Apoptosis and suppression of luteal steroidogenesis by GnRH agonist in pregnant rat

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Gonadotropin-releasing hormone plays an important role in regulating the secretion of gonadotropins by which the production of gonadal steroids is controlled. However, recent studies have reported that an intrinsic GnRH system with ligand, receptor, and biological response, exists in the ovary [1, 2]. In particular chronic administration of GnRH or its highly potent agonist is known to have paradoxical inhibitory effects on a variety of reproductive functions that include ovarian steroidogenesis, follicular development, ovulation [3, 4, 5]. GnRH has also been shown to increase apoptotic fragmentation of DNA in rat granulosa cells in a time- and dosedependent manner, thus demonstrating that GnRH administration in vivo induces apoptosis in ovarian follicles [6].

Recent studies from our laboratory have shown that continuous administration of a gonadotropin-releasing hormone agonist (GnRH-Ag) in vivo suppressed progesterone production and induced apoptosis in the corpus luteum (CL) of pregnant rats [7. Furthermore, we demonstrated that levels of peripheral-type benzodiazepine receptor (PBR) and steroidogenic acute regulatory protein (StAR), both of which are involved in the mitochondrial cholesterol transport, and levels of P450 side chain cleavage enzyme (P450scc) transiently decreased after GnRH-Ag treatment [9]. In addition, GnRH-Ag treatment increased Bax, but not Bcl-2, gene expression in the mitochondrial preparations, whereas Bcl-XL gene expression was reduced [8, 10].

NO, a highly reactive free radical molecule

generated in a biological system, is synthesized from L-arginine by nitric oxide synthase (NOS) isozymes [11]. To date, three different isoforms of NOS have been characterized, two first identified which were the endothelium (eNOS) and brain (nNOS) as constitutively expressed isoforms [12]. An inducible isoform (iNOS) has been found in many cells and is correlated with cytostatic and cytotoxic events [13]. NO is now recognized as an important intracellular and intercellular messenger molecule known to have diverse physiological and pathological roles in multiple systems [14]. Recently, NOS isozymes have been found in follicles and CL of human, rat, and rabbit [15, 16, 17]. NO has been known to be associated with a variety of female reproductive functions that include follicular development [18, 19], ovulation [20, and oocyte meiotic maturation [22]. Specifically, NO has emerged as a potential regulator of ovarian function suppressing the production of estradiol and progesterone in the follicle and corpora lutea [15, 23].

The similar effects of GnRH and NO on the ovarian function lead us to postulate that NO might act as a messenger molecule for GnRH to suppress progesterone production and induce apoptosis in the CL of the pregnant rat. In the present study, we investigated serum progesterone and intraluteal NO levels, PBR production, and apoptosis after GnRH-Ag treatment *in vivo* and *in vitro* to test this hypothesis.

Rats were treated individually on day 8 of pregnancy with 5g/day of GnRH-Ag for 4, 8,

and 24 h. GnRH-Ag decreased the production of progesterone and pregnenolone 8 and 24 h after the administration, whereas apoptosis in the CL increased. Corresponding with the reduction in these steroid hormones, intraluteal NO levels decreased at 8 and 24 h. Western blotting and immunohistochemical results of endothelial nitric oxide synthase (eNOS) and inducible nitric oxide synthase (iNOS) in the CL showed that administration of GnRH-Ag was associated with a marked decrease in eNOS and iNOS compared to sham controls at 4, 8, and 24 h. In addition, we demonstrated, for the first time, the presence of neuronal nitric oxide synthase (nNOS) protein in the CL of the pregnant rat, but nNOS did not change throughout the experimental period. The results present study demonstrate suppression of NO synthesis by GnRH-Ag correlates with the reduction in progesterone and pregnenolone production and the increase in apoptosis suggesting that GnRH could induce luteolysis in pregnant rats via NO.

To confirm the mechanism(s) by which GnRH-Ag treatment leads to the suppression of progesterone and the induction of apoptosis in vitro, corpora lutea of day 8 pregnant rats were enzymatically dissociated and mixed population of luteal cells were incubated in medium 199 at 37C. After 90 min, they were treated with various doses of GnRH-Ag or saline control. They were terminated 4, 8, 12, or 24 h after the commencement of treatment and the media, and cells were removed and stored in the freezer. GnRH-Ag, at a dose of 10-6 M, consistently suppressed progesterone levels at 8 and 12 h and thus this dose was chosen. GnRH-Ag had no effect on luteal GnRH receptors at any time period. GnRH-Ag treatment suppressed luteal production of nitric oxide (NO) at 8 and 12 h; and that was due to the luteal suppression of NO synthases, iNOS and eNOS at 4 and 8 h. Further, GnRH-Ag treatment suppressed peripheral-type benzodiazepine receptor (PBR) binding sites at 12 h and this was confirmed by Western blot.

GnRH-Ag treatment induced prostaglandin F2 (PGF2) production and release by the luteal cells into the medium. These data suggest that mechanism(s) by which GnRH suppresses luteal production of progesterone could be due to a fall in luteal NO, PBR, and/or an increased luteal production of PGF2. We hope to utilize this model system, where the action of GnRH is reversible on steroidogenesis, to delineate a role for PBR in cholesterol transport as well as a role for GnRH in fertility regulation.

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