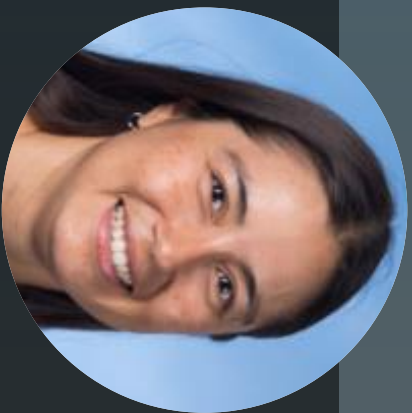


Studying Smooth and Striated Muscle Function Using Advanced Tissue Bath Systems

Aaron Stupica and Dr. Keshari Thakali discuss techniques and best practices for tissue bath myography and present a unique case study looking at the effect of maternal obesity on offspring perivascular adipose tissue and vascular function.

DMT

Studying Smooth and Striated Muscle Function Using Advanced Tissue Bath Systems



Keshari Thakali, PhD
Assistant Professor
University of Arkansas for
Medical Sciences



Aaron J. Stupica
Scientific Product Specialist
DMT-USA, Inc.,
Ann Arbor, Michigan

DMT

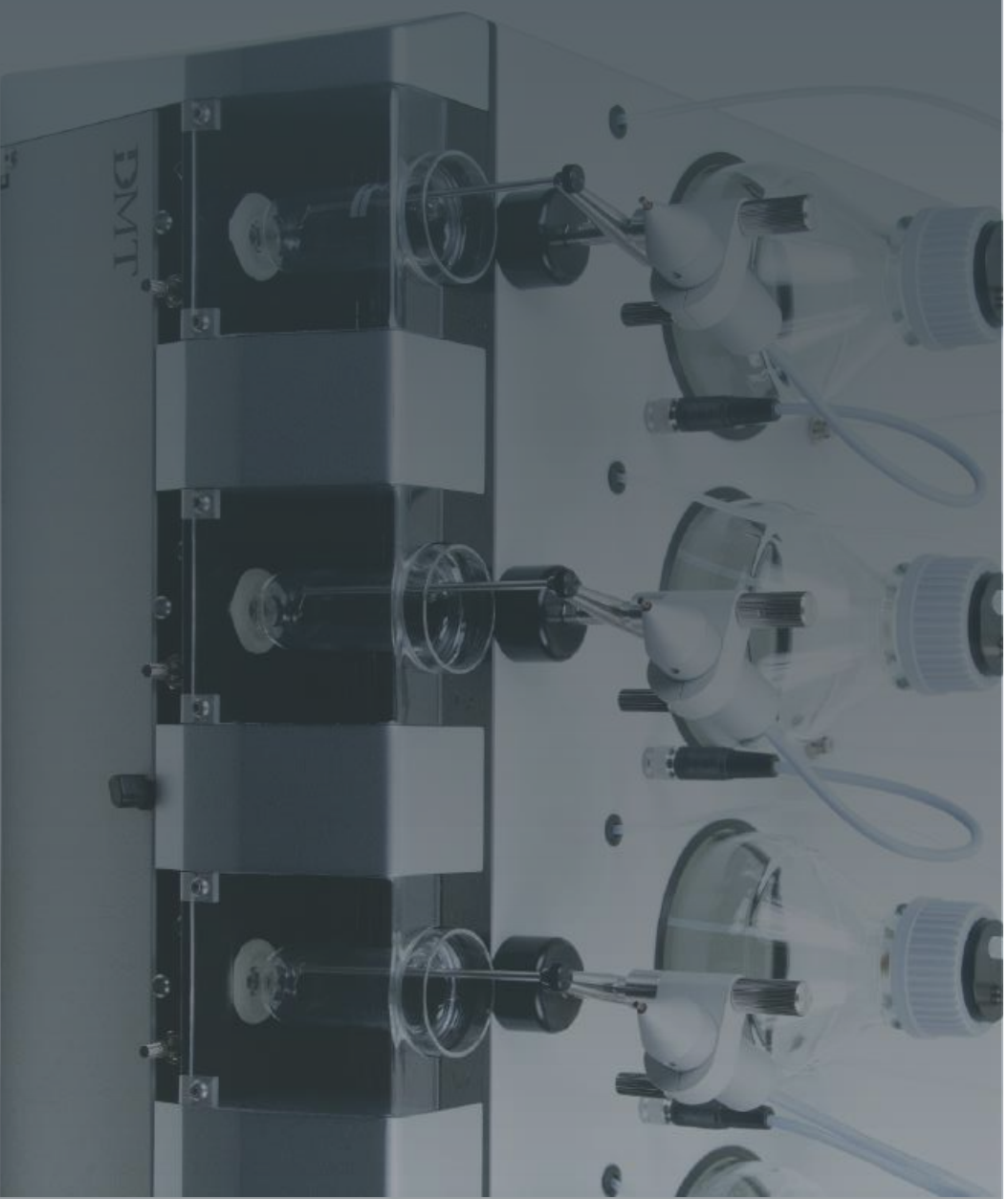
#LifeScienceWebinar #ISCxDMT





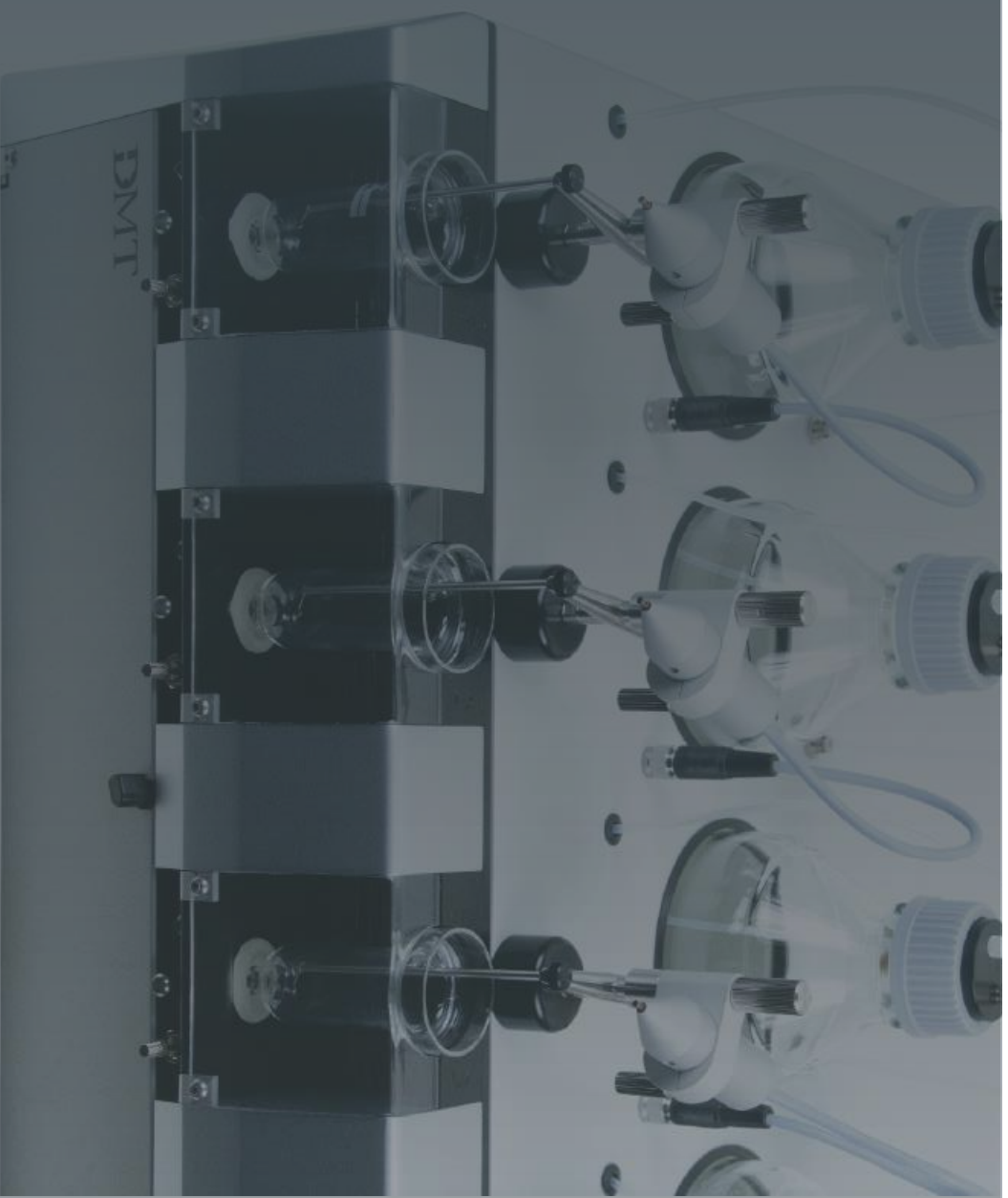
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An Overview of Organ Bath Studies and Systems



Aaron J. Stupica

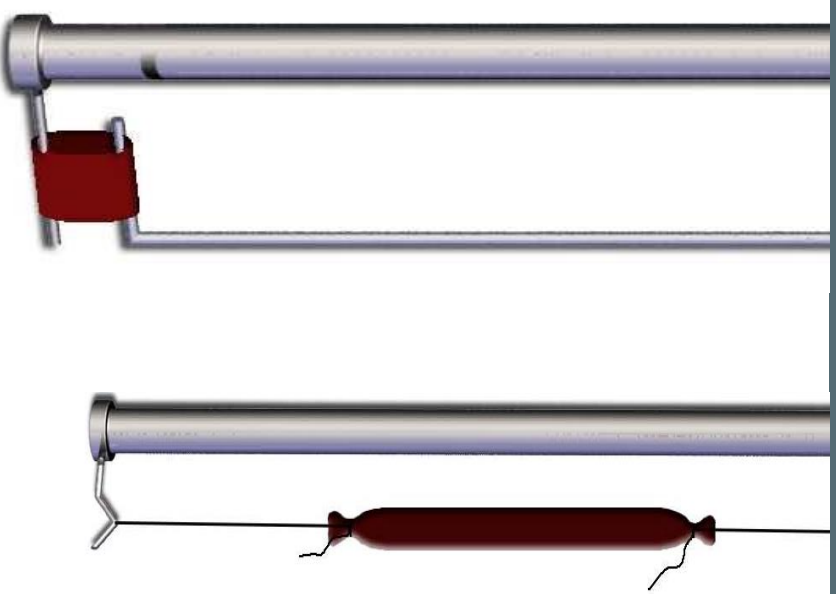
Scientific Product Specialist,
DMT-USA, Inc.
Ann Arbor, Michigan

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#ORGAN BATH STUDIES

- Primarily used to perform in-vitro, high throughput studies in response to stimulus
- **Tissues:**
 - Large vessels (aorta, arteries, trachea)
 - Skeletal muscle strips (ileum, colon, gastric antral, sphincter, bladder strips, penile muscle)
 - Cardiac muscle tissue (papillary)
- **Stimuli:**
 - Drug agonists
 - Electrical stimulation



ORGAN BATH SYSTEMS

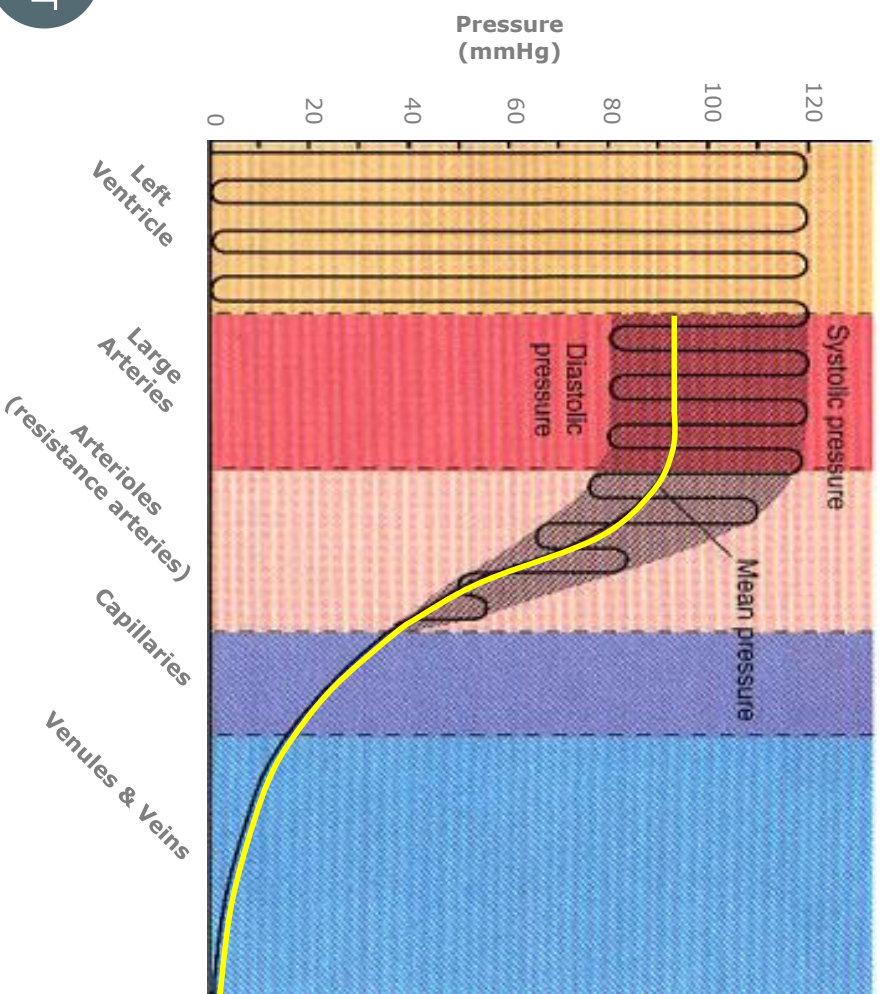
BENEFITS

- HIGH THROUGHPUT
- EASILY REPEATABLE
- DRUG TESTING
- SIDE BY SIDE COMPARISONS
- ISOLATED PHARMACOLOGICAL RESPONSES

DRAWBACKS

- LIMITED EXPERIMENTS
- ORGAN BATHS CAN TAKE UP SIGNIFICANT LAB SPACE
- DOUBLE-JACKETED HEATING
- DIFFICULT TO AUTOMATE

ARTERIAL PRESSURE



- **Left ventricle = driving force**
- **Highest in the aorta**

WIRE MYOGRAPH (620M)

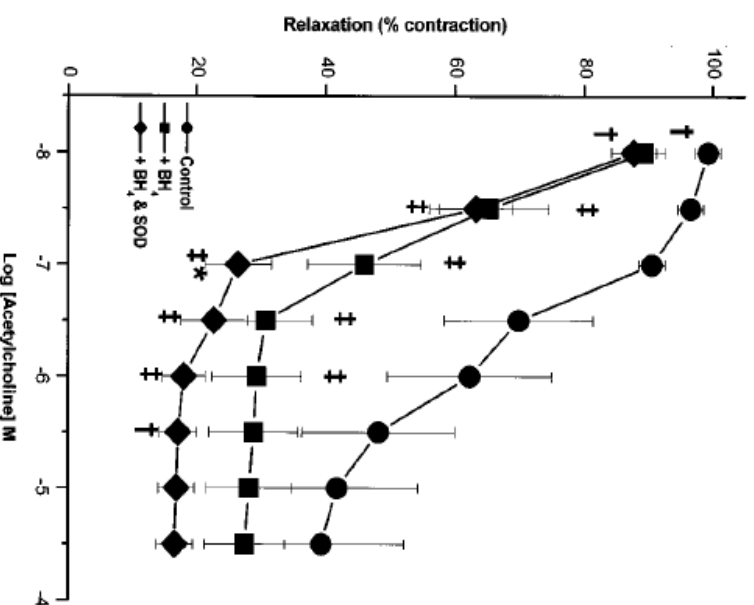
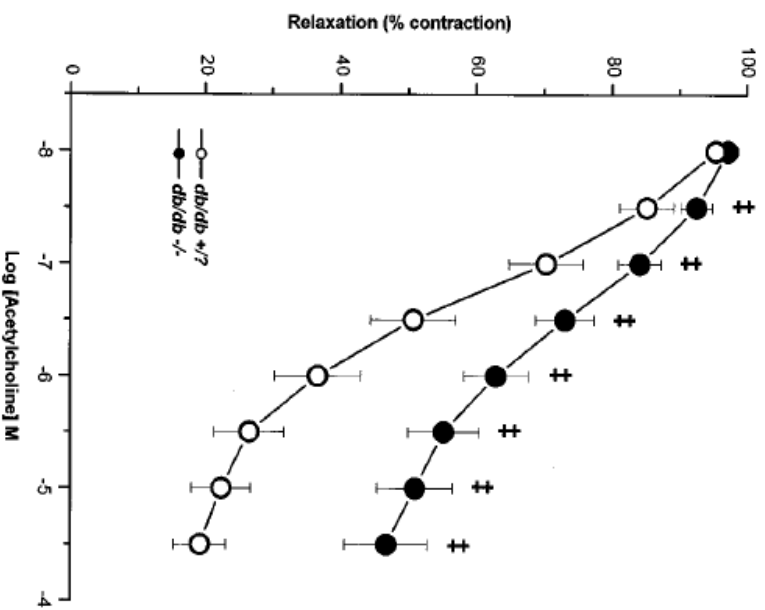
- **VESSELS MOUNTED ON WIRE**
 - Stainless steel (40µm)
 - Tungsten (10µm, 15µm or 25µm)
- **SMALL BATH VOLUMES**
 - 2.5ml-6ml



[Click to learn more about the 620M](#)



#ORGAN BATH STUDIES

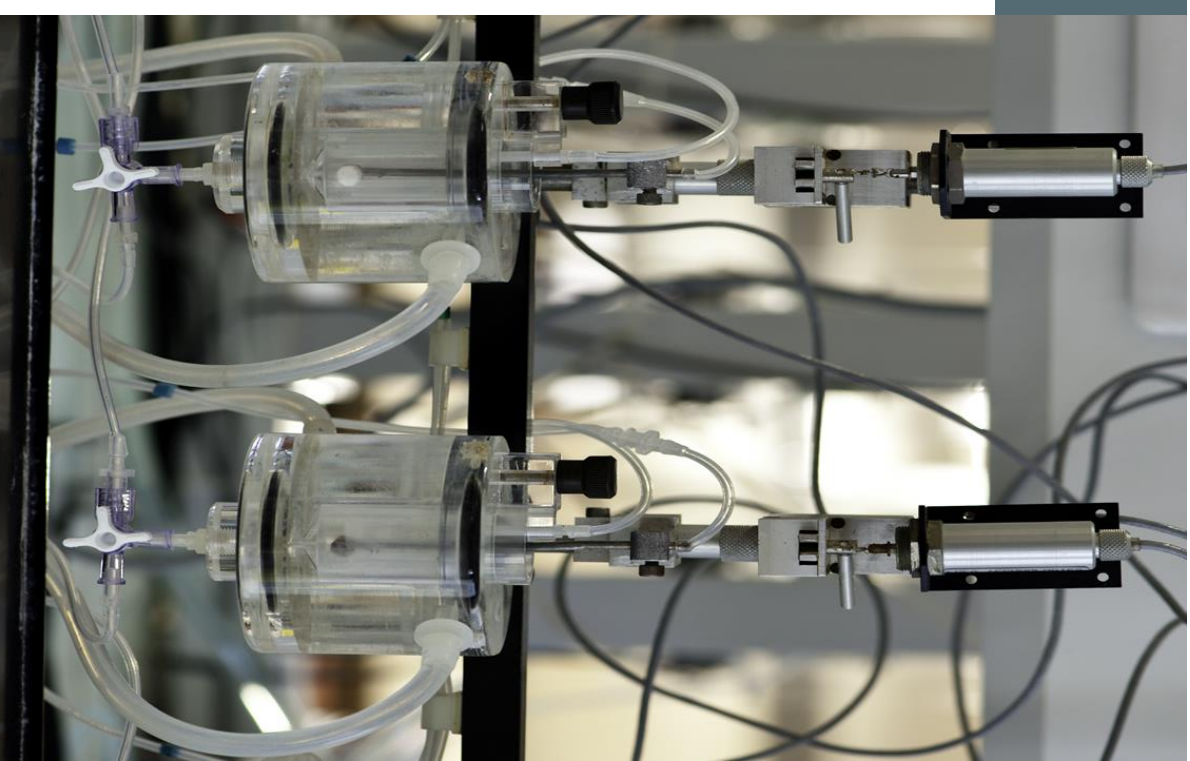


*Adapted from Pannirselvam M, Verma S, et al. *Br J Pharmacol.* (2002) 136:255-263.

ORGAN BATH SYSTEMS

NECESSARY COMPONENTS:

1. FORCE TRANSDUCER
2. POSITIONER
3. EASY MOUNTING ACCESS
4. EASY ACCESS TO ADD AGONISTS
5. ABILITY TO WASHOUT BATH

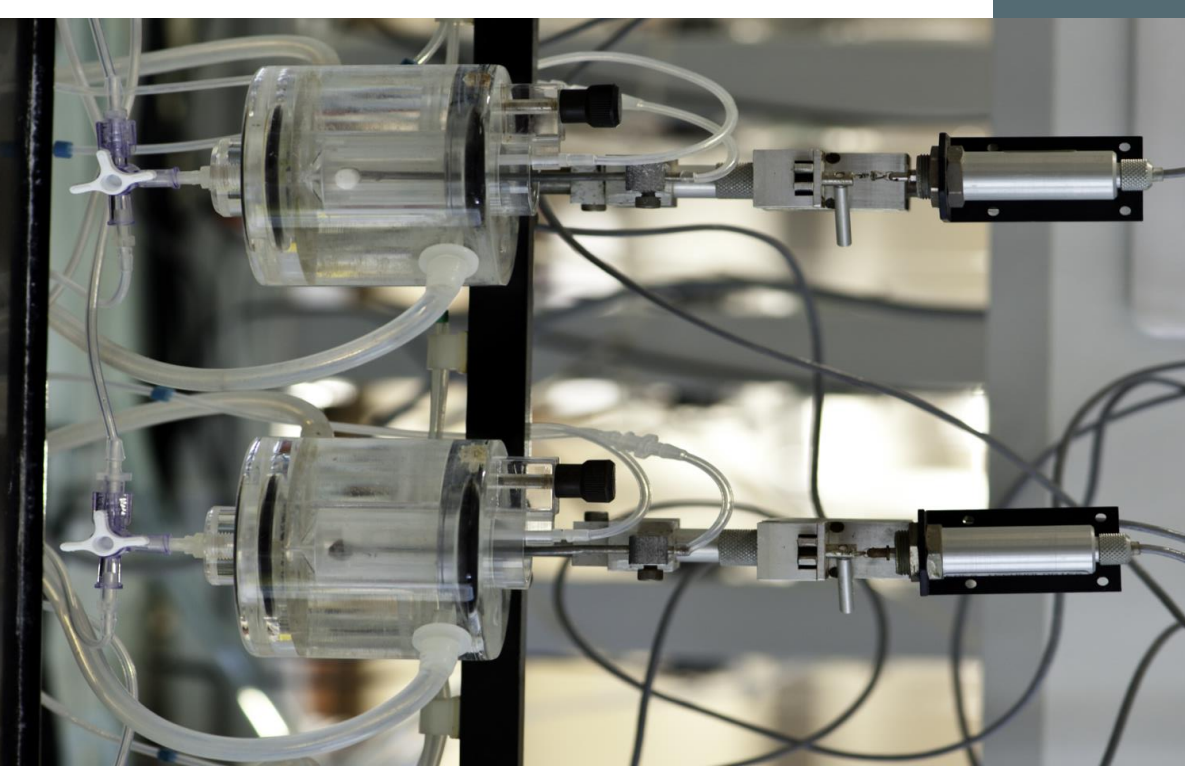


ORGAN BATH SYSTEMS

ORGAN BATH SHORTCOMINGS:

- **BREAK EASILY**
- **DIFFICULT TO REPLACE PARTS**
- **LONG CLEANING PROCEDURES**
- **FILLING/EMPTYING BY HAND**
- **CUSTOM ELECTRICAL STIMULATION**
- **MAINTENANCE**
- **ADDITIONAL STEPS IN DATA ACQUISITION**
- **NECESSITY TO PHYSICALLY CHANGE TRANSDUCERS FOR DIFFERENT TISSUES**

DMT



DMT 750TOBS TISSUE ORGAN BATH

DMT ORGAN BATH SYSTEM

- RAPID AIR HEATING
- SINGLE WALLED GLASS CHAMBERS
- COMPUTER-AUTOMATED FILLING/EMPTYING-CONSISTENT VOLUME LEVELS
 - MULTIPLE SYSTEMS CAN BE LINKED
- 1/4TH SPACE OF TRADITIONAL ORGAN BATH
- QUICK CHAMBER AND TISSUE MOUNT REPLACEMENT
- PROGRAMMABLE FORCE TRANSDUCERS-ISOMETRIC AND ISOTONIC

[Click to learn more about the 750TOBS](#)



DMT 750TOBS TISSUE ORGAN BATH

DMT ORGAN BATH SYSTEM

- MULTIPLE ELECTRODE OPTIONS
- AUTOMATED CLEANING
- MORE CONSISTENT/STREAMLINED EXPERIMENTS
- DATA GENERATION
- DURABLE FOR DAILY USE
- SECURE BUFFER HANDLING
- EASILY REPLACEABLE PARTS
- FEW UPKEEP/OPERATIONAL COSTS



DMT

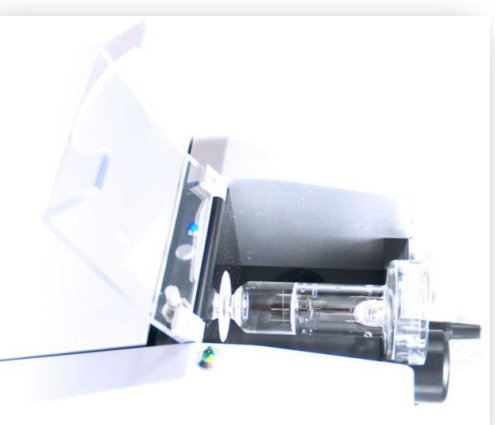
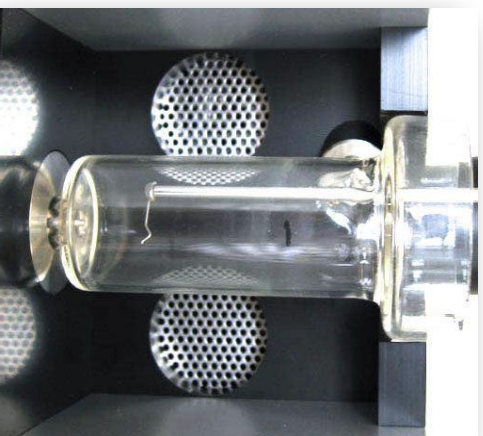
#750TOBS CHAMBER FEATURES

TOBS CHAMBERS

- EASY ACCESS FOR ADDING DRUGS
- 10, 20, 50ml OPTIONS
- CUSTOMIZED FILLING VOLUMES
- EASY SWAP
- AUTOCLAVABLE

Filling Settings

Fill Volume		Buffer Start Volume		Fill Calibration		Empty Time	
Chamber 1	<input type="text" value="20"/> ml.	Chamber 1	Volume: <input type="text" value="490"/> ml.	Chamber 1:	<input type="text" value="300"/> msec./ml.	Chamber 1:	<input type="text" value="400"/> msec.
Chamber 2	<input type="text" value="20"/> ml.	Chamber 2	Volume: <input type="text" value="0"/> ml.	Chamber 2:	<input type="text" value="295"/> msec./ml.	Chamber 2:	<input type="text" value="400"/> msec.
Chamber 3	<input type="text" value="20"/> ml.	Chamber 3	Volume: <input type="text" value="0"/> ml.	Chamber 3:	<input type="text" value="290"/> msec./ml.	Chamber 3:	<input type="text" value="400"/> msec.
Chamber 4	<input type="text" value="20"/> ml.	Chamber 4	Volume: <input type="text" value="0"/> ml.	Chamber 4:	<input type="text" value="305"/> msec./ml.	Chamber 4:	<input type="text" value="400"/> msec.



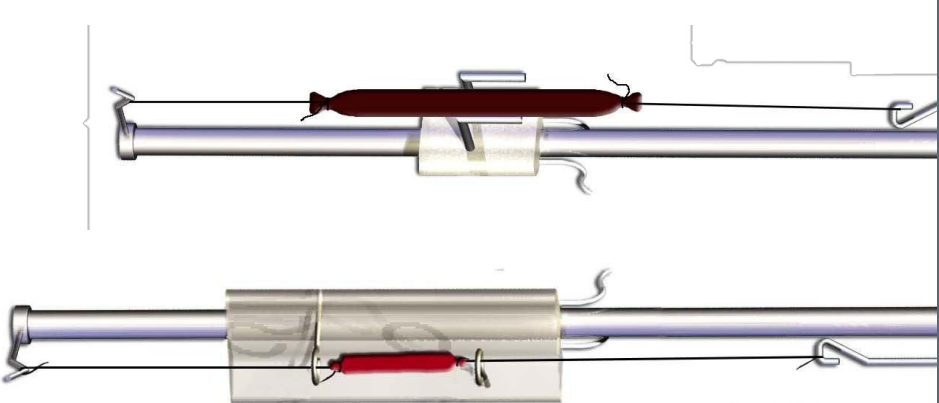
ELECTRICAL STIMULATION

STIMULATION OPTIONS FOR TISSUE ORGAN BATHS:

- **DMT CS4/CS8**
 - COMPUTER CONTROLLED PROTOCOLS
- **OTHER STIMULATORS**

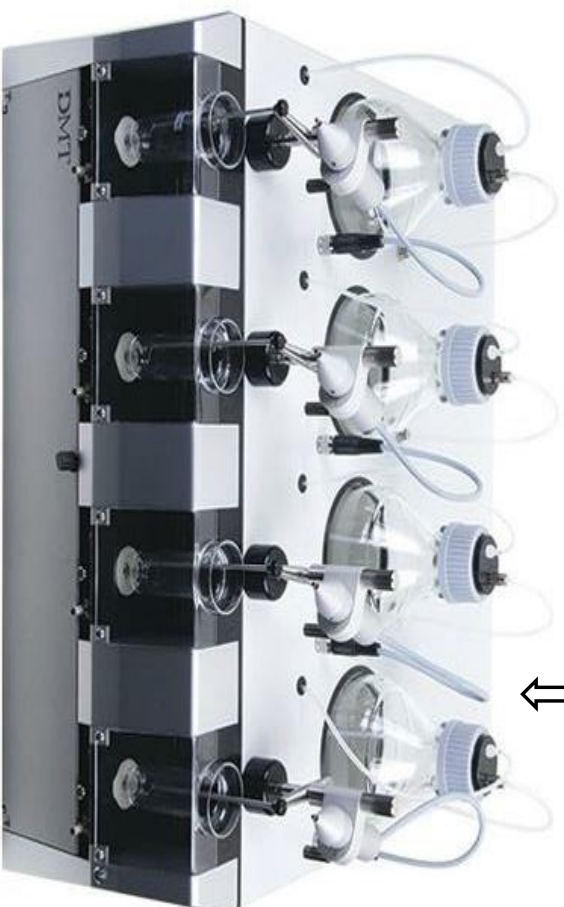


[Click to learn more
about DMT stimulators](#)



THE BASIC SETUP

Data Acquisition System
ADInstruments Labchart



DMT
750T OBS

Pressure Source-
Gas Tank or Bench-Top Air

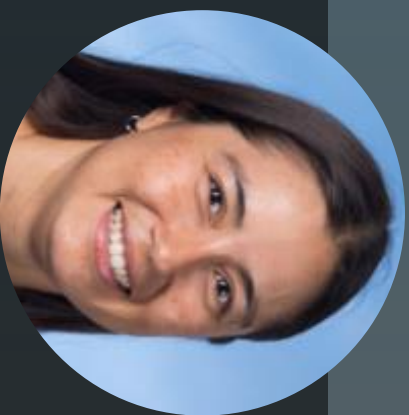


DMT

#SUMMARY OF ORGAN BATH SYSTEMS

- DMT has redesigned the traditional organ bath system with developments in product design, generation of consistent results, and durability.
- System is adaptable for different tissues, varying forces, and stimulation options.
- Control software is minimal, but allows for customization and automated washes and cleaning.

Maternal Obesity Programming of Offspring Vascular Function



Keshari Thakali, PhD

Assistant Professor
Arkansas Children's Nutrition Center
Department of Pediatrics
University of Arkansas for Medical Sciences

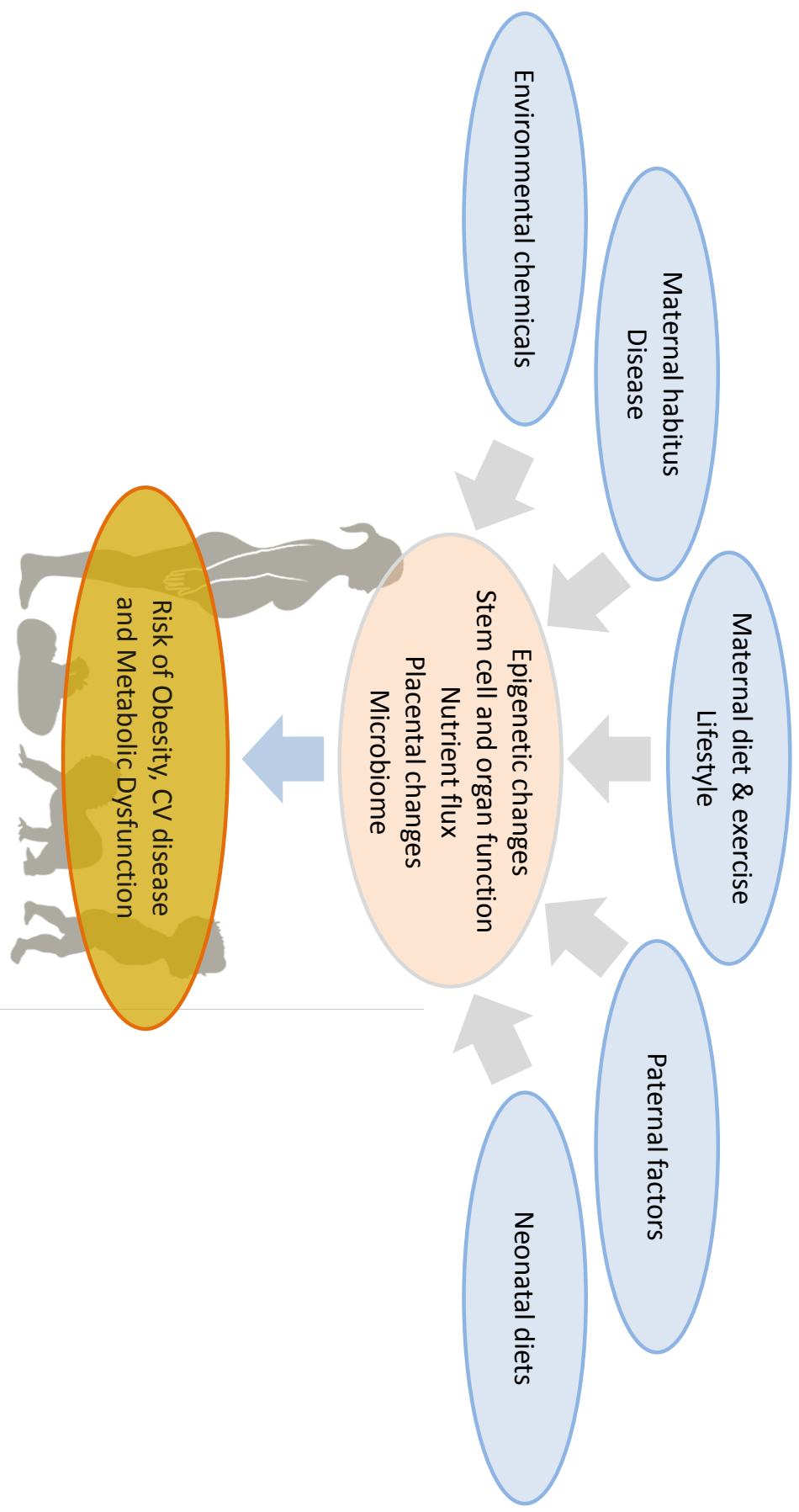
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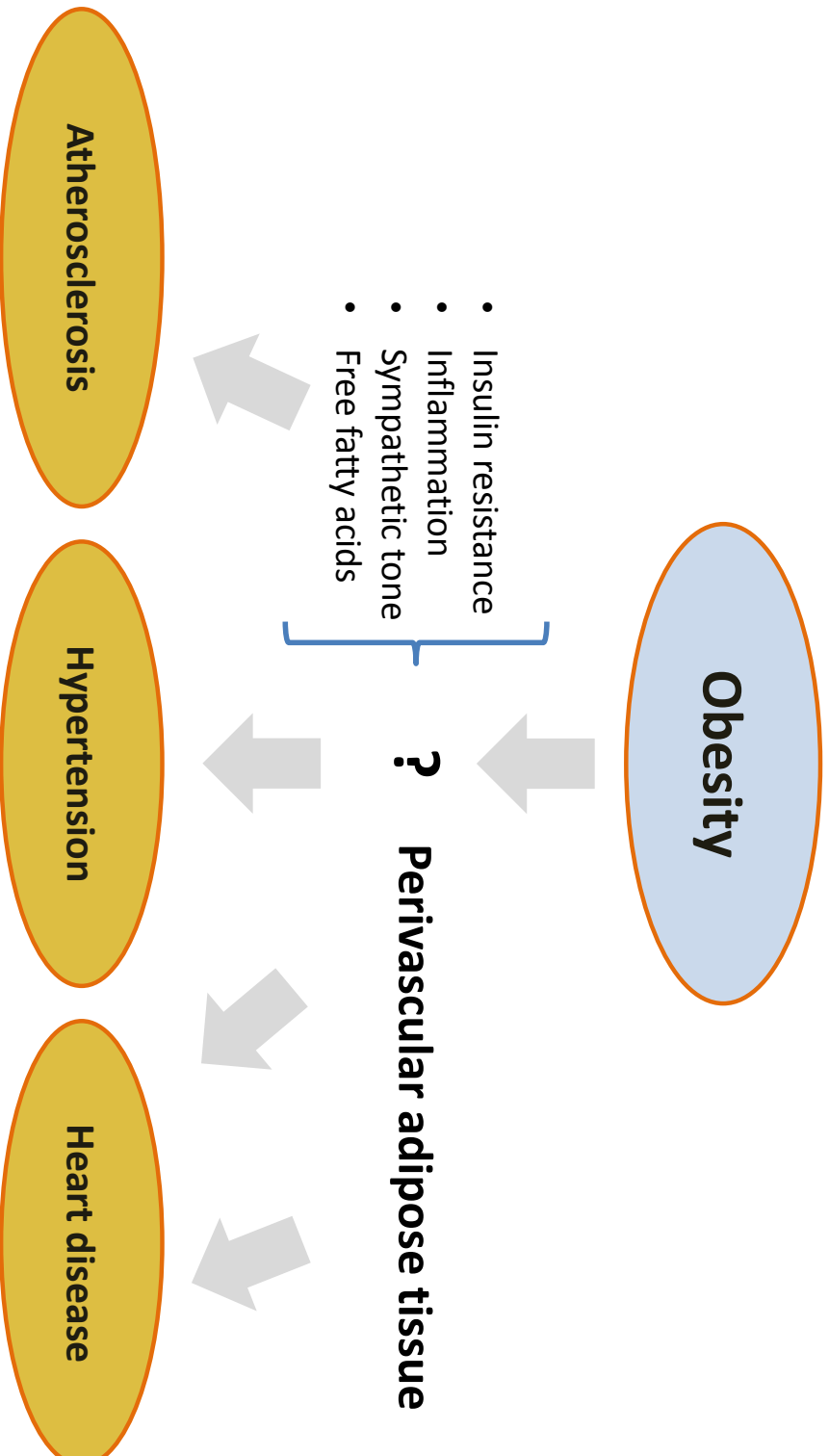
TODAY'S GOALS ARE TO DEMONSTRATE THAT:

1. Organ bath systems can be used to study the function of perivascular adipose tissue (PVAT)
2. The adipose surrounding arteries (PVAT) regulates arterial function
3. Maternal obesity may program offspring vascular function

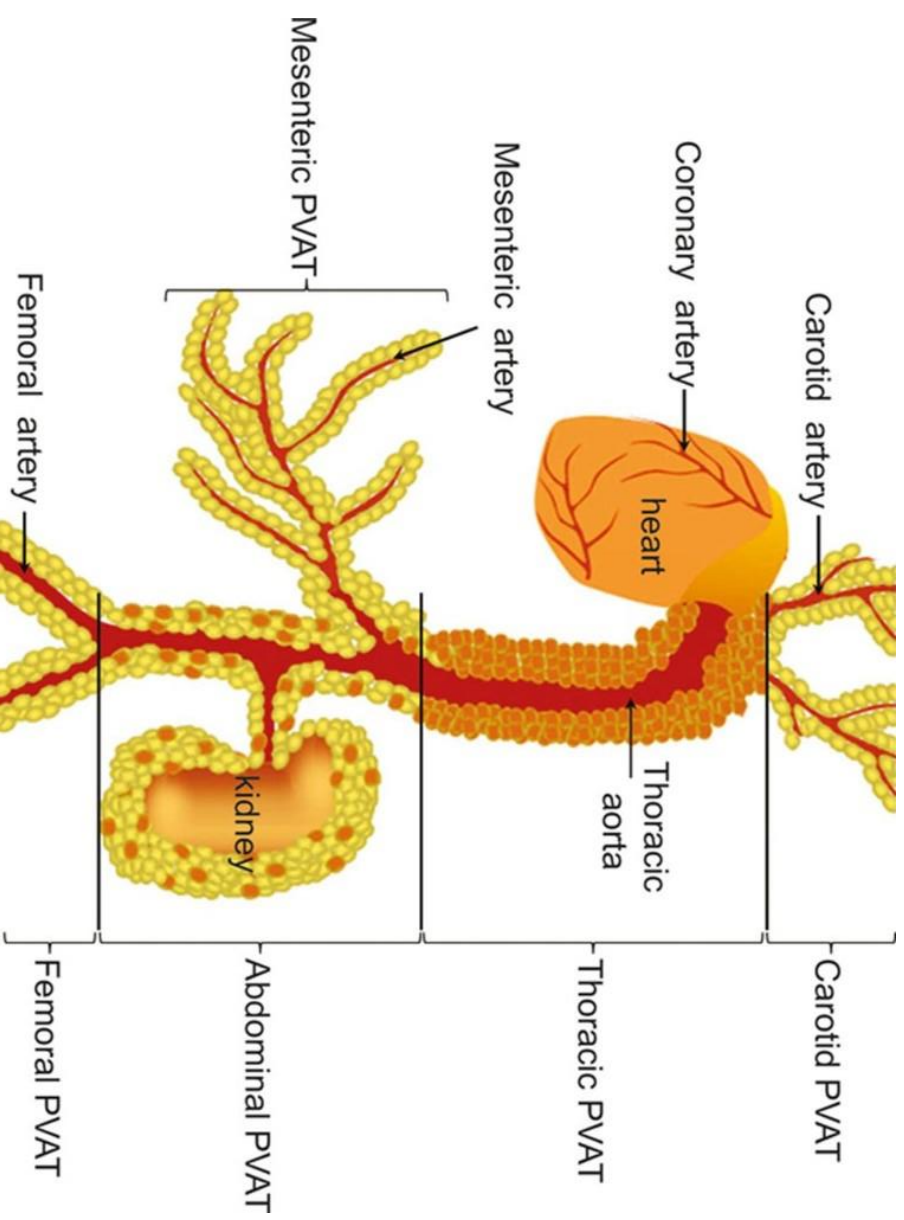
DEVELOPMENTAL PROGRAMMING



OBEESITY AND CARDIOVASCULAR DISEASE



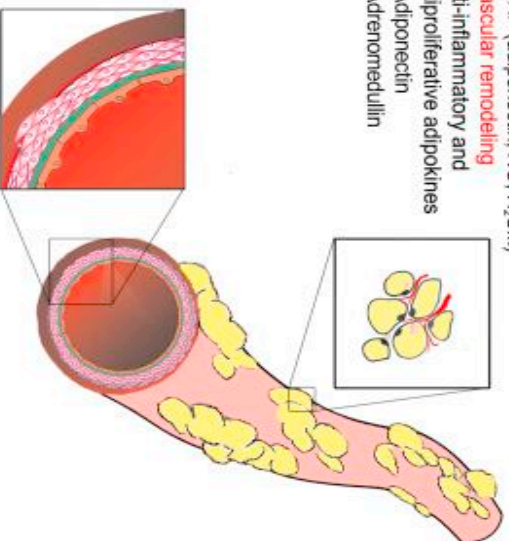
PERIVASCULAR ADIPOSE TISSUE (PVAT)



PVAT AND OBESITY

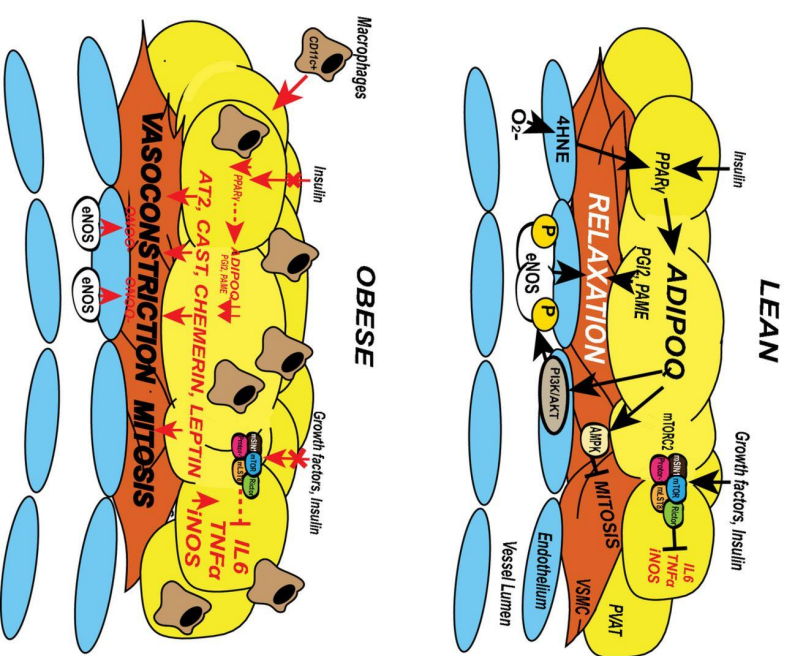
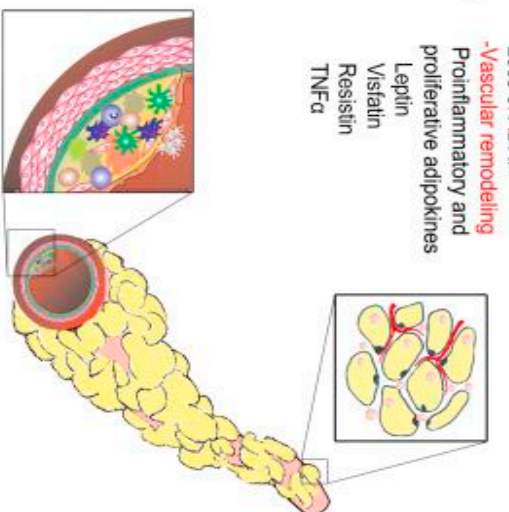
PHYSIOLOGICAL CONDITION

- Vascular tone
- ADRF (adiponectin, NO, H₂S,...)
- Vascular remodeling
- Anti-inflammatory and antiproliferative adipokines
- Adiponectin
- Adrenomedullin



PATHOLOGICAL CONDITION

- Vascular tone
- Loss of ADRF
- Vascular remodeling
- Proinflammatory and proliferative adipokines
- Leptin
- Visfalin
- Resistin
- TNF α



PERFORMING AN ISOMETRIC TENSION RECORDING EXPERIMENT:

1. Aortic tissue dissection and preparation
2. Placement of aortic helical strips in the organ bath
3. Pulling passive tension
4. Tissue Equilibration
5. Assess tissue viability
6. Experimental design
7. Data quantitation

1. Aortic tissue dissection and preparation

- Dissection dish with black silastic foundation
- Cannulation wire
- Physiological salt solution (PSS): (See next slide for composition)
- Small vannas (iris) scissors and forceps
- Silk suture to attach aorta to stationary metal rod and force transducer

2. Placement of aortic helical strips in the organ bath

- Warmed (37° C)
- Aerated: 95% O₂/5% CO₂ medical grade gas

PHYSIOLOGICAL SALT SOLUTION (PSS) COMPOSITION:

<u>Chemical</u>	<u>Concentration (mM)</u>
NaCl	130
KCl	4.7
MgSO ₄ x7H ₂ O	1.17
NaHCO ₃	14.9
CaNa ₂ EDTA	0.03
KH ₂ PO ₄	1.18
Glucose (Dextrose)	5.5
*CaCl ₂ x2H ₂ O	1.6

* Make a 1M solution, and add after mixing all other components and water

** pH 7.4 when warmed to 37°C and bubbled with 95% O₂/5% CO₂

CANNULATING THE MOUSE AORTA

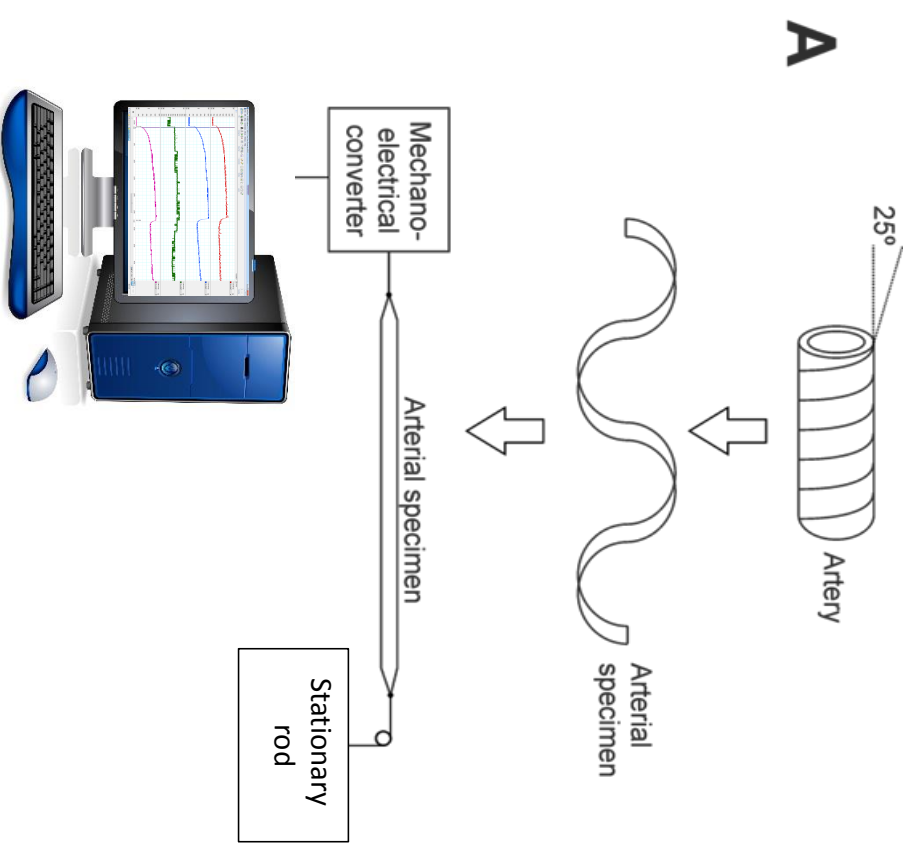


DISSECTING OFF PVAT

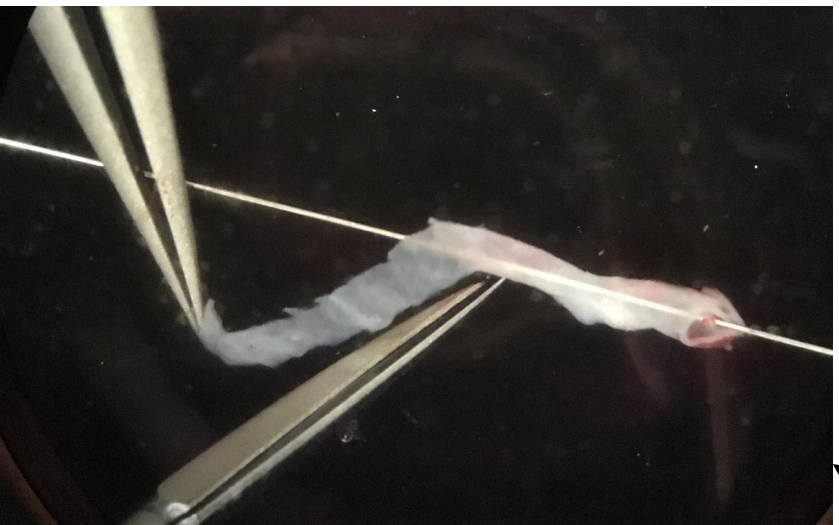


ISOMETRIC TENSION RECORDING :

1. Aortic tissue dissection and preparation
2. Placement of aortic helical strips in the organ bath



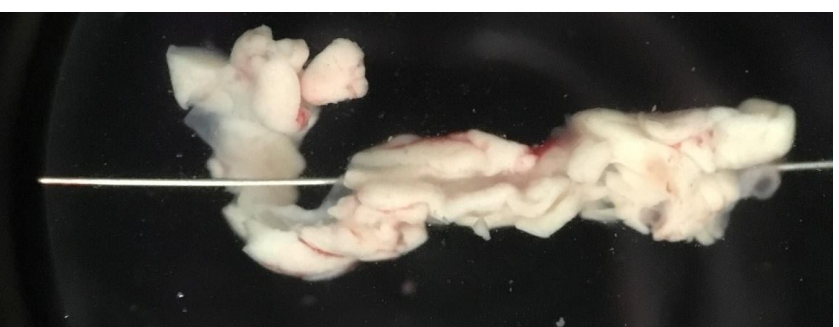
CUTTING HELICAL STRIPPS



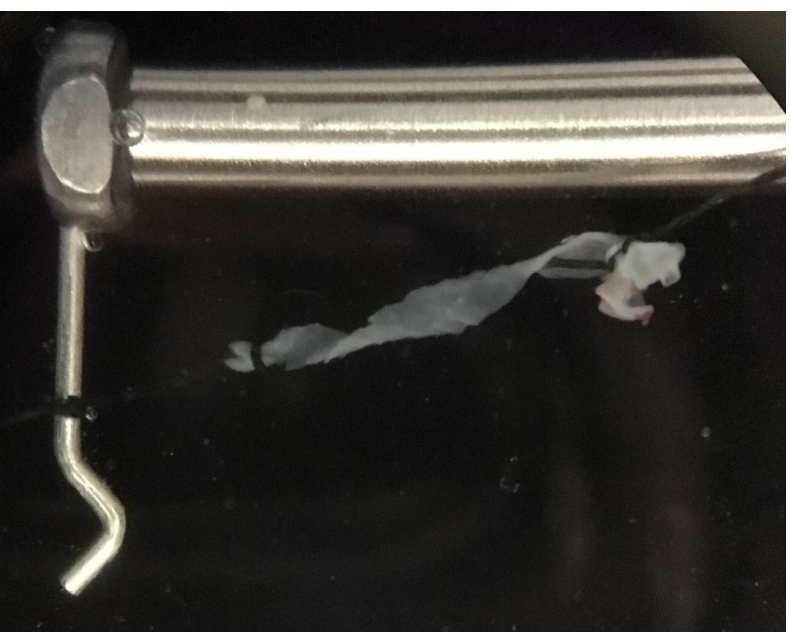
PVAT dissected off



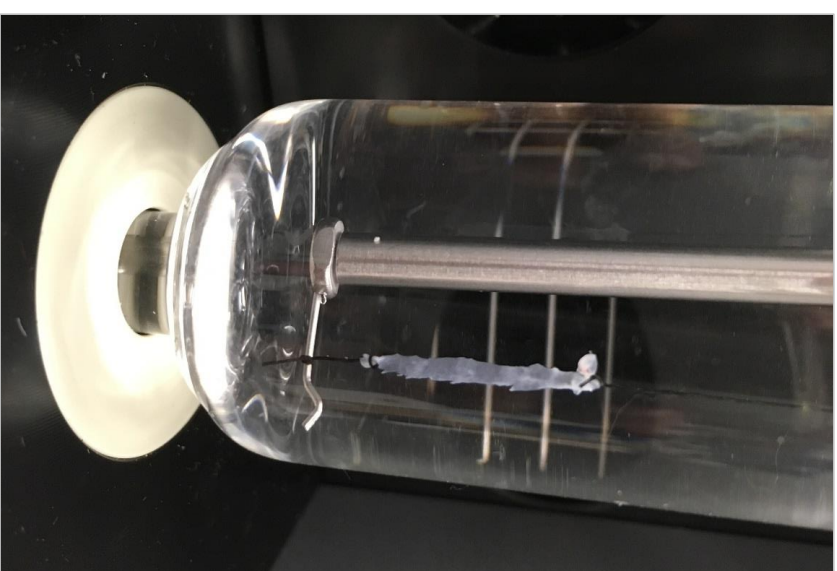
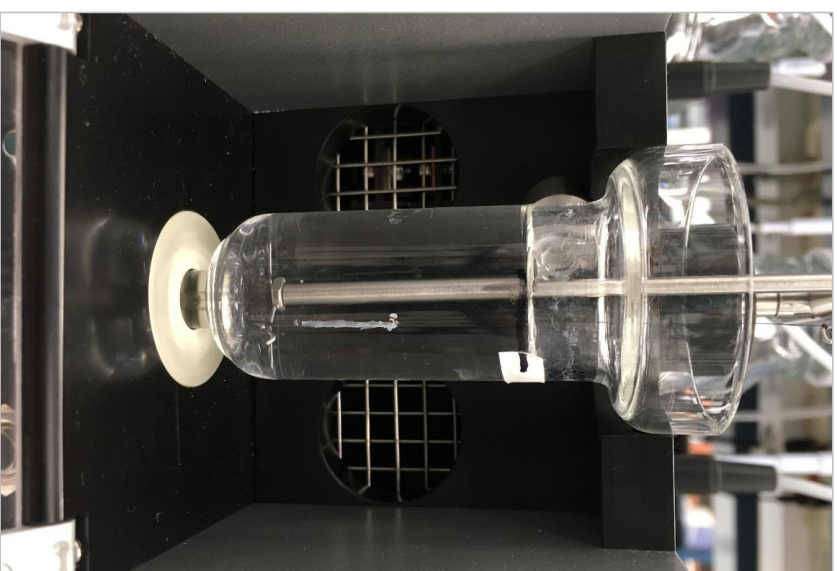
PVAT still attached



ATTACHING AORTIC STRIPS TO THE STATIONARY ROD



POSITIONING AORTIC STRIPS IN THE ORGAN CHAMBERS



PERFORMING AN ISOMETRIC TENSION RECORDING EXPERIMENT:

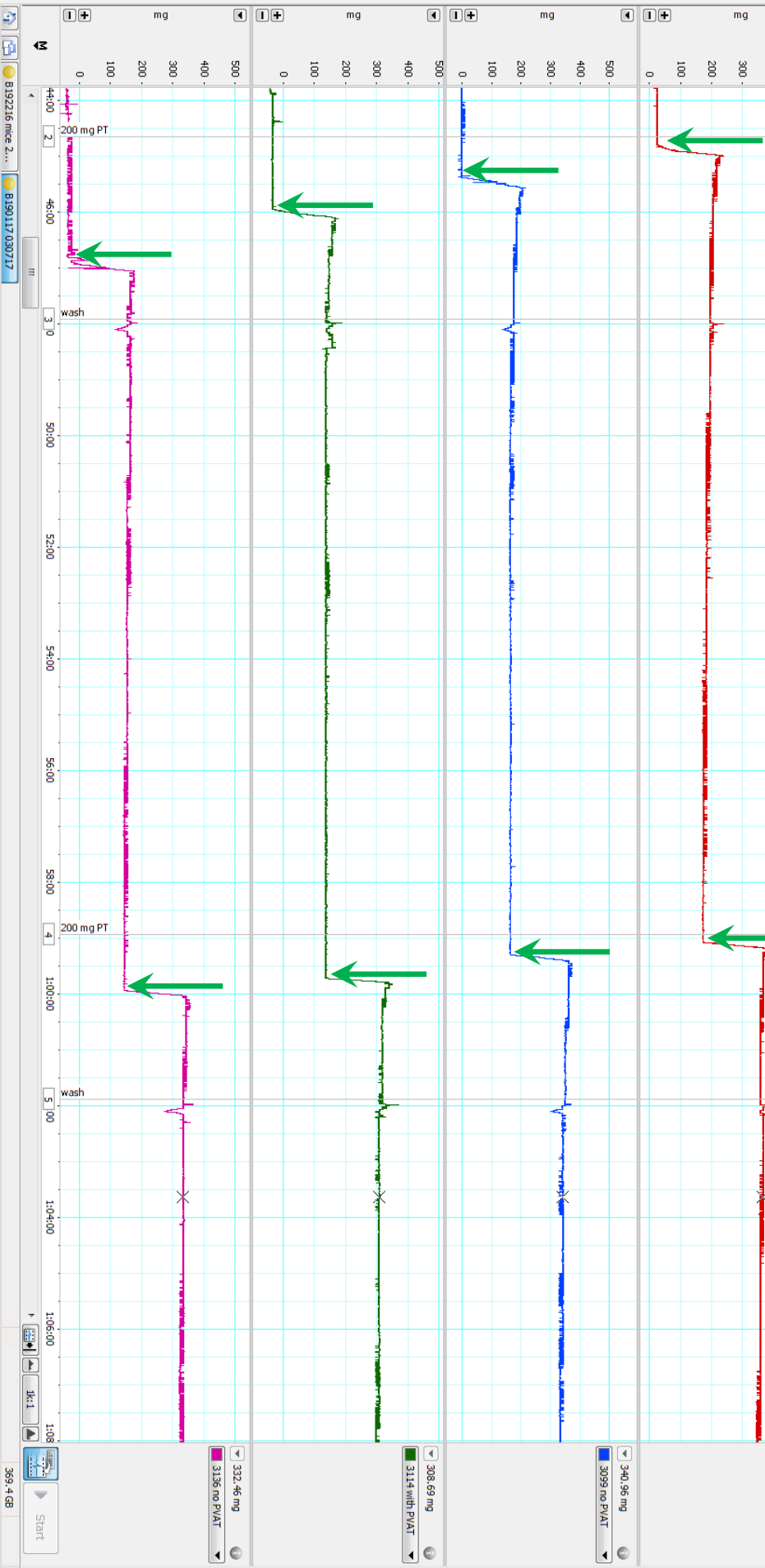
3. Pulling passive tension

- Each tissue has a length (L_0) at which smooth muscle cells respond optimally
- Preliminary experiments to determine the optimal stretching tension which achieves this length must be performed for each individual tissue type to be examined
- Pull in 2 steps, note it is normal for the tissue to relax after pulling tension

4. Tissue equilibration

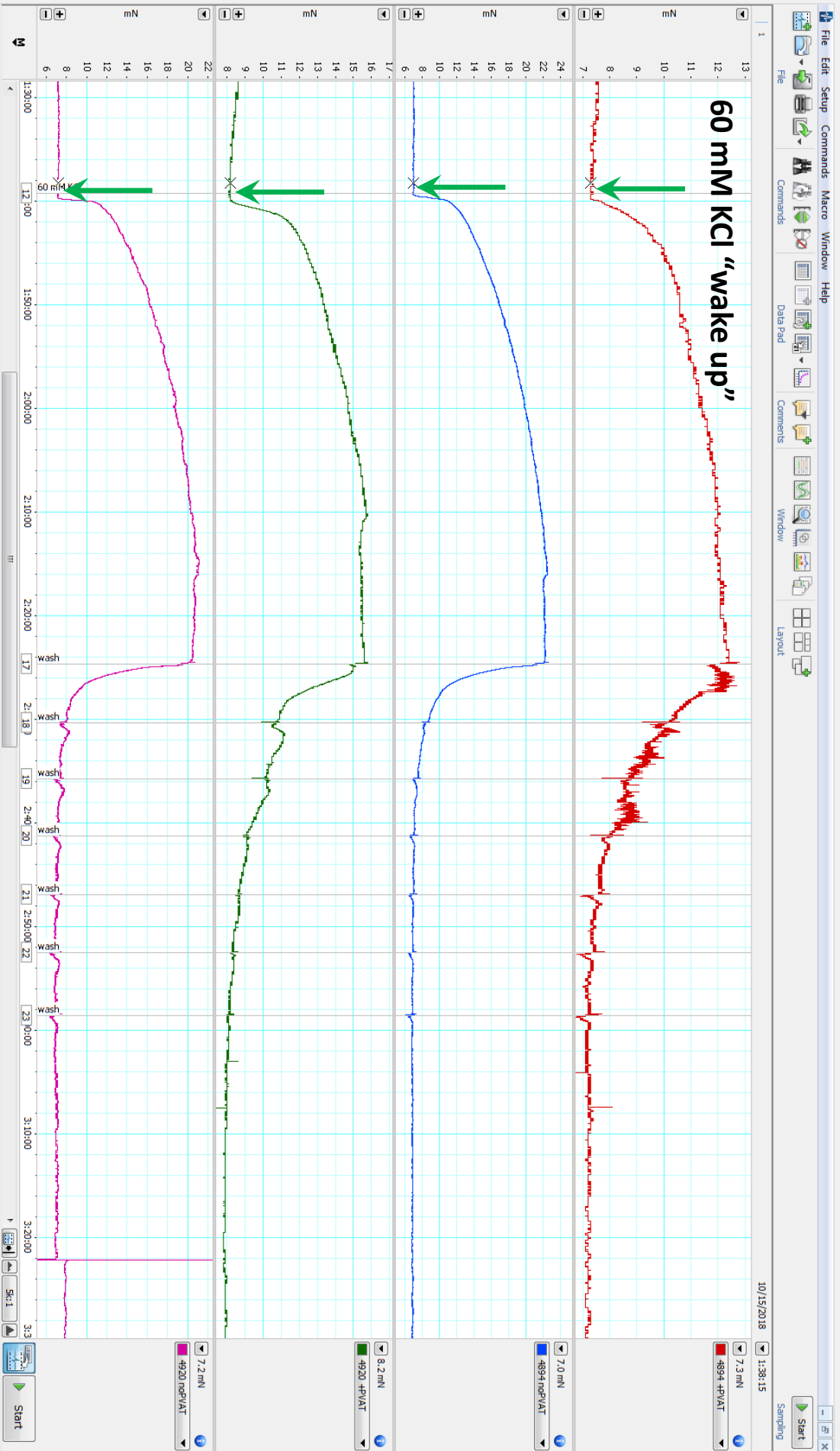
- Equilibrate the tissue for 60 min after applying passive tension to the tissue.
- During the equilibrium phase, wash the tissue every 15-20 min. Drain the tissue bath and replace the PSS with warmed PSS.

Passive tension applied



PERFORMING AN ISOMETRIC TENSION RECORDING EXPERIMENT :

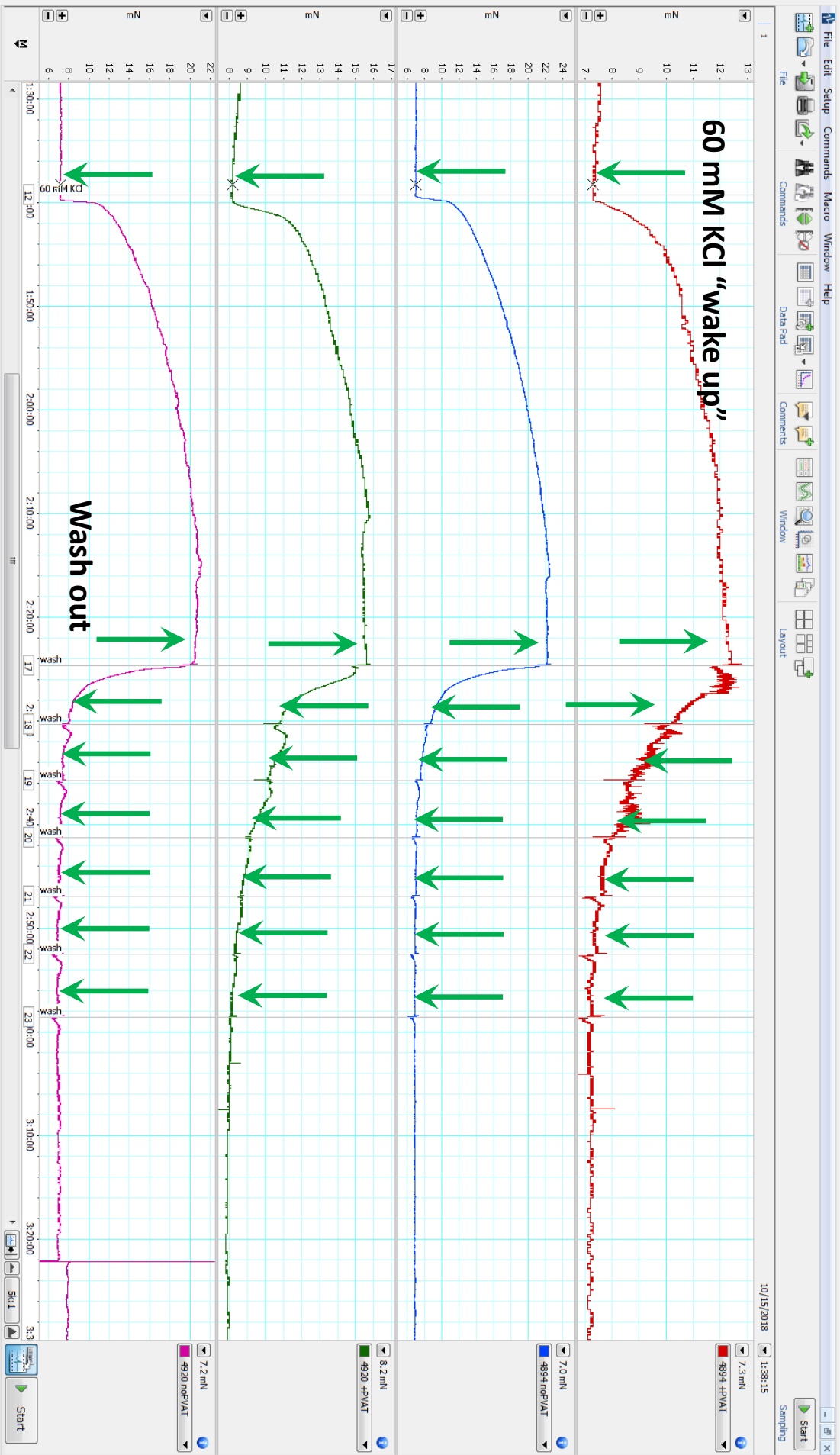
5. *Assess tissue viability*
 - Pick an agonist (compound that will cause active contraction) to which the tissue responds

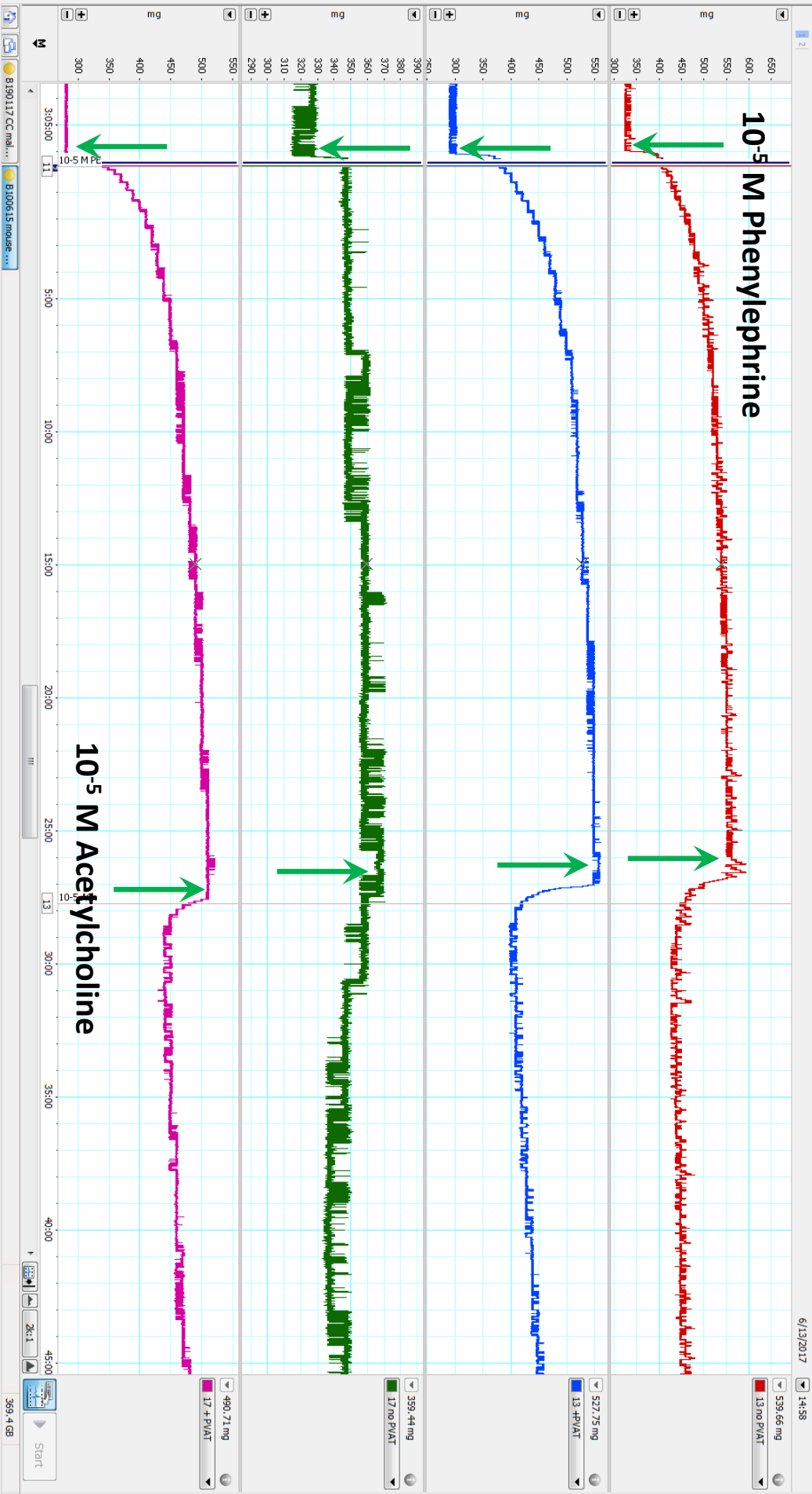


PERFORMING AN ISOMETRIC TENSION RECORDING EXPERIMENT :

5. Assess tissue viability

- Pick an agonist (compound that will cause active contraction) to which the tissue responds
- Perform the wake-up challenge by adding 10^{-5} M phenylephrine to the tissue bath. To achieve this concentration in 20 ml tissue bath, add 20 μ l of a 10^{-2} M phenylephrine solution.
- NOTE: 20 μ l into 20 ml of PSS is a 1/1,000 dilution, so the final concentration is 1,000x less than stock, or 10^{-5} M. Knowledge of volume and consistent maintenance of the volume within the tissue bath chamber is critical to determining the final drug concentration.
- Add 10^{-5} M phenylephrine to the tissue bath and allow the contraction to peak and then plateau, when the slope of the data becomes zero. Make sure to record each experimental event to aid post-experimental analysis.
- After plateau, wash the agonist out thoroughly by emptying and refilling the tissue bath chamber with new PSS. Make sure to record these events as well.
- NOTE: A rule of thumb is that the concentration of agonist in the bath is reduced 10 fold with each wash.
- Let the tissue rest at baseline tone for \sim 10 min before proceeding

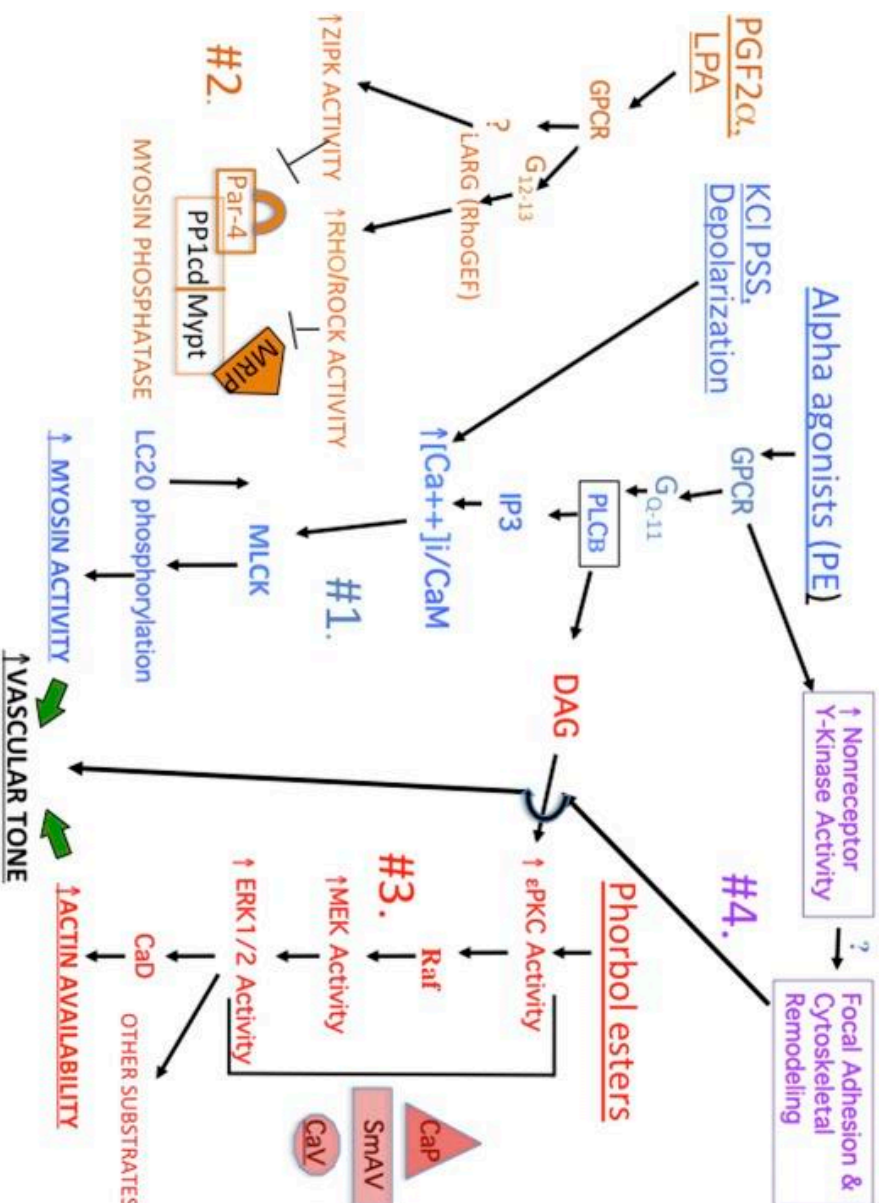




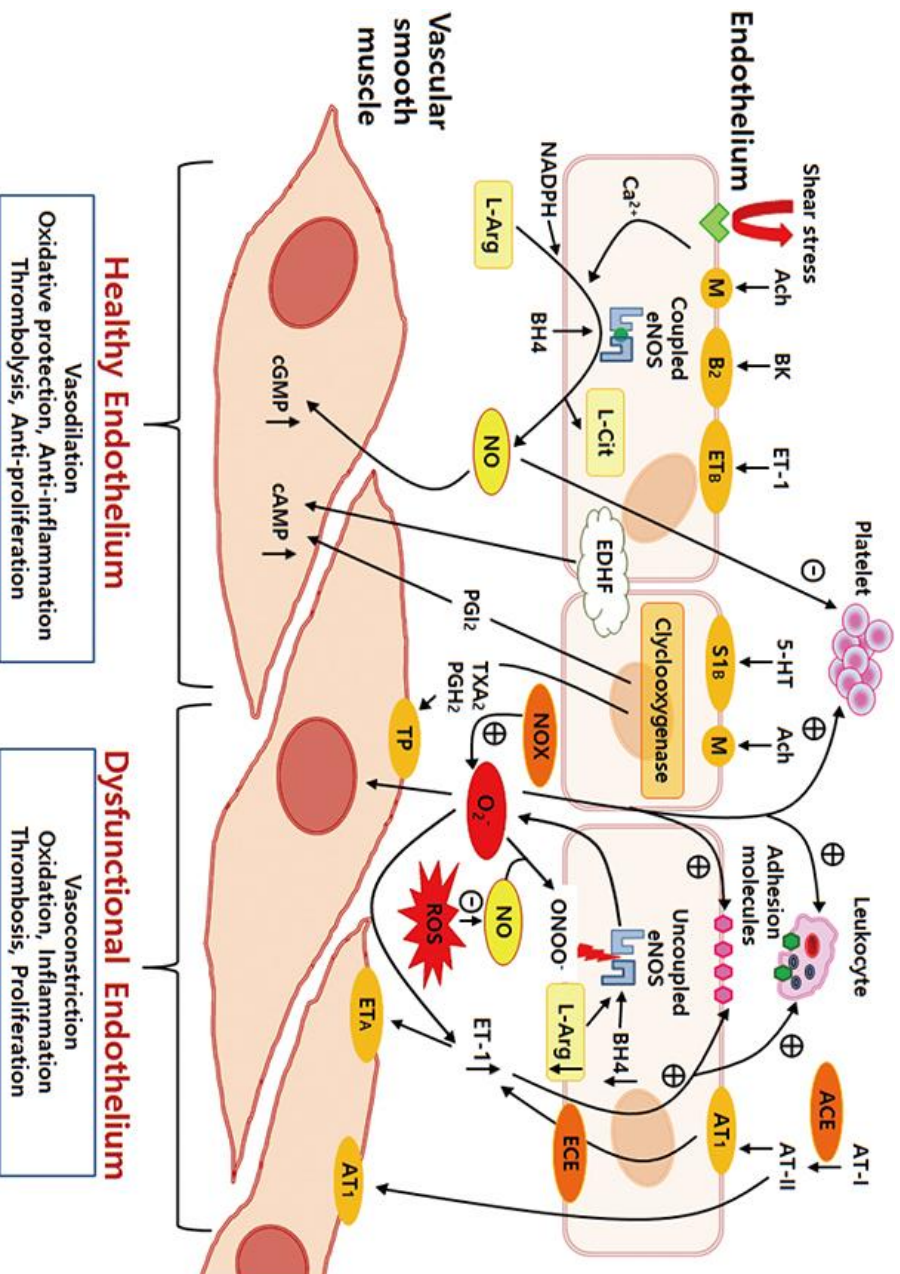
STEPS TO PERFORMING AN ISOMETRIC TENSION RECORDING
EXPERIMENT USING MOUSE THORACIC AORTA:

6. Experimental design
7. Data quantitation

PATHWAYS REGULATING VASCULAR TONE



ENDOTHELIUM/SMOOTH MUSCLE SIGNALING



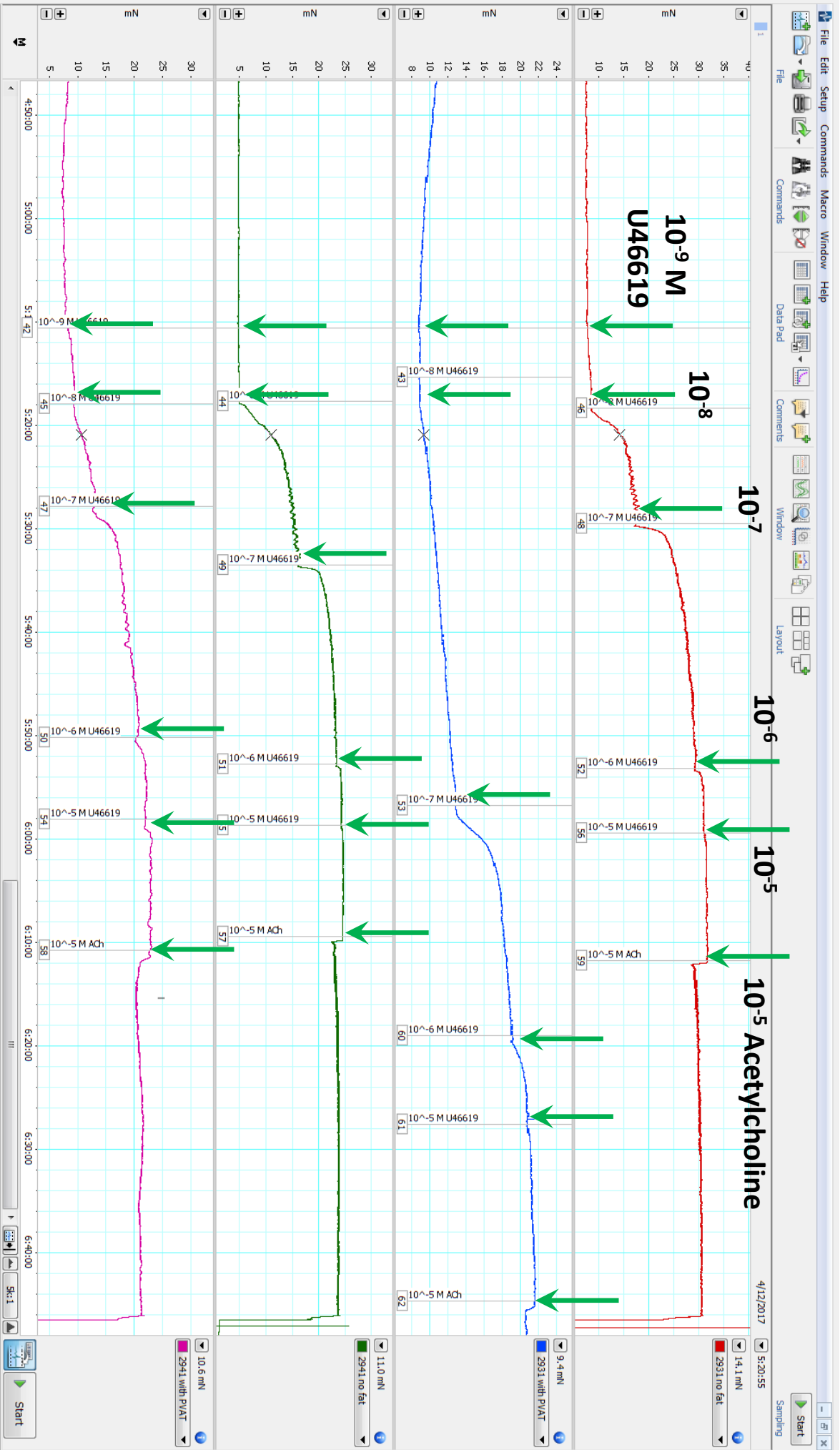
EXPERIMENTAL DESIGN FOR STUDYING PVAT FUNCTION

Female C57BL6/J

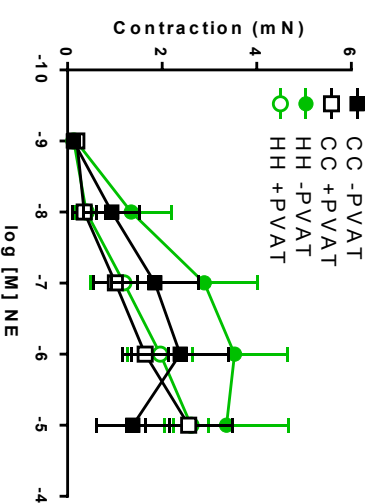
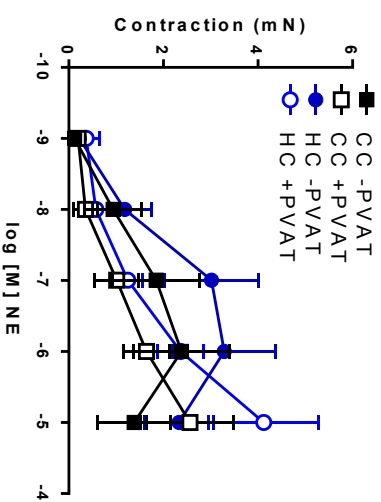
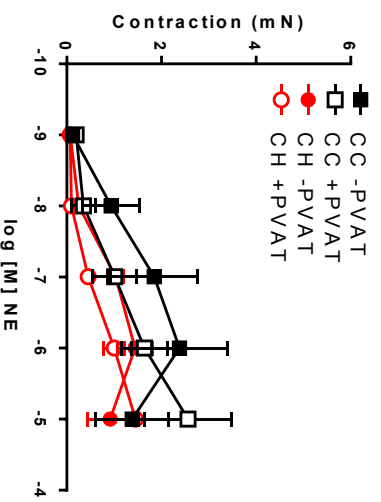
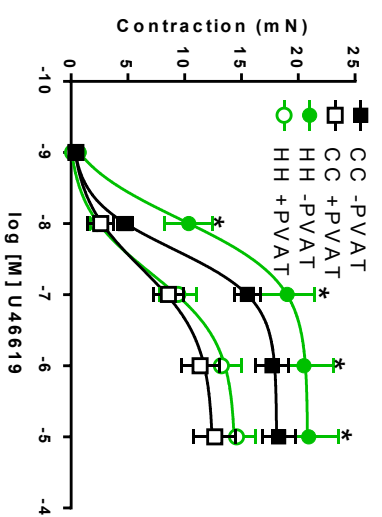
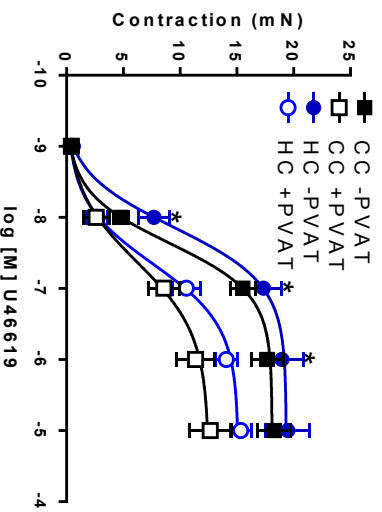
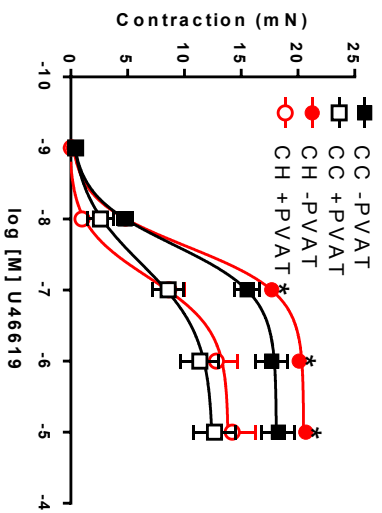
- Control Diet:
 - 17% calories from fat
- High Fat Diet (HFD):
 - 45% calories from fat
- On diets for 12 weeks



- Four groups of offspring (for each sex): CC, CH, HC, HH
- Contractility of thoracic aorta ± PVAT
- Questions:
 1. Is PVAT anti-contractile in our model?
 2. Does maternal HFD program smooth muscle, endothelial cell, or PVAT function?



OBSESITY AND CARDIOVASCULAR DISEASE



CONCLUSIONS

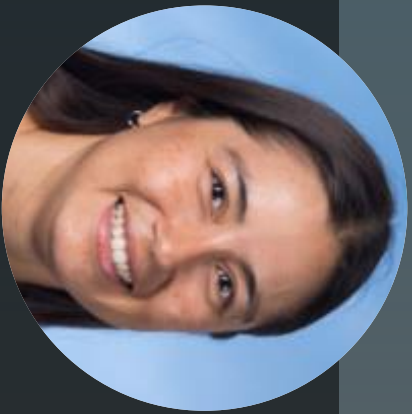
1. The 750TOBS can be used to study PVAT function;
2. The thoracic aortic PVAT normally reduced the magnitude of aortic contraction;
3. Maternal obesity may program offspring vascular function.

Suggested Resources

- [Jespersen, B., Tykocki, N. R., Watts, S. W., Cobbett, P. J. Measurement of Smooth Muscle Function in the Isolated Tissue Bath-applications to Pharmacology Research. *J. Vis. Exp.* \(95\), e52324, doi: 10.3791/52324 \(2015\).](#)
- [Russell, A., Watts, S. Vascular reactivity of isolated thoracic aorta for the C57BL/6J mouse. *J Pharmacol Experimental Therapeutics.* \(294\), 598-604, \(2000\).](#)
- [Brozovich, F.V., Nicholson, C.J., Degen, C.V., Yuan, Z.G., Aggarwal, M., Morgan, K.G. Mechanisms of vascular smooth muscle contraction and the basis for pharmacologic treatment of smooth muscle disorders. *Pharmacol Rev.* \(68\), 476-532, doi: 10.1124/pr.115.010652 \(2016\).](#)

Thank You

For additional information on the products and applications presented during this webinar please visit www.dmt.dk



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