



FIP PSWC 2017

6<sup>th</sup> Pharmaceutical Sciences

World Congress

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## 6th FIP Pharmaceutical Sciences World Congress 2017

*Stockholm, Sweden, 21-24 May 2017*

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**Track A: Drug design, fundamental & translational sciences**

PSWC-ABS-1408

**The  $\beta$ -lactam Clavulanic Acid without Antibacterial Activity mediates Glutamate Transport-sensitive Pain-relief in the Chronic Constriction Injury Rat Model of Neuropathic Pain**

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**Backgrounds:** Following nerve injury, down-regulation of astroglial glutamate transporters (GluTs) and subsequently extracellular glutamate accumulation is one of the factors contributing to nociceptive signaling. Some  $\beta$ -lactam antibiotics e.g. ceftriaxone can upregulate GluTs and display analgesic effect in chronic pain models. Following nerve injury, down-regulation of astroglial glutamate transporters (GluTs) and subsequently extracellular glutamate accumulation is one of the factors contributing to nociceptive signaling.

**Aims:** The effect of another  $\beta$ -lactam, clavulanic acid (CA), with negligible antibiotic activity, is tested along with ceftriaxone on neuropathic pain behavior and the expression of GLT1, its splice variant GLT1b, and glutamate-aspartate transporter (GLAST) in spinal cord.

**Methods:** Sprague-Dawley rats. Chronic constriction injury (CCI). Western blotting. Cultured astrocytes from rodents and humans.

**Results:** Repeated injection of CA alleviated CCI-induced mechanical and thermal hypersensitivity. In parallel CA restored the down-regulation of GLT1b, in spinal cord of CCI rats, whereas ceftriaxone failed to affect any GluT here. However, both CA and ceftriaxone up-regulated the GLT1 expression in rat and human spinal astrocyte cultures. Furthermore, CA increased expression of GLT1b and GLAST in rat astrocytes in a dose-dependent manner.

**Summary/Conclusion:** For the first time it is demonstrated that CA in chronic dosing, could mitigate neuropathic pain and up-regulate GluTs both *in vivo* and *in vitro*, also in human cells. The study sets the perspectives for developing new  $\beta$ -lactam-based analgesics, devoid of antibacterial activity, for treatment of chronic pain

**Disclosure of Interest:** None Declared

Title: The  $\beta$ -lactam Clavulanic Acid without Antibacterial Activity mediates Glutamate Transport-sensitive Pain-relief in the Chronic Constriction Injury Rat Model of Neuropathic Pain

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Abstract:

**Backgrounds** Following nerve injury, down-regulation of astroglial glutamate transporters (GluTs) and subsequently extracellular glutamate accumulation is one of the factors contributing to nociceptive signaling. Some  $\beta$ -lactam antibiotics e.g. ceftriaxone can upregulate GluTs and display analgesic effect in chronic pain models. Following nerve injury, down-regulation of astroglial glutamate transporters (GluTs) and subsequently extracellular glutamate accumulation is one of the factors contributing to nociceptive signaling. **Aims** The effect of another  $\beta$ -lactam, clavulanic acid (CA), with negligible antibiotic activity, is tested along with ceftriaxone on neuropathic pain behavior and the expression of GLT1, its splice variant GLT1b, and glutamate-aspartate transporter (GLAST) in spinal cord. **Methods** Sprague-Dawley rats. Chronic constriction injury (CCI). Western blotting. Cultured astrocytes from rodents and humans. **Results** Repeated injection of CA alleviated CCI-induced mechanical and thermal hypersensitivity. In parallel CA restored the down-regulation of GLT1b, in spinal cord of CCI rats, whereas ceftriaxone failed to affect any GluT here. However, both CA and ceftriaxone up-regulated the GLT1 expression in rat and human spinal astrocyte cultures. Furthermore, CA increased expression of GLT1b and GLAST in rat astrocytes in a dose-dependent manner. **Summary/Conclusion** For the first time it is demonstrated that CA in chronic dosing, could mitigate neuropathic pain and up-regulate GluTs both in vivo and in vitro, also in human cells. The study sets the perspectives for developing new  $\beta$ -lactam-based analgesics, devoid of antibacterial activity, for treatment of chronic pain