

## EDITORIAL

**IMPACT OF NEUROPEPTIDE SUBSTANCE P AN INFLAMMATORY COMPOUND ON ARACHIDONIC ACID COMPOUND GENERATION**

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**There is much evidence that neuropeptide substance P is involved in neurogenic inflammation and is an important neurotransmitter and neuromodulator compound. In addition, substance P plays an important role in inflammation and immunity. Macrophages can be activated by substance P which provokes the release of inflammatory compounds such as interleukins, chemokines and growth factors. Substance P is involved in the mechanism of pain through the trigeminal nerve which runs through the head, temporal and sinus cavity. Substance P also activates mast cells to release inflammatory mediators such as arachidonic acid compound, cytokines/chemokines and histamine. The release of these chemical mediators is crucial for inflammatory response. Among these mediators there are prostaglandins and leukotrienes. Here we review the impact of substance P on inflammatory compounds.**

Kinins possess the capacity to release neurotransmitters such as substance P and a second wave of mediators: interleukin-1, tumour necrosis factor, interleukin-8, prostaglandins, and leukotrienes (1-4). Neuropeptides such as substance P (SP), neurokinin A, calcitonin gene-related peptide, vasoactive intestinal peptide, pituitary adenylate cyclase activating peptide, neuropeptide,

and somatostatin are vasodilators, and some of them seem to be involved in neurogenic inflammation (5-7).

The 11-amino acid neuropeptide Substance P (SP) is released from nerve endings in many tissues, and belongs to a family of related peptides called tachykinins (8-10). Substance P was first isolated by Leeman S. et al. and it has been found to have an

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important neurotransmitter-neuromodulator effects and plays critical roles in inflammation and immunity (11-13). It is well known that SP is a product of the sensory ganglion cells, and it is transported to peripheral sites where it is stored and released on noxious stimulation (14-16). It is important to note that SP is found in high concentrations in the brain, gut, and lungs where it plays an important role in immunoregulation (17-19). SP can have a role in both innate and adaptive immunity (21-24). Therefore, neuropeptide SP is released from sensory nerves innervating the skin upon several stimulants exposure and acts via membrane-bound NK1 receptors (NK1R).

Since human lymphocytes express SP receptor, they enhance their proliferation when they are stimulated with mitogen *in vitro* (25-27). Activation of macrophages with mitogen is enhanced with SP which provokes immune activation and release of inflammatory compounds (28-31). In addition, mononuclear cells activated with SP cause cytokine release *in vitro* such as interleukins, chemokines and growth factors (32-34). Substance P was shown to induce and mediate inflammation, angiogenesis, infections, intestinal mucosal immunity and stress (35-37).

Substance P is able to activate several immune cells, such as T lymphocytes, mast cells, NK cells and macrophages (38-41). However, SP appear to be chemotactic for human lymphocytes rather than monocytes (42-46). Interaction between the peripheral nervous system, the immune system, and local cells is probably of great importance for the modulation of pain and inflammation (11, 47-50).

Substance P is involved in the mechanism for producing swelling and pain throughout the trigeminal nerve, which runs through the head, temple, and sinus cavity (51-56). Patients suffering from arthritis pain typically have elevated levels in their blood and in the synovial fluid of SP which is the key transmitter of pain to the brain (57-63). Neurogenic inflammation involves vasodilation and plasma protein extravasation in response to neural stimulation. Upon stimulation, sensory neurons release Substance P and other neuropeptides and activate neurokinin-1 receptors leading to plasma protein extravasation from post-capillary venules (64-67).

When the nerve fibers come in contact with Substance P, they react by swelling - an effect that causes headaches and sinus symptoms (68-72.). Neuropathic pain with a major cutaneous component may respond well to topical therapy with the Substance P depletor capsaicin to reduce elevated prostaglandin levels. Sensory neuropeptides may activate brain mast cells to release inflammatory mediators such as histamine, serotonin, arachidonic acid compound and *de novo* synthesized cytokines/chemokines (73-77). It has been reported that the chemical mediators of inflammatory response, such as substance P, prostaglandins, leukotrienes (LTC<sub>4</sub>, LTD<sub>4</sub>, LTE<sub>4</sub>), histamine, C3a, C5a, bradykinin, PAF, and cytokines, increase vascular permeability (78-80).

The increase in vascular permeability, a fundamental phenomenon in trauma, anaphylaxis, or endotoxemia, might be mediated by PAF, LTs, PGs, substance P and amines such as histamine (81-82). Injury to a tissue provokes the release of inflammatory mediators that dilate arterioles and post-capillary venules and increase capillary permeability (83). In this case, the cells of the immune system cross the endothelial barrier and migrate to the specific site of injury. This migration is accomplished by the process of chemical signaling (chemotaxis) mediated by specific chemokines. However, previously discovered, there are also non-specific chemo-attractant compounds such as LTB<sub>4</sub>, prostaglandins, C3a, lipoxins (A and B), PAF, bacterial products, and cytokines (84-85).

It has been shown that substance P by itself causes an increase of synthesis of CC and CXC chemokines in inflammatory cells. Studies from our group found that SP is capable of activating mast cells and releasing IL-8 (CXCL8) (86-88). SP is a potent modulator of monocyte/macrophage function, causing the release of arachidonic acid compounds such as leukotrienes and prostaglandins along with other proinflammatory compounds, proteases (chymase and tryptase), histamine, and provokes transcription and translation of several different cytokines/chemokines such as tumor necrosis factor-alpha (TNF-alpha), macrophage inflammatory protein-1 (MIP-1) and GM-CSF, RANTES, MCP-1, and CXCL8 (89-90).

Several reports suggest that SP/NK-1R activates

two convergent proinflammatory signaling pathways, PKCs and PI3K-Akt, resulting in ERK1/2 and NF-kappaB activation and chemokine production. The SP-preferring receptor neurokinin-1 receptor (NK1R) has two forms: a full-length NK1R (NK1R-F) isoform and a truncated NK1R (NK1R-T) isoform, which lacks the terminal cytoplasmic 96-aa residues (91-93).

These observations support an important pro-inflammatory role for substance P, acting via NK1 receptors in acute inflammatory diseases and associated tissue injury. It has also been reported that knockout mice deficient in the preprotachykinin-A gene, the precursor gene for substance P, are also protected against acute inflammation and tissue injury (94-95). Blockade of the tachykinin NK1 receptor may therefore represent an important strategy in the treatment of patients with signs of severe neuro-inflammatory diseases. Moreover, knockout mice deficient in NK1 receptors are protected against inflammatory diseases (96).

In addition to being a mediator of pain, SP has been shown to play an important role in inflammatory states such as asthma, immune complex-mediated lung injury, experimental arthritis, and inflammatory bowel disease (97-99). Airway epithelial damage in asthma exposes sensory nerves which may become sensitized by inflammatory products, including prostaglandins and cytokines, so that neuropeptides are released via a local reflex trigger such as bradykinin, resulting in exaggerated inflammation (100). SP and other neuropeptides are released from airway sensory nerves upon exposure to irritant chemicals and endogenous agents including prostaglandins, histamine, and other compounds (101). The released neuropeptides are potent inducers of a cascade of responses, including vasodilatation, mucus secretion, plasma protein extravasation, leukocyte adhesion and activation, and bronchoconstriction (102-104). It has been reported that orally active neurokinin receptor antagonists could have a therapeutic potential in asthmatic patients. Prostaglandin E2 and leukotriene B4 (LTB4) are both present in the arthritic diseases and also the neuropeptides substance P (SP), and others have all been found at high levels in the synovial fluid (105).

SP and PGs are also involved in pain which is a complex phenomenon involving both

neurophysiological and psychological components. Pathophysiological mechanisms involve neural pathways which include acetylcholine, serotonin, histamine, bradykinin, prostaglandins, and substance P. Karaki and Kuwahara reported that neurotransmitter-induced secretion in the intestine may be influenced by the tissue level of prostaglandin E2 (PGE2) (106). They conclude that the concentration of tissue PGE2 may indicate tissue alert level, and when this level elevates, PGE2 enhances ACh and SP-induced Cl<sup>-</sup> secretion, thus mediating massive fluid secretion for host defence.

On the other hand, spinal PGE(2) binds to receptors at presynaptic endings of primary afferent neurons (thus influencing synaptic release) and to receptors on postsynaptic spinal cord neurons. The administration of PGE(2) to the spinal cord surface produces changes of responsiveness of spinal neurons similar to peripheral inflammation, and spinal indomethacin to the spinal cord attenuates development of hyperexcitability significantly (107). PGE2 is involved in the development of pain and hyperalgesia/allodynia of the masseter muscle in patients with fibromyalgia, whereas local myalgia seems to be modulated by other, as yet unknown, mediators.

Inflammation induces neuroplastic changes in the spinal cord which alter nociceptive processing. This state of hyperexcitability is maintained during persistent inflammation. Several transmitters and mediators contribute to the generation and maintenance of inflammation-induced spinal hyperexcitability including, substance P, prostaglandins and others. Recent evidence suggests that spinal adaptations lead to increased activity of sensory neuropeptide, such as substance P, and its downstream signaling messengers derived from metabolism of arachidonic acid: prostaglandins, and lipoxygenase metabolites. Non-steroidal anti-inflammatory drugs (NSAIDs) provoke analgesia and antinociception mainly acting on the spinal cord, by inhibiting the synthesis of the expression of cyclooxygenase(COX)-1 and COX-2 and therefore prostaglandins. Several prostaglandins such as PGD2, PGE2, PGF2-alpha and PGI2 (prostacyclin) play an important role in the physiopathology of root ganglia and spinal cord. Substance P increases PG release.

Prostaglandins activate cAMP and protein kinase A pathway and bind to G-protein-coupled receptors located in intrinsic spinal neurons and acute and chronic inflammation, interleukins and spinal cord injury increase the expression of COX-2 and release of PGE<sub>2</sub> and PGI<sub>2</sub>. Direct administration of PGs to the spinal cord causes hyperalgesia and allodynia, and some studies have shown an association between induction of COX-2, increased PG release and enhanced nociception (108). NSAIDs inhibits the COX-1 and COX-2 enzymes and have a potent anti-inflammatory effect. However, new COX-2 inhibitors may have a role in subjects for whom simple analgesia is inadequate.

The presence of mast cells and inflammatory cells may create a special environment in several tissue. Human mast cells bind IgE with high affinity to specific FcεRI receptors and they express the receptor and activation sites for substance P. Both IgE-dependent stimulation by activating tyrosine kinases, and non-immunologic stimulation by activating G-proteins induce a characteristic compound exocytosis resulting in the liberation of the preformed mediators. However, in mast cells, the production of prostaglandin D2 and leukotriene C4, occurs only with IgE-dependent stimulation (109). In the light of these studies, we believe that substance P is important in understanding the pathophysiology of inflammation and immunity. This study suggests a potential interaction of SP and arachidonic acid compounds that requires further detailed investigation.

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