

Differential control of muscle sympathetic outflow in single units of humans: a role for pulmonary artery baroreceptors?

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1 **Differential control of muscle sympathetic outflow in single units of**
2 **humans: a role for pulmonary artery baroreceptors?**

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14 references)

15 TO THE EDITOR: We read with interest the article by Incognito and colleagues
16 (5), published recently in the American Journal of Physiology. The paper
17 describes differential control over postganglionic single unit sympathetic fibres
18 in healthy humans.

19 It is widely reported that unloading of low-pressure vagal afferents from
20 the heart and pulmonary vasculature mediates increased muscle sympathetic
21 nerve activity (MSNA) in response to non-hypotensive LBNP (12). However,
22 an alternative explanation is that altered aortic and carotid arterial
23 hemodynamics, acting through the sinoaortic baroreceptors, stimulates
24 sympathoexcitation without a detectable change in arterial pressure (3, 11).
25 Additionally, mild LBNP elicits increased MSNA and vasoconstriction in
26 cardiac transplant patients (6). Nevertheless, many in the field attribute
27 vasoconstriction in the skeletal muscle circulation during LBNP to a low-
28 pressure 'cardiopulmonary baroreflex'.

29 The article by Incognito and co-authors presents some interesting new
30 evidence. Simultaneously occurring increases and decreases in MSNA were
31 recorded from two populations of postganglionic single units in healthy young
32 participants exposed to LBNP and rhythmic handgrip exercise. Notably, there
33 are similar findings for healthy middle-aged men (9), and heart failure patients
34 (8). In the previous studies, by Millar and co-authors (8, 9), two response
35 patterns in single-units were also observed during mild lower body positive
36 pressure. The so-called "paradoxical" single-unit responses were attributed to
37 unloading and loading of intrathoracic mechanoreceptors, which were
38 presumed to be responsible for sympathetic activation when stimulated.

39 However, these units were relatively small in number compared with those
40 having anticipated firing responses.

41 With this in mind, we highlight several important findings from studies
42 in animal preparations, which permit careful control of pressure stimuli to
43 reflexogenic areas in the heart and pulmonary vessels. For example, it is
44 established that atrial receptors exert little influence over sympathetic
45 vasoconstrictor activity (7). Furthermore, we have demonstrated that
46 responses attributed to ventricular receptors actually originate from
47 mechanosensitive receptors in the coronary arteries (1) and that reduced
48 ventricular filling has little effect on systemic vascular resistance (2). As a
49 matter of fact, we have shown that coronary artery baroreceptors function as
50 high-pressure receptors, and exert control over sympathetic nerve activity
51 similar to that originating from aortic and carotid baroreceptors (4). Thus, the
52 only receptors within the intrathoracic region with the potential to elicit
53 “paradoxical” sympathetic responses are the pulmonary vascular
54 mechanoreceptors. Moreover, we have observed differential control of
55 systemic vascular resistance in response to rising and falling pressures in the
56 pulmonary and carotid arteries (10).

57 Pulmonary artery baroreceptors may be of importance in mediating
58 sympathetic activation during exercise, as well as in hypoxic conditions (4).
59 However, a physiological role for these low-pressure baroreceptors in humans
60 has been largely overlooked. This may be due, in part, to the technical
61 difficulty of applying a discrete physiological stimulus to the pulmonary
62 arteries. Therefore, we commend the work of Incognito, Millar and colleagues

63 (5, 8, 9) for shedding new light on this possibility. In our view, their data
64 represent exciting human evidence of the potential for a pulmonary baroreflex,
65 and support a contribution of this to differential control of sympathetic outflow
66 by low- and high-pressure baroreceptors. The challenge for those working in
67 this area is to develop an approach that enables discrete stimuli to low- and
68 high-pressure baroreceptors in humans, in order to further investigate
69 differential control of MSNA.

70 **AUTHOR CONTRIBUTIONS**

71 JPM and MJD contributed equally.

72 **DISCLOSURES**

73 No conflicts of interest, financial or otherwise, are declared by the authors.

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