Functional role of bicarbonate in propionate transport across guinea-pig isolated caecum and proximal colon

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- 1. Unidirectional fluxes of propionate across isolated epithelia from the guinea-pig caecum and proximal colon were measured under short-circuit current conditions. In the caecum and proximal colon the serosal-to-mucosal propionate flux (J_{sm}^{Pr}) was higher than mucosal-to-serosal flux ($J_{\text{ms}}^{\text{Pr}}$), resulting in a net secretory flux of propionate.
- 2. HCO₃⁻-CO₂-free solution reduced J_{ms}^{Pr} in the caecum and proximal colon markedly; J_{sm}^{Pr} was not (caecum) or little (proximal colon) affected. The subsequent addition of acetazolamide caused a further decrease in J_{ms}^{Pr} in the proximal colon, but not in the caecum.
- 3. In HCO₃⁻-containing solutions acetazolamide or ethoxzolamide inhibited J_{ms}^{Pr} ; J_{sm}^{Pr} was not affected. A macromolecular carbonic anhydrase inhibitor, prontosil-dextran, had no effect on propionate fluxes, indicating that the intracellular carbonic anhydrase is of importance for short-chain fatty acid transport.
- 4. Subsequent to carbonic anhydrase inhibition, mucosal addition of amiloride caused a slight further decrease of J_{ms}^{Pr} in the caecum and proximal colon; J_{sm}^{Pr} was not affected.
- 5. Results support the view that a considerable proportion of short-chain fatty acids (SCFAs) is absorbed via a SCFA^{--HCO₃⁻ exchange.}

The total concentration of short-chain fatty acids (SCFAs) in hindgut contents is around 100 mm, of which propionate (Pr) amounts to 10-20 mm (Rechkemmer, Ronnau & Engelhardt, 1988). SCFAs are rapidly absorbed in all segments of the large intestine. Inhibition of the proton antiport systems in the apical membrane indicated that in the caecum of guinea-pig at least 35 %, and in the proximal colon 30-50 %, of SCFAs are absorbed in the lipid-soluble, undissociated form (Engelhardt, Burmester, Hansen, Becker & Rechkemmer, 1993). Most probably the remaining proportion of SCFAs is absorbed in the dissociated form. Transepithelial transport of SCFAs in guinea-pig colon is electroneutral, but in the caecum a small electrogenic component may be present (authors' unpublished observations). Thus, SCFA⁻ anions have to be absorbed either by electroneutral anion exchange or in cotransport with a cation.

Several earlier in vivo studies showed that bicarbonate accumulated in the lumen of the large intestine when SCFAs were absorbed (Engelhardt & Rechkemmer, 1983). Recent studies with apical membrane vesicles of rat distal colon (Mascolo, Rajendran & Binder, 1991) and human colon (Harig, Knaup, Shoshara, Dudeja, Ramaswamy & Brasitus, 1990) and with basolateral membrane vesicles of rat distal colon (Reynolds, Rajendran & Binder, 1991) provided

evidence for a $SCFA-HCO₃⁻$ exchange. $HCO₃⁻$ could be gained from the carbonic anhydrase-catalysed conversion of metabolically derived $CO₂$. Carbonic anhydrase activity (CA) is high in the large intestinal mucosa (Carter & Parsons, 1970; Lönnerholm, 1977; Lacy & Colony, 1985; Charney, Wagner, Birnbaum & Johnstone, 1986).

The aim of this study was to investigate the influence of bicarbonate and CA inhibition on unidirectional fluxes of propionate in the caecum and the proximal colon of the guinea-pig. Propionate was chosen from the three major SCFAs since it is not converted to ketone bodies, and metabolism to $CO₂$ is very small in guinea-pig colonic epithelium (Wirthensohn, 1980).

METHODS

Animals and preparations

Male guinea-pigs (body weight 550-700 g) were fed a pelleted standard diet (Altromin No. 3122, Altromin, Lage, Germany). Water and food were available ad libitum. The animals were maintained on a 12 h light :12 h dark photoperiod. They were killed between 8.00 and 9.00 a.m. by decapitation. Caecum and proximal colon were removed, flushed with cold Ringer solution to remove luminal contents and placed into ice-cold Ringer solution gassed continuously with ^a mixture of ⁹⁵ % $O_2 - 5\%$ CO₂. Since prostaglandins are known to influence electrolyte transport across the hindgut epithelium (Halm & Frizzell, 1986), indomethacin (10^{-6} M) was routinely added to the solutions to inhibit endogenous prostaglandin formation. Indomethacin at this concentration does not have a major influence on unidirectional fluxes of propionate, although short-circuit current and transepithelial conductance are affected significantly in the caecum (Table 1).

The proximal colon (starting from the ampulla caeci) was cut into four 2-cm-long pieces and opened along the mesenteric border. The caecum was cut along the taenia into strips. Muscle layers were manually dissected with forceps. The mucosal sheets were mounted in Ussing chambers with an exposed surface area of 1.13 cm². A thin layer of silicon grease (Baysilon; Bayer AG, Leverkusen, Germany) on the chamber diminished edge damage. Four adjacent tissues from the caecum and the proximal colon were mounted from each animal.

Tissues were incubated with 10 ml Ringer solution (37 °C) on both sides. The solution was circulated by a gas lift system using the $95\% O_2 - 5\% CO_2$ mixture or $100\% O_2$ in $HCO₃ - CO₂$ -free solution. The pH of the Ringer solutions ranged from 7.35 to 7.45.

Electrical measurements

Each chamber was connected to an automatic, computercontrolled voltage-clamp amplifier (AC Copy, Aachen, Germany). Fluid resistance was determined before mounting the tissues and automatically corrected during the experiment. Transepithelial potential differences (V_t) were measured with Ringer-agar bridges connected to calomel half-cells and referenced to the mucosal solution. The short-circuit current $(I_{\rm sc})$ was passed through Ringer-agar bridges connected to Ag-AgCl electrodes in 3 M KCl; I_{sc} was considered positive for cation flow from the mucosal to the serosal side.

Initially, mounted tissues were left under open-circuit conditions for about 30 min. The transepithelial conductance (g_t) was determined each minute by bipolar current pulses of $100 \mu A \text{ cm}^{-2}$ and 500 ms duration. All electrical parameters $(V_t, I_{\text{sc}} \text{ and } g_t)$ were printed out at intervals of 1 min.

Isotopic measurements

Pairs of tissues of similar g_t from the caecum and the proximal colon were selected to measure mucosal-to-serosal $(J_{\rm ms})$ and serosal-to-mucosal $(J_{\rm sm})$ fluxes. All isotope flux experiments were carried out under short-circuit conditions, when 2.5μ Ci (92-5 kBo) of ["4C]propionate (sodium salt, I-14C; Du Pont de Nemours, Dreieich, Germany) was added to either the mucosal or the serosal solution. After an equilibrium period of 30 min 0 5 ml aliquots were taken at 10 min intervals for 3-4 h from

the solution in which $[$ ¹⁴ C]propionate was not initially added. The sample volume was replaced by an equal volume of unlabelled solution. This was taken into account in the flux calculations.

Solutions

All chemicals were of analytical grade (Merck, Darmstadt, Germany). The standard Ringer solution contained (mM): 140 Na⁺, 124 Cl⁻, 21 HCO₃⁻, 5.4 K⁺, 2.4 HPO₄²⁻, 0.6 H₂PO₄⁻, 1.2 Mg^{2+} , 1.2 Ca^{2+} , 10 glucose and 10 propionate (Pr). The $HCO_3^- - CO_2$ -free solution contained (mm): 140 Na⁺, 124 Cl⁻, 5.4 K^+ , 2.4 HPO_4^{2-} , $0.6 \text{ H}_2\text{PO}_4^-$, 1.2 Mg^{2+} , 1.2 Ca^{2+} , 10 glucose and ²¹ Hepes. Propionate (10 mM) was added as the sodium salt. Osmolarity was adjusted in all solutions to 300 osmol l^{-1} with mannitol. The pH was adjusted to 7-4.

The following drugs were used: amiloride hydrochloride and indomethacin (Sigma, Deisenhofen, Germany), acetazolamide sodium (Lederle, Wolfratshausen, Germany), ethoxzolamide (Merck). Prontosil-dextran (MW 5000) was prepared as described recently (Geers, Gros & Gärtner, 1985).

Statistics.

Results are expressed as means \pm s.E.M.; *n* designates the number of tissues $(J_{\text{ms}}, J_{\text{sm}})$ or of paired tissues $(J_{\text{net}}, I_{\text{sc}}, g_t)$. Differences were estimated using Student's paired or unpaired two-sided ^t test, as appropriate.

RESULTS

Effect of $HCO₃ - CO₂$ -free solution on unidirectional fluxes of propionate

When $HCO₃ - CO₂$ -free solutions were present on both sides of the mucosa of the caecum and the proximal colon $J_{\text{ms}}^{\text{Pr}}$ was diminished compared to standard Ringer solution (Fig. 1). In the caecum $J_{\text{ms}}^{\text{Pr}}$ was reduced by 39%, in the proximal colon by 45 %. No (caecum), or only a small effect (proximal colon reduction of 17 %), was observed for $J_{\rm sm}^{\rm Pr}$. In the caecum and in the proximal colon g_t did not change significantly when $HCO_3^- - CO_2$ -free solutions were used.

In further experiments using $HCO_3^- - CO_2$ -free solutions carbonic anhydrase activity was inhibited by acetazolamide (Fig. 2). This means that the intracellular generation of $HCO₃⁻$ and $H⁺$ from carbon dioxide produced by cellular

Table 1. Unidirectional fluxes in presence of indomethacin

	Caecum				Proximal colon			
	$J_{\rm ms}^{\rm Pr}$	$J_{\rm sm}^{\rm Pr}$	$g_{\rm t}$	$I_{\rm ac}$	$J_{\rm ms}^{\rm Pr}$	$J_{\rm sm}^{\rm Pr}$	$q_{\rm t}$	$I_{\rm sc}$
Control		$0.91 + 0.04$ $1.42 + 0.05$ $9.2 + 1.1$ $3.54 + 0.57$				0.51 ± 0.02 0.77 ± 0.05 13.3 ± 0.8 0.94 ± 0.14		
	*	n.s.	***	***	n.s.	n.s.	n.s.	
Indomethacin		0.87 ± 0.04 1.37 ± 0.05 6.9 ± 0.8		$2.54 + 0.41$		0.50 ± 0.02 0.74 ± 0.04 12.3 ± 0.9 0.82 ± 0.13		

Unidirectional fluxes of propionate (μ equiv cm⁻² h⁻¹), transepithelial conductance g_t (ms cm⁻²) and short-circuit current $I_{\rm sc}$ (μ equiv cm⁻² h⁻¹) in the absence or presence of indomethacin (10⁻⁶ M). 10 mm propionate on both sides of the mucosa. Seven epithelia in each group; for $J_{\rm sm}^{\rm Pr}$ in the proximal colon only five. Means \pm s. E.M. are given. $*P < 0.05$; *** $P < 0.001$; n.s., not significant.

Figure 1. Effects of HCO_3 ⁻- CO_2 -free solutions Effects of $HCO₃ - CO₂$ -free solutions compared to standard Ringer solution ($n = 10$ or 8 for caecum and proximal colon, respectively) on mucosal-to-serosal (ms) and serosal-to-mucosal (sm) and net fluxes of propionate, short-circuit current $(I_{\rm sc})$ and transepithelial conductance (g_t) . 10 mm propionate was present on both sides of the mucosa. Means \pm s.e.m. are given. \Box , control solution with 10mm propionate. \blacksquare , HCO_3 ⁻-CO₂-free solution with ¹⁰ mm propionate. Bars with the same subscripts are not significantly different $(P < 0.05)$.

metabolism is slowed down. Addition of acetazolamide had no effect on $J_{\text{ms}}^{\text{Pr}}$ in the caecum, but acetazolamide caused a ³⁹ % decrease in the proximal colon; subsequent addition of amiloride had no further effect in either the caecum or the proximal colon. Acetazolamide decreased q_t slightly in both. It diminished $I_{\rm sc}$ in the caecum, but had no effect on $I_{\rm sc}$ in the proximal colon.

Effects of carbonic anhydrase inhibition on unidirectional fluxes

In the caecum and less markedly in the proximal colon $J_{\text{ms}}^{\text{Pr}}$ was significantly lower than $J_{\rm sm}^{\rm Pr}$, resulting in a net propionate secretion (Fig. 3). Intracellular generation of HCO_3^- and H^+ was diminished in these studies with

Figure 2. Effects of acetazolamide and amiloride under $HCO₃ - CO₂$ -free conditions

Unidirectional fluxes of propionate under $HCO₃ - CO₂$ -free conditions. Propionate (10 mM) was present on both sides $(n = 8-10)$ of the mucosa. Acetazolamide $(10^{-3}$ M) was present in both mucosal and serosal solutions, subsequently amiloride $(10^{-3}$ M) was added to the mucosal solution. Means \pm s.E.M. are given. \blacksquare , control, $\mathrm{HCO_3}^--\mathrm{CO_2}$ -free solution with 10 mm propionate. \boxtimes , acetazolamide (10⁻³ M) added to mucosal and serosal solutions. \boxtimes , amiloride (10⁻³ M) added to mucosal solution only. Bars with the same subscripts are not significantly different $(P < 0.05)$.

Unidirectional fluxes of propionate (μ equivcm⁻² h⁻¹) in the absence and presence of the carbonic anhydrase inhibitors ethoxzolamide (ethox., 10^{-5} M) and acetazolamide (acet., 10^{-3} M). Usually five epithelia in each group; for acetazolamide in the caecum only four. ¹⁰ mm propionate on both sides of the mucosa. Means \pm s.e.m. are given.* $P < 0.05$; ** $P < 0.01$; *** $P < 0.001$; n.s., not significant.

 $HCO₃ - CO₂$ -containing solutions by inhibition of CA. Addition of either ethoxzolamide $(10^{-5}$ M) or acetazolamide $(10^{-3}$ M) to both sides of the epithelium decreased $J_{\text{ms}}^{\text{Pr}}$ in the caecum by ⁴⁴ % and in the proximal colon by ³³ %. This inhibition was quantitatively similar with either ethoxzolamide or acetazolamide (Table 2); the data from both experiments were therefore combined in Fig. 3. Subsequent addition of amiloride to the mucosal solution further

decreased $J_{\text{ms}}^{\text{Pr}}$ by about 20 % in the caecum and 16 % in the proximal colon. The total inhibition of $J_{\text{ms}}^{\text{Pr}}$ by acetazolamide or ethoxzolamide and mucosal amiloride in the caecum and in the proximal colon was similar to the values reported recently for amiloride alone (Engelhardt et al. 1993).

Carbonic anhydrase inhibition reduced $I_{\rm sc}$ in the caecum (-23%) , but in the proximal colon it was increased slightly (Fig. 3). In the caecum carbonic anhydrase inhibition had no

Figure 3. Effects of carbonic anhydrase inhibition Unidirectional fluxes of propionate before and after carbonic anhydrase inhibition ($n = 9-10$). Means \pm s.E.M. are given. \blacksquare , control Ringer solution with 10 mm propionate in the presence of HCO_3^- and CO_2 . \boxtimes , carbonic anhydrase inhibition with ethoxzolamide $(10^{-5}M)$ or acetazolamide $(10^{-3}$ M) on both sides of the mucosa. \boxtimes , subsequently apical $Na⁺-H⁺$ exchange was inhibited with amiloride (10⁻³ M,) when added to the mucosal solution. Effects on short-circuit current (I_{∞}) and transepithelial conductance (g_t) are given. Bars with the same subscripts are not significantly different $(P < 0.05)$.

effect and in the proximal colon g_t was slightly diminished. Addition of amiloride did not change g_t in the caecum, but decreased it in the proximal colon.

Cellular localization of the carbonic anhydrase involved in SOFA transport

To obtain information on the localization of carbonic anhydrase involved in SCFA transport a macromolecular carbonic anhydrase inhibitor, prontosil-dextran (Geers et at. 1985), was used, and $J_{\text{ms}}^{\text{Pr}}$ and $J_{\text{sm}}^{\text{Pr}}$ were measured. Prontosil (10^{-4} M) -dextran (MW 5000) was added to the solutions of both sides. As a control, fluxes were estimated in epithelia where dextran alone had been added. Prontosil-dextran had no systematic influence on $J_{\text{ms}}^{\text{Pr}}$ or $J_{\text{sm}}^{\text{Pr}}$ compared to the control with dextran (Table 3). This indicates that the carbonic anhydrase catalysing hydration of carbon dioxide and providing HCO_3^- and/or H^+ for J_{ms}^{Pr} is mainly intracellularly located. However, findings with dextran and prontosil-dextran are less homogeneous than those from the earlier experiments. Therefore a minor effect of the extracellular CA cannot be totally excluded.

DISCUSSION

Evidence for an apical $SCFA^-$ -HCO₃exchange

From earlier in vitro (Engelhardt & Rechkemmer, 1992; Engelhardt et al. 1993) and in situ studies (Luciano, Reale, Rechkemmer & Engelhardt, 1984) we concluded that in caecum and proximal colon of guinea-pig 35-50 % of SCFA absorption may occur in the protonated form. It was assumed that in addition to such non-ionic diffusion SCFAs are also transported in the ionized form, most probably by a $SCFA^- - HCO_3^-$ exchange. This is confirmed by the data presented showing that in HCO_3^- -CO₂-free solutions and after CA inhibition in HCO_3^- -containing solutions J_{ms}^{Pr} was significantly reduced (Figs 1 and 3). In $HCO₃ - CO₂$ -free solutions some HCO_3^- may still be available from the carbonic anhydrase-catalysed conversion of CO₂ from cell metabolism. To minimize such intracellular generation of $HCO₃⁻$ the intracellular carbonic anhydrase was inhibited in these experiments with $HCO₃⁻$ free solutions. As a result in the proximal colon (not in the caecum) $J_{\text{ms}}^{\text{Pr}}$ was further diminished (Fig. 2). These findings strongly support the view that a considerable proportion of short-chain fatty acids is absorbed via $SCFA^- - HCO_3^-$ exchange.

The marked inhibition of $J_{\text{ms}}^{\text{Pr}}$ in $\text{HCO}_3^--\text{CO}_2$ -free solutions in our study is contradictory to findings in the rabbit proximal colon (Sellin & DeSoignie, 1990) where no differences in unidirectional fluxes of propionate were observed when comparing bicarbonate-containing and bicarbonate-free solutions at pH 7.4; at pH 6.8 fluxes were even increased in bicarbonate-free solutions. We have no explanation for these apparent genus differences. Experiments with apical membrane vesicles of rat distal colon (Mascolo et al. 1991), human colon (Harig et al. 1990) and basolateral membrane vesicles of rat distal colon (Reynolds et al. 1991) also indicated the presence of a bicarbonatedependent SCFA anion uptake. However, this uptake was not inhibited by amiloride and acetazolamide (Mascolo et al. 1991). In Tilapia, a herbivorous fish, an electroneutral, one-for-one antiport of acetate with bicarbonate across the apical and the basolateral membrane was shown (Titus & Ahearn, 1988, 1991).

The H^+ for the proton antiport systems may be derived from $CO₂$ conversion within the cell

Proton-secreting systems in the apical membrane supply protons for the mucosal-to-serosal non-ionic diffusion of SCFAs. Inhibition of the apical $Na⁺-H⁺$ exchange by adding amiloride to the mucosal solution diminished $\tilde{J}_{\text{ms}}^{\text{SCFA}}$ in the caecum and in the proximal colon of guinea-pig (Engelhardt et al. 1993). Carbonic anhydrase inhibition alone (Fig. 3) led to a lower reduction in $J_{\text{ms}}^{\text{Pr}}$ than in our recent studies where the proton antiport systems were blocked. After adding amiloride to the mucosal solution on top of the carbonic anhydrase inhibition, $J_{\text{ms}}^{\text{Pr}}$ in the present study was diminished in the caecum and proximal colon to an extent similar to that in these recent studies. This indicates that CA inhibition diminished both the availability of protons for the $Na⁺-H⁺$ exchange in the apical membrane and thus for the transport of SCFAs in the undissociated form, as well as the intracellular HCO_3^- supply for the transport of SCFAs in the ionized form.

Unidirectional fluxes of propionate (μ equiv m⁻² h⁻¹) with prontosil (10⁻⁴ M)-dextran or equimolar amounts of dextran (control) on both sides of the epithelium. ¹⁰ mm propionate on both sides. Means \pm s.e.m. are given; n, number of epithelia; n.s., not significant.

Figure 4. Model for the absorption of short-chain fatty acids in the caecum and the proximal colon of guinea-pig

Effects of carbonic anhydrase inhibition on transepithelial conductance and short-circuit current.

Carbonic anhydrase inhibition did not change g_t in the caecum but decreased it in the proximal colon by about ²⁰ % (Fig. 3). However, CA inhibition increased g_t in the distal colon of guinea-pig nearly threefold (data not given). We have no explanation for this selective extreme increase in g_t in the distal colon of guinea-pig. Likewise the effect of CA inhibition on $I_{\rm sc}$ in the caecum is not totally clear. CA inhibitors seem to have multiple effects on transport systems, especially in the caecum. Acetazolamide, as well as ethoxzolamide, markedly diminished both $J_{\text{ms}}^{\text{Na}}$ and I_{sc} in the caecum and to a lesser extent $J_{\text{ms}}^{\text{na}}$ in the proximal colon of guinea-pig (authors' unpublished observation and Fig. 3). In the rabbit caecum most of the sodium ions enter the cell via a special type of Na⁺ channel (Sellin, Oyarzabal & Cragoe, 1988); this entry is insensitive to low doses of amiloride but can be blocked by the amiloride analogue phenamil. Similarly, in the guinea-pig epithelium an apical membrane $Na⁺$ channel with a rather low sensitivity to inhibition by amiloride exists (Rechkemmer & Engelhardt, 1993). It is not clear how the CA inhibitors used in our studies affect the Na+ transport in the apical membrane of the caecum.

Localization of the carbonic anhydrase involved in SCFA- transport

The decrease of $J_{\text{ms}}^{\text{Pr}}$ by CA inhibition appears to act mainly by an intracellular inhibition. Ethoxzolamide is supposed to enter the enterocytes easily. The observation that acetazolamide produces essentially the same effects but at a concentration 100 times higher than ethoxzolamide suggests that lipid solubility is important for the observed CA inhibitory effect. This is supported by experiments with the macromolecular carbonic anhydrase inhibitor prontosil-dextran which showed no significant effect on SCFA⁻ transport.

Model for SCFAH/SCFA⁻ absorption in the caecum and the proximal colon of guinea-pig

Most of the SCFAs (95-99 %) are present as anions at the physiological pH of the large intestinal contents. From inhibitory studies we concluded that ~ 35 and $40-50\%$ of the mucosal-to-serosal SCFA transport in caecum and proximal colon of guinea-pig respectively is due to non-ionic diffusion (Engelhardt et al. 1993). The H^+ -secreting systems in the apical membrane in the caecum and the proximal colon of guinea-pig appeared to be from $Na⁺-H⁺$ exchange (Fig. 4). The present findings and recent vesicle studies indicate that the remaining mucosal-to-serosal SCFA transport results from an SCFA⁻ anion exchange with $HCO₃$. The intracellular carbonic anhydrase catalyses conversion of CO_2 to HCO_3^- and H^+ . Intracellular HCO_3^- is made available for $SCFA^-$ -HCO₃⁻ exchange, and H⁺ for $Na⁺-H⁺$ exchange in the apical membrane and thus provides protons for non-ionic diffusion of SCFAs. Mechanisms responsible for the exit of SCFAs across the basolateral membrane are not well understood; bicarbonate seems to be involved.

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