinase C (Figure 3).

- 1. Giannella, R. A., Gastroenterology, 1993, 104, 1589-1594.
- 2. In State of World's Children, UNICEF, Oxford University Press for UNICEF, 1994, p. 6.
- 3. In Programme for the Control of Diarrhoeal Diseases, World Health Organization, Geneva, 1990, WHO/CDD/SER/80.2 Rev. 2.
- 4. Black, R. E., Brown, K. H., Becker, S., Abdul, Slim A. R. M. and Huq, I., Am. J. Epidemiol., 1982, 115, 315-324.
- 5. Pal, S. C., Nair, G. B. and Deb, B. C., in *Infectious Diarrhoea in Young* (ed. Tripori, S.), Elsevier, Amsterdam, 1985, pp. 73-79.
- 6. Field, M., Karnaky, K. J., Smith, P. L. and Bolton, J. E., J. Memb. Biol., 1980, 40, 265-293.
- 7. Giannella, R. A., Annu. Rev. Med., 1981, 32, 341-357.
- 8. Moriarty, K. J. and Turnberg, L. A., Clin. Gastroenterol., 1989, 15, 529-543.
- 9. Faruque, A. S. G., Mahalanabis, D., Albert, M. J. and Hoque, S. S., Trans. Roy. Soc. Trop. Med. Hyg., 1994, 88, 439.
- 10. Wilson, T. H., in *Intestinal Absorption*, W. B. Saunders Co., Philadelphia, 1962.
- 11. Trier, J. S., Viewpoints, Dig. Dis., 1977, 9, 1-4.
- 12. Madara, J. L. and Trier, J. S., in *Physiology of Gastrointestinal Tract* (ed. Johnson, L. R.), Raven Press, New York, 1987, pp. 1209-1249.
- 13. Dharmsathaphorn, K. and Pandol, S. J., Gastroenterology, 1985, 88, 1364 (Abstract).
- 14. Field, M., in *Physiology of Gastrointestinal Tract* (ed. Johnson, L. R.), Raven Press, New York, 1981, pp. 963-982.
- 15. Welsh, M. J., Smith, P., Fromm, M. and Frizzel, R., Science, 1982, 218, 1219-1221.
- 16. Sundaram, U., Knickelbein, R. G. and Dobbins, J. W., Proc. Natl. Acad. Sci. USA, 1991, 88, 6249-6253.
- 17. Singh, S. K., Binder, H. J., Boron, W. F., Geibel, J. P., J. Clin. Invest., 1995, 96, 2373-2379.
- 18. Gunther, R. D. and Wright, E. M., J. Memb. Biol., 1983, 74, 85-94.
- Turnberg, L. A., Beiberdorf, F. A., Morawski, S. G. and Fordtran,
 J. S., J. Clin. Invest, 1970, 49, 557-567.
- 20. Sellin, J. H. and De Soigine, R., Gastroenterology, 1985, 88, 1580 (Abstract).
- 21. Field, M., Graf, L. H., Laird, W. J. and Smith, P. L., Proc. Natl. Acad. Sci. USA, 1978, 75, 2800-2804.
- 22. Cheng, S. H., Rich, D. P., Marshall, P. R., Gregory, R., Welsh, M. J. and Smith, A. E., Cell, 1991, 66, 1027-1036.
- 23. Fueller, C. M., Bridges, R. J. and Benos, D. J., Am. J. Physiol., 1994, 266, C661-C668.
- 24. Tousson, H., Fuller, C. M. and Benos, D. J., (1966) (in communication).
- Magnusson, K. E., Kihlstrom, E. and Sundqvist, T., FEMS Microbiol. Lett., 1985, 29, 15-18.
- 26. Kanwar, R. K., Ganguly, N. K., Kumar, L., Rakesh, J., Pamgrahi, D. and Walia, B. N. S., Biochem. Biophys. Acta, 1995, 1270, 179.

- 27. Giannella, R. A., Gots, R. E., Charney, A. N., Greenough, W. B. and Formal, S. B., Gastroenterology, 1975, 69, 1238-1245.
- 28. Barrett, K. E., Am. J. Physiol., 1993,265, G859-G868.
- 29. Denning, G. M., Clark, R. A. and Welsh, M. J., Am. J. Physiol., 1994, 267, C776-C783.
- 30. Worrell, R. T. and Frizzell, R. A., Am. J. Physiol., 1991, 260, C877-C882.
- 31. Tse, C., Levine, S. A., Yun, C. C. H., Brant, S. R., Nath, S., Pouyssegur, J. and Donowitz, M., Cell. Physiol. Biochem., 1994, 4, 282-300.
- 32. Greengard, P. and Nairn, A. C., Picciotto, M. R., Cohn, J. A., Bertuzzi, G., J. Biol. Chem., 1992, 267, 12742-12752.
- 33. Goyal, J., Ganguly, N. K., Garg, U. C. and Walia, B. N. S., FEMS Microbiol. Lett., 1989, 66, 169-174.
- 34. Gorowara, S., Ganguly, N. K., Mahajan, R. C., Goyal, J. and Walia, B. N. S., J. Diarr. Dis. Res., 1991, 9, 111-117.
- 35. Khurana, S., Ganguly, N. K., Khullar, M., Panigrahi, D. and Walia, B. N. S., Biochem. Biophys. Acta, 1991, 1097, 171-176.
- 36. Kaur, T., Singh, S. and Ganguly, N. K., J. Diarr. Dis. Res., 1995, 13, 139-145.
- 37. Schneeberger, E. E. and Lynch, R. D., Am. J. Physiol., 1992, 262, L647-L661.
- 38. Nishizuka, Y., Science, 1992, 258, 607-614.
- 39. Gorowara, S., Ganguly, N. K., Mahajan, R. C. and Walia, B. N. S., Biochim. Biophys. Acta, 1992, 1138, 122-126.

- 40. Hecht, G., Robinson, B. and Koutsouris, A., Am. J. Physiol., 1994, 266, G214-G221.
- 41. Sears, C. L. and Kaper, J. B., 1995 (Unpublished data).
- 42. Divecha, N. and Irvine, R. F., Cell, 1995, 80, 269-278.
- 43. Perdue, M. H. and McKay, D. M., Am. J. Physiol., 1994, 267, G151-G165.
- 44. Gaginella, T. S., O'Dorisio, T. M. and Hubel, K. A., Regul. Pept., 1981, 2, 165-174.
- 45. Pfeuffer-friedorich, I. and Kilbinger, H., in Gastrointestinal Motility (ed. Romen, C.), MTP Press, Boston, 1987, pp. 527-534.
- 46. Pothoulakis, C., Gilbert, R. J., Cladaras, C., Castagliuolo, I., Nikulasson, S., Montcrief, J. S., Semenza, G., Wilkins, T. D. and LaMont, J. T., Gastroenterology, 1995, 108, A999.
- 47. Peterson, J. W. and Whipp, S. C., Infect. Immun., 1995, 63, 1452-1461.
- 48. Harville, B. A. and Dreyfus, L. A., Infect. Immun., 1995, 63, 745-750.
- 49. Mathias, J. R., Carlson, G. M., DiMarino, A. J., Bertiger, G., Morton, H. E. and Cohen, S., J. Clin. Invest, 1976, 58, 91-96.
- 50. Mathias, J. R., Nogueira, J., Martin, J. L., Carlson, G. M. and Giannella, R. A., Am. J. Physiol., 1982, 242, G360-G363.
- 51. Sjogren, R. W., Sherman, P. M. and Boedeker, E. C., Am. J. Physiol., 1989, 257, G725-G731.

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Molecular biology and biotechnology of higher plant nitrate reductases

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Nitrate reductase (NR) catalysing the reduction of nitrate to nitrite is the first and rate limiting enzyme in the assimilation of nitrate by the plants. At least two of its isoforms; a NADH specific and a NAD(P)H bispecific have been characterized. In this article, the physico-chemical properties of NADH specific isoform, which is the principal isoform of nitrate assimilation, have been described. The properties of cloned genes and the production of transgenic plants with altered NR activity, and mechanism of induction of NR by nitrate and cytokinins, repression by glutamine and post-translational modification of NR protein through reversible phosphorylation by light-dark transitions have also been accounted for. The characterization of NAD(P)H: NR gene and some regulatory aspects of this isoform have also been described. The article demonstrates that it is possible to produce mutants and transgenics with altered structure and function of NR, with an ultimate aim to affect qualitative and quantitative improvement of crop plants.

NITRATE reductase (NR) catalysing the reduction of nitrate to nitrite is the first enzyme in the assimilation of nitrate

by plants. The activity is considered to be the rate-limiting step in nitrate assimilation, which is often positively correlated with the total protein and nitrogen contents and sometimes also with the overall productivity of the plants1. Three isoforms of this enzyme have been described from soybean², viz. (i) A nitrate inducible NADH: NR (E.C.1.6.6.1) with a pH optimum of 7.5, (ii) A constitutive or inducible bispecific NAD(P)H:NR (E.C.1.6.6.2) with a optimum pH of 6.5, and (iii) A constitutive NADH: NR (E.C. number not yet assigned), with a pH optimum of 6.5. The inducible NADH: NR and the bispecific NAD(P)H:NR are usually found in close association with various plants and perhaps both are involved in nitrate assimilation. The NAD(P)H:NR however, is considered to be associated with some other functions also, such as with the transport of nitrate across the membranes and with the dissimilatory release of oxygen in anaerobic environment³. The evidences for these alternate functions are yet to be known, although the observation that NAD(P)H: NR isoform was localized principally on the plasma membrane4 is a strong indicator of its role in nitrate acquisition and transport. NR has been used as a biotechnological tool/product also. Mellor