



## ULTRASTRUCTURAL EFFECTS OF NICOTINE ADMINISTRATION ON SYMPATHETIC NERVOUS SYSTEM OF ADRENAL GLAND MEDULLA IN PATS: A OUALITATIVE STUDY BY ELECTRON MICROSCOPY

SIÇANLARDA NİKOTİN UYGULANMASININ SÜRRENAL BEZ MEDULLASININ SEMPATİK SİNİR SİSTEMİ ÜZERİNE OLAN ETKİLERİ: ELEKTRON MİKROSKOPLA GERÇEKLEŞTİRİLEN KALİTATİF BİR ÇALIŞMA

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Anahtar sözcükler: sürrenal medulla, sempatik sinir sistemi, elektron mikroskopi, nikotin, sıçan.

### SUMMARY

*Morphology of sympathetic nervous system of adrenal medulla was observed in Wistar rats injected with subcutaneous nicotine. They were injected subcutaneously with low dose (2 mg/kg/day) or high dose (4 mg/kg/day) nicotine for seven weeks. Morphological changes in the medulla of adrenal glands were investigated in detail using electron microscopy. Ultrastructurally, we found that the appearance of sinusoids and endothelial cells containing epinephrine (E) and norepinephrine (NE) granules were normal. In both low and high dose nicotine treatment groups, the granules within cells secreting E and NE were dense. Furthermore, in addition to an enlargement in the sinusoids of the adrenal medulla, depositions in the nuclei and an excessive vacuolisation due to increased secretion especially in NE secreting cells were noted. There was also hypertrophy of the walls of endothelial cells around sinusoids in animals treated with high-dose nicotine. We conclude that nicotine has a dose-dependent effect causing obvious morphological changes on the sympathetic nervous system of adrenal medulla in rats, suggesting its hypertensive effect.*

### ÖZET

*Subkütan nikotin enjeksiyonu uygulanan Wistar cinsi sıçanlarda sürrenal medulla sempatik sinir sistemi morfolojisi tetkik edilmiştir. Hayvanlara 7 hafta süreyle düşük dozda (2 mg/kg/gün) ve yüksek dozda (4 mg/kg/gün) nikotin subkütan olarak uygulanmıştır. Sürrenal bezlerin medullasındaki morfolojik değişiklikler elektron mikroskop kullanılarak ayrıntılı bir şekilde değerlendirilmiştir. Ultrastrüktürel olarak, epinefrin (E) ve norepinefrin (NE) içeren hücrelere ait sinüzoidlerin ve endotel hücrelerinin normal görünümde olduğu saptanmıştır. Hem düşük ve hem de yüksek doz nikotin uygulanan tedavi gruplarında, E ve NE salgılayan hücreler içinde yoğun granülasyon görülmüştür. Ayrıca, sürrenal medulla sinüzoidlehndeki genişlemeye ilave olarak, özellikle NE salgılayan hücrelerdeki sekresyon artışı nedeniyle ortaya çıkan aşırı bir vakuolizasyon ve nukleus içi depolanmalar dikkati çekmiştir. Yüksek doz nikotin uygulanan hayvanlarda sinüzoidlerin çevrelerinde yer alan endotel hücrelerinin duvarlarında bir hipertrofi mevcudiyeti saptanmıştır. Bu bulgularla,*

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*siçanlarda nikotinin sürrenal medulla sempatik sinir sistemi üzerinde doza-bağımlı olan ve antihipertansif bir etki gösterdiğini düşündüren belirgin morfolojik değişikliklerin geliştiği sonucuna varılmıştır.*

## INTRODUCTION

Adrenal glands consist of cortex and medulla which are different in terms of constructional, functional and embryological development. Adrenal medulla develops from crista neuralis and it is originally an ectodermal germ layer (1). Parenchymal cells of adrenal medulla which form anastomatic cords or groups are large and polygonal (1-5). Two different types of cells which secrete norepinephrine (NE) and epinephrine (E) in rats have been described (6). The cells secreting NE have peripheral location while those secreting E are central (7). Ultrastructurally, chromaffin cells contain granules surrounded by a membrane with 100-300 nm (4). NE cells have dense cores which were separated from the surrounding membrane by an electron lucent nimbus like space. The granules of E cells are, however, less dense and locked within the large electron lucent spaces (6). There are collagen fibrils and fibroblasts in the stroma of the medulla, and rarely macrophages (6, 8). Preganglionic sympathetic cords similar to adrenal medulla come with the help of nervus splanchnicus major and plexus coeliacus, and there is no parasympathetic innervation. In comparison with their volumes, interestingly, adrenal glands have more autonomous innervation than the other organs (1, 7). Bunches of nerve fibres consist of fibres with or without myelin. On adrenal medulla there are sympathetic ganglion cells lying singly or in small groups and dense nerve networks (2, 5). Nerve fibrils are ended in parenchymal cells of adrenal medulla, which are accepted as modified postganglionic neurons. The transmitter substance between the ending of nerve cells and secreting cells is acetylcholine (9). In adrenal medulla, there are nicotinic, muscarinic and dopaminergic receptors in E, NE and dopamine (DA) cells (10, 11). The amount of E secreted from adrenal medulla is about 80% (4).

Nicotine is a toxic substance which first accumulates in autonomous ganglions depending on its dosage. These ganglions are then blocked if exposure continues (12). Nicotine stimulates the secretions of catecholamines from sympathetic nerve endings and medulla of adrenal glands being effective at the peripheral nicotinic cholinergic receptors. It can quickly pass blood-brain barrier and has a strong stimulant effect on central nervous system (13). The effects of nicotine on the nicotinic receptors at the central sympathetic centers that coordinate the activity of adrenal medulla and peripheral sympathetic nerves have been investigated previously (13). It has a dose dependent effect on adrenal medulla, where sympathetic innervation is rich, giving rise to catecholamine secretion

(14). Some physiological and behavioural effects of nicotine are increased by adrenalectomy, but decreased by acute and chronic administration of corticosteroids (15). Many investigators have focused on toxic effects of nicotine on catecholamine secretion, but its possible hazardous effect is not well documented regarding morphological changes in the adrenal medulla (13, 16-18). The effects of central sympathetic nervous system, peripheral sympathetic nerves and adrenal medulla on the development of genetic hypertension in the humans and experimental hypertension of the animals have been studied (1, 9, 19-21). We reported light microscopic results of nicotine administration in the first part of the study (22). In the present paper, we report ultrastructural alterations in sympathetic nervous system of adrenal medulla after nicotine administration in rats.

## MATERIAL AND METHOD

In this study, laboratory bred, sexually mature, 8-10-week-old Wistar rats, weighing 110-140 g, were used and were kept under standard housing conditions with free access to water and standard pellet diet. A total of 40 animals were firstly segregated into two groups: uninjected control (n=8) and experimental group (n=32). Thereafter, the nicotine-injected experimental group was divided into two subgroups. In the first subgroup (n=16) 2 mg/kg/day, and in the second (n=16), 4mg/kg/day nicotine were injected subcutaneously for seven weeks. All experimental procedures were performed in accordance with universal ethical principles. In the experiment solution, nicotine sulphate (molecular weight is 442.5), supplied from Sigma Chemical Co. (St. Louis, MO), has been used. At the end of the study, the rats have been decapitated and the parts taken from the adrenal glands of the rats both in the control and experimental group were processed with 1% osmium tetroxide postfixation after primary 2.5% glutaraldehyde fixation. After routine fixation processes they were dug into Epon 812, and semithin serial sections were taken from epon blocks in Reichert Ultramicrotome. Appropriate areas were selected for electron microscopy and ultrathin sections were stained with uranyl acetate, lead citrate and examined by Zeiss EM 9 transmission electron microscope (Zeiss, Germany) for ultrastructural morphology.

## RESULTS

In the control group, the cells which contain E and NE granules in the rat adrenal medulla were evaluated separately. The cells secreting E and NE were normal in appearance and these results were in harmony with the

observations in the literature (Figure 1). The groups, in which 2mg/kg/day and 4 mg/kg/day nicotine were given respectively, showed an increase in density of granules within both the E and NE cells (Figure 2 and 3). Especially in the second group (4mg/kg/day nicotine) excessive secretion within E and NE secreting cells was noted. Referred to the increase in secretion, depositions in the nuclei of the cells, especially in those secreting NE, were seen occasionally (Figure 2). An excessive vacuolisation due to increased secretion in the NE and E cells was evident (Figure 4 and 5). An enlargement in the sinusoids of the adrenal medulla due to increased secretion was noted (Figure 5). Granule density in NE and E cells of sinusoids was high (Figure 5). Around the sinusoids, endothelial cells were noted with increase in wall thickness and intracytoplasmic granules (Figure 6).

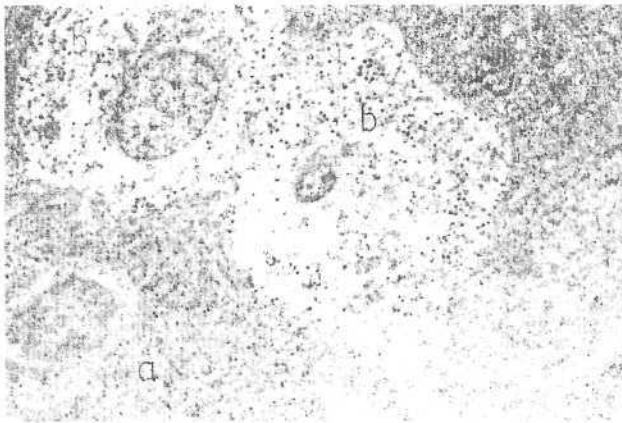


Figure 1. NE (a) and E (b) secreting cells in the adrenal medulla of rats in control group (x1750).

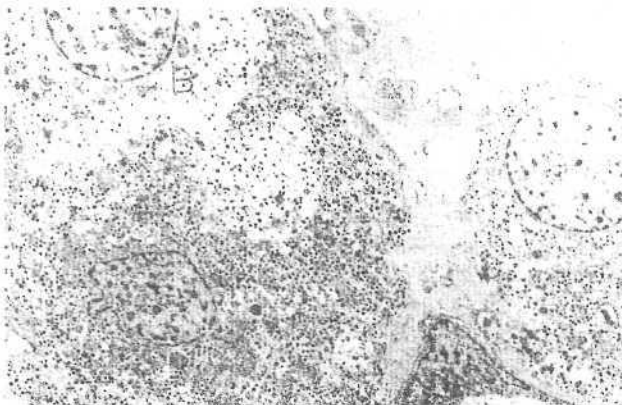


Figure 2. NE (A) and E (B) secreting cells in the adrenal medulla of rats in low-dose nicotine treatment group (x1750).

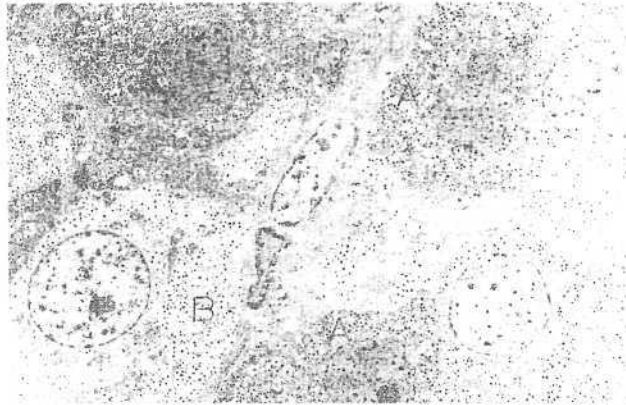


Figure 3. Excessive secretion in NE (A) and L (B) secreting cells in the adrenal medulla of rat in high-dose nicotine treatment (x1750).

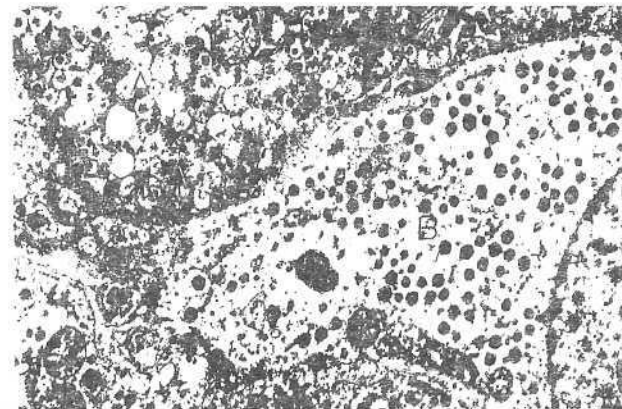


Figure 4. The adrenal medulla of rats in high-dose nicotine treatment group. Increased vacuolisation and empty granules within the NE (A) secreting cells on left side. Increased granules in the cells secreting E (B) on right side (x7200).

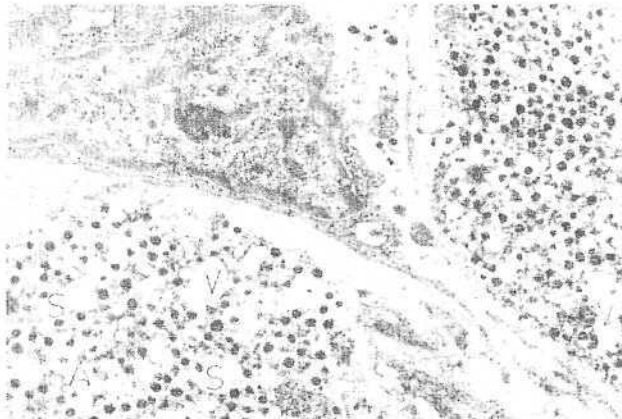


Figure 5. High-dose nicotine treatment group: increased secretion, vacuolisation (V) and an electron lucent spaces (S) between the secretion in NE (A) secreting cells and the surrounding membrane on the left side (bottom), and nucleus (N) in the stroma of the fibroblast left side (top) (x7200).

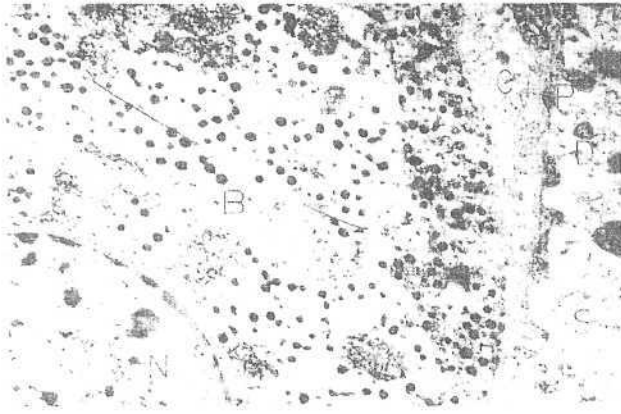


Figure 6. Low-dose nicotine treatment group. E secreting cell (B) and its nucleus (N) on the left side, and endothelial cells (C) and granules (G) as well as sinusoid (S) on the right side. Note that hypertrophy of the walls (P) of endothelial cells and deposits (D) of these cells within the sinusoid (x7200).

## DISCUSSION

In the adrenal medulla, the activity of cells defined as modified postganglionic neurons is under the neural control (3). The transmitter substance between the nerve cells and the chromaffin cells in adrenal medulla is acetylcholine (9). Similar to acetylcholine, nicotine has an effect on the nicotinic receptors (9). There are nicotinic, muscarinic and dopaminergic receptors in chromaffin cells (10,11). Nicotinic receptors intervene the secretion of both E and NE (9-11,17). The effects of the nicotine on the peripheral sympathetic system have also been known (12,17). Nicotine administration intracerebroventricularly in low or high dosage to the rats increases the secretion of E and NE in the plasma (13). Nicotinic receptors also help nicotine to intervene on the upper sympathetic centers nicotinic receptors. In this study, we showed that nicotine is responsible for hypertrophy of cells within adrenal medulla indicating an increase in secretion by E and NE cells. Nicotine shows this effect of by different mechanisms, particularly arousing the secretion of adrenocorticotrophic hormones from pituitary glands, central sympathetic centers and peripheral sympathetic nerves (13, 17, 23). A close relationship between the

increased secretion of catecholamine and hypertension has been reported by several studies (11, 20, 21, 24).

Experimental studies as well as clinical trials on hypertensive patients showed that catecholamine levels at the ends of sympathetic nerves within adrenal medulla are elevated (20, 21). The molecular mechanisms of hypertension development in central sympathetic nerves have also been investigated (11, 19-21, 24-26). Recently, Yokotani et al. (26) suggested that alpha3beta4 nicotinic receptors were involved in the release of catecholamines from the rat adrenal gland. Our previous study using light microscopy suggests that hypertrophy of chromaffin cells within the adrenal medulla in experimental group is resulted from an excessive stimulation of these cells (27). In rats, long-term parenteral nicotine administration caused hypertrophy of the cells secreting renin in juxtaglomerular apparatus and thus leading excessive renin secretion (22). On the other hand, it was noted that nicotine and its metabolites caused direct and specific inhibition of aldosterone synthesis resulting in cardiovascular pathologies by activation of renin-angiotensin system (28).

Experimental studies indicated that, in rats with hypertension, an increase in E levels, swelling on the sinusoid endothelium, and accumulation of granules within E cells occur (24). The authors have stated that these findings are morphological evidences indicating a significant relationship between hypertension and E secretion (7). Our study shows that similar morphological changes on adrenal medulla are also suggestive for hypertensive effect of nicotine. Based on the literature and our results, we suggest that nicotine has a hypertensive effect, although further experimental and clinical studies are required for final decision.

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