# **Membrane currents in cultured human intestinal smooth muscle cells**

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- 1. Using whole-cell patch-clamp recording techniques, we have examined voltage-gated ion currents in a cultured human intestinal smooth muscle cell line (HISM). Experiments were performed at room temperature on cells after passages 16 and 17.
- 2. Two major components of the whole-cell current were a tetraethylammonium-sensitive  $(IC_{50} = 9 \text{ mM})$ , iberiotoxin-resistant, delayed rectifier K<sup>+</sup> current and a Na<sup>+</sup> current inhibited by tetrodotoxin (IC<sub>50</sub>  $\approx$  100 nM). No measurable inward current via voltage-gated Ca<sup>2+</sup> channels could be detected in these cells even with 10 mm  $Ca^{2+}$  or  $Ba^{2+}$  in the external solution. No current attributable to calcium-activated  $K^+$  channels was found and no cationic current in response to muscarinic receptor activation was present.
- 3. In divalent cation-free external solution two additional currents were activated: an inwardly rectifying hyperpolarization-activated current,  $I_{HA}$ , and a depolarization-activated current,  $I_{\text{DA}}$ .
- 4. *I*<sub>HA</sub> and *I*<sub>DA</sub> could be carried by several monovalent cations; the sizes of currents in descending order were:  $K^+ > Cs^+ > Na^+$  for  $I_{HA}$  and  $Na^+ > K^+ \gg Cs^+$  for  $I_{DA}$ .  $I_{HA}$  was activated and deactivated instantaneously and showed no inactivation whereas  $I_{DA}$  was activated, inactivated and deactivated within tens of milliseconds. These currents were inhibited by external calcium with an IC<sub>50</sub> of 0.3  $\mu$ M for  $I_{DA}$  and an IC<sub>50</sub> of 20  $\mu$ M for  $I_{HA}$ .
- 5. Cyclopiazonic acid (CPA) induced an outward, but not an inward current. SK&F 96365, a blocker of store-operated  $Ca^{2+}$  channels, suppressed  $I_{DA}$  with a half-maximal inhibitory concentration of 9  $\mu$ M but was ineffective in inhibiting  $I_{HA}$  at concentrations up to 100  $\mu$ M. Gd<sup>3+</sup> and La<sup>3+</sup> strongly suppressed  $I_{DA}$  at 1 and 10  $\mu$ M, respectively and were less effective in blocking  $I_{HA}$  (complete inhibition required a concentration of 100  $\mu$ M for both). Carbachol at 10–100  $\mu$ M evoked about a 3-fold increase in  $I_{HA}$  amplitude and completely abolished  $I_{DA}$ .
- 6. We conclude that  $I_{HA}$  and  $I_{DA}$  are Ca<sup>2+</sup>-blockable cationic currents with different ion selectivity profiles that are carried by different channels.  $I_{DA}$  shows novel voltage-dependent properties for a cationic current.

It is well known that several distinct cellular phenotypes may exist during normal smooth muscle ontogenesis; in contrast to skeletal and cardiac muscle cells, which exhibit much more restricted cellular plasticity, mature smooth muscle cells can readily dedifferentiate from the contractile phenotypic state to a non-contractile (highly proliferative, migratory and synthetic) phenotype where synthesis of a connective tissue matrix and proliferation occur (for reviews see Chamley-Campbell *et al.* 1979; Owens, 1995), thus reverting to a more primitive phenotype in culture. This process involves considerable morphological, electrophysiological and biochemical changes and is thought to be crucial for normal smooth muscle myogenesis as well as for pathogenesis. It has recently been shown that cultured gastrointestinal smooth muscle cells also may retain distinct molecular phenotypes which, depending on the initial cell density, substrate specificity and serum supplementation, have been suggested to be identical to those *in vivo* (Brittingham *et al.* 1998). It thus appears that cultured cells recapitulate a significant part of *in vivo* smooth muscle ontogenesis. Substantial electrophysiological changes possibly relevant to the proliferation process have also been described (e.g. Snetkov *et al.* 1996).

In the present study we examined the properties of voltage-dependent inward and outward currents in cultured human intestinal smooth muscle (HISM) cells (American Type Culture Collection, ATCC no. 1692ªCRL). This established cell line is widely used in biochemical and molecular biology research but data concerning the electrophysiological properties of HISM cells are scarce. The major inward current, which we identified as a 'classical' fast, TTX-sensitive Na<sup>+</sup> current with properties similar to those of cells freshly dispersed from the adult human colon (Xiong *et al.* 1993), was previously erroneously referred to as  $Ca^{2+}$  current via L-type channels despite its very rapid inactivation kinetics (Bielefeldt *et al.* 1996). Also, we found two distinct  $Ca^{2+}$ -blockable inward cationic currents to be present in these cells, which could be elicited in divalent cation-free external solution. One of these,  $I_{HA}$ , was further potentiated by the muscarinic agonist carbachol via muscarinic receptor/G-protein activation since the effect was blocked by atropine or intracellular GDP- $\beta$ S application. The other current, which we termed  $I_{DA}$ , showed a pronounced U-shaped *I–V* relationship at negative potentials with a peak at about  $-30$  mV. However, in contrast to the muscarinic cationic current widely present in differentiated gastrointestinal smooth muscles,  $I_{DA}$  also showed pronounced inactivation. These two currents also had distinct pharmacological profiles.

We could not identify in HISM cells a muscarinic cationic current with a typical U-shaped voltage dependence as seen in all studied gastrointestinal smooth muscle cells from various non-human mammalian species (e.g. Benham *et al.* 1985; Inoue & Isenberg, 1990; Zholos & Bolton, 1994). From the above considerations it remains to be established whether such a current, although normally expressed in mature human smooth muscle cells, is lost during the dedifferentiation process in culture. Arresting cell growth by using serum-free conditions for up to 19 days also failed to induce such a current in HISM cells.

# **METHODS**

## **Cell culture**

HISM cells (ATCC no. 1692-CRL) were cultured in Dulbecco's modified Eagle's medium (DMEM) with high glucose (Gibco-BRL), supplemented with 10% fetal calf serum (FCS), 100 u m $l^{-1}$  penicillin (Gibco-BRL) and  $100 \text{ u m}^{-1}$  streptomycin. For electrophysiology, cells were treated with 0.25% trypsin (Gibco-BRL) for 1 min at  $37^{\circ}$ C, collected by centrifugation, resuspended in fresh medium, plated on glass coverslips and left to attach for about 10 min. Cells were used after passages 16 and 17.

#### **Electrical recordings and data analysis**

Whole-cell membrane current was recorded at room temperature using low-resistance borosilicate patch pipettes  $(1-3 M\Omega)$  and an Axopatch 200A (Axon Instruments Inc.) voltage-clamp amplifier. Voltage-clamp pulses were generated and data were captured using a Digidata 1200 interfaced to a computer running the pCLAMP 6 program (Axon Instruments Inc.). Series resistance was compensated (usually by about 80%) to produce the fastest transient without oscillations. For sodium current  $(I_{N<sub>a</sub>})$  recordings the signal was filtered (4ªpole low-pass Bessel filter) at 5 kHz and sampled at 40 kHz; for cationic current these settings were 1 and 5 kHz, respectively. No leak correction was used in either case. Data were analysed and plotted using MicroCal Origin version 5.0 software (MicroCal Software, Inc., Northampton, MA, USA). Values are given as means  $\pm$  S.E.M.

#### **Solutions**

The basic external physiological salt solution (PSS) used to maintain the cells before giga-seal formation consisted of (mM): NaCl 120, KCl 6, CaCl<sub>2</sub> 2.5, MgCl<sub>2</sub> 1.2, glucose 12 and Hepes 10, pH adjusted to 7.4 with NaOH. For  $I_{\text{Na}}$  recordings KCl was replaced by NaCl (total Na<sup>+</sup> concentration, 130 mM) and  $MgCl<sub>2</sub>$  was removed. Cationic currents were measured in solutions to which CaCl<sub>2</sub> was not added. In ion substitution experiments NaCl was replaced with equimolar KCl, CsCl or *N-*methyl-D-glucamine chloride (NMDG-Cl; pH adjusted with KOH, CsOH or HCl, respectively). To study the dependency of the cationic current on  $\lbrack Ca^{2+} \rbrack_a$ , extracellular calcium was strongly buffered to 36 and 487 nM using  $Ca^{2+}/EGTA$  mixtures (4 mM/10 mM and 9 mM/10 mM, respectively). For higher concentrations, 250  $\mu$ M or 1 mM CaCl<sub>2</sub> was added to nominally divalent cation-free solution.

Complete exchange of the external solution was achieved within about 1s as described previously (Zholos & Bolton, 1995).

Pipettes were filled with the following solution (mM): CsCl 80,  $MgATP$  1, creatine 5, glucose 20, Hepes 10, BAPTA 10 and CaCl<sub>2</sub> 4.6  $(\overline{Ca}^{2+}]_i = 100 \text{ nM}$ , pH adjusted to 7.4 with CsOH (total Cs<sup>+</sup> concentration, 124 mM). GTP (1 mM) was added in some experiments where the effects of carbachol were studied. NaCl (10 mM) was added in experiments where  $I_{\text{Na}}$  was measured to define the sodium equilibrium potential  $(E_{\text{Na}})$ . In experiments to measure K<sup>+</sup> currents, the pipette solution contained (mM): KCl 130, MgATP 1, creatine 5, glucose 20, Hepes 10 and EGTA 0.05, pH adjusted to 7.4 with NaOH.

#### **Chemicals used**

Tetrodotoxin (TTX), tetraethylammonium chloride (TEA-Cl), adenosine 5Ÿ-triphosphate (ATP, magnesium salt), guanosine 5'-triphosphate (GTP, sodium salt), guanosine-5'-O-(2-thiodiphosphate (GDP $\beta$ S, trilithium salt), cyclopiazonic acid (CPA), creatine, Hepes, BAPTA, EGTA, NMDG-Cl, carbamylcholine chloride (carbachol) and atropine were obtained from Sigma Chemical Co. SK&F 96365 was obtained from Biomol Research Laboratories, Inc. (Plymouth Meeting, PA, USA). All other chemicals were from BDH Laboratory Supplies (AnalaR grade; Poole, Dorset, UK).

#### **RESULTS**

## **Whole-cell membrane currents**

Experiments were performed on 122 human cultured intestinal cells from passages 16–17. In 11 cells studied using basic external PSS and K<sup>+</sup> -based, low-EGTA pipette solution, voltage pulses applied from either  $-50$ or  $-100$  mV evoked time-independent currents the size of which was a linear function of the test potential between \_90 and about 0 mV. These presumably 'leak' currents indicated an input resistance of about 3 GΩ. At more positive potentials an outward current was activated and reached a peak in about 20–100 ms in the voltage range 0–90 mV, respectively (Fig. 1). The current was reversibly inhibited by TEA<sup>+</sup> with an  $IC_{50}$  of  $9.0 \pm 0.1$  mM ( $n = 3$ ) and it was also abolished when K<sup>+</sup> was replaced by  $Cs<sup>+</sup>$  in the pipette solution. Thus, the current could be tentatively identified as a delayed rectifier K<sup>+</sup> current. No spontaneous transient outward current (STOC)-like activity (Bolton *et al.* 1999), characteristic of smooth muscle cells of various origins, was seen in HISM cells. Moreover, caffeine (10 mM) or carbachol (50  $\mu$ M) application even at depolarized or positive potentials (e.g.  $+10$  mV) did not activate any

outward currents. Since ryanodine- and carbacholsensitive intracellular  $Ca^{2+}$  stores are functional in these cells (Bielefeldt *et al.* 1997), these results suggest the absence or a very low expression level of  $Ca^{2+}$ -activated K+ channels. Furthermore, iberiotoxin (IbTX), a potent and selective inhibitor of large conductance  $Ca^{2+}$ activated  $K^+$  (B $K_{Ca}$ ) channels, had no effect on  $I_K$  (Fig. 1, bottom left). In four cells  $I_K$  amplitude at  $+100$  mV in the presence of 300 nM IbTX was  $94 \pm 10\%$  of control  $(P < 0.05)$ .

The outward current evoked from a holding potential of  $-50$  mV was not affected by shifting the holding potential to  $-100$  mV. However, an initial fast transient inward current appeared. To isolate and characterize this current in the experiments described below,  $K^+$  in the pipette and external solutions was replaced by  $Cs<sup>+</sup>$  and Na<sup>+</sup>, respectively.

# **TTX-sensitive Na**<sup>+</sup> **current**

An inward current with rapid activation/inactivation kinetics was seen in all cells studied. However, its maximal amplitude greatly varied (from  $-670$  to  $-5315$  pA at  $+10$  mV from a holding potential of  $-100$  mV) with no obvious relation to cell size. The mean value was  $2.3 + 0.2$  nA  $(n = 24)$ , which corresponded to a current density of  $20 \pm 2$  pA pF<sup>-1</sup>. The cell membrane capacitance was on average  $127 \pm 8$  pF  $(n = 67)$ .

Replacing external  $Na<sup>+</sup>$  with  $Cs<sup>+</sup>$  completely abolished the inward current even though either 10 mM  $Ca^{2+}$  or 10mM Ba2+ was present in the external solution (Fig. 2*A* and *B*). The current was also abolished by replacing  $\mathrm{Na}^+$ with  $K^+$  or NMDG<sup>+</sup> (not shown).

There are two major classes of voltage-dependent Na+ channel, TTX-sensitive and TTX-resistant channels. TTX was added to the external solution in a cumulative manner at concentrations ranging from 0.1 nM to 1  $\mu$ M while  $I_{\text{Na}}$  was measured at 10 s intervals (Fig. 2C). TTX at 1 nM slightly reduced the current; at  $1 \mu$ M the current was inhibited almost completely (superimposed current traces in Fig.  $2D$ ). The  $IC_{50}$  value was 56 nM (Fig.  $2E$ ; mean  $96 \pm 21$  nM,  $n = 3$ ).

10 mM TEA<sup>+</sup> Control  $1 nA$  $30 \text{ ms}$ 3 - Control 300 nM IbTX  $I(nA)$ 300 nM IbTX  $10$  mM TEA<sup>+</sup>  $\overline{2}$  $\mathbf{1}$  $\mathbf{0}$  $-50$  $\bf{0}$ 50 100 Membrane potential (mV)

Superimposed TTX-sensitive currents obtained by subtracting current traces in the presence of  $1 \mu M$  TTX

#### **Figure 1. Whole-cell membrane currents in HISM cells under quasiphysiological conditions**

Families of superimposed whole-cell currents in a single cultured HISM cell evoked by 150 ms voltage pulses applied at 10 s intervals from a holding potential of  $-100$  mV to test potentials between  $-40$  and +100 mV with a 10 mV increment in control and in the presence of 10 mM TEA+ or 300 nM IbTX. *I–V* relationships were constructed by measuring the peak amplitude of the outward current at each test potential. High-K<sup>+</sup> pipette solution and normal PSS in the bath were used.

from those in control are shown in Fig. 3*A*. Voltage pulses were applied from  $-100$  mV to test potentials ranging from  $-70$  to  $+90$  mV in  $5$  mV increments. Measurable inward current was activated at about \_30 mV, reached a peak value at  $+10$  mV and reversed at  $+68$  mV, very close to the  $E_{\text{Na}}$  of  $+65 \text{ mV}$  ([Na<sup>+</sup>]<sub>i</sub> was 10 mM; Fig. 3*B*). The activation and inactivation kinetics accelerated with membrane depolarization. Thus, the time to peak exponentially decreased from  $12$  to  $2$  ms in the range  $-30$  to +30 mV. The decay time constant decreased from about 10 to 2.5 ms at potentials from  $-10$  to  $+30$  mV, respectively. At more negative potentials where the current was too small for reliable fitting or could not be measured directly, a conventional double-pulse protocol revealed an inactivation process with time constants in the range  $25-14$  ms at potentials from  $-50$  to  $-20$  mV, respectively (not shown). Overall the time constant decreased e-fold with depolarization by 37 mV.



#### **Figure 2. Inward currents in a single cultured HISM cell**

*A,* superimposed current traces elicited by depolarizing pulses to 0 mV from \_100 mV in control (135 mM  $\rm Na^+$ ,  $\rm 2.5~mm~Ca^{2+})$  and after replacement of  $\rm Na^+$  by  $\rm Cs^+$  (125 mM) with 10 mM  $\rm CaCl_2$  or  $\rm BaCl_2$  added to the external solution. *B, I–V* relationships for the peak inward current in control  $(\blacksquare)$  and high-Cs<sup>+</sup> external solution with 10 mM  $Ca^{2+}(\bullet)$  or 10 mM  $Ba^{2+}(\triangle)$  in the same cell. *C*, peak inward Na<sup>+</sup> current was measured at +10 mV by applying voltage steps from \_100 mV every 10 s upon cumulative application of ascending concentrations of TTX as shown by the horizontal lines on the logarithmic concentration scale. External solutions contained Na<sup>+</sup> and Ca<sup>2+</sup> but not Mg<sup>2+</sup>. *D*, examples of  $I_{N_a}$  from the same experiment. The concentrations of TTX applied are indicated. *E*, concentration–effect curve for the experiment illustrated in *C* and *D*. Data points represent relative current  $(I_{TTX}/I_{\text{Control}})$  fitted by the logistic function with an IC<sub>50</sub> value of 56 nM.  $I_{\text{TTX}}$  is the current in TTX.

Peak sodium conductance was estimated by dividing the peak current amplitude by the driving force  $(E - E_{\text{Na}})$ , where  $E$  is the membrane potential) at each test potential (Fig. 3*C*). The half-activation potential  $(V_{1/2})$  was found to be  $-3.2 \pm 1.4$  mV and the slope factor  $(k)$  was  $-6.7 \pm 1.0$  mV ( $n = 19$ ). The activation kinetics of the Na<sup>+</sup> current was not analysed, but assuming an *m*<sup>3</sup> process (e.g.  $G/G_{\text{max}} = m^3$ , where  $G_{\text{max}}$  is the maximal conductance and the activation parameter *m* obeys the Boltzmann distribution), the  $V_{1/2}$  and  $k$  values could be estimated to be  $-13.1$  and  $-9.4$  mV, respectively, for the example shown in Fig. 3*C*.

The steady-state inactivation of the current was assessed by holding the membrane potential at different values between  $-120$  and  $-15$  mV for 10 s followed by a voltage step to +10 mV. Superimposed current traces obtained with this protocol are shown in Fig. 3*D*. Plotting the peak



**Figure 3. Voltage-dependent properties of TTX-sensitive inward Na+ current in external solution** with  $Ca^{2+}$  but no  $Mg^2$ 

*A*, superimposed current traces obtained by paired subtraction of currents after 1  $\mu$ M TTX application from those in control. The holding potential was  $-100$  mV; 30 ms voltage steps were applied to test potentials ranging from \_70 to +5 mV (left) and from +10 to +90 mV (right) in 5 mV increments. *B, I–V* relationship for the peak  $I_{N_a}$  shown in *A*. *C*, activation curve obtained by dividing the peak current amplitude by the driving force at each test potential  $(E - E_{\text{Na}})$ , where  $E_{\text{Na}} = +65 \text{ mV}$ ) and fitted by a Boltzmann function with the following best fit parameters: maximal conductance,  $G_{\text{max}} = 34 \text{ nS}$ ; potential of half-maximal activation,  $V_{1/2} = 0$  mV; slope factor,  $k = -7.3$  mV. *D*, superimposed current traces elicited by 25 ms voltage steps to  $+10$  mV applied from various holding potentials  $(-120$  to  $-15$  mV in 5 mV increments). *E*, steady-state inactivation of  $I_{\text{Na}}$  for the experiment illustrated in *D*. Data points were fitted by a Boltzmann function with a potential of half-maximal inactivation of \_57.4 mV and a slope factor of 9.8 mV.

current as a function of the preceding holding potential (e.g. Fig. 3*E)* revealed a half-inactivation potential of  $-61.9 \pm 2.2$  mV and a slope factor of  $9.5 \pm 0.6$  mV  $(n = 10)$ .

Recovery from inactivation was measured by applying a 70 ms depolarizing pulse to  $+10$  mV followed by a short test pulse to +10 mV with a variable delay (Fig. 4*A,* bottom trace). The recovery process could be well described by a single exponential function (dashed line in Fig. 4*A*; see also Fig. 4*B).* There was an e-fold change in the time constant per 15.7 mV in the example shown in Fig. 4*B* and *C.* On average the time constant describing the recovery process increased e-fold per  $17.3 + 4.2$  mV  $(n = 4)$ .

## **Cationic currents**

When the external solution was changed to a divalent cation-free,  $130 \text{ mM Na}^+$  solution two additional currents were observed. The voltage protocol used was either a series of steps from  $-40$  mV to potentials between  $+100$  and \_180 mV as in Fig. 5*A* and *B* or a slow voltage ramp in the same range as shown schematically in Fig. 6*A* (bottom). The first current was inwardly rectifying with instantaneous activation and deactivation kinetics and no obvious inactivation except at very positive potentials (Fig. 5*A* and *B).* Voltage steps and slow voltage ramps produced very similar *I–V* relationships (Fig. 5*C*, circles and continuous lines, respectively). We termed this hyperpolarization-activated current  $I_{HA}$ . A second current was seen upon a voltage step to  $-40$  mV from a more negative test potential as in Fig. 5*B* or following the voltage ramp as in Fig. 6*A*. We termed this depolarization-activated current *I*<sub>DA</sub>. It showed rapid inactivation kinetics and thus might have been interpreted as a tail current due to the deactivation of the inwardly rectifying conductance, but further experiments showed that this was not the explanation. Both currents progressively increased in size with time after divalent cation removal (Fig. 6*B*, top panel). However, the time course of their increases was different.





*A,*  $I_{\text{Na}}$  elicited by a 70 ms prepulse and a 10 ms test pulse to  $+10$  mV applied from  $-100$  mV with a variable interpulse interval, *t* (as shown below). Capacitance transients have been removed for clarity. Peak  $I_{N_a}$  during the recovery process could be well fitted by a single exponential function with a time constant of 12.3 ms as shown by the dashed line. *B*, relative  $I_{N_a}$  plotted against interpulse interval on a semilogarithmic scale at different membrane potentials (from left to right,  $-120$  to  $-60$  mV in 10 mV increments) and fitted by single exponential functions as shown by the continuous lines. *C*, voltage dependence of the time constant characterizing  $I_{N}$  recovery from inactivation in a single experiment, fitted by a single exponential function with an e-fold increase in  $\tau$  per 15.7 mV.

The inwardly rectifying current reached a maximum 75 s after external divalent cation removal (e.g. Fig. 6*B*, top panel, circles) whereas in the same cell the current seen upon the voltage step to  $-40$  mV continued to increase in size and stabilized in different cells after about 100–200 s (e.g. Fig. 6*B*, top panel, triangles). Furthermore, the dependence of  $I_{HA}$  and  $I_{DA}$  on the external calcium concentration was different. The currents stabilized 50 s after Ca<sup>2+</sup> readmission to the external solution.  $I_{DA}$  was inhibited with an  $IC_{50}$  of 311 nM whereas for  $I_{HA}$  the IC<sub>50</sub> value in the same cell was 20  $\mu$ M and the concentration–effect curve was less steep (Fig. 6*B*, bottom). These observations indicated that the currents were not related. Overall statistics for the occurrence of these currents in different cells also supported this conclusion. Thus, in experiments with  $Na<sup>+</sup>$  or  $K<sup>+</sup>$  as the main cation in the external solution, in only 35% of cells studied (14 out of 40) were the two currents observed simultaneously.  $I_{HA}$  was present in the majority of these cells whereas  $I_{DA}$  was seen less frequently (in  $35$  and  $16$  out



# **Figure 5. Inward currents in cultured HISM cells developing in divalent cation-free external solution**

*A* and *B*, superimposed current traces elicited by 800 ms duration voltage steps from  $-40$  mV to test potentials between  $+100$  and  $-180$  mV in 10 mV increments in control (130 mM Na<sup>+</sup>, 2.5 mM Ca<sup>2+</sup>, 1.2 mM  $Mg^{2+}$ ; *A*) and after external Ca<sup>2+</sup> and  $Mg^{2+}$  removal (*B*, denoted as  $I_{HA}$ ). Note the instantaneous activation and deactivation of  $I_{H_A}$  as well as the noisy appearance of the current at negative potentials. The current seen upon repolarization to  $-40$  mV is denoted as  $I_{DA}$ . *C*, *I–V* relationships for currents measured at the end of the pulse ( $\circ$  and  $\bullet$ ) and, in the same cell, by applying 1 s duration voltage ramps from +100 to \_180 mV (continuous lines). The ramp protocol is illustrated in Fig. 6*A*.

of 40 cells studied, respectively). In 20 cells studied using  $Cs<sup>+</sup>$  as the main external cation,  $I<sub>DA</sub>$  was undetectable whereas  $I_{HA}$  was seen in 19 cells. These observations implied different ion selectivity of the channels underlying these currents. To investigate this further, ion substitution experiments were performed. In the experiments illustrated in Fig.  $6C$  and *D*, 130 mM Na<sup>+</sup> in the external solution was replaced by equimolar amounts of Cs+ , K+ or NMDG+ . The sizes of the current in the different solutions were in the following descending

order:  $K^+ > Cs^+ > Na^+$  for  $I_{HA}$  (Fig. 6C) and  $\text{Na}^+$  > K<sup>+</sup>  $\gg$  Cs<sup>+</sup> for  $I_{DA}$  (Fig. 6*D*). Similar results were obtained from five cells. Substitution with the large impermeable NMDG+ cation completely abolished both I<sub>HA</sub> (Fig. 6*C*; note that control current was recorded in  $Na<sup>+</sup>$  solution containing 2.5 mM  $Ca<sup>2+</sup>$ ) and  $I<sub>DA</sub>$  (Fig. 6*D*; note the small inward current in control solution, Na<sup>+</sup> with  $2.5 \text{ mm } \text{Ca}^{2+}$ , compared to the NMDG<sup>+</sup>-based solution). Moreover, the reversal potential was close to  $0 \text{ mV}$  and remained almost the same:  $+5.5 \text{ mV}$  with  $\text{Na}^+$ ,



**Figure 6. Kinetics,**  $\left[\text{Ca}^{2+}\right]_0$  **dependence and ion permeation properties of**  $I_{HA}$  **and**  $I_{DA}$ 

*A*, typical currents during a slow voltage ramp from  $+100$  to  $-180$  mV and a voltage step to  $-40$  mV slowly developing after  $Ca^{2+}$  and  $Mg^{2+}$  removal from the external solution. Superimposed current traces were recorded at 25 s intervals. *B*, top, maximal amplitudes of inward currents at  $-180$  mV ( $\bullet$ ,  $I_{\text{H}_4}$ ) and at  $-40$  mV after the ramp ( $\blacktriangle, I_{DA}$ ) plotted against time where time zero represents the moment of Ca<sup>2+</sup> and  $Mg^{2+}$  removal from the external solution. Bottom, dependence of  $I_{HA}(\bullet)$  and  $I_{DA}(\bullet)$  in the same cell on the external free Ca<sup>2+</sup> concentration. Relative currents were fitted by logistic functions with  $IC_{50}$  values of 20  $\mu$ M for  $I_{HA}$  and 311 nM for  $I_{DA}$ . *C* and *D*, external cation substitution experiments were performed on two different cells after  $I_{HA}$  (C) and  $I_{DA}$  (D) had been stabilized in a divalent cation-free external solution. The control *I–V* relationship for  $I_{HA}$  (voltage protocol as in *A*) and control current response for  $I_{DA}$  (voltage step from  $-100$  to  $-40$  mV) were obtained in high-Na<sup>+</sup>, 2.5 mM CaCl<sub>2</sub>-containing external solution. Traces labelled 'Na<sup>+</sup>' were obtained after  $Ca^{2+}$  removal whereas all other traces were obtained in solutions with  $Na<sup>+</sup>$  replacement as described in the Methods. High-Cs<sup>+</sup> pipette solution was used.

 $+3.3$  mV with  $Cs<sup>+</sup>$  and  $+2.6$  mV with  $K<sup>+</sup>$  in the external solution. In three cells expressing  $I_{HA}$  alone, changing the pH of the external solution from 7.4 to 6.4 or 8.4 had almost no effect on the amplitude of the current or its reversal potential (data not shown).

The above results clearly indicate that  $I_{HA}$  and  $I_{DA}$  are carried via distinct cation channels which differ in their relative permeabilities to  $\mathrm{Na}^+$ ,  $\mathrm{K}^+$  and  $\mathrm{Cs}^+$  and in their voltage and extracellular  $Ca^{2+}$  dependence.

# Pharmacological properties of  $I_{\text{HA}}$  and  $I_{\text{DA}}$  cationic **currents**

It is now well established that a variety of cationic channels are commonly expressed in various smooth muscles. The gating events which open these channels are also diverse and include membrane stretch,  $Ca^{2+}$  release and/or a rise in  $[\text{Ca}^{2+}]$ <sub>i</sub>, receptor and G-protein activation, a change in membrane polarization, protein kinase C activation, etc. Our observation that  $I_{HA}$  and  $I_{DA}$  were activated by  $Ca^{2+}$  removal from the external solution indicated a crucial role of external  $Ca^{2+}$  in the channel gating. A wide variety of cell types respond to external  $Ca^{2+}$  removal by generating cationic currents or nonselective currents carried by both cations and anions. The known examples include epithelium (Van Driessche & Zeiske, 1985; Desmedt *et al.* 1993), skeletal muscle (Almers *et al.* 1984), chick embryo ectoderm (Li *et al.* 1994), cardiac muscle (Mubagwa *et al.* 1997) and *Xenopus* oocytes (Zhang *et al.* 1998).

Another possibility was that in  $Ca^{2+}$ -free external solution the intracellular stores could be passively depleted and this could account for the slow development of  $I_{HA}$  and  $I_{DA}$  due to the opening of calcium releaseactivated channels *(*CRACs). Thus, we performed experiments to see whether  $Ca^{2+}$  store depletion could induce such currents *per se*.

In these cultured intestinal smooth muscle cells both ryanodine- and  $InsP<sub>3</sub>$ -sensitive Ca<sup>2+</sup> stores have been identified and the cholinergic agonist carbachol has been shown to release  $Ca^{2+}$  from both pools (Oh *et al.* 1997; Bielefeldt *et al.* 1997). Thus, we tested further the effects of carbachol. In the presence of  $Ca^{2+}$ , carbachol application induced no or a very small inward current. It is also interesting to note here that the delayed rectifier  $K^+$  current was strongly inhibited by carbachol (by 60%) at 50  $\mu$ M); the inhibition was voltage independent between 0 and +80 mV. Such an effect has been previously demonstrated in freshly isolated gastric myocytes (Lammel *et al.* 1991) as well as for the cloned smooth muscle-derived delayed rectifier potassium channels (Vogalis *et al.* 1995).





*A*, the control *I–V* relationship was measured as described for Fig. 6*C*. After  $I_{H\text{A}}$  had developed in divalent cation-free, high-Cs<sup>+</sup> external solution, it was rapidly potentiated by carbachol (CCh) application.  $I_{DA}$  was abolished in  $Cs<sup>+</sup>$ -containing external solution and was inactivated at  $-40$  mV. *B*, in a different cell,  $I<sub>DA</sub>$ measured at  $-40$  mV in divalent cation-free, high-Na<sup>+</sup> external solution was strongly inhibited by carbachol.





*A*, 5 min treatment with 30  $\mu$ M CPA failed to induce an inward  $I_{HA}$  (left) or  $I_{DA}$  (right) in 2.5 mM Ca<sup>2+</sup>, high-Na<sup>+</sup> external solution  $(n=5)$ , but both currents were readily activated following Ca<sup>2+</sup> removal. Note that at positive potentials current could be activated by CPA. *B*, SK&F 96365 at concentrations of up to 100  $\mu$ M did not inhibit inward  $I_{HA}$  (left), but completely abolished  $I_{DA}$  (right) in the same cell  $(n=7)$ . Current at positive potentials at which it could be activated by CPA (left panel in *A)* was also inhibited by SK&F 96365. Cand D,  $I_{DA}$  (right) was more sensitive to the inhibitory action of Gd<sup>3+</sup> or La<sup>3+</sup> compared to  $I_{\text{HA}}$  (left) but both currents were abolished by 100  $\mu$ M of either blocker. In all panels  $I_{\text{HA}}$  and  $I_{\text{DA}}$  were measured in the same cells.

However, after  $I_{HA}$  had developed in  $Ca^{2+}$ -free solution, it was rapidly increased by carbachol application in a dosedependent manner; carbachol at  $1 \mu$ M was nearly maximally effective (Fig. 7*A*). The amplitude of  $I_{HA}$  in the presence of saturating agonist concentrations (10– 100  $\mu$ M) relative to that before carbachol application was  $2.77 \pm 0.50$  ( $n = 5$ ). The effect of carbachol was practically abolished in the presence of  $1 \mu$ M atropine (ratio of amplitudes,  $1.09 + 0.05$  ( $n = 4$ ) with and without atropine plus 10  $\mu$ M carbachol) or in cells where GDP $\beta$ S (2 mM) was allowed to diffuse into the cell from the pipette solution for about 5 min to inhibit G-proteins prior to carbachol application (there was little increase in  $I_{\text{HA}}$ ; the ratio of amplitudes in these cells was  $1.06 \pm 0.08$  $(n=4)$  with 10  $\mu$ M carbachol). Thus, both effects were statistically significant  $(P < 0.03$ ; two-tailed unpaired *t* test) indicating the involvement of muscarinic receptors/G-proteins in the signal transduction pathways. As mentioned above,  $I_{DA}$  occurred very infrequently but in two cells where this current was present the same carbachol concentrations (10–100  $\mu$ M) strongly inhibited and finally abolished  $I_{DA}$  (one example is shown in Fig. 7*B)*.

Cyclopiazonic acid (CPA), an inhibitor of the sarco- (endo)plasmic reticulum  $\text{Ca}^{2+}$  pump (SERCA), is widely used as a pharmacological tool to deplete intracellular  $Ca^{2+}$  stores. In four cells tested, application of CPA at  $30 \mu \text{M}$  for  $5-8 \text{min}$  failed to induce inward cationic currents when  $Ca^{2+}$  was present in the external solution but both currents could be readily induced in the same cells in  $Ca^{2+}$ -free solution (Fig. 8*A*). Thus, it appeared that  $Ca<sup>2+</sup>$  store depletion alone, if this was an underlying mechanism, was insufficient for  $I_{HA}$  or  $I_{DA}$  activation as the channels are primarily controlled (suppressed) by external calcium ions. It was also notable in all cells tested that CPA did induce an outward current. Its amplitude at very positive potentials was the same as that of  $I_{HA}$ during subsequent  $Ca^{2+}$ -free solution application (Fig. 8*A*).

SK&F 96365, a blocker of store-operated  $Ca^{2+}$  channels (Clementi & Meldolesi, 1996), suppressed  $I_{DA}$  with a halfmaximal inhibitory concentration of  $9 \mu M$  but was ineffective in blocking inward  $I_{HA}$  at concentrations up to 100 µM (Fig. 8*B)*. Interestingly, an outward current at the same potentials at which it could be induced by CPA was inhibited by SK&F 96365. Also, at 100  $\mu$ M SK&F 96365 almost completely blocked the TTX-sensitive Na<sup>+</sup> current; the inhibition was reversible  $(\tau_{on} = 7.5 \text{ s};$  $\tau_{\rm off} = 103$  s).

Gadolinium and lanthanum are useful pharmacological tools as antagonists of mechano-sensitive (e.g. stretch- or





Current traces were recorded in a high-Na<sup>+</sup>, divalent cation-free solution upon voltage steps from  $-100$  mV to various test potentials indicated beside each trace.  $I_{HA}$  was 160, 122 and 81 pA at  $-100$ ,  $-70$ and  $-35$  mV, respectively.

swelling-activated) cationic channels (Hamill & McBride, 1996), as well as external  $Ca^{2+}$ -blockable cationic channels (Van Driessche *et al.* 1988; Mubagwa *et al.* 1997; Zhang *et*  $al.$  1998). In 13 HISM cells tested,  $I_{DA}$  was found to be more sensitive to the blocking action of  $Gd^{3+}$  and  $La^{3+}$ compared to  $I_{HA}$ , the latter being completely inhibited only at 100  $\mu$ M (Fig. 8*D*).

# Voltage-dependent properties of  $I_{DA}$

Since  $I_{DA}$  showed steady-state inactivation properties very similar to those for  $I_{\text{Na}}$  in these cells (see Fig. 10*C*) we also considered the possibility that modulation of Na<sup>+</sup> channel gating in  $Ca^{2+}$ -free solution could somehow be involved (Armstrong, 1999; Armstrong & Cota, 1999). However, TTX at 1  $\mu$ M had no effect on  $I_{DA}$ . This current was also distinct from  $I_{\text{Na}}$  in its kinetics and voltage dependence of activation. Figure 9 shows current traces



**Figure 10. Comparison of the voltage dependence of activation and inactivation of**  $I_{\text{Na}}$  **and**  $I_{\text{DA}}$ 

*A* and *B,* families of superimposed current traces and voltage protocols used to study the voltage dependence of activation  $(A)$  and inactivation  $(B)$ . Measurements were made of  $I_{\text{Na}}$  at its peak and activation of  $I_{\text{DA}}$  30 ms after stepping to various potentials from a holding potential of  $-100 \text{ mV}$ ; at 30 ms  $I_{\text{Na}}$  is largely inactivated (cf. Fig. 3) but  $I_{\text{DA}}$  is close to its peak value. In *B* the test potential was +10 mV, close to the reversal potential  $(V_{\text{rev}})$  for  $I_{\text{DA}}$ , thus minimizing its contribution during measurements of  $I_{\text{Na}}$ inactivation. Again, a 30 ms pulse allows  $I_{\text{Na}}$  to inactivate leaving  $I_{\text{DA}}$  close to its peak value.  $C$ , open and filled circles show, respectively, normalized  $I_{N_a}$  amplitude from  $B(h_{N_a})$  and relative Na<sup>+</sup> conductance calculated from  $I_{N_a}$  amplitudes in  $A(m_{N_a})$  as described for Fig. 3*C*, respectively. Filled and open triangles show relative tail current amplitudes from *A* ( $m_{\text{Cat}}$ ) and *B* ( $h_{\text{Cat}}$ ), respectively, measured by fitting single exponential functions and extrapolating to time zero at the end of each test pulse. Data points were fitted by Boltzmann functions with the following best fit parameters:  $I_{\text{Na}}$  activation:  $V_{1/2} = -11.1 \text{ mV}$ ;  $k = -8.3$  mV;  $I_{\text{Na}}$  inactivation:  $V_{1/2} = -74.5$  mV,  $k = 8.8$  mV;  $I_{\text{DA}}$  activation:  $V_{1/2} = -45.8$  mV,  $k = -5.0$  mV;  $I_{DA}$  inactivation:  $V_{1/2} = -69.2$  mV,  $k = 8.1$  mV. This cell was in 130 mM Na<sup>+</sup>, divalent cation-free solution;  $I_{\text{HA}}$  was small ( $-145$  and  $+155$  pA at  $-100$  and  $+90$  mV, respectively).

recorded in high-Na<sup>+</sup>, divalent cation-free external solution upon stepping from the holding potential of  $-100$  mV to various levels indicated beside each current trace. Activation of  $I_{DA}$  occurred at potentials more negative than activation of  $I_{\text{Na}}$  (e.g.  $-60$  mV). Since  $I_{\text{DA}}$ activation was much slower than that of  $I_{\text{Na}}$  these currents produced two distinct peaks (e.g. between  $-45$ and  $-35$  mV). The rate of  $I_{DA}$  inactivation was also considerably slower. At more positive test potentials,  $I_{DA}$ was masked by a generally much larger  $I_{\text{Na}}$ . Thus, to study the voltage dependence of its activation and inactivation we employed the protocols shown schematically in Fig. 10*A* and *B*, respectively. These voltage-dependent parameters for  $I_{DA}$  were assessed by measuring tail current amplitude at  $-100$  mV after voltage steps to different test potentials (activation; Fig. 10*A*) or after a voltage step to  $+10$  mV applied from different holding potentials (inactivation; Fig. 10*B)*. The amplitude of the tail current was measured by fitting a single exponential function with extrapolation to the beginning of repolarization. Normalized values are shown in Fig. 10*C* by triangles, with open symbols for inactivation and filled symbols for activation. For comparison, steady-state activation and inactivation curves for  $I_{\text{Na}}$  in the same cell are also shown; these were obtained as described above (e.g. Fig. 3). Steady-state inactivation for the two currents was surprisingly similar both in the slope and in the position on the voltage axis (only  $5 \text{ mV}$  difference in the  $V_{1/2}$  values). However, the activation curve for  $I_{DA}$  was steeper and positioned about  $35 \text{ mV}$  more negative than that for  $I_{\text{Na}}$ . Thus, a small steady  $I_{DA}$  ('window current') can be generated in the voltage range  $-60$  to  $-30$  mV under conditions when  $Ca^{2+}$  stores are depleted (compare to Fig. 9).

The position of the activation curve for  $I_{DA}$  on the voltage axis is very similar to that for the muscarinic cationic conductance in guinea-pig ileal smooth muscle cells (compare with Inoue & Isenberg, 1990; Zholos & Bolton, 1994). Given that both currents are cation currents,  $I_{DA}$ might be expected to show a similar U-shaped *I–V* relationship. In the experiment illustrated in Fig. 11*A,*  $I_{DA}$  was measured by applying voltage steps from





*A* and *B,* voltage protocols and superimposed current traces recorded in the same cultured HISM cell using high-Cs<sup>+</sup> pipette and high-K<sup>+</sup>, divalent cation-free external solution in which  $I_{\text{Na}}$  is abolished and  $I_{\text{DA}}$  can be measured.  $I_{\text{HA}}$  was relatively small in this cell: measured by applying voltage ramps from  $-40$  mV to inactivate  $I_{DA}$ ,  $I_{HA}$  amplitude was  $-427$  pA at  $-70$  mV and 315 pA at  $+60$  mV. In *B* steps were in the range  $-70$  to  $+60$ mV. Tail current was flat at  $+20$  mV. *C*, *I*–*V* relationships for the peak  $I_{DA}$  in  $A$  ( $\bullet$ ) and instantaneous tail current amplitude in *B*(O), measured as described for Fig. 10*B*. Tail current reversed at  $+23$  mV which was  $3$  mV more positive than the peak  $I_{DA}$  reversal potential. This discrepancy could arise as a result of some contamination of the peak  $I_{DA}$  by  $I_{HA}$ , as explained above, for which  $V_{rev} \approx 0$  mV.

 $-100$  mV to various test potentials. The instantaneous *I–V* relationship for this current was also evaluated in the same cell by stepping to 0 mV (maximal activation) followed by voltage steps to between  $-70$  and  $+60$  mV (Fig. 11*B)*. Figure 11*C* compares *I–V* relationships obtained using these protocols. The instantaneous *I–V*  $relationship (O)$  is nearly linear implying an almost linear dependence of single channel current amplitude on the membrane potential (constant single channel conductance), whereas peak  $I_{DA}$  showed a bell-shaped voltage dependence (0) declining almost to the zero level at very negative potentials (compare with Fig. 5 of Inoue & Isenberg, 1990). The reversal potential in the two cases was nearly the same.

# **DISCUSSION**

Smooth muscle cell cultures offer a valuable approach to study the mechanisms and potential regulatory pathways controlling cell differentiation (Owens, 1995). However, substantial modification of cell properties means that careful studies are required in each particular case and the results obtained may not represent *in vivo* properties of fully differentiated cells. In the present patch-clamp study we investigated the electrophysiological behaviour of cultured HISM cells, which until now were poorly characterized.

The lack of voltage-gated  $Ca^{2+}$  channels (Fig. 2A and B) in these cells is clearly the result of altered properties of cultured HISM cells as compared with their native counterparts. The L-type channel proteins are ubiquitously expressed in all freshly isolated gastrointestinal smooth muscle cells studied, including human jejunal and colonic myocytes (Farrugia *et al.* 1995; Xiong *et al.* 1995). It must be noted that in a previous study the inward current in cultured HISM cells was erroneously identified as a voltage-gated  $Ca^{2+}$  current via L-type  $Ca^{2+}$ channels despite its atypical rapid inactivation for such a current. No ion substitution tests were performed and this conclusion was drawn from the partial inhibition by nifedipine (20 µM) and verapamil (Bielefeldt *et al.* 1996). In our experiments this fast inward current persisted in a  $Ca^{2+}$ -free external solution (e.g. Figs 9 and 10) and was abolished in  $\mathrm{Na}^+$ -free solutions (replacement by  $\mathrm{Cs}^+$ ,  $\mathrm{K}^+$ or NMDG+ ; e.g. Figs 2*A* and 11*A).* Moreover, the current was TTX sensitive (IC<sub>50</sub>  $\approx$  100 nM). Many different smooth muscle cells normally express both  $Ca^{2+}$  channels and voltage-gated, TTX-sensitive Na<sup>+</sup> channels (e.g. rat ileum, Smirnov *et al.* 1992; for review see Kuriyama *et al.* 1998).  $Na<sup>+</sup> channels may also be expressed in cultured$ smooth muscle cells, usually in a relatively minor population of cells, even though they are not observed in their native counterparts (e.g. Snetkov *et al.* 1996). TTXsensitive  $Na<sup>+</sup>$  channels were present in all HISM cells tested though  $I_{\text{Na}}$  greatly varied in amplitude with no obvious relation to cell size. It is interesting to note that arresting cell growth by using serum-free conditions for

up to 19 days did not abolish  $I_{\text{Na}}$  but substantially accelerated its inactivation kinetics; for example at +10 mV the decay time constant decreased from 5.2 to 0.9 ms (data not shown).

The overall properties of  $I_{N_a}$  in cultured HISM cells appear very similar to those in freshly isolated human colonic myocytes except for an approximately 7-fold higher IC<sub>50</sub> value for TTX (Xiong *et al.* 1993). In both cases the currents peaked at about 0 mV and inactivated within about 10 ms. The availability curves had similar slopes and  $V_{1/2}$  values but the activation curve in HISM was positioned 19 mV more positive in HISM cells compared to native cells without any significant change in the voltage dependence (slopes, 6.7 *vs.* 7.6 mV, respectively). There was also a clear indication of the overexpression of  $Na<sup>+</sup>$  channels in cultured cells as the current density on average was 20 times higher compared to that of freshly isolated human cells (Xiong *et al.* 1993).

 $BK_{Ca}$  channels are ubiquitously expressed in visceral smooth muscles giving rise to STOC discharge or large outward currents in response to intracellular  $Ca^{2+}$  release (Bolton *et al.* 1999). In cultured HISM cells both ryanodine- and  $\text{Ins}P_3$ -sensitive  $\text{Ca}^{2+}$  stores are functional (Oh *et al.* 1997), but under conditions of low intracellular  $Ca<sup>2+</sup>$  buffering we observed neither STOCs nor outward currents in response to caffeine or carbachol. This suggests that  $BK_{Ca}$  channels are not expressed in these cells, which is further confirmed by the lack of block by IbTX (Fig. 1). However, it is unlikely that these channels are lost in culture since in cells freshly dispersed from human jejunum, Ca<sup>2+</sup>-dependent  $K^+$  channels are also lacking. The major difference was in the activation range for the TEA<sup>+</sup>-sensitive  $K^+$  current, which was about 60 mV more positive in cultured cells compared to freshly isolated jejunal cells (Farrugia *et al.* 1993).

Upon carbachol application, even at high concentrations, muscarinic receptor cationic current,  $I_{\text{CAT}}$ , with a characteristic U-shaped voltage dependence was not observed in HISM cells. Since in guinea-pig ileal cells  $I_{\text{CAT}}$ is strongly inhibited by external divalent cations (Zholos & Bolton, 1995),  $Ca^{2+}$  and  $Mg^{2+}$  were removed in an attempt to unmask this current. Though  $I_{CAT}$  was not revealed under these conditions we found two other cationic currents previously not seen in freshly dissociated smooth muscle cells. Under divalent cationfree conditions they developed very slowly and initially almost in parallel (Fig. 6*A* and *B)*. At later times the current termed  $I_{HA}$  stabilized whereas the other current, termed  $I_{DA}$ , continued to increase. This was the first indication that different ion channels mediate these two currents.  $I_{DA}$  turned out to be much more sensitive to  $\lceil \text{Ca}^{2+} \rceil$  (Fig. 6*B*). The channels also had different ionselectivity profiles and different voltage-dependent and pharmacological properties.

The slow appearance of the currents in divalent cation-

free medium could indicate the involvement of passive  $Ca^{2+}$  store depletion in their generation. Thus, the channels could be potentially related to CRACs through which capacitative refilling of  $Ca^{2+}$  stores is believed to occur. This has been found to be a dominant  $Ca^{2+}$  entry pathway in a large variety of cells, particularly in nonexcitable cells (reviewed by Parekh & Penner, 1997). Store-operated  $Ca^{2+}$  influx has also been reported in cultured smooth muscle cells such as A7r5 vascular cells (Blatter, 1995; Byron & Taylor, 1995) and the DDT1MF-2 cell line (Ufret-Vincenty *et al.* 1995).

 $I_{\text{CRAC}}$  is difficult to measure directly in smooth muscle cells. However, recent studies on other cell types have established that monovalent cation outward currents can be generated by CRACs even when  $Ca^{2+}$  is present in the external solution (Hoth, 1996). When the external free  $Ca<sup>2+</sup>$  concentration was reduced to micromolar levels in the absence of  $Mg^{2+}$ ,  $I_{CRAC}$  in Jurkat T-cells was significantly increased (Lepple-Wienhues & Cahalan, 1996) and single CRAC conductance for  $Na<sup>+</sup>$  was much higher compared to the  $Ca^{2+}$  current through CRACs (Kerschbaum & Cahalan, 1999). Using CPA, a sarcoendoplasmic reticulum  $Ca^{2+}$  pump (SERCA) inhibitor, to deplete the store we found that an outward current developed and the same component of the current was inhibited by SK&F 96365, a blocker of store-operated  $Ca^{2+}$  channels (Fig. 8*A* and *B*). However, beyond this there were more differences than similarities between  $I_{HA}$ and  $I_{DA}$  in HISM cells and  $I_{CRAC}$  in other cells. To summarize, it appears that some properties of a CRAC current are shared with  $I_{HA}$  (e.g. voltage dependence, kinetics, inward rectification, the lack of inactivation in  $Ca^{2+}$ -free solution, similar IC<sub>50</sub> values for inhibition by external  $Ca^{2+}$ , effects of carbachol) whereas other properties are shared with  $I_{DA}$  (e.g. the blocking action of  $Gd^{3+}$ , La<sup>3+</sup> and SK&F 96365, and the sequence of conductance  $\text{Na}^+$  >  $\text{K}^+$  >  $\text{Cs}^+$  is identical to that in Jurkat T cells). Thus, an amplified CRAC component may be present in divalent cation-free solution but the properties of neither  $I_{HA}$  nor  $I_{DA}$  are the same as those described for  $I_{\text{CRAC}}$  in other cell types.

Since no stimulation of the cells was employed (e.g. mechanical stimuli or agonists) to evoke these currents, the remaining possibility is that  $I_{HA}$  and  $I_{DA}$ belong to the family of  $Ca^{2+}$ -blockable cationic currents which appear to be ubiquitous in various cell types but so far have not been described in smooth muscle cells. The opening of such channels is believed to produce the membrane depolarization commonly occurring in  $Ca^{2+}$ free solutions and two mechanisms have been proposed to explain this phenomenon.

One possibility is that the removal of external  $Ca^{2+}$  alters the selectivity and/or gating properties of  $Ca^{2+}$  or  $Na^{+}$ channels (e.g. Almers *et al.* 1984; Armstrong, 1999; Armstrong & Cota, 1999). In HISM cells this seems unlikely since  $Ca^{2+}$  channels are absent and TTX did not affect the cationic currents. The voltage-dependent availability curves for  $I_{\text{Na}}$  and  $I_{\text{DA}}$  were strikingly similar (Fig. 10*C)*, but other properties were different and it is an important observation that all three currents could be observed in the same cell. Moreover,  $I_{\text{Na}}$  was abolished in K+ solutions but both cationic currents remained.

The other possibility is that  $Ca^{2+}$  removal unmasks cationic channels (e.g. Van Driessche & Zeiske, 1985; Mubagwa *et al.* 1997). Activation of hemi-gap-junctional channels has recently been implicated in *Xenopus* oocytes (Zhang *et al.* 1998), but these channels are permeable to anions and even to large organic monovalent cations such as NMDG+ , which is clearly not the case in HISM cells (e.g. Fig. 6*C* and *D)*. Also, the voltage dependence and channel kinetic properties of HISM cells and oocytes are different.

In ventricular myocytes, Mubagwa *et al.* (1997) described a novel  $Ca<sup>2+</sup>$ -blockable cationic current with properties remarkably similar to those of  $I_{HA}$  in HISM cells. The current was blocked by  $Ca^{2+}$  with an IC<sub>50</sub> of 60  $\mu$ M (compare to 20  $\mu$ M for  $I_{HA}$ ). Thus, the authors postulated the existence of a high-affinity binding site for  $Ca^{2+}$  at or near the extracellular site of the cationic channel, so that the slow off-rate could explain the slow development ( $> 5$  min) of the current, which is also the case for  $I_{HA}$ .  $I_{DA}$ developed even more slowly, consistent with an even lower apparent dissociation constant for  $Ca^{2+}$  of about 0.3  $\mu$ M.  $I_{HA}$  and cationic current in cardiac cells both show inward rectification, and have a very similar noisy appearance, amplitude and instantaneous activation/ deactivation during voltage jumps (compare our Fig. 5*B* with Fig. 2*A* in Mubagwa *et al.* 1997). Both currents could be carried by monovalent cations in the same sequence  $K^+ > Cs^+ > Na^+ \gg NMDG^+$ , but not by Cl<sup>-</sup>, and were abolished in the presence of 100  $\mu$ M Gd<sup>3+</sup>.

The physiological relevance of such a conductance in cells *in vivo* exposed to  $\left[\text{Ca}^{2+}\right]$  in the millimolar range remains largely unclear. However, in cardiac cells there is a difference in the  $[\text{Ca}^{2+}]_o$  sensitivity between intact tissue and single cells. Also, Mubagwa *et al.* (1997) raised the possibility that these channels can be physiologically regulated by agonists (though they did not observe any response to  $\beta$ -adrenergic or muscarinic receptor stimulation) or change their calcium sensitivity under pathophysiological conditions such as ischaemia or  $Ca^{2+}$ paradox'. Our findings that carbachol application can strongly potentiate  $I_{HA}$  via a muscarinic receptor/ G-protein pathway support this hypothesis. Our first demonstration of  $I_{HA}$  in smooth muscle cells also shows that such a current is not tissue specific. Moreover,  $I_{DA}$  in HISM cells is a novel  $Ca^{2+}$ -blockable cationic current with no resemblance to previously described currents. Thus, even in the same cell distinct channels can mediate cationic fluxes in divalent cation-free solutions but their physiological function remains to be defined. HISM cells may provide a useful experimental model for future

studies since these channels, like  $Na<sup>+</sup>$  channels, are apparently overexpressed in these cultured cells, explaining why such currents were not previously found in freshly isolated smooth muscle cells.

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