EFFECT OF COPPER AND ZINC ON INTESTINAL CHLORIDE ABSORPTION IN THE WINTER FLOUNDER (<u>Pseudopleurnectes</u> <u>americanus</u>)

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Both copper and zinc are normally present in the marine environment at low concentrations. Increased concentrations of these heavy metals may be found when coastal waters are polluted, the winter flounder is at risk because of the pollution of its habitat. Over the past couple summers, we have investigated the effect of pH on the flounder small intestine chloride absorption (Charney et al., Bull MDIBL 25:111-113, 1985; Charney et al., Bull MDIBL 26:64-66, 1986). This year, we examined th effects of copper and zinc on intestinal chloride absorption directly and determined the effect of copper on pH-mediated changes on chloride absorption.

Winter flounder (<u>Pseudopleuronectes</u> <u>americanus</u>) small intestine was stripped of its muscle layers and mounted in modified Ussing chambers as described in Charney et al., Bull. MDIBL 25:111-113, 1985. Tissues were bathed in a teleost Ringer's solution at 15 C containing 168.5 mM Na, 5 mM K, 1.2 mM Mg, 1.3 mM Ca, 154 mM Cl, 2.7 mM PO<sub>4</sub>, 1.2 mM SO<sub>4</sub>, 20 mM HCO<sub>3</sub> and 10 mM mannitol (mucosal) and 10 mM glucose (serosal). Solutions were gassed with either 5% CO<sub>2</sub>/95% O<sub>2</sub> (pH 7.11) or 1% CO<sub>2</sub>/99% O<sub>2</sub> (pH 7.74) during 2 consecutive 20 min periods. Each change in metal concentration or pH was followed by a 15 min equilibration period. Unidirectional chloride fluxes (J) using <sup>36</sup>Cl were measured across paired, short-circuited tissues. Conductance (G<sub>t</sub>) was measured by intermittent voltage pulses throughout the experiment and the I<sub>SC</sub> was expressed as the equivalent ionic flux.

As shown in Table 1, in the absence of detectable levels of either copper or zinc by atomic absorption spectrophotometry, increasing the bathing solution pH increased chloride absorption. The increase in  $J_{net}$  was due to an increase in  $J_{ms}$  and to a small decrease in  $J_{sm}$ , and was accompanied by an increase in  $I_{sc}$  and  $G_t$ .

The effect of  $CuSO_4$  was examined by adding increasing concentrations to either the mucosal or serosal side of the bathing solution gassed with 5%  $CO_2$ (pH 7.11). Table 2 shows that as the mucosal concentration was increased from 10 µM to 100 µM, net chloride absorption progressively decreased. At 100 µM  $CuSO_4$ , net chloride secretion was observed. These transport changes were due to both a reduction in J<sub>ms</sub> and an increase in J<sub>sm</sub> and were accompanied by decrements in I<sub>sc</sub> and G<sub>t</sub>. The addition of 100 µM dithioethylcarbamate, to chelate the copper in solution, did not reverse these transport changes. Serosal addition of CuSO<sub>4</sub> had a much smaller and somewhat different effect on chloride absorption. Only when the serosal concentration was raised to 100 µM did net chloride absorption decrease and this decrease was due entirely to a reduction in J<sub>ms</sub>. As noted in the mucosal studies, reductions in I<sub>sc</sub> and G<sub>t</sub> accompanied the changes in net chloride absorption.

We then tested the effect of increasing bathing solution pH from 7.11 to 7.74 in the presence of 100 uM CuSO<sub>4</sub>. Net chloride absoption increased as pH was raised, but the increase was smaller than in the absence of CuSO<sub>4</sub> (1.28  $\pm$  0.96 vs. 2.20  $\pm$  0.46  $\mu$ eq/cm<sup>2</sup>\*hr), and was due entirely to a decrease in J<sub>sm</sub>.

In a separate series of experiments, ZnSO4 was added to either the

88.

mucosal or serosal bathing solution at pH 7.11. As shown in Table 3, mucosal concentrations of 10  $\mu$ M and 50  $\mu$ M (but not 100  $\mu$ M) appeared to stimulate chloride absorption by increasing J<sub>ms</sub>. Serosal ZnSO<sub>4</sub> did not have this effect, but at 100  $\mu$ M net chloride absorption was inhibited due to a reduction in J<sub>ms</sub>.

We conclude from these findings that 1.  $CuSO_4$  inhibits intestinal chloride absorption and the effect of increasing pH to augment chloride absorption in this tissue. Inhibition is predominantly a mucosal effect where concentrations as low as 50  $\mu$ M are effective, and inhibition is not reversed by the addition of a copper chelator. 2.  $ZnSO_4$  stimulates chloride absorption at mucosal concentrations between 10  $\mu$ M and 50  $\mu$ M, but serosal addition of 100  $\mu$ M inhibits absorption.

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Table 1. Effect of pH on the flounder intestinal chloride flux, with 20 mM  $HCO_3$ Ringer either pH 7.11 with 36 mm  $PCO_2$  or Ringer pH 7.74 with 7 mm  $PCO_2$  (n=7).

рН	J <sub>ms</sub> µeq/cm <sup>2</sup> *hr	J <sub>sm</sub> µeq/cm <sup>2</sup> *hr	Jnet µeq/cm <sup>2</sup> *hr	I <sub>sc</sub> µeq/cm <sup>2</sup> *hr	Gt (mS/cm <sup>2</sup> )	_
7.11	$7.09 \pm 0.55$	$3.46 \pm 0.81$	$3.63 \pm 0.64$	$1.50 \pm 0.19$	$17.0 \pm 1.1$	
7.74	8.97 \pm 0.44*	$3.15 \pm 0.31$	5.82 $\pm 0.42^*$	2.06 $\pm 0.24^*$	19.4 ± 1.4*	

Values represent the mean  $\pm$  the standard error of the mean, \* P<0.001.

Table 2. Effect of  $CuSO_4$  on the flounder intestine chloride flux, with Ringer pH 7.11 and 36 mm  $PCO_2$  .

(سر)	n	J <sub>ms</sub> µeq/cm <sup>2</sup> *hr	J <sub>sm</sub> µeq/cm <sup>2</sup> *hr	J <sub>net</sub> µeq/cm <sup>2</sup> *hr	Isc µeq/cm <sup>2</sup> *hr	Gt (mS/cm <sup>2</sup> )
			MUCOSAL A	DDITION		
0	7	7.09 <u>+</u> 0.55	3.46 <u>+</u> 0.81	$3.63 \pm 0.64$	1.50 <u>+</u> .19	$17.0 \pm 1.1$
10	3	6.96 <u>+</u> 0.36	4.34 <u>+</u> 1.43	$2.62 \pm 1.53$	$1.12 \pm .27$	$16.1 \pm 2.3$
50	6	$6.88 \pm 0.88$	6.44 <u>+</u> 0.77 <sup>*</sup>	$0.44 \pm 0.84^{**}$	$0.24 \pm .27^{**}$	$15.3 \pm 1.2$
100	7	6.17 $\pm$ 0.91	7.19 <u>+</u> 1.43 <sup>*</sup> SEROSAL A	$-1.02 \pm 0.95^{**}$	$0.24 \pm .25^{**}$	$14.6 \pm 1.3$
100	2	4.42 ± 0.27	2.43 <u>+</u> 0.58	1.99 <u>+</u> .84	0.56 <u>+</u> .02	11.9 ± 0.3

A Values represent the mean  $\pm$  the standard error of the mean, \* = P < 0.05 and \*\* = P < 0.01.

Table 3. Effect of  $ZnSO_4$  on the flounder intestine chloride flux, with Ringer pH 7.11 and 36 mm  $PCO_2$ .

(µM)	n	J <sub>ms</sub> µeq/cm <sup>2</sup> *hr	J <sub>sm</sub> µeq/cm <sup>2</sup> *hr	J <sub>net</sub> µeq/cm <sup>2</sup> *hr	<sup>I</sup> sc µeq/cm <sup>2</sup> *hr	Gt (mS/cm <sup>2</sup> )
			MUCOSAL A	DDITION		
0	7	7.09 <u>+</u> 0.55	$3.46 \pm 0.81$	$3.63 \pm 0.64$	$1.50 \pm .19$	17.0 + 1.1
10	2	$9.30 \pm 1.08$	$3.45 \pm 0.33$	$5.85 \pm 0.75$	$0.45 \pm .33$	17.3 + 1.7
50	2	$9.65 \pm 1.79$	$4.13 \pm 0.88$	5.52 + 0.91	-0.05 + .56	$17.8 \pm 2.5$
100	4	6.59 <u>+</u> 1.17	3.29 <u>+</u> 1.05 SEROSAL A	$3.30 \pm 0.71$	$0.36 \pm .37$	$15.6 \pm 2.0$
100	3	4.85 ± 0.41	$2.39 \pm 0.38$	$2.46 \pm .31$	0.87 <u>+</u> .09	$12.5 \pm 0.6$

Values represent the mean  $\pm$  the standard error of the mean.

89.