

论著

## 内皮素-3对犬肺动静脉的作用

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**摘要** 阐明内皮素-3(ET-3)对肺动静脉的作用机理. 利用犬离体肺动静脉条, 观察其张力改变. 结果可见: ① ET-3(1~30  $\mu\text{mol} \cdot \text{L}^{-1}$ )引起肺动脉舒张(低浓度)和收缩(高浓度)双向反应,  $\text{ET}_\text{B}$ 受体激动剂IRL1620(1~30  $\mu\text{mol} \cdot \text{L}^{-1}$ )只引起舒张反应; 去内皮,  $\text{ET}_\text{B}$ 受体阻断剂IRL1038(1  $\mu\text{mol} \cdot \text{L}^{-1}$ )或左旋硝基精氨酸(L-NA, 10  $\mu\text{mol} \cdot \text{L}^{-1}$ )均使ET-3或IRL1620所致舒张反应减弱或消失,  $\text{ET}_\text{A}$ 受体阻断剂BQ123(10  $\mu\text{mol} \cdot \text{L}^{-1}$ )则使ET-3所致收缩反应翻转为舒张反应; ②同浓度的ET-3和IRL1620只引起肺静脉浓度依赖性收缩反应; BQ123可使ET-3所致收缩反应减弱, IRL1038可使IRL1620所致收缩反应减弱; ③在BQ123预处理条件下给予第二剂ET-3(30  $\mu\text{mol} \cdot \text{L}^{-1}$ ), 肺静脉表现为舒张反应, 唛咪美辛(1  $\mu\text{mol} \cdot \text{L}^{-1}$ )可使其舒张反应减弱. 研究表明: ①存在于肺动脉平滑肌上的 $\text{ET}_\text{A}$ 受体参与血管的收缩反应, 肺动脉内皮上的 $\text{ET}_\text{B}$ 受体通过释放NO参与舒张反应; ②肺静脉平滑肌上的 $\text{ET}_\text{A}$ 和 $\text{ET}_\text{B}$ 受体均参与收缩反应, 但 $\text{ET}_\text{B}$ 受体所致收缩反应易脱敏; ③在肺静脉平滑肌上可能还存在非 $\text{ET}_\text{A}$ /非 $\text{ET}_\text{B}$ 受体, 通过释放舒张性PG物质参与舒张反应.

**关键词** [内皮素-3](#) [IRL1620](#) [受体](#), [内皮素/拮抗剂和抑制剂](#) [左旋硝基精氨酸](#) [肺动脉](#) [肺静脉](#) [血管收缩](#) [血管舒张](#)

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## Effects of endothelin-3 on canine isolated pulmonary arteries and veins

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### Abstract

The present study was designed to determine the effects of endothelin-3(ET-3) on canine pulmonary vasculature. The isometric tension of pulmonary arterial and venous strips were recorded. The results showed that ①ET-3(1-30  $\mu\text{mol} \cdot \text{L}^{-1}$ ) elicited biphasic responses(relaxation at 1  $\text{nmol} \cdot \text{L}^{-1}$  and contraction at 10  $\text{nmol} \cdot \text{L}^{-1}$  or higher), whereas  $\text{ET}_\text{B}$  receptor agonist IRL1620(1-30  $\mu\text{mol} \cdot \text{L}^{-1}$ ) induced only relaxation in dog pulmonary arteries. The relaxations by ET-3 and IRL1620 were not affected by indomethacin, but were abolished by endothelium denudation or  $\text{N}^\text{G}$ -nitro-L-arginine(10  $\mu\text{mol} \cdot \text{L}^{-1}$ ). The relaxations caused by ET-3 and IRL1620 were markedly suppressed by  $\text{ET}_\text{B}$  receptor antagonist IRL1038(1  $\mu\text{mol} \cdot \text{L}^{-1}$ ).  $\text{ET}_\text{A}$  receptor agonist BQ123(10  $\mu\text{mol} \cdot \text{L}^{-1}$ ) potentiated ET-3-induced relaxations and markedly suppresses ET-3-induced contractions. ②The same concentrations of ET-3 and IRL1620 produced only concentration-dependent contraction in pulmonary venous strips, respectively. The contractions induced by ET-3 and IRL1620 were significantly suppressed by BQ123 and IRL1038, respectively. ③Following pretreatment with  $\text{ET}_\text{A}$  receptor blocker (BQ123 10  $\mu\text{mol} \cdot \text{L}^{-1}$ ), the second application of ET-3 (30  $\text{nmol} \cdot \text{L}^{-1}$ ) produced endothelium-independent relaxation, which was abolished by indomethacin(1  $\mu\text{mol} \cdot \text{L}^{-1}$ ). It is concluded that pulmonary arterial and venous responses to ET-3 can be attributed mainly to activation of  $\text{ET}_\text{A}$  and  $\text{ET}_\text{B}$  receptors. It appears that  $\text{ET}_\text{A}$  receptors located in the vascular smooth muscle mediate contractions in the arteries and veins;  $\text{ET}_\text{B}$  receptors located in the arterial endothelium mediate relaxations via release of endothelium derived nitric oxide, whereas those located in venous smooth muscle mediate contractions. Non- $\text{ET}_\text{A}$ /non- $\text{ET}_\text{B}$  receptors in the venous smooth muscle are likely to participate in prostaglandin-mediated relaxation.

**Key words** [endothelin-3](#) [IRL1620](#) [receptors](#) [endothelin/antagonists and inhibitors](#) [NG-nitro-L-arginine](#) [pulmonary artery](#) [pulmonary veins](#) [vasoconstriction](#) [vasodilation](#)

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