

## HYDROGEN SULPHIDE INVOLVEMENT IN VASCULAR TONE IN DIABETIC RATS

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Recently, in the scenery of mediators involved in the regulation of vascular tone, prominently a novel gastrinmitter is coming up, the hydrogen sulphide (H<sub>2</sub>S). H<sub>2</sub>S is produced endogenously from L-cysteine by cystathionine β-synthase (CBS) and cystathionine-γ-lyase (CSE). Intravenous *bolus* of H<sub>2</sub>S caused a transient but significant decrease in arterial blood pressure in the rat, effect antagonized by glibenclamide, an ATP-dependent potassium channels (K<sub>ATP</sub>) inhibitor [1]. In the same manner, in a *in vitro* study, H<sub>2</sub>S induced a dose-dependent relaxation by acting on K<sub>ATP</sub> channels in the rat aorta [1]. The same results were observed in the mesenteric artery bed but in this case the H<sub>2</sub>S-mediated vasodilation was also partially mediated by endothelium-derived hyperpolarizing factor (EDHF) [2]. H<sub>2</sub>S seems to be implicated in diabetes, in fact it has been demonstrated that H<sub>2</sub>S formation is increased in liver and pancreas in diabetic rats [3]. We investigated the biosynthesis of H<sub>2</sub>S in mesenteric bed and aorta, comparing the physiological *status* to a streptozotocin (STZ)-induced diabetes in rats. Hence, we evaluated the vascular response to H<sub>2</sub>S by using sodium-hydrogen sulphide (NaHS, stable donor of H<sub>2</sub>S) in both tissue and its implication with EDHF in diabetic rats. Here, we reported that in diabetic rats H<sub>2</sub>S production was reduced in diabetic rats in both vascular district. In mesenteric bed NaHS-induced relaxation was similar in both groups. In contrast this effect, in Krebs medicated with indometacin *plus* L-NAME, condition that revealed the effect of EDHF, was higher in STZ than in CTR group. This data could indicate that H<sub>2</sub>S may stimulate the release of EDHF in diabetic condition as protective effect. In aorta, NaHS effect was significantly higher in CTR rat suggesting a more susceptible K<sub>ATP</sub> channels activation. In conclusion, H<sub>2</sub>S may contrast the diabetic vascular hyperactivity either by EDHF release or by a major K<sub>ATP</sub> channels activation; further understanding of the underlying mechanism for H<sub>2</sub>S could open future prospective for clinical trials in diabetes.

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