

PROSTAGLANDIN E₂ AS A MEDIATOR OF FEVER: THE ROLE OF PROSTAGLANDIN E (EP) RECEPTORS

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TABLE OF CONTENTS

1. Abstract
2. Introduction
3. EP receptors in the PGE₂-sensitive febrigenic zone
 - 3.1. PGE₂ sensitive febrigenic zone
 - 3.2. EP receptor distribution within the OVLT/POA region
 - 3.3. Activated EP receptors during fever response
4. Effects of EP receptor agonists on body temperature
5. Febrile response in EP receptor knockout mice
6. Changes in firing rate responses of OVLT/POA neurons by PGE₂
7. Efferent fever-producing pathways from the OVLT/POA region
8. Perspectives
9. Acknowledgements
10. References

1. ABSTRACT

Prostaglandin E₂ (PGE₂) is a principal fever mediator that induces hyperthermia when injected into the organum vasculosum lamina terminalis (OVLT) and the adjacent preoptic area of the hypothalamus (POA). PGE (EP) receptors have four subtypes, i.e. EP₁, EP₂, EP₃, and EP₄. In the rat OVLT/POA region, at least three of these receptors, i.e. EP₁, EP₃, and EP₄ receptors, have distinctively different distribution patterns. In rats, intracerebroventricular injection of EP₁ receptor agonists and EP₃ receptor agonists increased core temperature (T_c) and that of an EP₄ receptor agonist decreased it. IntraPOA injection of an EP₁ receptor agonist increased T_c. IntraPOA injection of an EP₃ receptor agonist, however, induced hyperalgesia but not hyperthermia. Studies using mice with EP receptor gene deletions have indicated that EP₃ receptors play a crucial role in febrile response. Therefore, the involvement of EP₃ receptors at other levels of the nervous system should be considered. Such nuclei include the raphe pallidus nucleus, intermediolateral cell column in the spinal cord, or the nucleus of the solitary tract.

2. INTRODUCTION

After Milton and Wendlandt (1970) reported that injection of prostaglandin (PG) E₁ into the third ventricle elevated body temperature in cats (1), much attention has been focused on PGEs as principal mediators of fever. Since prostaglandin E₂ (PGE₂) is the predominant isoform of PGE in the brain, PGE₂ is currently considered to be an essential mediator of fever (2). Investigators have subsequently sought to identify the sites where PGEs act to produce fever by microinjecting PGE₁, PGE₂, and PGE receptor agonists into the brains of rats (3-6) and other species (7-10). These studies localized the site of PGE₂ febrigenic activity to within the anteroventral tip of the third ventricle, including the organum vasculosum of the lamina terminalis (OVLT) and the adjacent preoptic area (POA).

In the 1990s, the PGE (EP) receptor was cloned, and four subtypes were identified: EP₁, EP₂, EP₃, and EP₄. The EP receptors are all G-protein-coupled receptors, but they have different signal transduction pathways, i.e. elevation of intracellular Ca²⁺ (EP₁) and stimulation of adenylate cyclase (EP₂ and EP₄). The major signaling pathway for the EP₃ receptor is inhibition of adenylate cyclase. However, the EP₃ receptor has several isoforms (three in rats and mice, four in cows, and seven in humans), and these splicing variants of EP₃ receptors are coupled to different signaling pathways (11-13) (table 1).

In this decade, researchers have discovered that each EP receptor has its own distinctive distribution pattern within the OVLT/POA region (14-21) and that each EP receptor plays a different role in the acute phase response, including fever (6, 11, 22-25), sleep (26, 27), activation of hypothalamic-pituitary-adrenal axis (28), and changes in nociception (29-35). Researchers have also proposed several efferent neural pathways from the PGE₂-sensitive febrigenic zone to the interscapular brown adipose tissue (BAT), the major organ for thermogenesis (36-42). This article reviews recent advances in understanding the role that EP receptors play in the febrile response.

3. EP RECEPTORS IN THE PGE₂-SENSITIVE FEBROGENIC ZONE

3.1. PGE₂ sensitive febrigenic zone

Fever is induced by elevation of PGE₂ in the brain. Inflammatory stimuli may cause fever through activation of cyclooxygenase-2 (COX-2) and microsomal PGE synthase in brain endothelial cells (43-45) or in perivascular cells (46, 47). PGE₂ is then released from these cells into the brain and acts on the EP receptor-expressing neurons, resulting in fever (for further details, see (48-50)).

Table 1. EP receptor subtypes and their signal transduction in mice

Subtype	Isoform	Second messenger
EP1		[Ca ²⁺] increase
EP2		cAMP increase
EP3		
	EP3 α	cAMP decrease
	EP3 β	cAMP decrease
	EP3 γ	cAMP decrease, increase
EP4		cAMP increase

Table 2. Distribution of EP₁, EP₃, and EP₄ receptor mRNA's in the OVLT/POA region

Brain region	EP1R mRNA	EP3R mRNA	EP4R mRNA
Meningeal strand	+/++	-	-
Organum vasculosum laminae terminalis	++	+	+++
Median preoptic nucleus	++	+++	++++
Ventromedial preoptic nucleus	++	-/+	++++
Anterodorsal preoptic nucleus	++	-	-
Anteroventral periventricular nucleus	+/++	-	+
Preoptic periventricular nucleus	++	++	+++
Ventrolateral preoptic nucleus	+	+/++	+++
Medial preoptic nucleus	+	-/+	+
Border region between the medial preoptic area and the lateral preoptic area	+	++	+/+++
Coexpression with LPS-induced Fos (%)	50-60	< 10	70-80

Qualitative analysis of hybridization signal for EP₁, EP₃, and EP₄ receptor (EP1R, EP3R, and EP4R, respectively) mRNA's in the preoptic area of non-treated rats. *In situ* hybridization histochemistry was accomplished by using specific 35S-labelled antisense riboprobes complementary to the rat EP₁, EP₃, or EP₄ receptors mRNA. Relative grain densities: +++, very strong; ++, strong; +, moderate; +, weak but positive; -, background level. R: receptor. [Modified from (20) with permission from John Wiley & Sons, Inc.]

The sensitive site where PGEs produce hyperthermia is located within the region of the brain that includes the OVLT and the surrounding POA (3-6). Evidence for the pivotal role of PGE₂ on the OVLT/POA region in febrile response includes the following findings: [1] PGE₂ levels increase in this region during the febrile response to lipopolysaccharide (LPS), a cell wall component of Gram-negative bacteria (51-53); [2] Microinjection of COX inhibitors which block PGE₂ synthesis into this region attenuates fever (9, 10, 54, 55); [3] A high density of PGE₂ binding has been observed in this region (56); and [4] PGE₂ alters the firing rate activity of thermosensitive neurons within the OVLT/POA region (57-59).

Within this region, the hyperthermic action of PGE is more potent when it is microinjected into the anteroventral region of the third ventricle (AV3V), which includes the OVLT, the median preoptic nucleus (MnPO), and the ventromedial preoptic nucleus (VMPO), compared with other regions within the POA (4). This observation was confirmed by an electrophysiological study demonstrating that OVLT neurons respond to PGE₂ at lower doses than do POA neurons (58). Scammell et al. injected a minute volume of PGE₂ (10 – 100 nl) and observed that the induced hyperthermia was most pronounced when PGE₂ was microinjected into the cell-sparse zone below the diagonal band of Broca, the meningeal strand supporting the optic chiasm and parenchyma immediately above the strand, the MnPO, the VMPO, and the anteroventral periventricular nucleus (AVPV) (5) (figure 1).

3.2. EP Receptor distribution within the OVLT/POA region

To assess which EP receptor subtypes are expressed within the PGE₂-sensitive febrile zone, we mapped the distribution of EP₁₋₄ receptor messenger RNA (mRNA) in the OVLT/POA region in rats and found that at least three of these receptors, i.e. the EP₁, EP₃, and EP₄ receptors, have distinctively different distribution patterns (20). In the meningeal strand which supports the optic chiasm, only EP₁ receptor mRNA was found. In the OVLT, EP₁ receptor mRNA was expressed in the medial part, and EP₄ receptor mRNA was expressed in the lateral part. Low levels of EP₃ receptor mRNA were found within the OVLT. In the POA, both EP₃ receptor mRNA and EP₄ receptor mRNA were strongly expressed in the MnPO and in the border region between the medial preoptic area (MPO) and the lateral preoptic area (LPO), forming an inverted Y shape. EP₄ receptor mRNA was also observed within the VMPO and the AVPV, while EP₃ receptor mRNA was not seen in both nuclei. EP₁ receptor mRNA was distributed diffusely throughout the POA (table 2 and figure 2). EP₂ receptor mRNA is reportedly expressed within the MPO (17). These anatomical studies thus indicate that all four EP receptors are distributed within the PGE₂-sensitive febrile zone and that they are expressed on neurons (14-21). Other cell types, such as astrocytes (60), microglia (61), or cerebral microvessel endothelial cells (62-64) are also known to express some EP receptor subtypes. Although the involvement of glial cells in the PGE₂-mediated febrile response is proposed (2), it awaits further study if EP receptors on non-neuronal cells contribute to the development of fever.

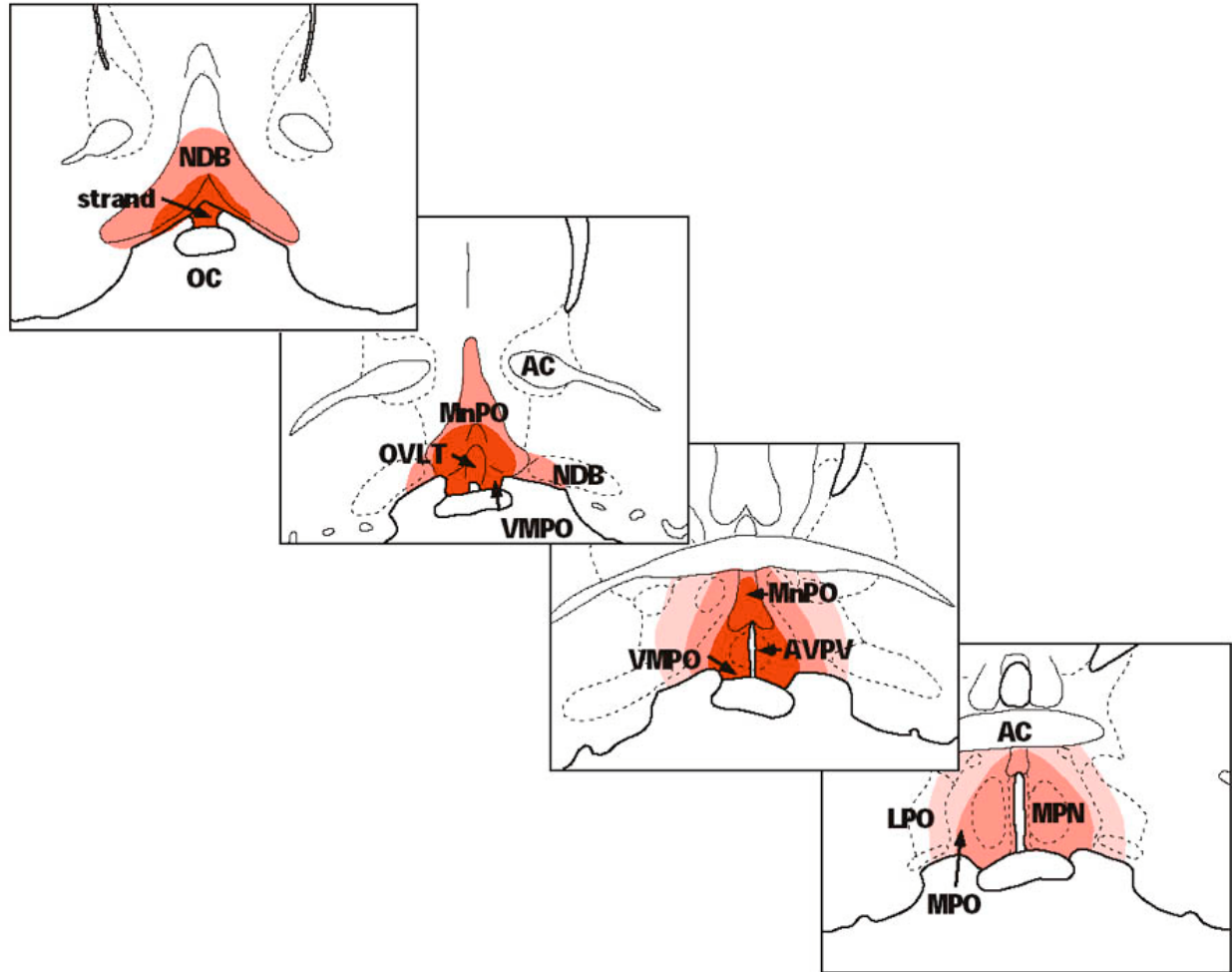


Figure 1. PGE₂-sensitive febrile zone as revealed by microinjection of PGE₁, PGE₂ and EP receptor agonists in rats. Coronal sections of the rat brain are illustrated. Red areas represent the region where the microinjection of PGE₂ increases core temperature with darker areas representing greater increases of core temperature. [From (97) with permission from IGAKU-SHOIN].

3.3. Activated EP receptors during fever response

Subsequently, we assessed the coexpression of LPS-induced Fos-like immunoreactivity (Fos-LI) and EP₁₋₄ receptor mRNA in nuclei in the rat OVLT/POA region to investigate which EP receptor-expressing neurons are activated during fever (20). Intravenous (i.v.) injection of LPS (5 µg/kg) produced a 1 °C rise in core temperature (T_c) within 2 hours. At this time point, LPS-induced Fos-LI was observed in the VMPO, in the MnPO, and in the border region between the MPO and the LPO. Within these areas, most Fos-immunoreactive neurons (70-80 %) contained EP₄ receptor mRNA, and about half of them (50-60%) contained EP₁ receptor mRNA. In contrast, despite strong EP₃ receptor mRNA expression within the MnPO, few Fos-immunoreactive neurons (<10%) contained EP₃ receptor mRNA (figure 2).

This high coexpression of Fos-LI and EP₄ receptor mRNA indicates that EP₄ receptor-expressing neurons are activated during LPS-induced fever and

suggests some role for EP₄ receptors in the development of fever. However, since the *c-fos* gene is activated by either increased intracellular Ca²⁺ or cAMP, this high coexpression might simply reflect differences in signal transduction pathways between EP isoforms: stimulation of EP₄ receptors increases cAMP, whereas stimulation of the EP₁ receptor increases intracellular Ca²⁺, and stimulation of EP₃ receptor decreases or increases cAMP depending on its isoform (65, 66). The functional role of activated EP₄ receptor-expressing POA neurons in febrile response should thus be considered in conjunction with physiological studies.

4. EFFECTS OF EP RECEPTOR AGONISTS ON BODY TEMPERATURE

To determine which EP receptor mediates febrile response, we therefore injected EP receptor agonists and antagonists into the rat brain and observed changes in core

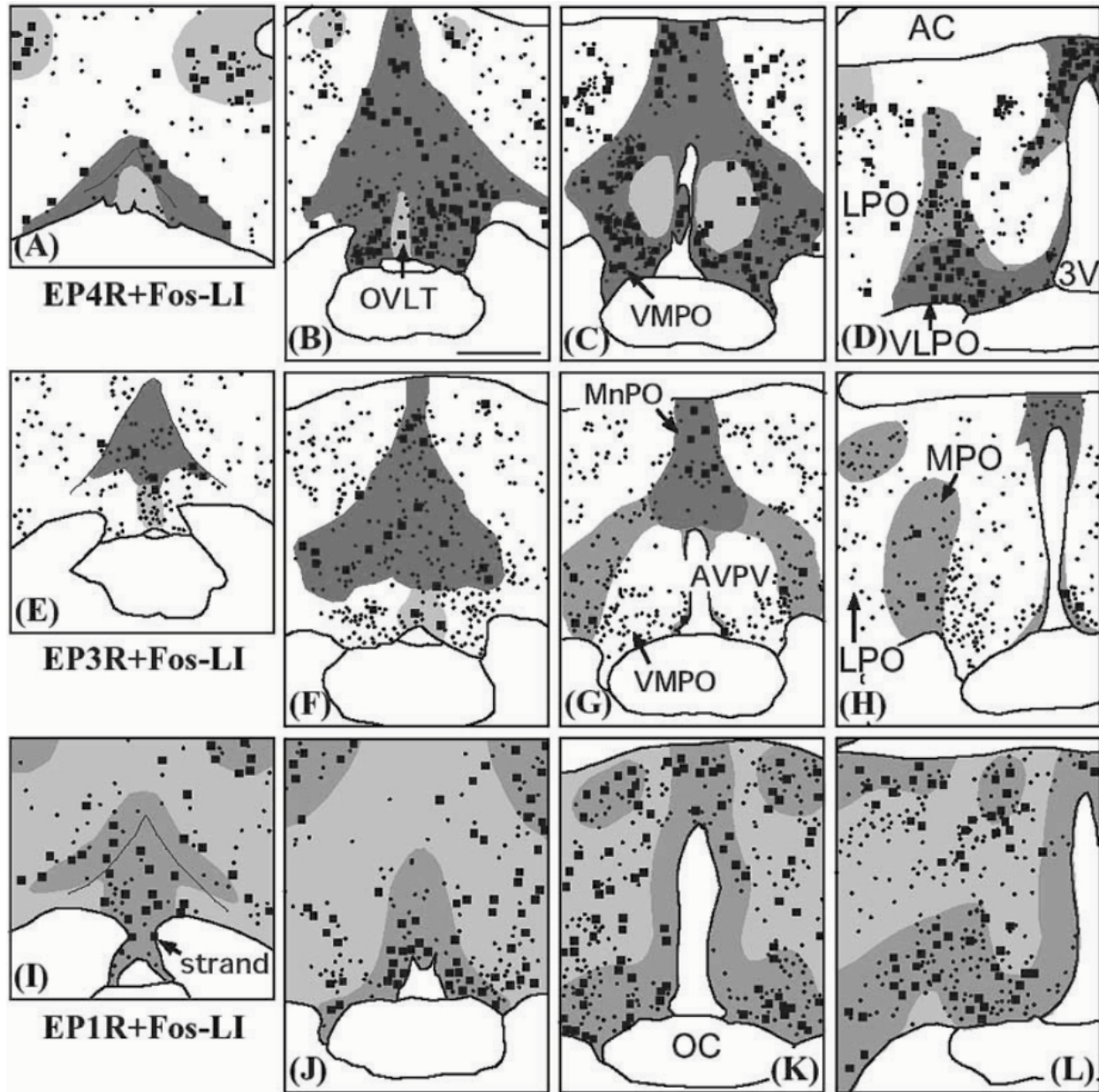


Figure 2. Distribution of activated EP receptor containing neurons within the OVLT-POA region two hours after intravenous administration of lipopolysaccharide. Coronal sections of the rat brain are illustrated. Squares represent Fos-immunoreactive neurons expressing EP₄, EP₃, or EP₁ receptor mRNA. Small dots represent Fos-immunoreactive neurons. Gray areas represent the regions where EP receptor mRNA is predominantly expressed with darker areas representing a greater density of silver grains. (A-D): Fos-like immunoreactivity and its coexpression with EP₄ receptor mRNA (EP4R+Fos-LI). (E-H): Fos-like immunoreactivity and its coexpression with EP₃ receptor mRNA (EP3R+Fos-LI). (I-L): Fos-like immunoreactivity and its coexpression with EP₁ receptor mRNA (EP1R+Fos-LI). Scale bar: 500 μ m. [From (20) with permission from John Wiley & Sons, Inc.]

body temperature (T_c). Intracerebroventricular (i.c.v.) injection of PGE₂ induces a monophasic hyperthermia, peaking 30 min after injection. I.c.v. injection of 17-phenyl- ω -trinor PGE₂ (an EP₁ and EP_{3 α} receptor agonist) mimicked PGE₂ (i.c.v.)-induced hyperthermia, but injections of butaprost (an EP₂ agonist), M&B28767 (an EP_{3 α} agonist), and 11-deoxy-PGE₁ (an EP₄ agonist) did not mimic PGE₂ (i.c.v.)-induced hyperthermia (22). I.c.v.

injection of SC19220 (an EP₁ receptor antagonist) blocked PGE₂ (i.c.v.)-induced hyperthermia (22, 67). Microinjection of 17-phenyl- ω -trinor PGE₂ into the OVLT/POA region also increased T_c , whereas microinjections of butaprost and M&B28767 did not increase T_c . The 17-phenyl- ω -trinor PGE₂-induced hyperthermic effect was stronger in the AV3V than the POA. These findings suggest an EP₁ receptor mediation of PGE₂-induced hyperthermia in rats (6).

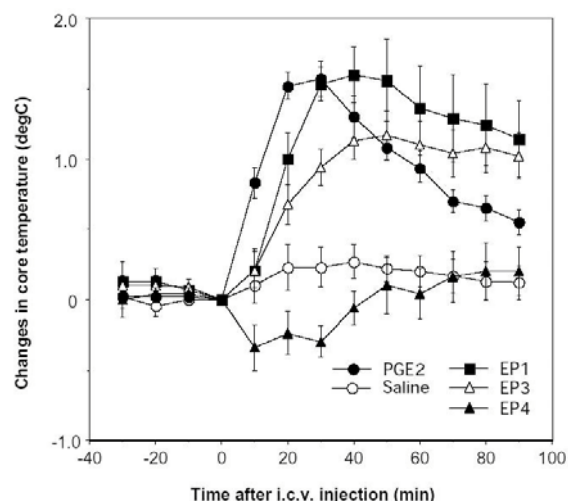


Figure 3. Effects of i.c.v. injection of PGE₂ (0.3 nmol) and ONO EP receptor agonists (20 nmol) on core body temperature in rats. Rats were injected with PGE₂ (closed circle), ONO-DI-004 (an EP₁ agonist, closed square), ONO-AE-248 (an EP₃ agonist, open triangle), ONO-AE1-329 (an EP₄ agonist, closed triangle) and 0.9% saline (open circle) at time zero. Changes in core temperature after i.c.v. injection of vehicle of each EP receptor agonist are not shown in the figure. Each point represents mean \pm SEM.

Because of the low selectivity of these agonists to specific receptor subtypes (with the exception of butaprost) (12, 13), a similar pharmacological study was performed using a new generation of more selective EP agonist drugs (24, 68). I.c.v. injection of DI-004 (2 and 20 nmol), an EP₁ receptor agonist, increased Tc in a dose dependent manner with a peak 30 min after injection. ONO-AE1-259-01 (20 nmol), an EP₂ receptor agonist, did not change Tc. ONO-AE-248 (20 nmol), an EP₃ receptor agonist, also increased Tc, but its peak effect was delayed (50 min after injection) compared with PGE₂ (30 min after injection). Given that ONO-AE-248 has more than a 1000-fold higher affinity for EP₃ receptors than for EP₁ receptors (68) and that it inhibits the forskolin-induced increase in cAMP (69), the results with ONO-AE-248 suggest that while EP₃ receptors also may mediate hyperthermia, they probably employ different mechanisms than those associated with EP₁ receptors. In contrast, ONO-AE1-329 (2 nmol), an EP₄ receptor agonist, decreased Tc (figure 3) (24).

To summarize, pharmacological studies in rats suggest that the EP₁ and EP₃ receptors mediate a hyperthermic action and that the EP₄ receptor mediates a hypothermic action. A similar pharmacological study in pigs suggests that the EP₂ receptor is necessary for fever production (70).

5. FEBRILE RESPONSE IN EP RECEPTOR KNOCKOUT MICE

Another approach to understanding the mechanisms for the febrile response is to assess responses to pyrogens in mice with EP receptor gene deletions. Ushikubi et al. reported the first such studies, in which they observed changes in rectal temperature after i.v. injections of

LPS and interleukin-1 β (IL-1 β), and after i.c.v. injections of IL-1 β and PGE₂ in four EP receptor knockout (KO) mice (11). They found that febrile response was impaired only in EP₃ receptor KO mice. Although this finding suggests a crucial role for EP₃ receptors in evoking fever in mice, several questions remain. [1] Is the EP₃ receptor involved in all phases of LPS-induced fever? Ushikubi et al. conducted their observations during a limited time frame (one hour) following i.v. injection of a single dose of LPS (10 mg/kg). Other investigators have reported that systemic administration of LPS in rats induces monophasic fever, multiphasic fever, or hypothermia, depending on the dose (71), findings which suggests that each phase is mediated by different neural mechanisms (72). [2] What role, if any, does EP₃ receptor have in local inflammation-induced fever? Published studies suggest that local inflammation-induced fever is mediated by afferent neural pathways (73, 74) and cytokines (75, 76) that differ from the neural pathways and cytokines associated with systemic inflammation-induced fever. [3] Most importantly, did Ushikubi et al. properly control for the effects of stress hyperthermia? After they administered LPS (i.v.), IL-1 β (i.v.), and PGE₂ (i.c.v.) to their mice, the resultant elevations in Tc all peaked 20 min after injections, a pattern which coincides with the temperature response pattern of psychological stress-induced hyperthermia (77, 78). Thus it is possible that they merely observed stress-induced hyperthermia, and that the impaired rise in Tc that their EP₃ receptor KO mice exhibited in response to LPS and IL-1 β might be due to a resistance to stress-induced hyperthermia unique to EP₃ receptor KO mice.

To address these questions, we extended the experiments of Ushikubi et al. by observing changes in Tc using telemetry in wild type (WT) mice, EP₁ receptor KO mice, and EP₃ receptor KO mice (78) (figure 4). [1] We investigated for at least 10 hours following injection the effect of intraperitoneal (i.p.) LPS on Tc over a range of LPS dosages (1 μ g/kg - 1 mg/kg). In WT mice, i.p. injection of LPS at 10 μ g/kg induced the early (within 60 min) and the middle (2 - 3 hrs) phases of fever. At 100 μ g/kg, LPS induced the late phase (5 - 10 hrs) of fever in addition to early and middle phases. At 1 mg/kg, LPS decreased Tc, possibly due to endotoxin shock. In EP₁ receptor KO mice, LPS at 10 μ g/kg reduced the early phase, but not the middle phase of fever. LPS at 100 μ g/kg suppressed fever completely. LPS at 1 mg/kg exacerbated hypothermia. In EP₃ receptor KO mice, LPS lowered Tc in a dose- and time-dependent manner. Diurnal changes in Tc remained normal in both EP₁ and EP₃ receptor KO mice. [2] We also investigated the effect of the subcutaneous (s.c.) injection of turpentine on Tc over a 48 hr observation period. S.c. injection of turpentine induced fever in EP₁ receptor KO mice and WT mice, but it did not induce fever in EP₃ receptor KO mice. [3] Psychological stress, including cage-exchange stress and buddy-removal stress, induced a monophasic hyperthermia peaking at 20 min in both EP₁ receptor KO mice and EP₃ receptor KO mice. These patterns of hyperthermia were identical to those observed in WT mice. Therefore, inhibition of stress-induced hyperthermia is not a mechanism responsible for impairment of the febrile response in EP₃ receptor KO mice.

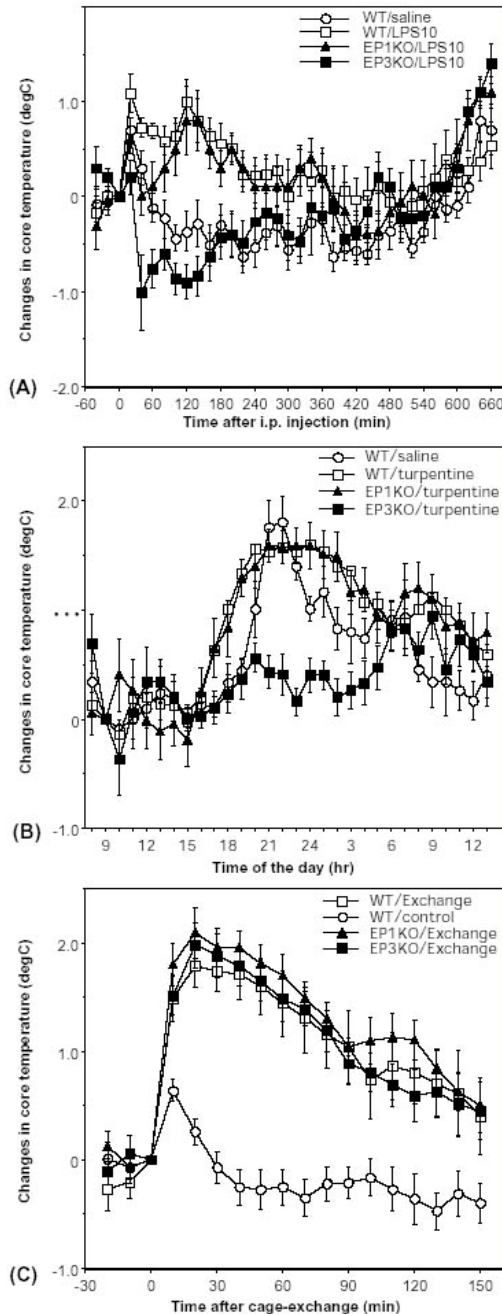


Figure 4. Effects of i.p. injection of LPS (A), s.c. injection of turpentine (B), and psychological stress (C) on core body temperature in WT mice (open square), EP₁ receptor KO mice (closed triangle), and EP₃ receptor KO mice (closed square). In A, mice were injected with LPS at 10 µg/kg or 0.9% saline (open circle) at time zero (9 a.m.). In B, mice were injected with turpentine or 0.9% saline (open circle) at 9 a.m. In C, cages of two mice were exchanged, or mice were removed and replaced in the same cages (open circle) as a control at time zero. Each point represents mean ± SEM. Bar shows dark period. Changes in core temperature after i.p. or s.c. injection of vehicle in EP₁ receptor KO mice and EP₃ receptor KO mice are not shown in the figure. [Modified from (78) with permission from The Physiological Society.]

Although pharmacological studies in rats suggest that the EP₁ and EP₃ receptors mediate a hyperthermic action and that the EP₄ receptor mediates a hypothermic action, our study suggests that in mice, EP₃ receptors play a crucial role in fever responses to both systemic inflammation and local inflammation. EP₁ receptors may be partially involved in LPS-induced fever. Neither EP₁ nor EP₃ receptors are involved in circadian rises in T_c or psychological stress-induced hyperthermia. In addition, EP₃ receptor KO mice tended to show a hypothermic response after systemic injection of LPS (11, 78), s.c. injection of turpentine (78) and i.c.v. injection of PGE₂ (25), suggesting that certain EP receptors have a hypothermic action in mice.

6. CHANGES IN FIRING RATE RESPONSES OF OVLT/POA NEURONS BY PGE₂

Electrophysiological studies have shown that i.v. injection of IL-1β, a pyrogenic cytokine, changes the firing rate of neurons within the OVLT/POA region, i.e. it inhibits 50% of neurons in the AV3V and the MnPO, and it also excites 30% of them (table 3) (79). According to Hammel's model, fever is induced by inhibiting firing rate of warm-sensitive (W) neurons and exciting that of temperature-insensitive (I) neurons in the hypothalamus (80). In accordance with this, direct bath application of PGE₂ predominantly inhibited the activity of W neurons in the OVLT (58) and in the VMPO (59) and excited that of I neurons in the VMPO (59) in rat tissue slices. In the POA, however, PGE₂ excited a considerable population of W neurons (57, 58). In any case, since PGE₂-induced changes in the firing rate of the thermosensitive neurons were still observed even in a Ca²⁺ free and high Mg²⁺ solution which blocks synaptic activity, post-synaptic responsiveness of OVLT and POA neurons to PGE₂ is suggested (58).

So far, however, researchers have not definitively identified which EP receptors are involved in inhibition or excitation of thermosensitive or temperature-insensitive neuronal activities. Available evidence indicates that AH6809, an EP₁ and/or D type PG receptor antagonist (12), blocks the PGE₂-induced inhibition of both OVLT and POA neurons (58).

7. EFFERENT FEVER-PRODUCING PATHWAYS FROM THE OVLT/POA REGION

As described above, the action of PGE₂ on neurons in the OVLT/POA region is thought to be crucial for fever induction. However, the neuroanatomical chain of functionally connected neurons from the PGE₂-sensitive febrile zone to the effectors that contribute to fever induction has not yet been fully demonstrated. The interscapular BAT is the major organ for non-shivering thermogenesis during fever and the tail artery contributes to fever development by inhibiting heat-loss via vasoconstriction in rats. Therefore, to define the central circuitry responsible for the febrile response, pseudorabies virus (PRV) was injected into the interscapular BAT, and the distribution of infected neurons was traced in rats (37, 38, 42) and hamsters (81). In the rat forebrain, infected neurons were found in the OVLT, the ventral MnPO, the

Table 3. Effects of bath-applied PGE₂ on the activity of OVLT and POA neurons in comparison with those of systemically administered IL-1 β

(1) Effects of bath-applied PGE₂ on the activity of OVLT and preoptic neurons.				
(1-1) OVLT (Ref. 58)				
	All neurons (%)	W neurons (%)	I neurons (%)	C neurons (%)
Excitation	14/51 (27)	7/30 (23)	7/20 (35)	0/1 (0)
No effect	9/51 (18)	2/30 (7)	7/20 (35)	0/1 (0)
Inhibition	28/51 (55)	21/30 (70)	6/20 (30)	1/1 (100)
Total	51	30/51 (59)	20/51 (39)	1/51 (2)
(1-2) MPO (Ref. 58)				
Excitation	17/58 (29)	11/28 (39)	6/29 (21)	0/1 (0)
No effect	26/58 (45)	8/28 (29)	17/29 (58)	1/1 (100)
Inhibition	15/58 (26)	9/28 (32)	6/29 (21)	0/1 (0)
Total	58	28/58 (48)	29/58 (50)	1/58 (2)
(1-3) POA (Ref. 57)				
Excitation	48/89 (54)	34/55 (62)	13/31 (42)	1/3 (33)
No effect	36/89 (40)	18/55 (33)	16/31 (52)	2/3 (67)
Inhibition	5/89 (6)	3/55 (5)	2/31 (6)	0/3 (0)
Total	89	55/89 (62)	31/89 (35)	3/89 (3)
(2) Effects of intravenous IL-1β on the activity of AV3V and MnPO neurons. (Ref. 79)				
(2-1) AV3V	All neurons (%)		(2-2) MnPO	All neurons (%)
Excitation	6/19 (32)		Excitation	7/21 (33)
No effect	3/19 (16)		No effect	4/21 (19)
Inhibition	10/19 (52)		Inhibition	10/21 (48)
Total	19		Total	21

medial preoptic nucleus, the VMPO, and the VLPO, suggesting polysynaptic regulation of BAT thermogenesis (38). This region coincides with the region where labeled neurons were found following injection of PRV into the wall of the ventral tail artery (82) and with the PGE₂-sensitive febrigenic zone where EP₁, EP₃, and EP₄ receptors are distributed.

40 % of virally infected POA neurons expressed EP₃ receptor-LI (38). About 90% of EP₃ receptor-immunoreactive POA neurons exhibited signals for GAD67 mRNA. EP₃ receptor-expressing GABAergic neurons send direct projections to the rostral raphe pallidus nucleus (RPa) (36). The RPa contains the sympathetic premotor neurons responsible for BAT thermogenesis (83) and vasoconstriction of the tail artery (84, 85), both of which contribute to the febrile response. IntraPOA PGE₂ microinjection-induced BAT thermogenesis was blocked by the microinjection of muscimol, a GABA_A receptor agonist, into the RPa (36). In addition, microinjection of bicuculline, a GABA_A receptor antagonist, into the RPa increased sympathetic nerve activity (SNA) to the BAT in rats (83). Therefore, it is reasonable to hypothesize that EP₃ receptor-expressing GABAergic POA neurons tonically inhibit RPa neurons and that a PGE₂-triggered mechanism in the POA effectively relieves the tonic inhibition of the RPa neurons, leading to the excitation of SNA to the BAT and the tail artery, thereby producing fever (36, 81).

IntraPOA PGE₂ microinjection-induced hyperthermia was also attenuated by microinjection of kynurenate, an ionotropic excitatory amino acid (EAA) receptor antagonist, into the RPa (39) or the DMH (40). These findings suggest that a PGE₂-induced disinhibition of the RPa neurons is not the sole mechanism for producing

fever and that activation of EAA receptors in the DMH or the RPa is also necessary for the BAT thermogenesis evoked by microinjection of PGE₂ into the POA. Involvement of other hypothalamic nuclei, including the paraventricular hypothalamic nucleus (87-89) and the posterior hypothalamus (90), has also been reported. Furthermore, PRV-infected nuclei include the lateral hypothalamic, perifornical and retrochiasmatic nuclei, ventrolateral periaqueductal gray matter, the lateral parabrachial nucleus, and the nucleus of the solitary tract (NTS) (37, 38, 42). So far, however, it remains unknown whether EP₃-receptor expressing or other EP receptors-expressing POA neurons send excitatory output to the RPa or the DMH, and it also remains unknown how specific EP receptor-expressing neurons affect neurons within other PRV-infected nuclei.

8. PERSPECTIVES

The EP₃ receptor is undoubtedly crucial for the febrile response in mice. On the other hand, i.c.v. or intraPOA injection of EP₁ receptor agonists produces more potent hyperthermia than EP₃ receptor agonists in rats (6, 22, 24). IntraPOA injection of PGE₂ induces hyperalgesia and hyperthermia, whereas injection of M&B28767, an EP₃ receptor agonist, induces hyperalgesia but has little effect on Tc in rats (6, 33). Furthermore, lesions in the PGE₂-sensitive febrigenic zone did not attenuate PGE₁ or PGE₂-induced hyperthermia in squirrel monkeys (91) or rats (92). These findings raise a question whether the OVLT/POA region is really the only site where PGE₂ acts on EP₃ receptors (or other EP receptors) to produce hyperthermia.

EP₃ receptor mRNA or immunoreactivity has

been demonstrated at other levels of the nervous system, e.g. in the RPa, the intermediolateral cell column (IML) in the spinal cord, and vagal afferents in the NTS (18, 19 93), and in peripheral cells such as macrophages (94, 95). It may be possible that EP₃ receptors in these regions or cell types also contribute to febrile response. For example, two-thirds of infected RPa neurons that polysynaptically project to the interscapular BAT expressed EP₃ receptor-LI (38). Bath application of PGE₂ and M&B28767 depolarized the membrane of dorsal raphe neurons (96). These findings suggest that RPa neurons themselves might possess PG sensitivity that is able to modulate BAT thermogenesis under febrile conditions. Therefore, future studies should include investigation of the role of EP₃ receptors in the RPa, IML, or NTS in thermoregulatory and febrile responses.

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Abbreviations: In addition to the commonly accepted (e.g., GABA or cAMP), the abbreviations used in this paper are 3V third ventricle, AC anterior commissure, AVPV anteroventral periventricular nucleus, AV3V anteroventral region of the third ventricle, BAT brown adipose tissue, C cold-sensitive, COX cyclooxygenase, DMH dorsomedial hypothalamic nucleus, EAA excitatory amino acid, I temperature-insensitive, IL interleukin, IML intermediolateral cell column, LI like immunoreactivity, LPO lateral preoptic area, LPS lipopolysaccharide, MnPO median preoptic nucleus, MPN medial preoptic nucleus, MPO medial preoptic area, NDB nucleus of the diagonal band of Broca, NTS nucleus of the solitary tract, OC optic chiasm, OVLT organum vasculosum of the lamina terminalis, PG prostaglandin, POA preoptic area of the

hypothalamus, PRV pseudorabies virus, RPa raphe pallidus nucleus, Tc core body temperature, VLPO ventrolateral preoptic nucleus, VMPO ventromedial preoptic nucleus, W warm-sensitive

Key Words: Prostaglandin E₂, EP receptors, Fever, Psychological stress-induced hyperthermia, Review

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