Evidence for a local role of inhibin or inhibin α subunits in compensatory ovarian hypertrophy

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The aim of this study was to determine whether immunoneutralization of inhibin altered compensatory ovarian hypertrophy. Crossbred postpubertal gilts actively immunized with a synthetic bovine inhibin peptide fragment (bINH) conjugated to human alpha globulins (HAG, n = 4 gilts) or HAG alone (control; n = 5) were unilaterally ovarioctomized at mid-cycle. After unilateral ovarioctomy, the remaining ovary was removed between day 8 and day 12 of the subsequent oestrous cycle. The number of corpora lutea per ovary was determined at each ovarioctomy. Blood samples were collected at frequent intervals beginning 1 h before and continuing until the first oestrus after unilateral ovarioctomy, and serum concentrations of FSH, LH, progesterone and oestradiol were determined. Inhibin antibody titres were estimated from the percentage of ¹²⁵I-labelled bINH bound to serum diluted 1:4000. At unilateral ovarioctomy, the number of corpora lutea per ovary was similar for bINH:HAG-immunized and control gilts (8.6 ± 0.7 versus 7.6 ± 0.6). During the next oestrous cycle after unilateral ovarioctomy, the number of corpora lutea on each remaining ovary had doubled (P < 0.05) in controls compared with the number of corpora lutea per ovary in the previous cycle. In contrast, the number of corpora lutea remained unchanged in bINH:HAG-immunized gilts. Titre of anti-inhibin antibodies in bINH:HAG-immunized gilts was 9 ± 1% at unilateral ovarioctomy compared with 0% for controls. Alterations in serum concentrations of hormones after unilateral ovarioctomy did not differ between treatment groups. Compensatory ovarian hypertrophy was blocked after unilateral ovarioctomy in immunized gilts independent of alterations in serum hormones, duration of oestrous cycle, or normal ovulation rate per ovary. Thus, it is concluded that inhibin or inhibin α subunits are positive local stimulators of compensatory ovarian hypertrophy in postpubertal gilts.

Introduction

After unilateral ovarioctomy of litter-bearing species, the remaining ovary undergoes compensatory ovarian hypertrophy resulting in approximately the same number of ova being ovulated (Hemreck and Greenwald, 1964; Short et al., 1969; Butcher, 1977) and a similar litter size (Hunter, 1787) compared with both ovaries before unilateral ovarioctomy. Although mechanisms regulating compensatory ovarian hypertrophy are not precisely defined, a transient increase in FSH concentrations (Welshen et al., 1978; Redmer et al., 1984, 1985; Coleman et al., 1984; Cox et al., 1987; Ackland et al., 1990) coincident with a transient decrease in inhibin bio- and immuno-activities in plasma (Redmer et al., 1986; Ackland et al., 1990) occurs within 2 days of unilateral ovarioctomy compared with sham-operated controls. These results imply that unilateral ovarioctomy temporarily reduces the negative feedback effects of inhibin resulting in a transient increase in FSH which, in turn, leads, via an unknown mechanism, to a doubling of the ovulation rate in the remaining ovary. The present study used the unilateral ovarioctomy model to investigate the role of inhibin in follicular growth. The objective of our study was to test whether immunoneutralization of inhibin altered compensatory ovarian hypertrophy after unilateral ovarioctomy of postpubertal gilts.

Materials and Methods

Animals

A randomly selected subset of five gilts actively immunized against inhibin and five control gilts from a previous study (King et al., 1993) were used in the present study as explained...
below. Gilts were housed in a curtain-sided building in individual stalls (0.8 m x 1.8 m) and fed 1.8-2.7 kg day⁻¹ of a 14% crude protein corn/soybean diet fortified with vitamins and minerals to meet National Research Council recommendations (NRC, 1988). All surgical procedures and animal care were approved by the Animal Care and Use Committee at North Carolina State University.

**Immunization**

Details of the immunization procedure are described by King et al. (1993). Briefly, each gilt received a primary immunization of α₁₋₂₅Gly-Tyr bovine inhibin peptide (bINH) conjugated to human alpha globulins (HAG; Sigma, St Louis, MO) or HAG mixed in Freund's complete adjuvant (Calbiochem-Novabiochem Corp., San Diego, CA) during the second post-pubertal oestrous cycle (week 0) followed by two boosters in Freund's incomplete adjuvant at weeks 8 and 12. Gilts immunized against bINH/HAG received unconjugated bINH in Freund's incomplete adjuvant at week 16 to stimulate antibody titres, whereas controls received adjuvant only.

**Experimental protocol**

On day 10 of the first oestrous cycle after week 19, which was approximately 4 weeks after the last booster, gilts were unilaterally ovarioctomized. At unilateral ovarioctomy, analgesia was induced with a 1:1 (v:v) mixture (i.v.) of xylazine (Rompum; Miles Laboratories, Shawnee, KS; 2.2 mg kg⁻¹ body mass) and ketamine hydrochloride (Ketaset; Bristol Laboratories, Syracuse, NY; 2.2 mg kg⁻¹ body mass). Halothane (Halocarbons Laboratories, Hackensack, NJ), oxygen and nitrous oxide were used to maintain a surgical plane of anaesthesia. Ovulation rate was estimated by counting the number of corpora lutea. Cystic follicles (>10 mm) were observed in one bINH: HAG immunized gilt at unilateral ovarioctomy; this gilt was removed from the study. After unilateral ovarioctomy, gilts were observed for 30 min each day in the continuous presence of a boar until detection of the subsequent oestrus. To determine whether compensatory ovarian hypertrophy had occurred, the remaining ovary was removed by mid-ventral laparotomy between day 8 and day 12 of the first oestrous cycle after unilateral ovarioctomy and the number of corpora lutea per ovary after unilateral ovarioctomy was compared with the number per ovary before unilateral ovarioctomy.

**Blood sampling, antibody titres and radioimmunoassays**

On day 9 of the first oestrous cycle after week 19, a catheter was installed into the anterior vena cava of each gilt (Britt et al., 1991). To maintain patency, catheters were flushed with 0.12 mol sodium citrate 1⁻¹ after each sample was collected. Blood was sampled 1 h before unilateral ovarioctomy, every 2 h for 24 h after unilateral ovarioctomy, and then every 6 h until oestrus. Blood samples were clotted overnight at 4°C, and serum was collected by decanting the supernatant after centrifugation at 1700 g for 30 min. Serum was stored at 20°C until assayed for LH, FSH, progesterone and oestriol.

Antibody titres were determined at week 17 (7 days after the last booster) and at week 23 when unilateral ovarioctomy was carried out by incubating serial dilutions of serum with 20,000 c.p.m. of the ¹²⁵I-labelled bINH at 5°C (Martin et al., 1991a; King et al., 1993). Titres were expressed as percentage of ¹²⁵I-labelled bINH bound at a 1:4000 dilution of serum.

Previously validated radioimmunoassays were used to quantitate serum concentrations of oestradiol (Howard and Britt, 1990), progesterone (Stevenson et al., 1981), LH (Stevenson et al., 1981; Armstrong and Britt, 1987) and FSH (Guthrie and Bolt, 1983; Esbenshade and Britt, 1985). Inter- and intra-assay coefficients of variation ranged from 9% to 14% for each assay. For statistical analysis, FSH values below assay sensitivity were assigned a value equal to the limit of sensitivity of the assay.

**Statistical analyses**

All analyses were conducted using general linear models (SAS, 1985). Data for concentrations of LH, FSH, oestradiol and progesterone were subjected to split-plot ANOVA for repeated measures (Gill and Haf's, 1971). The model included treatment, gilt within treatment, time and time x treatment interaction. Main effect of treatment was tested using the gilt within treatment mean square as error term. Data were analysed as time (h) from unilateral ovarioctomy and time (h) from day of oestrus because animals had a variable number of days between unilateral ovarioctomy and oestrus. Data for duration of oestrous cycle were analysed by one-way ANOVA, whereas data for number of corpora lutea per ovary before and after unilateral ovarioctomy were analysed by two-way ANOVA.

**Results**

**Compensatory ovarian hypertrophy**

After unilateral ovarioctomy, the mean (±SEM) number of corpora lutea per ovary increased (P<0.01) over twofold in controls (7.6±0.6 to 16.2±1.2) but remained unchanged (P>0.10) in gilts immunized against bINH: HAG (8.6±0.7 versus 10±2.1) compared with the number of corpora lutea per ovary at unilateral ovarioctomy. Further statistical comparisons indicated that the number of corpora lutea per ovary for bINH:HAG-immunized gilts and controls was not different (P>0.10) at unilateral ovarioctomy, whereas the number of corpora lutea after unilateral ovarioctomy was greater (P<0.05) in controls compared with bINH-immunized gilts.

**Duration of oestrous cycle**

Mean (±SEM) duration of the oestrous cycle during which unilateral ovarioctomy was performed did not differ between treatment groups (21.3±1.6 for bINH:HAG versus 19.0±0.9 days for control gilts).

**Hormone profiles**

Serum concentrations of FSH and LH increased (P<0.01) within 24 h of unilateral ovarioctomy (Fig. 1) followed by a
sustained increase ($P < 0.01$) in oestradiol (Fig. 2) in control and bINH:HAG-immunized gilts. Serum concentrations of progesterone decreased after unilateral ovariectomy in both groups (Fig. 2). Serum LH, FSH, oestradiol and progesterone profiles did not differ between treatment groups after unilateral ovariectomy or when data were aligned based on day of oestrus after unilateral ovariectomy (data not shown).

Antibody titres

Antibody titres in bINH:HAG-treated gilts declined ($P < 0.05$) from 22 ± 3% at week 17 before unilateral ovariectomy to 9 ± 1% at week 23 when unilateral ovariectomy was carried out. In contrast, inhibin antibody titre was 0% in controls.

Discussion

The results presented in this study clearly show that active immunization of gilts against bINH:HAG blocks compensatory ovarian hypertrophy after unilateral ovariectomy without altering the patterns of gonadotrophin and ovarian steroid secretion or duration of the oestrous cycle compared with unilateral ovariectomy of controls immunized against HAG. In addition, the normal ovulation rate for a single ovary (in a gilt with both ovaries) was unaltered in bINH:HAG-immunized gilts, indicating that the negative effect of active immunization against bINH:HAG was specific to compensatory follicular growth and not the result of a general inhibitory effect of long-term immunoneutralization of inhibin or inhibin α subunits on follicular growth and function. These findings imply a specific, local, positive effect for inhibin or inhibin α subunits on compensatory follicular growth.

Nevertheless, the results of this unilateral ovariectomy study were surprising because a previous study (King et al., 1993), using the same gilts with both gonads, showed that active immunization against bINH:HAG increased the ovulation rate by 38% which was associated with transiently higher concentrations of FSH in the oestrous cycle before unilateral ovariectomy. In addition, injections of follicular fluid, which is rich in inhibins, block compensatory ovarian hypertrophy in gilts (Redmer et al., 1985). Thus, it was expected that active immunization against inhibin would have a positive effect on compensatory ovarian hypertrophy. Although the mechanism explaining how active immunization against bINH:HAG inhibits compensatory ovarian hypertrophy is not understood, results of several recent studies indicate a positive role for inhibin or inhibin α subunits in follicular growth and function. Specifically, ovarian mRNAs encoding inhibin increase in newly recruited follicles after unilateral ovariectomy of rats (D’Agostino et al., 1989) and during development of follicles in cattle (Ireland and Ireland, 1994). The immunon- and bio-activity of inhibin increases after unilateral ovariectomy of gilts and rats (Redmer et al., 1986; Ackland et al., 1990) and during follicular growth in cattle (Martin et al., 1991b; Ireland et al., 1994). Inhibin injected into an ovary enhances growth of medium-size follicles in rats (Woodruff et al., 1990) and stimulates androgen
production by thecal cells of rats in vitro (Hüllier et al., 1991). Inhibin α subunits bind the FSH receptor in rat granulosa cells (Schneyer et al., 1991) and may act as agonists to FSH, promoting follicular growth. On the basis of the results of the present study and others, we hypothesize that active immunization against bINHHAG blocks the local stimulatory effects of inhibins or inhibin α subunits on the growth of a subpopulation of follicles that would normally undergo compensatory ovarian hypertrophy after unilateral ovariectomy of gilts.

While the reason FSH concentrations were not increased in gilts actively immunized against bINHHAG in the present study, despite high titres of neutralizing inhibin antibodies (King et al., 1993), is unknown, other studies report similar results after active (Wratghall et al., 1990; Knight et al., 1991) or passive immunization (Mann et al., 1989) of sheep. In addition, our previous study (King et al., 1993) indicates a positive effect of actively immunizing gilts against bINHHAG on FSH secretion and ovulation rate. Thus, the results of the present study appear paradoxical. Although the reason for these inconsistent results following active immunization against fragments of inhibin α subunits is unknown, there are numerous forms of inhibins and inhibin α subunits (Miyamoto et al., 1985, 1986; Sugino et al., 1992; Ireland et al., 1994) with different biological actions and potencies (Ghosh et al., 1994; Padmanabhan et al., 1994) in follicular fluid that are secreted into the peripheral circulation (Knight et al., 1989) in cattle. Thus, it is difficult to predict which forms of inhibin or inhibit α subunits in the peripheral circulation or follicular fluid are neutralized after active immunization against bINHHAG, or whether the forms of inhibin or inhibit α subunits recognized by bINHHAG antigen change with decreasing titre and/or time. Either, or both, of these possibilities could explain the different effects of active immunization against bINHHAG on FSH secretion and ovulation rate in our previous (King et al., 1993) compared with our present study. Alternatively, the different effects of active immunization against bINHHAG on FSH secretion and ovulation rate may be unique to the two different animal models (intact versus unilateral ovariectomy) used in our studies.

Because compensatory ovarian hypertrophy was blocked after unilateral ovariectomy of gilts actively immunized against bINHHAG, independent of alterations in serum concentrations of gonadotrophins or ovarian steroids, the duration of the oestrous cycle, or a reduction in the normal ovulation rate per ovary, we conclude that inhibins or inhibit α subunits act locally to stimulate positively compensatory ovarian hypertrophy in postpubertal gilts.

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