

增加提示心肌细胞膜断裂或缺损处具备了酶释放的超微病理形态基础<sup>[10]</sup>。

本实验研究表明 Sal 对缺氧后再给氧损伤心肌细胞具有保护作用。超微结构观察提示其主要作用机制在于维持心肌细胞膜的稳定性与完整性,因而使心肌细胞的搏动功能维持正常,避免细胞内 LDH 释放。此外,还观察到 Sal 作用效果与钙离子通道阻滞剂 Ver 相似。有报道心肌缺血再灌注损伤的重要发病环节是细胞内 Ca<sup>2+</sup> 超载所致<sup>[11]</sup>,因此,Sal 是否具有钙离子通道阻滞样作用,有待研究。

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美西律对海马脑片突触功能缺氧损伤的保护作用<sup>1</sup>

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Protection of mexiletine against hypoxic damage of synaptic function in hippocampal slices

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ABSTRACT The evoked population spike (PS) and presynaptic fiber volley (PV) were recorded from the CA1 area in rat hippocampal slices. At the 3rd min of hypoxia, the amplitude of PS declined to 0.4±0.4 mV in control slices whereas to 1.2±1.2 mV or 1.5±0.4 mV in slices pretreated for 1 h with mexiletine (Mex) 10 or 100 μmol·L<sup>-1</sup>, respectively. Thirty min after reoxygenation the amplitude of PS recovered to 11.1% of its original level in control slices, but to 47.6% or 65.0% in slices pretreated with Mex 10 or 100

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$\mu\text{mol}\cdot\text{L}^{-1}$  respectively. Thus Mex retarded the hypoxic declining of PS during hypoxia and accelerated the recovery of PS during reoxygenation. At normal conditions Mex  $100\ \mu\text{mol}\cdot\text{L}^{-1}$  reversibly reduced the amplitude of PS and PV partially. Our results suggested that the inhibition of Mex on sodium current may play an important role in the mechanism of its protection against hypoxic damage.

**KEY WORDS** mexiletine; hippocampus; synaptic membranes; anoxia

**A** 摘要 记录大鼠海马脑片 CA1 区锥体细胞的群峰电位 (PS) 和突触前排放 (PV), 缺氧 3 min 时对照组 PS 幅度下降至  $0.4\pm 0.4\ \text{mV}$ , 而提前 1 h 灌流美西律 (Mex) 10 或  $100\ \mu\text{mol}\cdot\text{L}^{-1}$  组 PS 仅下降至  $1.2\pm 1.2$  或  $1.5\pm 0.4\ \text{mV}$ . 复氧 30 min 后对照组 PS 恢复率为 11%, Mex 10 或  $100\ \mu\text{mol}\cdot\text{L}^{-1}$  组分别为 48% 和 65%. 可见 Mex 减慢缺氧时 PS 下降过程, 加速复氧时 PS 恢复过程, 其机制可能与  $\text{Na}^+$  通道阻滞有关.

**关键词** 美西律; 海马; 突触膜; 缺氧症

美西律 (mexiletine, Mex) 在抗心律失常药中属  $I_b$  类, 它能阻止心肌缺血或缺氧时产生的心律失常<sup>(1,2)</sup>, 对神经系统有局部麻醉<sup>(3)</sup>、抗癫痫<sup>(4)</sup> 及镇痛作用<sup>(5)</sup>. 本实验室发现 Mex 能延长缺氧小鼠存活时间, 减轻断头后脑组织的乳酸堆积, 提示 Mex 对缺血脑组织有保护作用<sup>(6)</sup>. 本文选用海马脑片电生理方法, 观察 Mex 对脑缺氧后及复氧早期突触功能的影响, 以了解其脑保护机制.

#### MATERIALS AND METHODS

Wistar 大鼠,  $200\pm 32\ \text{g}$ , ♂, 乙醚麻醉. 制备海马脑片, 厚度约  $0.5\ \text{mm}$ . 脑片温育 1 h 后开始实验<sup>(7)</sup>.

实验采用半浸式浴槽, 恒温  $34\pm 0.5^\circ\text{C}$ , 缺氧时将半浸式浴槽中的  $\text{O}_2$  改为  $\text{N}_2$ . 刺激电极置于脑片 Schaffer 侧支路径上. 玻璃微电极置于 CA1 区锥体细胞层, 记录刺激产生的群峰电位 (population spike, PS) 和突触前排放 (presynaptic fiber volley, PV). 电信号经微电极放大器和前置放大器放大, 经 A/D 转换

板输入 IBM PC/AT 计算机, 描绘电位幅度及测算有关时间值<sup>(7)</sup>.

美西律盐酸盐由常州第三制药厂生产, 批号 900403. 实验时用人工脑脊液 (ACSF) 配成所需浓度. 实验数据以  $\bar{x}\pm s$  表示, 用  $t$  或  $\chi^2$  检验.

#### RESULTS

**Mex 对正常脑片 PS 和 PV 的影响** 记录脑片 PS 和 PV, 稳定 15 min 后给以含不同浓度 Mex 的 ACSF 灌流 1 h. Mex 1 或  $10\ \mu\text{mol}\cdot\text{L}^{-1}$  对 PS 和 PV 的幅度与时延 (delay) 均无影响 ( $n=3$ ,  $P>0.05$ ). Mex  $100\ \mu\text{mol}\cdot\text{L}^{-1}$  分别使 PS 和 PV 的幅度下降 37.1%, 29.1% ( $P<0.05$ ), 使 PS 和 PV 的时延增加 7.7%, 27.8% ( $n=4$ ,  $P>0.05$ ). Mex  $300\ \mu\text{mol}\cdot\text{L}^{-1}$  完全抑制 PS 和 PV. 以不含药物的 ACSF 冲洗 1 h, 上述抑制可完全消除 ( $n=4$ , 冲洗前后相比均  $P<0.01$ ).

**脑片缺氧后 PS 和 PV 的变化** 以 ACSF 灌流的脑片, 缺氧 1—2 min 时 PS 开始下降, 并逐渐消失. 消失时间为  $2.8\pm 0.8\ \text{min}$  ( $n=37$ ). 继续缺氧则 PV 下降, 在  $8.1\pm 0.8\ \text{min}$  ( $n=5$ ) 时突然消失. PV 消失 2 min 恢复给氧, 全部脑片在 1—3 min 内 PV 均开始恢复, 脑片的 PS 或是在复氧 3—10 min 时开始恢复, 20 min 时恢复到缺氧前电位水平的 90% 以上 (2/18,  $n=18$ ), 或是 20 min 时仍不能恢复 (16/18,  $n=18$ ), 即突触功能发生不可逆损伤. 在以下药物实验中均在 PV 消失 2 min 时恢复给氧<sup>(7)</sup>.

**Mex 对缺氧脑片 PS 和 PV 的影响** 以不含 Mex 的 ACSF (对照组) 或含有 Mex 1, 10 或  $100\ \mu\text{mol}\cdot\text{L}^{-1}$  的 ACSF 灌流脑片 1 h 后, 缺氧, 观察缺氧过程中 PS 和 PV 的下降过程. 缺氧 3 min 时, 对照组 PS 幅度下降至  $0.4\pm 0.4\ \text{mV}$ , Mex 10 或  $100\ \mu\text{mol}\cdot\text{L}^{-1}$  组下降减慢, 分别至  $1.2\pm 1.2\ \text{mV}$  ( $P<0.05$ ) 及  $1.5\pm 0.4\ \text{mV}$  ( $P<0.01$ ) (Tab 1). 缺氧后 PS 减低至原电

位水平50%的时间随给药浓度增加而减慢, 对照组  $2.2 \pm 0.4$  min, Mex  $100 \mu\text{mol}\cdot\text{L}^{-1}$ ,  $2.9 \pm 0.4$  min ( $P < 0.05$ ). 缺氧至 PV 消失时间随给药浓度增加也有减慢趋势 ( $P > 0.05$ ) (Tab 2).

恢复给氧后 PV 恢复时间随药物浓度增加

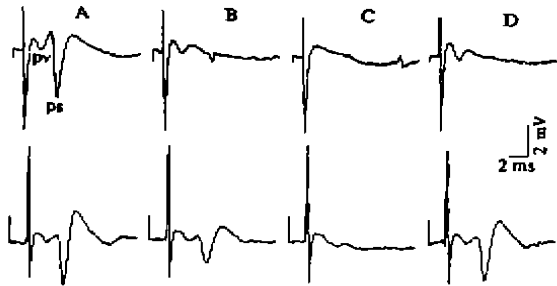


Fig 1. Representative tracings of PS and PV before hypoxia (A), during early hypoxia (B), before reoxygenation (C), and 30 min after reoxygenation (D). Upper: ACSF; lower: ACSF+Mex  $100 \mu\text{mol}\cdot\text{L}^{-1}$ .

Tab 1. Amplitude of population spike (mV) during hypoxia. The hippocampal slices were pre-perfused with mexiletine for 1 h.  $\bar{x} \pm s$ .  $^a P > 0.05$ ,  $^b P < 0.05$ ,  $^c P < 0.01$  vs control.

| Mexiletine/<br>$\mu\text{mol}\cdot\text{L}^{-1}$ | n  | Time of hypoxia/min |                 |                 |                 |                 |
|--|----|---------------------|-----------------|-----------------|-----------------|-----------------|
|  |    | 0                   | 1               | 2               | 2.5             | 3               |
| 0  | 11 | $4.6 \pm 1.3$       | $4.6 \pm 1.3$   | $2.3 \pm 0.9$   | $0.8 \pm 0.6$   | $0.4 \pm 0.4$   |
| 1  | 3  | $3.9 \pm 0.5^a$     | $3.8 \pm 0.5^a$ | $3.5 \pm 0.2^b$ | $2.4 \pm 2.2^b$ | $1.0 \pm 1.0^c$ |
| 10   | 5  | $3.0 \pm 1.3^a$     | $2.9 \pm 1.5^a$ | $2.6 \pm 1.6^a$ | $1.8 \pm 1.0^b$ | $1.2 \pm 1.2^b$ |
| 100  | 5  | $4.0 \pm 2.1^a$     | $4.2 \pm 2.2^a$ | $3.5 \pm 2.5^a$ | $2.3 \pm 1.9^b$ | $1.5 \pm 0.4^c$ |

Tab 2. Changes of population spike (PS) and presynaptic fiber volley (PV) after hypoxia and reoxygenation in the absence or presence of mexiletine (Mex). The hypoxia lasted 2 min after PV disappearance.  $n = 5$ ,  $\bar{x} \pm s$ .  $^a P > 0.05$ ,  $^b P < 0.05$ ,  $^c P < 0.01$  vs control.

| Mex/<br>$\mu\text{mol}\cdot\text{L}^{-1}$ | Hypoxia                         |                              |                          | Reoxygenation                   |               |                                  |
|---|---------------------------------|------------------------------|--------------------------|---------------------------------|---------------|----------------------------------|
|   | Time for PS to decay to 50%/min | Time to PV disappearance/min | Time for PV recovery/min | Time for PS to 50% recovery/min | PS recovery/% | Number of slices recovered/total |
| 0   | $2.2 \pm 0.4$                   | $8.1 \pm 1.3$                | $2.6 \pm 1.1$            | $4.5 \pm 1.6$                   | 11.1          | 2/18                             |
| 1   | $2.3 \pm 0.4^a$                 | $8.4 \pm 1.3^a$              | $2.4 \pm 0.8^a$          | $4.3 \pm 1.3^a$                 | 25.0          | 2/8 <sup>a</sup>                 |
| 10  | $2.6 \pm 0.4^a$                 | $8.7 \pm 1.7^a$              | $1.7 \pm 0.6^a$          | $3.7 \pm 1.4^a$                 | 47.6          | 10/21 <sup>b</sup>               |
| 100                                       | $2.9 \pm 0.4^b$                 | $8.8 \pm 1.3^a$              | $1.5 \pm 0.5^a$          | $5.2 \pm 1.4^a$                 | 65.0          | 13/20 <sup>c</sup>               |

有加快趋势 ( $P > 0.05$ ). 复氧30 min后 PS 恢复率(恢复脑片数/脑片总数)给药组明显增高, Mex 10及  $100 \mu\text{mol}\cdot\text{L}^{-1}$ 组分别  $P < 0.05$ ,  $P < 0.01$ . 给药浓度的对数值与脑片 PS 恢复率呈直线关系 (Tab 2, Fig 1).

### DISCUSSION

PV 反映 Schaffer 侧支神经纤维传导功能, PS 反映 Schaffer 侧支纤维与 CA1 锥体细胞顶树突间的突触传递功能. 缺氧后 PS 先消失而复氧后 PS 后恢复, 说明突触功能对缺氧有较高敏感性. Mex 能明显延缓缺氧时 PS 的幅度下降, 增加复氧后 PS 恢复率, 其有效浓度 ( $10 - 100 \mu\text{mol}\cdot\text{L}^{-1}$ ) 相当于整体动物实验的缺氧保护剂量<sup>(6)</sup>, 因而 Mex 对整体动物脑缺氧保护的机制之一可能是对突触功能的保护.

缺氧后 PV 的消失与细胞外  $\text{K}^+$  浓度的急剧升高同时发生<sup>(8)</sup>. 本文作者观察到, 当缺氧

持续到 PV 消失后 2 min 时 PS 即不能恢复<sup>(7)</sup>, 这种突触功能不可逆损伤与缺氧后 K<sup>+</sup>外流, Na<sup>+</sup>和 Ca<sup>2+</sup>内流有关<sup>(9)</sup>. Mex 能够促进复氧后 PS 的恢复, 而对 PV 的缺氧消失无显著影响, 提示 Mex 的缺氧保护不是通过推迟 K<sup>+</sup>外流所致.

Mex 抑制坐骨神经的动作电位<sup>(8)</sup>及电压依赖性 Na<sup>+</sup>通道<sup>(10)</sup>. 较高浓度 Mex 对正常脑片 PS 和 PV 同时有抑制作用可能就是通过 Na<sup>+</sup>通道阻滞作用. 本实验室用膜片钳全细胞记录方式观察大鼠背根神经节细胞 Na<sup>+</sup>电流, 发现 Mex 在 5, 25, 150  $\mu\text{mol}\cdot\text{L}^{-1}$  时对 Na<sup>+</sup>电流的抑制率分别是 0%, 55%, 100% (待发表资料), 由此推测本文所用浓度 (10 - 100  $\mu\text{mol}\cdot\text{L}^{-1}$ ) Mex 对神经元 Na<sup>+</sup>电流有部分抑制作用.

Mex 与利多卡因同属 I<sub>B</sub> 类抗心律失常药<sup>(11)</sup>, 本文报告的 Mex 缺氧保护作用及其对 PS 抑制的浓度均与利多卡因相似<sup>(12)</sup>. 因而, 降低细胞膜 Na<sup>+</sup>通透性可能是这类药物的脑缺氧保护的共同机制.

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