

Prostaglandin E₂ inhibits and indomethacin and aspirin enhance, A23187-stimulated leukotriene B₄ synthesis by rat peritoneal macrophages

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1 The calcium ionophore, A23187, stimulated leukotriene B₄ (LTB₄), thromboxane B₂ (TxB₂) and prostaglandin E₂ (PGE₂) synthesis by 4 day carrageenin-elicited rat peritoneal macrophages.

2 At concentrations of 2×10^{-7} – 2×10^{-5} M indomethacin and aspirin enhanced A23187-stimulated LTB₄ synthesis and inhibited PGE₂ and TXB₂ formation.

3 PGE₂ inhibited A23187-stimulated LTB₄ and TXB₂ formation as well as the augmentation of LTB₄ release caused by aspirin and indomethacin. However, PGE₂ was ineffective when the cells were challenged with arachidonic acid (AA).

4 Dibutyl adenosine 3':5'-cyclic monophosphate (db-cyclic AMP) partially inhibited A23187-stimulated LTB₄ production.

5 Our results suggest that PGE₂ inhibits macrophage LTB₄ synthesis by limiting the availability of AA. Indomethacin and aspirin, possibly by removing the regulatory effect of PGE₂, promote the synthesis of the pro-inflammatory LTB₄.

Introduction

It is becoming increasingly apparent that eicosanoid products of arachidonic acid (AA) metabolism are important modulators of macrophage cyclo-oxygenase and lipoxygenase pathways. For example, mouse resident peritoneal macrophage cyclo-oxygenase and 5'-lipoxygenase activities were inhibited by hydroperoxy- and hydroxy-eicosatetraenoic acid metabolites of the lipoxygenase pathway (Chang *et al.*, 1985; Humes *et al.*, 1986). Synthesis of a cyclo-oxygenase metabolite, prostaglandin E₂ (PGE₂) by rat peritoneal macrophages was stimulated by the lipoxygenase product, leukotriene C₄ (LTC₄) (Schenkelaars & Bonta, 1986), while PGE₂ inhibited synthesis of the cyclo-oxygenase metabolites, thromboxane B₂ (TXB₂) and 6-keto-PGF_{1 α} (Elliott *et al.*, 1985). Such interactions between eicosanoids may be important for regulation of macrophage functions, as demonstrated by Schenkelaars & Bonta (1986) who found that LTC₄ stimulated the secretion of the lysosomal enzyme β -glucuronidase (GUR). This secretory response was enhanced by the non-steroidal anti-inflammatory drugs (NSAIDs) indomethacin and aspirin which possess cyclo-

oxygenase inhibitory activity. Exogenously added PGE₂ prevented this stimulation of enzyme release. Of relevance to these interactions are reports showing that PGE₁ inhibited, and indomethacin stimulated, human neutrophil LTB₄ formation (Ham *et al.*, 1983; Docherty & Wilson, 1987). Therefore, in the light of published data, it appeared conceivable that indomethacin and aspirin stimulated macrophage GUR release by promoting synthesis of leukotrienes, as a consequence of the inhibition of PGE₂ synthesis. In order to investigate this possibility we examined the effect of PGE₂, indomethacin and aspirin on A23187-stimulated LTB₄ release from carrageenin-elicited rat peritoneal macrophages.

Methods

Experimental animals

Male Wistar rats (170–200 g) were injected with 2 ml carrageenin (1 mg ml⁻¹, i.p.) on day 1 and the elicited peritoneal macrophages were isolated on day 4. Animals were ordered 12 at a time and divided into

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groups of 3 or 4. Experiments were repeated on animals from the same batch.

Isolation and incubation of macrophages

Carrageenin-elicited peritoneal macrophages were isolated by density-gradient centrifugation over Ficoll-Isopaque as previously described (Schenkelaars & Bonta, 1986). They were then suspended (2×10^6 cells ml^{-1}) in Dulbecco's modified Eagle's Minimum Essential Medium (DMEM), and kept on ice until needed. The cell preparation was more than 95% viable, as assayed by trypan blue exclusion and consisted of greater than 85% macrophages as judged by morphological criteria under the light microscope. The rest of the cells were mainly lymphocytes; the contribution of polymorphonuclear leukocytes and mast cells was always less than 1%. Lymphocytes do not release eicosanoids and this contamination was thus not a problem in the experimental design used (Kurland & Bockman, 1978; Poubelle *et al.*, 1987). Aliquots of the macrophage preparation (1 ml) were transferred to 1 ml polypropylene reaction vials on ice and then incubated for 30 min at 37°C in a water bath (Gemsa *et al.*, 1982; Williams *et al.*, 1984). The reaction vials were then centrifuged and the supernatants analysed for LTB₄, PGE₂ and TXB₂ by radioimmunoassay (RIA) (Zijlstra & Vincent, 1984). None of the compounds used interfered with the measurement of PGE₂, TXB₂ or LTB₄. PGE₂ was not analysed in those experiments where it was added to the incubations. The PGE₂ RIA had a 100% cross reaction with PGE₁. However rat macrophages do not synthesize PGE₁ unless incubated with dihomog- γ -linolenic acid (Elliott *et al.*, 1986), its direct precursor, so that we feel justified in giving concentrations of PGE₂ rather than of immunoreactive PGE. The cell pellet was heated for 5 min at 95°C in 150 μ l Tris/EDTA buffer and the reaction vials centrifuged at 12000 *g* for 1 min. The concentration of adenosine 3':5'-cyclic monophosphate (cyclic AMP) in the supernatants was assayed by a modification (Bonta *et al.*, 1984) of the protein binding method of Gilman (1970).

Chemicals

Carrageenin was dissolved in physiological saline. Stock solutions of AA, PGE₂, A23187 and indomethacin in ethanol were diluted with DMEM. Aspirin and db-cyclic AMP were dissolved directly in DMEM.

A23187, aspirin, indomethacin, AA, db-cyclic AMP and PGE₂, (10 μ l volumes) were added to incubations at the beginning of the 30 min period. The final concentration of ethanol resulting from the addition of A23187, AA, PGE₂ and indomethacin was 0.01% or less and had no effect on any of the parameters assayed.

Carrageenin was obtained from Marine Colloids, Inc., Springfield, N.J., USA. Standard PGE₂, TXB₂, LTB₄, cyclic AMP, AA, db-cyclic AMP and A23187 were obtained from Sigma Chemical Co., St. Louis, USA. Antisera against TXB₂ and PGE₂ were purchased from Bio-Yeda, Rehovot, Israel and LTB₄ antiserum from Wellcome Diagnostics, Beckenham. Radiolabelled cyclic AMP, PGE₂ and TXB₂ were obtained from Amersham International plc, Aylesbury, Buckinghamshire, and radiolabelled LTB₄ from Wellcome Diagnostics. Indomethacin and aspirin were purchased from the Pharmacy Department, Dijkzigt Hospital, Rotterdam, The Netherlands.

Statistical analysis

Statistical analysis was carried out by use of the Mann-Whitney U-test.

Results

The effect of indomethacin and aspirin on A23187-stimulated macrophage eicosanoid synthesis

A23187 (10^{-6} M) stimulated macrophage PGE₂, TXB₂ and LTB₄ synthesis and release (Table 1). Indomethacin and aspirin enhanced A23187-stimulated LTB₄ synthesis and inhibited A23187-stimulated PGE₂ and TXB₂ formation (Table 2).

Table 1 The effect of A23187 on rat peritoneal macrophage eicosanoid synthesis and release

Treatment	PGE ₂	TXB ₂	LTB ₄
Control	4.60 \pm 1.30	0.95 \pm 0.35	<0.02
A23187 (10^{-6} M)	20.80* \pm 4.50	6.15* \pm 2.16	0.24* \pm 0.17

Results are expressed as eicosanoid release in ng per 2×10^6 nucleated cells and are the mean \pm s.d. in 9-11 experiments. PGE₂, prostaglandin E₂; TXB₂, thromboxane B₂; LTB₄, leukotriene B₄.

* $P < 0.05$ with respect to appropriate control values.

Table 2 The effect of indomethacin and aspirin on A23187-stimulated eicosanoid synthesis and release from rat peritoneal macrophages

Net eicosanoid release	Indomethacin/Aspirin (M)				
	0	2×10^{-8}	2×10^{-7}	2×10^{-6}	2×10^{-5}
Indomethacin					
PGE ₂	8.85 ± 1.00	6.68 ± 1.46	5.58* ± 1.56	2.68* ± 1.04	2.41* ± 1.56
TXB ₂	10.12 ± 2.84	8.70 ± 1.34	4.50* ± 1.26	1.19* ± 0.19	0.82* ± 0.39
LTB ₄	0.38 ± 0.08	0.48 ± 0.08	0.62* ± 0.06	0.66* ± 0.07	0.53* ± 0.04
Aspirin					
PGE ₂	22.87 ± 3.15	13.95* ± 6.19	11.98* ± 5.54	9.11* ± 5.75	2.05* ± 0.67
TXB ₂	5.39 ± 1.85	5.90 ± 3.04	2.17* ± 0.80	1.89* ± 0.64	0.92* ± 0.45
LTB ₄	0.15 ± 0.05	0.16 ± 0.04	0.26* ± 0.05	0.47* ± 0.11	0.44* ± 0.11

Results are expressed as ng net eicosanoid release from 2×10^6 nucleated cells. Data shows the mean ± s.d. in 7–9 experiments.

* $P < 0.05$ with respect to appropriate control.

These NSAIDs also inhibited the basal formation of cyclo-oxygenase metabolites (data not shown), but had no detectable stimulatory effect on the basal synthesis of LTB₄, which was below the level of detection of the RIA (0.02 ng ml^{-1}).

The effect of PGE₂ and NSAIDs on A23187-stimulated macrophage eicosanoid synthesis

PGE₂ ($2.8 \times 10^{-10} \text{ M}$ – $2.8 \times 10^{-5} \text{ M}$) inhibited the A23187-stimulated synthesis and release of TXB₂

Table 3 The effect of prostaglandin E₂ (PGE₂) on A23187-stimulated eicosanoid synthesis and release in rat peritoneal macrophages

Net eicosanoid release	PGE ₂ (M 2.8)				
	0	10^{-10}	10^{-8}	10^{-6}	10^{-5}
TXB ₂	18.4 ± 4.2	18.2 ± 1.6	9.7* ± 4.3	4.8* ± 0.5	3.5* ± 0.3
LTB ₄	0.20 ± 0.06	0.23 ± 0.03	0.10* ± 0.03	0.05* ± 0.03	0.04* ± 0.04

Results are expressed as net eicosanoid release from 2×10^6 nucleated cells. Data shows the mean ± s.d. in 6 experiments.

* $P < 0.05$ with respect to appropriate control values.

Table 4 The effect of prostaglandin E₂ (PGE₂) on the indomethacin- and aspirin-dependent enhancement of A23187-stimulated leukotriene B₄ (LTB₄) synthesis and release

Treatment	Indomethacin/Aspirin (M)				
	0	2×10^{-8}	2×10^{-7}	2×10^{-6}	2×10^{-5}
Indomethacin					
A23187 (10^{-6} M)	100	118 ± 32	177* ± 19	194* ± 28	153* ± 18
A23187 + PGE ₂ ($2.8 \times 10^{-5} \text{ M}$)	100	106 ± 12	113† ± 6	77† ± 13	67† ± 34
Aspirin					
A23187 (10^{-6} M)	100	110 ± 40	190* ± 21	366* ± 120	339* ± 59
A23187 + PGE ₂ ($2.8 \times 10^{-5} \text{ M}$)	100	124 ± 30	170* ± 26	161*† ± 4	218*† ± 39

Results are expressed as the percentage of values obtained without indomethacin or aspirin and were calculated from three separate experiments.

* $P < 0.05$ control vs indomethacin or aspirin treated.

† $P < 0.05$ A23187 vs A23187 + PGE₂

Absolute values for LTB₄ release, expressed as ng per 2×10^6 nucleated cells, in the absence of indomethacin or aspirin, were as follows for the indomethacin experiments: A23187, 0.27 ± 0.05 . A23187 + PGE₂, 0.20 ± 0.02 ($P < 0.05$ vs A23187); and for the aspirin experiments: A23187, 0.19 ± 0.09 . A23187 + PGE₂, 0.14 ± 0.03 .

Table 5 The effect of prostaglandin E₂ (PGE₂) on arachidonic acid (AA)-stimulated eicosanoid synthesis by rat peritoneal macrophages

Treatment	TXB ₂	LTB ₄
Control	0.98 ± 0.37	<0.02
AA (8 × 10 ⁻⁶ M)	11.48* ± 3.60	0.21* ± 0.10
AA + PGE ₂ (2.8 × 10 ⁻⁵ M)	12.48* ± 2.20	0.28* ± 0.11

Results are expressed as mediator release in ng per 2 × 10⁶ nucleated cells. Data are the mean ± s.d. in 8 experiments.

* *P* < 0.05 control vs AA or AA + PGE₂.

and LTB₄ in a concentration-related manner (Table 3).

In addition to inhibiting the eicosanoid release elicited by A23187 PGE₂ (2.8 × 10⁻⁵ M) also reversed the enhancing effect of indomethacin and aspirin on A23187-stimulated macrophage LTB₄ formation (Table 4). However, it had no effect on the synthesis of LTB₄ and TXB₂ following challenge with 8 × 10⁻⁶ M AA (Table 5).

Challenge of the cells with A23187 resulted in an elevation in intracellular cyclic AMP concentration and this was inhibited in a concentration-dependent

manner by indomethacin (2 × 10⁻⁷ M–2 × 10⁻⁵ M) (Table 6). When cells were incubated for 30 min with db-cyclic AMP (5 × 10⁻⁷ and 5 × 10⁻⁵ M) during activation with A23187 there was an inhibition of the release of TXB₂ and LTB₄ (Table 7).

Discussion

For our experiments we used a non-physiological agent, A23187, to stimulate calcium flux. A23187 was used primarily as a leukotriene releasing agent so that we could investigate regulatory events associ-

Table 6 The effect of indomethacin on basal and A23187-stimulated rat peritoneal macrophage cyclic AMP concentrations

Treatment	0	Indomethacin (M)		
		2 × 10 ⁻⁷	2 × 10 ⁻⁶	2 × 10 ⁻⁵
Control	1.42 ± 0.16	1.10* ± 0.14	0.83* ± 0.19	0.79* ± 0.21
A23187 (10 ⁻⁶ M)	2.81† ± 0.04	1.96† ± 0.60	1.69* ± 0.64	1.01* ± 0.26

Results are expressed as pmol cyclic AMP per 2 × 10⁶ cells.

Data are the mean ± s.d. in 6 experiments.

* *P* < 0.05 control vs indomethacin treated.

† *P* < 0.05 A23187 treated vs appropriate control.

Table 7 The effect of db-cyclic AMP on basal and A23187-stimulated thromboxane B₂ (TXB₂) and leukotriene B₄ (LTB₄) release

Eicosanoid	0	db-Cyclic AMP (M)	
		5 × 10 ⁻⁷	5 × 10 ⁻⁵
TXB₂			
Basal	100	105 ± 10	81* ± 7
A23187 (10 ⁻⁶ M)	100	75* ± 15	64* ± 11
LTB₄			
Basal	N/D	N/D	N/D
A23187 (10 ⁻⁶ M)	100	84* ± 8	73* ± 4

Results are expressed as the percentage of release obtained in the absence of db-cyclic AMP and were calculated using the percentage changes measured in 3 separate experiments. Data are the mean ± s.d.

* *P* < 0.05 control vs db-cyclic AMP treated.

Control values, expressed in ng per 2 × 10⁶ nucleated cells, for basal and A23187-stimulated eicosanoid release were for TXB₂: basal 0.65 ± 0.27; A23187 19.71 ± 8.2; and for LTB₄: basal not done (ND); A23187 1.06 ± 0.48.

ated with LTB₄ formation, specifically the role played by PGE₂ in the mobilization and subsequent metabolism of AA to LTB₄, events thought to be associated with an increase in calcium flux. We feel that it is reasonable to assume that PGE₂ and the NSAIDs used would also modify the effect of other mediators which similarly stimulated AA turnover.

In this article we have shown that added PGE₂ inhibited A23187-stimulated LTB₄ synthesis. The lowest effective concentration of PGE₂ used (2.8×10^{-8} M) inhibited A23187-stimulated LTB₄ formation by 50% (Table 3). Basal and ionophore-stimulated rat peritoneal macrophages released about 10^{-8} M and 4×10^{-8} M PGE₂ respectively (calculated from data given in Table 1) indicating that endogenously formed PGE₂ could also play a role in regulating leukotriene synthesis. This extends our previous finding that PGE₂ inhibits the synthesis and release of TXB₂ and 6-keto-PGE_{1 α} induced by carrageenin (Elliott *et al.*, 1985). PGE₂ also inhibited the further increase in LTB₄ formation observed when cells were incubated with A23187 together with indomethacin or aspirin. The finding that the NSAIDs promoted A23187-stimulated LTB₄ synthesis supports our contention that endogenously formed PGE₂ could have a regulatory function. However, we cannot say to what extent the stimulatory effect of the cyclo-oxygenase inhibitors on LTB₄ formation was due to removal of the inhibitory PGE₂. A switching of AA from the cyclo-oxygenase to the lipoxygenase path i.e. 'substrate shunting', could also have contributed to the increase observed. Basal synthesis of LTB₄ was too low to assay, even in the presence of aspirin and indomethacin. It would appear therefore that cyclo-oxygenase inhibitors can influence leukotriene formation only if the lipoxygenase enzyme is stimulated by some other agent, i.e. they are not direct activators of the lipoxygenase.

Interestingly, Docherty & Wilson (1987) found that neither aspirin nor ibuprofen (a NSAID with cyclo-oxygenase inhibitory activity), had an effect on A23187-stimulated LTB₄ formation by human neutrophils, although indomethacin had a stimulatory action. Human neutrophil LTB₄ release is sensitive to the inhibitory action of PGE₁ (Ham *et al.*, 1983), so that the reason for the lack of effect of aspirin and ibuprofen on LTB₄ production is not clear.

In our experiments PGE₂ inhibited both lipoxygenase (LTB₄) and cyclo-oxygenase (TXB₂) metabolite release. Furthermore, PGE₂ had no effect on AA stimulated LTB₄ or TXB₂ synthesis. It is unlikely

therefore that PGE₂ acted on specific enzymes within the AA cascade. A more likely explanation is that PGE₂ limited the availability of AA. PGE₂ is thought to exert its immunosuppressive effects by stimulating cyclic AMP synthesis (Bonta & Parnham, 1982) and we found that db-cyclic AMP partially inhibited A23187-stimulated LTB₄ and TXB₂ formation. In support of this interpretation, carrageenin-stimulated eicosanoid synthesis has also been shown to be inhibited by db-cyclic AMP (Elliott *et al.*, 1985). Furthermore, we show in this paper that both PGE₂ and cyclic AMP synthesis were decreased when macrophages were incubated with indomethacin. This finding is consistent with the proposal that endogenously formed PGE₂ is important for the maintenance of macrophage cyclic AMP concentrations (Lim *et al.*, 1983). There are two conceivable mechanisms by which cyclic AMP and db-cyclic AMP, could reduce the amount of AA available to the different enzymes, stimulation of AA reacylation and inhibition of phospholipase (PL) activity. Indeed, Lapetina *et al.* (1981) reported that cyclic AMP stimulated the reincorporation of AA into platelet phosphatidylinositol and Hirata *et al.* (1984) demonstrated that cyclic AMP blocked deactivation of the PLA₂ inhibitory polypeptide, lipocortin, by agents such as A23187 and phorbol esters.

Interestingly, most of the NSAIDs, such as aspirin and indomethacin, which are used to treat certain chronic inflammatory conditions are thought to act, at least in part, by inhibiting the cyclo-oxygenase pathway (Brune & Rainsford, 1979). Schenkelaars & Bonta (1986) demonstrated that both aspirin and indomethacin enhanced leukotriene-stimulated macrophage lysosomal enzyme release. We have now shown that these two NSAIDs also enhance A23187-stimulated LTB₄ synthesis and that this effect is reversed by added PGE₂. Indomethacin has also been shown to promote neutrophil superoxide production although the authors suggested that this was due to an inhibition of diacylglycerol lipase activity (Dale & Penfield, 1987). Our results, together with other findings (Docherty & Wilson, 1987; Schenkelaars & Bonta, 1986) provide experimental evidence for the theoretical proposal of Rang & Dale (1987) that NSAIDs could, by inhibiting PGE₂ synthesis and stimulating leukotriene production, exacerbate tissue damage in the long term.

We wish to thank Sigma-Tau Pharmaceutical Co., Rome, for financing this research.

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(Received January 19, 1988
 Revised September 20, 1988
 Accepted October 13, 1988)