

## Lung stiffness affects the response to methacholine in two strains of mice

CENTRE DE RECHERC INSTITUT UNIVERSITAIRE DE CARDIOLOGIE ET DE PNEUMOLOGIE DE QUÉBEC UNIVERSITÉ LAVAI

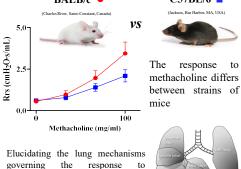
UNIVERSITÉ

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## **INTRODUCTION**

What is the relationship between lung stiffness and the response to methacholine? BALB/c C57BL/6



causes

**OBJECTIVE** 

Examine whether differences in lung

stiffness between two strains of mice

coincide with their differing response to

in

of

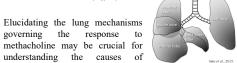
lung

understanding the

hyperresponsiveness

methacholine.

diseases.



Mouse lung structure

# **RESULTS**

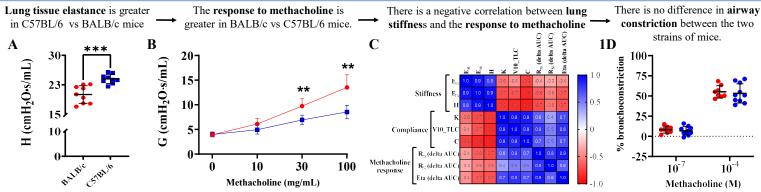
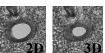


Figure 1. Lung readouts assessed in both strains of mice. Red circles and blue squares represented BALB/c and C57BL/6 respectively. A. Tissue elastance at baseline (H). B. Tissue resistance (G) in response to methacholine. C. Pearson's correlation between lung stiffness and the response to methacholine. Quasi-static elastance (E<sub>4</sub>); Respiratory system elastance (E<sub>n</sub>); Tissue elastance (H); Parameter K of Salazar-Knowles equation (K); Volume at 10 cmH<sub>2</sub>O, expressed in % of total lung capacity (V10 TLC); Lung compliance (C); Respiratory system resistance (R<sub>w</sub>); Newtonian resistance (R<sub>n</sub>), Hysteresivity (Eta). Area under the curve (AUC) 1D. Average percentage of constriction of airways in each mouse. Photograph of the airway induced to constriction with two concentrations of methacholine 2D 10-7 and 3D 10-4. Bars are means ± SD. Significant differences are indicated by asterisks (\*\*and \*\*\* means p<0.01 and p<0.001, respectively).



## **METHODS**

Respiratory mechanics, lung volume and the response to nebulized methacholine were measured with the flexiVent and compared between male BALB/c and C57BL/6 mice (n=9). The auxotonic contraction of airway smooth muscle was also assessed in vitro by measuring small airway constriction in lung slices using the physioLens.

The greater lung stiffness observed in C57BL/6 vs BALB/c mice is associated with a lower response to methacholine. This is not due to weaker airway smooth muscle.

**CONCLUSION** 

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