

**EFFECTS OF SELECTIVE AND NON-SELECTIVE CYCLOOXYGENASE-2 INHIBITORS ON THE INTEGRITY OF GASTRIC MUCOSA**

**Fornai M.**, 1° anno di corso del Dottorato in Farmacologia e Tossicologia Sperimentali, XVII ciclo. Durata del Dottorato in anni: 3. Sede amministrativa: Dipartimento di Scienze Farmacologiche, Biologiche e Chimiche Applicate, Facoltà di Farmacia, Università di Parma. Sede consorziata: Divisione di Farmacologia e Chemioterapia, Dipartimento di Oncologia, dei Trapianti e delle Nuove Tecnologie in Medicina, Facoltà di Medicina e Chirurgia, Università di Pisa.

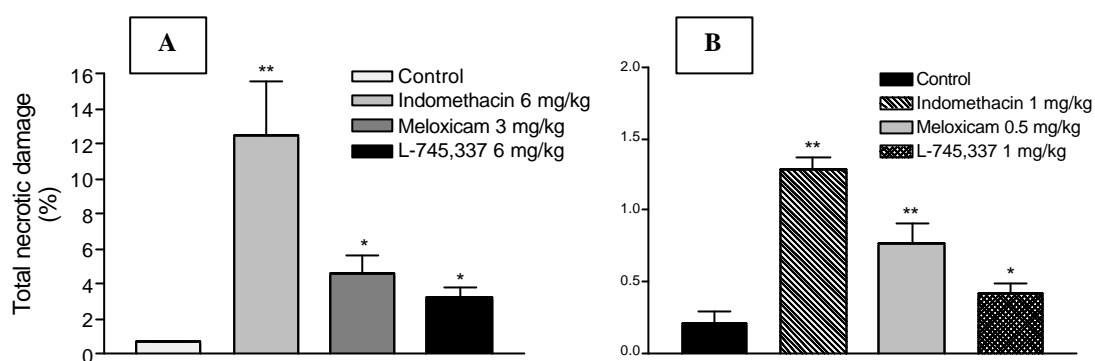
**Introduction.** The use of non steroidal anti-inflammatory drugs (NSAIDs) is associated with gastric mucosal ulceration.<sup>(1)</sup> This adverse effect is currently ascribed to the reduction of prostaglandin production through the inhibition of cyclooxygenase (COX).<sup>(2)</sup> Two isoforms of COX have been identified: COX-1, that is constitutively expressed in many tissues, including the gastrointestinal tract, and COX-2, that is rapidly induced during inflammation.<sup>(3)</sup> Accordingly, it has been proposed that the selective blockade of inducible COX-2 at inflammatory sites would spare the synthesis of prostaglandins mediated by constitutive COX-1, thus reducing the risk of digestive adverse events.<sup>(4)</sup> The present study investigates the gastric effects of different NSAIDs acting as a non selective COX-1/COX-2 inhibitor (indomethacin, IND), preferential COX-2 inhibitor (meloxicam, MEL), or selective COX-2 inhibitor (L-745,337).

**Methods.** Male albino Wistar rats (200-220 g; n=6-8 per group) were subjected to single or repeated (15 days) intragastric administrations of test drugs at equivalent anti-inflammatory doses. Control animals received an equal volume of vehicle (1% carboxymethylcellulose). Four hours after the end of treatments, the stomachs were removed and processed for the following assays: histomorphometric evaluation of mucosal damage (percent length of lesions versus total length of mucosa); quantitative estimation of adherent mucus layer (Alcian blue binding); assay of PGE<sub>2</sub> in the gastric juice after pylorus ligation for 4 hours (immunoenzymatic method); quantitative evaluation of oxidative damage through the assay of malondialdehyde (MDA) in the gastric mucosa (colorimetric assay).

**Results.** In single-dose experiments, MEL and L-745,337 (3 and 6 mg/kg, respectively) caused significant lower degrees of gastric injury than that observed for IND (6 mg/kg) (Fig. 1A). Treatments with IND, MEL or L-745,337 (0.5, 1 and 1 mg/kg, respectively) for 15 days were also associated with a different severity of mucosal damage (Fig. 1B). Alcian blue recovery from pre-epithelial mucus layer accounted for 168.7±11.3 µg/g in control rats. Gastric mucus secretion was significantly inhibited by IND, whereas it was moderately decreased by MEL or L-745,337 (Table 1). Analogously, PGE<sub>2</sub> release into the gastric juice was significantly reduced by IND, but not MEL or L-745,337 (Table 1). By contrast, MDA levels in gastric mucosa increased after treatment with IND, whereas MEL and L-745,337 were without effect (Table 1).

**Table 1.** Effects of single-dose treatments with indomethacin, meloxicam or L-745,337 on gastric mucus secretion (Alcian blue recovery), intraluminal prostaglandin release (PGE<sub>2</sub>), and mucosal oxidative damage (MDA). \*\* p<0.01, \*p<0.05 (ANOVA followed by Dunnett test)

| <b>Treatment</b>         | <b>Alcian blue recovery (%)</b> | <b>PGE<sub>2</sub> (ng/ml)</b> | <b>MDA (ng/mg)</b> |
|--------------------------|---------------------------------|--------------------------------|--------------------|
| <b>Control</b>           | <b>100</b>                      | <b>32.8±2.7</b>                | <b>1.70±0.23</b>   |
| <b>IND 6 mg/kg</b>       | <b>38.5±7.6**</b>               | <b>17.4±4.6*</b>               | <b>2.55±0.35*</b>  |
| <b>MEL 3 mg/kg</b>       | <b>72.0±10.5*</b>               | <b>26.2±4.2</b>                | <b>1.77±0.30</b>   |
| <b>L-745,337 6 mg/kg</b> | <b>73.0±9.0*</b>                | <b>33.6±1.6</b>                | <b>1.96±0.30</b>   |



**Figure 1.** Effects of indomethacin, meloxicam and L-745,337 on gastric mucosal integrity following single (A) or repeated intragastric administrations (B) of test drugs. \*\*  $p < 0.01$ , \*  $p < 0.05$  (ANOVA followed by Dunnett test)

**Conclusions.** The present results indicate that MEL and L-745,337 affect the integrity of gastric mucosa to a lesser extent than IND, after either single dose or repeated treatments. The weak influence on mucus secretion and the absence of inhibitory effects on prostaglandin synthesis by MEL and L-745,337 are consistent with the affinity profiles of these NSAIDs for COX-2. However, since both MEL and L-745,337 do not seem to elicit an oxidative damage of gastric mucosa, it is also suggested that, at variance with conventional NSAIDs, preferential or selective COX-2 blockers are not able to promote the activation of COX-independent mechanisms of mucosal injury.

#### References

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